Research Article

Culturally Mediated Mental Health Stigma And Help-Seeking Behavior Among Youth In An Under-Researched Rural Area In Northern Philippines

June II A. Kiblasan

College of Healthcare Education Mountain Province State University Poblacion, Bontoc, Mountain Province, Philippines jkiblasan@mpsu.edu.ph

Abstract

Mental health is a human right and should be accessible with equity to prevent stigma. However, it was ignored, hindering help-seeking. Youth are vulnerable to sociocultural and community influences on help-seeking. In the highland Northern Philippines, understanding of cultural values guides the provision of interventions to challenges within the context in support of cultural sensitivity.

The mixed-method design was used in this study. A researcher-made self-report survey tool was administered to 600 secondary learners and college students, while 40 participants were selected for Key Informant interviews. High school learners reported higher stigma (4.67) and moderate help-seeking behavior (4.24) than college students, with stigma of 3.69 and 3.19 for help-seeking. Groups differed significantly, $t(298) = –18.30$, $p = .001$. Four cultural themes: Kasiyana, Natibker, Kababain, and socio-geographic exposure impacted stigma and help-seeking, leading to the development of the GAWIS Framework Model.

Therefore, integrating this model into schools ensures that stigma-reducing interventions, collaboration with educational institutions, Local Government Units, and communities, are anchored in indigenous values. A possibility for policy that builds capacity, integrates services, expands access, and sustains youth-friendly, community-engaged, and evaluated mental health programs.

Keywords: Culture, Help-Seeking Behavior, Mental Health, Stigma, Northern Philippines, Rural Area, Youth

Introduction

Mental health is an essential part of the quality of our lives, representing well-being that equips individuals to tackle challenges, thrive, achieve personal growth, learn effectively, and partake in a community. According to the World Health Organization (2022), mental health is a fundamental human right necessary for survival and well-being and critical to the progress of society and the economy. The Philippines regulates mental health through the Mental Health Act (Republic Act No. 11036, 2018), which emphasizes the importance of mental health by improving access to services, upholding the dignity of individuals at risk of mental health issues, and integrating mental health care into the public health model. Yet, for all these initiatives, many mental health problems go unaddressed. Stigma based on stereotypes, prejudice, and discrimination continues, resulting in higher psychological distress and lower quality of life (Ahad et al., 2023).

The COVID–19 pandemic exacerbated these challenges globally, resulting in increased rates of anxiety, depression, burnout, and post-traumatic stress, as well as higher rates of eating disorders and violence (Clemente-Suárez et al., 2021). For the Philippines, the effects were magnified by strict containment measures and recurring natural disasters, further intensifying the already fragile mental health landscape (Ocampo et al., 2024). Despite the increase in need, many Filipinos remain reluctant to seek formal psychiatric care. Deep-seated societal traditions of family support, along with the fear of being “weak” or “crazy,” result in low utilization of care systems (Mianji & Kirmayer, 2023). The reluctance is also perpetuated by strong collectivist beliefs and traditional or community responses, which are not formal (Martinez et al., 2020).

Mountain Province in the northern Philippines exemplifies how cultural beliefs can intensify mental health stigma, hinder help-seeking, and limit awareness of mental health issues among youth, dynamics that are common in many under-researched and culturally diverse communities worldwide. Research conducted at the local level indicates that both health workers and community leaders lack awareness of mental health conditions and care options, coupled with stigmatizing attitudes (Caducoy, 2006). According to epidemiological data, the number of cases in this province increased from 92 in 2019 to 248 in 2021, accounting for 9% of total cases in the Cordillera Administrative Region (DOH-CHD-CAR, 2021). Although the DOH-CHD-CAR recently implemented Project RISE-UP, their efforts to raise awareness through school-based counseling and psychoeducation remain unclear as to whether these are relevant, acceptable, and effective for indigenous people, where cultural values, languages, and conceptions of health, among other things, may differ. In addition, most of the literature on help-seeking among Filipinos in overseas populations and urban contexts poses a serious challenge for rural youth in culturally diverse settings.

To fill this gap, Goffman’s Stigma Theory and the Health Belief Model were used to explore cultural values, mental health stigma and the help-seeking behaviors of young people in Mountain Province. It aimed to investigate differences in educational levels, learners' experiences of stigma, and their willingness to seek professional help. The findings of this research inform the development of a culturally grounded and locally sensitive mental health framework that promotes access to care, reduces stigma, and raises community resilience.

