

INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY: APPLIED BUSINESS AND EDUCATION RESEARCH

2024, Vol. 5, No. 8, 3127 – 3141

<http://dx.doi.org/10.11594/ijmaber.05.08.16>

Research Article

Mental Health Program Implementation of Local Universities and Colleges (LUCs) in Zambales: Basis for Action Plan Development

Eric DS. Ebro¹, Christopher C. Mantillas²

¹Faculty, College of Teacher Education/ President Ramon Magsaysay State University, Philippines

²Faculty, College of Political Science and Public Administration Graduate Studies/ Polytechnic University of the Philippines, Philippines

Article history:

Submission 31 July 2024

Revised 08 August 2024

Accepted 23 August 2024

*Corresponding author:

E-mail:

ebroeric7@gmail.com

ABSTRACT

The local universities and colleges (LUCs) in the Philippines crafted local policies and developed programs on mental health to prioritize the well-being of workers in accordance with the provisions of RA 11036, otherwise known as the Mental Health Act, and CSC MC 4 s. 2020, otherwise known as the Mental Health Program in the Public Sector. The study aimed to describe the extent of implementation of mental health programs (MHPs) in LUCs and explore the program implementation experiences. Using a mixed-method research design, the data were gathered through surveys among 49 school managers selected through proportional stratified random sampling from three LUCs in the province of Zambales. Results from the rating scale items indicate that the mental health programs are implemented in terms of Management, Technical Package, Partnerships, and Communication components. Moreover, the experiences of the management highlighted the themes of beneficial opportunities, management of feelings and behaviors, and engagement in appropriate programs and activities, as well as lack of budget and limited relevant programs and activities. The Action Plan serves as the study's output, addressing the areas needing improvement through doable interventions.

Keywords: *Mental health, Program implementation, Management, Technical package, Partnerships, Communication, Experiences*

Introduction

The strength of the government lies on the civil servants. The country gets to be developed through empowered, sound, and healthy civil servants. Investment in human capital ensures the country's lasting and sustainable development. Enshrined in the 1987 Philippine Constitution is the safeguarding and advancement of

the right to health of the people and the state's duty to adopt health development programs accessible to all (Article 2, Section 15; Article 13, Section 11, 1987 Philippine Constitution).

In 2018, Republic Act 11036, known as the Mental Health Act, was passed into law. It aims to raise awareness, protect against discrimination of those suffering from mental health

How to cite:

Ebro, E. D. S. & Mantillas, C. C. (2024). Mental Health Program Implementation of Local Universities and Colleges (LUCs) in Zambales: Basis for Action Plan Development. *International Journal of Multidisciplinary: Applied Business and Education Research*. 5(8), 3127 – 3141. doi: 10.11594/ijmaber.05.08.16

conditions, deliver proper and affordable medical health medication, and promote well-being. In Section 26 of this law's implementing rules and regulations, employers must develop appropriate policies and programs in the workplace intended to promote awareness, correct stigma and discrimination, and provide mental health attention and treatments. Moreover, Sections 25 of the Implementing Rules and Regulations of RA 11036 mandated educational institutions, schools, colleges, universities, and other higher education institutions (HEIs), including the local universities and colleges (LUCs) through the Commission on Higher Education (CHED) to take an active part in the integration and promotion of mental health policies and programs for students, educators and employees (Department of Health, 2019).

Moreover, following the provision of RA 11036 to promote physical and mental health in the workplace, the Civil Service Commission (CSC) has issued Memorandum Circular 4, s. 2020. It sets the guidelines for the mental health program in the public sector. These public health laws prompted the LUCs under the local government units (LGUs) to craft local policies and develop programs to advance the workers' well-being and address the workers' mental health concerns.

Several studies examined the issues, hindrances, and solutions to support mental health in HEIs (Ong et al., 2019). Nevertheless, limited studies have assessed the implementation of mental health programs. Hence, the study aimed to describe the implementation of mental health programs (MHPs) in LUCs. Specifically, the study sought answers to the following questions:

1. What is the extent of implementation of MHPs in LUCs?
2. What are the experiences of school managers of LUCs in the Implementation of MHPs?
3. What action plan may be proposed to improve the implementation of MHPs in LUCs?

Theoretical Framework

According to Frieden (2014), public health program implementation includes the components of innovation, management, technical package, partnership, communication, and

political commitment. The technical package entails "evidence-based" intervention support. Through a technical package, an organization may refrain from the depletion of resources for non-proven interventions (Frieden, 2014, p. 17). Meanwhile, managing performance includes critical "monitoring and evaluation" of the program. Management in the public sector may be more complex than in private ones because the former needs more mechanisms to trace the program's progress (Frieden, 2014, p. 19). As a component of public program implementation, partnerships value collaboration among organizations to turn programs into advocacies (Frieden, 2014). Through the emergence of Internet-abled technologies, communication becomes vital in developing commitment among the program's direct actors and the community (Frieden, 2014).

