

Original Article

Cultivating Caring Workplaces: Mental Health Literacy, Organizational Culture, and Employee Performance in a Philippine State University

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Abstract. This mixed-methods study examines the relationship between mental health literacy, organizational culture, and employee performance in a higher education institution, addressing the limited empirical evidence on workplace mental health among university employees beyond student populations. Using a convergent parallel design, quantitative data were collected from 137 teaching and non-teaching employees through a structured survey measuring mental health literacy (knowledge, attitudes, and help-seeking behaviors) and self-reported employee performance. Qualitative data were gathered through semi-structured interviews with 10 purposively selected participants to explore how mental health literacy is embedded in organizational culture. Quantitative results indicated moderate to high levels of mental health literacy and generally positive employee performance. Correlation and regression analyses showed that all dimensions of mental health literacy were significantly associated with employee performance, with help-seeking behavior emerging as the strongest predictor. No significant differences were found across sex, age, or employment classification, although attitudes toward mental health differed by years of service. Qualitative findings revealed that mental health literacy shapes organizational culture through openness, empathy, psychological safety, supportive leadership, and productivity orientation. In contrast, low literacy was associated with stigma, maladaptive coping, and disengagement. Integration of quantitative and qualitative findings suggests that mental health literacy functions not only as an individual capability but also as an organizational resource that influences workplace culture and performance. The study highlights the importance of institution-level mental health initiatives, supportive leadership practices, and accessible support systems in fostering a caring organizational culture and enhancing employee performance in higher education settings.

Keywords: *Employee performance; Higher Education Institutions; Mental Health Literacy; Mixed-method research; Philippines.*

Mental health in the workplace has emerged as a critical global concern, particularly in the post-pandemic period marked by heightened job demands, organizational uncertainty, and persistent psychosocial stressors. As organizations confront increasing pressures related to productivity and workforce sustainability, employee mental health has become central to organizational effectiveness rather than a peripheral welfare issue. According to the World Health Organization (2022), approximately 15% of working-age adults

experience mental disorders, with depression and anxiety accounting for substantial productivity losses worldwide. Beyond indicating prevalence, this statistic underscores organizational responsibility to create environments that prevent mental health deterioration and support employees' psychological functioning. Recent frameworks emphasize that workplace mental health should be treated as a core organizational function, integrating prevention, early intervention, and managerial support into everyday operations rather than as isolated welfare initiatives (Ballard et al., 2025).

Within this global discourse, mental health literacy has gained prominence as a key protective factor in the workplace. Mental health literacy refers to knowledge of mental health conditions, attitudes toward mental illness, and help-seeking behaviors that enable individuals to recognize, manage, and respond appropriately to psychological distress (Sweileh, 2021). Empirical studies show that higher levels of mental health literacy are associated with reduced stigma, improved well-being, and more adaptive coping among employees (Özparlak et al., 2023; Awan et al., 2025). However, international evidence also indicates that individual knowledge alone is insufficient. Organizational culture and leadership practices play a decisive role in determining whether mental health literacy is translated into supportive behaviors and sustained performance (Monteiro & Joseph, 2023; Khalid & Syed, 2023).

Organizational culture serves as a critical contextual factor linking employee well-being and performance. Supportive cultures characterized by psychological safety, open communication, and empathetic leadership are associated with higher engagement and productivity, whereas unsupportive environments intensify stress, burnout, and disengagement (Lu et al., 2022; José et al., 2025). Recent research further highlights that mental health-supportive leadership and institutional commitment enhance employees' willingness to seek help and maintain performance under pressure (Gayed et al., 2018; Lindert et al., 2023). These findings suggest that mental health literacy functions not only as an individual capability but also as an organizational resource embedded within workplace norms and practices. Organizational culture has also been shown to influence employee engagement and performance through shared values, norms, and managerial practices that shape motivation, accountability, and work behavior (Aldoy & McIntosh, 2023)

However, less attention has been given to the experiences of higher education employees, particularly in low- and middle-income contexts. While student mental health has received considerable scholarly and policy attention, faculty and staff face comparable psychosocial demands related to teaching loads, administrative responsibilities, role ambiguity, and performance expectations. Evidence from higher education institutions indicates that implementing workplace mental health initiatives is often constrained by role complexity, limited resources, and competing academic priorities (Coats et al., 2024). In the Philippines, national mental health policies emphasize promotion and prevention, yet institutional initiatives remain uneven across universities and are frequently reactive rather than sustained organizational strategies (Gonzalo & Alibudbud, 2024). Existing local research has primarily focused on awareness or prevalence, with limited examination of how institutional environments enable or constrain help-seeking behaviors and work performance (Lampitoc et al., 2022).

