

Profile and Evaluation of Participants in the Mental Health Program in Northern Samar: A Comparative Study

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Abstract

This study aimed to investigate the profiles of participant-implementers and participant-clientele in the Mental Health Program in Northern Samar. The participant-implementers consisted of mental health nurses, municipal health officers, and barangay health workers who provided mental health services across the province. The participant-clientele were recipients of health and wellness activities, psychological first aid, and other forms of support offered by the program. The research utilized a descriptive research design, encompassing all 24 municipalities of Northern Samar. The key focus of the study was on four components of the mental health program: Wellness of Daily Living, Extreme Life Experiences, Mental, Neurological Disorders, and Substance Abuse and other forms of addiction. Findings regarding the profile of participant-implementers indicated that mental health nurses were generally young adults, possessing appropriate degrees, with at least five years of service, earning a monthly income ranging from 20,000 to 29,000, and having attended at least five seminars and trainings. Municipal health officers, on the other hand, were adults with appropriate degrees, five years of service, earning between 60,000 to 79,000 monthly, and attending 5 to 20 seminars and trainings. Barangay health workers were adult participants who attained a secondary level of education, earned below 10,000 monthly, and attended at least five seminars and trainings. Regarding the evaluation of the Mental Health Program, the participants' overall perception indicated that the program was "moderately implemented" in terms of context, input, and process evaluation. Comparing the assessments between the participant-implementers and participant-clientele, there was no significant difference in their evaluations concerning the context, input, process, and output of the program based on various demographic factors such as age, educational attainment, length of service, monthly income, and seminars attended. However, there was a notable difference between the mean

assessment of implementers and service users regarding the management of extreme life experiences. Moreover, the study revealed a significant difference in the assessment of the Mental-Neurological-Substance Use Disorder program between the implementers and careers of service users. These findings are crucial for the proposed enhancement of the Mental Health Program in Northern Samar. By understanding the profiles of participants and evaluating the program's implementation, authorities can make informed decisions to improve mental health services in the region. Future research may focus on addressing the differences identified in the evaluation to enhance the program's effectiveness and impact on the community's mental well-being.

Keywords: mental health program, Northern Samar, life experiences, implementation

I. INTRODUCTION

The prosperity and progress of every nation hinge on the mental health of its citizens. However, the all-encompassing impact of mental health on a country's success often goes unnoticed. Mental health issues and illnesses have been neglected by many countries worldwide, with developing nations allocating less than 1% of their GDP to mental health and lacking comprehensive policies and programs. Due to stigma and limited resources, those afflicted with mental illness often fail to receive the necessary care, leading the World Health Organization to urge policymakers to prioritize mental health in primary care.

Mental illness is a concerning condition that affects the community, yet many individuals do not receive the essential care they deserve due to financial constraints or inadequate mental health services at the community level. An estimated percentage of adults in the United States suffer from serious mental illness each year, with only a small number receiving adequate treatment. Similarly, in the Philippines, mental health concerns are prevalent among adults and children, with a significant number of individuals seeking psychiatric consultation.

In Northern Samar, the number of reported mental illness cases has been increasing, with an active mental health program in place, but challenges remain in addressing the vagrant individuals who lack proper care. The Mental Health Act of 2017 signed by President Rodrigo R. Duterte emphasizes the right to mental health for all Filipinos, prompting a need for an assessment of the previous Mental Health Program in Northern Samar to inform future strategies and activities.

Overall, this study aims to provide valuable insights into the current Mental Health Program implementation in Northern Samar, guiding the development of effective mental health initiatives for the region's well-being.

II. METHODOLOGY

This study employed a descriptive research design, as defined by Burns and Grove (2003), which aims to provide a natural and comprehensive view of the situation. Specifically, descriptive research was utilized to assess the implementation of the mental health program, encompassing evaluations of Context, Input, Process, and Product aspects in Northern Samar.

The data analysis presents the frequency and percentage distribution of Mental Health Nurses' age. Among the total 24 nurses-implementers, 16 or 67 percent fell within the age range of 18 to 39 years old, while the remaining 8 or 33 percent were in the age range of 40 to 65 years old. This indicates that a significant majority of the nurses involved in the study are in young adulthood. Research suggests that this age group, often referred to as millennials, is increasingly dominating the healthcare workplace. They are known for setting new standards of excellence and are characterized by self-confidence and a belief in their contributions to the workforce. As change agents, they are more willing to engage and adapt to new tasks, benefiting their profession and enabling them to better assist mentally ill individuals in the community.

