

Psychological Flexibility as a Mediator in the Relationship Between Mental Health Literacy and Psychological Well-Being among Police Officers within Cagayan Valley Region

Ruby Ann T. Cruz, Rpm, LPT

Graduate School, Master of Arts in Psychology, Polytechnic University of the Philippines, Sta. Mesa, Manila, Philippines

Email of Corresponding Author: chingtejucocruz624@gmail.com

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Abstract

This study examined the relationship between Mental Health Literacy and Psychological Well-Being among police officers in Police Regional Office 2 (PRO2) and determined whether Psychological Flexibility mediated this relationship. Anchored on the Transactional Theory of Stress and Coping and supported by concepts from Acceptance and Commitment Therapy, the study employed a quantitative descriptive, cross-sectional, and correlational design. A total of 384 active PNP uniformed personnel who had received the Mental Health Awareness Lecture in 2025 were selected through stratified random sampling with proportional allocation. Mental Health Literacy, Psychological Flexibility, and Psychological Well-Being were measured using the Mental Health Literacy Scale, Work-Related Acceptance and Action Questionnaire, and Psychological General Well-Being Index, respectively. Descriptive statistics, Spearman's rho correlation, and mediation analysis using path analysis and bootstrapping were applied. Results showed that respondents had high Mental Health Literacy, high work-related Psychological Flexibility, and a moderate degree of Psychological Well-Being. Mental Health Literacy was significantly and positively related to Psychological Well-Being ($p = .234, p < .001$), although the relationship was weak. Psychological Flexibility partially mediated this relationship, with both direct and indirect effects remaining significant. Among the Mental Health Literacy dimensions, only knowledge of self-treatments demonstrated a significant indirect effect on Psychological Well-Being through Psychological Flexibility. The study concludes that mental health knowledge is associated with better psychological well-being, partly through officers' capacity to adapt to stressful thoughts, emotions, and occupational demands. It recommends strengthening the Project: Bantay Kaisipan through Mental Health Literacy education, ACT-informed Psychological Flexibility training, mindfulness, stress management, adaptive coping, psychological safety initiatives, continuous wellness monitoring, and sustained psychological services. The study supports SDG 3: Good Health and Well-Being, SDG 8: Decent Work and Economic Growth, and SDG 16: Peace, Justice, and Strong Institutions. Its sustainability impact lies in supporting healthier police workplaces, stronger institutional mental health programs, sustained occupational functioning, and effective public safety services.

Keywords: Acceptance and Commitment Therapy, Mental Health Literacy, Police Officers, Psychological Flexibility, Psychological Well-Being, Sustainable Development Goals

1. Introduction

Police work involves frequent exposure to traumatic incidents, occupational pressure, danger, irregular schedules, and emotional demands that may affect officers' Psychological Well-Being. Mental Health Literacy and Psychological Flexibility may serve as important resources in helping police personnel recognize psychological concerns, manage stress, and maintain adaptive functioning. This study examines the relationship between Mental Health Literacy and Psychological Well-Being among police officers in Police Regional Office 2 (PRO2) and determines whether Psychological Flexibility mediates this relationship.

Mental Health Literacy refers to knowledge and beliefs that support the recognition, management, and prevention of mental disorders (Sampaio et al., 2022). Greater literacy helps individuals identify early signs of distress, understand risks, and seek appropriate assistance (Tulane University, 2024). Among police officers, this may encourage healthier coping, reduce stigma, and improve the use of mental health services. Psychological Flexibility refers to remaining open to difficult internal experiences while continuing to act according to personal values despite stress or discomfort (Cervantes-Perea et al., 2025; Yildirim et al., 2024). Greater flexibility has been associated with better well-being and reduced effects of stress and negative emotions (Klein et al., 2022; Machulska & Klucken, 2025). These factors are particularly important in police work because officers frequently encounter traumatic events, organizational pressures, and demanding workloads. Within the Philippine setting, workplace mental health concerns remain significant, emphasizing the need to strengthen knowledge, coping resources, and Psychological Well-Being among personnel in high-stress occupations.