Methods

Research Design

The study used a descriptive mixed-methods research (MMR) design through a combination of quantitative and qualitative approaches. In this design, the researcher considered the significance of both quantitative and qualitative data, particularly in describing and exploring the phenomenon (Bryman, 2012; Creswell, 2015; Creswell & Plano Clark, 2011, as cited in Dawadi et al., 2021).

Study Respondents

The research was conducted in the province of Zambales, Central Luzon, Philippines. From the targeted sample of size 83, 49 respondents were selected through stratified random sampling with proportional allocation from the school management of the three LUCs in Zambales. The respondents are school managers from the Polytechnic College of Botolan (PCB), Kolehiyo ng Subic (KNS), and Gordon College (GC).

Research Instrument

The researcher-made survey questionnaire has five parts and is intended for school managers. The first four parts consisted of 4-point rating scale items to obtain quantitative responses on how well the mental health programs are implemented in the areas of

management, technical package, partnership, and communication. The last part included open-ended questions about the experiences of school management in implementing mental health programs. The research instrument was validated by experts and specialists in the fields of public health, administration, and management. Pilot testing was done among school workers of President Ramon Magsaysay State University-San Marcelino Campus. Cronbach's alpha coefficients indicated acceptable reliability of the corresponding rating scales.

Data Gathering Procedure

The study's approval was granted by the College presidents of the local universities and colleges. After approval, the summary data on the number of employees was used for the sampling. The purpose of the study was thoroughly discussed among the concerned focal persons assigned by the college presidents to assist in administering the survey. The respondents were randomly selected. The survey was administered with the help of the focal persons assigned by the College presidents.

Data Analysis

Descriptive methods through Statistical Package for the Social Sciences (SPSS) were used to analyze the quantitative data, such as Weighted Mean and Standard Deviation, to determine and measure the mental health program implementation level in local universities and colleges. Meanwhile, content analysis was used to analyze the qualitative data. According to Patton (2014), as cited in Brorsson (2017), content analysis identifies and organizes the content texts to determine the patterns and themes.

Results and Discussion

Extent of Implementation of Mental Health Programs in Local Universities and Colleges (LUCs)

Management of Mental Health Program

The implementation of a mental health program requires sound regulation and supervision. Table 1 presents the extent of the management component in implementing the mental health program.

Provision of Protection Strategies against Stigma and Discrimination. Based on the table below, strategies against stigma and discrimination are implemented. As shown, almost all the items obtained the description of fully implemented with the composite weighted mean of 3.40 (SD= 0.51) verbally interpreted as implemented, which signifies that the management of mental health program implementation in terms of provision of protection strategies against stigma and discrimination are implemented. The workplace discrimination issues are addressed through open discussions, programs, and guidelines (Hudson, 2016).

Initiatives on Treatment and Psychosocial Support. Meanwhile, the table below shows that the treatment and psychosocial support initiatives are implemented. As observed, all the items obtained the description of implemented with a composite weighted mean of 3.13 (SD=0.67) verbally interpreted as implemented. This indicates that the management of mental health program implementation in terms of the initiatives on treatment and psychosocial support are implemented. One of the best ways to facilitate a sound mental health program implementation is to develop a strong support system that fosters awareness and acceptance of the existence of mental health conditions. It is through understanding the conditions that one gets to have the courage to seek professional help. One program's support determines the success of quality program implementation (Miguel-Esponda et al., 2020).

Review of Working Conditions. As shown in Table 1, the review of working conditions is implemented. All the items in this part of the table have descriptions of implemented, as shown in the composite weighted mean of 3.10 (SD=0.67), which indicates that the management of mental health program implementation in terms of the review of working conditions is implemented. Consequently, the working conditions affect the mental health of personnel. Through reasonable workload, personnel become more productive. In the words of Barnay (2016) and Harvey et al. (2017), as cited in Belloni et al. (2022), working conditions, mental health, and employment are relative to one another.

Table 1. Management of Mental Health Program Implementation

Provision of Protection Strategies against Stigma and Discrimination			
Indicators	WM	SD	Description
1. Safeguards the privacy of individual health records of the workers.	3.55	0.54	Fully Implemented
2. Promotes excellence and efficiency at work.	3.53	0.54	Fully Implemented
3. Upholds the integrity of every worker in performing work tasks.	3.51	0.58	Fully Implemented
4. Develops trust and confidence among workers at the workplace.	3.39	0.67	Implemented
5. Discourages idle talk of any form on the personal and private matters of workers.	3.00	0.89	Implemented
Composite	3.40	0.51	Implemented
Initiatives on Treatment and Psychosocial Support			
Indicators	WM	SD	Description
1. Encourages the workers to become open-minded about possible diagnoses and receptive to the necessary treatment.	3.27	0.73	Implemented
2. Ensures the workers diagnosed with mental health conditions completely recover to perform better at work.	3.16	0.83	Implemented
3. Provides a prompt assessment of the worker's mental health conditions.	3.14	0.74	Implemented
4. Promotes overall growth at work by becoming open and proactive to mental health interventions (medication, therapy, activities, advocacy, etc.).	3.12	0.81	Implemented
5. Provides affordable treatment (medication and therapy), accessible psychosocial support, and facilities at the expediency of the workers.	2.94	0.90	Implemented
Composite	3.13	0.67	Implemented
Review of Working Conditions			
Indicators	WM	SD	Description
1. Reviews the individual workload concerning actual accomplishments.	3.27	0.81	Implemented
2. Values workers' suggestions to improve better working conditions.	3.22	0.73	Implemented
3. Provides education and localized training for mental health program heads/coordinators/administrators to respond appropriately to workers' mental health issues.	3.05	0.83	Implemented
4. Reviews and updates the job descriptions and related assignments.	3.00	0.82	Implemented
5. Supervises a periodic self-assessment of job satisfaction at work.	2.98	0.77	Implemented
Composite	3.10	0.67	Implemented
Overall	3.21	0.66	Implemented

