these are not true to all cases. Many of those who have mental illness only experience personal, social and academic problems (Andrews & Wilding, 2004).

Inaccuracies and limited knowledge on mental disorders have important consequences on intervention, early prevention, proper management of mental illnesses, as well as support given to the mentally ill (Jorm, 2000). Thus, it is important for us to find out what are the erroneous beliefs of students on issues regarding mental health, so they can be properly addressed and corrected.

2. MAIN CLAIM/S

Jorm (2000) stated that ability to recognize symptoms of mental illnesses is the fundamental step towards effective action. Those who suffer from mental illness often delay help-seeking and treatment because of the lack of knowledge that what they are experiencing are symptoms of mental illness (Gulliver, Griffiths & Christensen, 2010).When a person uses normalizing terms such as ‘stress’ or ‘life problems’ to describe depressive symptoms, his/her attitude towards help-seeking may be affected (Jorm, 2012). Those who label depressive symptoms with other words rather that depression are also likely to believe that the person who has them can deal with the problem on his/her own. However, if the symptoms are labeled as depression, people are likely to recommend seeking help from professional (Jorm, Kelly & Wright, et al., 2006). The ability to recognize and describe symptoms of mental illnesses has also been found to be helpful in the communication of patients and mental health professionals. There have been instances of misdiagnosis by professionals due to patients’ poor and inaccurate descriptions of their experiences (Jorm, 2000). Such can be avoided if patients and mental health professionals are able to speak more or less the same language.

There are very limited studies on mental health in the Philippines, and none yet on Mental Health Literacy. Thus, it is the task of the researcher to assess the Mental Health Literacy of Filipino college students, particularly focusing on their understanding of depression, which is one of the most common mental disorders among adolescents (Gulliver et al. 2012).

3. METHODOLOGY

Participant

A total number of 797 Filipino college freshmen taking various courses in a private University with campuses in Manila and Laguna participated in the study done in year 2015. Ages ranged from 15 to 21 years with mean age of 16.6, and SD of 0.78. The participants included 430 (53.6%) females and 367 (46.04%) males. In terms of exposure to psychotherapy (previous or ongoing), 607 (76.16%) answered *'no'* while 190 (23.8%) replied *'yes'*. Participants who had taken previous training or course in Psychology were 149 (18.69%) while 648 had no previous exposure (81.30%). As to knowing someone with mental illness, 556 (59.76%) answered *'no'* while 241 (30.23%) replied *'yes'*.

Instrument

The main instrument utilized in the study is an online adaptation of the Youth Boost Survey and General Community Survey which were utilized in the National Survey of Mental Health and Stigma (Reavley and Jorm, 2011). The original instruments were designed for phone interviews. Permission was obtained from the author (A.F. Jorm) in making necessary modifications to the original instruments. This included consolidating relevant items into a single online questionnaire and adding items which have cultural relevance in order to meet the objectives of the study. Both the Youth and the General Survey are widely used in assessing Mental Health Literacy in different parts of the world (Loureiro, 2013; Lam, 2014; Reavley, Morgan & Jorm, 2014). The psychometric properties and validation procedures of the original scales were established through the consensus of experts on the helpfulness and harmfulness of treatments presented for each disorder as criterion. Associations between scale scores (particularly those related to sociodemographic and prior exposure to mental illness) were also used to increase the validity of the scales in assessing Mental Health Literacy 792 reW*nBT/O8dqG[6 79

D. Knowledge on interventions and treatment for depression **-** This was assessed by presenting a list of things may help the character in the story such as professionals that can help, treatments and medicines, and self-help strategies. Participants were asked to determine whether each item could be "helpful", "harmful" or "neither helpful nor harmful" for a person showing depressive symptoms;

E. Knowledge of preventive techniques for depression **-** A set of activities were enumerated and participants

social, academic/ school-related, loss or personal problems and these were all grouped under *life problems* category (29.8%). Other participants attributed the problem to s*tress* (12.0%); *mental illness/disorder* (8.5%) (f.e. PTSD, OCD, insomnia/ sleep disorder; anorexia, anxiety, personality disorder and unspecified mental illness/disorder); *physiological* (4.3%) (f.e. virus, flu, AIDS, physical problem or other problems that are medical in nature); *trauma-related problem* (3.0%) (f.e. being bullied, being physically, emotionally or verbally abused); *drug-related problem* (0.8%); *health and lifestyle problem* (f.e. not enough exercise/ vitamins/ zinc/ needs relaxation). Responses that were extremely variable (f.e. nervousness, guilt, incomplete answers, nothing wrong, normal teenager) were grouped under *others* (1.2%) category.

Table 1 shows a summary of the categories reflecting the participants' descriptions of the problems shown in the vignette with corresponding percentages of their responses.

Table 1
Percentage of participants endorsing each category to describe the problem shown in the vignette describing a case of depression

Category	n	Percentage
Depression	440	55.2
life problem	238	29.8
Stress	96	12.0
mental illness/ disorder	68	8.5
Physiological	35	4.3
Trauma	24	3.0
Others	12	1.2
drug related problem	7	0.8
health lifestyle	6	0.7

As to first-aid strategies, results also showed that *listening to M's* problem was the most popular choice with 98.6% of participants rating it to be 'helpful'. This was followed by *encouraging M to pray* (89.5%) and to *attend church* (81.4%). *Telling M to seek professional help* was also found to be a helpful strategy by 79.1% of the participants, followed by *seeing a family doctor or GP* (70.1%), while 67.7% of the participants responded that *rallying friends to cheer the person* was also likely to be helpful. Almost half of the participants (49.6%) rated that *telling M to get his/her act together* was also a helpful strategy, while 27.0% attributed such strategy to be harmful. Moreover, 39.7% of the participants responded that *asking M if he/she was suicidal* was helpful. 35.6% of them thought such was a harmful move and 24.6% responded *'I don't know'* to the question. 40.7% of the participants were unsure if *keeping M busy* is either a helpful or harmful way to deal with the problem while 45.1% thought this was more helpful than harmful. Furthermore, *suggesting M to drink* to forget his/her problems (86.5%) and *ignoring M* (85.9%) were seen as harmful ways to deal with M by most participants.

Participants understanding of who can help a person deal with depression, products and treatments as well as self-help strategies in managing depression were assessed by asking participants if the people, products and activities that were presented to them are *'helpful'*, *'harmful'* or *'neither helpful nor harmful'* a person suffering from depression. Results showed that most participants recognize *counselors* (96.9%), *close friends* (94.8%), *close family members* (93.2%), *psychologists* (92.3%), *priest/ pastor/ religious person* (87.0%), *psychiatrist* (81.0%), *teachers* (74.2%) and *doctors/ GPs* (74.9%) to be people that can help a person is depressed. *Social workers* (56.9%), *nurses* (62.1%) and *helplines* (59.9%) were regarded as 'neither helpful nor harmful' by the participants.

As for products that can help, results revealed that tea (59.4%), vitamins (59.2%) and organic medicines (49.(G)-7naging depressi

On the other hand, data on participants **perceived stigma** towards those with mental disorder showed that they

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