

# Validating the Psychometric Properties of Mental Health Literacy Scale Among Filipino College Students

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## ABSTRACT

Mental health issues are predominant especially with our situation being at the midst of pandemic. Due to the marginal studies about mental health literacy, there are research gaps in terms of psychometric properties of available mental health literacy scales in the Philippines. The researchers aimed to close the gap through evaluating the psychometric properties of Mental Health Literacy Scale (MHLS) by Dr. Matt O'Conner (2019). About 820 Health and Science College students in Davao del Sur, Philippines were the participants. This validation study found out that four out of six subscales of MHLS are reliable ( $\alpha = .852, .800, .867, .896$ ) and the remaining two subscales were ( $\alpha = .366$  and  $.347$ ). Despite of that, the overall Cronbach Alpha was 0.780 that makes the questionnaire considered to be reliable. Furthermore, confirmatory factor analysis found out that the six factors model that was introduced by the previous studies was invalid due to low factor loading items. Therefore, it was modified by deleting three items with factor loading lower than .40 to pass the model fit indices. Due to the limitations of the study, researchers had recommendations to further establish the MHLS in a Filipino setting.

*Keywords: Mental Health Literacy Scale, Psychometric Properties, Mental Health Literacy, Confirmatory Factor Analysis, Filipino College Students*

## 1. INTRODUCTION

According to the World Health Organization (WHO), about 8% or almost 586 million of the overall population suffers from psychological diseases. About 10-20% of teenagers have mental health issues that influence their functioning and might lead to educational challenges (WHO, 2020). According to a study by Philippine Statistics Authority (PSA), 7 Filipinos commit suicide every day and 1 out of 5 Filipino adults suffer from mental disorders (Dizon, 2019). 17 million Filipinos suffer from major depressive disorder, and dementia is predicted to impact 5% of the whole Filipino population over the age of 65 (Publico, 2020).

Mental Health Literacy (MHL) is the ability to recognize certain disorders; knowing how to seek mental health information; knowledge of risk factors and causes; knowledge of self-treatment and professional help available; and attitudes that promote recognition and appropriate help-seeking (Christian, Reyes, & Delariarte, 2021). As a result, the concept of

mental health literacy, or a person's awareness of mental diseases, has become more important than ever. With this, MHL is thought to be a strong determinant of positive health outcomes (Taheri et al, 2020).

In the study of Nalipay et al., (2023), using the confirmatory factor analysis in the adapted and validated Mental Health Promoting Knowledge Scale (MPHKS), operationally mental health literacy is associated with the knowledge of mental disorders, well-being, teaching engagement, and teaching-related outcomes. In a sample of 470 Filipino pre-service teachers, MPHKS resulted to be a valid tool that can be utilized to measure the knowledge of mental disorders for more holistic assessment of teachers' mental health knowledge. It is essential to acknowledge that the prevention and treatment of mental health issues as well as the enhancement of well-being are both important in the promotion of mental health.

Moreover, Wang et al., (2023), explored the link between family health and health literacy among college students with psychological resilience playing a critical mediating role. The researchers utilized regression to analyze the association of family health and mental health which resulted that both variables has a positive association. Therefore, the family ought to be recognized as fundamental mechanism to enhance college student's health literacy. Additionally, it is essential to emphasize the amelioration of psychological distress among college students and enhance their psychological resilience, which will be helpful for their overall health consciousness and proficiency.

With the aforementioned researchers, teachers and family members are essential in identifying the mental health literacy of a student. Both teachers and family members are a great help in formulating a prevention and enhancement of interventions that fits the students. However, this study focuses in the learner's perspective. In caveat to the aforementioned validation studies, there is a need to further quantify the mental health literacy of these young students independent of the social associations and connections of educational and parental links.

In the development and validation of Mental Health Assessment Scales for College Students by Ching, Victoria and de Guzman (2023), twelve-factor model was supported using the confirmatory factor analysis in a sample of 1,553 students. The findings provided an evidence of reliability, construct and criterion-related validity. With this, the development of mental health assessment scale will help in formulating interventions fitting to student's mental needs.

Christian, Reyes, and Delariarte (2021), In comparison to the MHI development sample, Filipino college students had a lower Mental Health Index, average Psychological Well Being, and above-average Psychological Distress. The results suggest that the college students in this study scored similarly to Saudi Arabian students on the Mental Health Index. Nonetheless, when compared to adolescents from Australia and South Africa, they appear to have worse grades. The findings of this study, in terms of psychological well-being, are congruent with the scores of university students from Australia, South Africa, and Saudi Arabia. Students from the current study, on the other hand, appear to have greater Psychological Distress levels than students from Australia and Saudi Arabia, but lower scores than South African students. These findings show that if mental health services are included into the current educational system, Filipino students may benefit.

