

## MEDIATION OF MENTAL HEALTH LITERACY ON SELF-STIGMA AND INTENT TO SEEK MENTAL HEALTH HELP OF MIDDLE-AGED FILIPINO ADULTS

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### ABSTRACT

The mental health of Filipinos is declining significantly, but stigma continues to prevent individuals from seeking psychological support. Previous studies show that self-stigma and mental health literacy significantly influence help-seeking behavior, contributing to reluctance in seeking help. However, research on Filipino mental health remains limited, with most literature focusing on Filipino Americans, Filipino immigrants, or younger age groups. This study aimed to investigate the mediating role of mental health literacy between self-stigma and help-seeking intentions among middle-aged Filipino adults, utilizing the Knowledge-Attitude-Practice (KAP) theory. An online survey was conducted with 219 middle-aged Filipino adults, and the data were analyzed through linear regression and mediation analysis. Results revealed that self-stigma significantly predicted psychological help-seeking intentions, while mental health literacy did not mediate this relationship. The findings provide valuable insights into the help-seeking behavior of middle-aged Filipinos, highlighting the need for novel approaches to improve mental health care utilization in the Philippines.

**Keywords:** *Mental health literacy, self-stigma, help-seeking intent, Filipino, middle adulthood, middle-aged adults, Knowledge-Attitude-Practice Theory*

### INTRODUCTION

Mental health is defined as the psychological state that constitutes an individual's overall well-being and capacity to function (Diehl et al., 2011; Sankar et al., 2017; Wren-Lewis & Alexandrova, 2021). It involves emotional stability influenced by biological (e.g., age, sex), psychological (e.g., personality traits, values), social (e.g., socioeconomic status), and environmental factors (e.g., stressors, discrimination; Coronel-Santos & Rodriguez-Macias, 2022). Various factors such as daily stress, social inequalities, discrimination, and lifestyle could negatively impact an individual's mental health (Allen et al., 2014; Liu et al., 2017; Schönfeld et al., 2015; Thoits, 2012), affecting interpersonal relationships, social functioning, and physical health (Vidourek & Burbage, 2019).

However, a key concern is that individuals experiencing mental health difficulties often avoid seeking professional help (Clement et al., 2015; Vidourek & Burbage, 2019), which exacerbates psychosocial impairment (Wallin et al., 2018). Stigma surrounding mental health is a significant barrier to seeking psychological help (Jennings et al., 2015), leading to discrimination, invalidation, and social alienation (Punla et al., 2022; Vally et al., 2018). As a result, social and emotional outcomes such as low self-esteem, feelings of shame, and lower life satisfaction and social adaptation emerge (Cheng et al., 2018; Mackenzie et al., 2019; Reyes et al., 2017; Reynders et al., 2013; Vally et al., 2018; Wallin et al., 2018).

In the Philippines, mental illness ranks as the third most common disability (Martinez et al., 2020; Taguibao & Rosenheck, 2020), with 88 out of 100,000 Filipinos suffering from a mental, neurological, or substance use disorder (Aruta et al., 2021; Maravilla & Tan, 2021). Despite this, Filipinos still have lower rates of seeking psychological help (Prim et al., 2023), resulting in unreported mental health cases in the country (Aperocho, 2023; Aruta et al., 2021). In addition, Filipinos also show greater reluctance to seek psychological help compared to American and Asian populations (Martinez et al., 2020). Chan and Litam (2021) explain these findings, suggesting that that fear of being a disgrace to the family is among the reasons that hinders Filipinos from seeking psychological help as the culture in the

Philippines emphasizes the importance of kin.

Moreover, mental health literacy also contributes to the reluctance to seek psychological help (Andary et al., 2023; Leonod & Tamayo, 2023), where greater knowledge of mental health concepts encourages help-seeking behavior among individuals (Adviso, 2022). Older adults tend to have lower mental health literacy (Gonçalves et al., 2014; Piper et al., 2018), which decreases their likelihood of seeking help (Eden et al., 2012; Elshaikh et al., 2023). Similarly, mental health literacy was found to be low in the general Filipino population (Argao et al., 2021; Bugtong-Diez, 2020), especially among older Filipinos (Valledor & De Guzman, 2023). Cultural misconceptions, such as beliefs in spiritual causes for mental illness (Tuliao, 2014), and stigmatizing attitudes (Bugtong-Diez, 2020; Chan & Litam, 2021; Rey et al., 2022), have been found to contribute to poor mental health literacy.

