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Research Article

Knowledge and Beliefs on Mental Illness among Church Leaders: Basis for Training and Development

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ABSTRACT

Mental health awareness and support have become increasingly important worldwide, including in the Philippines. In this context, religious institutions play a crucial role in shaping societal beliefs, attitudes, and approaches to mental illness. This study investigates the knowledge and beliefs about mental illness among church leaders in the Philippines, with a focus on five religious' denominations: Jehovah's Witnesses, Baptist, Born Again, Iglesia Ni Cristo, and Roman Catholic.

One of the primary objectives of this research was to assess the level of knowledge church leaders possess regarding mental health. The findings indicate that church leaders in the Philippines have a moderate level of knowledge about mental health issues. The mean knowledge score, computed from their responses to a set of Likert-scale questions, falls into the category of "A little." While this level of knowledge may not be extensive, it is a positive starting point for discussions surrounding mental health within religious communities. In terms of beliefs, the respondents exhibited a somewhat agreeable perspective.

In conclusion, this study sheds light on the knowledge and beliefs of church leaders in the Philippines regarding mental illness. While they possess a moderate level of knowledge and hold diverse beliefs about the causes and remedies for mental health challenges, their perspectives reflect a nuanced understanding of the complex interplay between religion and mental health. These findings have significant implications for mental health care and support within religious communities and provide a foundation for future research and intervention programs.

Keywords: *Beliefs, Church leaders, Knowledge, Mental illness, Religion, Stigma, Treatment beliefs*

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Introduction

Mental health conditions are an increasingly pressing global concern, ranking among the leading contributors to the overall burden of health-related challenges, with the prominence of anxiety and depression disorders. Presently, nearly 1 billion people are suffering from mental disorders, resulting in 3 million deaths annually due to alcohol misuse, and one person succumbs to suicide every 40 seconds. Around 20% of children and adolescents worldwide are grappling with mental health issues, with suicide standing as the second leading cause of death among 15-29-year-olds (World Health Organization). This concerning trend persists even in post-conflict settings, where one in five individuals contends with mental health conditions. The emergence of the COVID-19 pandemic has further exacerbated these pressing concerns (Santomauro et al., 2021) and has profoundly impacted all aspects of life, from school or work performance to the quality of interpersonal relationships with family and friends, as well as the level of participation and involvement within the community (World Mental Health, 2020).

According to the most recent situational analysis by the World Health Organization (WHO), there is a growing concern about the state of mental health and mental health conditions in the Philippines. In 2017, the country witnessed a significant burden of mental health issues, with anxiety and depression being the most prevalent conditions. These two disorders alone accounted for more than 800,000 years of life lived with disability, resulting in not only profound human suffering but also substantial economic losses due to their impact on workforce productivity. Furthermore, alarming trends in suicide rates have emerged in the Philippines, particularly among young people. A 2015 estimate indicates that 17% of young individuals aged 13–15 had attempted suicide (World Health Organization, 2021). Aside from anxiety and depression, several other mental and neurological disorders are causing concern in the Philippines, including dementia, epilepsy, and schizophrenia.

A significant aspect of how Filipinos perceive physical and psychological ailments is intertwined with supernatural beliefs, which encompass gods, spirits, deities, or individuals believed to possess supernatural powers (Tuliao, 2014). When confronted with mental or emotional difficulties, some individuals may interpret these issues as having a spiritual origin. Consequently, Filipinos often turn to their families and friends for support and lean on their faith in God as a source of solace. Instead of seeking formal mental health treatment, they may opt for discussions with spiritual counselors or healers. Common coping mechanisms involve prayer, the reading of religious texts, and drawing inspiration from these sources. Meditation and other forms of religious coping are preferred over conventional mental health interventions (Sanchez and Gaw, 2007).

Acknowledging spirituality as among the top coping mechanisms of Filipinos and its role in the promotion of wellness, the Philippine Mental Health Council has recently adopted the Biopsychosocial-Spiritual Framework for Mental Health in the Philippines. This conceptual framework expands the understanding of the concept of mental health from the prevailing limited focus on clinically defined mental disorders to a broader multidimensional approach. The adoption of this framework has led to the participation of a diverse multi-sectoral group of professionals and highlights the recognition that the pursuit of mental health is not only one's own responsibility but is everybody's business and not just the sole responsibility of the health sector (DOST-PCHRD, 2021, p. 12).

With these findings and backdrop, religion and partnership with religious organizations could be a facilitator in addressing the mental health needs of Filipinos. According to a study done in a Filipino community in Los Angeles County, to prevent mental health disparities among the youth, culturally appropriate interventions need to involve the integration of faith and family. Without this integration, implementation may be challenging. (Javier et al., 2014).