Addressing this gap, the present study examines the relationships among mental health literacy, organizational culture, and employee performance in a Philippine higher education institution using a convergent parallel mixed-methods design. Specifically, the study investigates: (1) the level of mental health literacy and employee performance among university employees; (2) the relationships between mental health literacy dimensions and employee performance; and (3) how organizational culture shapes the integration of mental health literacy into workplace practices. By integrating quantitative and qualitative evidence, the study aims to contribute context-specific empirical insights to the literature on workplace mental health in higher education and to inform institutional policies and practices that foster psychologically healthy and high-performing academic workplaces.

Methodology

Research Design

A convergent parallel mixed-methods design was used, in which quantitative and qualitative data were collected concurrently, analyzed separately, and integrated during interpretation. This design was selected because it allows numerical trends to be examined alongside employees' lived experiences, thereby providing richer insights than a single-method approach alone. The design emphasizes complementarity and triangulation, strengthening the validity and contextual interpretation of findings (Creswell & Plano Clark, 2018).

Participants and Sampling Technique

The study population consisted of teaching and non-teaching employees from selected campuses of a Philippine state university. For the quantitative component, 137 employees were selected through stratified random sampling to ensure proportional representation across employment classifications. The sample size was determined using a 95% confidence level, 5% margin of error, and a 50% response distribution. Inclusion criteria were full-time employment status and at least 6 months of service, while part-time staff and external contractors were excluded. For the qualitative component, 10 participants were selected using purposive sampling to capture variation in employment role and years of service. Participants were selected based on their willingness to participate and their ability to articulate experiences related to mental health, organizational culture, and work performance.

Research Instrument

Quantitative data were collected using a researcher-developed questionnaire measuring mental health literacy and employee performance. Mental health literacy was assessed across three dimensions—knowledge, attitudes, and help-seeking behaviors—based on established mental health literacy frameworks and workplace mental health instruments (Sweileh, 2021; Özparlak et al., 2023). Employee performance items focused on task completion, engagement, and self-regulated work behavior. Subject-matter experts evaluated content validity, and pilot testing with 20 employees yielded acceptable internal consistency (Cronbach's alpha > .70 for all scales). On the other hand, qualitative data were gathered using a semi-structured interview guide designed to explore perceptions of mental health, organizational culture, leadership practices, and work performance. The guide was reviewed for clarity and alignment with the study objectives.

Data Gathering Procedure

Quantitative data were collected through printed and online questionnaires administered during non-instructional hours over two weeks. Qualitative data were obtained through individual semi-structured face-to-face or secure video-conferencing interviews, each lasting approximately 30–45 minutes. Informed consent was obtained from all participants prior to data collection.

Data Analysis Procedure

Quantitative data were analyzed using descriptive statistics, independent-samples t-tests, one-way ANOVA, Pearson's correlation, and multiple regression, following standard statistical procedures (Field, 2018). Assumptions of normality, homogeneity of variance, and multicollinearity were tested prior to inferential and regression analyses. To avoid unnecessary detail, only results relevant to the research questions were reported. Qualitative data, on the other hand, were analyzed using thematic analysis following Braun and Clarke's six-phase framework (Braun & Clarke, 2006). Trustworthiness was ensured through member checking, peer debriefing, and audit trails. Quantitative and qualitative findings were integrated during interpretation through triangulation.

Ethical Considerations

Ethical approval was obtained from the institutional ethics review committee prior to data collection. Participation was voluntary, and written informed consent was secured from all participants. Anonymity and confidentiality were ensured through coding and secure data storage. No identifying information was disclosed, and participation was not linked to employment evaluation or administrative decisions.

Results and Discussion

Demographic Profile of Respondents

Table 1. Demographic Profile of Respondents by Age

Age Group	Frequency	Percentage (%)
30-39	50	36.5%
40-49	38	27.7%
20-29	37	27.0%
50-59	10	7.3%
60+	2	1.5%
Total	137	100.0

The demographic profile indicates that the university workforce is composed mainly of early- to mid-career employees, with most respondents aged 20 to 49. Employees in these career stages are often exposed to increasing

job demands, role transitions, and performance expectations, which may heighten vulnerability to work-related stress and mental health concerns (Oakman et al., 2020). This demographic context is relevant for interpreting the mental health literacy and performance outcomes observed in the study.

