

## **Benefits Of and Barriers to Mental Health Help-Seeking Of Selected Filipino College Students**

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**Abstract :** *The study examined the perceived benefits of and barriers to mental health help-seeking behaviors among selected college students and how these relate to sex, age, family income, having a friend or family member with mental health problems, and preferred source of help if they feel mentally poor. The respondents were 96 undergraduate students. Descriptive analysis and cross tabulations were done. Results show that the highest perceived benefit of mental health help-seeking was self-awareness/personal growth; highest perceived barrier was denial that there was a problem; most preferred source of help was a friend; and there were relationships between benefits of and barriers to mental health help-seeking with sex, age, family income, having a friend or family diagnosed with mental health disorder, and preferred source of help. Community and school interventions can be established to widen information dissemination regarding mental health, symptoms of mental health disorders, and the importance of help-seeking from support services to enhance self-awareness and healthy mental states.*

**Keywords:** *Adolescents, college students, help-seeking behavior, mental health.*

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### **I. Introduction**

#### **1.1 Mental Health Concerns in the Philippines**

The World Health Organization (WHO) defines mental health as “a state of well-being in which an individual realizes his/her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his/her community [1].” Mental health is an important part of an individual’s life and is affected by various social and economic factors that need to be addressed through achievable interventions.

There is a great concern for the mental health of adolescents, manifested by the rising cases of mental health disorders and suicide. People affected by and diagnosed with mental disorders experience “higher rates of disability and mortality [1].” Of the estimated 1.2 billion adolescents in 2020, some 13% have a mental health disorder [2]. Further, for those aged 15-19, suicide is the fourth most prevalent cause of death. In the Philippines, the Department of Health reported that there were 17% of high school students who attempted suicide one or more times in the past 12 months and mostly, are females (18.7%) [3]. Also, 11.5% of high school students have seriously considered attempting suicide and mostly, are females (13.6%) [3].

The Philippine Mental Health Act came out in 2017 and mandates the Department of Health to provide psychiatric psychosocial services to all hospitals while at the same time, enhancing the capacities of mental health professionals and mental health service providers [4]. Tuliao noted that there are four general professions that are recognized to provide mental health services: the guidance and counseling practitioners (Guidance and Counseling Act of 2004); psychologists (Philippine Psychology Act of 2009); social workers (Republic Act No.4373, 1965); psychiatrists, and those allied to the medical profession [5]. There is one tertiary medical center for mental health disorder, the National Center for Mental Health, two government-owned psychiatric health centers, and around 58 private psychiatric health centers [3]. In 2017, the country had 46 outpatient mental health facilities, four day-treatment facilities, 19 community-based psychiatric inpatient units, and 15 community residential facilities or home-care facility [6]. In terms of mental health professionals, there are 3.47 for 100,000 general population with some specific breakdowns as follows: 0.52 for psychiatrists, 0.06 for child psychiatrists, 0.88 for psychologists, 0.08 social workers, and 1.62 for other mental health workers such as health assistants, medical assistants, professional and paraprofessional psychosocial counselors [6]. The

distribution of mental health professionals tends to be concentrated in mental health facilities favoring those living in the cities or near the National Capital Region. Further, psychotropic medicines (antipsychotic, antidepressant, mood stabilizer, anxiolytics, and antiepileptic medicines) are available in all mental health outpatient facilities or pharmacy stores year-round [6]. The care and treatment of persons with serious mental disorders (psychosis, bipolar disorder, major depression) are included in national health insurance or reimbursement schemes, however, some patients pay mostly from their pocket for the services and medicines [6].

## **1.2 Mental Health Help-seeking Behaviors**

Help-seeking behaviors are “functional coping strategies that people use when they have to face stressful events [7].” These are actions performed by individuals to meet certain needs for assistance or services. Help-seeking is divided into two categories: formal source of help-seeking and informal source of help-seeking. The former pertains to individuals seeking help from mental health institutions and professionals such as a psychologist, psychiatrist, counselor, and social worker while the latter pertains to individuals seeking help from non-professionals such as family members, peers, and significant others. Adolescents preferred informal sources of support than formal ones due to the familiarity, friendship, trust, maturity level, and approval given by their informal sources of help [7]. Specifically, it was found that Filipino youth seek the help of their friends, peers, family, and online support groups when they have mental health concerns [8].