The data also presents the frequency and percentage distribution of mental health nurses' educational attainment. All 24 nurses, comprising 100 percent of the participants, possessed a Baccalaureate degree. Completion of a Baccalaureate degree is a common requirement for mental health nurses, regardless of their work setting. Obtaining a Bachelor of Science in Nursing is the initial step in entering the nursing profession in the community setting. For those aspiring to become psychiatric nurse practitioners, obtaining a bachelor's degree is the first step, typically requiring four years of full-time study. This degree program in the Philippines focuses on caring for the sick or injured, involving comprehensive care that addresses the patient's physical, mental, and emotional well-being.

Furthermore, the data reveals the frequency and percentage distribution of mental health nurses' length of service. Among the implementer-participant nurses, 13 or 54 percent reported having been employed as nurses for 5 years, 7 or 29.1 percent had seven years of service, and the remaining 4 or 16.7 percent had six years of nursing experience. According to Benner's Stages of Clinical Competence, nurses progress through five levels of proficiency in skill acquisition and development: novice, advanced beginner, competent, proficient, and expert.

III. RESULTS AND DISCUSSION

Data implies that generally the nurses belong to stage 3: within a level possessing competence in his job. Competence is demonstrated by the

nurse who has been on the job in the same or similar situations for two or three years. The nurse is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. For the Competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization. Care is completed within a suitable time frame without supporting cues. Benner, P.(1984)

It has been shown that the length of service was related to continuance commitment and occupational commitment. Also, pre-retirement of the nurses after 20 years of work can result in an increase in average commitment of the nurses. The possible limitations were the effect of social desirability that existed on the part of employees.

The study presents the frequency and percentage distribution mental health nurses' monthly income. It notes that majority, 17 or 70 percent had a monthly income of ranging from 20,000 to 29,999 and only 5 out of 24 total respondent-nurses were receiving ranging from 30,000 to 39,000 and the rest, 2 or 8.4 percent were receiving within the range under 10,000 to 19,999. This would imply the salary of nurses is at least already above poverty line. Psychiatric nurse salaries depend on the level of education, years of experience, size of employer, and where you live and work. In May 2016, the Bureau of Labor Statistics reported the range for RN salaries as \$47,120 to \$102,990. The mean annual income for a nurse working in the psychiatric or substance abuse hospital setting was \$69,460.

According to the Department of Budget and Management, the adjusted compensation for teachers and nurses ranges from P20, 754, which is the entry pay, to P22,829.

The study presents the frequency and percentage distribution of the mental health nurses according to relevant trainings and seminars attended. It was noted that 12 out of 24 respondent-nurses or 50 percent had attended trainings/ seminars from 6 to 10 times; 11 or 45.8 percent had at least attended 5 times and only 1 of them or 4.2 percent was able to attend more than 11 times. According to (Aiken et al, 2003), Appropriate training of nurses is vital in order to ensure high quality and safety in patient care.

In 2005, the Professional Regulatory Board of Nursing (PRBON) Resolution no. 112 Series of 2005 adopted and promulgated the Core Competency Standards of Nursing Practice in the Philippines. As mandated, the Professional Regulatory Board of Nursing ensured, through a monitoring and evaluation scheme, that the core competency standards were implemented and utilized effectively in nursing education, in the development of test questions for the Nurse Licensure Examination (NLE), and in nursing service as a basis for orientation, training and performance

appraisal. Through the years of implementation, global and local developments in health and professional nursing prompted the PRBON to conduct a “revisiting” of the Core Competency Standards of Nursing Practice in the Philippines. In 2009, the PRBON created the Task force on Nursing Core Competencies Revisiting Project in collaboration with the Commission on Higher Education - Technical Committee on Nursing Education and selected nursing leaders from the various nursing professional organizations with the primary goal of determining the relevance of the current nursing core competencies to expected roles of the nurse and to its current and future work setting.

