Psychosocial Support Experiences of Frontline Healthcare Workers as a Framework for a Community-Based Mental Health Program

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Abstract

The study focused on the lived experiences of the frontline healthcare workers who have undergone psychosocial support during the COVID-19 pandemic which were analyzed using Focus Group Discussion as a data gathering strategy and Interpretative Phenomenological Analysis or IPA as a framework in data analysis. The researchers explored the effectiveness of the psychosocial support program and utilized the insights, experiences, and recommendations of the frontline healthcare workers in crafting a community-based mental health program. A total number of four participants who have undergone the psychosocial support program gave their consent to participate in the study. Four major themes emerged in the data analysis. The major themes are the following: Psychological Construction of Mental Health, The Driving Force, Perceived Positive Experiences and Assessment of Mental Health Service. These themes were explored to understand the lived experiences of the frontline healthcare workers and were used to craft a community-based mental health program.

Keywords: Psychosocial support, Frontline Healthcare Workers, Community-based Mental Health Program, Interpretative Phenomenological Analysis, COVID-19, Pandemic

Psychosocial Support Experiences of Frontline Healthcare Workers as a Framework for a

Community-based Mental Health Program

This study examined the experiences of frontline healthcare workers who have undergone psychosocial support during the pandemic. The lived experiences of the respondents will provide insights as a framework in the development of a community-based mental health program. Specifically, the researchers would like to find out how effective the psychosocial support program was and identify the need and concerns for the improvement and development of mental health programs in the community by soliciting insights and suggestions from the respondents in the study.

Mental Health, as defined by the World Health Organization (2018), is a state of well-being in which an individual is aware of his or her abilities while coping with the normal stresses of life and is able to work productively while making some contributions to his or her community. Moreover, it affects how we think, feel, or act which also affects our physical health. Mental health is necessary in every stage of life from childhood to adulthood (MentalHealth.gov, 2020). It is a vital concern to promote, protect, and restore mental health which involves promoting activities that improve psychological well being such as mental health promotional activities and mental health information dissemination. This includes psychosocial support programs conducted by public and private groups and volunteers.

To promote, protect, and restore mental health in the Philippines, the Philippine Mental Health Law was enacted. The enactment of the Philippine Mental Health Law or the Republic Act 11036 on June 21, 2018 commenced the affirmation of the basic rights of all Filipinos to mental health (Republic Act No. 11036, Chapter 1, Section 2). Its goal is to promote well being

among Filipinos by providing quality and accessible mental health services for all. The law also ensures that mental health is acknowledged, promoted, and protected. Furthermore, the law includes designing, implementing, and evaluating national mental health policies, programs, and laws, as well as integrating these tactics into educational institutions, workplaces, and communities (Senate of the Philippines, 2018).

In relation to the Philippine Mental Health Law, Quality Mental Health Services must also be accessed at the community level and linked with basic health services, according to RA 11036 Chapter IV Section 16. Furthermore, vulnerable groups must have access to mental health services such as wellness promotion, prevention, treatment, and rehabilitation (Senate of the Philippines, 2018).

Underinvestment, a scarcity of mental health experts, and underdeveloped community mental health services continue to be problems in the Philippines. (Lally, et al, 2019; Gallego, 2020). Additionally, mental health services are largely inaccessible to the poor (Hechanova, 2019). Despite the fact that the recent Mental Health Act legislation has provided a legal structure for the delivery of comprehensive mental healthcare for the first time, economic barriers to accessing mental healthcare should be considered in order for the population to have equitable access to appropriate care when needed. Increased funding is critically needed to strengthen psychiatrist and nurse training and recruiting. Particularly as huge numbers of competent professionals continue to depart, psychologists, social workers, and other interdisciplinary team members are needed (Lally, et al, 2019).

With this being said, the researchers want to craft a community-based mental health program that will cater the needs of the vulnerable population especially now that the country is currently facing the COVID-19 pandemic which brought so much distress among many people.

It has been two (2) years since COVID-19 was named as a pandemic (WHO, 2020a) it spread rapidly across more than 160 countries globally (WHO, 2020b). The severe acute respiratory syndrome coronavirus 2 (Sars-cov-2) is a newly discovered ribonucleic acid coronavirus isolated and identified from patients with unexplained pneumonia that caused a high mortality rate in some populations, seriously threatening human physical and mental health. Infectious diseases outbreaks are known to impact the health of the general population (Brooks et al., 2020; Cabarkapa et al., 2020; Chong et al., 2021; Chou et al., 2020; Dias Neto et al., 2021; Gloster, Lamnisos, et al., 2020; Huang & Zhao, 2020; Ji et al., 2017; Kamara et al., 2017; Tian et al., 2020).

At the beginning of March 2020, the coronavirus disease (Covid-19) pandemic radically disrupted the everyday lives of the Filipinos. Filipinos were abruptly forced to navigate school and business closures, employment, and drastic changes in social behavior. Due to multiple surges encountered, these bring pressures and challenges to frontline health care workers. The Covid-19 pandemic severely impacted the health care systems due to the increased number of cases, lack of hospital beds, and medical supplies. Health care workers being highly susceptible to getting an infection are also particularly vulnerable to emotional distress in the current pandemic (Gloster, Zacharia et al., 2020). According to Mental Health Status of Healthcare Workers During the COVID-19 Outbreak (Nicolaou, C., et al, 2021), an international study was conducted, it was reported by 1,556 healthcare workers across 45 countries/regions that on the height of the first lockdown, almost half of the HCWs demonstrated a moderate level of perceived stress, and 7% reported the highest levels of perceived stress. In addition, participants reported moderate depressive symptoms with most continuing sleep about the same, having a fairly good or very good sleep. Those HCWs who are widowed, older, have children, and live

with parents reported sleeping fewer hours. In these findings, researchers found out that perceived social support is the strongest protective factor against the perceived stress and depression symptoms of HCWs.

Due to the rapid increase of infected patients and uncertainty on the transmission of the virus, it also increases the workload and psychological burden of health personnel. (Q. Cai et al., 2020). Some studies show that frontline health care workers who were directly handling infected COVID-19 patients found higher symptoms of depression, anxiety, somatization, and insomnia than the general population. (H. Cai et al., 2020; Q. Cai et al., 2020; Lai et al., 2020; Que et al., 2020; B. Wang et al., 2020; W. R. Zhang et al., 2020; Y. Zhou et al., 2020; Zhu, Sun, et al., 2020). HCWs whose on the frontline, are susceptible to mental and physical exhaustion and risk of sleep disturbances (Du et al., 2020; Lai et al., 2020; Lin et al., 2021; Shaukat et al. 2020; C. Zhang et al., 2020).

With this being said, in accordance with the Philippine Mental Health Law, the researchers decided to formulate a community-based mental health program to adhere to the needs of the people based on the lived experiences of individuals who have undergone a certain mental health program like the psychosocial support activity. The researchers decided to choose the frontline healthcare workers as the respondents of the study since they were one of the vulnerable groups who were greatly affected by the COVID-19 pandemic.

Calamities and health emergencies like the COVID19 pandemic take a massive toll not only on our physical health but also on our mental health and wellbeing too. There are people who are a survivor of the COVID19 virus but some lose their loved ones in this pandemic (Galea S. et al, 2020). Most Filipinos experienced fear, anxiety and distress for their own family health

due to the fast widespread spread of the virus. Addressing people's mental health and psychosocial needs is critical in support of healthy communities (Tee M. et. al, 2020).

Various mental health and psychosocial activities can be done depending on the situation and context. Psychosocial support is a non-therapeutic intervention that includes any assistance to address both psychological and social needs of an individual or community. There are different varieties of psychosocial support including care and support interventions. This also includes support for individual's general psychosocial well-being (Tomlin J. et. al, 2020).

The goal of the study was to identify the lived experiences of frontline healthcare workers who have undergone the psychosocial support program and their insights into the mental health programs implemented by the government. The researchers also aimed to craft a community-based mental health program based on the insights and the results of this study.

Interpretative Phenomenology as a Theoretical Framework

Qualitative research seeks to analyze how people interpret their experiences. Qualitative research aims to reveal meanings that are less evident. Qualitative research also wants to learn more about the complexities of our social environment. It is inductive, and it explores 'what,' 'why,' and 'how' inquiries, rather than the 'how much' and 'how many' answers that quantitative studies prefer (Tuffour, 2017).