Mental health enables individuals to cope with life stresses, function effectively, and contribute to their communities. In 2019, approximately 970 million people globally were living with a mental disorder, with anxiety and depression among the most common conditions (WHO, 2021). Among police officers, Mental Health Literacy supports recognition of psychological concerns and appropriate help-seeking. Philippine studies emphasize the value of mental health education and institutional support. Manaig (2024) identified mental health awareness and training as important for stress management, communication, and safe performance of police duties. Resurreccion (2024) emphasized knowledge of psychological stress, resilience, social support, and mental health resources, while Lamerez et al. (2025) reported that knowledge of mental health indicators and coping strategies may support early intervention for anxiety, depression, and occupational stress. Mental Health Literacy may also promote early identification of psychological problems and greater use of available services. Manaig (2024) recommended regular screening, counseling, mentoring, and workplace monitoring. Oglimen and Panday (2025) similarly emphasized awareness, training, logistical support, and systematic program evaluation. However, a culture of toughness may discourage vulnerability and help-seeking among officers, making appropriate mental health education particularly important, as Dela Cruz (2024) added. Psychological Flexibility is likewise relevant to police mental health. Mojallal et al. (2020) reported that avoidant responses to occupational stress may increase distress and burnout. Baker et al. (2022) identified openness to experience, behavioral awareness, and valued action as important components of Psychological Flexibility in relation to burnout. Among Philippine police personnel, Filipino female officers reported being brave, flexible, and adaptive in responding to occupational challenges (Blanco et al., 2023). Resurreccion (2024) identified a positive relationship between resilience and mental health, while Lidawan and Trinidad (2024) reported the use of problem-centred, emotion-centred and appraisal-centred coping among PNP personnel. Lamerez et al., (2025) also found a significant relationship between adaptive coping strategies and mental health among uniformed officers. Psychological Well-Being allows individuals to function effectively, manage stress, and maintain life satisfaction (World Health Organization, 2023). High job demands and limited control can increase stress and impair emotional functioning (Canadian Mental Health Association, 2022). Positive emotions, meaningful engagement, supportive relationships, and purpose also contribute to well-being (Diener et al., 2021; Ryff, 2022). Among Philippine police officers, occupational pressures, dangerous assignments, traumatic experiences, and organizational demands have been associated with stress and poorer psychological outcomes (Dela Cruz, 2024; Manaig, 2024; Resurreccion, 2024; Lamerez et al., 2025).

Police organizations internationally have introduced interventions addressing occupational stress and mental health. Programs in Greece have emphasized stress management, self-awareness, and cognitive rehabilitation, while Canadian initiatives have used peer support to improve Mental Health Literacy and reduce stigma. In the United States, mindfulness-based approaches have been used to strengthen emotional awareness, stress management, sleep, and psychological functioning. This is according to a study conducted by Santre in 2024. In the Philippines, Memorandum Circular No. 2021-115 established the Philippine National Police Mental Health Program, or Bantay Kaisipan, following the implementation of the Mental Health Act of 2018. The program includes preventive, intervention, and restoration or recovery approaches. Preventive activities include Mental Health Awareness lectures on stress management, anger management, suicide prevention, emotional regulation, and work-life balance. Police Regional Office 2 provides an important setting for the present study because its personnel receive Mental Health Awareness activities under the continuing PNP Mental Health Program.

Examining Mental Health Literacy, Psychological Flexibility, and Psychological Well-Being in this population may provide localized evidence for improving regional mental health initiatives.

The study is anchored on the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984, 1987). The theory explains that stress occurs when individuals perceive situations as demanding and believe their resources may be insufficient to manage them. This involves appraisal of the stressor and available coping resources (Lim et al., 2023). Mental Health Literacy may serve as a cognitive resource that helps officers recognize distress, understand psychological risks, and identify appropriate coping options (Elkin et al., 2025). Psychological Flexibility represents an adaptive coping process that allows individuals to remain present and continue values-based action despite psychological discomfort (Santre, 2024; Lorey & Fegert, 2021). Both have been associated with improved Psychological Well-Being (Zhu et al., 2025; Jean-Berluiche, 2024). Acceptance and Commitment Therapy further explains Psychological Flexibility through acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action. Accordingly, the study positions Mental Health Literacy as the independent variable, Psychological Flexibility as the mediating variable, and Psychological Well-Being as the dependent variable. The framework proposes that mental health knowledge may improve well-being partly through officers' ability to translate this knowledge into adaptive, values-based behavior.