In previous studies done mostly in Western and Arab countries, priests and pastors frequently report direct mental health assistance in the form of counseling as a large part of their duties. This contact with religious providers represents a key entry point into the formal

mental health care system. They serve as gatekeepers by making referrals to mental health professionals. Therefore, their perceptions about mental health have a major impact on the services that parishioners receive and utilize (Young, 2010). In the Philippines, there is no published research yet about how religious leaders are prepared to respond to the mental health needs of parishioners, their beliefs and knowledge about mental illness, their ability to identify a mental illness, and their willingness to refer patients to mental health professionals. Given the lack of studies on this subject in the Philippines, the authors would like to evaluate the knowledge and beliefs of religious leaders on mental health illness and try to correlate them to the participants. This will help to propose programs to enhance the knowledge and beliefs of church leaders in handling persons with mental illness.

The conceptual framework of this study is designed to provide a structured understanding of the complex interplay between church leaders, mental health, and the broader cultural and religious context in the Philippines. This framework can be visualized as follows:

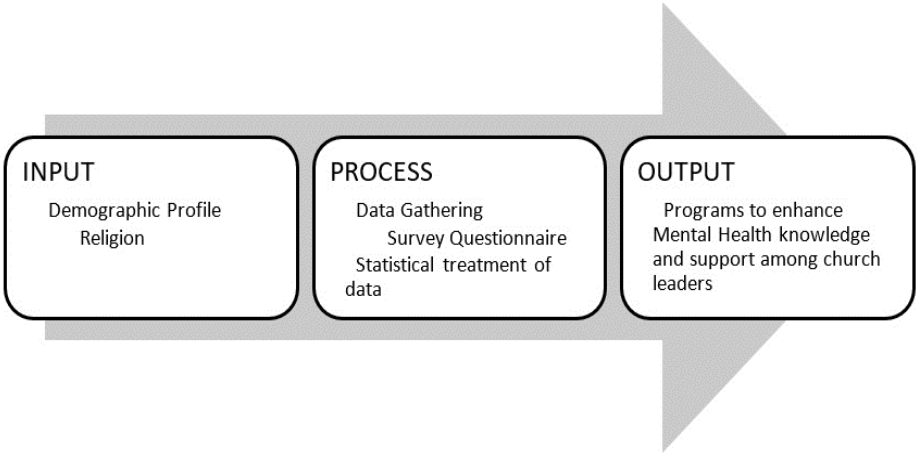

Figure 1. Conceptual Framework

This research holds significant implications for various entities, including mental health professionals, social workers, researchers, and faith communities. For mental health professionals, it provides a deeper understanding of the interplay between mental health and religious beliefs, enabling them to offer more culturally sensitive and effective care while addressing their clients' spiritual needs. Moreover, the identification of measures fostering collaboration between clergy and mental health professionals is instrumental, facilitating partnerships for holistic care.

Social workers, who often support individuals with mental health challenges, can benefit from insights into the impact of religious beliefs on mental well-being. This knowledge allows them to provide more culturally competent services and collaborate with faith communities to develop support networks. Researchers can build upon this study's academic contributions to further explore the intricate relationship between religious beliefs and mental health, leading to advancements in theory and practice. They can also use these findings to inform evidence-based practices that integrate religious and spiritual considerations into mental health care.

Lastly, faith communities can reduce stigma around mental illness by better understanding its complexities, fostering a more compassionate and inclusive environment for those dealing with mental health issues. The identification of measures promoting collaboration between clergy and mental health professionals empowers faith communities to enhance their support networks and provide resources and safe spaces for discussion and support. In essence, this research bridges critical gaps in knowledge and beliefs related to mental illness and religion, benefiting a wide array of stakeholders, and ultimately contributing to more comprehensive and culturally sensitive mental health care and support.

Methodology

This study utilized a cross-sectional research design, focusing on the collection of data from a specific group of church leaders at a single point in time. This design allowed for a snapshot of their knowledge and beliefs regarding mental illness within their specific religious organizations and cultural context. The population of interest for this study comprised church leaders in the Philippines from various faith traditions. Due to the study's limited scope, a purposive sampling technique was employed. Five religious organizations were selected for inclusion in the study: Jehovah's Witnesses, Baptist, Born Again, Iglesia Ni Cristo, and Roman Catholic. Within each organization, five church leaders were chosen as respondents, resulting in a total of 25 participants. This approach ensured a focused and manageable sample size. The study's respondents were church leaders who met specific eligibility criteria. They were required to possess at least a high school education, have authorization from their respective churches or religious organizations to perform functions such as teaching religious beliefs, leading services, and providing spiritual guidance, and have been actively involved in their church for a minimum of one year. Only participants who provided informed consent were included in the study. The primary data collection instrument employed in this research was a meticulously designed Likert-scale questionnaire, tailored to explore the multifaceted dimensions of the respondent's knowledge and beliefs regarding mental illness. This questionnaire consisted of three distinct sections, each dedicated to investigating various aspects of their understanding and attitudes toward mental health.