To further understand the experiences of the frontline healthcare workers, an Interpretative Phenomenological Analysis (IPA) was employed. The IPA's goal is to study how someone makes sense of life experiences in particular, as well as to provide a detailed interpretation of the story (Tuffour, 2017). IPA is used by researchers to explore the participants' interpretation of their significant experiences (Miller et al, 2018)–which is, in this study, the frontline healthcare workers' psychosocial support experiences. IPA seeks to comprehend human

experiences by focusing on a person's view of an event. In IPA, the researchers try to let the participants reflect on what has happened and try to make interpretations out of those experiences (Smith, 2019).

Phenomenology, hermeneutics, and idiography are the three main assumptions of Interpretative Phenomenological Analysis. Phenomenology refers to the assessment of the individual's rich account of their lived experiences. It can describe the psychosocial support experiences of the frontline healthcare workers in detail. Hermeneutics, on the other hand, is the meaning-making process. It recognizes the role of the researchers to interpret the point of view of the participants. Lastly, idiography which refers to the detailed exploration of an individual account (Miller & Minton, 2016).

This study used the interpretative phenomenological lens as its contribution to understanding the experiences of frontline healthcare workers who have undergone psychosocial support. This study explored the effectiveness of the psychosocial support program and the participants' insights about the program itself.

Methods

This research utilized a qualitative design, with the focus group discussion (FGD) as the strategy of data collection and Interpretative Phenomenological Analysis (IPA) as the framework for data analysis. The researchers used an FGD to explore the experiences of the healthcare workers who have experienced psychosocial support and used the IPA as a framework to analyze the data that will be shared by the participants.

Description of the Participants and Researchers

Purposive Sampling was utilized in the study. The researchers conducted an interview using Focus Group Discussion to those frontline healthcare workers in Navotas City who have undergone the psychosocial support program during the COVID-19 pandemic. A total of four participants gave their consent to participate in the focus group discussion.

The researchers in this study are currently taking up a Master's degree in Psychology with specialization in Clinical Psychology at Polytechnic University of the Philippines and are currently enrolled in the Research 1 subject. The researchers have enough background to conduct qualitative research including the use of IPA as a framework and methodology.

Procedure

The researcher sourced participants in the study. Specifically, the participants were the frontline healthcare workers in Navotas City. These frontline healthcare workers were provided with an informed consent to participate in the study in the language that they can comprehend prior to conducting the study so that they are aware of the study's goal and procedures. This helped them in deciding whether or not to join in the study. The participants were also asked if they are comfortable discussing their psychosocial support experiences using a focus group discussion. The participants agreed to use an FGD as a strategy in data gathering as they

signified their consent to participate in the study. The researchers ensured that there is a minimal risk or discomfort for the subjects. Furthermore, they were assured that all the information acquired will be managed with the strictest confidentiality and will be absolutely utilized for research purposes. The participants were given a code to anonymize the information that will be collected. All files holding data, including those that have been anonymized, were encrypted and only the researchers and the research adviser will have access to them. After all of the processes have been completed, the participants were debriefed in order to provide them with the essential information and the opportunity to ask questions.

The research instrument was formulated by the researchers based on the goal of the study. A sample form of open-ended questioning is shown below:

Can you describe your overall experience during the psychosocial support activity?

Once participants gave their consent to participate in the study, they were scheduled for the interview during their available time. The researchers conducted a Focus Group Discussion to navigate the lived experiences of frontline healthcare workers who have undergone the psychosocial support program. Before the interview session started, the researchers verbally discussed the informed consent and gave the participants an opportunity to ask some questions. The researchers also asked the participants for permission to record the meeting for documentation purposes. After the discussion of the informed consent, the participants gave their consent to proceed with the interview. The researchers gave them a code code name during the session. The session began with the introduction about the study, the background of the researchers and some rapport questions. Then, the researchers proceed with the questions about their experiences in the psychosocial support program that they have joined. The discussion

ended positively as the participants expressed their gratitude and good luck to the researchers in the conduct of the study.

Data Analysis and Validity Checks

Interpretative Phenomenological Analysis was utilized in the study. The goal of using IPA in the study is to interpret the experiences of the frontline healthcare workers who experienced the psychosocial support program during the time of COVID19 pandemic.

After the interview phase, the researcher transcribed the responses of the participants. Once done, the transcript was clarified with the participants. Comments and suggestions of the participants were noted as part of the validation process.

The first step in data analysis is to read and reread the transcripts along with the recorded meeting. At this stage, the salient topics, ideas, feelings, themes, and potential labels were extracted and noted to each page of the transcript. The next step was the grouping of the similar themes emerged and ideas together producing a more cohesive and saturized theme. Emerging general themes were constantly reviewed and rechecked in relation to the participants' narratives to ensure that the themes were clearly represented in the data. Participants were also given the chance to review and give comments regarding the transcript and the themes that have emerged to validate the analyzed data. The last part is the writing up of the accounts where themes were explained and illustrated. Throughout the analysis, the researchers engaged in reviewing the transcripts to ensure the validity of the analysis.

Results

To answer the research question: "What are the lived experiences of Frontline healthcare workers who have undergone psychosocial support during the COVID-19 pandemic?", Interpretative Phenomenological Analysis was employed. The four participants were asked to discuss their experiences during the psychosocial support program. To visually present the lived experiences of the frontline healthcare workers, a table of the master themes, subthemes, and examples of illustrative text was formed. Data analysis established four higher-order themes that captured the lived experiences of the frontline healthcare workers who have experienced the psychosocial support program.

Table 1

Superordinate themes and constituent subthemes

Superordinate themes	Subthemes	Example of Illustrative Text
Psychological Construction of Mental Health	Lacking idea about the Philippine Mental Health Law	*"Actually I have no idea na meron po pala tayong Philippine Mental Health Law"*
	Stigma about Mental Health	*"...wala naman kasi 'yung iba po kasi pagka parang pag pinag pagka sinabi kasing about sa ano 'yung sa psychology or ano sa psychiatrist ganon iniisip kasi agad nila na... hindi naman ako baliw wala naman ako sakit sa pagiisip bakit kailangan mag gano'n"*
	Limited idea about Psychosocial Support	*"...actually na curious po ako about don kasi.. hindi ko pa kasi siya naexperience which is gusto ko siya maexperience talaga... 'yun nga nacurious ako kaya inaccept ko yung offer ni mam (name) na yon."*

The Driving Force	Referral to join the psychosocial support program	"...same sir... naging sa city health kasi isa siya sa 'di po ba yung Philippine Mental health yon parang nagkaroon nga ng program then (Name) introduced it to us"
	Psychological distress Healthcare workers during the pandemic	"'Yung talagang pressure ka sa trabaho kasi pagdating mo sa bahay akala mo tapos na 'yung work pero hindi pa pala siya tapos so kailangan mo pa siya magtrabaho then wala ka ng time yon yourself and sa family din. Kaya yung bigat talaga ng covid and of course ng ibang personal problems."
	Acknowledgement that they need help	"...siguro kailangan ko ng someone na makakausap– paano ko idadivert yon? Sabi ko sa kanya so ayon inescheduled niya ako doon"
	Curiosity about the program	"...ayon... siguro ano... nacurious and naexcite at the same time... kasi 'di ba lahat po kami dito is healthcare worker so kami po yung nagbibigay ng service so nung nabalitaan ko po yun kay maam (name) kagaya ni HCW 1,2,3"
	Transfer of learning from the Psychosocial Support experience	"'Yung mga matutunan namin do'n from sessions maibigay din namin do'n sa mga tao din na una una yung malapit sa amin and at the same time yung mga tao na makakasalamuha namin while doing our job to people."
Perceived Positive Experiences	Competence of the Mental Health Professional	"Lalo na po yung 1 on 1 session kasi.. personal siya eh kasi feel mo talaga yung sincerity of the.. tawag dito of the person na nag... naginterview sayo or nagbibigay ng psychosocial support and at the same time... 'yung willingness to listen... rather than to speak kasi 'di ba eh mas maganda yung pinakikinggan ka"
	Confidentiality of information shared to the Mental Health Professional	"'Tsaka sinasabi ko din naman po sa kanila na 'yung 'yung pag uusapan naman is magiging confidential naman. Na parang inaano ko sa kanila... ine-explain ko sa kanila na parang 'di mo naman da..'di mo naman kailangang matakot or 'di ka naman dapat na mag worry kasi safe naman lahat yung mapag-uusapan n'yo kasi mga

