

Examining the Mental Health Literacy and Challenges to Supporting Students among Regional Philippine Teacher Education Faculty

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RESEARCH ARTICLE

Abstract

Mental health has become an increasingly important public health issue as it plays a vital role in modern society. The education sector, for example, has become a common focus of mental health studies as students and teachers are subject to frequent social interactions and academic pressure. To better understand how equipped students and teachers are in addressing mental health-related issues, looking at their mental health literacy is essential. In the Philippines, teachers' mental health literacy remains an untapped area of research yet to be explored and understood. The current study aimed to a) examine the mental health literacy of faculty in a regional Philippine teacher education institution and b) identify the challenges met by the faculty in providing needed help to students with mental health-related issues. Forty-four faculty participated in the study and answered a mental health literacy scale. The average mental health literacy score of the overall sample was 114.45. This was found to be relatively higher than the scores of K-12 teachers but relatively lower than those of university students, healthcare professionals, athletic coaches and therapists, and community members. The challenges met by the respondents in providing needed help to students include lack of self-efficacy, resistance of students, conflicting values with the students, and lack of time. This study has provided evidence on the mental health literacy level of regional teacher education faculty and the challenges they encounter in supporting students; insights from it may inform mental health-related professional development initiatives. Implications and limitations of the findings are discussed.

Keywords: Wellbeing, Public Health, Pre-service Teachers, In-service Teachers, University Faculty

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1 INTRODUCTION

Mental health is broadly described as the level of psychological wellness characterized by the satisfactory regulation of emotions and behaviors (World Health Organization, 2018). It may include one's ability to enjoy life and balance actions and struggles toward emotional resiliency (Lopez, Pedrotti, & Snyder, 2019). Mental health has become an increasingly important public health issue in recent years (World Health Organization, 2018). An estimated 450 million people are battling mental health-related problems, making it one of the leading factors of health and disability issues worldwide. In the Philippines, depression and anxiety are the two most common mental health conditions. In 2017, there were 3.3 million cases of depressive disorders and 3 million cases of anxiety disorders, translating to 3.3% and 3.1% of the population, respectively;

both depression and anxiety can lead to suicide, and the country has recorded an alarming increase in suicide rates in the past three decades (World Health Organization, 2021).

It was observed that the level of awareness regarding people's mental health is instrumental in recognizing mental health-related illnesses or helping someone struggling with mental illness (World Health Organization, 2021). Mental health literacy has become a growing field of study as experts try to understand what influences people's actions toward recognizing and preventing mental health-related issues (Kutcher et al., 2015). According to Jorm et al. (1997), mental health literacy is the "knowledge and beliefs about mental disorder which aid their recognition, management or prevention which includes the ability to recognize specific disorders, knowing how to seek mental health information, knowledge of risk factors and causes, of self-treatments, and professional help available, and attitudes that promote recognition and appropriate help-seeking".

Mental health literacy was derived from health literacy, which aims to augment knowledge about physical health, diseases, and treatments (Sullivan, Murphy, & Blacker, 2019). Mental health literacy, in other words, is a subset of health literacy that concentrates on mental health-related issues. Mental health literacy, originally aimed at training general practitioners and other health care workers, has now been aimed at covering the general public to accommodate its multifaceted nature (Jorm, 2012). Mental health literacy research is an emerging field of study, as evidenced by the growing research published over the last few years. This is primarily attributed to the growing emphasis on the importance of mental health promotion in today's society and workplaces (World Health Organization, 2018).

Teachers' mental health is a common focus in mental health studies as teachers are argued to be highly vulnerable to mental health issues. The teaching profession has always been subject to particularly high-stress levels as teachers work to address diverse students' learning needs (Gray, Wilcox, & Nordstokke, 2017). It has been described that there is a higher level of psychological distress among teachers compared to that of other occupational groups (De Heus & Diekstra, 1999). Occupational stress, a major factor affecting teachers' mental health, is characterized by the progressing emotional tension an employee suffers from because of job responsibilities, work conditions, and job-related pressures (De Heus & Diekstra, 1999). High occupational stress is associated with the teaching profession primarily because of the extensive interactions involved in performing duties, which normally require control and suppression of emotions (Hochschild, 2012). Teachers, for example, must demonstrate behavioral restraints when students or parents confront them aggressively. Several authors, however, suggested that the increasing external pressures on the education sector from policymakers, governments, parents, experts, and other stakeholders, as driven by the growing focus on knowledge-based economies, maybe a reason for mental health problems among teachers (Van Droogenbroeck & Spruyt, 2015).