Legend:

1.0- 1.49 – Not Implemented

1.50-2.49 – Partially Implemented

2.50-3.49 – Implemented

3.50-4.00 – Fully Implemented

Almost all the items in the table are implemented with an overall weighted mean of 3.21 (SD=0.66), which indicates that the mental

health program implementation in terms of management component is implemented. This agrees with the study of Laaksonen et al.

(2010), Lahelma et al. (2006), and Wieclaw et al. (2008), as cited in Ranta (2020), which indicates that working conditions affect health and mental health issues and sicknesses of workers attributable to unhealthy working conditions.

Technical Package of Mental Health Program Implementation

In the study by Stone et al. (2017), strategy, approach, and evidence are the components of a technical package. Table 2 presents the extent of the technical package component in implementing mental health programs.

Table 2. Technical Package of Mental Health Program Implementation

Indicators	WM	SD	Description
1. The mental health programs recognize equality and value individual differences based on demographics, personal beliefs, and orientations.	3.28	0.77	Implemented
2. All information and medical records of workers are protected and treated with confidentiality.	3.28	0.74	Implemented
3. The programs uphold, safeguard, and recognize the right to health in adherence to Universal Health Rights.	3.20	0.75	Implemented
4. The mental health programs recognize equality for workers with mental health conditions in terms of recruitment and promotion.	3.13	0.88	Implemented
5. There are fair and responsive working schedules and plans for workers identified to have mental health conditions.	3.09	0.78	Implemented
6. There are reasonable, evidence-based treatments and medical services provided as an integral part of the programs to workers at risk or with mental health conditions.	3.04	0.82	Implemented
7. The projects and programs engage the workers at risk or with mental health conditions in mental health program development, implementation, monitoring, and evaluation, and in advocating the program.	3.02	0.83	Implemented
8. The programs do provide workers with mental health conditions with work opportunities and engage them in the implementation of mental health program	3.00	0.89	Implemented
9. The workers at risk or with mental health conditions practice fully the inherent rights such as civil, political, and economic rights and other inherent rights as provided by the existing mental health programs.	3.00	0.79	Implemented
10. Reintegrates the workers who have completed and undergone mental health medication and rehabilitation into the workplace.	3.00	0.76	Implemented
11. Sustainability is guaranteed as mental health programs are embedded in the organization’s health and wellness program.	2.93	0.80	Implemented
12. Provides treatment and referrals to workers with mental health conditions.	2.91	0.91	Implemented
13. Facilitates debriefing interventions for workers who have experienced traumatic situations.	2.91	0.78	Implemented
14. Offers interventions to workers with mental health conditions.	2.89	0.82	Implemented
15. Provides support to workers who will retire for a comfortable adaptation and easier transition.	2.87	0.83	Implemented
Overall	3.04	0.72	Implemented

Legend: 1.0- 1.49 – Not Implemented
 2.50-3.49 – Implemented

1.50-2.49 – Partially Implemented
 3.50-4.00 – Fully Implemented

All the items in the table obtained a description of implemented. This indicates that the mental health program implementation in terms of the technical package is implemented, as shown in the overall weighted mean of 3.04 (SD=0.72) with the description of implemented. Raising awareness remains one of the functions of the public sector through program campaigns and advocacies, and through collaborations with communities and private organizations, awareness is significantly developed (Stone et al., 2017).

Partnership in Mental Health Program Implementation

Partnership plays an essential role in implementing a mental health program. According to Tuckman's model of team development (Tuckman, 1965; Tuckman & Jensen, 1977, as cited in Breuer et al., 2019, p. 160), the partnership includes five stages, namely: “forming, storming, norming, performing, and adjourning.” Table 3 presents the extent of the partnerships component in mental health program implementation.