		professional naman 'yung mga kausap natin. 'Yun po."
	Satisfactory experience during and after the session	*"Ano po...overall po. Happy naman ako sa naging result ng program. Thank you po."*
	Psychosocial support is highly recommended	*"Okay po sige po. Sakin po... based on my experience... makakatulong talaga s'ya kasi based nga rin po sa... sa sinabi po ni HCW number 1... minsan 'yung mismong family mo hindi nila na ge-gets 'yun eh"*
Assessment on Mental Health Services	Reiteration of the scope of the session	*"medyo nabitin lang po ako sa conversation namin na parang... hindi mo kasi ma ano kung ano 'yung magiging ending parang bigla na lang nacut. 'Yon din. Ang ineexpect ko din po kasi yung parang bibigyan niya ako ng assessment. Like parang kung ano yung naging assessment niya about dun sa naging kwentuhan namin pero eh ano wala po. Wala pong ganon."*
	Follow-up sessions are recommended	*"follow-up sessions. Kasi somehow doon maeevaluate kung nag work yung mga suggestions niya sa iyo or hindi. Kasi kapag pagka... one session lang eh parang bitin siya parang kailangan pa rin ng follow-up."*
	More individual sessions and less group sessions	*"Not necessarily hindi nagustuhan, pero mas naappreciate ko lang yung talaga 'yung one on one rather than group."*
	Importance of establishing rapport	*"kasi syempre po yung iba... yung nga po katulad po ni HCW number 3... nag bi build muna sya ng wall hindi po sya basta basta nag oopen..."*
	Improve Mental Health Literacy and Awareness	*"Kung baga yun nga din po gusto ko rin i-emphasize yung sinasabi ni HCW2 makilala po yung mental health ano program kasi nga po hindi.. marami kumbaga dito po kasi sa Philippines parang kumbaga... for sure naman maraming may kailangan na ganyang support kaya lang nga po dahil sa hindi naman po ganun kakilala yung program na 'yan so yung mga tao wala po silang masyadong idea"*

	Accessibility of Mental Health Services	"..yung parang laging up and about. Yun lagi syang mas accessible kasi like... yung na propromote lang sya kasi health mental health awareness month kaya sya mas na e emphasize siguro yung kahit walang okasyon na e-emphasize siya."
	Hire manpower to implement Mental Health Programs	"...wala po akong nakitang na meron pong na-implement na meron pong program in regards po sa mental health sa aming city... 'yun din po yun opinion ko na sana po maghire po ng psychologists na maghahandle po na ng pasyente na as well po yung mga frontliners po."

The synthesis table explains the experiences of the frontline healthcare workers who have experienced the psychosocial support program. Their experiences were clustered on four superordinate themes, namely: knowledge about mental health, motivation to join the psychosocial support, positive experiences about the psychosocial support and suggestions to improve the program.

Psychological Construction of Mental Health

The focus group discussion started when the researchers asked about their prior knowledge about the Philippine Mental Health Law. The participants were asked about their idea about the said law.

Lacking idea about the Philippine Mental Health Law

"...actually, wala po akong idea. Sorry."

HCW1 explicitly shared that she has no idea about the Philippine Mental Health Law. The researcher further probed if this is her first time to hear the said law. She said yes.

HCW2 shared her prior idea about the mental health law.

"..yes narinig ko na 'yung tungkol dun pero 'yung to discuss it… thoroughly 'yon wala ako no'n pero I heard it."

Based on the extracted transcript, HCW2 has a limited idea about the Philippine Mental Health Law. She mentioned that she has heard about it but it was not thoroughly discussed or explained well. She also shared that her prior idea about the law is its goal to enhance the delivery of mental health since it was not addressed before.

"'Yung parang… enhancing the delivery ng integrated mental health tho before kasi sa Philippines diba hindi pa siya masyadong ina-address so eto yung law to address that"

As mentioned by two of our participants, mental health is still not that well-known. Even now that the Philippine Mental Health Law was already enacted, the idea of people about Mental Health is still limited.

Stigma about Mental Health. HCW3 also shared her idea about mental health law, she mentioned that, although she has no idea about the Philippine Mental Health Law, she thinks that it is about fighting against the stigma in relation to mental health.

"… for me… feeling ko po.. ' yung paano i-fight yung stigma between in case… if 'yung the patient may mental disorder gano'n kasi 'di ba 'pag Pilipino 'pag sinabing merong mental problem baka baliw or something parang 'yon i-fight 'yung stigma. Actually, I have no idea na meron po pala tayong Philippine Mental Health Law"

Based on the extracted transcript, HCW3, although she also has limited ideas about mental health, she has no idea that we have an existing law about Mental Health.

"Hello… honestly po… like everyone else po… medyo hindi po ako ganoon kaalam about.. Philippine Mental Health Law although… I have came across with the

said law pero kasi gaya ng sabi ni ma'am healthcare worker 3 medyo taboo kasi yung ano eh 'diba 'yung mental health… when… dito sa Philippines so… 'yung stigma kaya merong… hindi ganong kaganda na… thinking regarding sa mental health so people choose to… not to discuss it so i.. narinig ko siya pero not very 'yung… degree hindi ganun ka-well discussed kasi 'yun nga… parang pagka naririnig mo siya or anytime na… mapaguusapan medyo… hindi ganon kaganda 'yung ano' yung 'yung discussion about it medyo umiiwas yung.. tayo regarding (referring to mental health) ayon"

HCW4 shared his ideas about mental health. He mentioned that, just like everyone else in the focus group discussion, he also has limited ideas about the Philippine Mental Health Law. He mentioned that he has previously come across the law but it was not being discussed openly because of the stigma it entails.

One of the stigmas related to mental health is mentioned by HCW1 wherein she stated that there is a negative notion when an individual seeks help from a mental health professional. People become hesitant to seek professional help because once they seek help from mental health professionals, they are immediately being tagged as someone with a mental health disorder.

"...wala naman kasi yung iba po kasi pagka parang 'pag pinag pagka sinabi kasing about sa ano 'yung sa psychology or ano sa psychiatrist ganon iniisip kasi agad nila na.. hindi naman ako baliw wala naman ako sakit sa pag iisip bakit kailangan mag ganon."

"..nag invite din po ako.. then 'yung iba nga po nagrerefuse kasi nga po ang ano nila parang hindi—wala naman akong problema sa pag iisip ba't kinakailangan mo akong iinvite (referring to the response of the other who were invited by HCW1) ganon po ayon," HCW1 added.

People refuse to seek professional help because of the stigma that only those individuals with mental health disorder should avail the services of the mental health professionals.

HCW2 also shared that people still do not know the importance of mental health. She mentioned that when a worker wants to take a leave from work because he/she is stressed out or "depressed" even if it's true, people usually respond negatively and label him or her as acting out.

> *"...pwede ka pwede–mong sabihin na kailangan ko mag leave kasi na ii-stress ako or depress ako dito kasi pag sinabi mo 'yun parang... huh? 'Di ba parang iba 'yung stigma na parang sa pilipinas kasi minsan sasabihin nila ang arte naman though totoo 'yun 'di ba na hindi nila na re-realize yung importance"*

HCW3 also added, *"kapag sinabi mo na may problema ako sasabihin nag iinarte ka lang or kaya sabihin nag-i-illusion ka lang or kung ano yung sinasabi mo kaya naman 'yan daanin sa dasal eh 'di magdasal ka na lang yung ganun po"*

As we can see in the statement of HWC3, some people undermine the role of mental health professionals in helping individuals experiencing difficulties in life, telling them to just pray since it can be addressed through prayers.

One of the reasons why people are hesitant to seek help is because they think they will be judged when they share something confidential about themselves. Also they are labeled immediately as someone with a mental disorder as shared by HCW4 and HCW1.

> *"nandun yung stigma andun yung takot na ahh ma judge ka agad dun sa mga bagay na sasabihin mo or ioopen up"* –HCW4

> *"Ang mas pumapasok po sa isip nila na kapag may ganyan pong topic is may problema kaagad sa pag iisip."* –HCW1

"....actually po ako po nung nag invite po ako sa ibang kasamahan po namin… 'yun po ine-explain ko po sa kanila na hindi porke… mag jo join ka dito is may problema ka na sa pag-iisip or kailangan mo ng sickness ganun yun."