In a study on mental health help-seeking behaviors among Filipino American adults, it was found that the participants considered mental health help-seeking through counseling in a positive way for dealing with critical life circumstances such as entering college and marriage [9]. However, the major impediment to help-seeking is saving face. Lindsey et al. [10] reported that depressed adolescents sought help most often from their families and if problems cannot be resolved, then, professional help is sought. Heerde [11] pointed out the important role of family help-seeking to lessen negative mental health outcomes in adolescents.

Vidourek et al. [12] examined the benefits and barriers of mental health help-seeking in university students across age, sex, involvement in campus organization, with a friend/family diagnosed with mental health disorder, and race/ethnicity. They found that improved mental health and reduced stress are the top perceived benefits of help-seeking while the top perceived barriers were embarrassment and denial of the problem.

Tuliao [5] mentioned that for Filipinos here and abroad, there is a stigma attached to being mentally ill and it serves as a barrier in seeking psychological treatment. How culture shapes the attitudes and behaviors towards mental disorders and those who suffer from it gets internalized and may lead to low self-efficacy, shame, and reluctance to seek treatment. Negative perceptions about mental health and mental disorders, limited discussions about this topic, and traditional Filipino coping mechanisms and values play a role in the underutilization of mental health services of Filipinos [13; 14]. Filipinos tend to endure difficulties in uncertain circumstances (concept of “matiyaga”) and manifest inner strength and resilience (concept of “lakas ng loob”). In a later study among college students, Tuliao [15] found that the loss of face was negatively associated with attitudes towards counseling.

Thus, the study delved into the perceptions of adolescents and young adults on seeking professional help for mental health problems. Specifically, it investigated perceived benefits to and barriers of mental health help-seeking behaviors, their most preferred source of help for mental health problems, and if the perceived benefits and barriers differ based on sex, age, family income, having a friend or family member with a mental health disorder, and most preferred source of help for mental health problems.

There is few research on mental health help-seeking among the Filipino youth. The findings of the study will contribute knowledge to educators, mental health professionals, parents, and the youth about mental health help-seeking behaviors, motivations, and preferences among the youth in the Philippines. It can also inform mental health care providers about creating appropriate interventions and conditions for those who seek mental health services.

## **II. Methodology**

The study utilized a quantitative research approach using a survey questionnaire to collect data. It also utilized a cross-sectional design since it gathered data from respondents at one point in time.

The respondents were undergraduate students from a college of the national university located south of the National Capital Region. There was a total of 300 students during the study period. The respondents were determined using stratified random sampling to obtain equal number of samples for each year level. The determined sample size was 169 students.

The research instrument was adapted from Vidourek et al. [12] to examine college students’ perceived benefits to and barriers of mental health help-seeking behaviors. The questionnaire in English was comprised of four parts. The first part required students to provide demographic information. In this section, questions

regarding “whether the student has a family/friend diagnosed with mental health disorder”, “would likely ask for help/advice”, “most likely to go to for help/advice, and “have visited mental health professionals” were also included. The second part assessed the students' perceived benefits to seeking treatment for a mental health problem. It included 14 items and required the respondents to check all responses that apply. The third part assessed the students' perceived barriers to seeking treatment for a mental health problem. It included 14 items and required respondents to check all responses that apply. The last section examined the respondents' perceived stigma to mental health disorders and treatment. It included 4 items and required students to answer by using a 5-point Likert-type scale (1 = strongly disagree and 5 = strongly agree). The lower the score, the lower is the likelihood to hold a stigma against those with mental health issues. To establish reliability, the questionnaires were distributed to a sample of 10 students studying in the university. Cronbach alpha of the variables of the questionnaire were computed and they ranged between 0.70 – 0.95, which are considered acceptable in most social science research.

After the reliability test, the survey questionnaires were distributed to the participants through Facebook including a link of the questionnaire in Google Forms, an online survey platform. An informed consent form was also given to the participants with information explaining the purpose of the study and the voluntary nature of participation. A total of 169 questionnaires were disseminated and only 94 questionnaires were returned (56% response rate).