In essence, studies show that seeking psychological help is significantly influenced by mental health literacy and mental help-seeking intentions (Cheng et al., 2018; Lannin et al., 2015; Reynders et al., 2014; Tucker et al., 2013; Vally et al., 2018; Wallin et al., 2018). In the Philippines, reluctance to seek help is associated with internalized stigma (Puentespinosa et al., 2023; Tuliao, 2014; Yuduang et al., 2022) and low mental health literacy (Andary et al., 2023; Lasquites et al., 2024; Leonod & Tamayo, 2023). However, Filipino mental health studies are still limited as most of the available literature is among Filipino Americans or Filipino immigrants (Tuliao, 2014). Research on mental health in the Philippines has also been more focused on adolescents and young adults (Valledor & De Guzman, 2023) with limited studies available on older adults (Rey et al., 2022).

This study offers insights into the nature of mental health help-seeking behavior, while also highlighting the roles that mental health literacy and self-stigma play in shaping the state of mental health in the

Philippines. These are integral for advancing knowledge of concepts related to mental health, potentially contributing to the growing body of knowledge on mental health research, particularly within the context of middle-aged adult populations.

## Theoretical Background

### Knowledge-Attitude-Practice (KAP) Theory

Knowledge-Attitude-Practice (KAP) Theory explains human health-related behavior as a process that is achieved through the development of an individual's knowledge, attitude, and practice (Alsaleh et al., 2023; Wang et al., 2020). Badran (1995) defined these components. Firstly, knowledge is defined as the ability of an individual to acquire, retain, and utilize information through education. Meanwhile, attitudes were defined as an individual's predisposition to behave in a particular manner toward specific situations, with values being strongly associated with these attitudes. Lastly, practice involves the application of the principles and knowledge that an individual has learned, which translates into observable actions.

Previous studies have applied the KAP theory in measuring knowledge, attitudes, and practices on mental health (Azar et al., 2016; Azman et al., 2023; Samaksha et al., 2022; Upadhana et al., 2022). The theory determines what is known, believed, and practiced in a particular community and provides insights into what needs to be addressed (AshaRani et al., 2020). Zahid Iqbal et al. (2020) emphasized the role of knowledge about concepts related to mental health in improving mental health help-seeking practice and alleviating the risk of developing psychological disorders. Consistent with this, Samaksha et al. (2022) have found a significant association between knowledge and attitudes where a greater degree of knowledge results in better attitudes among psychiatric patients. Additional studies have also found that knowledge significantly influences attitudes and practices toward depression and anxiety (Azman et al., 2023; Upadhana et al., 2022).

In application, the KAP theory extends to understanding mental health literacy (i.e., knowledge) as a mediator of the relationship between self-stigma on psychological help-seeking (i.e., attitude) and intent to seek mental health help (i.e., practice) among middle-aged Filipino adults. In line with the previous findings on the role of knowledge in improving attitudes and practices, this study assumes that greater mental health literacy will be able to lessen self-stigma associated with mental health help-seeking and increase the likelihood of middle-aged Filipino adults seeking mental health help. Additionally, mental health literacy is expected to explain the relationship between self-stigma and mental health help-seeking intent.

## Literature Review

### Mental Health Help Seeking

Mental health help-seeking is a coping behavior that involves seeking support, care, or service to reduce psychological distress and improve overall well-being (Sanghvi & Mehrotra, 2022; Xu et al., 2018). It helps alleviate the detrimental effects of experiencing mental health problems (Topkaya, 2015) such as problematic interpersonal and family functioning, lower life expectancies, and suicide risk (Schnyder et al., 2017; Wang et al., 2023). In more severe cases of mental health conditions, individuals become more susceptible to substance use, poverty, homelessness, unemployment, and hospitalization (Naslund et al., 2016).

However, there are still limited studies available on mental health help-seeking among middle-aged and older adults (Kessler et al.,

2014; Murayama et al., 2022; Wang et al., 2023) even though help-seeking has been found to decrease with age (Berard et al., 2020; Gonçalves et al., 2014). Thus, it is important to also explore stigma in mental health research, especially its role in influencing the help-seeking intent of individuals among different populations.

### Self-Stigma on Mental Health Help Seeking

Self-stigma has been found to be associated with help-seeking attitudes where higher levels of self-stigma elicit more negative attitudes toward seeking psychological help (Lannin et al., 2015; Reynders et al., 2014; Tucker et al., 2013; Vally et al., 2018; Wallin et al., 2018). Studies then suggest that individuals with internalized stigma avoid seeking psychological help to protect their self-esteem and sense of self-regard due to the belief that utilizing mental health services is socially unacceptable (Johnson, 2020; Tucker et al., 2013; Vogel et al., 2006).

