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MENTAL HEALTH LITERACY, PERCEIVED SOCIAL SUPPORT, AND PSYCHOLOGICAL DISTRESS: A HIERARCHICAL REGRESSION ANALYSIS

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Abstract

This study investigated mental health literacy (MHL), perceived social support, and psychological distress among 138 Filipino special education teachers from private and public schools in Cavite, using validated instruments: the Mental Health Literacy Scale, Multidimensional Scale of Perceived Social Support, and Kessler Psychological Distress Scale. Participants showed high perceived social support (M = 5.89, scale 1-7), strongest from significant others (M = 5.95), then family (M = 5.89) and friends (M = 5.81), signaling strong relational protections against stress. MHL was moderate (M = 3.27, scale 1-5), indicating fair knowledge of disorders, causes, self-help, and resources, but room for enhancement. Distress levels reflected mild severity (M = 21.37, scale 10-50), typical of routine stressors rather than severe pathology. Hierarchical regression treated distress as the outcome. Model 1 found social support explained 6.2% of variance (R^2 = .062, F(1,136) = 8.914, p = .003; β = -.248), confirming modest protective effects. Model 2 incorporated MHL with no added variance (ΔR^2 = .000, F(1,135) = .038, p = .846; β = -.066), yet the full model stayed significant (R^2 = .062, F(2,135) = 4.445, p = .014). Correlations matched expectations: social support (r = -.248) and MHL (r = -.066) inversely linked to distress. Findings validate social support's buffering role in demanding roles, though limited effects suggest influences like workload. Moderate MHL highlights needs in recognition and stigma reduction. Results endorse interventions, peer networks, MHL workshops, policy wellness programs to build resilience, encourage help-seeking, and strengthen mental health support for special educators in under-resourced Philippine contexts, safeguarding teacher wellness and student success.

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Introduction

Mental health is a fundamental component of overall well-being. It is characterized by an individual's capacity to manage daily life stresses, contribute productively to work-related tasks, and actively participate in their community (Fusar-Poli et al., 2020). A related concept, mental health literacy (MHL), pertains to an individual's knowledge and perceptions of mental health disorders. This entails the ability to identify disorders, manage symptoms, and initiate preventative measures (Jorm et al., 1997). Over time, the conceptualization of MHL has evolved to include an understanding of associated stigma (Kutcher et al., 2016).

Evaluating MHL in any population is a vital step in crafting a comprehensive knowledge map of mental health (Kutcher et al., 2016). By evaluating the ability to recognize, manage, and prevent mental disorders, as well as understanding the stigma associated with these conditions, we gather invaluable insights into how society views and understands mental health issues (Javed et al., 2021). This knowledge map plays a pivotal role in detailing the prevailing state of mental health awareness and can provide a basis for formulating targeted educational and interventional programs (Hanisch et al., 2016).