The first section of the questionnaire aimed to assess the respondent's knowledge of mental health. It included questions related to their comprehension of mental health concepts, the prevalence of mental health issues, and their general understanding of mental health conditions.

The second part of the questionnaire delved into the intricate realm of respondents' beliefs and perspectives concerning mental illness. Questions in this section explored their religious, spiritual, and cultural viewpoints and how these influenced their understanding of mental health issues. This section also sought to uncover their beliefs about the causation and potential remedies for mental health challenges.

The third part which is not in the form of a Likert scale investigates which are common cases handled by the respondents.

In the last part of the questionnaire which focused on treatment beliefs of the respondents They were asked to express their level of agreement or disagreement with statements related to the effectiveness of religious and spiritual interventions, psychiatric medicine, counseling, and other therapeutic approaches. This part of the questionnaire enabled researchers to gauge the treatment preferences of church leaders in dealing with mental health issues.

The structured design of the questionnaire allowed for a thorough exploration of respondents' knowledge, beliefs, and practical experiences on mental illness, enabling researchers to gain a nuanced understanding of their attitudes toward mental health matters.

The questionnaire used in this study was subjected to a rigorous validation process to ensure content validity. Experts in the field of mental health, religion, and survey design reviewed and validated the questionnaire. The researchers conducted a pilot test to evaluate the questionnaire's reliability, and necessary adjustments were made to enhance the clarity and comprehensibility of the Likert-scale questions. The results of the pilot study demonstrated a high level of reliability, with a Cronbach Alpha coefficient of 0.985 indicating "Very Reliable" data. This attests to the questionnaire's robustness and its ability to accurately assess the psychological constructs in question, providing a solid foundation of the research.

The study prioritized ethical considerations throughout the research process. Informed consent was obtained from all respondents and their anonymity and confidentiality were strictly maintained. The data collection process via Google Forms ensured data privacy and security. Ethical guidelines and principles were followed to protect the rights and welfare of the respondents.

Data was collected through Google Forms, an online survey platform. Respondents were provided with a clear and comprehensive explanation of the research objectives and the data collection process. They were guided through the structured questionnaire to elicit their responses regarding their knowledge and beliefs about mental illness.

In this study, we employed two key statistical methods to analyze the data. First, descriptive statistics, including the use of SPSS (Statistical Package for the Social Sciences), helped us summarize the demographic information and understand the common cases handled by respondents. Mean and standard deviation were also calculated to have an interpretation of the knowledge, beliefs, and treatment beliefs of the respondents.

Second, we used SPSS to ANOVA to examine any significant differences among the church leaders from different religious groups. ANOVA allowed us to see if there were any notable variations in how respondents from Jehovah's Witnesses, Baptist, Born Again, Iglesia Ni Cristo, and Catholic denominations perceived and dealt with mental illness. By comparing the responses of these religious groups, ANOVA helped us identify if religious affiliation had a significant impact on their knowledge and beliefs about mental health.

Results and Discussions

Table 1. shows the demographic characteristics of the respondents in terms of religion.

Table 1. Demographic Characteristics of participants (n=25)

Religion	Frequency	Percentage (%)
Roman Catholic	5	20%
Born Again	5	20%
Jehovah's Witnesses	5	20%
Baptist	5	20%
Iglesia ni Cristo	5	20%

Table 2. Knowledge on Mental Health and Illness

	Mean	SD	Verbal Interpretation
Do you ever provide help/support to the person with a mental illness?	2.56	1.121	A little
Do you think you could identify a person with mental illness?	2.76	0.879	Somewhat
Do you consider yourself the first to be consulted by the person with mental illness?	1.96	1.098	Very little
Have you ever referred a person with a mental illness to a mental health care worker?	1.84	1.313	A little
Do you have a formal education in handling person with mental illness	1.56	1.083	Very little
Average Mean	**2.14**		**A little**

Very little 1.00 to 1.80, A little 1.81 to 2.60, Somewhat 2.61 to 3.40, Much 3.41 to 4.20 and Very Much 4.21 to 5.00. All questions are positive, overall mean was computed; a higher overall mean suggests having more knowledge of mental health and Illnesses.