Collectivist culture has been identified to be a contributing factor to this relationship as negative perceptions toward mental health are more endorsed in such cultures (Cheng et al., 2018; Endriulaitienė et al., 2019; Natalia & Fridari, 2022; Vally et al., 2018). Evidence shows that among Arabic and Turkish university students, collectivist culture has been associated with increased stigma toward mental health and treatment (Aldalaykeh et al., 2019; Seyfi et al., 2013) while adherence to Asian cultural values among Chinese, Korean, and Vietnamese immigrants has also been linked to more negative attitudes toward seeking psychological help (Alzoubi, 2022).

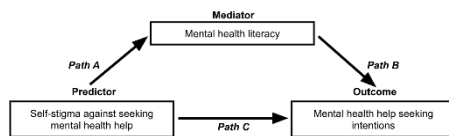
In contrast, Western countries with lower levels of mental health stigma report higher rates of help-seeking and lesser internalized stigma (Evans-Lacko et al., 2012; Wang, 2018). Cavanagh et al. (2021) suggest that the disparity between Western and Non-Western help-seeking behaviors can be explained by levels of trust as it has been found among young Australians that high levels of trust exhibit high professional help-seeking intent compared to Russians with low levels of trust. This can also explain the lower rates of help-seeking among Asian populations due to their preference to not disclose their emotional state to therapists (Wang, 2018). With these findings, it is important to study self-stigma in seeking mental health care, especially among non-Western populations.

### Mental Health Literacy

Mental health literacy encompasses the knowledge and attitudes about mental health, involving recognition, prevention, and treatment of mental disorders (Satparam, 2023). This is found to be associated with help-seeking behaviors where higher levels of mental health literacy result in a higher likelihood of seeking psychological help (Cheng et al., 2018). Studies suggest that improving mental health knowledge can promote seeking psychological help as prior knowledge and experience with mental health services may elicit positive attitudes toward seeking help (Chandrasekara, 2016; Lally et al., 2012; Zorilla et al., 2019).

Kutcher et al. (2016) have suggested that mental health literacy encompasses alleviating stigma on mental health. Previous studies support this finding, suggesting that improving health literacy reduces the mental health stigma (Piper et al., 2018; Wei et al., 2015) as higher mental health literacy allows a better understanding of mental illnesses and thus, reduces stigma and prejudice associated with it (Phoa et al., 2022). Therefore, in line with the findings from the previous studies, it is important to understand how mental health literacy influences the relationship between self-stigma and intent to seek mental health help.

## Conceptual Framework



**Figure 1. Mediation of Mental Health Literacy on the Relationship between Self-Stigma and Intent to Seek Mental Health Help of Middle-Aged Filipino Adults**

The framework outlined the application of mediation in explaining the relationship between the predictor and outcome variables. The mediator for this study was mental health literacy, the predictor was self-stigma against seeking mental health help, and the outcome was mental health help-seeking intentions. The three paths denoted the expected relationship between the three variables: Path A signifies the relationship between self-stigma of seeking mental health help and mental health literacy, path B for the relationship between mental health literacy and mental health help-seeking intentions, and Path C for the relationship between self-stigma of seeking mental health help and mental health help-seeking intentions.

## METHODOLOGY

### Research Design

The researcher utilized a quantitative approach where numerical data were collected through survey questionnaires to statistically test the significance of the assumptions in this study. The study design was correlational where mediation analysis was used in analyzing the relationship between the predictor and the outcome variables. In this study, the researcher explored the mediating effect of mental health literacy on the relationship between self-stigma and the intent to seek mental health help of middle-aged Filipino adults.

### Participants and Study Site

Purposive sampling was utilized where inclusion criteria were set to determine the eligibility of the participants in the study. The demographic data of the participants revealed that among 219 middle-aged Filipino adults, 68.9% belong to the 35 to 44 years old age bracket ( $n = 151$ ) and 55.3% were residents in Region IV-A ( $n = 121$ ). Additionally, a large fraction of participants also reported themselves to be residing in the National Capital Region (33.8%).

**Table 1. Demographic Characteristics of the Middle-aged Filipino Adults ( $N = 219$ )**

	<i>n</i>	%
Nationality		
Filipino	219	100%
Age		
35 to 44 years old	151	68.9%
45 to 54 years old	43	19.6%
55 to 64 years old	25	11.4%
Area of Residence		
National Capital Region (NCR)	74	33.8%
Region IV-A (Calabarzon)	121	55.3%
Region III (Central Luzon)	24	11%

### Instruments

#### Demographic Profile

Demographic information such as nationality, age, and area of residency was collected as a screening tool for the eligibility of the participants in the current study. The instrument for the collection of demographic data was only made by the researcher.