Martinez et al., (2020) claim that mental health services in the Philippines are underutilized due to mental health stigma, notably the embarrassment of being labeled as insane. To combat the stigma, MHL must be championed not just by counselors, but also by

the "frontliners" of schools and universities (Bautista & Lim, 2021). Regrettable reality is that mental health continues to be a neglected and under-resourced element of healthcare in the Philippines. Despite the passage of the Mental Health Act, health care facilities and human resources remain scarce (Publico, 2020). Moreover, the country confronts a shortage of child psychologists, teachers who can manage children with special needs, and school counselors who are expected to operate as mental health specialists in the school setting (Estrada et al, 2019)

Research has shown that mental health literacy is a key component in identifying and referring individuals in need of psychological support. Also, proven to be culturally diverse and properly diagnosing mental disorders has been stressed in the promotion of mental health (Kenney, 2019). Thus, no appropriate and reliable tool for measuring MHL in the students in Davao del Sur was available at the time of this research.

In order to fill the aforementioned gaps, this research aimed to evaluate the psychometric properties of the MHL Scale. Specifically:

1. Evaluate the psychometric property of MHL in terms of reliability
2. Assess the psychometric property of MHL in terms of validity
3. Determine the gender difference in Mental Health Literacy through their mean score.

The importance of this research may be seen in the objectives of the Philippines Mental Health Act of 2018, particularly the last objective, which stipulates those initiatives to enhance mental health should be integrated throughout institutions.

## 2.METHODOLOGY

### 2.1 Participants

The research respondents were 820 college students who belong to health and science related courses of fifteen tertiary schools within Davao del Sur due to their given knowledge and familiarity of mental health and its apropos topics. Most of the participants were from the University of Mindanao Digos College (n= 142, 17.3%) and the least was From Ateneo de Davao University (n= 1, .1%) as shown in Table 1. Majority of the students were First Years (n=272, 33.2%), followed by Third Years (n=203, 24.8%), Second Years (n=187, 22.8%) and Fourth Years (n=158, 19.3%). Moreover, half of the participants were female (n=598, 72.9%), male (n=152, 18.5%) and LGBTQ+ (n=70, 8.5%).

**Table 1 Demographics of the Participant**

Higher Education Institution (HEI)	Frequency	Percent
HEI1	1	.1
HEI2	137	16.7
HEI3	69	8.4
HEI4	116	14.1
HEI5	11	1.3
HEI6	19	2.3
HEI7	26	3.2
HEI8	11	1.3

HEI9	131	16.0
HEI10	18	2.2
HEI11	55	6.7
HEI12	6	.7
HEI13	60	7.3
HEI14	142	17.3
HEI15	18	2.2
<b>Total</b>	<b>820</b>	<b>100</b>
<b>Gender</b>	<b>Frequency</b>	<b>Percent</b>
Female	598	72.9
LGBTQ+	70	8.5
Male	152	18.5
<b>Total</b>	<b>820</b>	<b>100</b>
<b>Year Levels</b>	<b>Frequency</b>	<b>Percent</b>
1st Year	272	33.2
2nd Year	187	22.8
3rd Year	203	24.8
4th Year	158	19.3
<b>Total</b>	<b>820</b>	<b>100</b>
<b>Age</b>	<b>Frequency</b>	<b>Percent</b>
18-22	704	85.9
23-28	94	11.5
29-33	6	.7
34 up	16	2.0
<b>Total</b>	<b>820</b>	<b>100</b>

## 2.2 Instrument

In 2015, O'Connor et al. created and tested Mental Health Literacy Scale (MHLS). The MHLS is a single-factor measure and has 35-item questionnaire that has six dimensions which are ability to recognize disorder, knowledge of factors and causes of mental health, of self-treatment, of professional assistance availability, of seeking information and attitude that promotes recognition or appropriate help-seeking behavior. This questionnaire was evaluated by Dr. O'Connor's research and its reliability was tested through Cronbach Alpha which has a value of 0.873. The scoring of this scale is 160 which is the highest score and 35 is the lowest score, the higher the score it depicts better mental health literacy level.