Despite increasing attention to police mental health, Philippine research examining Mental Health Literacy, Psychological Flexibility, and Psychological Well-Being together remains limited. The pathway in which Mental Health Literacy influences Psychological Well-Being through Psychological Flexibility has not been sufficiently investigated among Philippine police personnel. Research evaluating the preventive Mental Health Awareness component of the Bantay Kaisipan Program is also limited, particularly in relation to officers' mental health knowledge and adaptive coping capacities. Psychological Flexibility remains understudied within Filipino policing despite its relevance to occupational stress and adjustment. The study therefore examines the levels of Mental Health Literacy, Psychological Flexibility, and Psychological Well-Being among PRO2 police officers, determines the relationship between Mental Health Literacy and Psychological Well-Being, and tests whether Psychological Flexibility mediates this relationship. The study relies on self-report measures and does not intend to diagnose psychological disorders or establish clinical levels of mental illness.

The study primarily supports SDG 3: Good Health and Well-Being by examining factors that may strengthen mental health recognition, adaptive coping, and Psychological Well-Being among police officers. It also relates to SDG 8: Decent Work and Economic Growth because promoting psychological health may contribute to healthier working conditions and sustained occupational functioning. Furthermore, the study aligns with SDG 16: Peace, Justice, and Strong Institutions by supporting the psychological well-being of personnel responsible for maintaining peace, order, and public safety.

The study contributes to public health, institutional, occupational, and community sustainability. Strengthening Mental Health Literacy may encourage early recognition of psychological difficulties and appropriate help-seeking, while Psychological Flexibility may help officers respond more adaptively to occupational stress. At the institutional level, the findings may provide baseline evidence for improving the PNP Mental Health Program, psychological interventions, referral mechanisms, and wellness initiatives. Promoting sustained Psychological Well-Being among police officers may also support healthier workplaces, continued professional functioning, and more effective delivery of public safety services.

2. Material and methods

2.1 Research Design

The study used a quantitative descriptive cross-sectional and correlational design. Data were collected at a single point in time to determine the levels and relationships of Mental Health Literacy, Psychological Flexibility, and Psychological Well-Being. The design also allowed the researcher to examine whether Psychological Flexibility mediated the relationship between Mental Health Literacy and Psychological Well-Being. Structured self-report questionnaires were used to obtain measurable numerical data from the respondents. Since the study was cross-sectional and correlational, it determined the strength and direction of relationships among the variables but did not establish causality. Mediation analysis was further applied to estimate the direct effect of Mental Health Literacy on Psychological Well-Being and its indirect effect through Psychological Flexibility.

2.2 Locale of the Study

The study was conducted in the Cagayan Valley Region under Police Regional Office 2. The locale included PNP uniformed personnel assigned within PRO2 who had received the Mental Health Awareness Lecture for calendar year 2025 under the continuing implementation of the PNP Mental Health Program.

2.3 Respondents of the Study

The respondents were active male and female PNP uniformed personnel assigned to PRO2. Eligible participants had served in the police service for at least one year, held ranks from Patrolman to Police Executive Master Sergeant, and had received the Mental Health Awareness Lecture for calendar year 2025. Ethnicity, relationship status, and tribe were not considered in respondent selection. The participants represented different levels of police service experience. Patrolmen generally had one to five years of service and represented personnel at the entry level of their careers, while Police Executive Master Sergeants commonly had 20 to 25 years of service and greater exposure to police operations, leadership responsibilities, and community engagement.