#### Mental Health Literacy Scale-Filipino (MHLS-F)

Mental Health Literacy Scale-Filipino (MHLS-F; Biscocho & Medina, 2022) is a 26-item instrument, containing three subscales (i.e., Ability to recognize disorders, knowledge where to seek information, and attitudes that promote recognition or appropriate health-seeking behavior) that has been cross-culturally adapted from the 35-item Mental Health Literacy Scale (MHLS; O'Connor & Cassey, 2015) to particularly measure the mental health literacy of Filipinos. The statements such as “*Sa iyong palagay, kung nakararanas ng pakiramdam na sobrang sigla o sobrang lungkot ay malaki bang posibilidad na siya ay mayroong Bipolar Disorder?*” and “*Sa tingin mo, kung nakararanas ng Personality Disorders ay malaki ba ang posibilidad na sila ay mayroon sakit sa kaisipan?*” are rated using a 4-point Likert type scale (1 = *Siguradong Wala*, 4 = *Siguradong Mayroon*) while statements such as “*Papayag ka bang bigyan ng trabaho ang taong may sakit sa kaisipan?*” and “*Naniniwala ako na hindi epektibo ang pangagamot sa sakit sa kaisipan ng mga propesyonal sa Kalusugan sa Pag-iisip*” are rated using a 5-point Likert type scale (1 = *Tiyak na hindi sumasangayon/Hindi*, 5 = *Tiyak na sumasangayon/Oo*). The scale is computed by summing the scores across all the items after reversing the scoring of necessary items (i.e., items 11-26), with higher total scores indicating greater mental health literacy. Satisfactory internal consistency ( $\alpha = .73$ ) and evidence for content validity has been then reported for the MHLS-F (Biscocho & Medina, 2022).

#### Self-Stigma of Seeking Help (SSOSH) Scale

Self-Stigma of Seeking Help (SSOSH; Vogel et al., 2006) scale is a unidimensional 10-item measure of self-stigma in seeking psychological help. The statements such as “*I would feel inadequate if I went to a therapist for psychological help*” and “*My self-confidence would NOT be threatened if I sought professional help*” are rated using a 5-point Likert type scale (1 = Strongly Disagree, 5 = Strongly Agree). The scores are then summed up after reversing the scoring of necessary items (i.e., items 2, 4, 5, 7, and 9), with higher total scores indicating higher levels of help-seeking self-stigma. SSOSH scale has been reported to have good test-retest reliability ( $\alpha = .72$ ), strong internal consistency reliability ( $\alpha = .91$ ), and good overall reliability ( $\alpha = .89$ ) with evidence for construct and criterion validity (Vogel et al., 2006). Studies have also shown the applicability of SSOSH across different populations such as South Korean students ( $\alpha = .84$ ; Kim & Yon, 2019), Chinese immigrants ( $\alpha = .81$ ; Yee et al., 2020), and Polynesian Americans ( $\alpha = .82$ ; Allen et al., 2016). Similarly, local studies have utilized the SSOSH scale among samples of Filipino high school students ( $\alpha = .87$ ; Liguin & Cuartero, 2022), college students ( $\alpha = .89$ ; Lasquites et al., 2024), rural area residents ( $\alpha = .67$ ; Aruta et al., 2021), and Filipino Americans ( $\alpha = .81$ ; De Luna & Kawabata, 2020).

#### Mental Help Seeking Intention Scale (MHSIS)

The Mental Help Seeking Intention Scale (MHSIS; Hammer & Spiker, 2018) is a 3-item instrument that has been developed based on the Theory of Planned Behavior (Ajzen, 2006) to measure an individual's intention to seek help from a mental health professional. Statements such as “*If I had a mental health concern, I would intend to seek help from a mental health professional*” are rated using a 7-point Likert type scale (1 = Extremely unlikely, 7 = Extremely likely). The scale is interpreted by getting the average of the scores where higher mean scores indicate greater intent to seek mental health help. Conversely, Hammer and Spiker (2018) have found that MHSIS has the strongest predictive validity of mental health help-seeking intentions as compared to the commonly used help-seeking instruments (i.e., General Help Seeking Questionnaire and Intentions to Seek Counseling Inventory). MHSIS has also been found to elicit

similar results to the Intentions to Seek Counseling Inventory when administered (Boomgarden, 2021).

Good reliability ( $\alpha = .94$ ) and evidence for internal structure and convergent validity have been reported for MHSIS (Hammer & Spiker, 2018; Shabrina et al., 2022). MHSIS has also been utilized across different populations such as Malaysian undergraduates ( $\alpha = .90$ ; Zaidi & Roseliza-Murni, 2023), African Americans ( $\alpha = .95$ ; Wilson, 2022), Assam adults ( $\alpha = .91$ ; Ngatey et al., 2023), and U.S. veterans ( $\alpha = .97$ ; Hines, 2023) and demonstrated high reliability across all studies. Local studies have also utilized MHSIS across different samples in the Philippines such as Filipino agnostics and atheists (Dumaop et al., 2023), counselors ( $\alpha = .93$ ; Aruta et al., 2023), senior high school students (Agbay, 2022), adults ( $\alpha = .94$ ; Lingbaolan, 2018), and emerging adults (Bugtong-Diez, 2020).