## 2.3 Design and Procedure

At the onset, the researchers accumulated related literatures of this study. After identifying the gaps, the researchers asked permission from the author of the Mental Health Literacy Scale and the author enthusiastically approved with suggested revision. Given the changes in the DSM 5, the author suggested some modification in Q5 makes the Dysthymia to Persistent Depressive Disorder and Q8 to *what extent do you think it is likely that the diagnosis of Substance Abuse Disorder can include physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)*. Then, MHLS undergone to pilot testing and was validated by the statistician of Research and Publication Center. Next, the scale was distributed to student leaders from each school that was relayed to their respective schoolmates and the respondents received google form link together with the

informed consent form. Lastly, after accumulating the data it was analyzed by the statistician using the statistical treatments needed and interpreted by the researchers.

### *2.3.1 Reliability Testing*

To test the internal consistency of the MHLS, the researchers opted to use Cronbach Alpha. Cronbach's alpha provides a straightforward method for determining the reliability of a score. It is utilized when numerous factors are evaluating the same underlying concept, either in words or in percentages. Cronbach's alpha was determined with a value ranging from 0 to 1. Cronbach's alpha of 0.70 or higher is regarded good, 0.80 or higher is better, and 0.90 or higher is the best (Taber, 2017). It was used to test the overall reliability of the test and its six subscales.

### *2.3.2 Factorial Validity*

Construct validity was utilized through the use of Confirmatory Factor Analysis (CFA). If the relationship among the items is not known it is recommended to use exploratory factor analysis (EFA), but if the relationship is tested and the factors and related items are known, CFA is recommended to be used (Bandalos & Finney, 2010; Büyüköztürk, 2002; Kline, 2011). Since the MHLS have six subscales, the researchers will only confirm if the given factors are valid or not. That is to say, CFA allows the researchers to evaluate the correlation of the set of variables and their underlying construct do exists. The model fit indices were also computed with accordance to achieve the given threshold of Sharif & Nia (2018) in the Comparative Fit Index (CFI) that is  $> .90$ , in Goodness-of-Fit Index (GFI) that is  $> .90$ , Root Mean Square Error of Approximation (RMSEA) should be  $< .80$ . Moreover,  $< 3$  is the given threshold in Chi-square over Degree of Freedom by Wuensch (2007) and Normed Fit Index (NFI) and Tucker Lewis Index (TLI) should be  $> .90$  (Bentler & Bonett, 1980).

### *2.3.3 Mean Scores*

The mean value or score of a certain set of data is equal to the sum of all the values in the data set divided by the total number of values. To test the gender differences in mental health literacy, mean score was quantified through the use of t-test as statistical treatment. It was run in SPSS IBM v26 together with the descriptive statistics of other demographic profile.

The researchers go over the ethical issues that arose during the conduction of research. Participants was informed on the objectives provided. Participants had the right to withdraw any time if they wish not to continue anymore. Also, only the researchers, advisers, and panel had an access to any identifiable and confidential information. In addition, the approval of Dr. Matt O'Connor, the author of the MHLS positively gave his approval thru an email that was sent to the him requesting to give the researchers a permission to use the said questionnaire for validation in the Philippine setting. Formal letters and or emails was sent, requesting permission to do research in each respective schools that will going to take part on the study. The schools were provided informed consent, and request letter signed by the Research Adviser, Research Coordinator, Department Head and Dean. With the intention of adhering to the CoVid'19 health protocols to assure the researchers', respondents', and other participants' safety.

## **3. RESULTS AND DISCUSSION**

### *3.1 Reliability*

Cronbach Alpha was utilized to test the reliability and it has an overall value ( $\alpha=0.780$ ). Among the subscales, two subscales did not pass the accepted value which is 0.60 (Taber, 2018) and they are knowledge of risk factors and causes ( $\alpha= .366$ ) and knowledge of self-treatment ( $\alpha= .347$ ) subscales. Meanwhile, subscales such as ability to recognize disorder

( $\alpha = .852$ ), knowledge of professional help available ( $\alpha = .800$ ), knowledge of where to seek information ( $\alpha = .867$ ), and attitudes that promote recognition or appropriate help-seeking behavior ( $\alpha = .896$ ) passed the benchmark as shown in Table 2. It did not align with Iranian study which has value of 0.652, 0.601, in subscales of knowledge of risk factors and knowledge of self-treatment. Meanwhile, it has the same result with the study in United States where two aforementioned subscales have low reliability ( $\alpha = 0.063$  and  $-0.048$ ), the two subscales are low in some versions due to the cultural difference (Kennedy 2019). In relation with the result, a low alpha value could be attributed to a small number of questions since knowledge of risk factors subscale has only 3 questions and knowledge of self-treatment subscale has only 2 questions. It could be due to inadequate inter-relatedness between items, or heterogeneous constructs. If a low alpha is caused by weak correlation between items, some should be modified or deleted (Tavakol & Dennick, 2016)

