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The Commission **RESOLVES** to **ADOPT** the attached Second Semester 2022 Research, titled, "Karapatang Pang-Tao at Pagiging Relihiyoso: The Role of Religiosity/ Spirituality and Human Rights in Mental Health and Life Satisfaction", submitted by the HR Policy Advisory Office.

SO RESOLVED.

Done this 13th day of February 2023 in Quezon City, Philippines.

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**Karapatang Pang-Tao at Pagiging Relihiyoso:
The Role of Religiosity/Spirituality and Human Rights in Mental Health
and Life Satisfaction**

ABSTRACT

This study sets out to examine the relationship of human rights and mental health, specifically, to describe the Filipinos' level of perceived mental health status, perception of what rights the government should afford to its citizens, perceived importance of the freedom to practice one's religion, and religiosity/spirituality, and how these factors are related to life satisfaction. Moreover, it also seeks to determine the relationship between Filipinos' perception on what rights the government should provide and perceived mental health status. This study contributes to the limited body of knowledge regarding the nexus between mental health and human rights particularly in the Philippine context.

This paper is based on the 2021 Mental Health and Human Rights Survey of the Philippine Commission on Human Rights. Through face-to-face interviews with the respondents, a multi-stage cluster sampling was applied. The overall sample size was 1,800 voting-age adults with 450 respondents per study area-- National Capital Region, Balance Luzon, Visayas, and Mindanao. After data cleaning, only 1761 of the 1800 respondents were included.

This study will show that life satisfaction can still increase even with mental health issues and concerns, and that spirituality/religiosity play a significant role in improving life satisfaction. Spirituality/Religiosity is a way for Filipinos to understand their lives, deal with life stressors, and strengthen their faith. Mental health service delivery can integrate spirituality and religion into psychotherapy practices or mental health interventions if deemed appropriate and beneficial to the persons concerned.

This study also pushes the idea that awareness regarding human rights increases expectations. When citizens are fully aware of their rights and the role of the State in protecting those rights, realistic expectations will emerge thus shaping and increasing public demand and forcing the State to provide the needed social services. This study recommends that academic institutions should offer a course on human rights or embed this in existing social science related courses so that students at a young age will be fully aware of their rights and how these can be protected at the individual, family, and societal level. This study also pushes for a rights-based approach to mental health consistent with the

Mental Health Law in order to ensure that mental health service delivery will be affordable, accessible, and inclusive. After all, mental health is a human right.

BACKGROUND AND INTRODUCTION

“There can be no mental health without human rights.” This was declared by UN Special Rapporteur Dr. Dainius Pūras during the 44th session of the Human Rights Council of the United Nations (UNGA, 2020). Human rights and mental health are inextricably linked and dependent on one another. Human rights violations such as torture, displacement, intimate partner violence, gender-based violence, and other forms of abuse and violence have a negative impact on mental health. In addition, mental health laws, programs, and coercive mental health care practices can impede human rights. Conversely, the advancement of human rights is beneficial to mental health. These advantages go beyond mental health to address the strong link between physical and mental well-being. Therefore, it is imperative to develop mental health care as a vital component of human rights for both clinical and economic reasons as well as moral and legal requirements (Asanbe et al., 2018).

Mental health is a major issue in the world today and is one of the most neglected areas of public health. It is estimated that about 1 billion people worldwide suffer from a mental illness. There was a significant increase in the number of people living with anxiety and depressive disorders in 2020 due to the COVID-19 pandemic with initial estimates of 26% for anxiety and 28% for major depressive disorders (WHO, 2022). In recent years, the international community is acknowledging more and more that mental health plays a crucial role in achieving global development goals as can be seen by including mental health in the Sustainable Development Goals (Asanbe et al., 2018).

In a 2020 survey conducted by the Philippines World Health Organization (WHO) Special Initiative for Mental Health, it was reported that at least 3.6 million Filipinos suffer from at least one kind of mental, neurological, or substance use disorder (DOH, 2020). The Philippines faces a serious problem with mental, neurological, and substance use disorders, i.e., depression, anxiety disorders, psychosis, epilepsy, dementia, and alcohol use disorders. In 2017, anxiety and depression, the two most prevalent mental health disorders, accounted for over 800,000 years of life lived with disability in the country. This caused not only great human suffering but also financial losses due to the impact on worker productivity. In the Philippines, reported suicide rates have been rising over the past few decades, especially among young people. According to the most recent estimate (from 2015), 17% of adolescents aged 13 to 15 reported having tried suicide (WHO Western Pacific Region, 2021).

In 2021, the Commission on Human Rights partnered with the Social Weather Stations (SWS) to gather baseline information on mental health in the Philippines in order to better understand the state of mental health of Filipinos in the context of human rights. The survey was completed in November 2021 and a total of 1,800 adults, aged 18 and above, in the National Capital Region, Balance Luzon, Visayas, and Mindanao, were interviewed. The survey generated significant findings

about Filipinos' perception and views of human rights and mental health. People were asked to consider which human rights were most important to them. The top five human rights that were selected, in order, were life (51%), liberty (41.7%), education (30.3%), security of person (20.5%), and adequate food (19.9%). Adequate health care (19.7%) was not far off. Findings of the SWS survey also showed that the rights to education (34.1%), liberty (33.9%), life (28.9%), adequate health care (26.9%), and adequate food (24.8%), and just and favorable conditions for work, including adequate salary or wages (24.3%), were the top preferences of the respondents in terms of what human rights they think should be provided fully by the government. There were differences in terms of most and least preferred rights depending on the region, economic class, age, educational attainment.

The survey presented some evidence on Filipinos' views and perception of human rights and how this relates to mental health in the context of their life satisfaction in terms of household income, family life and relationship with friends, and work. Many (62.9%) appeared satisfied with their household income, but this satisfaction was mostly "fair" (36.9%). Those in the Class E income bracket were least likely to be satisfied (56.1%), and those aged 55 and older (39.2%), and with little-to-no education (49.2%) were among those who are most dissatisfied. A substantial majority (85.7%) felt satisfied with their family life, with nearly 2 out of 5 (38.5%) describing it as "very satisfied" and more than 1 out of 4 (27.8%) feeling "fairly satisfied". Most (88.8%) were contented with their friendships, with nearly 2 out of 5 (38.6%) finding them as "very satisfied" and about 1 out of 3 (34.2%) feeling "fairly satisfied". More than half (56.1%) were satisfied with their main job. Classes ABC (62.3%), males (61.2%), age groups 25-54 (between 60.8% and 64.6%) reported higher satisfaction.