Methods

The study used a mixed-methods design to explore how cultural beliefs affect mental health stigma and help-seeking behaviors among young people in Mountain Province, Philippines. Both quantitative and qualitative approaches were combined following Creswell and Plano Clark (2023) to ensure complementary insights and a comprehensive understanding of the study's objectives.

Data were gathered from 10 local municipalities/towns of Mountain Province, Cordillera Administrative Region, involving high school and college students aged 16-19 years. About 600 students participated in this quantitative phase (300 high school students and 300 college students). The sample size was determined based on previous school-based mental health studies in similar low- and middle-income settings, as we aimed to balance the statistical power of the methods against their likelihood (Magnone & Yezierski, 2024). High school students were selected through systematic random sampling, while college students were recruited via purposive-convenience sampling (the full range of enrolled students was not provided). In the qualitative phase, 40 participants (four from each municipality/town) were purposively selected from the survey pool, across different ages and educational levels (Magnone & Yezierski, 2024).

The researcher developed a tool specifically for data collection in the Ilocano language to ensure cultural validity. The tool was refined based on feedback from experts and existing literature. Specialists in mental health, cultural studies, and research methodology provided additional support for content validity (Bergmann et al., 2022). Reliability testing showed good internal consistency with Cronbach's $\alpha = 0.89$.

Quantitative surveys were conducted in classrooms with trained research assistants who guided students through the instructions and collected the forms immediately to maintain data integrity. Qualitative data were gathered from face-to-face key informant interviews in private community locations, 45–60 minutes. The interviews were audio-recorded with participant consent.

Quantitative analyses used independent samples t-tests to examine differences in stigma and help-seeking behaviors between high school and college students (Bond, 2022) and Pearson correlations to assess the strength and direction of associations across educational levels, stigma, and help-seeking behaviors (Greenland & Pearl, 2025); correlation (though not causation) was observed. Qualitative data were interpreted through personal accounts within sociocultural frameworks using narrative analysis (De Fina, 2021).

Ethical considerations included informed consent and confidentiality. Specifically, assent from minors and parental consent for participants aged 16–17 years, in line with the PCHRD (2022) and international ethical standards (Alhabsi, 2024). Limitations include potential self-reporting bias and generalizability due to the nature of the study.

Results and Discussion

Table 1 revealed the results of mental health stigma and help-seeking behavior of youth in an under-researched rural area in northern Philippines. High school learners reported higher levels of cultural attitudes toward stigma (M = 4.53) compared to college students (M = 3.52). Similar trends were observed for fear of judgment, lack of awareness, and peer pressure, with overall stigma levels greater among high school learners (M = 4.67) than college students (M = 3.69). A parallel pattern emerged in help-seeking behavior: high school learners are more reluctant to seek help, experience increased isolation, and stronger perceptions of academic consequences, resulting in a higher overall mean score (M = 4.24) than college students (M = 3.19). These findings indicate that younger learners face greater barriers related to both stigma and help-seeking

Table 1 Comparison of Mental Health Stigma and Help-Seeking Behavior Between College Students and High School Learners

Variable	Dimension	College Students (Mean)	High School Learners (Mean)	t	df	p
Mental Health Stigma	Cultural Attitudes	3.52	4.53	—	—	—
	Fear of Judgment	4.60	4.93	—	—	—
	Lack of Awareness	2.13	4.45	—	—	—
	Peer Pressure	4.52	4.75	—	—	—
	AWM	**3.69**	**4.67**	**11.63**	**487.75**	**< .001**
Help-Seeking Behavior	Reluctance to Reach Out	2.54	3.57	—	—	—
	Increased Isolation	3.49	4.47	—	—	—
	Academic Consequences	3.54	4.67	—	—	—
	AWM	**3.19**	**4.24**	**11.22**	**534.48**	**< .001**

Note. AWM = Average Weighted Mean.

Moreover, the independent samples t-test revealed significant differences between high school learners and college students in both mental health stigma and help-seeking behavior. High school learners reported significantly higher mental health stigma (M = 4.43, SD = 0.60) than college students (M = 3.64, SD = 1.01), $t(487.75) = 11.63$, $p < .001$, with a mean difference of 0.79. Similarly, high school learners scored higher in help-seeking behavior (M = 4.16, SD = 0.78) than college students (M = 3.54, SD = 0.55), $t(534.48) = 11.22$, $p < .001$, with a mean difference of 0.62. These results indicate statistically significant group differences in both variables.