The data were encoded and analyzed using descriptive statistics through STATA and cross tabulations in MS Excel. However, due to the low response rate (56%), only descriptive analysis was used to determine the benefits of and barriers to mental health help-seeking as opposed to the initial plan to use inferential analysis. Therefore, frequency distributions, percentages, and summary statistics were used to determine the socio-demographics and background information, perceived benefits of and barriers to mental health help-seeking, and stigma related attitudes of the respondents. Crosstabulations were done to examine the relationships of the perceived benefits and barriers with sex, age, family income, having a friend or family member with a mental health disorder, and most preferred source of help for mental health problems.

The survey was limited to gathering quantitative data and respondents were unable to express their thoughts and opinions about mental health help-seeking. Also, socially desirable responses may have been given since the data were based on self-reports. Lastly, there was an unsatisfactory response rate that hindered the use of inferential statistics to investigate the relationships among the variables.

### III. RESULTS AND DISCUSSION

#### 3.1 Sociodemographic Characteristics of the Respondents

Of the participants, more than three-fourths were females, less than half were aged 20 -21 years old, half were seniors, a third have an annual income in the range from ₱200,000 to ₱500,000 with an average family income of ₱668,213.30, and lastly, less than half have a weekly allowance ranging from ₱500 to ₱1,000 with an average of ₱1,482.23 (Table 1). The average annual family income of 5 family member households in the Philippines is around ₱313,000 [16]. This means the average annual family income of the respondents was around twice as much and they belong to the middle class of the society.

Table 1. Sociodemographic characteristics of the respondents (n = 94)

Socio-demographic Characteristics	Frequency	Percentage
Sex		
F	72	<b>76.60</b>
M	22	23.40
Age (years old)		
18-19	35	37.23
20-21	39	<b>41.50</b>
22-23	14	14.89
24-25	5	5.32
26+	1	1.06
Year level		
Freshman	28	29.79
Sophomore	2	2.13
Junior	17	18.9
Senior	47	<b>50.00</b>
Annual family income		
Less than P200,000	25	26.60

P200,000-P500,000	34	<b>36.17</b>
P501,000-P1,000,000	21	22.34
Above P1,000,000	10	10.64
Weekly allowance		
Less than P500	3	3.19
P500-P1,000	40	<b>42.55</b>
P1,001-P1,500	26	27.66
P1,501-P2,000	15	15.96
P2,001-P2,500	3	3.19
Above P2,500	7	7.45

Note: All categories are total of 94 except annual family income due to missing data; Missing values are excluded.

### 3.2 Mental Health Information of the Respondents

More than half of the respondents do not have a friend/family member diagnosed with a mental health disorder (Table 2). Vidourek et al. [12] reported that in their sample, more than a third (38.1%) had a family member or friend diagnosed with a mental health disorder. The results show a lower percentage for the respondents. Magtubo [17] reported that around 17-20% of Filipino adults suffer from psychiatric disorders while De Guzman [18] wrote that an estimated 3 million Filipinos suffer from depressive disorders with higher suicide rates in males and the stigma associated with mental health disorders may imply that the depression and suicide rates in the country are under-reported. For the younger population, around 10-15% of children and adolescents, aged 5-15, experience mental health problems. Further, the top mental health problems in the country are schizophrenia, depression, and anxiety disorder.

Table 2. Frequency distribution of responses on mental health information of respondents

Mental health situation	Frequency		Percentage
	Male	Female	
Has a friend/family member diagnosed with a mental health disorder			
Yes	14	28	44.68
No	8	44	<b>55.32</b>
Would likely ask for help/advice if feeling mentally poor			
Yes	17	65	<b>87.23</b>
No	5	7	12.77
Has visited a psychologist, psychiatrist, counselor, or social worker for a mental health problem			
Yes	9	15	25.53
No	13	57	<b>74.47</b>

Majority of the respondents reported that they would most likely ask for help or advice in case they feel mentally poor. Most of those who responded positively were females. In a study of college students, Bello et al. [19] found that the respondents highly preferred seeking help from family members and/or friends than mental health professionals. For the respondents who would not likely ask for help or advice, shame (*hiya*) and loss of face may play a part because these can further compound one's reluctance to seek psychological help especially when the culture looks down on mental illnesses [15].