Teachers' mental health research generally focuses on three specific domains, i.e., psychological distress, burnout, and psychiatric disorders. A study among early-career teachers (McLean, Abry, Taylor, Jimenez, & Granger, 2017) found that symptoms of depression and anxiety, two types of psychiatric disorders, increased from pre-service training to the first year of teaching. This implies that as early as teachers start training and eventually enter the profession, they are vulnerable to mental health issues. Most of the studies on teachers' mental health, however, are carried out in developed countries (e.g., De Heus & Diekstra, 1999; Gray et al., 2017; McLean et al., 2017; Van Droogenbroeck & Spruyt, 2015). Studies on teachers' mental health appear to have not gained traction in the Philippines yet, and published studies are scarce. One study by Bongo and Casta (2017) investigated the emotional and occupational stress levels among newly hired teachers in a specific district in the southern part of the country. It was found in the study that newly hired teachers have low emotional and occupational stress, which may be attributed to the strong support of supervisors and colleagues. The study sample was small ($n = 19$) and context-specific. Hence, the generalizability of the findings must be interpreted with caution.

Studying teachers' mental health bears significant implications for helping them promote the same to their students. Teachers have a significant role in developing their students and are well-positioned to identify students' mental health problems under their supervision. Teachers may help in processing students' mental health issues and aid them in coping with these issues.

Teachers recognize this role, as reflected in the findings of a study by [Mazzer and Rickwood \(2015\)](#). However, there is a perceived lack of capacity among teachers in terms of addressing mental health concerns. This significant role of teachers in promoting mental health is anchored on the reality that students spend significant amounts of time in schools, and research evidence suggests that many young people may develop mental health-related disorders during school years ([Roeser, Eccles, & Freedman-Doan, 1999](#)). A national survey on co-morbidity in the United States revealed that 50% of all mental health-related disorders first emerge before 14 and three-quarters before 25 years ([Kessler et al., 2005](#)). With this, a bigger role may be assumed with educators training pre-service teachers as their roles may serve a dual purpose of taking care of pre-service teachers as their learners and preparing them to take the same role as future teachers. In the Philippines, pre-service teachers normally start their studies at the age of 19 and finish at the age of 22. This is well within the age range where the first onset of mental disorder may emerge. Hence, it is apt to expect that educators in teacher education institutions are equipped with the necessary knowledge and skills to aid in recognizing, managing, and preventing mental health concerns of pre-service teachers.

Mental health has increasingly become a major concern for the general public because of its role in modern society. The education sector, where teachers and students are a huge part, is a common focus in mental health studies as it involves people having frequent social interactions and addressing varying needs. To better understand how teachers and students look after their mental health, looking at their mental health literacy is crucial as it aims to understand people's actions toward recognizing and preventing related illnesses. It is clear, however, that the mental health literacy of teachers in the Philippines remains an untapped area of research, and there remains a huge area yet to be explored, known, and understood. The current study was conceptualized to examine teachers' mental health literacy in a teacher education institution (TEI) in the Philippines. As teachers in TEIs are positioned to affect future teachers' mental health, it is vital to understand their levels of mental health literacy, the areas of strengths and weaknesses, and how these could be further developed or addressed.

This research delves into the realm of teachers' mental health literacy within a teacher education institution in the Philippines. The primary focus revolves around two key inquiries. Firstly, the study aims to gauge the overall level of mental health literacy among the faculty involved in teacher education. Secondly, it seeks to identify and understand the challenges faced by teacher education faculty members in extending necessary assistance to students grappling with mental health-related issues. Through these inquiries, the study endeavors to contribute valuable insights into the state of mental health awareness and support within the academic context, shedding light on both strengths and areas in need of improvement.