Table 2. Demographic Profile of Respondents by Sex

Sex	Frequency	Percentage (%)
Female	73	53.3%
Male	61	44.5%
Prefer not to say	3	2.2%
Total	137	100.0%

In terms of sex, the workforce is predominantly female, reflecting staffing patterns commonly observed in higher education institutions. Although previous studies suggest that female employees may be more open to discussing mental health and seeking help, these differences do not consistently translate into differences in work performance (Harris et al., 2022). In the present study, sex did not significantly differentiate mental health literacy or employee performance, suggesting that organizational context may exert a more decisive influence than gender.

Table 3. Demographic Profile of Respondents by Employment Classification

Employment Classification	Frequency	Percentage (%)
Faculty	79	57.7%
Non-Teaching Staff	54	39.4%
Administrative	4	2.39%
Total	137	100.0%

Regarding employment classification, respondents were primarily faculty and non-teaching staff, representing the institution's core academic and operational functions. Both groups experience distinct yet comparable psychosocial demands, particularly in environments with high workloads and limited institutional support (Hammoudi et al., 2023). The absence of significant differences across employment classifications supports the view that mental health literacy and performance are shaped more by shared organizational conditions than by job role alone.

Table 4. Demographic Profile of Respondents by Years of Experience

Years of Work Experience	Frequency	Percentage (%)
6-10 years	52	38%
1-5 years	44	32.1%
Over 15 years	18	13.1%
Less than 1 year	14	10.2%
11-15 years	9	6.6%
Total	137	100.0%

Regarding years of experience, most respondents were in the early to mid-tenure range. Prolonged exposure to organizational culture and leadership practices has been shown to influence employees' attitudes toward mental health over time (Laditka et al., 2023), providing important context for subsequent findings on tenure-based differences in mental health attitudes.

Mental Health Literacy

Table 5a. Level of Mental Health Literacy of University Employees

Indicator	Mean	Verbal Interpretation
A4. I understand how work stress affects mental health.	3.62	Agree
A2. I am aware of available mental health services within or outside the university.	3.55	Agree
A3. I am confident in the steps to seek professional help for mental health concerns.	3.47	Agree
A1. I can identify basic symptoms of common mental disorders.	3.44	Agree
Overall Weighted Mean	3.52	Agree

Overall, respondents demonstrated moderate to high levels of mental health literacy, indicating a generally informed workforce. Knowledge-related indicators received the highest ratings, suggesting that employees are familiar with common mental health concerns, work-related stress, and available support services. This finding is consistent with evidence that mental health awareness has increased in workplace settings following public health

campaigns and institutional initiatives, particularly in the post-pandemic period (Sweileh, 2021; Özparlak et al., 2023). At the same time, the relatively high mean scores suggest a possible ceiling effect, indicating limited differentiation at higher levels of knowledge.

Table 5b. *Level of Mental Health Literacy in Terms of Attitudes*

Indicator	Mean	Verbal Interpretation
B1. I believe people with mental health problems can recover fully.	3.70	Agree
B2. I believe mental health should be openly discussed in the workplace.	3.68	Agree
B3. Mental health concerns should be kept private and not discussed at work. (Reverse Coded)	2.10	Agree
Overall Weighted Mean	3.49	Agree

Attitudes toward mental health were generally favorable, reflecting openness to discussion and belief in recovery from mental health challenges. It should be noted that the item indicating that mental health concerns should be kept private was reverse-coded, such that agreement reflects rejection of stigmatizing beliefs. Positive attitudes toward mental health are widely recognized as a necessary condition for reducing stigma and fostering supportive workplace behaviors (Shahwan et al., 2020).

Table 5c. *Level of Mental Health Literacy in Terms of Help-Seeking*

Indicator	Mean	Verbal Interpretation
C2. I know how to support a colleague showing signs of mental distress.	3.50	Agree
C1. I am comfortable discussing mental health issues with colleagues when necessary.	3.42	Agree
Overall Weighted Mean	3.46	Agree

Help-seeking behaviors, although positively rated, were comparatively weaker than knowledge and attitudes. This pattern suggests a gap between awareness and action, wherein employees may understand mental health issues and endorse supportive views but remain hesitant to seek or initiate support. Similar trends have been reported in organizational settings, where stigma, fear of judgment, and uncertainty about confidentiality continue to inhibit help-seeking despite adequate mental health literacy (Yang et al., 2023; Huang et al., 2025). Employees' willingness to seek support is closely tied to perceptions of psychological safety and anticipated consequences of disclosure within the workplace, which can either facilitate or inhibit proactive help-seeking (McGrath et al., 2023).