Around three-fourths of the respondents said that they have not visited any mental health professional such as a psychologist, psychiatrist, social worker, and counselor for a mental health problem. This is like the findings of Bello et al. [19] where only 22% of the college students sought help from a counselor or psychotherapist. Rural youth would rather not seek help from anyone and would try to face their problems on their own or engage in self-reflection [8]. One reason why people shy away from seeking help for mental health problems was because they feared being officially diagnosed by a mental health professional despite sensing that something is already wrong with them [20]. They felt that this will make them less likely to become part of a stigmatized group. Such behaviors, however, may lead to serious and dangerous outcomes due to self-diagnosis and delay of treatment.

### 3.3 Perceived Benefits of Mental Health Help-Seeking Behaviors

Table 3 indicates that the top three perceived benefits of mental health help-seeking were self-awareness/personal growth, improved mental health, and reduced stress. Results generated from Vidourek et al. [12] showed the top three perceived benefits of their respondents were improved mental health, reduced stress, and resolving one’s problem. Self-awareness/personal growth was fourth in their list of results. This focus on self-awareness may be due to a perceived importance of improving their performance or productivity, goal setting, and stress management as they transition to adulthood [21]. Generally, the college students seem to believe that seeking help for mental health issues is an effective way to resolve mental health concerns.

Table 3. Frequency distribution of respondents’ perception on benefits of mental help-seeking

Benefits of mental health help-seeking	Frequency	Percentage
Self-awareness/personal growth	84	<b>89.36</b>
Improved mental health	76	80.85
Reduced stress	73	77.66
Increased social support	69	73.40
Increased comfort sharing feelings with others	67	71.28
Resolving one’s problems	59	62.77
Increased communication	59	62.77
Increased self-confidence	53	56.38
More optimistic attitude	52	55.32
Improved sleep	51	54.26
Improved life satisfaction	46	48.94
Happiness	43	45.74
Increased energy	39	41.49
Increased relationships	35	37.23

Mental health help-seeking behaviors require certain conditions which will facilitate the adolescent’s disclosure of his/her mental health concerns. Familiarity or a good relationship with the person, trustworthiness, and level of maturity of the person help determine if the person they will seek help from is worthy of their self-disclosure [7].

Meanwhile, the lowest in the list of perceived benefits of mental health help-seeking were happiness, increased energy, and increased relationships. In another study, it was found that the lowest perceived benefits were increased energy, improved sleep, and increased social support [12].

### 3.4 Perceived Barriers to Mental Health-Help Seeking Behaviors

The top three perceived barriers to mental health help-seeking were denial that there is a problem, not feeling comfortable sharing feelings with another person, and embarrassment (Table 4). Vidourek et al. [12] found that the highest perceived barriers were embarrassment, denial, and not wanting to be labeled as crazy.

The three perceived barriers to mental health help-seeking seen in this study may be the effect of *hiya* (shame) and loss of face if one admits to having and discloses a mental health problem. These are cultural values that aim to preserve one’s integrity, the family’s reputation, and to avoid real or imagined social misbehaviors [5]. Specifically, the loss of face led to a lower likelihood to seek help from mental health professionals [5].

Comfort in sharing feelings and problems with another person would require that the discloser knows, trusts, and finds credible the person he/she is seeking help from [7]. Further, the fear that the other person will show disapproval of their experiences might be a barrier to help-seeking [7]. If having mental health issues are disapproved of, then revealing such concerns will be highly avoided [5].

Low utilization of mental health services may be due to shame/stigma, inadequate financial resources, inappropriateness of services rendered, and the role of culture in terms of the conceptions about mental health and its treatment [9].

The lowest in the list of perceived barriers to mental health help-seeking were not wanting to be admitted to a hospital, lack of insurance, and fear of the mental health professional (psychologist/social worker/psychiatrist/counselor). In a similar study, the lowest in the list were not wanting to be placed under medication, not wanting help, and lack of insurance [12].