### Data Gathering Process

Data was gathered electronically via online platforms using Google Forms. A hyperlink was disseminated through social media platforms (i.e., Facebook, Instagram, Twitter) along with publication materials containing the inclusion criteria for the study and a quick-response (QR) code directed to the Google Forms. The first section of the survey included an informed consent form highlighting the details and ethical considerations of the study. Participants' eligibility was screened through the demographic section where participants who do not meet the criteria for the study will not be redirected to the survey questionnaires. Eligible participants proceeded to the section of the survey questionnaires: Mental Health Literacy Scale-Filipino (MHLS-F), Self-Stigma of Seeking Help (SSOSH) Scale, and Mental Help Seeking Intention Scale (MHSIS). Data was collected in Google Sheets and analyzed using a statistical analysis tool.

### Ethical Consideration

The study was followed the ethical research guidelines of the American Psychological Association (2017) to ensure the welfare and safety of the participants. Informed consent was provided to brief the participants about the details of the study and terms of participation. Efforts were made to minimize any forms of harm, distress, or discomfort, and participants were given the right to withdraw from the study without penalty. Participants who proceeded with the study were debriefed after completing the survey and were presented with a list of mental health organizations for support, if necessary. In addition, data were kept confidential and anonymous, and any identifying information about the participants was coded into aliases (i.e., P1, P2, P3). All data were stored in password-protected devices, with access restricted to the researcher only. Two-factor authentication (2FA) was activated for added security. Lastly, the researcher ensured that the data would be used for this study only and would be deleted after the study's completion.

### Data Analysis

This study utilized mediation analysis in investigating the mediation effect of mental health literacy (M) on the relationship between self-stigma (X) and the intention to seek mental health help (Y). The data collected was run on a statistical analysis tool (i.e., SPSS), utilizing both simple linear regression and multiple linear regression. Simple linear regression was first used to determine the total effect between X and Y and the direct effect of X on M. Multiple linear regression was then used to determine the direct effect of X and M on Y. As the bootstrapping method has been suggested to produce more accurate and reliable results in measuring mediation effects (Levy et al., 2011; Özdil & Kutlu, 2019), this study utilized percentile bootstrapped mediation analysis to test the statistical significance of the indirect effect of mental health literacy on the relationship between help-

seeking self-stigma and the intention to seek mental health help.

## RESULTS

Normality assumptions were measured to test for the normality of the distribution as part of the preliminary screening of data. Skewness and kurtosis analysis reveal that the observed values for mental health literacy ( $\alpha 3 = -0.17$ ,  $K = -0.09$ ), self-stigma on seeking help ( $\alpha 3 = 0.02$ ,  $K = -0.42$ ), and mental health help-seeking intentions ( $\alpha 3 = -1.67$ ,  $K = 3.42$ ) fall within the acceptable range of normality (Bryne, 2010; Hair et al., 2010), suggesting that data of the variables in the study are normally distributed. Additionally, 15 outliers were identified from the boxplots of mental health literacy and mental health help-seeking intentions. However, the outliers were retained in the dataset, as the data analysis method (i.e., percentile bootstrapping) for this study does not require assumptions regarding data distribution (Carpenter & Bithell, 2000; Henderson, 2005; Hesterberg et al., 2003).

Descriptive statistics were performed on the key variables. Results reveal that the participants have moderate scores ranging from 58 to 114 on the Mental Health Literacy Scale, with a mean score that falls slightly above the midpoint of the total score limit within the scale ( $M = 88.96$ ,  $SD = 11.23$ ). These findings indicate that the middle-aged Filipino adults in the study exhibit sufficient understanding of various concepts related to mental health, although there are still areas in which their knowledge may be limited. On the Self-Stigma of Seeking Help Scale, the participants demonstrated relatively low scores ranging from 10 to 36 ( $M = 20.08$ ,  $SD = 6.01$ ), implying minimal levels of self-stigma in seeking help. Lastly, the mean scores on the Mental Help Seeking Intention Scale were notably the highest among the three measures ( $M = 6.21$ ,  $SD = 1.05$ ), signifying that it is highly likely for middle-aged Filipinos to seek mental health help.