HCW1 shared that when she invites her other colleagues to try the psychosocial support, she explains to them that joining the program does not automatically make them sick or have a mental disorder.

Based on the study of Martinez et al in 2020, one of the barriers to accessing mental health services is the stigma associated with mental health. These stigma includes fear of judgment, feeling of shame and embarrassment, and being a disgrace in the family reputation when labeled as 'crazy'

As seen in the previous transcripts, the stigma about mental health prevents individuals from actually seeking help due to the negative ideas entailed to it. Even mentally healthy people who are struggling a bit find it hard to seek help because they will be labeled as having a mental disorder. Additionally, there is a misconception that only people with mental disorders can seek the help of mental health professionals..

Limited idea about Psychosocial Support. When the researchers asked the participants their idea about psychosocial support. They mentioned that it is their first time to hear it when it was introduced to them by a colleague. They become curious because they want to experience it.

"...actually na curious po ako about do'n kasi… hindi ko pa kasi siya naexperience which is gusto ko siya maexperience talaga.. yung nga nacurious ako kaya inaccpet ko yung offer ni (name of colleague) na yon," HCW1 shared her interest to join the program.

HCW2 mentioned that she volunteered when she heard about the program referred to them by their colleague.

"'nong una niyang inintroduce yan–tho naririnig ko siya actually sa kanya na magrerefer ng ganyan, nagpapatulong siya to coordinate with the–dun sa iba pa naming pwedeng iaccess – ako kasi yung nag volunteer sa kanya na isama niya ako na doon sa… psychosocial support"

"...nacurious and naexcite at the same time.." as added by HCW4.

With the accounts shared by the participants, they were curious to join the program because they have not experienced doing it yet.

The Driving Force

As the focus group discussion continued, the frontline healthcare workers shared their interest to join another session of psychosocial support.

Referral to join the psychosocial support program. The participants expressed their feelings and ideas after they underwent the said program.

"...same sir... naging sa city health kasi isa siya sa di po ba yung Philippine Mental health yon parang nagkaroon nga ng program then (Name) introduced it to us"

HCW2 shared her insights about the psychosocial support program. She mentioned that someone from her group referred her to participate in it.

Negative Experiences of Healthcare workers during the pandemic. As the cases of the COVID19 virus continue to rise in the Philippines, HCW3 expressed her negative experiences as a healthcare worker during the pandemic. She stated that:

"'Yung talagang pressure ka sa trabaho kasi pagdating mo sa bahay akala mo tapos na 'yung work pero hindi pa pala siya tapos so kailangan mo pa siya magtrabaho

then wala ka ng time 'yon yourself and sa family din. Kaya yung bigat talaga ng covid and of course ng ibang personal problems."

Being one of the frontline healthcare workers who help their patients with COVID19 she also struggles with her own personal problems. HCW2 states her dilemma while she is working under pressure during the pandemic:

"Feeling ko kasi din that time… totoo naman lalo na nung surge ng pandemic… iba 'yung pressure iba 'yung stress kasi stress mo sa work mo – kailangan nag mamadali, kulang sa tulog, uuwi ka and yet di mo alam kung may na cargo (get? acquired?) ka ba sa labas iuuwi niyo sa bahay niyo yung ganon tapos yung pressure pa ng trabaho mo"

The participants expressed their negative experiences in the pandemic which motivated them to join the psychosocial support program to help them overcome these problems.

Acknowledgement that they need help. Healthcare workers state that they recognize the need of help as they may bear stress during work. COVID19 virus is highly contagious, HCW2 her fear that she might bring it to her family. Her apprehension of this danger lead to recognize that she needed help from others. According to her:

"Feeling ko kasi din that time… totoo naman lalo na nung surge ng pandemic.. iba yung pressure iba yung stress kasi stress mo sa work mo – kailangan nag mamadali, kulang sa tulog, uuwi ka and yet di mo alam kung may na cargo (get? acquired?) ka ba sa labas iuuwi niyo sa bahay niyo yung ganon tapos yung pressure pa ng trabaho mo so sabi ko nga sa kanya siguro kailangan ko ng someone na makakausap– paano ko idadivert yon? Sabi ko sa kanya so ayon ineschedule niya ako doon"

"kailangan ko ng someone na makakausap– paano ko idadivert yon? Sabi ko sa kanya so ayon ineschedule niya ako doon"

HCW2 acknowledges that she needs help in overcoming the struggles that she has been experiencing. She mentioned that, through psychosocial support, she may be able to divert these problems. HCW3 also shared that she recognizes the need of a mental health professional as she faces the same problem with the other healthcare worker. HCW3 disclosed that:

"Okay… sabi ko po uhhh kay maam (name) na… I really need na po to seek some help po of course with professional po."

Curiosity about the program. HCW1, HCW2, HCW showed their interest to join the psychosocial support program after being introduced to them. Based on the quotation below:

"...actually na curious po ako about don kasi… hindi ko pa kasi siya naexperience which is gusto ko siya maexperience talaga… 'yung nga nacurious ako kaya inaccept ko 'yung offer ni (name) na yon." *"nacurious ako tsaka gusto ko talaga siya maexperience."* - HCW1

"ako kasi yung nag volunteer sa kanya na isama niya ako na doon sa… psychosocial support tho–" - HCW2

"...ayon… siguro ano… nacurious and naexcite at the same time… kasi 'di ba lahat po kami dito is healthcare worker so kami po 'yung nagbibigay ng service so nung nabalitaan ko po 'yun kay (name) kagaya ni HCW 1,2,3" - HCW4

The participants also revealed their excitement about the said program. HCW4 also shared to our interview that they will benefit from the psychosocial support program. He added that as a healthcare worker you should also have a healthy mental health in order to be efficient in their job.

"naisip namin na kailangan din talaga namin yun para maayos din yung sarili namin kasi… kasi completely drained din kaming lahat so parang way din namin para to recharged

ourselves" "'Yun yung siguro na pinakamotivation don kasi sabi nga nila 'di ba "You cannot give what you don't have"

Transfer of learning from the Psychosocial Support experience. HCW4 viewed that the psychosocial support program will contribute to the welfare of their patients. He added that:

"Siguro yung motivation na in way na kung mai-... kung may matutunan. I mean definitely may matutunan kami from here. Siguro yung motivation na magagamit din namin siya to help others as well. Yon!" " Yung mga matutunan namin don from sessions maibigay din namin don sa mga tao din na una una yung malapit sa amin and at the same time yung mga tao na makakasalamuha namin while doing our job to people."

Perceived Positive Experiences

During the interview, the healthcare workers discussed their positive experiences with the psychosocial support program.

Competency of the Mental Health Professional. Healthcare workers cited that they are comfortable and happy with psychosocial support. Based on the captured in the excerpt below:

"...ayon nga po yung sa ano naman yung sa naging naexperience ko naman po. Okay naman po siya... comfortable din naman kausap siya. Wala rin naman pong... wala naman din naman po siyang... paano ba... basta comfortable po ako"

"'Yun nga po... bali parang kwentuhan yun nga comfortable nga kami tapos parang kwentuhan ganyan ganyan." - HCW1

"Kasi tinuring niya nga po yun as a client or mas friend or mas para kuya ba parang little sister niya ako ganon. So parang ay okay 'to sa akin. Hindi parang tinuring niya ako na talagang parang may mental health problem. Parang as a friend, as a little sister." - HCW3

Based on the insights shared by HCW1 and HCW 3, they are comfortable talking to the mental health professional because they feel like they are telling a story to a friend, and there is no judgment. In addition, HCW3 thought that she had a close relationship with the mental health professional. Hence, she felt comfortable opening up.

> *"...nakausap ko naman 'yung sa (NGO) tinuruan niya po ako mag handle ng stress same po as HCW2 po. 'Yung breath in breath out then kapag gusto mong umiyak, umiyak ka lang. Okay naman 'yun. Kung 'yun 'yung how to relieve your stress. Ano po… overall po. Happy naman ako sa naging result ng program. Thank you po."* - HCW3

HCW 3 was able to learn new techniques on how to cope up with stress. Overall she stated that she was happy with the experience.

