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Exploring The Role of Community Nurses in Addressing Mental Health Stigma and Promoting Access To Mental Health Services

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ABSTRACT

The study explored 18 community nurses in Daraga, Albay, regarding mental health stigma and access to services. Nurses perceived stigma as a major barrier influenced by cultural beliefs, negative attitudes, and fear of judgment. Clients and families often avoided mental health care due to shame and misconceptions. Despite this, nurses used education, counseling, outreach, referrals, and follow-ups to reduce stigma and improve access. The study concluded that community nurses played key roles as educators, advocates, and facilitators, and recommended stronger training and support systems.

Keywords: *community nursing, mental health access, mental health promotion, mental health stigma, public health nursing*

INTRODUCTION

Mental health has been a growing public health concern globally and in the Philippines. Despite policies like the Mental Health Act, access to care remained limited due to stigma, low awareness, workforce shortages, and cultural misconceptions. Community nurses played a key role in early detection, education, counseling, and referral. However, limited local evidence existed on their experiences in Daraga, Albay, prompting the study to explore their role in addressing stigma and improving access to care.

RESEARCH QUESTIONS

The study explored how community nurses perceived and experienced mental health stigma and how it affected their practice. It also examined the strategies they used to reduce stigma, promote access to services, and support early identification and referral. Additionally, it investigated the barriers they encountered and the resources and training needed to strengthen their mental health care capacity.

SCOPE AND LIMITATIONS

This study focused on the experiences and practices of community nurses in addressing mental health stigma and promoting access to mental health services in Daraga, Albay. It included eighteen (18) community nurses who were actively engaged in community-based healthcare and had direct interaction with individuals and families. The study explored their strategies, challenges, and roles in facilitating mental health awareness and access to services within their communities. Data were gathered through in-depth interviews that captured the participants' lived experiences and perspectives. The findings were limited to self-reported

accounts from selected participants in Daraga, Albay, and may not be generalizable to other settings or healthcare contexts.

REVIEW RELATED LITERATURE

Mental health has remained a major global and national public health concern, with increasing prevalence observed in the Philippines over recent decades (Alibudbud, 2023). Approximately 11.3–11.6% of Filipinos have been affected by mental disorders, with cases rising from 7.0 million in 1990 to 12.5 million in 2019, showing a consistent upward trend (Alibudbud, 2023). Despite the passage of the Philippine Mental Health Act of 2018, the country has continued to face challenges such as limited workforce capacity, inadequate services, financial constraints, and persistent stigma that have hindered access to care (Alibudbud, 2023). Mental health literacy has also remained low, with 66.9% of Filipinos unable to recognize depression and only a small proportion seeking professional help when needed (Redfern, Huang, & Walker, 2024). Stigma, misconceptions, and a lack of awareness have continued to discourage early intervention and appropriate treatment, underscoring the role of community health workers, particularly nurses, in improving mental health education and access to services (Redfern et al., 2024; Wang et al., 2025). Studies have also shown that nurses' knowledge and attitudes toward mental health have significantly influenced the quality of care provided, as stigma among healthcare providers has reduced patient engagement (Wang et al., 2025; Pollard, Cook, & Gray, 2025). Despite this, targeted educational interventions have been found to improve nurses' mental health literacy, reduce stigma, and enhance empathy and communication skills (Mbome, 2022; Adeloye, 2025).

THEORETICAL FRAMEWORK

This study was anchored on established nursing theories that explained how nurses promoted health, built therapeutic relationships, and empowered individuals toward well-being. It integrated Nola Pender's Health Promotion Model, Hildegard Peplau's Interpersonal Relations Theory, and Dorothea Orem's Self-Care Deficit Nursing Theory to understand how community nurses addressed mental health stigma and improved access to services (Pender, 1982; Peplau, 1952; Orem, 1971). These theories collectively explained how nurses influenced health behavior, strengthened nurse–patient relationships, and supported patient empowerment in managing mental health concerns. Together, they provided a holistic framework for understanding the roles of community nurses as health promoters, communicators, and empowerment facilitators in addressing stigma and improving access to care.