2 METHODS

The descriptive design of the research was employed in the study to examine the knowledge, attitudes, and skills of the faculty of the regional Philippine teacher education institution on the dimensions of mental health literacy, as well as to identify the challenges they encounter in extending mental health-related help to their students.

The locale of the study is a public teacher education institution in the province of Albay, Philippines. It caters to training pre-service teachers and has integrated basic education (K-12) schools that serve as laboratories for practicum and research activities. In 2019, it had a total enrollment of 1,071 in its pre-service education programs, covering a teaching diploma program, secondary education, elementary education, and early childhood education programs.

Fifty (50) teachers from the teacher education institution were invited to participate in this study. Forty-four (44) voluntarily participated, while six (6) did not. Of the total 44 who voluntarily participated, nine (9) are males, and 35 are females. Regarding educational attainment, 27 are master's, and 17 are doctoral degree holders.

The participants were notified through an official communication endorsed by the head of the teacher education institution, informing them about the background of the study and the data

being sought. The researcher personally handed the participants out printed survey questionnaires and informed consent documents. Consent and questionnaire data were retrieved a week later. A follow-up was undertaken after 2, 3, and 4 weeks past the initial questionnaire retrieval schedule. Overall, the survey yielded a total of 88

The participants answered the Mental Health Literacy Scale (O'Connor & Casey, 2015). The survey was designed to assess a person's ability to recognize mental health-related disorders, knowledge of ways to seek mental health information, awareness of risk factors and causes, knowledge of self-treatments, awareness of the availability of professional help, and attitudes that promote recognition of illnesses and appropriate help-seeking behaviors. There are 35 items overall answered on either 4- or 5-point Likert scale measures. The total is calculated by adding the value from each answered question, corresponding to the total mental health literacy score. The maximum possible score is 160, and the minimum is 35. Independent sample t-tests were conducted to investigate significant differences among sub-groups. Specifically, a series of independent samples of Welch's t-tests using IBM SPSS Statistics Subscription were conducted to compare the mental health literacy scores between genders, educational attainment, and exposure to mental health-related training. Literacies in the six domains constituting the Mental Health Literacy Scale were analyzed by getting the ratio of the mean score of the overall group and the maximum possible score for every domain.

The following are some examples of the items in the questionnaire: "If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situation (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have social phobia?"; "To what extent do you think it would be helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed); "To what extent do you think it is likely that Cognitive Behaviour Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behaviors."; "I am confident that I know where to seek information about mental illness."; and "How willing would you be to move next door to someone with a mental illness?". A couple of items were revised to contextualize them in the Philippine setting. The revised items read, "To what extent do you think it is likely that in general, in the Philippines, women are more likely to experience a mental illness of any kind compared to men?" and "To what extent do you think it is likely that in general, in the Philippines, men are more likely to experience an anxiety disorder compared to women?".

The Mental Health Literacy Scale has been backed by evidence in terms of validity, reliability, and factor structure (Kenney, 2019; O'Connor & Casey, 2015). The scale demonstrates reliability with a Cronbach's alpha of .797 (O'Connor & Casey, 2015). Concerning construct validity, evidence has shown that mental health literacy scores of mental health professionals were higher than the general public and were positively correlated to help-seeking attitudes and behaviors (O'Connor & Casey, 2015).

A separate section in the survey questionnaire was intended to collect qualitative data from the respondents about the challenges they encountered in providing needed help to students with mental health-related problems. The entire survey questionnaire was validated by an interdisciplinary team of human services professionals with years of professional practice in psychiatry, psychology, and counseling. Thematic analysis of qualitative data was conducted to generate themes about the challenges the faculty met.

All of the data-gathering procedures were conducted with the respondents' consent. There were no means of forcing the respondents, and all their participation was voluntary. Hence, no approval from an ethical committee was required for the study. To ensure the anonymity and confidentiality of information, the data-gathering tools were personally handed and retrieved by the researcher.