> *"Lalo na po 'yung one on one session kasi.. personal siya eh kasi feel mo talaga 'yung sincerity of the… tawag dito of the person na nag… naginterview sa'yo or nagbibigay ng psychosocial support and at the same time… 'yung willingness to listen… rather than to speak kasi 'di ba eh mas maganda 'yung pinakikinggan ka."*

HCW 4 stressed the importance of listening in the session as it brings the feeling of sincerity and willingness of the mental health professional in providing psychosocial support to the client.

Confidentiality of information shared to the Mental Health Professional. In sharing personal information with other people, it is vital to assure the client of the confidentiality agreement as to the stories that they will share personal details to strangers that they could not communicate with their families or friends. As HCW1 stated below:

> *"hindi naman kasi di ba lahat kaya nating sabihin sa family natin, sa mga close friends natin may mga bagay tayo na mas gusto natin sabihin sa mga hindi natin kilala*

like kumbaga parang dahil hindi nga natin masabi at hindi natin mailabas parang 'yun na yung time baka makatulong 'yun po."

"'yung pag uusapan naman is magiging confidential naman. Na parang inaano ko sa kanila… ine explain ko sa kanila na parang 'di mo naman da..'di mo naman kailangang matakot or 'di ka naman dapat na mag worry kasi safe naman lahat 'yung mapag-uusapan niyo kasi mga professional naman yung mga kausap natin."

Satisfactory experiences during and after the session. HCW 4 expressed that he experienced both the group and one-on-one session, and he preferred the latter one as he was satisfied with the experience and appreciated it much more.

"I mean satisfied naman… Lalo na po yung one on one session kasi… personal siya eh kasi feel mo talaga yung sincerity of the… tawag dito of the person na nag… naginterview sa'yo or nagbibigay ng psychosocial support.."

Both HCW1 and HCW3 expressed their satisfaction and happiness on the psychosocial support activity as they were able to deal with and acknowledge the emotions they were going through in times of the pandemic.

"Overall okay ako. Satisfied naman po ako kahit one program lang. Okay lang naman."

"Happy naman ako sa naging result ng program. "

As for HCW2, the program helped her a lot, and she learned basic techniques in dealing with stress—furthermore, the feeling of satisfaction from the session after she released the burden she had been carrying.

"Simple and yet maiisip mo oo nga noh. Ganon lang pala 'yun, pwede naman palang ganon. Sa akin… nakatulong 'yun sobra lalo na kung stressed out ako. Babalikan ko lang yun tapos oo nga no gawin ko muna 'yun then after non. After awhile okay na

ako. Alam mo 'yun, nailabas ko na yung syempre hindi naman buo pero 'yung stress ko na naguumapaw eh nabawasan naman. So sa akin better na 'yun. Okay naman ako so kung yung fruitful nung fruitfulness ng paguusap namin, yes… sa akin maganda naman yung naging outcome niya."

Psychosocial support is highly recommended. This pandemic has dramatically impacted the mental health of frontline health care workers as they are the one who provides care and support to the patients. Based on their experiences, the participants recommended that everyone dealing with stress try a psychosocial support program. It helps individuals take a break and talk about their mental health as it makes a difference in their mood. Below are the excerpts:

"...yeah definitely yes po …kasi… lalo na po dun sa mga… may mental health problems na medyo anu 'yun… in denial pa kasi… 'yun nga… makakatulong po siya sa… sa mental health ng tao na may i-open up niya po 'yung kanyang ano… thoughts regarding… everything about this." - HCW4

"Sakin po ahh based on my experience ahm, makakatulong talaga sya kasi based nga rin po sa ahhh sa sinabi po ni HCW number 1 ahh minsan yung mismong family mo hindi nila na ge gets yun eh" - HCW3

"though yung mga simpleng way how to cope up na minsan iniignore mo parang I mean minsan naghahanap ka na pano kaya..pano kaya na simple things di ba so malaking tulong sya. So if I can recommend ahh maganda sya actually." - HCW2

Assessment on Mental Health Services

At the latter part of the focus group discussion, the participants shared their suggestions and insights on how to improve the psychosocial support program based on their experience. They gave some points to develop for future implementation of the activity.

Reiteration of the scope of the session. A participant expressed her experience that she was somehow left hanging after the session. She expected that she would be given an assessment after the session.

> *"medyo nabitin lang po ako sa conversation namin na parang… hindi mo kasi ma ano kung ano 'yung magiging ending parang bigla na lang nacut. 'Yon din. Ang ineexpect ko din po kasi 'yung parang bibigyan niya ako ng assessment. Like parang kung ano 'yung naging assessment niya about dun sa naging kwentuhan namin pero eh ano wala po. Wala pong ganon."*

The session ended without proper termination.

> *"'Tas 'yung ineexpect, kasi nga dahil sa first time ko lang po… 'yun po 'yung ineexpect ko na parang ia-assess niya ako na paano ganito… ganito yung naassess ko sayo bilang ayyy… ganito yung… paano ba… pag wala pa iaano niya sa akin na eto 'yung assessment ko sayo pero ayun nga po, wala,"* HCW1 added.

Although HCW1 seems very confused about what has happened, she is somehow expecting an assessment based on what they have talked about. The sessions should have ended in a better way than what has happened.

HCW1 clarified that based on what was her previous expectation regarding mental health services, she was expecting an assessment and advice (e.g. prescription of drugs just).

> "Gano'n po kasi yung… ganon po kasi yung parang… yung.. paano ba… ganon po kasi 'yung parang ineexpect ko na parang bibigyan mo ako ng assessment kasi 'yung parang 'yung sa mga napapanood ko lang na parang. Eto yung assessment ko sayo, tapos parang need mo uminom ng gamot parang mga gano'n."

Based on HCW1's statements, she was confused about the process and the scope of the session. The process in the psychosocial support program and the scope of the mental health services to be provided must have been discussed and explained to her prior to the session so she would have had an idea on what are the scope and limitations of the services that she would receive.

Follow-up sessions are recommended. The participants recommended doing follow up sessions to see if there was any progress after the intervention. Through follow up, we can evaluate if the recommendations during the session worked for the client. Also, if there are things or situations that need to improve, suggestions can be made through follow up sessions.

>"*follow-up sessions. Kasi somehow doon maeevaluate kung nag work 'yung mga suggestions niya sa iyo or hindi. Kasi kapag pagka… one session lang eh parang bitin siya parang kailangan pa rin ng follow-up. Even naman 'di ba sa mga medical consultations laging may follow-up 'di ba. So I think… maganda talaga 'yung meron follow-ups para to evaluate na lang din yung effectiveness or kung hindi effective 'yung mga na suggest niya sayo. And if ever hindi effective… magkakaroon kayo ng… way to further… improve 'yung situation or 'yung mga dapat gawin.*"

The participants also appreciated the idea that they are free to choose a mental health professional who will provide psychosocial support services for them if they want another session. They also mentioned that they can contact them if they need to or they can contact other mental health professionals for psychosocial support.

>"*..Pwede ako mag palit or pwede kong irequest ulit siya (referring to the mental health professional who provide them the psychosocial support). I think maganda 'yung, 'yung ireremind mo sila about that option kasi, first kung ayaw mo sa kanya pwede ka*

mag palit, given… pero if ever na gusto mo pa rin siya na maging counselor mo much better kasi 'yun nga if ever follow ups makikita mo 'yung ano progress nung… consultation nyo"

More individual sessions and less group sessions. The participants prefer to conduct the psychosocial support individually rather than in groups. They appreciate the genuinity of the conversation if the psychosocial support is held in private sessions.

"Not necessarily hindi nagustuhan, pero mas naappreciate ko lang 'yung talaga 'yung one on one rather than group. Kasi yung group session kasi parang structured siya na parang may script may finofollow kayo na parang generalized lahat. So parang hindi ko ganon naramdaman 'yung pagka genuine ng conversation. Although… ano.. it helps din naman kasi narealized mo at narinig mo from the group kung na parang everything experiencing is quiet normal. Pero 'yun nga mas naappreciate ko 'yung one on one rather than group sessions."

HCW4 also acknowledged the advantage of group sessions wherein the participants felt that what they experienced was normal and they were not alone. However, they really prefer private sessions because of the genuine conversations it gives and the therapeutic environment wherein you can share anything without filter and judgment.