Table 2 provides insights into respondents' knowledge regarding mental health and illness. The overall mean is 2.14, which falls into the category of "A little" knowledge according to the provided scale. This suggests that church leaders, on average, possess a modest level of knowledge about mental health and illnesses (Smith, 2018).

Among the attributes evaluated, the respondents' ability to identify a person with a mental illness has the highest mean score (2.76), suggesting that respondents possess a

somewhat reasonable ability to identify signs of mental illness in others. This finding aligns with the study by Young (2010), in which religious leaders, including pastors and priests, often report providing direct mental health assistance, including counseling, and play a key role in making referrals to mental health professionals. This signifies the importance of religious leaders in recognizing and addressing mental health challenges within their congregations (Young, 2010).

However, their confidence in being the first point of contact for individuals with mental health issues is relatively low, with a mean score of 1.96, indicating "Very little" inclination for this role. A similar trend was observed in the study by Johnson (2023), which explored church leadership in a digital age, indicating that church leaders may be more comfortable with traditional roles and may require further training or support to address mental health issues effectively in their communities (Johnson, 2023).

Furthermore, respondents' formal education in handling individuals with mental illness received a low mean score of 1.56, implying "Very little" formal training in this area. This is consistent with the study by Bledsoe et al. (2013), which focused on addressing pastoral knowledge and attitudes about clergy/mental health practitioner collaboration. The findings highlighted the need for enhanced collaboration between religious leaders and mental health professionals to bridge the gap in mental health education and support within religious communities (Bledsoe et al., 2013).

Similarly, the act of referring a person with a mental illness to a mental health care worker received a mean score of 1.84, categorizing it as "A little," indicating that respondents have only occasionally made such referrals. This is in line with the findings of Costello, Hays, and Gamez (2021), who emphasized the importance of equipping religious leaders with the skills to provide mental health support within their congregations. The study suggests that religious leaders may need training and resources to make appropriate referrals and offer comprehensive mental health care (Costello, Hays, & Gamez, 2021).

Lastly, the mean score for providing help or support to individuals with mental illness is 2.56, indicating a modest willingness to help. This aligns with the findings of Franklin and Fong (2011), who compiled a counseling resource book for church leaders. The resource book offers practical insights into how church leaders can address mental health issues and provide support to those in need (Franklin & Fong, 2011).

The study findings highlight the importance of providing training and resources to church leaders to enhance their knowledge and abilities to address mental health issues within their congregations effectively. Collaboration with mental health professionals, as emphasized in prior research, can play a pivotal role in bridging the gap in mental health education and support within religious communities.

Table 3. Beliefs on Mental Health and Illness

	Mean	SD	Verbal Interpretation
Traumatic childhood could cause mental illness	1.64	0.810	Strongly agree
Stressful life events could lead to mental illness	1.72	0.737	Strongly agree
Mental illness is due to the absence of parental affection	2.44	1.003	Agree
Mental illness could be due to spiritual poverty.	1.96	1.020	Agree
Mental illness could be due to demonic possession.	2.52	1.388	Agree
Mental illness is a will of God.	4.96	1.274	Disagree
Failure to adhere to the commandments of God can cause mental illness	3.72	1.671	Somewhat disagree
Drug and alcohol addiction causes mental illness.	2.00	1.323	Agree
People with mental illness are just imagining their problems	4.08	1.631	Somewhat agree

	Mean	SD	Verbal Interpretation
People with mental illness should stop taking medications and seek spiritual healing instead.	3.92	1.552	Somewhat agree
A person often lacks faith when they are going through some mental health challenge.	3.08	1.579	Somewhat agree
People may choose not to seek mental health services because of the stigma attached to seeking therapy.	3.00	1.732	Somewhat agree
Average Mean	**2.92**		**Somewhat Agree**

Strongly agree 1.00 to 1.83, agree 1.84 to 2.66, somewhat agree 2.67 to 3.50, somewhat disagree 3.51 to 4.33, disagree 4.34 to 5.16, and strongly disagree 5.17 to 6.00. An overall lower mean score indicates a greater degree of agreement with beliefs associated with mental illness.

Table 3 presents the diverse set of beliefs held by respondents concerning mental health and illness. It is evident that these church leaders hold a range of perspectives on the factors contributing to mental health issues and their underlying causes.

The data shows a notable consensus among the respondents that traumatic childhood experiences can lead to mental health issues, which aligns with existing literature (Igbinomwanhia et al., 2013; Smith, 2019). Stressful life events are also recognized as significant contributors to mental health problems, consistent with prior findings (Bledsoe et al., 2013; Young, 2010). These beliefs indicate an awareness of the impact of adverse life experiences on mental well-being (Igbinomwanhia et al., 2013).