3 RESULTS AND DISCUSSION

Table 1 shows the demographics of the 44 faculty members who completed the survey questionnaire. There were nine male respondents (20.50%), while 35 were female (79.50%). Regarding educational qualification, 27 or 67.40% are master's degree holders, while 17 or 38.60% are doctoral holders. Six (6), or 13.60%, reported attending mental health-related training, while 38 (86.40%) reported not having. Concerning the experience in academic counseling, advising, and mentoring, 42 (95.45%) reported having the experience, while two (2) or 4.55% reported having none. Lastly, regarding exposure to students' mental health-related problems, 41 (93.18%) reported having exposure, while three (3) or 6.82% reported having none.

Table 1. Faculty Demographics (n = 44)

	n	%
<i>Sex</i>		
Male	9	20.50%
Female	35	79.50%
<i>Educational Qualification</i>		
Master's Degree	27	61.40%
Doctoral Degree	17	38.60%
<i>Mental Health Trainings</i>		
With	6	13.60%
Without	38	86.40%
<i>Experience in Academic Counselling, Advising, Mentoring</i>		
With	42	95.45%
Without	2	4.55%
<i>Exposure to Students Mental Health-related Problems</i>		
With	41	93.18%
Without	3	6.82%

Various studies from different contexts worldwide have carried similar findings highlighting teachers' lack of experience and training in mental health (Graham, Phelps, Maddison, & Fitzgerald, 2011; Ní Chorcóra & Swords, 2022; Roth, Leavey, & Best, 2008). Specifically, the findings in the present study corroborate teachers' lack of training with counterpart teachers in a study where only 4% of the total teachers surveyed agreed that they are equipped with the necessary knowledge needed to meet the mental health requirements of the students they are teaching (Reinke, Stormont, Herman, Puri, & Goel, 2011). These findings are concerning, considering that teachers' self-efficacy contributes to how much they support their students.

Teachers are at the forefront of providing educational and emotional support to their students. This reality applies across educational levels, i.e., elementary, secondary, and tertiary. Hence, the findings of the present study highlighting the very high percentage of faculty exposed to academic counseling and students' mental health-related problems are not surprising. Stiffman, Pescosolido, and Cabassa (2004) in their Gateway Provider Model, argue that teachers are 'gateway providers' that could initially identify problems among young people with mental health challenges and provide support. This concept is confirmed in the present study, with almost all faculty saying that they experienced offering advice to students and, apparently, being exposed to problems related to students' mental health. This finding further emphasizes the faculty in the present study's unique position in promoting positive messages about mental health to pre-service teachers who can promote the same to their future students.

3.1 Level of mental health literacy among teacher education faculty

Table 2 shows the Mental Health Literacy Scale descriptive statistics of the overall sample and sub-groups (i.e., male or female, master's degree holder or doctoral degree holder, with or without mental health training). A series of independent samples t-tests was conducted to compare the mental health literacy scores between genders, educational attainment, and exposure to mental health-related training. The t-tests revealed that there was no significant difference for all comparison groups, i.e., between genders ($t = 0.911, p > 0.05$), between master's degree and doctoral degree holders ($t = 0.574, p > 0.05$), and between those with mental health-related training and those without ($t = 0.803, p > 0.05$).

Table 2. Mental Health Literacy Scale Descriptive Statistics of Overall Sample and Sub-groups

	Mean	SD
Overall (n = 44)	114.45	10.89
Female (n = 35)	114.34	10.40
Male (n = 9)	114.89	12.60
Master's Degree (n = 27)	115.19	11.41
Doctoral Degree (n = 17)	113.29	9.90
With MH training (n = 6)	115.33	7.82
Without MH training (n = 38)	114.32	11.29

The current study aims to examine teachers' mental health literacy levels in a teacher education institution and investigate differences in mental health literacy between different subgroups. The average mental health literacy score derived from the overall sample, as measured by the Mental Health Literacy Scale, was 114.45 (SD=10.90). The average score appears to be lower than what was found in a previous study on university students having an average of 127.4 (SD = 13.9) (O'Connor & Casey, 2015), samples from the community having an average of 128.0 (SD = 13.9) (White & Casey, 2017), samples from athletic coaches and therapists having an average of 131.48 (SD = 10.34) (Sullivan et al., 2019), and on health care professionals having an average of 145.5 (SD = 7.2) (O'Connor & Casey, 2015). From the studies investigating teachers' mental health literacy levels in various contexts, the scores of the samples in the current study are approximately close to the K-12 educators, having a mean score of 106.55 (Kenney, 2019), and to secondary school teachers having an average of 115.89 (SD=12.84) (Publico, 2020). Although there are differences in samples and contexts, comparing scores with other groups assessed using the scale must be carried out cautiously. Notably, teachers' mental health literacy scores are relatively close and relatively lower than the other samples.