This study seeks to build on this by examining whether there is a relationship between Filipinos' perception of human rights (i.e., rights that they think should be protected and granted by the State), perceived importance of the freedom to practice one's religion, and religiosity/spirituality, and how these factors are related to mental health (i.e., life satisfaction). Moreover, it also seeks to determine the relationship between Filipinos' perception on what rights the government should provide and perceived mental health status.

REVIEW OF RELATED LITERATURE

The purpose of this review is to provide an overview of available and relevant literature on the relationship of human rights and mental health. An individual's state of mental health impacts on their perception and views on human rights. Conversely, views and perception on human rights of individuals affect their perception of mental health.

The state of a person's mental health affects his or her thoughts, feelings, and actions. It also influences how a person responds to stress, interacts with others, and makes decisions. Mental health is vital at every life stage--from childhood to old age. Biological factors, such as genes or brain

chemistry, life experiences, like trauma or abuse, and a family history of mental health issues are all contributors to mental health issues. (U.S. Department of Health & Human Services, 2020).

Mental health is not binary; it is not black or white but exists in a continuum. An individual should not be seen only as either mentally healthy or not. In 1996, Tudor introduced the dual continuum model of mental health which was further developed by Keyes in 2002 into what is now called as the mental health continuum (Franken et al, 2018). The mental health continuum describes the range of well-being with mental health and mental illness being at opposite ends. This means an individual can have optimal mental health (flourishing) without mental illness, and poor mental health (languishing) without mental illness. An individual can also have poor mental health with mental illness and optimal mental health with mental illness. In reality, an individual's mental health may shift—improve or deteriorate--depending on his or her circumstances or situation at any time (Keyes, 2002).

Views and perception of human rights affect or impact on one's perception of mental health. For instance, there is a bidirectional relationship between the respect of the human rights of users and the quality of care in mental health services. Human rights violations negatively impact the quality of care. On the other hand, "a human rights framework offers the potential for a paradigm shift in the way that people are treated in services, and in exploration of alternative practices that promise a more humane and dignified future for mental health care" (Eaton, 2019). A human rights-based approach in the context of mental health care involves emphasizing human rights values at the core of a service-providing organization in addition to avoiding human rights violations. Recognizing human rights principles can serve as a foundation in the transformation of health and social care services (Curtice & Exworthy, 2010). As discussed by the authors in the literature below, a high level of respect of human rights can improve the quality of mental health care (Mann et al., 2016).

A number of authors have recognized the relationship of human rights awareness and how it impacts on mental health. For instance, Carta et al. (2022) made a comparison of the users' and mental health professionals' views about their perception of respect for human rights and job/care satisfaction in mental health services during the COVID-19 pandemic. Two hundred and forty (240) mental health workers (MHWs) and 200 users from Sardinia, Italy, were asked to complete the WWRR questionnaire. According to the study, users of mental health services in South Sardinia are more satisfied with the care received than mental health workers of the same region with their work. Findings also showed that, when compared to mental health workers in the same region, users of the South Sardinian community network for mental health care expressed a higher level of satisfaction with the network's system for delivering care and were more convinced that patients were happy with their care and that the facilities' staff respected their human rights.

In 2019, the WHO released *Mental Health, Disability and Human Rights: WHO QualityRights Core Training - for all services and all people*, a comprehensive package of training and guidance materials as part of its QualityRights Initiative. The materials aim to increase knowledge, skills, and

understanding in the promotion of the rights of persons with mental health conditions, and to improve the quality of mental health services. The overarching objective of WHO's QualityRights Initiative is to empower all stakeholders to advance rights and recovery in order to enhance the lives of individuals with psychosocial, intellectual, or cognitive disabilities everywhere. This is done by changing mindsets and behaviors in a sustainable manner (WHO, 2019).

In some evaluation studies, a human-rights based approach in mental healthcare had a positive impact on users and mental health professionals in terms of satisfaction, attitudes, and providing care. For instance, in the first extensive implementation and systematic evaluation of the QualityRights instruments to support a human-rights-based approach in mental healthcare that took place in Gujarat, India, findings showed that over a period of 12 months, the quality of care in psychiatric services significantly improved. Service users felt more empowered and were more satisfied with the services, mental health professionals had improved attitudes toward people with mental health disorders, and caregivers reported higher quality care (Pathare et al., 2021).

On a smaller scale, Carta et al. (2020) measured the attitudes of learners and future trainers before and after a course on WHO-Quality Rights (QR) at Razi Hospital, Tunisia. Nineteen (19) learners--psychiatrists, psychologists, nurses, occupational therapists, speech therapists, jurists, forensics, people with experience in treating psychosocial disability--went through the one-week intensive course. There is a significant improvement in knowledge or attitude among participants, as can be seen in a significant change in scores in 5 out of the 26 questions in the questionnaire. These 5 questions have in common the participants' 'beliefs about user control and users' freedom of choice. It can be said that those who participated in the training are more willing to leave freedom of choice to those who use mental health services. It also appears to have changed the belief that it is important not to try to control the user since this can often prove harmful. In addition, although the difference reached statistical significance only in 19% of the questions, an improvement was also observed in many other questions, or in the clear majority. Overall, it appears that many staff members' knowledge and attitudes have partially changed for the better as a result of the Quality Rights training.

Another example of how a HRBA impacts positively on mental healthcare is shown in an independent evaluation of a HRBA that the Scottish Human Rights Commission undertook at The State Hospital (TSH) in Carstairs, Scotland. The Commission found that "the majority [of patients, caregivers, management, and external commentators] wholeheartedly agree that a positive rights respecting culture, where the rights of staff, patients and carers are respected, was created at TSH as a result of the human rights-based approach." The Commission reported a decrease in the frequency and severity of restraint as well as improvements in patient care and treatment conditions. Employees reported that their working conditions improved and that they felt less anxious. Patients and caregivers noticed a shift from generalized policies and toward more specialized, patient-centered methods. As a result of all these changes, working relations between caregivers and patients improved (Scottish Human Rights Commission, 2009).

