

Mental Health Care Utilization among School-Based Adolescents in La Union, Philippines

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Purpose

This study examined the mental health care utilization among school-based adolescents in the province of La Union, Philippines. It also examined the association between the students' mental health care utilization and socio-demographic characteristics and school related variables.

Methods

This study employed a descriptive, cross-sectional design in assessing the mental health care utilization among a convenience sample of 683 high school (HS) students in two secondary schools in the province of La Union, Philippines. A 2-part self-administered questionnaire was utilized to gather data from September to October 2016. Part 1 collected data on the socio-demographic characteristics. Part 2 consisted of dichotomous questions with yes or no response option which asked the respondents if they have visited or talked or consulted to the listed mental health care personnel or facilities due to feelings of depression, anxiety or stress in the past six months. The list was based on existing questionnaires related to mental health care utilization as well as the availability of the said personnel or facility in the research setting. Frequency count, percentage, and mean were used to describe the demographic characteristics and mental health care utilization of the respondents, as appropriate. Pearson's Chi-square test and Fisher's exact test were used accordingly to examine the relationships between the socio-demographic characteristics and the mental health care utilization. A p-value less than 0.05 was considered significant.

Results

A chi-square test of independence was performed to examine the relation between mental health care utilization and socio-demographic characteristics. The percentage of students who visited their guidance counselor for problems related to depression, anxiety or stress vary significantly between private and public schools, $\chi^2(1, N = 683) = 6.08, p = .014$. Public school students have less percentage/proportion (20.7%) of visiting a Guidance Counselor than private school students (29.0%). On the other hand, the proportion of the respondents who visited a village health clinic in the last 6 months differ by type of school ($\chi^2(1, N = 683) = 22.23, p < .001$), number of friends ($\chi^2(2, N = 683) = 7.62, p = .022$), perceived family financial status ($\chi^2(2, N = 683) = 7.60, p = .022$) and school organization membership ($\chi^2(1, N = 683) = 4.79, p = .029$). Private school students (13.3%) have less percentage of visiting a village health clinic than public school students (29.2%). Moreover, the percentage of the students who visited a village health clinic was higher among students with more than ten friends (26.4%) than students who had only 6 to 10 friends (17.4%) and less than five friends (16.1%). Students who perceived their family as poor

(36.5%) had a higher proportion of visiting a village health clinic than those who perceived their family as rich (31.6%) and at the middle (21.8%). Also, students who were non-members of school organizations (25.9%) had a higher percentage of visiting a village health clinic than students who were involved in school organizations (18.3%).

On the other hand, the percentage of the students who consulted a general practitioner vary significantly by number of friends ($\chi^2(2, N = 683) = 6.08, p = .047$), by involvement to intimate relationship ($\chi^2(1, N = 683) = 6.36, p = .012$) and by membership to sports teams ($\chi^2(1, N = 683) = 4.90, p = .027$). Specifically, students who had less than five friends (24.7%) had a lesser proportion to consult a general practitioner than those who had 6-10 friends (31.4%) and more than ten friends (37.3%). Furthermore, the proportion of students who consulted a general practitioner was lesser in students who had a girlfriend (GF) or a boyfriend (BF, 27.0%) than those without GF or BF (37.4%), and higher in students who were members of sports team (41.5%) than those who were non-members (32.2%).

In terms of consultation to social workers, the proportions varies by community type ($\chi^2(2, N = 683) = 6.37, p = .041$) and financial status ($\chi^2(2, N = 683) = 7.04, p = .030$); the proportion is higher in students who were living in suburban communities (26.7%) than those living in rural (8.7%) or urban (8.1%) areas. Also, the percentage of students visiting a social worker is higher in students who perceived their family as poor (17.5%) than those who were rich (10.5%) or at the middle (7.7%).

Lastly, the percentage of the students who consulted a private practice psychologist, psychotherapist or psychiatrist were dependent on the school organization membership ($\chi^2(1, N = 683) = 2.85, p = .09$) and perceived financial status ($\chi^2(2, N = 683) = 11.21, p = .004$), while the percentage of students who visited an outpatient department of a hospital was dependent on school organization membership ($\chi^2(1, N = 683) = 11.22, p < .001$). The proportion of students who consulted a private practice psychologist, psychotherapist or psychiatrist was higher in students who were members of school organizations (7.9%) than those who were non-members (3.9%). Also, the proportion of students who visited an outpatient department of a hospital was higher in students who were members of school organization (10.4%) than those who were not members (3.7%). Students who perceived that they were rich (21.1%) had a higher proportion to consult a private practice psychologist, psychotherapist or psychiatrist than those who perceived that they were poor (4.8%) or at the middle (4.3%).

Table 2
Mental Health Status and Utilization of Mental Health Care Services (n = 683)

Variable	Frequency	Percentage (%)
Guidance counselor		
Yes	162	23.7
No	521	76.3
School clinic		
Yes	320	46.9
No	363	53.2
Village health clinic		
Yes	160	23.4
No	523	76.6
General practitioner		
Yes	236	34.6
No	447	65.5
Social worker		
Yes	59	8.6
No	624	91.4
Private practice psychologist, psychotherapist or psychiatrist		
Yes	33	4.8
No	650	95.2
Psychologist, psychotherapist or psychiatrist in an outpatient department of a hospital		
Yes	36	5.3
No	647	94.7
Hopeline (a 24-7 suicide counseling hotline)		
Yes	21	3.1
No	662	96.9

Table 1
Socio-demographic Characteristics of the Respondents (n = 683)

Variable	Frequency	Percentage (%)
Age (Mean±SD)	14.52±1.37	
Gender		
Male	373	54.6
Female	310	45.4
Type of school		
Private school	248	36.3
Public school	435	63.7
Grade level		
Grade 7	143	20.9
Grade 8	135	19.8
Grade 9	167	24.5
Grade 10	188	27.5
Grade 11	50	7.3
Religion		
Roman Catholic	508	74.4
Other	175	25.6
Number of family members (Mean±SD)	5.16±1.69	
Family structure		
Nuclear	508	74.4
Single parent	84	12.3
Extended family	62	9.1
Others	29	4.3
Community Type		
Rural	173	25.3
Urban	495	72.5
Sub-urban	15	2.2
Perceived family financial status		
Rich	19	2.8
Middle	601	88.0
Poor	63	9.2
Number of friends		
Less than 5	93	13.6
6 to 10	121	17.7
More than 10	469	68.7
Intimate relationship involvement		
With girlfriend/boyfriend	185	27.1
Without girlfriend/boyfriend	498	72.9
Sports team membership		
Member to a team	171	25.0
Not a member	512	75.0
School organization membership		
Member to an organization	219	32.1
Not a member	464	67.9
Organization leadership position		
Holds leadership position	164	24.0
Does not hold a leadership	519	76.0

Conclusion

The findings suggest an underutilization of mental health care services among school-based adolescents. The results of this study should be used to create a school-based, school nurse-led awareness program that aims to increase the awareness of the students regarding the existing mental health care services in their school and in the community, which they could utilize anytime. It should also be emphasized in the program the significance of seeking help for mental health-related problems.