Hospital confinement and utilization of the mental health professional services are very often associated with major psychiatric problems, especially with the term “going crazy” or “crazy” [7]. In terms of insurance, the Mental Health Law (Republic Act 11036) will provide patients access to the benefits of the

government medical insurance companies like the Philippine Health Insurance Corporation through insurance packages [22]. There might be a need for information dissemination regarding this and all benefits included.

Table 4. Frequency distribution of respondents' perception on barriers to mental health help-seeking

Barriers to mental health help-seeking	Frequency	Percentage
Denial that there is a problem	75	<b>79.79</b>
Not feeling comfortable sharing feelings with another person	71	75.53
Embarrassment	69	73.40
Not knowing where to go for help	63	67.02
Wanting to handle problems on one's own	63	67.02
Lack of social support	63	67.02
Cost	59	62.77
Not wanting to talk to a psychologist/social worker/psychiatrist/counselor about personal issues	45	47.87
Not wanting to be labeled as "crazy"	44	46.81
Not wanting to be placed on medication	40	42.55
Not wanting help	39	41.49
Not wanting to be admitted to a hospital	29	30.85
Lack of insurance	27	28.72
Fear of psychologist/social worker/psychiatrist/counselor	26	27.66

Regarding stigma-related attitudes, most of the respondents strongly disagreed that individuals who go to counseling/therapy for mental health problems are lazy, are either crazy or different from normal people in a negative way, are mentally weak, and should handle problems on their own without the help of a psychologist/social worker/psychiatrist/counselor (Table 5). Similarly, it was found in another study that the respondents strongly disagreed or disagreed that individuals who to counseling are mentally weak, should handle problems on their own, are crazy, and lazy [12]. The results of the present study indicate that the respondents exhibited a 'less likely to hold' stigma-related attitudes. The results of having low overall stigma based on their disagreement with the statements portray that the respondents may look at counseling and therapy in a positive way and may be more likely to seek help from mental health professionals and significant others when they need it. Lally et al. [23] found that lower stigma levels are associated with a higher likelihood that the respondents will engage in help-seeking behaviors.

Table 5. Frequency distribution of responses on stigma related attitude

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel that individuals:	59	18	12	4	1
1. Who go to counseling/therapy for mental health problems are mentally weak	<b>(62.77%)</b>	(19.15%)	(12.775)	(4.26%)	(1.06%)
2. With mental health problems should handle problems on their own without the help of psychologist/social worker/psychiatrist/counselor	63	20	8	2	1
	<b>(62.02%)</b>	(21.28%)	(8.51%)	(2.13%)	(1.06%)
3. Who go to counseling/therapy are either crazy or different from normal people in a negative way	75	15	0	3	1
	<b>(79.79%)</b>	(15.96%)	-	(3.19%)	(1.06%)
4. Who go to counseling for mental health problems are lazy	77	13	2	1	1
	<b>(81.91%)</b>	(13.83%)	(2.13%)	(1.06%)	(1.06%)

### 3.5 Preferred Source of Help/Advice of the Respondents

In Table 6, results indicated that the top three preferred sources of help or advice if the respondents feel mentally poor were the following: friend, mother, and psychiatrist. Although by sex, the males also pointed to the counselor as a source of help after the friend and mother.

Ilagan [13] stated that there is a preference for help-seeking in difficult times from family members or friends and that if the family is the “ultimate resource for help”, then there is no need for professional help. The family and peers are main sources of support for adolescents, especially in terms of emotional support and acceptance [7]. These protect them during stressful experiences and are sources of well-being. Likewise, a study revealed a higher preference to seek help from friends and family member than professional counselors and psychotherapist [19]. D’Avanzo et al. [24] found from their study that adolescents sought help from the friend first followed by the mother or father, romantic partner, psychologist, and lastly, psychiatrist. Similarly, the respondents in this study preferred informal sources of help more than the formal sources of help. Tuliao pointed out to the cultural aspect of help-seeking which is related to the Filipino concept of “ibang tao” or outsider and “hindi ibang tao” or insider/one of us [5]. One would feel more comfortable expressing their thoughts and emotions to someone who is perceived as ‘one of us’ due to a sense of trust and respect. Also, given that the third preferred source of help was the psychiatrist for females and counselor for males, this indicates an openness to seek professional help. Further, since the psychiatrist was preferred more than the psychologist, it seems that the respondents prefer a more medical approach that includes the diagnosis, treatment, and prevention of mental health concerns.