The test of difference on educational attainment of implementer participants in terms of Process. Result of the analysis applying F-tests between – subjects effects of Education on implementer participants revealed that, it is impossible to construct the pairwise comparison table because Nurse education, as a factor being compared has one level, that means only referred to a baccalaureate degree only.

Based on the data about the Education of Municipal Health Officer, the mean square of .003 with F-ratio of .017 at P-value of .899 and the clientele participants, the Barangay Health Workers, its mean square of .020 with F-value of .i03 at P-value level of significance .751 are large enough to reject the alternative hypothesis at .05 level of significance.

Based on the information indicated above, it is obvious that the null hypothesis, that there is no significant difference of the mean squares among implementer participants and clientele participants on education is accepted and the alternative hypothesis is rejected, based on the principle of rejection, that if the P-value is greater than the margin of error at .05 Alpha level of significance, the null hypothesis has to be accepted and the alternative should be rejected. This further asserts that, there is no significant difference on the assessment of extent of implementation of the mental health program by the implementer participants in terms of educational attainment.

The test of difference on length of service of implementer participants in terms of Process. Result of the analysis applying F-tests between – subjects effects of Length of Service, on implementer participants revealed that, based on the information Nurses, has a mean square of .012 with F-ratio of .054 at F-probability level of .947; the Municipal Health Officer, has the mean square .130 with F-value .605 at F-probability level of significance .558 and the clientele participants, the Barangay Health Worker, has its mean square of .122 with F-ratio of .568 at F-probability level of significance .644 are large enough to reject the alternative hypothesis at .05 Alpha level of significance.

Based on the information indicated above, it is obvious that the null hypothesis, that there is no significant difference of the mean squares

among implementer participants on the Length of Service is accepted and the alternative hypothesis is rejected, based on the principle of rejection, that if the F-probability value is greater than the margin of error at .05 Alpha level of significance, the null hypothesis has to be accepted and the alternative should be rejected. This further asserts that, there is no significant difference on the assessment of extent of implementation of the mental health program by the implementer participants in terms of length of service.

The test of difference on monthly income of implementer participants in terms of Process. Result of the analysis applying F-tests between – subjects effects of Income, in the process of the implementation of Mental Health Program on implementer participants revealed that, based on the information Nurses, has a mean square of .178 with F-ratio of 1.112 at F-probability level of .370; the Municipal Health Officer, has the mean square .183 with F-value 1.147 at F-probability level of significance .298 and the clientele participants, the Barangay Health Workers, has its mean square of .334 with F-ratio of 2.091 at F-probability level of significance .165 are large enough to reject the alternative hypothesis at .05 Alpha level of significance.

Based on the information reflected above, it is obvious that the null hypothesis, that there is no significant difference of the mean squares acquired among implementer participants on the monthly income is accepted and the alternative hypothesis is rejected, based on the principle of rejection, that if the F-probability value is greater than the margin of error at .05 Alpha level of significance, the null hypothesis has to be accepted and the alternative should be rejected. This further asserts that, there is no significant difference on the assessment of extent of implementation of the mental health program by the implementer participants in terms of monthly income.

The Test of Difference on seminars and trainings attended by implementer participants in terms of Process. Result of the analysis applying F-tests between – subjects effects of Seminar & Training attended, as factor to improve the process of Mental Health Program development by the implementer participants revealed that, based on the information indicated Nurses has a mean square of .039 with F-ratio of .227 at P-value level of .800; the Municipal Health Officer, has the mean square .249 with F-value 1.443 at P-value level of significance .263 are large enough to reject the alternative hypothesis at .05 Alpha level of significance.

Based on the information shown above, it is obvious that the null hypothesis, that there is no significant difference of the mean squares among implementer participants on their seminars and trainings attended is accepted and the alternative hypothesis is rejected, based on

the principle of rejection, that if the P- value is greater than the margin of error at .05 Alpha level of significance, the null hypothesis has to be accepted and the alternative should be rejected. This further asserts that, there is no significant difference on the assessment of extent of implementation of the mental health program by the implementer participants in terms of seminars and training attended.

The test of difference of mean between the participant implementer on wellness program and service users of wellness program.

Result of the analysis using t-test revealed that, based on the responses of average 24 respondent-implementers on extreme life circumstances wellness program, the mean was 3.40 with t-value 52.69 at t-probability level, .000, and as to the mean of 150 individual respondent-service users of the wellness program with t-value, 17.60 at t-probability level, .000.

