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Addressing the Mental Health Needs of Stroke Survivors in Developing Culturally Sensitive and Accessible Mental Health Programs: Basis for Program Enhancement

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ABSTRACT

Despite advances in medical management and physical rehabilitation, the mental health needs of stroke survivors remain inadequately addressed, particularly within community-based healthcare settings. This study assessed the design and implementation of culturally sensitive and accessible mental health programs and examined their relationship with the mental health status and psychosocial outcomes of stroke survivors. The study concludes that culturally sensitive, accessible, patient-centered, and community-based mental health programs play a significant role in improving the psychological well-being and psychosocial outcomes of stroke survivors.

Keywords: *Stroke survivors, mental health, psychosocial outcomes, cultural sensitivity, accessibility, stroke rehabilitation, community-based mental health, Philippines.*

INTRODUCTION

Stroke remains one of the leading causes of death and disability worldwide. According to the World Health Organization (2024), there were approximately 11.9 million new stroke cases globally in 2021. In the Philippines, cerebrovascular diseases consistently rank among the leading causes of mortality, accounting for approximately 10% of total deaths in 2024 (Philippine Statistics Authority, 2024).

Statement of the Problem

This study aimed to assess, develop, and enhance culturally sensitive and accessible mental health programs by determining the mental health needs of post-stroke patients or survivors in order to improve psycho-social stress, overall well-being, and provide patient-specific psychological care.

Specifically, this study sought to answer the following questions:

1. What is the demographic profile of the respondents in terms of: cultural sensitivity, accessibility, program design, implementation quality, and community engagement?
2. How are culturally sensitive and accessible mental health programs designed and implemented in terms of Cultural Sensitivity; Accessibility; Program Design; Implementation Quality; Community Engagement?
3. What is the mental health status and psychosocial outcome of stroke survivors in terms of:
   -Psychological Well-being; Social Functioning; Quality of Life; Service Utilization; Patient Satisfaction

4. Is there a significant relationship between the assessment in the design and implementation of culturally sensitive and accessible mental health programs and the mental health status and psychosocial outcomes of stroke survivors?
5. Based on the findings, what enhanced mental health programs can be developed to provide culturally sensitive psychological care to post-stroke patients?

Scope and Delimitations

The study focused on assessing culturally sensitive and accessible mental health programs and their relationship with the mental health status and psychosocial outcomes of 67 stroke survivors in Dauis, Bohol. It used a quantitative descriptive-correlational design and a validated researcher-made questionnaire. The study was limited to medically stable stroke survivors in one municipality and cannot be generalized to all stroke survivors in the Philippines. It also identified relationships between variables but did not establish causation.

Review of Related Literature

The review of related literature showed that stroke has significant physical, psychological, and social consequences. Both local and international studies consistently reported that stroke survivors commonly experience depression, anxiety, emotional distress, reduced quality of life, and difficulties in psychosocial adjustment. For example, Banaag et al. (2023) found that depression and anxiety significantly reduced the quality of life of young Filipino stroke survivors, while Largo et al. (2024) and Buckingham et al. (2025) highlighted the importance of family support, psychosocial adaptation, and culturally appropriate interventions in helping Filipino stroke survivors cope with recovery.

Theoretical Framework

The theoretical framework of my study is anchored on three complementary theories. First, **Madeleine Leininger's Culture Care Theory** emphasizes providing culturally congruent care by respecting patients' beliefs, values, and cultural practices, which supports the development of culturally sensitive mental health programs. Second, **Sister Callista Roy's Roy Adaptation Model** explains how stroke survivors adapt physically, psychologically, and socially following a major health event, highlighting the need to promote positive adaptation through holistic care. Third, **Hildegard Peplau's Interpersonal Relations Theory** underscores the importance of therapeutic nurse-patient relationships in providing emotional support, counseling, and patient-centered communication. Together, these theories provide a comprehensive framework that supports the development of accessible, culturally sensitive, and holistic mental health interventions for stroke survivors.

Conceptual Framework

INPUT	PROCESS	OUTPUT
-Demographic Profile of the Respondents -Researcher-made Questionnaire	-Systematic collection, analysis and interpreation of the data collected	-Identified Mental Health Needs of Stroke Survivors -Proposed enhancement of Culturally Sensitive and Accessible Mental Health Programs

This quantitative study outlines the systematic process used to investigate the levels of psychological well-being among stroke patients. It details the research design, the study setting, the participants involved, and the instruments and statistical tools employed to analyze the data.

Research Design

This study employed a quantitative research approach utilizing a **descriptive-correlational** research design.