The finding revealed that cultural influences strongly shape both mental health stigma and help-seeking behavior among learners and students. High school learners experience higher levels of stigma and barriers to help-seeking than college students, highlighting the need for early intervention strategies targeting stigma reduction and promotion of help-seeking behaviors. This aligns with Daraz et al. (2025), who emphasized that collectivist cultural values amplify anticipated stigma by framing mental illness as a moral weakness rather than a health condition. Meanwhile, Atkin and Joseph (2026) found that cultural norms of self-reliance and fear of judgment hinder open disclosure and treatment-seeking, while a lack of awareness among high school learners and cultural narratives mediate mental health literacy, intensifying stigma. In the Philippine setting, limited exposure to mental health education compounds stigma (Doctor, 2025), while Choudhary et al. (2025) found that stigma remains a persistent barrier to mental health service utilization.

Behavioral indicators of reluctance to reach out and academic consequences demonstrated how stigma translated into avoidance of formal support and reliance on informal networks. This supports El Khoury et al. (2025), who showed that stigma, fear of judgment, and peer pressure negatively predict help-seeking behavior. Hellström and Beckman (2021) noted that young people often prefer silence or informal help from family, peers, or spiritual leaders rather than professional services. Although college students reported lower stigma, they still demonstrated hesitancy to accessing formal services despite increased access to school-based guidance services (Ezea, 2026). Recent interventions suggest that stigma reduction is possible through culturally sensitive literacy programs (Langan Martin et al., 2021). Effective interventions must target internalized stigma and structural barriers (Stangl et al., 2023), while digital and school-based mental health education reduces stigma and improves help-seeking intentions (Daisy, 2025).

The independent samples t-test revealed that high school learners hold stronger stigma toward mental health than college students but are also more likely to engage in help-seeking behaviors. Campbell et al. (2022) found that college populations are more open to mental health knowledge and services due to greater maturity and access to resources. This is maybe because mental health literacy and access to campus-based services contribute to reduced stigma and openness to help-seeking (Martinez Líbano et al., 2024), while high school students may experience stronger peer pressure, limited mental health literacy, and heightened fear of judgment, reinforcing stigma and discouraging formal help-seeking (Asplund et al., 2025). Overall, college students benefit from increased literacy and access to resources, while high school students remain vulnerable to stigma perpetuated by cultural values and exposure.

Meanwhile, the correlation analysis in Table 2 revealed a significant but weak negative association between mental health stigma and help-seeking behavior ($r = –.08$, $p < .05$), indicating that higher stigma is slightly related to lower help-seeking tendencies.

Table 2 Correlation Among Mental Health Stigma and Help-Seeking Behavior, and College Students and High School Learners

Variable	Mental Health Stigma	Help-Seeking Behavior	College Students	High School Learners
Mental Health Stigma	—			
Help-Seeking Behavior	–.08*	—		
College Students	.13*	.12*	—	
High School Learners	0.09	.45**	.67**	—

Note. N = 600 for overall stigma and help-seeking behavior; N = 300 for each educational subgroup. Pearson's r is reported as $p < .05$*, *$p < .01$.

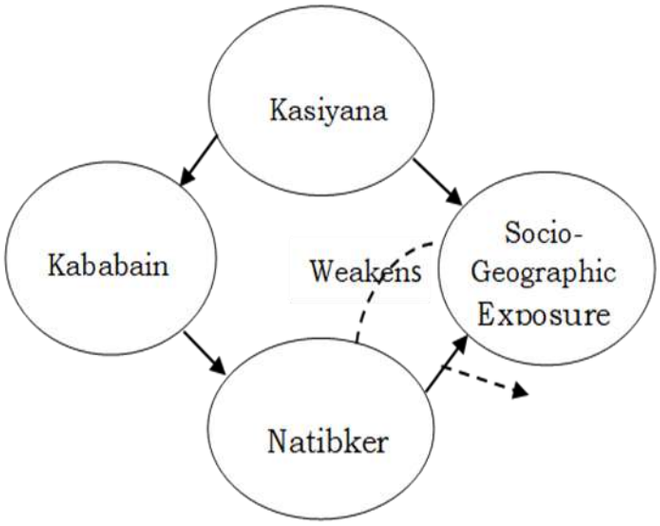
Mental health stigma also showed small positive correlations with being a college student ($r = .13$, $p < .05$) but was not significantly related to being a high school learner ($r = .09$, $p > .05$). On the other hand, help-seeking behavior correlated positively with both being a college student ($r = .12$, $p < .05$) and being a high school learner ($r = .45$, $p < .01$). Moreover, there was a strong positive correlation between high school learners and college students ($r = .67$, $p < .01$), suggesting consistency across educational levels.