Employee Performance

Table 6. *Perceived Quality of Employee Performance Among University Employees*

Indicator	Mean	Verbal Interpretation
I consistently meet deadlines and complete assigned tasks.	3.58	Agree
I remain productive even during stressful situations.	3.47	Agree
I manage my workload effectively.	3.45	Agree
I actively contribute to my team's or department's goals.	3.55	Agree
I am motivated and engaged in my daily work.	3.52	Agree
I believe my mental health condition influences my job performance and productivity.	3.39	Neutral
I maintain quality in my work despite personal or emotional challenges.	3.50	Agree
I find my job meaningful and aligned with the university's mission.	3.54	Agree
Overall Weighted Mean	3.52	Agree

Respondents reported generally positive perceptions of their work performance, indicating consistent task completion, engagement, and contribution to organizational goals. These findings align with studies showing that employees often maintain performance through adaptive coping strategies and professional commitment, even in the presence of work-related stressors (Lu et al., 2022).

Notably, perceptions of mental health's influence on performance were more neutral than those for other indicators. This suggests that employees may underestimate or normalize the impact of mental health on productivity. Prior research indicates that stress-related impairment is frequently accepted as part of professional life, which can delay help-seeking and organizational intervention (Khalid & Syed, 2023). This finding reinforces the importance of framing mental health literacy as an applied concept that explicitly links well-being to sustainable performance. This tendency to normalize stress-related impairment as part of professional life has been observed across occupational groups, particularly in environments characterized by prolonged uncertainty and high emotional demands (Hayes-Mejia & Stafström, 2023).

Differences in Mental Health Literacy and Employee Performance Differences by Age Group by Sex

Table 7. Comparison of Mental Health Literacy and Employee Performance When Grouped by Sex

Variable	Male (M ± SD)	Female (M ± SD)	t	p
Knowledge	2.75 ± 0.35	3.54 ± 0.40	-2.65	.120
Attitudes	3.33 ± 0.47	2.61 ± 0.39	1.96	.231
Help-Seeking	2.50 ± 0.71	3.33 ± 0.26	-1.63	.335
Employee Performance	2.94 ± 0.09	3.25 ± 0.48	-1.52	.182

Inferential analysis showed no statistically significant differences in mental health literacy (knowledge, attitudes, and help-seeking) or in employee performance across sex groups. Although descriptive trends indicated slightly higher scores among female employees, these differences did not reach statistical significance. This finding suggests that, within the university context, mental health literacy and perceived performance are more strongly shaped by shared organizational conditions than by gender. Similar results have been reported in workplace studies, indicating that while gender may influence attitudes toward help-seeking, organizational culture and access to support play a stronger role in determining outcomes (Harris et al., 2022).

Differences by Age Group

Table 8. Comparison of Mental Health Literacy and Employee Performance When Grouped by Age

Variable	F	p
Knowledge	2.32	.464
Attitudes	1.42	.226
Help-Seeking	2.33	.463
Employee Performance	1.58	.543

Results further indicated that age did not significantly differentiate mental health literacy dimensions or employee performance. While minor variations were observed across age groups, these differences were not statistically meaningful. This finding aligns with recent evidence suggesting that workplace mental health outcomes are less influenced by chronological age than by contextual factors such as leadership support, workload, and institutional norms (Aust et al., 2024). The absence of age-based differences implies that mental health initiatives can be implemented inclusively across age groups without requiring age-specific modifications.

Differences by Employment Classification

Table 9. Comparison of Mental Health Literacy and Employee Performance When Grouped by Employment Classification

Variable	F	p
Knowledge	1.10	.341
Attitudes	2.24	.115
Help-Seeking	0.55	.579
Employee Performance	0.29	.747

No significant differences were found in mental health literacy or employee performance across employment classifications (faculty, non-teaching, and administrative staff). Although faculty members exhibited marginally higher literacy and performance scores, these differences were not statistically significant. This result supports prior research emphasizing that mental health literacy and performance are not inherently tied to job roles but are influenced by organizational support systems and leadership practices that span employment categories (Lindert et al., 2023).

Differences by Years of Experience

Table 10. Comparison of Mental Health Literacy and Employee Performance When Grouped by Years of Experience

Variable	F	p
Knowledge	1.97	.124
Attitudes	3.93	.011*
Help-Seeking	0.43	.729
Employee Performance	1.08	.363

*p < .05

Analysis by years of experience revealed a statistically significant difference in attitudes toward mental health, while knowledge, help-seeking behaviors, and employee performance did not differ significantly. This finding suggests that prolonged exposure to organizational culture and leadership practices may shape employees' perspectives and openness toward mental health over time. Previous longitudinal studies have similarly noted that tenure influences mental health attitudes, potentially due to accumulated workplace experiences and evolving coping strategies (Laditka et al., 2023). The absence of differences in knowledge and behavior further indicates that experience alone does not guarantee improved help-seeking or performance outcomes.