A HRBA can also lead to institutional and organizational improvements. For example, the Equality and Human Rights Commission of the United Kingdom released a report on five public organizations, namely Welsh Assembly Government, the National Policing Improvement Agency, Southwark Council, Mersey Care Trust, and Age Concern, that had made HRBA a part of their corporate culture. Mersey Care Trust is of particular significance since it offers medium- and high-security forensic mental health treatments in addition to the entire spectrum of specialized mental health care. The interventions taken by Mersey Care Trust included integration of human rights principles into organization policy, development of human rights auditing tools, human rights training, strategy and action plans, and patient inclusion. As a result of the intervention, decision-making was strengthened and service failure prevented. Staff morale improved as well as quality of service design. It was also reported that there was improved advocacy/user empowerment, and non-negotiable service standards were established. In the survey of managers and users and carers conducted by Mersey Care Trust, 89% of patients believed that their participation in the HRBA had improved their recovery and general well-being. Patients reported having more access to career possibilities and skills development. The survey also discovered that because patients and caregivers were involved in the hiring process, newly hired staff members were more likely to be sympathetic and understanding. Positive effects on their work were also reported by management and staff. According to the Trust, these advantages were attained with an annual investment of under £400,000 (EHRC, 2009).

Another example where a HRBA led to institutional and organizational improvements was reported by L. D. Mishra, the Special Rapporteur for the Indian Human Rights Commission. Site visits and evaluation of institutional reform of mental health institutions, as well as supervision of performance of mental health institutions across India, were conducted by the Indian Human Rights Commission. Thirteen (13) institutions were evaluated and findings indicated that a HRBA led to improvements in hospital infrastructure, such as the building and upkeep of outpatient departments and the provision of potable water, as well as better technology use, such as electronic data collection. Additionally, improvements in the integration of primary care and the supply of wholesome meals were discovered during the inspections. Patients could now use upgraded dining and recreational facilities and had better access to sanitary amenities. Improvements in hygiene standards were made, and some patients received occupational therapy, as well as opportunities for yoga and meditation (Mishra, 2012).

On a similar note where a HRBA improves the mental health care situation for both rights holders and duty bearers by increasing participation and empowerment, Broberg et al. (2020) highlighted the lessons learned from the implementation of pilot study applying a HRBA to psychiatric care as part of a regional government program in Gothenburg, Sweden. The Bohusläns Museum, the Angered Hospital, and the Psychosis Care Chain Northeast (Psychosis Care Northeast and Ward 242) at Sahlgrenska University Hospital, were chosen to integrate human rights into their daily work for the period of 2012–2015. In the review, Broberg et al. (2020) found that a human rights-based approach to working in psychiatry reduced the use of coercion, boosted user influence, improved provision of care, and fostered better teamwork. For instance, in Ward 242, the staff observed that reducing

coercion was crucial for patients. It was important as well for the promotion of a better working environment and health for the employees. The reduction of coercion also decreased the usage of sick days of the staff as well as patient deviations that required reporting. According to the staff, the new ways of working made them more willing to remain in their jobs. The rights holders believed that a reduction in coercion was crucial for their improved health and dignity.

Ward 242 employees also said that a HRBA empowered them to question coercive measures prescribed by doctors. Acquiring knowledge on human rights and learning that such rights are acknowledged by the UN gave the rights holders the strength to question certain decisions that had been made and to be more motivated to influence their own situations. Similarly, duty bearers stated that human rights gave them strength to be more active at staff meetings and challenge existing hierarchies at the workplace. Rights holders claimed that learning about human rights and understanding that these rights are recognized by the UN empowered them and enabled them to challenge certain judgments. It also increased their motivation to change their own situation. Based on the literature surveyed, there is a dearth of literature on the relationship of human rights and mental health in the Philippines. This study seeks to address such gaps.

Religiosity/Spirituality plays an important role in the lives of individuals. The Philippines ranked fifth among the most religious countries with a rating of 90 percent based on the Gallup International poll in 2017. More than 80 percent of the population are Catholics. The COVID-19 pandemic had a huge negative impact on Filipinos' lives. However, significant adversities in life, like the COVID-19 epidemic, demonstrate the value of religion as a coping mechanism (Del Castillo et al, 2021). Many Catholics in the Philippines turn to their faith as a coping mechanism for overcoming life's most difficult situations (del Castillo & Alino, 2020). The importance of religion during the COVID-19 pandemic was identified by numerous Filipinos when they said that "faith is very important" in fighting against the pandemic (Patinio, 2020). The "belief in the sacred or divine and the consequent spiritual experience leads to positive psychological states such as peace, hope, and joy" (del Castillo, 2020).

Religiosity/spirituality is linked to one's well-being and life satisfaction. Dr. Catherine A. Sanderson, a psychology professor at Amherst College in Massachusetts, said "Religious beliefs give people a sense of meaning. It also gives them a social network. It gives a sense of well-being or comfort." Studies have revealed that religiosity/spirituality has a positive relationship with life satisfaction. Spirituality was a major predictor of life satisfaction among rehabilitation individuals and showed a substantial link with both life satisfaction and quality of life (Tate & Forchheimer, 2002).

RESEARCH OBJECTIVES

This study seeks to examine the relationship of human rights and mental health. Specifically, this aims to describe the Filipinos' level of perceived mental health status, perception of what rights the government should afford to its citizens, perceived importance of the freedom to practice one's religion, and religiosity/spirituality, and how these factors are related to life satisfaction. Moreover, it also determines the relationship between Filipinos' perception on what rights the government should provide and perceived mental health status.

This study also seeks to contribute to literature by focusing on the factors that affect Filipinos' life satisfaction, and consequently filling in gaps in the mental health discourse. The findings of this research may be used in awareness raising and prevention of mental health issues, and in developing human rights-based policies, programs, services, and information, education and communication materials.

RESEARCH QUESTIONS

This article aims to describe the mental health status and life satisfaction of Filipinos. Moreover, it also presents their perception of human rights (i.e., expectation from the government) and their level of religiosity/spirituality. More specifically, it aims to answer the following questions:

1. What are the levels of mental health, expectation from the government regarding human rights, religiosity, and life satisfaction among Filipinos?
2. Do Filipinos' perceived mental health condition, expectations from the government in addressing human rights issues and concerns, perceived importance of freedom to practice one's religion, and religiosity/spirituality, affect their life satisfaction?
3. Does the level of expectation of Filipinos from the government in providing needs and services related to human rights affect their life satisfaction?
4. Does the level of religiosity of Filipinos affect their life satisfaction?