Literature Review

Mental health disorders are widespread on a global scale. Approximately 12.5% of the global population suffers from a mental disorder, which is a leading cause of suicide, particularly among young people. Suicides represent more than 1% of all deaths according to the World Health Organization (WHO, 2022). The effects on families are devastating, and the impact on organizations is significant. The economic toll of mental disorders is substantial, often resulting in absenteeism and decreased work productivity (Greenberg et al., 2015). The breadth of MHL contributes significantly to prevention, early intervention, self-help, and support for people with mental disorders and those in their social circle (Simkis et al., 2020; Tay et al., 2020). On the other hand, low levels of mental health literacy can affect the search for treatment and self-management of psychological problems. This can lead to delays or refusal by individuals with mental disorders to seek help and treatment (Gulliver et al., 2012; Kayrouz et al., 2015; Chaves et al., 2022). MHL is a multidimensional and multilevel construct. It was introduced as the knowledge and beliefs about mental disorders that help their recognition, management, and prevention. In this sense, it has several dimensions related to abilities, knowledge, and attitudes (Jorm et al., 1997). Since then, several attempts to measure the level of mental health literacy have been made, some of which have expanded the construct to include dimensions related to behaviors, social stigma, and access to mental health treatments (Abrams et al., 2014; O'Connor and Casey, 2015; Wei et al., 2015; Moll et al., 2017). The level of MHL varies according to the individual's socioeconomic characteristics. Variations are observed according to gender (Dessauvagie et al., 2022; Lee et al., 2020; Dias Neto et al., 2021); age (Dessauvagie et al., 2022; Lee et al., 2020; Dias Neto et al., 2021;), education (Moll et al., 2017; Dessauvagie et al., 2022; Dias Neto et al., 2021;), income (Snow et al., 2023), and cultural context (Brooker and Tocque, 2023). Furthermore, people who have a previous diagnosis of a mental disorder (O'Connor & Casey, 2015; Dessauvagie et al., 2022; BinDhim et al., 2023; Brooker and Tocque, 2023; Zeng et al., 2023), or family members of these people (O'Connor & Casey, 2015; Dessauvagie et al., 2022; BinDhim et al., 2023; Brooker & Tocque, 2023), and healthcare practitioners (O'Connor & Casey, 2015; Brooker & Tocque, 2023) also tend to have higher levels of mental health literacy. The Mental Health Literacy Scale (MHLS), proposed by O'Connor and Casey (2015), is relevant to the literature on the topic (Tavousi et al., 2022) and has been validated in different cultural contexts (Dang et al., 2018; Dias Neto et al., 2021; BinDhim et al., 2023; Krohne et al., 2022; Snow et al., 2023). Psychological distress and mental well-being are vital components of overall mental health (Keyes, 2007).

Psychological distress refers to emotional suffering and symptoms of mental health disorders; on the

other hand, mental well-being encompasses positive mental states such as happiness, life satisfaction, and fulfillment (Huppert & So, 2013). According to the WHO, mental well-being is a state in which an individual realizes their abilities to cope with the normal stresses of life, work productively, and contribute to the community. It includes cognitive, emotional, and behavioral responses at a personal level. Some may also interpret mental well-being as determined by external stimulants and factors. In recent years, there has been increasing recognition of the importance of both psychological distress and mental well-being in understanding mental health outcomes.

Psychological distress can impair daily functioning, lead to reduced productivity, and increase the risk of developing mental health disorders (Cuijpers et al., 2010). Conversely, high levels of mental well-being are associated with better physical health, greater resilience to stress, and improved overall quality of life (Keyes, 2007). Understanding the relationship between psychological distress and mental well-being is crucial for developing effective interventions to promote mental health and well-being. Research has shown that psychological distress and mental well-being are not simply two ends of a single continuum but are distinct yet interrelated constructs (Lamers et al., 2011).

Recent studies on burnout and resilience among special education teachers reveal nuanced patterns influenced by workload, support systems, and innovative practices. For instance, Al-Dababneh et al. (2026) reported moderate psychological burnout regarding emotional exhaustion alongside low depersonalization and a sense of reduced personal accomplishment. Similarly, Poggi et al. (2026) identified strong links between personal, work-related, and student-related burnout among Italian school assistants' personal, work-related, and student-related burnout with organizational, motivational, and role factors.

Resilience, meanwhile, thrives on relational and institutional supports. Topuz and Aslan (2026) showed that robust administrative backing and strong colleague compatibility drive higher resilience. They urge stronger teamwork and psychological programs, especially for educators of students with severe disabilities. Pettus (2026) found that despite sparse resources, special education teachers extended themselves for students, finding meaning in personal connections and progress milestones.
Moreover, Zakai-Mashiach (2026) highlighted how innovation boosted teachers' sense of purpose and confidence while helping prevent burnout by refreshing daily routines and keeping motivation high.