2.4 Sample and Sampling Procedure

The required sample size was determined using G*Power 3.1.9.7. For the relationship between Mental Health Literacy and Psychological Well-Being, an Exact test for the Correlation: Bivariate Normal Model was applied using a two-tailed test, $\alpha = .05$, an expected effect size of $r = .1826$, and statistical power of .95. The computation yielded a required sample of 384 respondents with an actual power of approximately .9504. For mediation analysis, the computation was based on Linear Multiple Regression: Fixed Model, R^2 Deviation from Zero, using two predictors, $\alpha = .05$, an effect size of $f^2 = .0253$, and statistical power of .80. This also produced a required sample of 384 respondents with an actual power of approximately .8002. Stratified random sampling with proportional allocation was used to ensure representation across seven police ranks. From a total population of 8,690 personnel, 384 respondents were selected, consisting of 22 Police Executive Master Sergeants, 19 Police Chief Master Sergeants, 33 Police Senior Master Sergeants, 55 Police Master Sergeants, 66 Police Staff Sergeants, 92 Police Corporals, and 97 Patrolmen. An official list of eligible personnel was obtained from the authorized PNP office. Each qualified officer within every rank was assigned a unique identification number, and respondents were randomly selected using a computerized random number generator. In cases of refusal, nonresponse, or ineligibility, replacements were selected using the same random procedure within the corresponding rank.

2.5 Research Instrument

The study used three standardized and psychometrically validated self-report instruments corresponding to the three major study variables. Mental Health Literacy was measured using the Mental Health Literacy Scale developed by O'Connor and Casey back in 2015. The instrument contains 35 items covering recognition of mental health conditions, knowledge of risk factors and causes, self-help interventions, professional help, access to mental health information, and attitudes toward help-seeking. The first 15 items use a four-point response scale, while the remaining items use a five-point scale. Items 10, 12, and 15 and items 20 to 28 are reverse-scored. Total scores range from 35 to 160, with higher scores indicating greater Mental Health Literacy. The instrument has demonstrated satisfactory internal consistency and test-retest reliability. Psychological Flexibility was measured using the Work-Related Acceptance and Action Questionnaire or WAAQ, developed by Bond, Lloyd, and Guenole back in 2013. The instrument contains seven items measuring the ability to remain engaged in work despite difficult thoughts and emotions. Responses are rated from 1, "never true," to 7, "always true," with higher scores indicating greater Psychological Flexibility. The WAAQ has demonstrated reliability and validity, with a reported reliability coefficient of around .84. Psychological Well-Being was measured using the Psychological General Well-Being Index developed by Dupuy (1984). It contains 22 items assessing anxiety, depressed mood, positive well-being, self-control, general health, and vitality during the previous month. Responses are rated from 0 to 5, with selected items reverse-scored so that higher scores consistently indicate better well-being. Total scores range from 0 to 110. Scores from 0 to 60 indicate severe distress, 61 to 72 indicate moderate distress, and 73 to 110 indicate positive well-being. The instrument has demonstrated satisfactory reliability and validity in measuring psychological health and distress.

2.6 Data Gathering Procedure

Before data collection, the researcher obtained approval from the PUP Institutional Review Board or Ethics Committee and secured official permission from the PNP Regional Office 2 leadership and the PNP Health Service. Coordination was then conducted with designated unit heads for the recruitment of eligible participants. Qualified officers were informed about the study through formal announcements and electronic invitations. Participation was voluntary, and respondents were informed that refusal or withdrawal would not affect their performance evaluation, assignment, employment status, or organizational standing. Before answering the questionnaire, respondents reviewed an electronic informed consent form explaining the study's purpose, procedures, confidentiality measures, data protection practices, potential risks and benefits, and right to withdraw. Only those who selected the "I agree" option were given access to the online self-administered questionnaire. Completed responses were stored in a password-protected digital file and checked for completeness, accuracy, duplicate entries, missing responses, and inconsistencies. After data cleaning, the finalized dataset was subjected to appropriate statistical analyses. Findings were reported only in aggregate form to maintain participant confidentiality.