**Table 2 Reliability Result**

MHLS Subscales	Cronbach Alpha
Ability to recognize disorder	.852
Knowledge of risk factors and causes	.366
Knowledge of self-treatment	.347
Knowledge of professional help available	.800
Knowledge of where to seek information	.867
Attitudes that promote recognition or appropriate help-seeking behavior	.896
<b>Overall Scale Alpha Value</b>	<b>.780</b>

The fit indices from the default model (CM/DF=3.869, GFI=.873, NFI= .837, TLI=.826, CFI=.844 and RMSEA= .059) shown at the Figure 1 that neither the one-factor model nor the six-factor model was a good fit. It has the same result with the Japanese Version, instead the Exploratory Factor Analysis (EFA) shown four-factor model (Ikeyama et al., 2022). While the fit indices value of the modified model (CM/DF= 2.735, GFI= .908, NFI= .903, TLI= .928, CFI= .936 and RMSEA= .046) same as with Iranian study (X<sup>2</sup>/df=4.672, RMSEA=0.054, GFI=0.913, and CFI=0.901) and Slovenian study (CFI = .95, RMSEA= .07) resulted goodness of fit for the six factors model.

In the modified model, factor loading with lower 0.40 were deleted such as Item 9 *“in the Philippines, women experience more anxiety than men”* and item 10 *“in the Philippines, men experience more anxiety than women”* both are under ability to recognize disorder subscale and Item 3 *“... they likely have Major Depressive Disorder”* under the knowledge of self-treatment. Moreover, items with high modifications were also covaried. It aligned with Slovenian study where item 9 was also deleted together with item 15 (Krohne et al, 2020). It also aligns with the study of Iranians where most of the standardized factor loadings significantly exceeded the threshold of 0.50 where six questions (3, 10, 20, 21, 22, 26, 27, 28) were deleted by CFA (Hair et al, 2020; Nejatian, 2021). Also, in the Chinese version of MHLS validation study, at the item level, three items were deleted for poor item information which are item 10,15,20,21,22 and 23. while in the Persian version, five items (10, 12, 20,

21, 22) were deleted from item analysis (Heizomi et al., 2020). Items 3, 10, 20, 21, and 22 generally had poor item information in various versions. Item 9 and 10 refers to gender risk factors for anxiety disorder, but the incidence between genders may be different in different countries, and thus it affects the validity of the questionnaire. Item 3 refers to recognition of mental disorders, participants could see mental illness could be self-cured in some cases, such as self-practiced mindfulness therapy (Parsons et al., 2017). In the context of this study, due to the low factor loading items the default model needs to be modified to be valid and reliable.

Factorial Validity and Model Fit Indices

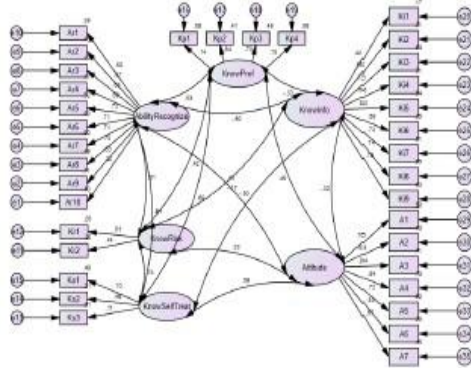


Figure 1: Default Model

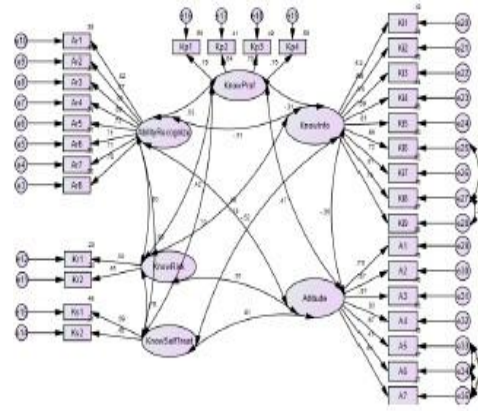


Figure 2: Modified Model

Table 3 Model Fit Indices

Fit Indices	CM/DF	GFI	NFI	TLI	CFI	RMSEA
Default Model Fit Indices	3.869	.873	.837	.826	.844	.059
Modified Model Fit Indices	2.735	.908	.903	.928	.936	.046
Accepted Value	< 3	>0.90	>.90	>.90	>.90	<0.08

Confirmatory factor analysis (CFA); Goodness of fit index (GFI); root mean square error of approximation (RMSEA); Normed Fit Index (NFI); comparative fit index (CFI); Tucker–Lewis Index (TLI); degree of freedom (df).