Compared to other populations, special education (SpEd) teachers frequently experience higher levels of psychological distress. Research shows they report elevated stress levels, which predict symptoms of anxiety and depression (Fedoseeva, 2023; Potter et al., 2021). Filipino SpEd teachers, in particular, face serious mental health issues such as high workplace stress and social isolation (Salao, 2024). In a study of Dotimas (2022), the majority of indicators, such as stagnant career growth and unfavorable work environments, cause significant work-related stress among Filipino SpEd teachers in the Philippines. Despite these studies, current research is often small-scale or focuses on general teachers, leaving SpEd-specific issues underexplored. While most research focuses on foreign educators, a few local ones highlight challenges like heavy workloads and poor working conditions (Uy et al., 2024). For instance, Dotimas (2023) examined a small sample from Pasay City schools, underscoring the need for a broader scope and additional variables. Also, nationwide trends in Philippine settings also emphasize inclusive general education over specialized SpEd (Cailo et al., 2025). These gaps highlight the necessity of conducting more comprehensive research on the psychological distress of Filipino SpEd teachers to inform targeted interventions and policies.

Mental health literacy, which includes knowledge about mental disorders, their treatment, and how to seek help, is essential for early detection and intervention. Improving mental health literacy can lead to better health outcomes by reducing stigma and encouraging timely help-seeking behavior (Jorm, 2000). Social support, which encompasses emotional, instrumental, informational, and appraisal support from

others, plays a critical role in buffering against psychological distress. Strong social networks can mitigate the effects of stress and promote mental well-being (Cohen & Wills, 1985). Reducing Psychological distress, which includes symptoms of anxiety, depression, and stress, can significantly impair daily functioning and quality of life. Understanding the factors that contribute to psychological distress and identifying effective interventions can help alleviate its impact (Kessler et al., 2002). Studies have shown that mental health literacy can influence social support and psychological distress. For instance, better mental health literacy can lead to more effective use of social support resources, which in turn can reduce psychological distress (Lam et. al., 2010). Understanding these areas can inform public health policies and mental health practices. For example, educational programs aimed at increasing mental health literacy can be implemented in schools, workplaces, and communities to improve overall mental health outcomes (Kutcher et. al., 2016). Enhancing mental health literacy can reduce the stigma associated with mental illness, which is a significant barrier to seeking help. Reduced stigma can lead to better social support and reduced psychological distress (Corrigan, 2004). For SpEd teachers, mental health literacy promotes inclusive settings, coping mechanisms, and smooth transitions for students using special services (Ramakrishnan et al., 2026). Yet, these benefits remain underexplored due to limited studies.

The present study aimed to investigate Filipino special education teachers' mental health literacy, perceived social support, and psychological distress through the use of self-report survey questionnaires such as the Mental Health Literacy Scale, Multidimensional Scale of Perceived Social Support, and Kessler Psychological Distress Scale. Likewise, this study also aimed to find if mental health literacy and perceived social support explain a statistically significant amount of variance in psychological distress. This present study's findings may provide relevant information that can serve as a basis for developing and improving mental health services offered among special education teachers in private and public schools in Cavite, Philippines.

1.1Statement of the Problem

1. What is the level of perceived social support of the respondents in terms of:
    1.1 Significant others
    1.2 Family
    1.3 Friends
2. What is the level of psychological distress and mental health literacy of the respondents?
3. How much variance in psychological distress and mental health literacy is explained by perceived social support?

1.2 Hypothesis

Perceived social support does not significantly explain the variance in psychological distress and mental health literacy.

Methodology

Respondents and Sampling

The study involved 138 SpEd teachers from public and private schools in Cavite. A purposive sampling technique was employed to select participants who were best suited to provide specialized insights into the mental health needs of the special education sector. The study employed a purposive sampling technique to select the participants. This method relies on the researchers' skills and judgment to choose individuals who are best suited to answer the research questions. As stated by Nurs (2020), purposive sampling efficiently utilizes limited research resources by selecting respondents most likely to provide relevant and helpful information. Using this technique, the researchers selected special education (SpEd)

teachers from public and private schools and centers in the province of Cavite to complete the survey questionnaires. To determine the appropriate sample size, the researchers used G*Power (Erdfelder et al., 1996), a statistical software that calculates statistical power through various tests. A power analysis was conducted before data collection to ensure that the minimal sample size required to achieve sufficient power to detect an effect was determined.