2.7 Data Analysis Techniques

Descriptive and inferential statistics were used to address the research objectives. Frequency, percentage, mean, and standard deviation were used to summarize respondent characteristics such as age, sex, rank, and years of service. Mental Health Literacy, Psychological Flexibility, and Psychological Well-Being were summarized using the mean, standard deviation, median, interquartile range, and 95% confidence intervals. Internal consistency of the instruments was evaluated using Cronbach's alpha. Normality was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests. The variables obtained significance values of 0.000, indicating deviation from normality. Consequently, Spearman's rho correlation was used to determine the strength and direction of the relationship between Mental Health Literacy and Psychological Well-Being. Regression assumptions were also examined. Multicollinearity was evaluated through tolerance, variance inflation factor, and condition index, while standardized residuals, the normal P-P plot, scatterplot, and Cook's distance were examined for residual normality, homoscedasticity, and influential observations. The assessments indicated no problematic multicollinearity or excessively influential cases and showed that the regression assumptions were reasonably satisfied. Mediation analysis was conducted using a path-analysis approach with the maximum likelihood estimator to determine whether Psychological Flexibility mediated the relationship between Mental Health Literacy and Psychological Well-Being. The analysis estimated the effect of Mental Health Literacy on Psychological Flexibility, the effect of Psychological Flexibility on Psychological Well-Being, the remaining direct effect of Mental Health Literacy on Psychological Well-Being, the indirect effect through Psychological Flexibility, and the total effect. The significance of the indirect effect was tested using nonparametric bootstrapping with 5,000 bootstrap samples and a 95% bias-corrected confidence interval. Mediation was considered significant when the confidence interval did not include zero. The procedure was applied to the overall Mental Health Literacy score and separately to its dimensions.

2.8 Ethical Considerations

The study followed established ethical principles for the protection of participants' rights, dignity, privacy, and welfare. Data collection began only after formal approval from an Institutional Review Board. Participation was voluntary, and no coercion or pressure was used in recruitment. Electronic informed consent described the purpose, procedures, duration, possible risks and benefits, confidentiality safeguards, and participants' right to refuse or withdraw without penalty. Participation or nonparticipation had no effect on respondents' employment, assignments, or performance evaluations. The survey did not require names, badge numbers, or other direct identifiers. Responses were treated confidentially and reported only in aggregate form. Research data were stored in a secured Google Drive folder accessible only to the researcher and supervisor and were to be retained for five years before permanent deletion. Participants could decline to answer individual questions, discontinue participation, and request a summary of the study findings.

3. Results and Discussion

3.1 Levels of Mental Health Literacy, Psychological Flexibility, and Psychological Well-Being

3.1.1 Distribution of Respondents

The study included 384 police officers drawn from a total population of 8,690 through stratified random sampling. The sample consisted of 22 Police Executive Master Sergeants, 19 Police Chief Master Sergeants, 33 Police Senior Master Sergeants, 55 Police Master Sergeants, 66 Police Staff Sergeants, 92 Police Corporals, and 97 Patrolmen. The proportional distribution ensured representation across the seven police ranks. Random selection within each rank also provided eligible personnel an equal opportunity for inclusion and maintained the representativeness of the sample.

3.1.2 Mental Health Literacy of PRO2 Police Officers

The respondents demonstrated a high level of Mental Health Literacy, with an overall mean of 3.79. All six dimensions were rated high: ability to recognize mental disorders (3.54), knowledge of risk factors and causes (3.72), knowledge of self-treatments (3.98), knowledge of professional help available (3.83), attitudes that promote recognition or help-seeking (3.96), and knowledge of how to seek mental health information (3.75). The highest rating was obtained for knowledge of self-treatments, while recognition of mental disorders received the lowest mean. Despite the generally favorable results, respondents showed areas for improvement in specific stress-reduction techniques, identification of treatment professionals, and evaluation of evidence-based mental health information online. The findings indicate that PRO2 police officers generally possess adequate knowledge and favorable attitudes toward mental health, although stronger digital health literacy may improve their ability to distinguish credible information from unsupported online content. A study by Madsen et al. in 2024 emphasized the importance of identifying reliable mental health information and distinguishing it from misinformation. Similarly, research by Grupe in 2023 showed that law enforcement personnel with greater knowledge of mental health resources were more likely to seek assistance and support others experiencing psychological concerns.