Educators can initially notice signs of mental health problems among students and provide necessary support. Therefore, it would be anticipated that teachers ideally possess higher levels of mental health literacy than other groups (e.g., university students). These early insights on the current mental health literacy levels of the faculty in the current study imply that there is still an opportunity to improve teachers' mental health literacy significantly. Yamaguchi et al. (2020) maintain that teachers with high levels of mental health literacy have better chances of recognizing mental health problems among students and advise for early interventions or treatment. In a meta-analysis on the effect of interventions led by teachers to improve students' mental health literacy (Liao et al., 2023), it was revealed that ordinary classroom teachers can make up for the lack of mental health professionals in schools, can effectively take part in interventions aimed at improving students' mental health literacy, and can significantly contribute at improving students' mental health knowledge and attitudes toward mental health problems. This suggests that improving teachers' mental health literacy warrants significant attention as students' mental health literacy is contingent on it. The statistically insignificant difference between genders contradicts research in the literature, concluding that females are more mentally literate than males (e.g., Lawlor et al., 2008; Reavley, McCann, & Jorm, 2012). Further investigations may be

conducted on the matter and could include other faculty members in the university where the locale is situated.

For the specifics of the mental health literacy state of the participants, literacy in each domain constituting the Mental Health Literacy Scale was examined. Table 3 shows the Mental Health Literacy Scale scores of the overall sample across domains: a) ability to recognize disorders; b) knowledge of where to seek information; c) knowledge of risk factors and causes; d) knowledge of self-treatment; e) knowledge of professional help available; and f) attitudes that promote recognition or appropriate help-seeking behavior. Scores for the domains serve as a basis for identifying the strengths and weaknesses of the faculty members and, consequently, for the design of a capacity-building program. It was found that the strongest domain of the faculty members is the “ability to recognize disorders (77%), followed by the “knowledge of where to seek information” (76%), “knowledge of professional help available (75.42%), “attitudes that promote recognition or appropriate help-seeking behavior” (69.17%), and “knowledge of self-treatment” (67.63%). The weakest domain was the “knowledge of risk factors and causes” (60.50%).

Table 3. Mental Health Literacy Scale Scores Across Domains

Domain	Max Possible Score	Mean Points	Percentage	Rank
Ability to recognize disorders	32	24.64	77.00%	1
Knowledge of where to seek information	20	15.18	76.00%	2
Knowledge of risk factors and causes	8	4.84	60.50%	6
Knowledge of self-treatment	8	5.41	67.63%	5
Knowledge of professional help available	12	9.05	75.42%	3
Attitudes that promote recognition or appropriate help-seeking behavior	80	55.34	69.17%	4

The top three mental health literacy scale dimensions among the teacher education faculty are the i) “ability to recognize disorders,” ii) “knowledge of where to seek information,” and iii) knowledge of professional help available.” The “ability to recognize disorders” pertains to the ability in correctly identifying features of the most common disorders; the “knowledge of where to seek information” refers to the knowledge of where to get mental health-related information and the ability to perform such; and the “knowledge of professional help available” pertains to the knowledge of mental health professionals and their provided services (O’Connor & Casey, 2015). It can be deduced from these findings that the teacher education faculty in this study are familiar with what constitutes mental health-related problems and where to direct students if they need support. As the collected qualitative data revealed, the faculty’s exposure to students’ mental health-related problems may explain why this is the faculty’s strongest mental health literacy scale dimension. However, exposure to students’ mental health problems may not be enough to have better mental health literacy levels. Several studies have established that providing mental health-related training (e.g., mental health first aid) significantly increases mental health literacy levels (El-Amin, Anderson, Leider, Satorius, & Knudson, 2018; Jorm, Blewitt, Griffiths, Kitchener, & Parslow, 2005). Hence, to increase literacy among teacher education faculty along these dimensions, training on mental health need paramount attention.