**Table 2. Regression Analysis for the Relationship Between Self-Stigma Against Seeking Mental Health Help and Mental Health Help Seeking Intention of Middle-Aged Filipino Adults**

	<i>B</i>	95% CI	<i>SE</i>	$\beta$	<i>R</i>	<i>R</i> <sup>2</sup>
Constant	6.62*	[5.24, 7.99]	0.7			
Self-Stigma Against Seeking Mental Health Help	-0.06*	[-0.08, -.04]	0.01	-0.34		
					.39	.15*

Note. CI = Confidence interval. \**p*-value < .05

Table 2 shows the predictive relationship between self-stigma against seeking help and help-seeking intentions of middle-aged Filipino adults. Results highlighted an inverse relationship between self-stigma against seeking help and mental health help-seeking intentions ( $\beta = -0.06$ ,  $p < .05$ ), suggesting that the increased likelihood of seeking mental health help ( $M = 6.21$ ,  $SD = 1.05$ ) resulted from the minimal levels of help-seeking self-stigma ( $M = 20.08$ ,  $SD = 6.01$ ) among the participants. This provides evidence for the first hypothesis of the study proposing that self-stigma against seeking help is a significant predictor of mental health help-seeking intentions of middle-aged Filipino adults.

**Table 2. Mediation Analysis for the Mediation of Mental Health Literacy on the Relationship Between Self-Stigma Against Seeking Mental Health Help and Mental Health Help Seeking Intention of Middle-Aged Filipino Adults**

	<i>B</i>	95% CI	<i>SE</i>	$\beta$	<i>R</i>	<i>R</i> <sup>2</sup>
Constant	6.62*	[5.24, 7.99]	0.7			
Mental Health Literacy	0.01	[-0.004, 0.02]	0.01	0.1		
					.39	.15*

Note. CI = Confidence interval. \**p*-value < .05

Table 3 illustrates the mediation results on the role of mental health literacy in the relationship between self-stigma against seeking mental health help and mental health help-seeking intentions of middle-aged Filipino adults. Results from the regression analysis revealed that there is no significant relationship between mental health literacy and mental health help-seeking intentions ( $\beta = 0.01$ ,  $p = .17$ ), suggesting that the levels of mental health literacy have no direct effect on the levels of mental health seeking intent among middle-aged Filipino adults.

Similarly, the bootstrap confidence interval for the indirect effect based on 5,000 bootstrap samples was below and above zero [95%  $CI = (-0.019, 0.003)$ ,  $SE = .006$ ], indicating that mental health literacy may not significantly mediate the relationship between self-stigma against seeking mental health help and mental health help-seeking intentions of middle-aged Filipino adults. This finding fails to support the second hypothesis of this study which states that mental health literacy mediates the relationship between self-stigma and mental health help-seeking intentions of middle-aged Filipinos.

## DISCUSSION

The study measures the mediating role of mental health literacy on the relationship between self-stigma in seeking mental health help and intent to seek mental health help among middle-aged Filipino adults. The results support the first hypothesis in the study, revealing that self-stigma in seeking mental health help is a significant predictor of psychological help-seeking intentions. The negative relationship between the two variables was particularly highlighted in the findings, indicating that an increase in the levels of self-stigma in seeking mental health help would result in a decrease in the levels of intent to seek mental health help. Meanwhile, the results from the mediation analysis do not support the second hypothesis in the study as the indirect effect of self-stigma in seeking psychological help with the intent to seek mental health help through mental health literacy was found to be nonsignificant. This suggests that mental health literacy may not be a key mediator in the relationship between the self-stigma of seeking help and the help-seeking intent of middle-aged Filipino adults.

Existing literature on the role of self-stigma in seeking psychological help in predicting the intent of individuals to seek mental health care supports the observations among middle-aged adults in the present study (Kim & Lee, 2022; Topkaya, 2014). Self-stigma has been identified to be the primary form of stigma that is a predictor of help-seeking intentions, thereby highlighting its significance in recognizing the prognosis for mental health concerns (Lannin et al., 2015). Moreover, studies have found that higher levels of internalized stigma decrease the likelihood of mental health service utilization due to the development of negative attitudes toward seeking help (Prawira & Sukmaningrum, 2020; Rao & Ah Gang, 2023). These strengthen the theoretical foundation of the Knowledge-Attitude-Practice (KAP) framework within the study, as these provide evidence that attitudes and beliefs (i.e., self-stigma of seeking psychological help) translate to changes in mental health-related behavior (i.e., help-seeking intentions; Azman et al., 2023; Upadhana et al., 2022).