3.1.3 Psychological Flexibility of PRO2 Police Officers

The respondents obtained an overall Psychological Flexibility mean of 4.17, interpreted as Almost Always True. They generally perceived themselves as capable of performing effectively despite personal worries, emotional discomfort, and mistakes. Their strongest responses reflected the ability to acknowledge mistakes while remaining effective, whereas working effectively during periods of self-doubt received a comparatively lower rating. The results suggest that PRO2 officers generally demonstrate favorable work-related Psychological Flexibility, although self-doubt may remain a challenge during demanding situations. Garner et al. (2023) identified psychological flexibility as an important resource for resilience and adaptive coping in high-stress occupations. Boccoli et al. (2024) likewise found that workers with greater psychological flexibility demonstrated better adjustment to changing demands and improved management of occupational stress.

3.1.4 Psychological Well-Being of PRO2 Police Officers

The respondents reported a moderate degree of Psychological Well-Being, with an overall mean of 3.33. This indicates generally adequate emotional functioning, psychological adjustment, and coping capacity, although well-being was not consistently high. Health-related concerns were comparatively more evident, suggesting that physical strain and concerns about health remained relevant among the respondents. The moderate result may reflect the occupational pressures, irregular schedules, physical demands, and stressful situations associated with police work. Martela (2025) described psychological well-being as involving positive affect, vitality, self-regulation, and satisfaction with life. Acquadro Maran et al. (2022) similarly found that coping resources and organizational support were associated with more favorable well-being among police personnel exposed to occupational stress. The findings therefore indicate a continuing need for mental health services, health monitoring, fatigue management, and organizational wellness support.

3.2 Relationship Between Mental Health Literacy and Psychological Well-Being

Mental Health Literacy had a statistically significant positive relationship with Psychological Well-Being, with Spearman's rho of $\rho = .234$ and $p < .001$. The relationship was weak, indicating that officers with higher Mental Health Literacy generally reported better Psychological Well-Being, although the association was limited in magnitude. All six Mental Health Literacy dimensions were also significantly and positively related to Psychological Well-Being at $p < .001$. Knowledge of how to seek mental health information showed the strongest association at $\rho = .249$, followed by knowledge of professional help available at $\rho = .243$, knowledge of risk factors and causes at $\rho = .223$, attitudes promoting recognition or help-seeking at $\rho = .200$, ability to recognize mental disorders at $\rho = .199$, and knowledge of self-treatments at $\rho = .170$. The total Mental Health Literacy score was also strongly correlated with its six dimensions, ranging from $\rho = .860$ to $\rho = .918$. The findings indicate that greater Mental Health Literacy is associated with more favorable Psychological Well-Being, but literacy alone accounts for only a limited portion of differences in officers' well-being. Pan et al. (2024) emphasized that higher mental health literacy was associated with earlier recognition of psychological concerns and more appropriate coping and help-seeking responses. Raghavan et al. (2024) similarly found that higher mental health literacy among professionals in stressful work environments was associated with lower distress and more favorable well-being. The weak relationship in the present study suggests that mental health education may be more effective when accompanied by organizational support, accessible professional services, workload management, and adaptive coping interventions.

3.3 Mediating Effect of Psychological Flexibility

The mediation analysis showed that Mental Health Literacy had a significant direct effect on Psychological Well-Being after Psychological Flexibility was included in the model, with an estimate of 0.079, $z = 3.104$, $p = .002$, and a 95% confidence interval of 0.029 to 0.129. The indirect effect through Psychological Flexibility was also significant, with an estimate of 0.053, $z = 4.099$, $p < .001$, and a 95% confidence interval of 0.028 to 0.079. The total effect was significant at 0.132, $z = 5.765$, $p < .001$, with a 95% confidence interval of 0.087 to 0.177. Mental Health Literacy was significantly associated with Psychological Flexibility (estimate = 0.100, $z = 10.519$, $p < .001$), while Psychological Flexibility was significantly associated with Psychological Well-Being (estimate = 0.537, $z = 4.450$, $p < .001$). Because both the direct and indirect effects remained significant, Psychological Flexibility partially mediated the relationship between Mental Health Literacy and Psychological Well-Being. The findings suggest that part of the association between Mental Health Literacy and Psychological Well-Being operates through officers' capacity to respond flexibly to difficult thoughts, emotions, and occupational demands. However, the significant direct effect indicates that Psychological Flexibility does not fully explain the relationship. Bonilla-Sierra et al. (2021) emphasized that Psychological Flexibility supported adaptive functioning by helping individuals respond effectively to stressors and environmental demands. Waldeck et al. (2021) likewise found that Psychological Flexibility could operate as a mechanism connecting psychological resources with well-being. The results therefore support Psychological Flexibility as one pathway through which Mental Health Literacy is associated with Psychological Well-Being, without establishing a causal relationship.