Table 3. Partnership in Mental Health Program Implementation

Development of Networks and Referral Systems				
Indicators	WM	SD	Description	
1. Provides a mental health (MH) hotline like the DOH hotline or, if possible, local MH hotlines.	3.10	0.75	Implemented	
2. Provides a support system for workers at risk and with mental health conditions.	3.10	0.83	Implemented	
3. Sets an adequate set of procedures or referral system for workers with mental health conditions.	3.04	0.80	Implemented	
4. Directs and capacitates organized support groups on mental health.	3.00	0.80	Implemented	
5. Updates a record with services and contact details of health institutions that offer mental health services to workers at risk or with mental health conditions.	2.94	0.76	Implemented	
Composite	3.04	0.70	Implemented	
Support Programs for Mental Health				
Indicators	WM	SD	Description	
1. Fosters harmonious working atmosphere and cooperation in the workplace.	3.13	0.84	Implemented	
2. Promotes healthy communication and sound interaction with co-workers.	3.13	0.82	Implemented	
3. Ensures that every worker exercises the right to mental health services.	3.08	0.79	Implemented	
4. Provides career growth and work opportunities relative to the worker's abilities and potential.	3.08	0.79	Implemented	
5. Advances a balanced wellness that considers the workers' physical and mental well-being at work.	3.08	0.79	Implemented	
Composite	3.10	0.75	Implemented	
Capacity-building for Mental Health Program Heads/ Coordinators/ Administrators				
Indicators	WM	SD	Description	
1. Offers training and workshops on mental health for MHP heads/ coordinators/administrators.	3.08	0.87	Implemented	
2. Makes basic education on mental health for mental health program (MHP) heads/ coordinators/ administrators available.	3.06	0.86	Implemented	

3. Provides training and workshops on counseling workers at risk or with mental health conditions.	2.96	0.82	Implemented
4. Conducts closed-door post-conferences with a focal group composed of identified mental health administrators/coordinators to help process the workers' mental health issues and concerns.	2.96	0.90	Implemented
5. Disseminates bulletin on how to manage workers at risk or those with mental health conditions.	2.90	0.90	Implemented
Composite Overall	2.99	0.82	Implemented
	3.04	0.83	Implemented
<i>Legend: 1.0- 1.49 – Not Implemented</i>		<i>1.50-2.49 – Partially Implemented</i>	
<i>2.50-3.49 – Implemented</i>		<i>3.50-4.00 – Fully Implemented</i>	

Development of Networks and Referral Systems. As shown in Table 3, the management implemented the development of networks and referral systems. As observed, all the items obtained the description of implemented with a composite weighted mean of 3.04 (SD=0.70) verbally interpreted as implemented. This indicates that the partnership in mental health program implementation in terms of developing networks and referral systems is implemented.

A referral system is an essential initial process needed to address the mental health condition immediately; through this system, the worker with a mental health condition is referred to the best health care service provider to immediately receive the most appropriate interventions (Raviv et al., 2022).

Support Programs for Mental Health. Table 3 shows that the management implemented the support programs for mental health. All the items obtained the description of implemented with a composite weighted mean of 3.10 (SD=0.75) with the description of implemented, which indicates that the partnership in mental health program implementation in terms of support programs for mental health is implemented. The support of management shapes the working environment, and "employee attitudes toward mental health" will make it impossible to implement mental health policies and programs without the all-out support of management (Wu et al., 2021, p. e928).

Capacity-building for Mental Health Program Heads/ Coordinators/ Administrators. Based on Table 3, the management implemented the capacity-

building strategies for mental health program heads/ coordinators/ administrators. The composite weighted mean of 2.99 (SD=0.82) indicates that the partnership in mental health program implementation in terms of capacity-building for mental health program heads/ coordinators/ administrators is implemented. According to "Ghaffar and colleagues' systems approach," capacity building involves training and strengthening individuals and organizations (Ghaffar et al., 2008, as cited in Breuer et al., 2019, p. 171).

All the items obtained a description of implemented, with an overall weighted mean of 3.04 (SD=0.83), which indicates that the mental health program implementation in terms of partnership component is implemented. This implies that partnership is crucial to fully implementing a mental health program, as it develops networks of people, agencies, and units with significant functions to play. According to Afsana et al. (2009), as cited in Breuer et al. (2019, p. 159), "access to funding" and the opportunity to affect mental health programs become possible through partnership.

Communication in Mental Health Program Implementation

Communication plays a significant role in the implementation of mental health programs. It is favorable to have channeled information among the organization's stakeholders. Table 4 presents the extent of the communication component in the mental health program implementation.

Awareness Campaign on Mental Health. Table 4 shows that the management implemented the campaign on mental health.