Research Instruments

To accurately measure MHL, perceived social support, and stigma levels, the researchers employed the use of previously studied and validated survey instruments. The first questionnaire, entitled "Mental Health Literacy Scale (MHLS)", measured participants' degrees of knowledge about mental health. The respondents need to rate how much they agree with each item on a Likert-type scale. The survey consisted of 35 questions separated across 6 different categories: recognition of disorders, knowledge of risk factors and causes, knowledge of self-treatments, knowledge of professional help available, knowledge of how to seek mental health information, and attitudes that promote recognition and appropriate help-seeking. The total score is produced by summing all items after reversing all inversely scored items (10, 12, 15, and 20 to 28). Questions with a 4-point scale are rated 1- very unlikely/unhelpful, 4 – very likely/helpful, and for a 5-point scale, 1 – strongly disagree/definitely unwilling, 5 – strongly agree/definitely willing. The maximum score possible is 160, while the minimum score is 35 (O'Connor & Casey, 2015). The researchers used the mean of scores, whereas 4.51 to 5.00 means a very high level; 3.51 to 4.50 means a high level; 2.51 to 3.50 means a moderate level; 1.51 to 2.50 means a low level, and 1.00 to 1.50 means a very low level of mental health literacy.

To calculate the perceived social support levels in participants, the researchers used the Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et.al., (1988) which is comprised of 12 items across 3 subscales: significant other subscales (items 1, 2, 5, & 10), family subscale (items 3, 4, 8, & 11), and friends' subscale (items 6, 7, 9, & 12). Participants rate how strongly they agree with each item on a Likert-type scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). A composite score was created by calculating the mean of all 12 items. Scores ranging from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score of 5.1 to 7 could be considered high support.

Finally, to calculate psychological distress among the respondents, the Kessler Psychological Distress Scale (K10) was used, which asks respondents 10 questions about emotional states, each with a five-level response scale. Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress, and high scores indicate high levels of psychological distress. More specifically, a score of 10 to 19 means likely to be well; 20 to 24 means likely to have a mild disorder; 25 to 29 means likely to have a moderate disorder; and 30 to 50 means likely to have a severe disorder (Kessler et. al., 2003).

Data Gathering

The study obtained ethical approval before commencing data collection. After receiving permission from the respondents, the researchers secured a signed informed consent form that outlined the nature of the study and the scope of their participation. The questionnaires were distributed in paper-based format with clear instructions. The respondents then completed the MHLS, MSPSS, and K10 questionnaires in a classroom setting, which took approximately 20 minutes. Following data collection, the researchers scored all the test questionnaires and analyzed the results using Jamovi and Microsoft Excel, at a significance level of 0.05. The data contained confidential information, so the participants and institutions were informed of the privacy measures employed, including the use of assigned codes to

protect participant identities. Participation was voluntary, and participants could withdraw at any time without penalty. The researchers will destroy or delete the data after the study, following the Philippine Data Privacy Act.

Statistical Analysis

Descriptive and inferential statistics were used to analyze the data, and were all performed on SPSS version 23. Measures of central tendency were used to describe the level of perceived social support, psychological distress, and mental health literacy. Hierarchical regression analysis was employed, where the first model corresponded to social support and psychological distress, while the second model involved social support and mental health literacy, and psychological distress. Regression analysis requires some assumptions to be true. The Shapiro–Wilk and Kolmogorov-Smirnov test of significance produced a value of 0.000, which is statistically significant. This unfortunately does not meet the requirement for normality. Since both were significant, it can be concluded that the dependent variable is not normally distributed. This, however, is not the sole basis to continue the analysis as there are other assumptions to be considered. For instance, the Normal P-P plot shows that the points generally follow the diagonal line, indicating that the assumption of normality of residuals is met. The scatter plot, on the other hand, shows that the data points are evenly distributed around the zero line, suggesting that the assumption of homoscedasticity is met.