3.4 Mediation Effects of the Mental Health Literacy Dimensions

When the six Mental Health Literacy dimensions were examined simultaneously, none showed a statistically significant direct effect on Psychological Well-Being, with all confidence intervals including zero. Psychological Flexibility was significantly associated with Psychological Well-Being (estimate = 0.546, $z = 4.464$, $p < .001$). Among the six dimensions, only MHLS3, or knowledge of self-treatments, was significantly associated with Psychological Flexibility (estimate = 0.425, $z = 3.092$, $p = .002$). MHLS3 also demonstrated a significant indirect effect on Psychological Well-Being through Psychological Flexibility, with an estimate of 0.232, $z = 2.542$, $p = .011$, and a 95% confidence interval of 0.053 to 0.412. Its direct effect on Psychological Well-Being was not significant (estimate = -0.500, $p = .135$), and its total effect was likewise nonsignificant (estimate = -0.267, $p = .430$). The indirect effects of MHLS1, MHLS2, MHLS4, MHLS5, and MHLS6 were not statistically significant. The pattern indicates indirect-only mediation for MHLS3, sometimes described as full mediation under the traditional mediation framework. Thus, knowledge of self-treatments was associated with Psychological Well-Being primarily through Psychological Flexibility within the specified model. The nonsignificant effects of the remaining dimensions do not necessarily indicate that they are unimportant, as their influence may operate through other psychological, social, or organizational mechanisms. Bonilla-Sierra et al. (2021) emphasized that Psychological Flexibility supports adaptive responses to stressful thoughts, emotions, and environmental demands, while Waldeck et al. (2021) similarly found that Psychological Flexibility could mediate associations between psychological resources and well-being. These findings support the significant indirect pathway involving MHLS3 and suggest that mental health knowledge may be more closely associated with well-being when officers can apply that knowledge flexibly under stressful conditions.

4. Conclusion & Recommendations

PRO2 police officers demonstrated high Mental Health Literacy, high work-related Psychological Flexibility, and a moderate degree of Psychological Well-Being. Mental Health Literacy was significantly and positively associated with Psychological Well-Being, although the relationship was weak, indicating that other factors may also contribute to officers' psychological condition. Psychological Flexibility partially mediated this relationship, showing that Mental Health Literacy was associated with Psychological Well-Being both directly and indirectly through officers' capacity to adapt to stress and difficult emotional experiences. Among the Mental Health Literacy dimensions, only MHLS3 showed a significant indirect effect through Psychological Flexibility, further emphasizing the importance of adaptive psychological functioning in supporting police officers' well-being.

The PNP may strengthen the Project: Bantay Kaisipan by integrating Mental Health Literacy education, ACT-informed Psychological Flexibility training, mindfulness, stress-management activities, adaptive coping, structured self-care, and psychological safety initiatives. The PNP Health Service may use the findings as baseline information for improving mental health programs, developing competency-based training, and conducting continuous wellness monitoring. Psychologists and allied mental health professionals may provide targeted interventions, counseling, psychoeducation, periodic assessments, and collaborative programs, while government and policy-making bodies may support evidence-based wellness policies, sustained psychological services, adequate resources, and scientific evaluation of the Enhanced Bantay Kaisipan Program.

5. Compliance with ethical standards

The study adhered to established ethical principles for research involving human participants. Formal approval was obtained from an Institutional Review Board before data collection, together with authorization from the PNP Regional Office 2 leadership and the PNP Health Service. Participation was voluntary and based on informed consent, with respondents informed of their right to refuse or withdraw without penalty. Confidentiality and privacy were maintained by avoiding direct personal identifiers, restricting access to research data, securely storing responses, and reporting findings only in aggregate form.

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