The correlation results imply that while stigma slightly hinders help-seeking behaviors, its effect is relatively weak, suggesting that other factors may play a stronger role in influencing willingness to seek mental health support. Kim et al. (2025) found that stigma can deter students from seeking professional support. In the Philippine context, norms of self-reliance, strong family influence, religious coping, and hiya shape willingness to pursue professional care (Sab-it, 2025). Help-seeking behaviors, therefore, appear less a matter of individual stigma than of cultural expectations and systemic realities.

Lastly, Figure 1 revealed the qualitative phase. Four cultural themes shape youth experiences with mental health. The interaction model illustrates how these themes converge to influence youth mental health outcomes. Kasiyana (acceptance and endurance), where endurance was viewed as a sign of maturity, expressed as "It's okay because that's how I mature," followed by Kababain (shame or modesty), which means one feared being bothered, as reflected in a statement, "I am shy to tell because they might laugh at me." Then Natibker (strength and self-reliance), which means resilience and independence, was valued, with participants stating, "I am strong, so I don't tell anyone because I can manage," and finally, Socio-Geographic Exposure refers to barriers like distance, transport,

and financial cost limiting access to mental health services. These cultural themes interacted to reinforce endurance, modesty, and self-reliance, while discouraging help-seeking.

Figure 1 Interaction Model of Youth Mental Health Stigma and Help-Seeking Behavior



Qualitative findings revealed that cultural themes shaping mental health stigma and help-seeking among youth in Mountain Province are embedded in cultural and socio-environmental contexts. These four major themes function as both protective resources and barriers to professional support. Kasiyana fosters perseverance and adaptive coping but discourages seeking external help, as distress is often managed privately (Adriaense et al., 2020). Natibker emphasizes strength, steadfastness, and community solidarity while sustaining reliance on informal support networks (Carrasco et al., 2024). Kababain illustrates how shame and modesty act as barriers to disclosure because of fear of judgment and damage to personal and family relationships (Sidor & Dubin, 2025). Socio-geographic exposure emerged as a structural theme, with rural youth describing limited access to services and stronger reliance on culturally grounded coping strategies (Asnaani et al., 2025).

The Interaction Model of Youth Mental Health Stigma synthesized these dynamics. Kasiyana influences both Kababain and socio-geographic exposure, while Kababain directly affects Natibker, suggesting that cultural resilience can buffer structural disadvantages but may also limit openness to formal care (Daraz et al., 2025).

Collectively, these findings highlight the dual role of cultural values in shaping mental health stigma and help-seeking. While cultural constructs provide resilience, perseverance, and community solidarity, they also reinforce silence, shame, and underutilization of professional services. Interventions must therefore be culturally sensitive, reframing Kasiyana and Natibker as strengths that can coexist with professional support while mitigating the restrictive effects of Kababain and socio-geographic barriers. Consequently, high school interventions should prioritize stigma reduction, peer education, and mental health literacy, whereas college-level programs must address lingering cultural expectations of self-reliance. Thus, community interventions should integrate culturally sensitive approaches and address structural barriers such as distance, transportation, and cost to ensure equitable access to mental health services.

Conclusion and Recommendation

Data and cultural analysis affirm that younger Filipino youth in Mountain Province, Philippines, face stronger mental health stigma and barriers to help-seeking, shaped by cultural beliefs of endurance, modesty, and self-reliance, alongside access challenges. It is highly suggested to adopt the GAWIS Framework Model, a culturally responsive, community-based model with multi-sectoral partnership to reduce stigma, strengthen resilience, and promote holistic wellness with the following pillars:

1. Guidance and Education: Emphasizes mental health literacy integration into school curricula and community programs.
2. Access and Support System: Focuses on establishing safe, accessible, and non-judgmental support systems within schools and communities.
3. Wellness in Cultural Context: Integrates cultural expressions, traditional healing practices, and indigenous perspectives into wellness programs to ensure cultural resonance and sustainability.
4. Immersion and Community Involvement: Encouraging collaboration between schools, families, and local organizations ensures that mental health initiatives are grounded in community realities.
5. Sustainability and Research: Promotes long-term impact through continuous research, youth-led wellness advocacy, and policy support.

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