The weaker mental health literacy scale dimensions among the teacher education faculty, on the other hand, are i) “knowledge of self-treatment,” ii) “attitudes that promote recognition or appropriate help-seeking behavior,” and iii) “knowledge of risk factors and causes.” The “knowledge of self-treatment” refers to the knowledge of common treatments mental health professionals recommend and the actions that a person can perform; the “attitudes that promote recognition or appropriate help-seeking behavior” refers to the attitudes that affect the recognition of mental

illnesses and the eagerness in behaviors that help oneself; and the “knowledge of risk factors and causes” pertains to the knowledge of factors caused by the environment, society, family or biology that contributes to the increase of the risk of developing a mental illness (O’Connor & Casey, 2015). Further investigation on the low ranking of these dimensions may be explored among the teacher education faculty to better inform the increasing of teachers’ literacy in terms of these dimensions. The investigation may focus on teachers’ stigma around mental health as stigmatizing mental health problems, their recognition, and providing needed support generally affect people’s general attitude toward mental health. From the qualitative data collected, the faculty acknowledged an existing stigmatization of mental health-related problems in the academic community. Decreasing the stigma, particularly among teachers, may be needed as it interferes with providing treatment and boosting help-seeking behaviors (Jorm et al., 2005; Rossetto, Jorm, & Reavley, 2014).

3.2 Challenges met by teacher education faculty in providing needed help to students with mental health-related problems

Table 4 outlines the challenges met by the faculty members in providing needed help to students with mental health-related problems. In the questionnaire, teachers were requested to narrate the challenges they met in providing help to students with mental health-related problems. Twenty (20) teachers identified or narrated their experience, and four common themes emerged from their narratives: a) lack of self-efficacy in addressing problems; b) resistance of students to discuss the matter and to undergo counseling sessions; c) conflicting values between the teacher and students; and d) lack of time and conflict with schedule.

Table 4. Challenges Met in Providing Needed Help to Students with Mental Health-related Problems

Common Themes	Sample Narrative
Lack of self-efficacy in addressing problems	“Being a new teacher then, I do not know what to do. Because I never had training on how to deal with students with mental health-related problems.”
Resistance of students to discuss the matter and undergo counseling sessions.	“Students are unwilling to discuss the problem with their family and other community members.”
Conflicting values between the teacher and students	“Media exposure of the students sometimes makes the teacher’s advice less relevant.”
Lack of time and conflict with schedule	“Finding time to discuss a matter with students is a challenge.”

Lack of self-efficacy in dealing with problems refers to teacher’s lack of confidence and overall feeling of the capability to address mental health-related problems they encounter. Self-efficacy is defined as the people’s “beliefs in their capabilities to organize and execute the courses of action required to produce given attainments” and is a major aspect of mental health problem prevention (Jerusalem & Hessling, 2009). The lack of self-efficacy of teachers is the most articulated challenge met by the teachers in helping students with mental health-related problems. This lack of self-efficacy may be attributed to the teachers’ lack of exposure to mental health-related training and capability-building opportunities. As found in the participants’ demographics, only six have undergone mental health-related training or seminars, and 38 have not attended any mental health-related capacity-building program. Further, teachers’ perceived lack of capability may be attributed to the organization’s lack of framework for mental health promotion. In a study by Jerusalem and Hessling (2009), it was suggested that to effectively promote mental health among teachers and students; organizations must embed mental health promotion measures into school lessons as it is perceived to motivate teachers to learn and execute measures under

diverse conditions. This bears huge implications for the locale of the study to consider embedding mental health promotion measures into the organizational structure.