As shown in Table 4, the mean score difference in mental health literacy scale between Female, Male and LGBTQ+ were .05, 0.06 and 0.11, respectively. It is consistent with the findings of Marcus and Westra's (2012) study which claims that there are no significant differences between men and women in terms of awareness and general mental health knowledge. However, the findings contradict Hadjimina and Furnham (2017) claims that there are disparities in mental illness recognition between male and female sufferers since some mental disorders are more prevalent in one gender than the other.

Table 4 Mean Score according to Demographic Profile

Gender	Mean Score
Female	3.07
Male	3.02
LGBTQ+	2.96

#### 4. CONCLUSION

The psychometric properties of Mental Health Literacy Scale (MHLS) were evaluated in this study using the Cronbach Alpha the MHLS have 0.780 value and attained the acceptable value which is greater than 0.60. However, two subscales failed to attain the benchmark and these are knowledge of self-treatment and knowledge of factors and causes. Meanwhile, the validity also tested by Confirmatory Factor Analysis and items 9 and 10 from ability to recognize disorder subscale and Item 3 from knowledge of self-treatment subscale were delete due to low factor loadings and to improve the default model. The goodness of fit of six factors model were also computed and comparing to the identified threshold it resulted as acceptable.

However, the researchers recommend to reevaluate the subscales that has low reliability value and low factor loadings such as the aforementioned subscales above. Due to the current situation, researchers have shortcomings in randomization of the data, so, randomization of the data should be ensured. Also, validity assessment such as convergent, construct, discriminant validity and exploratory factor analysis (EFA) can be utilized as statistical treatment to reevaluate the psychometric properties of the MHLS. The scope of the participants is limited since it only focused on Davao del Sur College students only, future studies could consider further applying to mental health practitioners to assess their MHL and how their MHLS impacts students, clients and their family members. Teachers should also be considered as they have a significant impact to their students and to formulate assessments that fits their mental needs as well as multidisciplinary health professionals because of how multidimensional mental issues are and how they are associated with each other. Moreover, future studies could focus on the interaction of the factors within MHL, which will lay the foundation for developing programs to promote MHL in the Philippines.

#### CONSENT

Written informed consent was obtained from the participants.

#### Ethical Approval:

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

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## Appendix A

### Mental Health Literacy Scale O'Connor & Casey (2015)

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge. Therefore, when choosing your response, consider that:

- Very unlikely = I am certain that it is NOT likely
- Unlikely = I think it is unlikely but am not certain
- Likely = I think it is likely but am not certain
- Very Likely = I am certain that it IS very likely

#### Ability to Recognize Disorder

*Very Unlikely      Unlikely      Likely      Very Likely*

1. If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have Social Phobia.

2. If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have Generalized Anxiety Disorder.

3. If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have Major Depressive Disorder.

4. To what extent do you think it is likely that Personality Disorders are a category of mental illness.

5. To what extent do you think it is likely that Persistent Depressive Disorder is a disorder.

6. To what extent do you think it is likely that the diagnosis of Agoraphobia includes anxiety about situations where escape may be difficult or embarrassing.

7. To what extent do you think it is likely that the diagnosis of Bipolar Disorder includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood.

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

8. To what extent do you think it is likely that the diagnosis of Substance Abuse Disorder includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect).

9. To what extent do you think it is likely that in general in Philippines, women are MORE likely to experience a mental illness of any kind compared to men.

10. To what extent do you think it is likely that in general, in Philippines, men are MORE likely to experience an anxiety disorder compared to women.

When choosing your response, consider that:

- Very Unhelpful = I am certain that it is NOT helpful
- Unhelpful = I think it is unhelpful but am not certain
- Helpful = I think it is helpful but am not certain
- Very Helpful = I am certain that it IS very helpful

**Knowledge of risk factors and causes**

*Very Unhelpful      Unhelpful      Helpful      Very Helpful*

11. To what extent do you think it would be helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)

12. To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions.

When responding, we are interested in your degree of knowledge. Therefore, when choosing your response, consider that:

- Very unlikely = I am certain that it is NOT likely
- Unlikely = I think it is unlikely but am not certain
- Likely = I think it is likely but am not certain
- Very Likely = I am certain that it IS very likely

**Knowledge of self-treatment**

*Very Unlikely      Unlikely      Likely      Very Likely*

13. To what extent do you think it is likely that Cognitive Behaviour Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behaviors

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

14. Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:

*If you are at immediate risk of harm to yourself or others*

15. Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality: *if your problem is not life-threatening and they want to assist others to better support you*