SIGNIFICANCE OF THE STUDY

The study seeks to provide knowledge on the role of religiosity/spirituality in the understanding of human rights and how these affect life satisfaction, and to see whether or not findings are significant in a predominantly Catholic country. This study also aims to provide information if the level of expectation of Filipinos from the government in providing needs and services is in any way related to human rights and whether this affects their life satisfaction. Theoretically, this article engages in the conversation surrounding the "Ginhawa Psychosocial Framework" which can be used in understanding the interplay of religiosity/spirituality, human rights, and mental health. This article contributes to the limited body of knowledge regarding the nexus between mental health and human rights particularly in the Philippine context. Mental health should be seen as a human right. The human rights approach to mental health, according to Mann et al. (2016), will improve access to services and will lower the cost of such services. This makes our health services more accessible, affordable, and inclusive. This framework underpins the important role of rights in maintaining and promoting the well-being of a person. However, there's still a dearth in terms of research in relation to this model.

Some scholars have asserted that the concept of human rights was first developed in the West while others have divergent views (Rieffer, 2006). Lauren (1998) contends in *The Evolution of International*

Human Rights: Visions Seen that human rights did not originate in any particular place or time but rather took root in all major world religions and cultures. The idea of human rights was evolved at various times by philosophers, prophets, and spiritual authorities. All major religions, according to Lauren, affirm that all people have an inherent dignity. For this reason, we have obligations to others.:

All of the major religions of the world seek in one way or another to speak to the issue of human responsibility to others. Despite their vast differences, complex contradictions, internal paradoxes, cultural variations, and susceptibility to conflicting interpretation and fierce argumentation, all of the great religious traditions share a universal interest in addressing the integrity, worth, and dignity of all persons and consequently, the duty toward other people who suffer without distinction (Lauren, 1998, 5)

The Catholic Church has affirmed the principles of human dignity, brotherhood/sisterhood, equality, freedom, and human rights (Compendium of the Social Doctrine of the Church, 2004). It should also be noted however that although many religious texts imply that we have obligations to others, they frequently also contain ideas and concepts that are conflicting with human rights. For example, the Bible does not constantly uphold women's dignity; homosexuals are despised (Rieffer, 2006).

Mental health professionals. This study can provide a deeper understanding of the factors that affect Filipinos' life satisfaction. For example, the study helps identify the role of spirituality in shaping mental health outcomes. The interventions that will be created can be more calibrated to the psychosocial needs of the Filipinos. Some examples of interventions are meditation, prayer groups, music therapy, art therapy, body-mind exercises, and alternative healing therapies. The interventions created may be an effective addition to existing interventions.

Government. This study hopes to serve as a guide for the government in developing human rights-based policies and programs and providing mental health services by taking into account the factors in this study, e.g., Filipinos' religiosity/spirituality, perception of what rights should be provided by the government.

Religious/Faith-based institutions or organizations. This study can provide information on how religious/faith-based institutions or organizations can address the mental health concerns of their constituents. This study can also serve as a guide in developing programs and services to address Filipinos' mental health needs and on how to care for the spiritual well-being of their constituents.

General public. This study hopes to provide awareness of the mental health status of Filipinos, Filipinos' perception of human rights, Filipinos' spiritual/religious practices, and how these are related to life satisfaction. This may help Filipinos' in better understanding themselves and

improved awareness of their own feelings, thoughts, and behaviors. This can help Filipinos in developing healthy strategies to cope with their life situations and improve their life satisfaction.

Future Researchers. This study may serve as a reference to future studies as additional literature on mental health and human rights. Qualitative research can be done to further explore the dynamics of spirituality's impact on mental health. Features such as magnitudes and patterns can be potential research topics in succeeding research undertakings.

SCOPE AND LIMITATION

As the SWS survey titled Diwa at Karapatan is replete with data on human rights and mental health perception, the study limits its analysis to proxy indicators on the concept of rights, perceived mental health, and spirituality/religiosity for its independent variables and life satisfaction as the dependent variable. Consistent with the Ginhawa Psychosocial Framework, life satisfaction was considered as the measure of well-being. While the measure of spirituality is a religious measure since in the Philippine setting, religiosity and spirituality are highly related (Yabut, 2013). This study employs quantitative statistical analyses which include Pearson R and Multiple Linear Regression to determine the relationship of these variables. The data for this research is limited to the survey results from the National Mental Health and Human Rights Survey conducted by CHR with SWS involving 1800 adult Filipinos randomly selected from the general population in the Philippines.

THEORETICAL FRAMEWORK

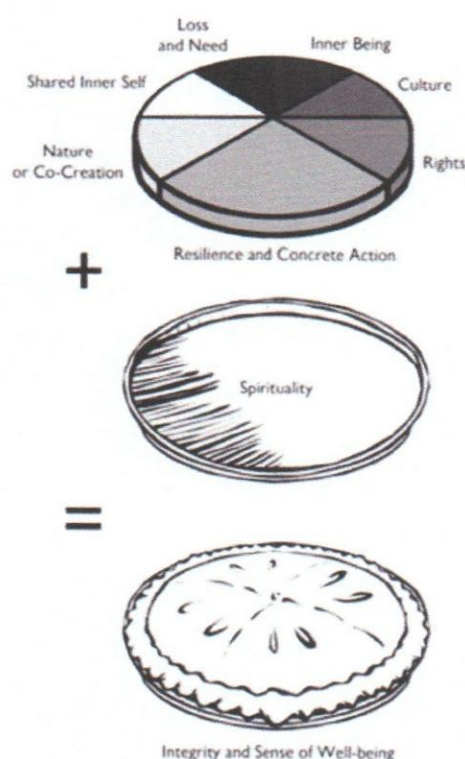


Figure 1: Ginhawa Psychosocial Framework

In 2008, Paz examined the complex semantic network in several languages of various ethnolinguistic groups (EG) to examine how the idea of well-being is articulated in the Philippines. The goal of the study was to highlight the similarities among the languages that unite the EGs as a people. According to Paz's linguistic analysis, well-being is determined by material possessions, attained with the aid of the spirit world, and social contact within the community upheld by nature or the environment. Paz discovered three cognates connected to the theme of well-being that were included in the language of different EGs while discussing how semantics evolved in diverse EGs. Wellness is (a) the ability to breathe easily or loosely, (b) the absence of want or freedom from pressures or problems, and (c) a physical state of feeling light and easy. The Tagalog word "maginhawa," which means "being prosperous, peaceful, free from want or problems," may be linked to words that have the same meaning among other ethnic groups in the Philippines. All these words have the same meaning which is "to breathe." These are "maginhawa" in Hiligaynon, Romblomanon, and Sorsoganon; "maginhawa" in Sebwano; "guminhawa" in Aklanon and Waray; "mangisnawa" in Kapampangan; and "manginanawa" in Sambal. The phrase "state of respite from tensions and problems" is also known as "nakakahinga ng maluwig" (able to breathe lightly) in Tagalog.