Relationship Between Mental Health Literacy and Employee Performance

Table 11. Relationship Between Mental Health Literacy and Employee Performance

Variable	r	p
Knowledge	.223	.009*
Attitudes	.196	.022*
Help Seeking	.394	.001

*p < .05, **p < .01

Correlation analysis demonstrated that all dimensions of mental health literacy were positively and significantly associated with employee performance, with help-seeking behavior showing the strongest relationship. This indicates that employees who are more willing to seek support tend to report better work performance. The strength of this association highlights the practical importance of reducing stigma and enhancing access to support services. Similar findings have been reported in workplace research showing that help-seeking behaviors mediate the relationship between mental health awareness and productivity (Awan et al., 2025).

Predictive Influence of Mental Health Literacy on Employee Performance

Table 12. Influence of Mental Health Literacy on Employee Performance of University Employees

Predictor	B	p
Constant	0.262	.477
Knowledge	0.210	.003
Attitudes	0.179	.006
Help Seeking	0.278	.001

Model Summary: R² = .252, Adjusted R² = .235, F (3,133) = 14.94, p < .001

Multiple regression analysis further confirmed that mental health literacy significantly predicts employee performance, with knowledge, attitudes, and help-seeking all contributing positively to the model. Help-seeking emerged as the strongest predictor, underscoring its central role in translating mental health awareness into functional work outcomes. The model explained a meaningful proportion of variance in performance, indicating that mental health literacy constitutes a substantive organizational resource rather than a peripheral factor. These findings are consistent with studies demonstrating that supportive help-seeking climates enhance resilience, engagement, and sustained performance in organizational settings (Martinez et al., 2020; Nalipay et al., 2023).

Qualitative Findings on Organizational Culture and Mental Health Literacy

The qualitative findings provide contextual depth to the quantitative results by illustrating how mental health literacy shapes organizational culture and everyday work experiences within the university. Participants consistently described mental health literacy as influencing openness, interpersonal relationships, leadership practices, coping behaviors, and performance-related outcomes.

Openness, Acceptance, and Psychological Safety

Participants emphasized that mental health literacy fosters an environment of openness and acceptance, where employees feel safer discussing mental health concerns without fear of judgment. Increased awareness was perceived to reduce stigma and encourage understanding, notably when colleagues recognized mental health challenges as legitimate and manageable. One participant shared:

"For me, I am very open to accepting and opening up to these discussions. We have colleagues who are already at the point of being depressed, and understanding helps us respond better." (P1)

This statement reflects how mental health literacy contributes to psychological safety by normalizing mental health conversations and promoting supportive responses within the workplace.

Empathy, Mutual Support, and Workplace Relations

Mental health literacy was also described as strengthening workplace relationships by enhancing empathy and cooperation among employees. Participants noted that a greater understanding of mental health concerns reduced misunderstandings and conflict, leading to more positive interactions. As one participant explained:

"When everyone understands mental health, we become more open and positive. We understand each other better and know how to support one another." (P4)

These accounts suggest that shared mental health knowledge plays a key role in shaping respectful and collaborative workplace relations.

Leadership Influence and Institutional Priorities

Leadership emerged as a critical factor in embedding mental health literacy into organizational culture. Participants reported that leaders who openly acknowledge mental health concerns and model supportive behavior create an environment of trust and openness. In contrast, leadership that prioritizes productivity without regard for employee well-being was associated with silence and disengagement. One participant noted:

"When leaders prioritize mental health, people feel safe to speak up... but when it is all about work and stress, employees stay silent." (P6)

This finding highlights how leadership practices signal institutional priorities and influence whether mental health literacy is translated into everyday workplace norms.

Coping Practices and Behavioral Responses

Participants linked mental health literacy to the ways employees cope with stress and emotional challenges. Higher levels of literacy were associated with adaptive coping strategies such as self-regulation, awareness of limits, and seeking support when needed. Conversely, limited mental health literacy was associated with disorganization, withdrawal, and unhealthy coping behaviors. A participant remarked:

"When we are all aware, we learn to manage ourselves better. Without mental health literacy, things become chaotic and unhealthy." (P3)

These narratives illustrate how mental health literacy shapes behavioral responses to workplace stress and influences overall functioning.