As observed, all the items obtained a health program implementation in terms of description of implemented with a composite awareness campaign on mental health is weighted mean of 3.06 (SD=0.69), which implemented. indicates that the communication in mental

Table 4. Communication in Mental Health Program Implementation

Awareness Campaign on Mental Health				
Indicators	WM	SD	Description	
1. Encourages physical and wellness activities such as stress management, relaxation routines, fitness activities even during breaks, and other institutional activities such as team building.	3.09	0.81	Implemented	
2. Provides unique opportunities for workers with special needs, such as senior citizens, differently-abled workers, single parents, and others.	3.07	0.77	Implemented	
3. Manages the conduct of peer counseling, group sharing socialization, etc., in the workplace.	3.04	0.79	Implemented	
4. Produces and circulates information, education, and communication (IEC) materials on mental health, such as pamphlets, leaflets, and other printed and non-printed materials to address misconceptions about mental health.	3.04	0.82	Implemented	
5. Conducts small group sessions among concerned workers to help them process the traumatic and stressful life events they experienced.	3.04	0.79	Implemented	
Composite	3.06	0.69	Implemented	
Prevention, Advocacy, and Education on Mental Health				
Indicators	WM	SD	Description	
1. Educates the workers on their rights to mental health needs.	3.20	0.76	Implemented	
2. Keeps the workers abreast on the proper management of mental health conditions and the mental health services available at work.	3.09	0.72	Implemented	
3. Promotes life-work balance for the workers to become mentally healthy and sound.	3.09	0.81	Implemented	
4. Encourages the workers to become sensitive and kind to co-workers at risk or with mental health conditions.	3.09	0.81	Implemented	
5. Familiarizes the workers with mental health conditions related to work, such as work burnout, stress, and other common mental disorders (CMD).	3.07	0.74	Implemented	
Composite	3.11	0.71	Implemented	
Integration of Mental Health in Human Resource Development and Policy and Program Management				
Indicators	WM	SD	Description	
1. Integrates with the workers' orientation a session on mental health awareness.	3.02	0.83	Implemented	
2. Provides doable methods to guarantee the well-being of human resource staff and mental health care providers.	2.98	0.80	Implemented	
3. Ensures that mental health is considered and assessed in the recruitment and, if possible, even in the promotion of workers.	2.93	0.71	Implemented	

4. Management may require a mental health assessment when promoting workers to executive and managerial positions.	2.91	0.86	Implemented
5. The mental health assessment in the physical examination is included annually.	2.91	0.86	Implemented
Composite Overall	2.95	0.75	Implemented
	3.04	0.77	Implemented

Legend: 1.0- 1.49 – Not Implemented 1.50-2.49 – Partially Implemented 2.50-3.49 – Implemented
 3.50-4.00 – Fully Implemented

The above discussion implies that raising awareness of mental health issues in higher education institutions has reformed students' attitudes toward mental health. It has lessened the stigma as people become more open to seeking expert help and transformed them into proactive mental health advocates (Giroux & Geiss, 2019; Kutcher et al., 2015, as cited in Shim et al., 2022).

Prevention, Advocacy, and Education on Mental Health. Table 4 shows that the management implemented prevention, advocacy, and education on mental health. As shown, all the items obtained a description of implemented. The composite weighted mean of 3.11 (SD=0.71) with the description of implemented indicates that the communication in mental health program implementation in terms of prevention, advocacy, and education on mental health is implemented. Through mental health education, stigma on mental health issues will likely be eradicated as people become more understanding and sensitive to the mental health conditions of others; likewise, this will result in the maximization of mental health services utilization (Shim et al., 2022).

Integration of Mental Health in Human Resource Development and Policy and Program Management. The table above shows that the management implemented mental health in human resource development and policy and program management. As shown, all the items obtained a description of implemented. The composite weighted mean of 2.95 (SD=0.75) with the description of often indicates the communication in mental health program implementation in terms of integration of mental health in human resource development and policy and program

management is implemented. Mental health directly links employees and organizations. The concept of human resource high-performance work systems (HPWS) possibly affects employees' well-being and mental health (Kim et al., 2023).

All the items obtained a description of implemented with an overall weighted mean of 3.04 (SD=0.77), which indicates that the mental health program implementation in terms of communication component is implemented. The discussion implies that communication facilitates the implementation of the mental health program, where stakeholders get to participate by advocating and incorporating mental health into the mainstream. This agrees with the study that shows that attitudes and beliefs are shaped and influenced by communication (Aladwani, 2001; Amoako-Gyampah & Salam, 2004, as cited in Albright et al., 2022) through communication the organization is developed (Daghfous, 2004, as cited Albright et al., 2022).

Experiences of Management in the Implementation of Mental Health Programs

This part of the study focused on the management's experiences in implementing mental health programs. Experiences in implementing mental health programs vary on how the management implements the programs implemented. Table 5 shows the themes that reflect the experiences of the management in implementing mental health programs.

Beneficial Opportunities

Implementing mental health programs ensures that workers' general welfare is prioritized. These programs benefit workers as

their health becomes a significant concern in human resource development. This is attested by two of the respondents sharing, "All good and applicable to every worker," "It helps me [more] to become a more productive teacher" [SM6] [SM7]. The implementation of mental health programs in the workplace resulted in a strengthening of consciousness of mental health, which lessened stigma and discrimination due to a better understanding of those undergoing mental health conditions. Moreover, these programs promote the health and wellness of workers (Wu et al., 2021).