Huppert (2009) defines well-being as the experience of happiness, contentment, the development of one's potential, having some control over one's life, having a sense of purpose, and having meaningful connections. Well-being is generally just feeling well and is a condition that enables the person or population to develop. Positive mental health is identical with the concept of subjective well-being. Positive mental health is described by the World Health Organization (2004) as "a condition of well-being in which the person understands his or her own strengths, can manage with the typical stressors of life, can work successfully and fruitfully, and is able to contribute to his or her community." This definition of well-being includes the feeling that life is going well in addition to the absence of mental illness.

This study is guided by the Ginhawa Psychosocial Framework, an indigenous Filipino psychosocial framework on well-being developed by Maria Lyra R. Versoza in 2011. Kaginghawaan (well-being) considers these dimensions: *kapwa* (shared inner self), *karapatan* (rights), *kultura* (culture), *kalikasan* (nature), *kalakasan* (resilience), *kalooban* (inner being), *kawalan* (loss and need), and *pananampalataya* (spirituality). The Ginhawa model stipulates that "rights" is important to integrity and sense of well-being. When individuals are able to enjoy all human rights and fundamental freedom completely, this enhances and realizes their full potential for well-being (Versoza, 2011).

In this paper, the concept of rights is defined as the expectation of respondents as regards the role of the government in providing human rights-related services or making sure that human rights are achieved. Spirituality is operationalized as religiosity since Filipinos do not clearly see a distinction between the two. "Filipinos similarly view religiosity and spirituality" (Batara, 2015). In the Philippines, religiosity and spirituality are highly related or intertwined (Yabut, 2013). Additionally, Ocampo et al. (2013) provided further evidence that there is an overlap of religion and spirituality among Filipino youth. Filipino spirituality is based on religion. Morality among Filipinos too is heavily influenced by religion. Well-being meanwhile is operationalized in terms of life satisfaction.

CONCEPTUAL FRAMEWORK

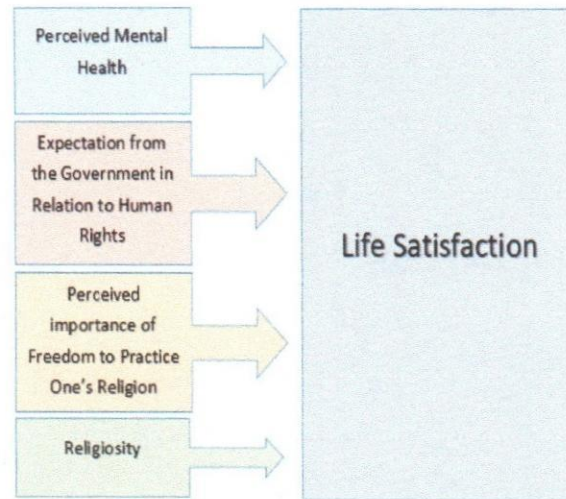


Figure 2. Conceptual Framework of the Study

This article argues that life satisfaction (dependent variable) can be influenced by independent variables, namely, perceived mental health, expectation from the government, perceived importance of freedom to practice one's religion, and religiosity. In addition, this article also looks into the relationship between mental health and expectation from the government on human rights. To establish this presumed relationship, the authors of this article re-analyzed the data of the 2021 Mental Health and Human Rights Survey of the Philippine Commission on Human Rights.

The first independent variable for this re-analysis is perceived mental health status. Studies have shown that life satisfaction can be influenced by one's health condition. In a 2021 research conducted by the University of British Columbia (UBC), it was found that high life satisfaction is linked to better overall health. In a study conducted by Lombardo et al. (2018), results from successive waves of a Canadian national survey revealed that there is a high association between subjective mental health status and life satisfaction, and between poor self-rated mental health and low life satisfaction. In another study, health and economic status were identified as the most significant determinants of life satisfaction by the majority of the oldest of the older people in China, (Ng et al., 2017).

Life satisfaction can also be influenced by the level of responsiveness of the government in addressing human rights issues and concerns. In the case of Kazakhstan for instance, the contributing factors to life satisfaction are trust in governmental institutions, living situations, and personal and economic factors influenced by public policy. Individuals are more satisfied with their lives as a whole when they are more satisfied with public services that are affordable, accessible, and of good quality. Additionally, individual well-being increases as the level of trust in government institutions becomes higher (Serikbayeva & Abdulla, 2021). On a similar note, Liu et al. (2019) identified factors such as trustworthiness and responsiveness of the government as well as the government's performance in the delivery of public services as positively and significantly contributing to the life satisfaction of the Chinese citizens. This finding suggests that the quality of government, both technically in terms of its capacity to provide public services efficiently and politically in terms of the degree of democracy involved, has a positive and significant impact on the happiness of Chinese citizens. Samanni & Holmberg (2010) concluded that quality of government, defined as effectiveness, and absence of corruption, makes people happy. Also, people in democracies tend to have higher life satisfaction

compared to those who reside in less democratic countries. Although it is also prevalent in non-OECD countries, there is a stronger correlation in the wealthier OECD countries. Political participation also plays a role in significantly improving life satisfaction. In China, the life satisfaction of urban residents greatly improved through increased political participation, with the results being more significant for females, highly educated, members of the Communist Party, and employed urban residents (He et al., 2022).