Several researchers explain this finding, suggesting that the negative perception of society toward mental health is linked with the help-seeking intentions of individuals experiencing psychological distress (Prim et al., 2023; Tucker et al., 2013) as they avoid seeking help to

minimize the risk of being perceived negatively by society (Vogel et al., 2006). Brenner et al. (2020) argue that the help-avoidant behavior of individuals with high levels of help-seeking self-stigma is not characterized solely by their refusal to seek psychological help but rather by the avoidance of the distressing thoughts and emotions associated with this process. Existing studies have particularly identified this self-protective measure during middle adulthood, where middle-aged individuals tend to defend themselves against negative self-perceptions (Brahme, 2024; Giacomini & Jordan, 2020). In this context, as self-actualization emerges during middle adulthood (Brahme, 2024), seeking psychological help may become perceived as a threat to an individual's self-concept as the experience evokes feelings of inferiority (Ioannou, 2022; Lasquites et al., 2024; Linguid & Cuartero, 2022; Xing, 2020).

Despite this, studies found that once an individual experiences extreme levels of psychological distress, seeking mental health help becomes perceived as beneficial in efforts to alleviate the distress being experienced (Demian & Anderson, 2012; Surapaneni et al., 2018). For instance, Nagai (2015) has found that the prolonged experience of severe depressive symptoms may serve as a motivating factor for an individual to seek help. This may be explained by the idea that individuals become more aware of their psychological distress once it has reached a significant level, which subsequently drives their intentions to seek help (Portt, 2020). As middle-aged individuals perceive their lives as stressful (Scott et al., 2013), experiencing psychological distress may contribute to this strain, thereby increasing their willingness to seek mental health help. This finding is further corroborated by studies showing that middle-aged individuals are more likely to seek mental health help compared to younger and older adults (Apolinário-Hagen et al., 2016; Hubbard, 2009; Jacobsson et al., 2013).

Conversely, the current findings on the mediating role of mental health literacy present an alternative perspective to previous studies, which indicates that increased mental health literacy reduces the effect of stigma on seeking mental health help (Kutcher et al., 2016; Piper et al., 2018; Wei et al., 2015). As mental health literacy does not appear to significantly mediate the relationship between self-stigma and help-seeking intent among middle-aged Filipinos, there is a possibility that there are different approaches for developing health-related behaviors, which may not align with the successive process proposed in the KAP theory (Alsahe et al., 2023). According to the traditional framework of the KAP theory, increased knowledge is believed to enhance attitudes and subsequently influence behavior (Samaksha et al., 2022; Zahid Iqbal et al., 2020). However, Valente et al. (2006) propose reexamining this model, suggesting that there may be alternative patterns of interaction between knowledge, attitudes, and practices. This aligns with findings from previous studies indicating that while higher levels of mental health literacy (i.e., knowledge) are associated with a higher likelihood of seeking psychological help (i.e., practice; Cheng et al., 2018), reducing internalized stigma (i.e., attitude) that contributes to help-seeking behavior requires factors that extend beyond the improvement of an individual's knowledge (Papish et al., 2013; Rosin et al., 2020; Semrau et al., 2023).

Consistent with this, research has found that improving knowledge and attitudes toward mental health yields only short-term behavioral outcomes (Waqas et al., 2020), indicating that a different approach should be developed to address the underlying issue of stigma (Carrara et al., 2020). One possible solution for this would be for educational interventions to highlight the biological perspective of

mental health disorders rather than exclusively concentrating on dismantling the stigma associated with mental health (Schomerus & Angermeyer, 2008). Aside from this, the three key components of stigma (i.e., cognitive, affective, and behavioral) should also be addressed to achieve the long-term effectiveness of anti-stigma interventions (Mak et al., 2017). These observations highlight the possibility that there may be additional factors related to help-seeking behavior that warrant further investigation to gain a better understanding of this phenomenon.

Culturally relevant barriers may also explain the trends in this study as existing literature suggests an association between culture and reluctance to seek psychological help (Corrigan et al., 2014; Vogel et al., 2011). In the Philippines, cultural values such as *hiya* (shame) and loss of face have been found to significantly influence help-seeking intentions, where the reluctance to seek help arises from the fear of social ostracism and stigmatizing labels (Pinggolio & Mateo, 2018). As a result, individuals tend to resort to managing psychological distress without external help to avoid being associated with negative labels (Arnado & Bayod, 2020; Jennings et al., 2015; Martinez et al., 2020). This tendency to avoid external help is consistent with research on middle-aged adults, which suggests that coping mechanisms during middle adulthood tend to transition from an emotion-focused approach to a more problem-focused approach which results in a reduced likelihood of seeking social support when experiencing psychological distress (Dumitrescu & Saskatchewan, 2023). Studies explain this phenomenon, suggesting that individuals who resort to self-reliance and avoid seeking psychological intervention perceive their mental health concerns as lacking severity to warrant professional treatment (Hanash, 2014; Segal et al., 2014). This perception may be linked to the belief that the responsibility for resolving personal problems rests solely with the individual experiencing them (Arnado & Bayod, 2020; Volkert et al., 2017).