<b>Knowledge of professional help available</b>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither agree or disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
---	--------------------------	-----------------	----------------------------------	--------------	-----------------------

16. I am confident that I know where to seek information about mental illness

17. I am confident using the computer or telephone to seek information about mental illness

18. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)

19. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness

Please indicate to what extent you agree with the following statements:

<b>Knowledge of where to seek information</b>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Either agree or disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
---	--------------------------	-----------------	---------------------------------	--------------	-----------------------

20. People with a mental illness could snap out if it if they wanted.

21. A mental illness is a sign of personal weakness.

22. A mental illness is not a real medical illness.

23. People with a mental illness are dangerous.

24. It is best to avoid people with a mental illness so that you don't develop this problem.

25. If I had a mental illness, I would not tell anyone.

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

26. Seeing a mental health professional means you are not strong enough to manage your own difficulties.

27. If I had a mental illness, I would not seek help from a mental health professional.

28. I believe treatment for a mental illness, provided by a mental health professional, would not be effective.

Please indicate to what extent you agree with the following statements:

**Attitudes that promote recognition or appropriate help-seeking behavior**

*Definitely unwilling*    *Probably unwilling*    *Neither unwilling or willing*    *Probably willing*    *Definitely willing*

29. How willing would you be to move next door to someone with a mental illness?

30. How willing would you be to spend an evening socializing with someone with a mental illness?

31. How willing would you be to make friends with someone with a mental illness?

32. How willing would you be to have someone with a mental illness start working closely with you on a job?

33. How willing would you be to have someone with a mental illness marry into your family?

34. How willing would you be to vote for a politician if you knew they had suffered a mental illness?

35. How willing would you be to employ someone if you knew they had a mental illness?

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**Appendix B**  
**Permission Letter Addressed to Dr. O'Connor**

January 22, 2022

Dr. Matt O'Connor  
School Psychologist  
St Peters Lutheran College

**Re: Permission to use Mental Health Literacy Scale**

Greetings!

On behalf of my groupmates, I am Marian Joy Q. Batiencila, a 3rd Year Bachelor of Science in Psychology student at the University of Mindanao Digos City located at Roxas Extension, Davao del Sur, Philippines and completing Undergraduate Thesis. I am writing to ask for written permission to use the Mental Health Literacy Scale in our research study. We plan to measure the validity and reliability of the questionnaire in the Philippine setting. Our study is being supervised by my professor, Dr. Ryan Dale Elnar.

We plan to use the 35-items Mental Health Literacy Scale to college students within our province, Davao del Sur. The instrument will be administered through google forms, and the validity and reliability of the instrument will be analyzed by personnel from our Research Department. We would like to use and reproduce the Mental Health Literacy Scale under the following conditions:

1. We will use it only for our research study and include this in the publication of the study but we will not sell or use it for any other purposes not intended.
2. We will include a statement of attribution and copyright on all copies of the instrument. If you have a specific statement of attribution that you would like for me to include, please provide it in your response.

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

3. At your request, we will send a copy of our completed study to you upon completion of the study and/or provide a hyperlink to the final manuscript.

**Appendix C**  
**Request Letter to University of Mindanao Digos College**


UNDER PEER REVIEW

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_



March 9, 2022

**Office of the President**  
 University of Mindanao Digos College  
 Roxas Extension, Digos City, Davao del Sur

Thru: **RIZA P. MUYCO** -  3-9-22  
 Registrar

Dear Ma'am/Sir:

The undersigned are currently working for a research project entitled "Evaluation of Psychometric Properties of Mental Health Literacy Scale" in partial fulfillment of the requirements for the degree in Bachelor of Science in Psychology.

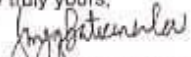
In line with this, we would like to ask permission from your good office to allow us to gather relevant data of students from Health and Science Department through online survey using google forms. Once approved, the undersigned would like to request a population of the students as described in terms of number of students in each program, gender, age, and year. Rest assured that all of the information gathered by this study is subjected only for academic use. Attached is the approved research proposal which includes the copies of the measurement, consent, and assent forms appropriate to be used in the research process.

After the data have been analyzed, you will receive a copy of the results intended for your company. If you would be interested in greater detail, an electronic copy (e.g. PDF) of the entire thesis can be made available to you.