Management of Feelings and Behaviors

The mental health program is instrumental in enabling the workers to manage their feelings and behaviors. One of the respondents shared the experience of how the program helped to manage their feelings and behaviors: "The implementation of mental health programs helps me to relieve any stress and anxiety" [SM35]. This is supported by the study of Sagar and Singh (2022, p. 148), which indicates that management should equally give importance to the "emotional well-being" and physical health of the workers, as this will improve their productivity.

Table 5. Experiences of the Management in the Implementation of Mental Health Program

Keywords	Content Interpretations	Descriptions	Sample Direct Responses
Benefits	Beneficial opportunities	Implementing mental health programs has improved workers' mental well-being. The mental health programs provided opportunities for the workers to uplift their morale and transform the workplace into a more conducive and healthier environment.	"It was good as it gave us a chance to be educated regarding mental health" [SM 34].
Self-Management	Management of feelings and behaviors	Every employee is unique and responds to situations differently. Through strategies included in mental health programs, workers learn to manage their feelings and behaviors toward adverse or otherwise situations, enabling them to deliver better work functions.	"It was so fulfilling that even just for a day, it felt like I could properly manage my emotions and life conflicts" [SM 8].
Active engagement	Engagement to appropriate programs and activities	Despite the demanding nature of work, workers actively participate in activities. Attendance to mental health program activities is evident, especially to activities that fit individual conditions and are conveniently scheduled.	"It was engaging as the topic was relevant, and the suggested coping methodologies are useful and applicable" [SM 36].
Limited budget	Lack of budget	A reasonable budget allotment will result in sound program implementation. Most of the study's respondents are conscious of the limited budget allocation for mental health, resulting in weak program implementation.	"Budget constraints, schedules, and facilities" [SM 9].

Keywords	Content Interpretations	Descriptions	Sample Direct Responses
Occasional implementation	Limited relevant programs and activities	The programs and activities respond to the needs of the workers but are occasionally observed and implemented. This may hamper the program's sustainability. Moreover, it may result in dispiritedness among workers in the long run.	"There are provisions on mental health awareness; however, not all are being implemented" [SM 9].

Engagement to Appropriate Programs and Activities

The mental health program becomes relevant as long as it is developed to respond to the needs of the workers and facilitated by competent healthcare professionals. Once the workers know they can benefit from the programs, they participate in the activities. One of the respondents shared "joins and practices mental health awareness" [SM 9]. Workers are engaged more at work and least experience work exhaustion once they feel compassion (Guy & Newman, 2013; Schaufeli & Salanova, 2007; Schaufeli et al., 2008; Xiaojun & Guy, 2014, as cited in Eldor, 2018), this implies that if the policies and programs are anchored out of management's compassion to workers, this will result to greater work engagement.

Lack of Budget

Enough budget allotment is always one of the problems experienced by program implementers. The budget deficit for mental health programs becomes a problem, perhaps because mental health issues up until now are stigmatized. In the study of Martinez et al. (2020), as cited in Alibudbud (2023), the stigma remains observed in the Filipino culture. This problem of lack of budget hinders the mental health program from achieving its objectives. One respondent, who shared a "lack of budget to conduct more related activities" [SM5], attests to this. There is an inadequate budget for mental health, but this could be addressed by setting ideal funding for health, including mental health, in low and middle-income countries (Rathod et al., 2017).

Limited Relevant Programs and Activities

Often, the mental health programs are seasonally implemented in a year. Moreover,

the seasonal mental health programs implemented usually include everyday activities that inequitably address the different mental health concerns of the workers. This was pointed out by one respondent, who shared that "Time schedule does not apply to some of the employees" [SM 32]. It is a common problem to have limited mental health programs, as reflected by the lack of doable strategies. In some countries, the unavailability of mental health programs was caused by the absence of clear-cut guidelines and few numbers of well-trained mental health professionals (Atilola, 2015; Ayele et al., 2011; Henderson et al., 2013; Moses et al., 2011; Mugisha et al., 2019; Saxena et al., 2007, as cited in Muhorakeye & Biracyaza, 2021).

Conclusions and Recommendations

The mental health programs are implemented as shown in the components of mental health program implementation. The management experiences centered on the benefits of mental health programs. However, more attention may be given to efficiency, effectiveness, and responsiveness principles, as they also experienced problems of limited budgets and limited activities. Moreover, the action plan was based on the data analysis, including actions to be taken, objectives, office/person-in-charge, expected outcomes, budgetary allotment, and time frame. This action plan reflects the areas that need improvement regarding the implementation of mental health programs.

The Human Resource Management Office of the LUCs may institutionalize the inclusion of mental health assessments in workers' annual physical examinations. At the same time, may conduct a life coaching seminar on life after retirement to acquaint workers with how to adapt to life's transition together with the

Guidance and Counseling Unit and may develop and implement a mental health assessment system as part of the promotion requirements for executive and managerial positions.