In this study, the least preferred sources of help of the respondents were teacher, extended relatives, psychologist, and father. D’Avanzo et al. [24] found that the lowest preferences of the adolescents in their study for help-seeking were the teacher, clergy, and the help-line. These results could be due to the perception that these people cannot be easily trusted to be of help during emotional difficulties. The respondents may also feel concerned about what these people, who do not know them well, might think of them if they seek assistance. As Camara et al. pointed out, the youth require conditions of trust, familiarity, maturity, approval, and a good relationship for them to disclose their deepest emotions [7].

Table 6. Frequency distribution of responses on preferred source of help/advice if they feel mentally poor

Preferred source of help	Sex			Total	Percentage
	Female	Male			
Friend	21	6		27	28.72
Mother	17	5		22	23.40
Psychiatrist	11	1		12	12.77
Romantic partner	9	2		11	11.70
Sibling	4	2		6	6.38
Counselor	1	4		5	5.32
Others (God, church people)	3	0		3	3.19
Father	1	1		2	2.13
Extended relatives	2	0		2	2.13
Psychologist	1	1		2	2.13
Teacher	2	0		2	2.13
TOTAL	72	22		94	100.00

### 3.6 Perceived Benefits of Mental Health Help-Seeking Behaviors Based on Sex, Age, Family Income, having a Friend or Family Member Diagnosed with Mental Health Disorder, and Most Preferred Source of Help/Advice

Table 7 shows, through the cross-tabulation table, that respondents who are female, aged 20-21, have an annual family income ranging from ₱200,000 to ₱500,000, and do not have a friend or family diagnosed with mental health disorder identified self-awareness/personal growth as the top benefit of mental health help-seeking. Respondents who prefer to seek help from a friend identified improved mental health as the top benefit of mental health help-seeking. Most of the variables showed that the most perceived benefit of mental health help-seeking is the self-awareness/personal growth.

Self-awareness is one’s knowledge about oneself, including one’s identity, emotions, thoughts and behaviors, and how this affects or influences other people [25]. It is important since it contributes to personal growth, goal setting, improving one’s performance, problem-solving and enhancing interpersonal relationships [25].

Females are more likely to report benefits to seeking help for mental health concerns than males [12]. Women tend to be more open in seeking help from both formal and informal sources for support and advice for their mental health problems. This may give them more opportunities to know themselves. Males, due to social

expectations or negative attitudes about help-seeking, may rely on themselves when dealing with their own problems and deny that things are not going well for them.

Table 7. Relationship between sex, age, annual income, having a friend or family diagnosed with mental health disorder, and preferred source of help to the top three perceived benefits of mental health help-seeking

Variable	Self-awareness/personal growth	Improved mental health	Reduced stress
<i>Sex</i>			
F	<b>65</b>	59	57
M	19	17	16
<i>Age (years old)</i>			
18-19	30	27	27
20-21	<b>36</b>	31	31
22-23	12	13	12
24-25	5	4	3
26+	1	1	0
<i>Annual family income</i>			
Less than P200,000	23	17	19
P200,000-P500,000	<b>29</b>	28	24
P501,000-P1,000,000	19	18	16
Above P1,000,000	9	9	10
No answer	4	4	4
<i>Has a friend or family diagnosed with MH disorder</i>			
Yes	39	38	34
No	<b>45</b>	38	39
<i>Preferred Source of help/advice</i>			
Friend	22	22	<b>23</b>
Mother	<b>20</b>	18	16
Psychiatrist	<b>11</b>	<b>11</b>	10
Romantic partner	<b>11</b>	<b>11</b>	10
Counselor	5	4	4
Sibling	4	4	4
Extended relatives	2	2	2
Father	2	1	1
Teacher	2	1	1
Psychologist	2	1	1
Others (God, church people)	3	1	1

In terms of age, the respondents are in the stage of emerging adulthood which is considered as a time for exploration [26], especially in terms of identity, career, love and relationships, and worldviews [27]. This exploration is part of efforts at self-awareness.