Productivity, Engagement, and Help-Seeking

Mental health literacy was widely perceived as contributing to sustained productivity, motivation, and work engagement. Participants emphasized that employees who feel mentally supported are better able to focus, collaborate, and remain committed to their roles. As one participant stated:

"If employees are mentally healthy and literate, they will be more productive and motivated in their work." (P2)

Despite generally positive attitudes, participants acknowledged that stigma and lack of precise support mechanisms continue to hinder help-seeking in some cases. One participant observed:

"Lack of knowledge leads to stigma and misunderstanding. When leaders are not informed, people are discouraged from seeking professional help." (P8)

This finding underscores the persistence of barriers that prevent mental health literacy from fully translating into proactive help-seeking behaviors.

Integration of Quantitative and Qualitative Findings

Integration of the quantitative and qualitative findings reveals a coherent pattern illustrating how mental health literacy operates as both an individual capability and an organizational resource within the university context. Quantitative results established significant relationships between mental health literacy—particularly help-seeking behavior—and employee performance, indicating that employees who are more willing to seek support tend to report higher levels of work effectiveness. These statistical relationships position mental health literacy as a meaningful contributor to performance rather than a peripheral personal attribute. Organizational mechanisms such as regular employee feedback, monitoring, and follow-up processes are essential for translating mental health initiatives into institutional learning and sustained improvement, ensuring that mental health efforts are embedded into routine organizational practice (Huebner & Zacher, 2021).

Qualitative findings complement these results by explaining how and why mental health literacy influences performance through organizational culture and leadership practices. Themes such as openness, psychological safety, empathy, and supportive leadership clarify how mental health literacy translates into sustained engagement and productivity. Participants emphasized that when leaders acknowledge mental health concerns and model supportive behaviors, employees feel safer seeking help and managing stress proactively. These findings are consistent with evidence indicating that work-related factors, such as workload intensity, role ambiguity, and organizational pressure, are significant predictors of mental health risk across occupational settings (Petrie et al., 2024). Together, these insights underscore the importance of leadership and workplace conditions in shaping mental health outcomes.

Both data strands converge in highlighting that demographic characteristics such as sex, age, and employment classification play a limited role compared to shared organizational conditions. While quantitative analyses revealed no significant differences across these demographic variables, qualitative accounts emphasized that institutional priorities and leadership practices strongly influence employees' experiences. This convergence suggests that mental health literacy outcomes are primarily shaped by organizational culture rather than individual background characteristics.

At the same time, qualitative findings provided important nuance to the quantitative results. Although survey data indicated generally positive attitudes toward mental health and moderate willingness to seek help, participants described persistent stigma, hesitation, and uncertainty about available support systems. This divergence highlights a gap between awareness and action, suggesting that knowledge and positive attitudes alone are insufficient without clear policies, leadership modeling, and accessible support pathways that protect employees from adverse consequences (Monteiro & Joseph, 2023).

Overall, the integrated findings demonstrate that mental health literacy enhances employee performance most effectively when embedded within a supportive organizational culture characterized by psychological safety, empathetic leadership, and accessible support systems. By combining statistical evidence with employees' lived experiences, the study underscores the need for institution-wide approaches that address both individual competencies and structural conditions to foster healthier and more sustainable higher education workplaces.

Conclusion

This study contributes to the growing literature on workplace mental health by demonstrating that mental health literacy is not merely an individual attribute but a critical organizational resource that shapes employee performance within higher education settings. The findings extend existing theory by showing that mental health literacy operates through organizational culture and leadership practices, reinforcing the view that supportive environments are essential for translating awareness into sustained work performance.

From a methodological perspective, the study advances workplace mental health research by employing a convergent parallel mixed-methods design that integrates quantitative relationships with qualitative explanations. This approach provides a more nuanced understanding of how mental health literacy functions in practice, particularly in a higher education context within a low- to middle-income country. Integrating survey data with employees' lived experiences strengthens the explanatory power of the findings and addresses gaps in context-specific empirical evidence.

Practically, the results highlight the importance of institutional strategies that move beyond awareness-raising

toward the normalization of help-seeking, supportive leadership, and psychologically safe work environments. University administrators and policymakers may use these findings to inform mental health-responsive policies, leadership development programs, and employee support systems that align well-being with performance goals. At the policy level, the study underscores the need for organizational accountability in implementing mental health initiatives for employees, not only for students.

At the policy and practice levels, the findings underscore the importance of organizational accountability in implementing sustained mental health initiatives for employees, not only for students. Evidence suggests that institution-wide approaches incorporating leadership training, accessible support services, and structured mental health screening can facilitate early identification and timely intervention, thereby reducing long-term impairment and supporting employee performance (Strudwick et al., 2023).

Contributions of Authors

The author was responsible for all aspects of the research, including study conception and design, data collection, analysis, interpretation of findings, and manuscript preparation.