Research Steps

The research process began with identifying the research problem and reviewing related local and international literature to establish the gap and develop the theoretical framework. Based on the study objectives, I formulated the research questions and designed the methodology using a quantitative descriptive-correlational approach.

Data Collection and Sample Selection

Eligible respondents were identified based on the inclusion criteria with the assistance of local health personnel. The purpose of the study, the voluntary nature of participation, confidentiality of responses, and participants' rights were explained before obtaining informed consent. The validated researcher-made questionnaire was then administered to the respondents. For participants who had difficulty reading or writing because of stroke-related limitations, the researcher conducted interviewer-assisted data collection while ensuring that questions were asked objectively and consistently, without influencing respondents' answers.

Data Analysis Methods

The collected data were analyzed using both descriptive and inferential statistics. Frequency and percentage were used to describe the demographic profile of the respondents. Weighted mean and standard deviation were utilized to assess the design and implementation of culturally sensitive and accessible mental health programs, as well as the mental health status and psychosocial outcomes of stroke survivors. Finally, Pearson Product-Moment Correlation was employed to determine whether there was a significant relationship between the variables.

Research Hypotheses and Validation

The null hypothesis was rejected, indicating a statistically significant and strong positive relationship between the design and implementation of culturally sensitive and accessible mental health programs and the mental health status and psychosocial outcomes of stroke survivors.

Study Limitations and Ethical Considerations

The study followed ethical protocols by obtaining informed consent from all participants, ensuring anonymity and confidentiality, and allowing participants to withdraw from the research at any point. Furthermore, ethical issues encompassed the imperative to ensure the respectful portrayal of participants' views and viewpoints in the ultimate analysis and reporting.

RESULTS AND DISCUSSION

SOP 1. Demographic Profile of the Respondents

The respondents were predominantly middle-aged adults (53–57 years old), male, married, and had at least a secondary level of education. Most had a history of hypertension, had been employed for more than 10 years, had lived with stroke for one to three years, and were primarily diagnosed with ischemic stroke. Overall, the demographic profile reflects a population of long-term stroke survivors with common cardiovascular risk factors, providing important context for understanding their mental health needs and psychosocial outcomes.

SOP 2. How are culturally sensitive and accessible mental health programs designed and implemented in terms of: Cultural Sensitivity; Accessibility; Program Design; Implementation Quality; Community Engagement

Overall, respondents perceived the mental health programs as generally culturally sensitive, well-designed, and effectively implemented, while accessibility and community engagement were rated comparatively lower. Family involvement and patient participation were identified as program strengths, whereas telehealth services, opportunities for cultural expression, and survivor-led community activities were recognized as areas needing improvement.

SOP 3. What is the mental health status and psychosocial outcome of stroke survivors in terms of: Psychological Well-being; Social Functioning; Quality of Life; Service Utilization; Patient Satisfaction

Overall, stroke survivors demonstrated moderately positive mental health status and psychosocial outcomes, with strengths in coping strategies, maintaining friendships, life satisfaction, continuity of care, and trust in healthcare providers. However, resilience, community participation, household functioning, counseling attendance, and the cultural relevance of services were identified as areas requiring further improvement.

SOP 4. Is there a significant relationship between the assessment in the design and implementation of culturally sensitive and accessible mental health programs and the mental health status and psychosocial outcomes of stroke survivors?

The study found a strong positive and statistically significant relationship between the design and implementation of culturally sensitive and accessible mental health programs and the mental health status and psychosocial outcomes of stroke survivors ($r = 0.900$, $p < 0.01$).

SUMMARY

This study assessed the design and implementation of culturally sensitive and accessible mental health programs and their relationship with the mental health status and psychosocial outcomes of stroke survivors in Dauis, Bohol. The findings revealed that while the programs were generally perceived as culturally sensitive, well-designed, and effectively implemented, improvements are needed in accessibility and community engagement. A strong positive and statistically significant relationship was found between the programs and the mental health and psychosocial outcomes of stroke survivors, which served as the basis for the proposed program enhancement.

CONCLUSIONS

The study concluded that culturally sensitive, accessible, and patient-centered mental health programs play a significant role in promoting better mental health and psychosocial outcomes among stroke survivors. The significant positive relationship between the study variables supports the integration of culturally responsive mental health interventions into community-based stroke rehabilitation to promote holistic recovery and improve quality of life.

RECOMMENDATIONS

Based on the findings, healthcare providers, local government units, and community stakeholders should strengthen culturally sensitive and accessible mental health services by improving accessibility, expanding community engagement, and enhancing psychosocial support for stroke survivors. Future researchers are encouraged to conduct similar studies in larger populations and across different settings, incorporating additional variables or research designs to further validate and expand the findings.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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