Concerning sample size, the number of 138 respondents in the analysis was deemed sufficient. Regarding the residual statistics, the standard residuals fall within a minimum of (-2.140) and a maximum of (3.406), which are both within the desired range of -3 to 3. Cook's distance is used in regression analysis to find influential outliers in a set of variables. The maximum Cook's Distance value of 0.229 is less than 1, indicating no influential outliers.

In addition, psychological distress is negatively correlated with social support (-0.248) and mental health literacy (-0.066), which is in the expected direction. Social support and mental health literacy are positively correlated (0.201), but the value is less than 0.7, indicating no multicollinearity concerns. The predictor variables, social support and mental health literacy, are correlated with the outcome variable, psychological distress, at -0.248 and -0.066, respectively, which are both greater than the desired threshold of 0.3.

Findings

There are 138 respondents who participated in this research through the use of total population sampling. Table 1 provides a general overview of the perceived social support of the participants per sub variable, namely significant others, family, and friends. On average, most of the respondents reported a 'high perceived social support'. Among the three sub-variables, significant others showed the highest level with an overall mean of 5.95, followed by family and friends. The researchers selected psychological distress to be the dependent variable. For the first model, psychosocial support was used, followed by mental health literacy in the second model to understand their influence capacity above the variables in the first model.

Table 1
Level of Perceived Social Support, Psychological Distress, and Mental Health Literacy

Variable	*Mean*	*Interpretation*
Significant others	5.95	High Support
Family	5.89	High Support

Friends	5.81	High Support
Total	5.89	High Support
Psychological Distress	21.37	Likely to have a mild disorder
Mental Health Literacy	3.27	Moderate level of mental health literacy

Table 2 presents the model summary of the R-square, Adjusted R-square, and R-square changes associated with each step in the hierarchical regression. The first model with an R-square of 0.062 suggests that perceived social support only accounts for 6.2 percent of the variance in psychological distress. The adjusted R-squared is also too small to be considered. The results of model 2 indicate a very slight improvement, where R only increases by one point (.248 to .249). The R-squared value is the same as model 1. The F value changes from 8.914 to .038.

Table 2
Hierarchical Regression Model Summary

Model	*R*	*R Square*	*Adjusted R Square*	Std. Error	R	F Change	df1	df2	Sig. F Change
1	*.248a*	.062	.055	7.60993	.062	8.914	1	136	.003
2	.249b	.062	.048	7.63699	.000	.038	1	135	.846

The model summary table shows that the R-square change value is 0.062 for model 1 and .000 for model 2, indicating that perceived social support explains 6.2% of the variance in psychological distress, while Mental Health Literacy explains no variance in psychological distress. This is considered a small to medium effect size. The ANOVA test in Table 3 shows a statistically significant p-value of 0.003 for model 1 and .014 for model 2, indicating that the overall model is significant.

Table 3
ANOVA results

Model		*Sum of Square*	*d.f*	*Mean Sqaure*	*F*	*Sig*
1	Regression	516.245	1	516.245	8.914	.003
	Residual	7875.097	136	57.911		
	Total	8392.152	137			
2	Regression	518.458	2	259.229	4.445	.014
	Residual	7873.695	135	58.324		
	Total	8392.152	137			

Discussion

This study examined the relationship between perceived social support, mental health literacy, and psychological distress among special education teachers in Cavite. The findings highlight the important role of interpersonal support systems in mitigating psychological distress among educators working in demanding teaching environments. Special education teachers frequently encounter emotional and professional pressures due to the complex learning and behavioral needs of their students. In such contexts, the presence of strong support systems from family, friends, and significant others may provide

emotional reassurance, practical guidance, and coping resources that help teachers manage occupational stress.