Moreover, this study assumes that religiosity and being able to practice one's religion could have a bearing on one's satisfaction in life. In the analysis, life satisfaction was measured in terms of household income, family life, relationship with friends, and employment. Studies in different countries showed that spirituality/Religiosity was significantly and positively correlated with life satisfaction—in Australia (Kortt et al., 2014), in West Germany (Sinnewe et al., 2015), among undergraduate students in Trinidad (Habib & Donald, 2018), among adolescents in Portugal (Marques et al., 2013), and among Filipinos (Perez et al., 2021).

Lastly, this article would like to establish whether or not higher or lower expectations from the government in providing needs and services related to human rights may have a bearing on perceived mental health. Studies have been done on how unmet expectations affect the well-being or mental health of individuals. For example, older people living in the US, taking into account health declines, experience depressive symptoms when they unexpectedly stopped working or exited the labor force at age 62 (Sieger & Wiese, 2011). Unmet expectations have led to an increase in depressive symptoms in many Chinese resettlers when many benefits of the resettlement policy that the Chinese government promised did not take shape (Xi & Huang, 2011). Unmet expectations of civil servants working for the Dutch central government indicated dissatisfaction and meant that it is probable that a new employee would be searching for a new job. (Van Dissel, 2017). To the best of our knowledge, there is no study done on the relationship between the level of expectations from the government in providing needs and services related to human rights and perceived mental health. In addition, no study has been conducted on how these two factors affect life satisfaction.

METHODOLOGY

This paper is based on the 2021 Mental Health and Human Rights Survey of the Philippine Commission on Human Rights. The survey covered the Philippines between November 19th and 23rd, 2021. Through face-to-face interviews of voting-age adults (18 years and older), a multi-stage cluster sampling was applied. With four study areas (National Capital Region, Balance Luzon, Visayas, and Mindanao), spots were selected per area with probability proportional to size. Households were then chosen by systematic sampling, and an adult was randomly selected in the household, using a probability selection table. The overall sample size was 1,800 voting-age adults (450 per study area). The survey questions were co-created and reviewed with technical experts on mental health and on human rights. The surveys were in Filipino, English, Iluko, Bicol, Hiligaynon, Cebuano, Waray, Chavacano, and Tausug. After a 2-day online training, 125 field staff were deployed, overseen by supervisors and field managers. Quality control included spot checks, back checks, surprise checks, and in-person observations. Data was encoded on a computer program and then validated by a group separate from the encoders. To allow for representative figures at the national level, census-based population weights were used.

Sampling Method

Sample Sizes and Error Margins. An indicator of data quality is the standard error of the estimate, on which the margin for sampling error is based. As survey statistics are mostly proportions, the key measure of data precision is the standard error of a proportion taken from a sample. It is computed as follows:

$$\pm Z * \sqrt{\frac{p(1-p)}{n}}$$

Where Z, at 95% confidence level is 1.96; p is the sample proportion estimate and n is the sample size. The overall sample size of 1,800 voting-age adults gives a maximum error margin of $\pm 2.31\%$ at the 95% confidence level, assuming a simple random sampling design. The sampling error is at its highest when the true proportion being estimated is close to 50%.

The following approximate 95%-confidence margins for sampling error should be made when aggregating data at various levels:

Table 1. Sample Size and Margin of Errors

	Sample Size	Error margin
Philippines	1,800	$\pm 2\%$
National Capital Region	450	$\pm 5\%$
Balance Luzon	450	$\pm 5\%$
Visayas	450	$\pm 5\%$
Mindanao	450	$\pm 5\%$

However, somewhat higher error margins should be expected since multi-stage cluster sampling was used; this design-effect is not readily measurable through established statistical software.

Sampling scheme. The Philippines was divided into four study areas: National Capital Region (NCR), Balance Luzon, Visayas, and Mindanao.

Multi-stage probability sampling was used in the selection of sample spots. The allocation of sample units in each stage was as follows:

Table 2. Number of Respondents per Major Island

	Sample Province	Sample Municipality	Spots	Probability Respondents
National Capital Region	—	17	90	450
Balance Luzon	10	15	90	450
Visayas	5	15	90	450
Mindanao	6	15	90	450
	21	77	300	1,800

After data cleaning, only 1761 of the 1800 respondents were included. The exclusion is due to mistakes in data encoding.

Items of the Survey

The perceived mental health scale measures the level of cognitive and mental functioning. Items include difficulty in overcoming difficulties, feeling propitious or worthless, ability to participate in normal activities, being able to face problems, confidence, concentration, sleeping problems, stress, and being happy or unhappy. In this scale (MHR23-MHR34), the respondents were asked how often they have felt mental- and cognitive-related issues and problems. For this scale, the response options given to them are never, seldom, often, and always. A never response in negative items (e.g., sleeping problem) was given no point while a response of always was given 3 points. A never response to positive items (e.g. being able to concentrate) was given 3 points while a response of always is given no point. Scores can range from 0 to 36 points. Higher score indicates negative perceived mental health status.

The independent variable expectation from the government (MH41_1 to 19) pertains to which human rights the respondents think should be fully provided by the government. These rights include right to life, right to liberty, right to security of a person, right to not be subjected to torture or degrading treatment or punishment, right to access to justice for acts violating a person's rights, right to not be subjected to arbitrary arrest, detention, or exile, right to fair public hearing on any criminal charges against him/her, right to not be subjected to arbitrary interference with his/her privacy, family, or home, right to marry and to have a family, without any discrimination due to race, nationality, or religion, freedom to practice one's religion, freedom of opinion and expression, right to access and to impart information through any media, right to peaceful assembly and association, but no one should be compelled to join these, right to vote representatives through free and genuine elections, right to just and favorable conditions of work, including favorable remuneration, right to adequate food, right to adequate housing, right to adequate health care, and right to education.

The score in this dimension can range from 0 to 19. A zero score is possible if the respondent cannot choose any of the human rights listed. Another independent variable in relation to human rights pertains to the respondents' perceived importance of the freedom to practice one's religion (MH40H). Respondents who have identified this as a right that the government should fully provide were given a score of 1 while a zero point for those who have not perceived its importance. Higher score indicates higher expectations from the government.

Another independent variable (R09) pertains to the self-assessment of the respondents as regards their level of religiosity. The response options for this Likert-like scale are extremely religious, very religious, somewhat religious, neither religious nor non-religious, somewhat non-religious, very non-religious and, extremely non-religious.