If you may have any inquiries about this request please feel free to reach us at these emails: [mbatiancila@gmail.com](mailto:mobatiancila@gmail.com), [maryjoyvbatuyong@gmail.com](mailto:maryjoyvbatuyong@gmail.com), and [baustistaleah192@gmail.com](mailto:baustistaleah192@gmail.com). You may also email our research adviser for more information at [ryan.dale.elnar@umdigoscollege.edu.ph](mailto:ryan.dale.elnar@umdigoscollege.edu.ph), or you may connect with UM's Research and Publication Center at [umdrpc@umdigoscollege.edu.ph](mailto:umdrpc@umdigoscollege.edu.ph).


Your sincere understanding and consideration to this academic undertaking is highly appreciated. Thank you and God bless.

Very truly yours,


  
**MARIAN JOY Q. BATIANCILA**  
 Researcher

  
**MARY JOY V. BATUYONG**  
 Researcher

  
**ALLEAH JOYCE P. BAUTISTA**  
 Researcher

  
**RYAN DALE ELNAR, Ph.D.RPm**  
 Adviser

Noted by:  
  
**CONRADO B. PANERIO, JR., LPT**  
 Research Coordinator

  
**CLAIRE LYNN B. CULAJARA, RPm, LPT**  
 Program Head/Discipline Head

  
**EDUARD M. PULVERA, MSIS**  
 Dean of College

Approved by:

\_\_\_\_\_  
 Signature Over Printed Name

Received by: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

**Appendix D**  
**Request Letter to Brokenshire College, Inc.**

Received by: \_\_\_\_\_  
 Date Received: \_\_\_\_\_



**UM DIGOS COLLEGE**  
 Research and Publication Center  
 Roxas Extension, Digos City  
 Telefax: (082)553-2914

March 24, 2022

Office of the President  
 Brokenshire College, Inc.  
 Madapo, Davao City, 8000, Davao del Sur

Thru: **JAMES V. TAYAG**  
 Brokenshire Registrar

Dear Ma'am/Sir:

The undersigned are currently working for a research project entitled "Evaluation of Psychometric Properties of Mental Health Literacy Scale" in partial fulfillment of the requirements for the degree in Bachelor of Science in Psychology.


In line with this, we would like to ask permission from your good office to allow us to gather relevant data of students from Health and Science Department through online survey using google forms. Once approved, the undersigned would like to request a population of the students as described in terms of number of students in each program, gender, age, and year. Rest assured that all of the information gathered by this study is subjected only for academic use. Attached is the approved research proposal which includes the copies of the measurement, consent, and assent forms appropriate to be used in the research process.

After the data have been analyzed, you will receive a copy of the results intended for your company. If you would be interested in greater detail, an electronic copy (e.g. PDF) of the entire thesis can be made available to you.

If you may have any inquiries about this request please feel free to reach us at these emails: [miqbatiencila@gmail.com](mailto:miqbatiencila@gmail.com), [mjvbatuyong@gmail.com](mailto:mjvbatuyong@gmail.com), and [bautistaleah192@gmail.com](mailto:bautistaleah192@gmail.com). You may also email our research adviser for more information at [ryandalelnar021180@gmail.com](mailto:ryandalelnar021180@gmail.com), or you may connect with UM's Research and Publication Center at [umdcprc@umdigoscollege.edu.ph](mailto:umdcprc@umdigoscollege.edu.ph).

Your sincere understanding and consideration to this academic undertaking is highly appreciated. Thank you and God bless.

Very truly yours,

  
MARIAN JOY G. BATIENCILA  
 Researcher


  
MARY JOY V. BATUYONG  
 Researcher

  
ALLEAH JOYCE P. BAUTISTA  
 Researcher

RYAN DALE ELNAR, Ph.D.RPm  
 Adviser

Noted by:  
  
CONRADO S. PANERIO, JR., LPT  
 Research Coordinator

  
CLAIRE LYNN B. CULAJARA, RPm, LPT  
 Program Head/Discipline Head

  
EDUARDO L. PULVERA, MSIS  
 Dean of College

Approved by:

\_\_\_\_\_  
 Signature Over Printed Name

Received by: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

Note: The Registrar's Office can only give the no. of students - 3/24/22

Received by: \_\_\_\_\_  
 Date Received: \_\_\_\_\_

**Appendix E**  
**Request Letter to Polytechnic College of Davao del Sur**



**UM DIGOS COLLEGE**  
**Research and Publication Center**  
Roxas Extension, Digos City  
Telefax: (082)553-2914

March 25, 2022

**Office of the President**  
Polytechnic College of Davao del Sur  
By-pass Road, Digos City, Davao del Sur

**MYRTEL SOLATORIO**  
Registrar

Dear Ma'am/Sir:

The undersigned are currently working for a research project entitled "Evaluation of Psychometric Properties of Mental Health Literacy Scale" in partial fulfillment of the requirements for the degree in Bachelor of Science in Psychology.