The results indicate that perceived social support plays a protective role in reducing psychological distress. This finding aligns with previous research suggesting that social support functions as a psychological buffer during stressful experiences. Individuals who perceive higher levels of support from their social networks often demonstrate greater emotional resilience and improved coping strategies. Similarly, Khatiwada et al. (2021) reported that psychological distress is negatively associated with perceived social support, emphasizing that supportive relationships can help reduce emotional strain. For special education teachers, encouragement and understanding from close social connections may help alleviate work-related pressures and foster a greater sense of psychological stability.

The findings also highlight that mental health literacy alone does not significantly predict psychological distress. Although respondents demonstrated a moderate level of mental health literacy, this knowledge did not substantially reduce the experience of distress when considered alongside perceived social support. One possible explanation is that awareness and knowledge of mental health conditions do not automatically translate into improved emotional well-being. Psychological distress is often influenced by immediate environmental stressors such as workload, professional responsibilities, and classroom challenges. As a result, knowledge about mental health may not directly reduce distress unless accompanied by practical coping resources or institutional support.

This interpretation is consistent with the work of Yang et al. (2024), who found that mental health literacy can enhance individuals' awareness and understanding of mental health issues while also improving perceptions of available social support. Rather than directly reducing distress, mental health literacy may function as a facilitator that encourages individuals to recognize symptoms and seek professional assistance when needed. In this sense, literacy may operate more as a preventive or help-seeking mechanism rather than an immediate buffer against current emotional strain.

Similarly, Zhang et al. (2023) reported that mental health literacy, perceived social support, and subjective well-being are positively related among both urban and rural populations. Their findings suggest that literacy contributes to broader psychological well-being when combined with supportive social environments. In the context of special education teachers, this relationship may indicate that knowledge about mental health becomes more effective when supported by strong interpersonal networks and accessible mental health resources.

Conclusion

The study concludes that among Filipino special education teachers, perceived social support serves as a significant, though modest, protective buffer against psychological distress, explaining 6.2% of its variance. Respondents reported high levels of social support, particularly from significant others, followed by family and friends, which highlights the importance of relational protections in demanding occupational roles. While participants displayed a moderate level of mental health literacy, this knowledge did not provide additional predictive power for current psychological distress, suggesting that understanding mental health disorders may function more as a tool for seeking help rather than a

direct mitigator of active symptoms. The recorded psychological distress fell within the mild severity range, indicating it is likely a reflection of routine stressors rather than severe pathology. Given these findings, the sources emphasize the need for interventions such as peer support networks, mental health literacy workshops to reduce stigma, and policy-driven wellness programs to enhance resilience and encourage proactive help-seeking among special educators.

Limitations

Despite the contributions of this study, several limitations should be acknowledged. First, the study involved a sample of 138 respondents, which may limit the statistical power and generalizability of the findings. Although total population sampling was used within the selected group, the sample size remains relatively small for drawing broader conclusions about special education teachers in the Philippines. Second, the participants were drawn from a single province in Cavite, which restricts the geographic scope of the findings. Educational systems, working conditions, and available support services may vary across different regions of the country. As a result, the experiences of special education teachers in other provinces may differ from those represented in this study.

Third, the research relied on self-report questionnaires, which may introduce response bias. Participants may have reported socially desirable responses or may have interpreted the survey items differently based on their subjective experiences and perceptions. Finally, the study employed a cross-sectional research design, which limits the ability to determine causal relationships among the variables. While associations between perceived social support and psychological distress were found, it cannot be concluded that social support directly causes reductions in distress. Longitudinal research designs would provide stronger evidence for understanding how these variables influence each other over time. Future studies may address these limitations by including larger and more diverse samples, incorporating participants from multiple regions, and employing longitudinal or mixed-method research approaches to gain deeper insights into the mental health experiences of special education teachers.

Co-Author Contribution

Author 1 carried out the fieldwork, prepared the literature review, and oversaw the whole article's write-up. Authors 2, 3, and 5 wrote the research methodology and did the data entry and statistical analysis. Author 4 organized every detail, checked the grammatical structure of it, scrutinized the overall quality of the paper, and reformatted it based on the template.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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