"Hindi naman (giggles) Actually hindi naman hesitant although mas.. 'di ba parang ikaw parang mas mas personal kasi 'yung ano one and one rather than the group. And kasi 'di ba parang pag personal parang anything goes 'di ba pero pag group kasi parang meron pa rin barrier na hindi ka pwedeng ishare or… pwedeng ishare unlike don sa one on one."

Importance of establishing rapport. The participants reiterate the importance of establishing rapport in conducting the psychosocial support program. Rapport is built so that the barrier between the counselor and the counselee will be dissolved for a more interactive and judgment-free session. The therapeutic relationship will be effective if the client is at ease in opening up their confidential stories to the mental health professional.

> *"...sinabi ni ma'am HCW3 na may barrier so hindi naman lahat tayo may ano eh... at ease agad na mag open up lalo na sa stranger 'di ba. So if ever, kung gusto mong makilala pala lalo 'yung... 'yung kina counsel mo or kina counselling mo... kailangan mag spend ka talaga ng time knowing them and breaking the wall. So I think... number 1, more time pa to help din naman the one that you're counselling to be at ease para mas ma open up niya or masabi niya yung mga bagay na gusto niyang sabihin. Kasi... based din dun naman sa kilala ko na nag undergo... medyo ano sila eh hesitant sila eh to open up kasi nga parang wala namang tao na ganun kabilis maging at ease to open up their problems lalo na with regards to mental health kasi nga nandun yung stigma nandun 'yung takot na... ma judge ka agad dun sa mga bagay na sasabihin mo or ioopen up so I think number 1 'yung time, 'yung follow ups,' yung time to listen yung mga ganun. Eh 'yun for me po yun yung akin ano, I think ma sa suggest.''*

The hesitations of the participants to share their confidential stories originate from the stigma associated with mental health—they can be judged by the stories they may share. The participants shared that it is easier to open up to a stranger rather than to a significant other but it is still essential to build rapport so that the wall built between the counselor and a counselee will be dissolved which is important to building a therapeutic relationship.

"...kasi syempre po' yung iba.. 'yun nga po katulad po ni HCW number 3… nag bi build muna siya ng wall hindi po siya basta basta nag oopen pero 'yung iba naman po parang mas..mas convenient sa kanilang mag open sa stranger kasi mas na oopen.. mas na nailalabas nila kung ano 'yung nasa saloob nila kasi nga po 'yung iba parang hindi nila kayang ishare sa family nila or sa mga close friend nila 'yun."

Improve Mental Health Literacy and Awareness. The participants suggested improving the dissemination of information about mental health services. Many are struggling with mental health but because of the lack of information about the mental health services, they are unaware that they can avail these services to help them overcome their struggles.

"..Kung baga 'yun nga din po gusto ko rin i emphasize yung sinasabi ni HCW2 makilala po 'yung mental health ano program kasi nga po hindi marami.. kumbaga dito po kasi sa Philippines parang kumbaga… for sure naman maraming may kailangan na ganyang support kaya lang nga po dahil sa hindi naman po ganun kakilala 'yung program na yan so yung mga tao wala po silang masyadong idea"

The participants also suggested that everyone should be informed that mental health services are open for all—not just to people with mental health disorders. Many are also not informed that there are existing programs that will cater their mental health needs. Thus, it suggested boosting mental health information dissemination to increase the mental health literacy of the people.

Accessibility of Mental Health Services. In relation to mental health information dissemination, the promotion of mental health programs must be continuous all throughout the year. It was observed by the participants that mental health information are just promoted during

the mental health awareness month. It should be emphasized that mental health programs are always accessible to all—not just during the mental health awareness month.

> *"..'yung parang laging up and about. 'Yun lagi siyang mas accessible kasi like… 'yung na propromote lang siya kasi health… mental health awareness month kaya siya mas na e-emphasize siguro 'yung kahit walang okasyon na e-emphasize siya (referring to mental health services)"*

Additionally, participants suggested having an accessible helpline for emergency concerns about mental health and having a concrete program regarding mental health that will cater to a variety of mental health needs.

> *"..Sa tingin ko wala pa talagang concrete na program regarding sa mental health, pero meron po kaming MHPSS program pero kase more on directive siya sa patients na nag-undergo more on traumatic experience. Eto kasing MHPSS under the HEMS program po, pero 'yun nga gaya ng sabi ni HW2, hindi lang siya rest head kapag mental health month rather year round po siya.. para po sa patients na nangangailangan.. kasi hindi naman siya.. kunwari.. for the month of ganito lang nangangailangan (I) mean whole year around siya, 24/7 na dapat meron talaga.. so I think… establishment of a.. or creation of program na nakatutok siya hindi doon sa mga patients lang na who have undergone (had) traumatic experiences na na ngangailangan ng MHPS but rather sa lahat na gusto lamang nilang maassess 'yung kanilang mental health (referring to those individuals who have mental health concerns other than trauma) or merong MHPSS po…ayan po.."*

In addition to accessibility of mental health services, the implementation of mental health programs are scarce. HCW4 mentioned that Mental Health is not widely discussed and the

training and seminars about mental health are limited. He even mentioned that in their institution, only three to 4 seminars have been conducted since 2013.

> *"hindi kasi siya ganun… mas natatackle or konti 'yung mga trainings and seminars… regarding sa mental health pero… nakapagconduct na rin naman kami niyan… from 2013- up to now siguro mga 3 to 4 seminars lang 'yung ganon"*

The participants shared that they have limited ideas about mental health and about the Philippine Mental Health Law. Due to the limited resources about mental health, people are unaware of the services that the mental health professionals provide and who can access such services. And because of the lack of knowledge about mental health, there are still some misconceptions and stigma attached to it which should be addressed.

Hire manpower to implement Mental Health Programs. The participants suggested hiring mental health professionals, like Psychologists, who will implement and oversee the mental health programs in their city.

They mentioned that their city hired one Psychologist before but they were not aware of the responsibilities of that psychologist. There were no existing mental health programs and they do not know if the Psychologist was the one who would implement the mental health programs in their city.

> *"...wala po akong nakitang na meron pong na-implement na meron pong program in regards po sa mental health sa aming city ah.. 'yun din po 'yun opinion ko na sana po maghire po ng psychologists na maghahandle po na ng pasyente na as well po yung mga frontliners po"*

Manpower is important in implementing mental health programs in the community. The participants saw the need to hire mental health professionals who would oversee and effectively implement the mental health programs in the city.

Discussion

The frontline healthcare workers shared their experiences in the psychosocial support program that they have joined. They mentioned how they lack information about mental health and the idea about the mental health services here in the Philippines. They also shared their motivation for joining the psychosocial support program. Their psychosocial support experiences were positive as they feel the genuinity of the mental health professional and the confidentiality of sharing their stories to the mental health professionals who have served them during the psychosocial support activity. The participants have shared some suggestions to improve the psychosocial support program which focused more on mental health literacy, information dissemination, human resource, and proper program implementation.

The immense stress brought about by the pandemic may lead to mental health problems, especially if not treated early. However, there have been misconceptions about mental health and mental illnesses (Reavley & Jorm, 2011). In the Philippines, there is a perceived stigma and collective beliefs on mental health that hamper the treatment needed by the individual. For instance, a study conducted by Kobe University of the Philippines (2018) found out that people with mental health problems experience substantial discrimination and treatment from the community. The findings of the research emphasized that people with mental health problems face stigma because of culture-bound beliefs and social structure wherein it perceives that mental health problems as a disease of the family and discouraged people from accepting problems on mental health (Tanaka et al., 2018). We can observe from the accounts of our respondents the

stigma they see in terms of seeking psychosocial support. The fear of being labeled as someone with mental disorder prevents other people from seeking professional help.

Consistent to the findings of this research, according to a literature review performed by Dr. Andtover P. Tuliao (2018), there is a generally low output on psychological research within the Philippines. Very little research exists on Filipinos' conceptualization and study on mental health, which caused the addition of stigma and poor information regarding mental illness. Therefore, perceived stigma and limited study on mental health in the Philippines play a part to the overall lack of understanding of mental health as congruent to the limited ideas shared by the participants regarding mental health.

On the 20th of June 2018, a passage of the Republic Act No. 11036, also known as the Mental Health Act, was established to deliver mental health services. There are continuous advocacy activities such as the 2nd Public Health Convention on Mental Health by the Department of Health. In addition, activities such as webinars from different organizations and World Mental Health Day celebrations. However, it was notable that there is still a lack of understanding regarding mental health as congruent to the results of this study.