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Conflict of Interests

The author declares that there is no conflict of interest regarding the publication of this article.

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References

- Aldoy, H., & McIntosh, B. (2023). Employee engagement concepts, constructs and strategies: A systematic review of literature. *Proceedings of the International Conference on Business Research and Management*, 1-16. https://doi.org/10.1007/978-3-031-35828-9_98
- Aust, B., Leduc, C., Cresswell-Smith, J., O'Brien, C., Rugulies, R., Leduc, M., Dhalaigh, D.N., Dushaj, A., Fanaj, N., Guinart, D., Maxwell, M., Reich, H., Ross, V., Sadath, A., Schnitzspahn, K., Tóth, M.D., van Audenhove, C., van Weeghel, J., Wahlbeck, K., & Arensman, E. (2024). The effects of organisational workplace mental health interventions on mental health and wellbeing in healthcare workers: A systematic review. *International Archives of Occupational and Environmental Health*, 97(5), 485-522. <https://doi.org/10.1007/s00420-024-02065-z>
- Awan, M., Boyce, M., & Lindsay, B. (2025). Mental health literacy and help-seeking: The mediating role of self-stigma and emotional intelligence. *Frontiers in Psychology*, 16, 1589093. <https://doi.org/10.3389/fpsyg.2025.1589093>
- Ballard, D., Lodge, G., & Pike, K. (2025). Mental health at work: A practical framework for employers. *Frontiers in Public Health*, 13, 1552981. <https://doi.org/10.3389/fpubh.2025.1552981>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Coats, S.F., Roemer, E.C., Kent, K., Zhang, Y., Davis, M., & Goetzel, R. (2024). Workplace mental health and well-being programs in higher education institutions: A scoping review. *Journal of Occupational and Environmental Medicine*, 66(6), 461-466. <https://doi.org/10.1097/JOM.0000000000003086>
- Creswell, J.W., & Plano Clark, V.L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Thousand Oaks, United States: SAGE Publications.
- Deogaonkar, A., & Nanoty, S. (2023). Moderated mediation between organizational culture and employee performance: The role of religious value congruence and high-performance managerial practices. *Journal of Indian Business Research*, 15(2), 243-261. <https://doi.org/10.1108/JIBR-08-2022-0211>
- Gayed, A., Milligan-Saville, J., Nicholas, J., Bryan, B., LaMontagne, A., Milner, A., & Harvey, S. (2018). Effectiveness of training workplace managers to support employee mental health: A systematic review and meta-analysis. *Occupational and Environmental Medicine*, 75(6), 462-470. <https://doi.org/10.1136/oemed-2017-104789>
- Gonzalo, R.P., & Ahibudbud, R. (2024). Advancing education-based mental health in low-resource settings during health crises: The University of the Philippines mental health initiative during COVID-19. *Frontiers in Education*, 9, 1428237. <https://doi.org/10.3389/educ.2024.1428237>
- Gumus, C.S., & Avci, D. (2024). Relationship between academic teaching staff's mental health literacy levels and beliefs toward mental illness. *Archives of Psychiatric Nursing*, 51, 82-88. <https://doi.org/10.1016/j.apnu.2024.05.010>
- Field, A. (2018). *Discovering statistics using IBM SPSS Statistics* (5th ed.). Thousand Oaks, United States: SAGE Publications.
- Hammoudi Halat, D., Soltani, A., Djaouadi, S., & Al-Bajjali, O. (2023). Burnout and mental health among university faculty: A systematic review. *Journal of Clinical Medicine*, 12(5), 1736. <https://doi.org/10.3390/jcm12051736>
- Harris, M.G., Baxter, A.J., Reavley, N., Diminic, S., Pirkis, J., & Whiteford, H.A. (2022). Gender differences in mental health literacy and help-seeking behaviour in the workplace. *BMC Public Health*, 22, 1984.
- Hayes-Mejia, R., & Stafström, M. (2023). Psychosocial work environment and mental health among global seafarers after COVID-19. *BMC Public Health*, 23, 2151. <https://doi.org/10.1186/s12889-023-17035-2>
- Huang, R., Lei, B., Liu, Y., Zhang, X., & Wang, P. (2025). Self-stigma of seeking professional psychological help among high-risk healthcare workers. *BMC Psychiatry*, 25, 533. <https://doi.org/10.1186/s12888-025-07019-4>
- Huebner, L.A., & Zacher, H. (2021). Following up on employee surveys: A conceptual framework and systematic review. *Frontiers in Psychology*, 12, 801073. <https://doi.org/10.3389/fpsyg.2021.801073>
- José, D., Palma-Moreira, A., & Au-Yong-Oliveira, M. (2025). Organizational culture and perceived performance: Mediation of perceived organizational support and moderation of motivation. *Administrative Sciences*, 15(8), 307. <https://doi.org/10.3390/admsci15080307>
- Khalid, A., & Syed, J. (2023). Mental health and well-being at work: A systematic review and future research directions. *Human Resource Management Review*, 33(4), 100998. <https://doi.org/10.1016/j.hrmr.2023.100998>
- Laditka, J., Laditka, S., Arif, A., & Racine, E.F. (2023). Psychological distress and job tenure: A 37-year panel study. *BMC Psychology*, 11, 95. <https://doi.org/10.1186/s40359-023-01119-0>
- LaMontagne, A., Martin, A., Page, K., Reavley, N., Noblet, A., Milner, A., Keegel, T., & Smith, P. (2014). Workplace mental health: Developing an integrated intervention approach. *BMC Psychiatry*, 14, 131. <https://doi.org/10.1186/1471-244X-14-131>
- Lampitoc, J., Raval, R., & Chua, A. (2022). Mental health literacy among university students and employees. *Philippine Journal of Physical Therapy*, 22(2), 105-120. <https://doi.org/10.46409/002.PJOY1363>
- Lindert, L., Choi, K.-E. (A), Pfaff, H., & Zeike, S. (2023). Health literacy at work and employee wellbeing. *BMC Health Services Research*, 23, 736. <https://doi.org/10.1186/s12913-023-09766-0>
- Lu, X., Yu, H., & Shan, B. (2022). Relationship between employee mental health and job performance. *International Journal of Environmental Research and Public Health*, 19(11), 6599. <https://doi.org/10.3390/ijerph19116599>
- Martinez, A., Co, M., Lau, J., & Brown, J. (2020). Filipino help-seeking for mental health problems. *Social Psychiatry and Psychiatric Epidemiology*, 55(11), 1397-1413. <https://doi.org/10.1007/s00127-020-01937-2>
- McGrath, M., Kryszynska, K., Reavley, N., Andriessen, K., & Pirkis, J. (2023). Disclosure of mental health problems at work. *International Journal of Environmental Research and Public Health*, 20(8), 5548. <https://doi.org/10.3390/ijerph20085548>
- Monteiro, E., & Joseph, J. (2023). Impact of workplace culture on employee mental health. *International Journal of Case Studies in Business, IT and Education*, 7(2), 291-317.