The dependent variable for this analysis is life satisfaction (MH07-10). In this item, the respondents were asked whether they were satisfied or dissatisfied in some aspects of their life which include family income, family life, relationship with friends, and main job. The response options are completely satisfied, very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, very dissatisfied, and completely dissatisfied. The response "completely satisfied" was given 7 points while "completely dissatisfied" response was given 1 point. Scores can range from 3 to 28. Higher score indicates higher life satisfaction. The item pertaining to satisfaction with one's job was not asked among respondents without employment.

RESULTS OF THE SURVEY

Profile of the Respondents

The respondents of the survey are generally in their early to late adulthood. As can be gleaned from Table 3, about 70% of them are between the age of 20 and 59 years old. Almost 50% of them are married. Many of the respondents are from families with more than 3 household members. Half of the respondents reside in urban areas. A majority of them view themselves as either not poor or just within the poverty threshold. In terms of their awareness on human rights, more than 60% of the respondents rated themselves to have extensive or adequate knowledge.

Table 3. Profile of the Survey Respondents (N=1800)

Variables	f	%
Sex		
Male	900	50
Female	900	50
Age		
Less than 20 years old	101	5.6
20-40 years old	790	43.9
41-59 years old	557	30.9
60 years old and above	352	19.6
Marital Status (Legal)		
Married	847	47
Separated	104	6
Widowed	166	9
Single	683	38
Number of Household Members		
1	56	3.1
2	214	11.9
3	332	18.4
4	394	21.9
5	315	17.5
More than 5	489	27.2
Place of Living		
No Answer	33	2
Big City	879	49
Suburbs	103	6
Small Town	274	25
A Country Village	484	27
Farm	27	2
Self-Rated Poverty		
Poor	351	20
On the line	522	29
Not Poor	926	51
No Answer	1	0
Knowledge on Human Rights		
Extensive	227	13
Adequate	875	49
Only a little	517	29
Very little	138	8
Don't know	43	2

Perceived Mental Health Status of the Respondents

Using a mental health status scale, the researchers assigned values (or scores) in all of the Likert-like scale items. The lowest possible score is 0 while the highest possible score is 36. This implies that higher scores are indicative of a poor perceived mental health. As can be seen in Table 4, the respondents' scores fall below 18 (50% of the total score). This means that the respondents are generally of good mental health status.

Table 4. Perceived Mental Health (N=1761)

Score	f	%
0-5	234	13
6-10	511	29
11-15	580	33
16-20	369	21
More than 20	67	4

Expectation from the Government

The respondents were asked which among the 19 listed human rights they think should be afforded or protected by the state. For the analysis, each Yes response is given 1 point. The score can range from 0 to 19. High score indicates more expectation from the government. Results show that many of the respondents are not quite aware of the function of the state in protecting human rights. As indicated in Table 5, an overwhelming majority of the respondents (91%) thought that there are/is only about 1 to 5 out of the 19 basic human rights that are the full responsibility of the state.

Table 5. Expectation from the Government

(No. of human rights that were perceived to be the duty of the government to provide)

Range	f	%
None	7	0
1-5	1601	91
6-10	122	7
More than 10	31	2

Religiosity of the Respondents

Related to Table 6, only about 61 or 3% of the respondents believed that the state has the role in ensuring the right to practice one's religion. Meanwhile, many of them (77%) thought of themselves as religious to varying degrees. Surprisingly, about 4% of the respondents deemed themselves not religious despite the fact that the Philippines is relatively a conservative and predominantly Catholic nation.

Table 6. Right to Practice One's Religion and Religiosity (N=1761)

Variable	f	%
Expectation that the government should support the right to practice one's religion		
Yes	61	3
No	1700	97
Religiosity		
Extremely Religious	116	7
Very Religious	414	24
Somewhat Religious	986	56
Neither Religious nor Non-Religious	161	9
Somewhat Non-Religious	66	3.7
Very Non-Religious	17	1
Extremely Non-Religious	1	0

Life Satisfaction of the Respondents

The respondents were asked if they are satisfied with their household income, family life, relationship with friends, and work. The responses of the respondents were given scores. Higher scores indicate higher life satisfaction. Based on the results, only 30% of them have reached 50% of the total score. This is indicative that generally the respondents are not very or highly satisfied with life. Respondents are generally religious but not generally quite satisfied with life. In the inferential statistics, life satisfaction only varies when comparing respondents categorized by either somewhat religious and extremely religious. Life satisfaction did not vary across other categories. While they are generally religious, they may have not been satisfied in life because of practical reasons, including income and work, which may not have a bearing on one's religiosity. There is also a limitation in the variable because this is a self-assessment of one's religiosity and respondents can simply claim that they are religious.

Table 7. Life Satisfaction

Score	f	%
5 or less	122	7
6-10	1109	63
11-16	530	30

Factors Influencing Life Satisfaction

Pearson R correlation was performed to see the interplay among the continuous variables, namely, expectation from the government, perceived mental health, and life satisfaction. Results indicate that there is a very weak but significant negative correlation between expectation from the government and perceived mental health status. This means that higher expectations from the government decreases the odds of having mental health concerns and issues. There is also a very weak but positive correlation between mental health and life satisfaction. This means that high life satisfaction could increase the odds of having mental health issues. This implies that life satisfaction may not necessarily decrease the odds of mental health issues and concerns.

Table 8. Results of the Pearson R Correlation

		Expectation	Mental Health	Life Satisfaction
Expectation from the Government	Pearson's r	—		
	p-value	—		
Mental Health	Pearson's r	-0.063	—	
	p-value	0.008	—	
Life Satisfaction	Pearson's r	-0.026	0.089	—
	p-value	0.270	< .001	—

Multiple linear regression was used to test if perceived mental health, importance of freedom to practice one's religion, religiosity, and expectation from the government significantly predicted life satisfaction. For this analysis, only 1761 respondents were included. The overall regression was statistically significant ($R^2 = 0.0163$, $F(9, 1751) = 3.23$, $p = .001$). It was found that religiosity and perceived mental health status significantly predicted life satisfaction. The results manifest the possibility that life satisfaction could be influenced by varying levels of religiosity. As a caveat, the difference can only be noted between those who identified themselves as somewhat religious and extremely religious. While the result is significant, a caution must be made in interpreting the result since the R^2 value is very small.