In addition, the Human Resources Management Office of LUCs, in coordination with the Health Services Unit, is encouraged to update the bulletin and other social media platforms to educate the workers on handling colleagues with mental health conditions and at risk. The Health Services Unit, on the other hand, may conduct a health caravan to provide affordable treatment and accessible psychosocial support and facilities for workers who experience mental health distress.

Moreover, the LUCs may collaborate with other government and private organizations to benchmark best practices and source

additional funding for programs and projects such as training and facilities for mental health.

Finally, the LUCs may consider adopting the proposed action plan to advance the implementation of mental health programs.

Action Plan on Improving the Mental Health Program Implementation in Local Universities and Colleges (LUCs)

After thoroughly analyzing the data, the researcher designed an action plan to advance the implementation of mental health programs in local universities and colleges (LUCs). The strategies presented include conducting a health caravan, a life coaching seminar, updating bulletins, entering into partnerships, and institutionalizing mental health assessments.

Action Plan for Mental Health Program Implementation

Actions to be Taken	Objectives	Responsible Office/s Department/s	Expected Outcomes	Budget Allotment	Time Frame
Conduct a health caravan to provide affordable treatment and accessible psychosocial support and facilities for workers who experience mental health distress.	To offer accessible and affordable mental health services to the workers.	Head, Human Resources Management Office Head, Health Services Unit	Affordable treatment and accessible psychosocial support and facilities	P150,000.00	January-December 2025
Conduct a life coaching seminar on life after retirement to acquaint workers who will retire with how to adapt to life's transition.	To guarantee that retiring workers will be emotionally and psychologically prepared for the transition.	Head, Human Resources Management Office Coordinator, Guidance and Counseling Unit	Prepared retiring workers emotionally and psychologically for the transition to a new phase of life	P50,000.00	January-December 2025
Update the bulletin board and other social media platforms to educate the workers on handling colleagues with mental health conditions and at-risk.	To develop an awareness of addressing co-worker's mental health conditions and others who are at risk.	Head, Human Resources Management Office Head, Health Services Unit	Aware and sensitive to co-workers' mental health conditions and risk factors	P25,000.00	March, June, September and December 2025

Actions to be Taken	Objectives	Responsible Office/s Department/s	Expected Outcomes	Budget Allotment	Time Frame
Collaborate with other government and private organizations.	To enhance program activities by benchmarking others' best practices and source funding.	Top Management of LUCs Head, Human Resources Management Office	Stronger inter-institutional partnerships aimed at developing more responsive and higher-quality mental health programs	P100,000.00	January-December 2025
Institutionalize the inclusion of mental health assessments in workers' annual physical examinations.	To ensure that workers will be sound and healthy at work.	Head, Human Resources Management Office Coordinator, Guidance and Counseling Unit	Sound and healthy workers are present at work	P50,000.00	June 2025
Develop and implement a mental health assessment system as part of the promotion requirements for executive and managerial positions.	To safeguard the organization of the readiness of the workers for taking on complex work related to their promotions.	Head, Human Resources Management Office Coordinator, Guidance and Counseling Unit	Highly-prepared workers capable of handling complex tasks associated with their promotions	P50,000.00	As needed

Acknowledgment

This study was made possible through the support and cooperation of the top management and other stakeholders of LUCs in Zambales and through the guidance of the Polytechnic University of the Philippines -College of Political Science and Public Administration Graduate Studies and the assistance of President Ramon Magsaysay State University.

References

Albright, K., Navarro, E. I., Jarad, I., Boyd, M. R., Powell, B. J., & Lewis, C. C. (2022). Communication strategies to facilitate the implementation of new clinical practices: a qualitative study of community mental health therapists. *Translational*

behavioral medicine, 12(2), 324–334. <https://doi.org/10.1093/tbm/ibab139>

Alibudbud, R. (2023). Towards transforming the mental health services of the Philippines. *The Lancet Regional Health - Western Pacific*, 39(October), 100935.

Belloni, M., Carrino, L., & Meschi, E. (2022). The impact of working conditions on mental health: Novel evidence from the UK. *Labour Economics*, 76(April), 102176. <https://doi.org/10.1016/j.labeco.2022.102176>

Breuer, E., Hanlon, C., Bhana, A., Chisholm, D., De Silva, M., Fekadu, A., Honikman, S., Jordans, M., Kathree, T., Kigozi, F., Luitel, N. P., Marx, M., Medhin, G., Murhar, V., Ndyababangi, S., Patel, V., Petersen, I.,