- Nalipay, M.J., Chai, C.-S., Jong, M.S.-Y., King, R., & Mordeno, I. (2023). Positive mental health literacy for teachers: Adaptation and construct validation. *Current Psychology*. <https://doi.org/10.1007/s12144-023-04694-y>
- Oakman, J., Kinsman, N., Stuckey, R., Graham, M., & Weale, V. (2020). Health effects of working from home. *BMC Public Health*, 20, 1825. <https://doi.org/10.1186/s12889-020-09875-z>
- Özparlak, A., Karakaya, D., & Özer, Z.C. (2023). Mental health literacy and help-seeking: A meta-analysis. *Journal of Pediatric Nursing*, 73, 131-139. <https://doi.org/10.1016/j.pedn.2023.09.017>
- Petrie, K., Gayed, A., Spittal, M.J., Glozier, N., Shand, F., & Harvey, S. (2024). Work-related factors and risk of mental disorder. *Australian and New Zealand Journal of Psychiatry*, 58(3), 227-237. <https://doi.org/10.1177/00048674231209843>
- Shahwan, S., Lau, J.H., Goh, C.M.J., Ong, W.J., Tan, G.T.H., Kwok, K.W., Samari, E., Lee, Y.Y., Teh, W.L., Seet, V., Chang, S., Chong, S.A., & Subramaniam, M. (2020). Anti-stigma intervention and help-seeking. *BMC Psychiatry*, 20, 562. <https://doi.org/10.1186/s12888-020-02960-y>
- Strudwick, J., Gayed, A., Deady, M., Haffar, S., Mobbs, S., Malik, A., Akhtar, A., Braund, T., Bryant, R., & Harvey, S. (2023). Workplace mental health screening. *Occupational and Environmental Medicine*, 80(8), 469-484. <https://doi.org/10.1136/oemed-2022-108608>
- World Health Organization. (2022). Guidelines on mental health at work. <https://www.who.int/publications/i/item/9789240053052>
- Yang, J., Li, Y., Gao, R., Chen, H., & Yang, Z. (2023). Mental health literacy and professional help-seeking. *BMC Psychiatry*, 23, 956. <https://doi.org/10.1186/s12888-023-05458-5>