The findings of the study would shed light to the status of mental health in the Philippines. It shows that the stigma about mental health is still evident nowadays which prevents people from seeking professional help. Factors may include the lack of information about mental health. Thus, mental health literacy must be reinforced. The findings are important in providing insights to the needs analysis when developing a program about mental health. This study suggests that proper mental health information dissemination should be one of the target programs in crafting a community-based mental health program.

In terms of the participants' satisfaction for the psychosocial support program, based on the results, the participants were satisfied with the services they have had because of the competency of the mental health professionals who served them. They felt the sincerity and genuinity of these mental health professionals.

Based on the Professional Regulatory Board of Psychology Resolution No. 11 Series 2017 Adoption and Promulgation of the Code of Ethics and Professional Standards for Psychology Practitioners in the Philippines (Psychological Association of the Philippines, Code of Ethics and Professional Standards for Psychology Practitioners 2017 Section 2.a), mental health professionals are expected to provide services within the boundaries of their competencies. It also stated in the resolution that psychological services delivered to or through organizations, mental health practitioners shall provide information beforehand to clients, the nature and objectives of the services, the relationship they have to the client and the organization, the potential uses of services provided and information gathered during the session. In the circumstances that the organization's rules preclude the details of results from providing such information to a particular participant, the former shall inform the participant of such fact at the outset of the service.

Furthermore, in the code of ethics general ethical standards and procedures for psychology practitioners, there is a provision in maintaining confidentiality as the mental health professional's primary obligation and utmost priority duty to safeguard any information divulged by the client regardless of the medium used or stored.

The findings in the study have shown how the competency of the mental health professionals affect the delivery of their services. Competent mental health professionals strengthen the therapeutic relationship which is critical in the successful implementation of the

program. This suggests that training and capacity-building of mental health professionals must be incorporated into the proposed community-based mental health program because we must invest in skilled and competent mental health professionals in the delivery of quality mental health services.

In the current situation of the Philippines, the World Health Organization presents situational analysis on the prevalence of mental health conditions in the country (WHO, *The Philippines Prevention and management of mental health conditions in The case for investment*, 2021). Based on the data gathered, there is an increased demand for mental health care as a report on the increased burden of mental health conditions. Depression is the most known mental health condition in the country. In 2017, there were about 3.3 million cases of depressive disorders (3.3% of the population) and 3 million cases of anxiety disorders (3.1% of the population). The study's findings show enormous demand for mental health services that the government needs to attend (WHO, *The Philippines Prevention and management of mental health conditions in The case for investment*, 2021).

Moreover, the COVID-19 pandemic has had a significant impact on people's mental well-being and put people in a state of psychological distress. Concurrently, the pandemic has severely disrupted the country's mental health services. As a result, there are disruptions to the mental health care service delivery for people with mental illness and significantly delayed treatment of the new cases.

On top of that, the Philippine health care system has very few mental health professionals. For more than 100 million people, there are an estimated 548 psychiatrists and 133 psychologists practicing in the country (WHO, *The Philippines Prevention and management of mental health conditions in The case for investment*, 2021). With these constraints, the

Department of Health has trained primary health care physicians in assessing and managing mental, neurological, and substance use through the use of Mental Health Gap Action Program treatment protocols. The DOH created the Mental Health Strategic Plan (2019-2020). This plan includes mental health literacy and appointing mental health coordinators in each region to coordinate and promote the agency's mental health program to ensure that mental health and well-being are valued, promoted, and protected. Also, it was designed to improve the population's mental health. The participants shared their views about the country's lack of mental health services providers and staffing based on the study's findings.

Implication to Theory, Practice, and Research

One of the implications of this study is the need for the enhancement of mental health promotion by engaging in informative programs that would increase mental health literacy in the community. The lack of information about mental health justifies the need for robust mental health information dissemination. Moreover, it was evident in the study how the stigma prevents individuals from seeking professional help. It is a call for the profession to continuously fight for misinformation, misconception, and stigma. Addressing this concern through proper mental health discussions and forums that are accessible to the public can be advised. Additionally, the study further implicates the need for manpower that responds to the needs of individuals seeking for help. This calls for more competent mental health professionals to take oath in giving quality mental health service for the general population.

The study implicates the importance of establishing rapport in counseling. Enhancing the counseling skills through training and direct supervision with feedback would substantially help in the development of the skills of the mental health professionals. This would help in delivering quality mental health services. Moreover, standardized operation procedures in conducting

psychosocial support must be emphasized and must be incorporated in the training program for mental health professionals.

Findings from this review also indicate implications for service delivery and the integration of mental health into the general health care system. It was evident that the mental health of the medical frontliners was directly hit by the uncertainties brought about by COVID-19. As the surge cases increase, the frontline healthcare workers experience psychological distress and physical fatigue in response to the disease.

Mental health issues have been widely undervalued, and migration has resulted in the loss of investments in human capital (Palaganas et al., 2017). It is suggested to adopt the mental health strategy of Europe as nine of the 10 happiest countries in the world are in Northwestern Europe (World Happiness Report, 2021). Mental health advocacy in these countries has been proven effective because it was highlighted as a fundamental component of public health and had a remarkable impact on individual countries and their people, social and economic capital (Wahlbeck, 2015). The study results implicate the need for the Department of Health to use this approach, recognizing that this would provide a new aspect in managing the economy and develop mental health programs that are immediately accessible to frontline healthcare workers throughout the year. In addition, there is a need to develop preventive strategies to mitigate the surge of mental health concerns. Other approaches that could be undertaken as preventive and treatment strategies include psychoeducation that promotes mental health literacy and diminishes stigma and could positively influence help-seeking.

The results revealed a significant lack of implementation of the Mental Health Act by local government units. There are inadequate resources and gaps in the formulation and implementation of mental health initiatives, primarily community-based mental health services.

Due to insufficient budget allocation for the mental health program, there is a low turnout of research and plantilla positions for mental health professionals. According to the Department of Health, the budget appropriated for mental health for the year 2021 was only Php 615 million. It is essential to provide funds for mental health and research in successfully actualizing the community-based mental health program.

The findings of this study would aid in the crafting of a community-based mental health program in addressing the concerns raised by the frontline healthcare workers. The following are hereby suggested:

Here in the Philippines, to achieve proper mental health wellness for every individual,We need to empower the training of large scale youth leaders, whole organization leaders, community leaders, and community health workers. We also need a large scale for those groups of people so they can provide support when the professional health care experts are still swamped in other cases. We could only accomplish these solutions if there is enough financial support from our government.Cc Dr. Maria Cariasa Alejandra.

Implications to Government

 Funding of mental health programs and research

Mental illness is one of the most crucial case that all people suffered which has a great influence in all aspects of ou behavioral outcomes. It is the underlying psychological effect of the productivity a a person beginning to himself, to his family, work setting as well toward our society. Everybody needs love, care and attention that fulfills one's psychosocial health. From

the basic theory of Abraham Maslow Hierarchy of needs, the 3rd level of needs is the need for a

sense of belongingness, especially this tough times of pandemic, we seek someone who will listen and understand what we feel to be released and feel at ease. This outbreak of Covid 19 has greatly affected our mental health and well being. According to the statistical findings there are 3.6 Million of Filipinos who suffered form mental and neurological disorder. Source: WHO (GMA News and Public Affairs Digital Oct. 21, 2021), therefore many Filipinos who are in are striving in self disclosure crisis about mental health crisis and yet according to **Octol Researched** dated last year, 2021 of March 28 % of Filipino citizens of 3 out of 10 Filipinos who have been experienced suffering from emotional problems, stress or extreme sadness that is because of social behavioral perspective, the social stigma about mental health issues and concerns.

There are some people find themselves that hey have been troubled in establishing rapport *(self disclosure)* that they were in need of mental health care which is hard to open up whether to mental health professionals or with their friends, relatives and most of to their own family because of they have a fear to be identified as mentally ill or mentally retard or "baliw" or any negative judgement from his surroundings. This kind of quoting is one of our social stigma in our society about mental illnesses. In that case many Filipnos who keep on seeking help for their mental health issues find it hard to cure themselves. In this case, one of the underlying factors that manifest our cultural behavioral perspective is the feeling of shame or humiliation of being recognized that you were mentally unstable. This is one of our values, the so-called "Hiya"as well as our attitudes and perception that strongly affects the self and the unconscious collective behavior of Philippine society. Other than that, like our old saying *" Tawanan ang problema at lilipas din yan!"* and our principles being Filipino as being tough in the middle of crisis,

(Pagiging matatag at masayahin sa buhay sa gitna ng unos). This social perspective has a strong implication to our community as well as to our government officials on how we recognize the importance of mental health and well being. The government must pay attention and support when it comes to give enough budget to our mental hospitals, rehabilitation programs and other mental health programs.