Regarding family dynamics, there is a general agreement that the absence of parental affection and spiritual poverty might contribute to mental illness. These beliefs are in line with the influence of family and social support on mental health, as explored in previous research (Smith, 2019; Costello, Hays, & Gamez, 2021). The acknowledgment of these factors emphasizes the multifaceted nature of mental health and its interconnectedness with family dynamics (Costello, Hays, & Gamez, 2021).

Conversely, respondents indicate strong disagreement that mental illness is the will of God, a belief that deviates from certain religious perspectives. This divergence highlights the complexity of reconciling religious beliefs with the understanding of mental health (Smith, 2018). They also express somewhat disagreement regarding the belief that failing to adhere to religious commandments can cause mental illness, which aligns with the need for a nuanced understanding of the relationship between faith and mental health (Smith, 2018).

Additionally, the respondents collectively agree that drug and alcohol addiction can be linked to mental illness, a perspective supported by previous research (Smith, 2019; Franklin & Fong, 2011). They also somewhat agree that individuals with mental illness may perceive their problems as imaginary and that they should explore spiritual healing instead of medication, reflecting the potential influence of religious beliefs on treatment preferences (Davis, 2017; Smith, 2018).

The data suggests a somewhat agreeable perspective among the respondents that a lack of faith might be associated with mental health challenges, consistent with findings indicating the role of spirituality in coping with mental health issues (Davis, 2017; Igbinomwanhia et al., 2013). Finally, there is a somewhat agreeable belief that the stigma surrounding mental health services can deter individuals from seeking therapy, highlighting the need to address mental health stigma within religious communities (Costello, Hays, & Gamez, 2021). The overall score across these beliefs is 2.92, indicating a somewhat agreeable stance among the respondents regarding these mental health and illness beliefs.

Table 4. Common Case Handled by Respondents

Cases	Frequency	Percentage (%)
Mental Health Issues (Anxiety, Depression, etc)	**11**	**44%**
Substance abuse Issues	5	20%
Violence	2	8%
Marriage and Family Problems	6	24%
Sexual Abuse	1	4%

Note. Bold numbers indicate the category identified with the highest percentage of respondents.\

The data presented in Table 4 offers valuable insights into the types of cases that respondents commonly handle within their roles as church leaders. Among the various categories, "Mental Health Issues" emerge as the most prevalent, encompassing conditions such as anxiety and depression, and accounting for a substantial 44% of the cases. Following closely is "Marriage and Family Problems," representing 24% of the cases. These findings shed light on the significant role played by church leaders in assisting individuals facing mental health challenges and addressing marital and familial issues (Javier et al., 2014).

"Substance Abuse Issues" were encountered by 20% of the respondents, indicating a noteworthy number of cases involving addiction and related concerns. "Violence" cases make up 8% of the total, suggesting that a smaller yet significant fraction of respondents deal with issues related to violence. In contrast, "Sexual Abuse" cases, although relatively less common, were still reported by 4% of the respondents, underscoring the sensitivity and importance of addressing such cases within the community (Bledsoe et al., 2013).

Table 5. Treatment Beliefs

	Mean	SD	Verbal Interpretation
Mental illness may be overcome by deepening one's religious beliefs	1.84	0.850	Agree
People with mental illness can get better when they feel understood, encouraged, or receive positive affirmation from a spiritual leader	1.84	0.850	Agree
A person can recover from mental illness by going to their place of worship	1.76	0.723	Agree
It is a more effective treatment for people with a mental illness to be counseled by church leaders than by psychiatrists	2.84	1.675	Somewhat disagree
Going on spiritual retreat, where one can experience peace is a useful treatment for people with mental illness	2.12	0.781	Agree
Mental illness can be improved through healing prayers	1.96	0.790	Agree
Reading the Bible or religious texts may aid recovery from mental illness	1.92	0.812	Agree
Psychiatric medicine is harmful to the body in the long term	2.60	1.080	Agree
If symptoms are no longer present people should discontinue medication	2.80	1.384	Somewhat agree
Taking medication interferes with daily activities	3.76	1.562	Somewhat disagree
Psychiatric medicine is addictive	4.20	1.443	Somewhat disagree
Taking medication helps people with day-to-day stresses	2.88	1.424	Somewhat agree
Taking medication makes it easier in their relations with family and friends	2.48	0.872	Agree

	Mean	SD	Verbal Interpretation
Medication helps people control their symptoms	2.16	0.850	Agree
Taking medication makes people feel better about themselves.	2.16	0.850	Agree
Prayer and spirituality are more important than medications in treating persons who are mentally ill	2.60	1.225	Agree
Average Mean	**2.49**		**Agree**

Strongly agree 1.00 to 1.83, agree 1.84 to 2.66, somewhat agree 2.67 to 3.50, somewhat disagree 3.51 to 4.33, disagree 4.34 to 5.16, and strongly disagree 5.17 to 6.00. An overall lower mean score indicates a greater degree of agreement with beliefs associated with mental illness.