Table 9. Model Fit Measures

Model	R	R^2	Adjusted R^2	Overall Model Test			
				F	df1	df2	p
1	0.128	0.0163	0.0113	3.23	9	1751	<.001

Although the result needs to be taken with caution, it does imply that level of religiosity could have a bearing on one's life satisfaction. However, differences in life satisfaction were only observed between those who are somewhat religious and extremely religious. There was no observed significant difference in life satisfaction when other categories were compared to extremely religious respondents. In other words, life satisfaction can increase when one is moving from being somewhat religious to being extremely religious. The results also signify that mental health conditions are related to life satisfaction. However, negative mental health perceptions do not necessarily mean less life satisfaction. Interestingly, the data indicates that an individual can still be satisfied even if one has a negative perception of mental health.

Table 10. Life Satisfaction

Predictor	Estimate	SE	t	p
Intercept ^a	8.31553	0.2687	30.95057	<.001
Religiosity				
Very Religious - Extremely Religious	0.14368	0.2529	0.56804	0.570
Somewhat Religious - Extremely Religious	0.52834	0.2365	2.03381	0.026
Neither - Extremely Religious	0.39228	0.2936	1.33631	0.182
Somewhat Non-Religious - Extremely Religious	0.45705	0.3712	1.23113	0.218

Very Non- Religious - Extremely Religious	0.04149	0.6264	0.06623	0.947
Extremely Non-Religious - Extremely Religious	0.00390	2.4186	0.00161	0.999
Perceived Mental Health	0.04157	0.0112	3.70099	<.001
Expectation from the Government	-0.02610	0.0241	-1.08316	0.279
Importance of Religion				
Yes- No	0.54698	0.3142	1.74103	0.082

^a Represents reference level

DISCUSSION AND CONCLUDING REMARKS

One can be satisfied in life amidst mental health condition

As noted in the results, the respondents' level of life satisfaction is relatively low despite their generally sound mental health. However, results also reveal that life satisfaction can still increase even with mental health issues and concerns. The work of Keyes (2020) manifests that one can still flourish in the midst of difficult circumstances. Depending on the severity of mental health issues, an individual can still be satisfied or be grateful. Despite the difficulties brought about by the pandemic, people are still thankful that they have survived the ordeal. Gratitude is a source or factor that can positively help in one's well-being. Kumar et al. (2022) concluded that "gratitude was correlated with less negative changes in outlook, greater positive changes in outlook, and endorsement of positive experiences resulting from COVID-19." Overall findings showed that gratitude decreased difficulties related to mental health and improved a positive outlook at the start of the pandemic. Perez et al. (2021) affirmed this finding and stated that gratitude positively affects spirituality which in turn positively affects life satisfaction. Gratitude had positive effects on emotions during the pandemic among Filipino students (Datu et al., 2022). Gratitude and presence of meaning in life were positively associated with life satisfaction among Filipino adolescents (Datu & Mateo, 2015).

Expectation from the government improves mental health

It was also revealed in the analysis that higher expectations from the government regarding human rights decreases the odds of mental health issues. Despite the fact that many of the respondents claimed that they are knowledgeable of human rights, a significant number of them have low expectations from the government. In other words, many of them perceive that some human rights may not necessarily be provided by the government. The interplay between expectation and mental health can be explained by the notion that expectations could lead to demand and actual access to social services embodied in the universal declaration of human rights. Although in the context of consumer satisfaction, the study of Almsalam (2014) asserts that expectation has a positive effect on client satisfaction. It is likely that when expectations regarding human rights are met, people will have an improved mental health leading to higher life satisfaction. Although the analysis revealed that higher expectations lead to better mental health, the respondents were not fully aware of the role of the State in promoting human rights as many of them only identified a few human rights. Expectations can shape one's behavior and attitude. The article of Zarei et al. (2021) argues that "protecting the citizens' lives is one of the first duties of governments, which also shapes the citizens' public expectations. Such expectations seem to affect how citizens form their behaviors and attitudes toward public services."

The role of religiosity in improving well-being

The prediction for the group Somewhat Religious – Extremely Religious is the most salient predictor of life satisfaction. In the Filipino culture, various studies have shown the importance of religiosity/spirituality and faith to enhance well-being. Religion and faith have a very significant influence on the culture and lived experience of Filipinos. Religious coping is demonstrated by exerting “effort to understand and deal with life stressors in ways related to the sacred.” During the pandemic, many Filipinos considered their faith as a strong resource to cope with their various life challenges (Del Castillo, 2020, 2021, Patinio 2020). Many Catholic Filipinos still believe that COVID-19 is a punishment or a test from God, that it is just a passing phase. Instead of questioning their faith during the pandemic, devotees strengthened their belief in God and considered the pandemic as just a test of faith (Castro, 2022).

Human Rights Based Approach to Mental Health

The positive relationship between mental health and expectations from the government on human rights is a manifestation that indeed mental health can be understood within the human rights-based approach. This approach puts a premium on human rights values at the core of mental health service delivery. Recognizing human rights principles can serve as a foundation in the transformation of health and social care services (Curtice & Exworthy, 2010). As mentioned in the literature below, a high level of respect of human rights can improve the quality of mental health care (Mann et al., 2016), thereby improving the mental health and well-being of the people.

In summary, life satisfaction can still increase even with mental health issues and concerns, and that spirituality/religiosity play a significant role in improving life satisfaction. Spirituality/Religiosity is a way for Filipinos to understand their lives, deal with life stressors, and strengthen their faith. Mental health service delivery can include spirituality and religion into psychotherapy practices or mental health interventions if deemed appropriate and beneficial to the persons concerned. This article pushes the idea that awareness regarding human rights increases expectations. When citizens are fully aware of their rights and the role of the State in protecting those rights, realistic expectations will emerge which would shape public demand. When there is high public demand, the State will be forced to offer the needed social services. Given this, this article recommends that academic institutions should offer a course on human rights or embed this in existing social science related courses so that students at a young age will be fully aware of what their rights are and how these can be protected at the individual, family, and societal level. Consistent with the Mental Health Law on its commitment to promote the well-being of people, another recommendation is to push for the use of a rights-based approach to mental health in order to ensure that mental health service delivery will be affordable, accessible, and inclusive. After all, mental health is a human right.

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