Based on the indicated information given above, the null hypothesis that, there is no significant difference of the means among implementers of wellness program and the 150 service users of the wellness program was rejected.

In reference, to the principle of rejection that if the t-probability level is lesser than the margin of error, at .05 Alpha level of significance, the null hypothesis is to be rejected and the alternative should be accepted, that there is a significant difference between the mean of the implementers on wellness program and service users of the wellness program.

Suggestions/Recommendations Provided by the Two Groups of Participants

1. Make a comprehensive plan for mental health program with specific goals and objectives that are attainable.
2. Increase collaboration between Local Government Units and Rural health unit to increase fund allocation for the medications and facilities. Create a stronger LGU support on the Mental health program.
3. Mental health should be prioritized. Formulation of health activity for mental health promotion, Physical activities promotion including sports/cultural activity livelihood programs. Create more activities to promote mental health of patients including well clients.
4. Fund allocation for mental health medications
5. Monthly meeting and assessment of needs and resources of patients.

6. Create a mental health core team. Assign a team for mental health program who will provide assistance to the patient and family.
7. Create support groups/counsellors
8. Increase surveillance so that more case findings for Mental Health patients
9. Increase cure rate by provision of effective psychotherapies
10. Conduct trainings and workshops to health personnel
11. More trainings and workshop for the health staff including the Municipal Health Officers to improve their expertise on handling mental cases with especial consideration to those that are GIDA (Geographically disadvantaged area)municipalities
12. Upgrade the facilities for it to be able to provide the needs of mentally challenged patients with sub acute cases, with a sustainable psychotropic medications.
13. There should be specific health personnel from Department of health to handle the program.
14. Hiring of adequate nurses for mental health program for a much focused and tailored fit services.
15. Create an active wellness and mental health program to improve lives of clients
16. Create a low cost rehabilitation center here in the province

VI. CONCLUSION

The majority of implementer participants, including mental health nurses, municipal health officers, and barangay health workers, possess suitable qualifications and experience, demonstrating their competence in the field. They have attended essential seminars and training, which adds to their expertise in delivering mental health services. The clientele participants, comprising recipients of various mental health activities, such as health and wellness programs, psychological first aid, and substance abuse interventions, exhibit varying levels of engagement and participation. Their feedback indicates that some programs are perceived as highly implemented, while others are seen as less implemented. Overall, the level of implementation of the Mental Health Program in Northern Samar is rated as "moderately implemented," suggesting room for improvement in certain areas. Regarding the significant difference in assessment between implementer participants and clientele participants, it was found that demographic factors, such as age, educational attainment, length of service, monthly income, and seminars attended, do not significantly impact the participants' evaluation of the program's implementation.

Based on these conclusions, the study proposes the following recommendations to enhance the Mental Health Program in Northern Samar:

Develop a Comprehensive Plan: Create a comprehensive plan for the mental health program with specific, achievable goals and objectives. The plan should address the diverse mental health needs of the community and guide the implementation of effective interventions.

Strengthen Collaboration: Foster increased collaboration between Local Government Units (LGUs) and Rural Health Units (RHUs) to secure adequate funding for mental health medications and facilities. A stronger LGU support system will facilitate resource allocation and improve the delivery of mental health services.

Prioritize Mental Health: Advocate for mental health to be given a higher priority in the government's health agenda. This can be achieved through lobbying for increased funding and policy support for mental health initiatives.

Promotion of Mental Health: Formulate health activities that focus on mental health promotion and prevention. Raise awareness about mental health issues and educate the community on recognizing early signs of mental health problems.

Strengthen Patient Support: Increase the fund allocation for mental health medications and create support groups and counseling services. Regular meetings to assess the needs and resources of patients will ensure tailored and effective care.

Establish a Mental Health Core Team: Create a dedicated team of mental health professionals to oversee and coordinate the implementation of the Mental Health Program. This core team can ensure seamless collaboration and improved service delivery.

By implementing these recommendations, Northern Samar can take significant strides towards enhancing its Mental Health Program, ensuring better mental health care for its citizens, and addressing the various challenges faced by both implementer participants and clientele participants.

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