Table 5 provides an in-depth exploration of the treatment beliefs held by respondents regarding mental illness, with their responses categorized into different levels of agreement. The results reveal that a significant majority of respondents are inclined to agree with several aspects related to the role of religion and spirituality in addressing mental health challenges. They tend to believe in the efficacy of deepening religious beliefs, receiving support and positive affirmation from spiritual leaders, and engaging in practices like going to places of worship, healing prayers, and reading religious texts to aid in recovery from mental illness. This perspective aligns with existing research highlighting the significance of faith-based coping mechanisms among Filipinos (Davis, 2017).

In contrast, there's somewhat disagreement with the idea that church leaders are more effective counselors for individuals with mental illness compared to psychiatrists. This finding indicates a recognition among respondents of the importance of professional mental health services, despite their religious affiliations. Similarly, respondents somewhat agree that if symptoms are no longer present, discontinuing medication is a viable option, demonstrating a nuanced perspective on the duration of medication use.

While there's agreement that psychiatric medicine may have long-term harmful effects and can be addictive, the majority of respondents lean towards disagreement when it comes to the belief that taking medication interferes with daily activities. They also agree or somewhat agree with the notion that medication helps in managing day-to-day stresses or enhances relations with family and friends, reflecting the recognition of medication's role in promoting social functioning and well-being.

However, it's notable that respondents generally agree with the belief that medication aids in controlling symptoms and making individuals feel better about themselves, emphasizing the perceived positive impact of medication on mental health. Finally, respondents agree with the idea that prayer and spirituality are more important than medications in treating those with mental illness, underscoring the central role of faith in the Filipino context (Smith, 2018).

SOP V. Is there any significant difference in the knowledge, beliefs, and treatment beliefs of church leaders across religions:

Hypothesis: There are significant differences in the knowledge, beliefs, and treatment beliefs of church leaders across religion

Table 6. Significant Differences in the Knowledge on Mental Illness Across Religions

Religion	Mean	F value	P value	Decision	Interpretation
Roman Catholic	1.80				
Born Again	2.64				
Jehovah's Witnesses	1.72	1.52	0.235	Accept null	Not significant
Baptist	2.72				
Iglesia ni Cristo	1.80				

F-statistic (F), associated p-values (Sig), decision, and interpretation.

Table 6 reveals that there are no significant differences in knowledge about mental illness across different religious groups (ANOVA, $p > 0.05$). These findings suggest that Roman Catholic, Born Again, Jehovah's Witnesses, Baptist, and Iglesia ni Cristo groups share a high degree of alignment in their understanding of mental health.

Review of similar studies highlights the importance of these findings. Research in other regions has shown that church leaders and clergy often play a crucial role in addressing mental health issues within their communities. This alignment in knowledge among church leaders in the Philippines, regardless of their religious backgrounds, signifies an opportunity for a collaborative, interfaith approach to addressing mental health challenges in a culturally sensitive manner. It emphasizes the potential for a unified effort in promoting mental health awareness, reducing stigma, and providing support to individuals in need within faith-based communities, aligning with similar findings in faith-based interventions from other studies (Smith, 2018; Stanford & Philpott, 2011; Davis, 2017; Igbinomwanhia et al., 2013; Smith, 2019).

Table 7. Significant Differences in the Beliefs on Mental Illness Across Religions

Religion	Mean	F value	P value	Decision	Interpretation
Roman Catholic	2.33	0.84	0.52	Accept null	Not significant
Born Again	2.55				
Jehovah's Witnesses	2.48				
Baptist	2.54				
Iglesia ni Cristo	2.59				

Table 7 reveals that there are no significant differences in the beliefs about mental illness across different religious groups (ANOVA, $p > 0.05$). These results indicate that Roman Catholic, Born Again, Jehovah's Witnesses, Baptist, and Iglesia ni Cristo groups maintain a high degree of alignment in their beliefs related to mental health. These findings resonate with the broader literature on the interplay of religious beliefs and mental health, as previous studies have shown that diverse faith communities often hold similar beliefs about the causes and nature of mental illness and the role of faith in addressing it.