The second most articulated challenge by the teachers is the resistance of students to discuss the matter and to undergo counseling sessions. A teacher says, "Students are unwilling to discuss the problem with their family and other community members." It has long been found that students recognize that the stigma associated with mental illness prevents them from seeking counseling or treatment sessions. A study aiming to explore medical students' attitudes at the University of Manchester in examining their perceptions of help-seeking behaviors found that the beliefs associated with mental illness were prevalent in universities and even in the professional world (Chew-Graham, Rogers, & Yassin, 2003). In a more recent study involving Asian American college students (Han & Pong, 2015), it was found that cultural modification, cultural boundaries, and the associated stigma in mental health-related problems are common factors that hugely encourage resistance from seeking help. The findings from the two studies covering different periods support the idea that mental health-related stigma continues to exist and remains a major barrier to promoting mental health. This has implications for students' general perception of mental health (e.g., mental health-related problem is a weakness), which may eventually affect their functions as professional teachers. Mental health literacy must be promoted in teacher education institutions to combat the stigma of the students, as mental health literacy is a major predictor of students' help-seeking behavior (Cheng, Wang, McDermott, Kridel, & Rislin, 2018).

The third theme in teachers' challenges is the teacher's and students' conflicting values. One teacher shared, "Media exposure of the students sometimes makes the teacher's advice less relevant." Media can change opinions and attitudes (Communication for Governance & Accountability Program (CommGAP), n.d.). Exposure of students to media may shape their notions about mental health or reinforce their long-held beliefs about it. Interestingly, this reality may become an opportunity for teacher education institutions to utilize media forms to promote mental health and lessen the stigma students hold about mental health-related problems. In a study by Demyan and Anderson (2012) which investigated the effects of a video intervention program on the beliefs, attitudes, and help-seeking behaviors of students, it was found that although it was not instrumental in changing beliefs, the intervention was found to be effective at promoting positive attitudes toward help-seeking. The implication for teacher education institutions is how to purposefully integrate media (e.g., mass media, social media) to support students' mental health and well-being. This is an emerging field in research as recent studies (e.g., Loos, 2017) continuously review the design and implementation of digital media to support the health and learning of university students.

Finally, the last theme from teachers' narratives on their challenges is the lack of time and conflicting schedules. The teachers' workload and students' study load may be attributed to this. Teachers in the study locale normally spend six to ten hours daily teaching and attending to academic-related concerns. Students, on the other hand, are loaded with seven (7) to ten (10) 3-unit subjects that occupy 6 to 8 hours of face-to-face classes daily on average. Finding a common time that will work for teachers and students if problems need to be discussed is a challenge. Although consultation hours are part of the teachers' workload, the current setup of teachers and students appears to make these hours underutilized. This has implications for teacher education institutions on how to effectively and strategically distribute workload and arrange student schedules in a manner that will allow and encourage consultations.

4 CONCLUSION AND RECOMMENDATIONS

Mental health has increasingly become a major concern for the general public because of its role in modern society. Understanding how teachers and students look after their mental health by looking at their mental health literacy is essential as it aims to understand people's actions toward recognizing and preventing related illnesses. This study aimed to examine teachers' mental health literacy in a teacher education institution in the Philippines and understand the challenges they encountered in providing needed help to students with mental health-related problems.

It was found in the study that the teacher education faculty share distinctive characteristics in terms of educational qualification, exposure to mental health training, and experiences with students' mental health-related problems. Further, four common themes emerged on the challenges encountered by the faculty in providing needed help to students: i) lack of self-efficacy in addressing problems; ii) resistance of students to discuss the matter and to undergo counseling sessions; iii) conflicting values between the teacher and students; and iv) lack of time and conflict with schedule. Lastly, the mental health literacy score of the overall sample group is relatively lower compared to the scores reported by several published researches covering varied groups (i.e., university students, healthcare professionals, athletic coaches and therapists, and members of the community), higher than the overall scores of K-12 educators. There were no significant differences found between the subgroups in the current study.

Based on the findings, the following are recommended: a) further investigate the factors causing the lack of efficiency of the faculty members with regards to addressing students' mental health-related problems, and b) professional development initiatives may be proposed which may specifically cater to the improvement of their mental health literacy by anchoring the design on the domains outlined in the Mental Health Literacy Scale.

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