The average family income of Filipino families is P267,000 [16] which places a third of the respondents' families in the middle-income range. According to Rughani [28], an adequate income is an enabling resource to access help and services in one's community.

Contrary to the finding of Vidourek et al. [12], in this study, respondents who did not have a friend or family diagnosed with a mental health disorder perceived a higher number of benefits of mental health help-seeking than students who have a family member or friend with a mental health disorder. It is possible that respondents perceive that self-awareness is not only a benefit of mental health help-seeking but also a protective factor against mental health issues as one gets to know about one's strengths and limitations.

Seeking help from a friend is related to improved mental health. Narr et al. [29] found from their study on adolescent and adult friendships that high quality friendships in adolescence predicted long-term mental health later in life. This arises due to the positive experiences of attachment, support, and sharing of intimate feelings at a time when identity development is crucial.



**3.7 Perceived Barriers to Mental Health Help-Seeking Behaviors Based on Sex, Age, Family Income, having a Friend or Family Member Diagnosed with Mental Health Disorder, and Most Preferred Source of Help/Advice**

In Table 8, results show that respondents who are females, aged 20-21, have an annual family income ranging from ₱200,000 to ₱500,000, does not have a friend or family diagnosed with a mental health disorder, and prefer to seek help from the romantic partner identified not feeling comfortable sharing feelings with another person as the top barrier to mental health help-seeking. Denial that there is a problem is the next identified barrier to mental health help-seeking behaviors for these categories.

Table 8. Relationship between sex, age, annual income, having a friend or family diagnosed with mental health disorder, and preferred source of help to the top three perceived barriers to mental health help-seeking

Variable	Embarrassment	Denial that there is a problem	Not feeling comfortable sharing feelings with another person
<i>Sex</i>			
F	55	<b>56</b>	<b>56</b>
M	14	19	15
<i>Age (years old)</i>			
18-19	28	30	25
20-21	28	31	<b>32</b>
22-23	9	10	10
24-25	4	4	3
26+	0	0	1
<i>Annual family income</i>			
Less than P200,000	19	20	19
P200,000-P500,000	24	<b>25</b>	<b>25</b>
P501,000-P1,000,000	13	17	18
Above P1,000,000	9	10	7
No answer	4	3	2
<i>Has a friend or family diagnosed with MH disorder</i>			
No	<b>40</b>	39	<b>40</b>
Yes	29	36	31
<i>Preferred Source of help/advice</i>			
Friend	1	2	2
Mother	18	19	17
Psychiatrist	4	2	6
Romantic partner	19	21	<b>23</b>
Counselor	9	8	7
Sibling	2	2	1
<i>Extended relatives</i>			
Father	7	9	8
Teacher	4	5	2
Psychologist	2	2	2
Others (God, church people)	2	3	2

Students who do not have a friend or family diagnosed with mental health disorder also perceived embarrassment as a barrier to mental health help-seeking. The results show how an individual without exposure to people with mental health problems may feel embarrassed to seek help for mental health problems and feel uncomfortable sharing their feelings with another person.

Sharing one’s experiences with others requires interpersonal trust, a sense of maturity in the person being disclosed to, and a non-judgmental stance [7]. All these are part of a good interpersonal relationship and without these, there will be difficulties in sharing one’s problems to another. Denial of the problem is a perceived barrier to help-seeking since non-acknowledgment that there is a mental health problem means there is no need to assimilate new information about the self and revise one’s self-knowledge [30]. Embarrassment

and shame arise due to the stigma associated with people with mental disorders and seeking professional help [12], which, unfortunately, is also related to avoiding treatment [20].

Females are likely to disclose information more than males in the context of intimate relationships [31]. Intimate relationships are imbued with trust and reciprocity, facilitating the disclosure of personal information to another person [32]. WHO [33] also reported that females are more likely to disclose mental health concerns to a mental health professional than males.