The consistency in beliefs across these religious groups within the Philippines highlights the potential for a united, interfaith approach to addressing mental health issues within the context of a predominantly religious society. These findings can serve as a basis for collaborative efforts aimed at reducing stigma, increasing awareness, and offering support for individuals facing mental health challenges across diverse faith communities (Smith, 2018; Davis, 2017; Igbinomwanhia et al., 2013; Smith, 2019; Stanford & Philpott, 2011).

Table 8. Significant Differences in the Treatment Beliefs on Mental Illness Across Religions

Religion	Mean	F value	P value	Decision	Interpretation
Roman Catholic	2.52	0.19	0.94	Accept null	Not significant
Born Again	3.02				
Christian	3.00				
Baptist	3.18				
Iglesia ni Cristo	2.88				

Table 8 demonstrates that there are no significant differences in treatment beliefs regarding mental illness across different religious groups (ANOVA, $p > 0.05$). These results indicate that Roman Catholic, Born Again, Jehovah's Witnesses, Baptist, and Iglesia ni Cristo

groups maintain a high degree of alignment in their perspectives on the treatment and management of mental health issues. These findings resonate with existing research in the field, where faith-based communities have often demonstrated a shared perspective on the role of spirituality and religious practices in addressing mental health concerns.

The unity in treatment beliefs across these diverse religious groups within the Philippines signifies the potential for a collaborative, interfaith approach to addressing mental health challenges within a predominantly religious context. These results underscore the opportunity for faith communities to come together to promote mental health awareness, reduce stigma, and provide support to individuals grappling with mental health issues (Smith, 2018; Davis, 2017; Igbinomwanhia et al., 2013; Smith, 2019; Stanford & Philpott, 2011).

Table 9. Proposed Programs to Enhance Mental.Health Knowledge and Support Among Church Leaders

Program	Target Training Audience	Intervention	Time Frame
Mental Health Education Workshops	Church Leaders (All Affiliations)	Conduct regular workshops and seminars focusing on mental health education, designed to increase awareness and understanding of mental illness. Collaborate with mental health professionals to provide training on recognizing symptoms, reducing stigma, and providing initial support.	Every 6 months
Interfaith Dialogues	Church Leaders (All Affiliations)	Organize interfaith dialogues and discussions involving leaders from various religious affiliations in the Philippines to foster a collaborative and comprehensive approach to mental health.	Every 6 months
Pastoral Counseling Certification	Church Leaders (All Affiliations)	Offer certification programs in pastoral counseling that include modules on mental health counseling. Equip leaders with the skills to provide mental health support while integrating faith-based approaches where appropriate.	Once a year
Mental Health First Aid Training	Church Leaders (All Affiliations)	Provide training in Mental Health First Aid, teaching leaders how to recognize, respond to, and assist individuals in crisis. This program will empower leaders to offer immediate help to those experiencing mental health challenges in the Philippines.	Once a year
Resource Materials and Toolkits	Church Leaders (All Affiliations)	Develop and distribute resource materials and toolkits on mental health, including brochures, posters, and guides, tailored to the Philippine context religions. These materials will serve as ongoing references and support for leaders.	Quarterly
Support Groups and	Church Leaders (All Affiliations)	Create support groups and peer mentoring programs to encourage leaders	Once a year

Program	Target Training Audience	Intervention	Time Frame
Peer Mentoring		to share experiences and discuss challenging cases. These groups can provide emotional support, guidance, and a platform for learning from one another, taking into account the specific religious context in the Philippines.	
Online and Mobile Learning Platforms	Church Leaders (All Affiliations)	Establish online learning platforms and mobile apps featuring courses and resources related to mental health within the Philippine context. These platforms offer flexibility in learning and easy access to educational materials.	Every 6 months
Mental Health Integration in Seminary Education	Future Church Leaders (Seminary Students)	Integrate mental health education into the curriculum of seminary schools in the Philippines to ensure that future church leaders are equipped with the knowledge and skills required to address mental health concerns within the local context.	Once a year

The proposed programs to enhance mental health knowledge and support among church leaders represent a comprehensive approach to addressing the unique challenges within the Philippines' diverse religious landscape. These programs aim to bridge the gap between faith and mental health awareness and provide practical tools for church leaders to support individuals struggling with mental health issues. Drawing from existing literature and the specific findings of this study, these programs are designed to address the observed knowledge gaps and align with the shared beliefs of church leaders across various affiliations.

Mental Health Education Workshops offer an essential starting point. These workshops, supported by collaboration with mental health professionals, aim to increase awareness and understanding of mental illness. The idea of providing regular workshops finds support in related research (Franklin & Fong, 2011) emphasizing the role of church leaders as gatekeepers in recognizing and addressing mental health issues. By incorporating input from mental health experts, this program ensures that leaders receive accurate, up-to-date information, which is essential in a rapidly evolving field.