- Prince, M., Raja, S., ... Lund, C. (2019). Partnerships in a Global Mental Health Research Programme—the Example of PRIME. *Global Social Welfare*, 6(3), 159–175. <https://doi.org/10.1007/s40609-018-0128-6>
- Brorsson, A.L. (2017). Diabetes during childhood and adolescence: Studies of insulin treatment, patient-reported outcomes, and evaluation of an empowerment-based education (Issue November 2017). <https://doi.org/10.13140/RG.2.2.34245.47845>
- Civil Service Commission. (2020). *CSC Memorandum Circular 04 series of 2020*. Retrieved May 25, 2021, from <https://csc.gov.ph/downloads/memorandum-circulars/category/234-2020>
- Dawadi, S., Shrestha, S., & Giri, R. A. (2021). Mixed-Methods Research: A Discussion on its Types, Challenges, and Criticisms. *Journal of Practical Studies in Education*, 2(2), 25–36. <https://doi.org/10.46809/jpse.v2i2.20>
- Department of Health. (2019). Ra 11036 (pp. 1–17). Retrieved August 05, 2022, from https://www.doh.gov.ph/sites/default/files/health_advisory/IRR_of_RA_11036.pdf <https://app.doh.gov.ph:1024/Search>
- Eldor, L. (2018). Public service sector: The compassionate workplace - The effect of compassion and stress on employee engagement, burnout, and performance. *Journal of Public Administration Research and Theory*, 28(1), 86–103. <https://doi.org/10.1093/jopart/mux028>
- Frieden, T. R. (2014). Six components necessary for effective public health program implementation. *American Journal of Public Health*, 104(1), 17–22. <https://doi.org/10.2105/AJPH.2013.301608>
- Hudson, M. (2016). Research Paper: The management of mental health at work (Vol. 1, Issue March). http://www.acas.org.uk/media/pdf/2/p/Mental_health_report_11_Nov_2016.pdf
- Kim, K. Y., Messersmith, J. G., Pieper, J. R., Baik, K., & Fu, S. (2023). High performance work systems and employee mental health: The roles of psychological empowerment, work role overload, and organizational identification. *Human Resource Management*, 62(6), 791–810. <https://doi.org/10.1002/hrm.22160>
- Miguel-Esponda, G., Bohm-Levine, N., Rodríguez-Cuevas, F. G., Cohen, A., & Kakuma, R. (2020). Implementation process and outcomes of a mental health programme integrated in primary care clinics in rural Mexico: A mixed-methods study. *International Journal of Mental Health Systems*, 14(1), 1–14. <https://doi.org/10.1186/s13033-020-00346-x>
- Muhorakeye, O., & Biracyaza, E. (2021). Exploring Barriers to Mental Health Services Utilization at Kabutare District Hospital of Rwanda: Perspectives From Patients. *Frontiers in Psychology*, 12(March). <https://doi.org/10.3389/fpsyg.2021.638377>
- Official Gazette of the Republic of the Philippines. *Philippine Constitution of 1987*. Retrieved March 7, 2023, from <https://www.officialgazette.gov.ph/constitutions/1987-constitution/>
- Ong, J. A. T., Ciron, J. N. T., De Guzman, C. S. J., & Diokno, J. P. (2019). *Help is finally here!"- Role of Tertiary Institutes in the Promotion of Philippine Mental Health Law (RA 11036)*. *The Normal Lights*. 13(2), 132–149.
- Ranta, H. (2020). Association between adverse working conditions and poor mental health functioning among young public sector employees. Master's dissertation. Helsinki University Library, December. <https://helda.helsinki.fi/handle/10138/311094>
- Rathod, S., Pinninti, N., Irfan, M., Gorczynski, P., Rathod, P., Gega, L., & Naeem, F. (2017). Mental Health Service Provision in Low- and Middle-Income Countries. *Health Services Insights*, 10. <https://doi.org/10.1177/1178632917694350>

- Raviv, T., Smith, M., Hurwitz, L., Gill, T. L., Baker, S., Torres, S. A., Bowen, I. E., & Cicchetti, C. (2022). Supporting school-community collaboration for the implementation of a multi-tiered school mental health program: The Behavioral Health Team model. *Psychology in the Schools, 59*(6), 1239–1258.
<https://doi.org/10.1002/pits.22683>
- Sagar, N. & Singh, R. (2022). Employees' Mental Health and Productivity and its Impact on Contextual and Task Performance in Organizations. *Journal for Emerging Technologies and Innovative Research, 9* (2). 140-149.
- Senate of the Philippines. (2018). Mental Health Act (RA 11036). Retrieved July 22, 2023, from <https://legacy.senate.gov.ph/republicActs/ra%2011036.pdf>
- Shim, Y. R., Eaker, R., & Park, J. (2022). Mental Health Education, Awareness and Stigma Regarding Mental Illness Among College Students. *Journal of Mental Health & Clinical Psychology, 6*(2), 6–15.
<https://doi.org/10.29245/2578-2959/2022/2.1258>
- Stone, D., Holland, K., Bartholow, B., Crosby, A., Davis, S., & Wilkins, N. (2017). Preventing suicide: A technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Wu, A., Roemer, E. C., Kent, K. B., Ballard, D. W., & Goetzl, R. Z. (2021). Organizational best practices supporting mental health in the workplace. *Journal of Occupational and Environmental Medicine, 63*(12), E925–E931.
<https://doi.org/10.1097/JOM.00000000000002407>