METHODOLOGY

The methodology outlines the systematic procedures used in the study, including the research design, site, participants, instrument, data gathering procedures, data analysis, and ethical considerations. It explains how data were collected and analyzed to explore the lived experiences of community nurses in Daraga, Albay, regarding mental health stigma and access to mental health services. The process ensured the collection of rich, credible, and meaningful data while maintaining ethical standards and research integrity throughout the study.

RESEARCH DESIGN

A descriptive phenomenological design was used to explore nurses lived experiences regarding mental health stigma and access to services. This approach allowed for an in-depth understanding of their perceptions and practices in community mental health care.

RESEARCH STEPS

The study was developed after a literature review and aligned with research objectives. Participants were selected using inclusion criteria, and a validated interview guide was used. Ethical approval was secured before data collection.

DATA COLLECTION AND SAMPLE SELECTION

Data were collected through in-depth interviews in a private setting after obtaining informed consent. Eighteen community nurses with at least one year of experience were selected through purposive sampling.

DATA ANALYSIS METHODS

Data were analyzed using thematic analysis. Interviews were transcribed, coded, and organized using NVivo software. Themes were developed and supported with participant quotes.

RESEARCH ASSUMPTIONS AND VALIDATION

The study assumed that nurses actively addressed mental health stigma while communities held misconceptions affecting help-seeking behavior. It is also assumed that nurses face barriers such as limited resources and training. These assumptions were confirmed through thematic analysis and member checking.

STUDY LIMITATION AND ETHICAL CONSIDERATIONS

The study was limited to 18 nurses in one locality and relied on self-reported data, which may be biased. Ethical principles such as informed consent, confidentiality, and voluntary participation were strictly followed.

RESULTS AND DISCUSSION

RQ 1. How do community nurses in Daraga, Albay, perceive mental health stigma within their communities?

The findings reveal that community nurses perceive mental health stigma as deeply embedded in negative community attitudes, cultural and family beliefs, and limited openness in discussing mental health concerns. Nurses observed that individuals with mental health conditions are often labeled negatively, which reinforces fear, shame, and discrimination that discourage help-seeking behavior. Cultural interpretations of mental illness, including beliefs related to supernatural causes or personal weakness, further contribute to misunderstanding and stigma within families and the wider community. In addition, nurses noted that many individuals are hesitant to openly discuss mental health concerns unless prompted, reflecting ongoing stigma and low awareness. Overall, these perceptions indicate that mental health stigma remains a significant barrier to early identification and access to care in the community.

RQ 2. What experiences do community nurses encounter when dealing with individuals affected by mental health stigma, and how do they address stigma and promote access to mental health services?

The results showed that community nurses encountered client fear and hesitation, family resistance to mental health care, and emotional strain in dealing with mental health stigma. Clients often avoided seeking help due to fear of being labeled, while families sometimes refused referrals due to shame or traditional beliefs, which delayed intervention. Despite these challenges, nurses addressed stigma through education, counseling, outreach, referrals, and follow-ups, highlighting their role as educators, advocates, and facilitators in improving access to mental health services in Daraga, Albay.

SUMMARY

The study found that mental health stigma remained a major barrier in Daraga, Albay. Community nurses played important roles in reducing stigma and improving access through education and coordination, although cultural beliefs continued to hinder progress.

CONCLUSIONS

The findings indicate that cardiac units are staffed by a predominantly mature and female nursing workforce with varying levels of experience and supervisory roles. Despite differences in demographic profiles, nurses showed consistent perceptions regarding patient fall prevention, suggesting that individual characteristics do not significantly influence their practices. Organizational factors such as training, standardized protocols, and safety culture play a more dominant role in ensuring effective fall prevention and consistent nursing practices.

RECOMMENDATIONS

The study recommended continuous training for nurses, stronger support from local health offices, improved mental health programs, enhanced nursing curriculum, policy development, and further research in other settings.

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AI DECLARATION STATEMENT

AI tools were used only for grammar and formatting support. All data collection, analysis, and interpretation were conducted solely by the authors.

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