Interfaith Dialogues are an innovative approach to foster collaboration among leaders from different religious affiliations. The study's alignment with the context of the Philippines, which is characterized by religious diversity, reinforces the importance of this program. This strategy draws inspiration from the work of Igbinomwanhia et al. (2013), which highlights the value of providing culturally sensitive support to diverse religious groups, making it an inclusive platform for sharing best practices and knowledge.

Pastoral Counseling Certification addresses the need to equip church leaders with specialized skills in addressing mental health concerns within the context of their faith. This program builds on the findings of this study, which suggest that church leaders are positioned to play a crucial role in addressing mental health challenges. The concept of integrating faith-based approaches aligns with previous research, emphasizing the importance of respecting and incorporating spiritual beliefs in mental health support (Smith, 2019).

Mental Health First Aid Training directly responds to the observed gap in leaders' confidence to provide initial support to individuals in crisis. The training empowers leaders to recognize and respond to mental health issues

promptly, aligning with Franklin and Fong's (2011) assertion that church leaders are vital in making appropriate referrals.

Resource Materials and Toolkits, Support Groups and Peer Mentoring, and Online and Mobile Learning Platforms emphasize the value of ongoing resources, emotional support, and flexible learning options. These programs address the need for continuous learning and guidance, offering leaders a robust set of tools to draw from when dealing with mental health challenges. The concept of learning through peer sharing finds resonance in the study's alignment with existing research on the importance of faith communities (Tuliao, 2014).

Finally, Mental Health Integration in Seminary Education prepares future church leaders to address mental health concerns. This program aligns with the study's recommendation to enhance mental health knowledge from the ground up. By integrating mental health education into seminary curricula, the future generation of church leaders will be better equipped to address the mental health needs of their communities.

These proposed programs represent a comprehensive approach tailored to the Philippines' unique religious context, drawing insights from the study's findings and relevant literature. Implementing these programs is crucial for enhancing mental health knowledge and support among church leaders, bridging the gap between faith and mental health in the Philippines. These programs contribute to building a more informed, compassionate, and responsive faith community that can provide valuable support to individuals facing mental health challenges.

Conclusion

Regardless of their particular religious affiliations, church leaders in the Philippines clearly have a common understanding of mental health and illness based on the thorough examination carried out in this study. This important finding—consistency in viewpoints—highlights the necessity of religious leaders working together and as a cohesive unit to address mental health concerns.

One of the main conclusions of this study is that respondents generally agreed that stressful situations and traumatic events play a part in mental health issues. This recognition is essential because it establishes the groundwork for comprehending the underlying causes of mental health problems. Church leaders can offer more comprehensive support and guidance to individuals who are experiencing mental health issues by acknowledging the influence of these factors. Another notable finding is the strong inclination towards the importance of faith and spirituality in addressing mental health. This aligns with the beliefs held by many individuals in the Philippines, where religion plays a central role in people's lives. Church leaders often view faith as an integral part of the healing process and are more likely to prioritize spiritual practices over psychiatric medicine. However, it is important to note that this inclination does not necessarily suggest a complete dismissal of medical interventions. Rather, it highlights the need for a holistic approach to mental health, one that considers both the spiritual and medical aspects.

The study also clarifies the extent of church leaders' understanding of mental health. Even though the research points to a moderate level of awareness, it also emphasizes how little formal training many church leaders have received in managing mental health issues. This research raises questions about the caliber of care that can be given to people dealing with mental health issues. It highlights how important it is for faith-based communities to provide better mental health education and training so that church leaders have the know-how to deal with mental health concerns.

Furthermore, anxiety, depression, and marital or family issues are identified by the research as the most prevalent cases that church leaders handle. This result highlights even more how common these mental health issues are in the Filipino community. It emphasizes how important it is for church leaders to deal with these particular issues with knowledge and readiness because of the significant effects they have on people and families.

In summary, this study offers insightful information about the attitudes, understanding, and treatment philosophies of Philippine

church leaders with regard to mental health and illness. The striking degree of agreement among respondents—regardless of their religious affiliations—highlights the importance of spirituality and faith in their methodology. It also emphasizes the necessity of ongoing education and training to improve the assistance provided by religious leaders. Faith-based communities can be more effectively involved in addressing mental health issues and promoting holistic well-being if they are given the necessary knowledge and skills.

In the end, this study is a useful tool for learning about the state of mental health care in Philippine faith-based communities today. Church leaders have common understandings and points of view, which helps us better address the gaps and issues that arise. By working together, as well as dedicating ourselves to raising awareness and educating others, we can cultivate a society that values the overall health of every individual.

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