President Duterte has signed Republic Act 11036, Philippine Mental Health Law, that is the government policy in integrating mental health care in the country's public health care system. This republic act, written by Senator Risa Hontiveros.

Especially the start of first locked down March 15, 2021, it was the start of recognizing here in the Philippines that we were in pandemic crisis. Based on the statement from NCMH *National Center Mental Health,* according to their findings as of March, 2020, they received 1,115 calls for crisis hotlineand 115 about suicide related calls average of 53 persons per day.Stand for truth Aug 13, 2020 After a yea, It has been studied that there was 88 cases were being reported of every 100, 000 filipinos. And we have just 2 mental hospitals in the country that have 92 % occupancy rate. (Source WHO). The majority of our mental hospitals were located here in Manila, and the City of Province. And the awkward cases, to those provincial areas that were being abandoned and unable to reach the cities for immediate need of mental health medication.

In Balingasag, Missamis Oriental, where as a75 yrs old retired teacher named Lola Rosalinda Cabiltes who has three sons suffering from schizophrenia, severe mental disorder. Instead, her sons would be the one to take care of her, as a mother, as long as she can take care of her children, she does it with all her heart. She has also experienced painfully putting her sons in a cage to avoid violence, especially to their close neighbor and other people who were just dropped by in their home. Last, last year of first locked down, March 15, 2020, she said that she really found it so hard to take to care of his sons because all Senior Citizen were not allowed to go outside. Kapuso Mo Jesica Soho, JUne 18, 2020. In this case, people like Lola Rosalinda, is one of the examples who is living in mere provincial areas that are in need of a government support program to enhance the manpower of Mental Health Care Professionals in diagnosing several patients who suffered in mental disorders and additional hospitals for rural areas.

Here in our country, the mental health situation as we can describe is largely underfunded , mostly-hospital centered,treatment focused,inaccessible, stigmatized, and vibrant civil society. Cct Dr. Gia Sison May 29, 2020. Ordinarily Filipino citizen have no access for mental health facilities. The three main government mental health hospitals existing in our country are **Mariveles Mental Hospital, Cavite Center For Mental Health, National Center For Mental Health.** *NCMH.* According to one of the patients in NCMH Hospitals were interviewed and said that they were satisfied with their assistance. Like they can eat properly three times a day and they can seek social support from their nurses. Unfortunately the problem is in this mental hospital, during that time, in the year 2018 of May, they have just 83 Psychiatrists for the existing of 3, 280 patients, and they have just 459 nurses existing but the standard in the Department of Health (DOH) should be 1094 nurses.

Before the outbreak of the pandemic crisis, we have already known mental illnesses were globally existing. In National Center For Mental Health, (NCMH) their existing patients who suffered   in mental illnesses as of May 2018, before the 1st locked down declared, are 3,012 Schizophrenia, 2168 Bipolar Affective Disorder, 264 Pneumonia, 256 Organic, Including Symptomatic, Mental Disorder. 138 mental retardation. (Source National Mental Health) March 4, 2020 SONA GMA News Public Affair. It has shown that our mental health hospital facilities in the Philippines lacked manpower to cater his large number of mentally ill patients. There are cases in the said hospitals that some patients found themselves that mental hospital became their home. Like Lola Carmi *(anonymous name)*, she has already been cured from mental illnesses and she can able to go home anytime but the saddest part is there's no place they could find themselves to go home. They found themselves in NCMH as their home and other patients, psychiatrists and nurses as their family so that many mental patients stayed long and found this place as their home, grew old and died.There was a large area in tennis compound in National Center of Mental Health and they were planning to build 8 stories of building for additional facilities inside the NCMH Hospital and it will be called as **" Philippines Center for Mental Health and General Hospital".** According to the hospital, this plan has been passed in the Camera but unprocessed in Senate. Cct Sona GMA News Public Affairs March 4, 2020

After a year we have been adjusted ourselves in new normal system, according to Finance Secretary Carlos Dominguez III, the universal health care (UHC) program will get another 80

billion in budget next year *(2022)* as the government vows to keep it financed despite funds running tight due to the pandemic because the government wanted to make sure all Filipinos ca access medical facilities. In addition he said that Philippine Health Insurance Corp. (PhilHealth) has maintained P164 billion in reserves that it can tap for the delivery of UHC services Cct Phil Star Oct 19, 2021.

This funding will be gotten from excise taxes charged on tobacco products; dividends remitted by state-owned Philippine Amusement and Gaming Corp; charity fund managed by the Philippines Charity Sweepstakes Office and among others. And Finally the government has decided to sign P242 Billion for the health cluster in its spending plan for 2022 accounting for jus 4.81% of its highest ever budget proposal worth P5.024 trillion. Cct Phil Star Oct 19, 2021.From this financial budget support from the government, many lives will be saved not only for physical health but also for our mental health because without a sound mental health, there can be no physical health that would help us to stand up again after one's great fall.

Robust Mental Health Literacy and Information Dissemination. It is essential to establish a strong and continuous program in promoting mental health including the services that the government and the non-government organizations offer to facilitate the delivery of mental health information to the general public. It was observed among the participants based on their accounts that they lack the necessary information about mental health. Through proper information dissemination, the general public becomes well-informed about what mental health is and what are the services that they can access with regards to their mental health needs. According to Al-Yateem et al (2018), the ability to recognize a disorder and the belief of the

individuals about the helpfulness of treatments are central to mental health literacy. Conducting programs, such as seminars, that provide evidence-based information about the effectiveness of treatments on mental health disorders can be suggested. Studies have shown that the improvement of mental health literacy among the community increases the potential of individuals to engage in early interventions which is beneficial in promoting well-being (Al-Yateem, et al, 2018).

Mental Health Human Resource. Due to the scarcity of mental health professionals (Lally, et al, 2019), investing in human resources is essential. This is to confirm the observations of our participants in the study that they lack mental health professionals in their city. Manpower planning is suggested to organize a community-based mental health committee who will oversee and take charge in the implementation of the mental health programs in the community. It is important to hire competent mental health professionals who can aid in the delivery of mental health services. As mentioned by the participants, they become satisfied with the psychosocial support program because of the competency of the mental health professionals who served them.

Capacity Building for Mental Health Professionals and Mental Health Advocates in delivering Mental Health Services. Because of the scarcity of mental health professionals at the community level, it is suggested to continuously provide capacity-building and training for mental health professionals and mental health advocates in delivering satisfactory mental health services in the community. Through capacity-building, our mental health professionals may continue to provide quality service for our people. To increase the ability of local responders and mental health professionals, training must be provided. The delivery of psychosocial support appears to be largely in the hands of community volunteers such as teachers, health

professionals, and emergency workers, given the nation's scarcity of mental health professionals (Hechanova & Waelde, 2017).

      Accessibility of Mental Health Services at the community level. It is suggested to bring mental health services to the community level. According to Hechanova (2019), there are three ideas in designing and implementing community-based mental health interventions. These include *incorporating culture in designing interventions, participatory action research and design, and field supervision and coaching.* It is critical to construct culturally relevant programs when planning community-based interventions. When developing community-based programs in the Philippines, it is critical to stress the Filipinos' protective factors–spirituality and family. Conducting community-based participatory action research also makes the intervention more culturally and contextually appropriate, as well as promoting co-authoring of policies and activities. Finally, community members must be trained through guidance and coaching (Hechanova, 2019).

      In conclusion, this study explored the psychosocial support experiences of the frontline healthcare workers. They shared their positive experiences and their suggestions to improve the psychosocial support program. In crafting a community-based mental health program in the future, it is essential to strengthen the mental health promotion in the community by conducting programs to increase mental health literacy. Additionally, the community needs more competent mental health professionals and advocates to oversee and actualize the mental health programs by means of capacity-building. And lastly, make the mental health services accessible to all and available at a community level.

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