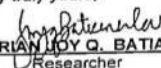
In line with this, we would like to ask permission from your good office to allow us to gather relevant data of BS Nursing Students from 3<sup>rd</sup> and 4<sup>th</sup> Year which are enrolled in Second Semester through online survey using google forms. Once approved, the undersigned would like to request a population of the students as described in terms of number of students in each program, gender, age, and year. Rest assured that all of the information gathered by this study is subjected only for academic use. Attached is the approved research proposal which includes the copies of the measurement, consent, and assent forms appropriate to be used in the research process.

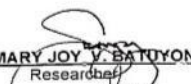
After the data have been analyzed, you will receive a copy of the results intended for your company. If you would be interested in greater detail, an electronic copy (e.g. PDF) of the entire thesis can be made available to you.

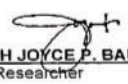
If you may have any inquiries about this request please feel free to reach us at our chosen email [mjbatiancila@gmail.com](mailto:mjbatiancila@gmail.com). You may also email our research adviser for more information at [ryandalelnar021180@gmail.com](mailto:ryandalelnar021180@gmail.com), or you may connect with UM's Research and Publication Center at [umdcrc@umdigoscollege.edu.ph](mailto:umdcrc@umdigoscollege.edu.ph).

Your sincere understanding and consideration to this academic undertaking is highly appreciated. Thank you and God bless.

Very truly yours,

  
**MARIAN JOY Q. BATIANCILA**  
Researcher


  
**MARY JOY V. BATUYONG**  
Researcher

  
**ALLEAH JOYCE P. BAUTISTA**  
Researcher

  
**RYAN DALE ELNAR, Ph.D.RPm**  
Adviser

Noted by:  
  
**CONRADO B. PANERIO, JR., LPT**  
Research Coordinator


  
**CLAIRE LYNN B. CUTAJARA, RPm, LPT**  
Program Head/Discipline Head

  
**EDUARD L. PULVERA, MSIS**  
Dean of College

Approved by:

\_\_\_\_\_  
Signature Over Printed Name

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

Approved by:  Date: 03/21/22  
**MYRTEL H. SOLATORIO**  
Coll. Registrar/Tesda Coordinator

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**Appendix F**

**INFORMED CONSENT TO PARTICIPANTS**



Validating the Psychometric Properties of Mental Health Literacy Scale Among Filipino College Students

**TITLE OF THE STUDY**

**DEAR PARTICIPANT,**

We are pleased to inform you that you have been chosen to take part in the survey. As our current research methodology is via descriptive survey, we are hoping to help us attain the following objectives of the study. With that, we are highly positive that you could provide us the most honest answers for this survey so we can lay out the best conclusions and recommendations.

Following the ethical protocols set in any research work, we would like to inform you, our dear respondent, that we are valuing always your response and information and thus we will keep it confidential. For instance, the consent form mentioned that the names or your identity shall be hidden and only general results will be reported.

For further information about this survey, we are enclosing herewith the Survey Consent Form for you to sign if permission is granted in your behalf.

Thank you very much for your kind participation.

Sincerely,

Marian Joy Batiancila  
Researcher

Mary Joy Batuyong  
Researcher

Alleah Joyce Bautista  
Researcher

Emma C. Ceballo  
Adviser

**RESEARCH SURVEY CONSENT FORM**

I, \_\_\_\_\_ (Participant's Name), understand that I am being asked to participate in a survey conducted by aforementioned researchers designed to gather information about the study. I have been given some general information about this project and the types of questions I can expect to answer with the best of my ability. I understand that the survey will be conducted in person.

**A. PARTICIPATION:** I understand that my participation in this project is completely voluntary and that I am free to decline to participate, without consequence, at any time prior to or at any point during the activity.

**B. CONFIDENTIALITY:** I understand that any information I provide will be kept confidential, used only for the purposes of completing this assignment, and will not be used in any way that can identify me. All survey/questionnaire responses, notes, and records will be kept in a secured environment.

**C. PUBLICATION:** For reporting purposes, I understand that the results of this activity will be used exclusively in the university and I hereby give authority to publish in any form, in any journals or conference proceedings provided that confidentiality and other research ethics are being followed.

**D. RISK:** I also understand that there are no risks involved in participating in this activity, beyond those risks experienced in everyday life.

I have read the information above. By signing below and returning this form, I am consenting to participate in this survey as designed by the aforementioned researchers.

\_\_\_\_\_  
Signature Over Printed Name of the Participant

Date Signed: \_\_\_\_\_

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_