According to Lally et al. [23], being younger than 25 years was associated with higher stigma levels and a lesser likelihood to engage in help-seeking behaviors. Given that they are in the age of exploration of themselves and various possibilities in identity, career, and relationships as they transition into adulthood [26], they need a sense of family and belongingness as an avenue for their self-expression, which may be provided by both friends and family members [34].

A third of the respondents' families are in the middle-income range and over a quarter are from lower income families. According to Leaf et al. [35], individuals with lesser income tend to be more concerned with family reactions to mental health and utilization of services. It is also possible that "hiya" (embarrassment) or loss of face influence the disclosure of mental health issues to others. These are cultural values which emphasize the preservation of integrity and social standing of the self and one's family [5]. One would not be comfortable sharing one's mental health concerns if doing that may mean tarnishing one's reputation and/or the family name and leaving a negative impression on others.

Vidourek et al. [12] found that those who have no friend or family member diagnosed with a mental health disorder were more likely to have stigma-related attitudes such as viewing such individuals as different in a negative way, as lazy, crazy, or mentally weak. Lally et al. [23] found similar results that having no friend or family member diagnosed with a mental health disorder led to higher stigma levels and a reduced likelihood to engage in help-seeking behavior. These respondents perceive discomfort in sharing feeling with others as a barrier to help-seeking maybe because they are used to solving problems on their own or feel embarrassed to share private information with other people.

Intimacy, loyalty, support, and trust are part and parcel of romantic relationships. The romantic partner is a primary coping source and viewed as "hindi ibang tao" or someone who is one with you [5]. Disclosing to a person one is intimate with is easier than sharing one's problems with a person one considers an 'outsider.'

#### **IV. Conclusions and Recommendations**

The perceived benefits of mental health help-seeking focused on self-awareness/personal growth, improved mental health, and reduced stress. The perceived barriers to mental health help-seeking centered on discomfort in sharing feelings with another person, denial that there is a problem, and embarrassment. The most preferred sources for help were the friend, mother, and psychiatrist. Most of them reported that they would most likely ask for help in case they feel mentally poor, especially among the females. More than half of the respondents do not have a friend/family member diagnosed with mental health disorder and majority have not visited a psychologist, psychiatrist, counselor, or social worker for a mental health problem.

Respondents who were female, aged 20-21, has an annual family income ranging from ₱200,000 to ₱500,000, and do not have a friend or family diagnosed with a mental health disorder identified self-awareness/personal growth as the top benefit of mental health help-seeking. Respondents who prefer to seek help from a friend identified improved mental health as the top benefit of mental health help-seeking. Meanwhile, respondents who were female, aged 20-21, has an annual family income ranging from ₱200,000 to ₱500,000, do not have a friend or family diagnosed with a mental health disorder, and preferred to seek help from the romantic partner identified not feeling comfortable sharing feelings with another person as the top barrier to mental health help-seeking. Most of the respondents exhibited a less likely to hold stigma-related attitude.

For future research, using a mixed method approach can be beneficial through inclusion of qualitative data regarding other factors which may positive and negatively influence youth's perceptions on mental health, those with mental health concerns, and mental health help-seeking behaviors. Out of school youth and other youth groups from various settings can also be considered as future respondents.

Community and school interventions like seminars and workshops can be put in place to widen information dissemination regarding mental health literacy including symptoms of mental health disorders, and the importance of help-seeking from both informal and formal support services to enhance self-awareness and healthy mental states. Information and educational campaigns may also use social media sites popular among the youth to develop more positive attitudes toward mental health help-seeking and encourage them to participate in mental health services.

Parents, family members, and other significant others like friends and romantic partners should be informed about their significant roles in mental health help-seeking. They should be willing to listen and support

in times of challenges and difficulties. They can also put forward positive opinions regarding counseling, psychotherapy, and immediate seeking of mental health services if stressors become overwhelming.

Mental health service providers should exhibit a more approachable and trust-worthy stance to encourage the youth to seek professional help. Increased availability of accessible and affordable in-campus and out-campus mental health services should be done if the youth are to be encouraged to seek mental health support and/or treatment [36]. Whether support services are formal or informal, these should overcome the perceived barriers to mental health help-seeking such as feeling uncomfortable sharing feelings with another person and embarrassment.

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