However, research suggests that it is also possible that individuals may remain unaffected by stigma if resilience serves as their primary coping mechanism (Ching et al., 2024). Among Filipinos, self-reliant behavior has been observed to be rooted in the belief that high degrees of mental fortitude allow individuals to overcome various challenges (Cordero, 2020; Villamor & Dy, 2022). This evidence aligns with the observations of Puentespina et al. (2023) which reveal resiliency as a mitigating factor of self-stigma wherein higher levels of resiliency result in lower levels of self-stigma. Supporting this, Naseem and Munaf (2019) have observed that as individuals transition into middle adulthood, the propensity to respond aggressively in stressful situations diminishes, giving way to an increased capacity for resilience. This adaptive coping mechanism has been found to enable middle-aged individuals to transition more effectively into middle adulthood, contributing to improved mental health and overall quality of life (Aspa et al., 2023; Carandang et al., 2020; Palmes et al., 2021). Thus, linking this empirical evidence with the results from this study points to the conclusion that culture may also have a significant role in shaping help-seeking behaviors among middle-aged Filipinos. In light of this, this study proposes an alternative perspective on the framework of the KAP theory, suggesting that health-related behaviors, in addition to being influenced by knowledge and attitudes, may also be shaped by socio-cultural factors such as values.

## CONCLUSION

The study provides evidence that the self-stigma associated with seeking psychological help of middle-aged Filipino adults is a

predictor of their intentions to seek mental health care, while mental health literacy appears to have no significant influence on this relationship. The findings align with existing research that identifies self-stigma as a key predictor of help-avoidant behavior, suggesting that individuals with high internalized stigma may avoid seeking psychological help to protect their self-concept. This finding also highlights the importance of addressing this problem in the Philippines to eliminate barriers limiting mental health service utilization, underscoring the specific areas that programs and policies for mental health could address to improve the state of mental health care in the Philippines. Additionally, the emerging trends in the study on the role of mental health literacy offer new insights into the factors influencing the reluctance to seek psychological help among Filipinos. This calls for the development of contemporary approaches in promoting mental health help-seeking behavior, as the existing interventions being practiced may not sufficiently address the key barriers present within the Filipino population.

As such, culturally tailored frameworks for psychological interventions may be a more suitable approach for long-term effectiveness in reducing barriers to help-seeking. The identification of the cultural values that contribute to these barriers also provides a clearer understanding of the factors that need to be addressed to promote more effective help-seeking behaviors among Filipinos. This includes transforming maladaptive coping mechanisms within the Filipino population into healthier and more constructive ones. Thus, by expanding the existing knowledge on the process of the KAP framework, this research contributes to a deeper understanding of help-seeking behavior among middle-aged Filipinos and emphasizes the importance of developing alternative interventions to enhance mental health outcomes.

However, although this study provides significant insights into mental health literacy, self-stigma of seeking help, and mental health help-seeking intentions of middle-aged Filipino adults, the limitations of the study must be considered when interpreting the results. First, the result of this study is limited to middle-aged Filipinos residing in the National Capital Region, Calabarzon, and Central Luzon. Future studies should consider recruiting representations from all regions in the Philippines to gain a better understanding of mental health literacy, help-seeking self-stigma, and help-seeking behavior among the middle-aged Filipino population. Second, the study primarily focused on generating a general interpretation of the results and excluded conducting comparisons across the sample's socio-demographic characteristics. Further studies should consider performing comparative analyses across the sample's age, gender, area of residence, educational attainment, and household income to gain better insights into how the relationship between the key variables (i.e., mental health literacy, self-stigma of seeking help, and mental health help-seeking intentions) vary across different groups.

Moreover, the use of self-report measures and the sequence of the instruments within the survey may have also introduced response bias, which could have influenced the findings of the study. Future studies should explore different data-gathering approaches to increase the reliability of the results. In addition, the arrangement of the survey instruments should be carefully considered to minimize order effects on the responses of the participants. Finally, the nonsignificant results in the mediating role of mental health literacy indicate that other factors could influence the relationship between help-seeking self-stigma and mental help-seeking intentions of middle-aged Filipino adults. In that sense, further research should explore a different variable to better understand the influence of help-seeking self-stigma on help-seeking intentions among the middle-aged Filipino

population. The KAP framework could also be reconsidered in future studies by exploring alternative sequencing of its components when analyzing variables that influence health-related behaviors.

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