

Testing the Moderating Role of Self-Reliance and Social Support on the Mediated Relationship of Help-Seeking Attitudes and Behavior through Intentions

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Abstract

Studies have shown that mental health problems have become a growing public health concern. Despite this, a gap still exists in those who need mental health services and those who seek professional help. Although there are many studies on help-seeking, only few have focused on thoroughly examining the strength of relationships among the elements of help-seeking, namely, attitudes, intentions, and actual behavior. To gain an improved understanding of what influences professional help-seeking for mental health concerns, the researcher extended the study by adding variables such as self-reliance and social support. The researcher examined if the indirect influence of attitudes toward help-seeking on actual help-seeking behavior through help-seeking intention varies at individual's different levels of self-reliance and social support on a sample of 604 Filipino participants whose age ranged from 18 to 25 years. A moderated mediation analysis using Hayes' Process Model 9 revealed that none of the investigated factors of help-seeking moderated the relationship between attitudes toward help-seeking and actual help-seeking behavior through help-seeking intention. Nevertheless, the study found that social support predicts actual help-seeking behavior through help-seeking intentions. Thus, an individual who has positive attitudes toward seeking professional help, and who perceives social support for these behaviors will likely seek professional mental help. As such, social support can serve as social encouragement along pathways to mental health care.

Keywords: Mental Health, Help-Seeking Attitude, Intentions, Behavior, Self-Reliance, Social Support

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Introduction

One of the common and increasing public health issues in the world is mental health problems. These mental health issues may include concerns ranging from personal difficulties such as adjustment to significant life change to mental illnesses such as depression or anxiety. The World Health Organization (WHO) has recognized psychological health problems as second among the leading causes of disability and impairment in the world (Cairns, Massfeller, & Deeth, 2010). The prevalence of mental health illness stands as rough evidence concerning the general necessity for mental health treatment in an average population. Studies have shown that while sources of help can be formal or informal, seeking formal help such as psychological services can be more beneficial and effective (Rickwood, Deane, Wilson & Ciarrochi, 2005; National Collaborating Centre for Mental Health, 2004). However, although efficacious therapeutic interventions are available and accessible, formal help-seeking remains marginally an infrequent option for people with psychological problems. This is particularly true with many young adults, who in spite of having psychological concerns, don't look for help and, subsequently, don't get adequate treatment (Rickwood, Deane & Wilson, 2007).

As regards mental health, the most recent definition of this concept denoted it as a coping strategy that reflects an attempt to get external help to manage a mental health issue (Rickwood & Thomas, 2012). In particular, it means that help-seeking is a process which can vary from the actual behavior of looking for help to intentions to behave to a more general attitude to act in specific ways. This definition sees help-seeking as a behavioral process observing a linear relationship between attitudes, intentions, and behaviors. Furthermore, this definition is also grounded on a particular theory called the theory of planned behavior (TPB) stating that one's attitudes are crucial to the formation of intentions which in consequence affects the actual help-seeking behavior (Ajzen, 1991). In this study, the researcher decided on adopting the framework of help-seeking proposed by Rickwood and Thomas in 2012, which narrowed down the focus on attitudes toward help-seeking as sole predictor of intentions to seek help and excluding the other two, namely, subjective norms and perceived behavioral control. The researcher decided to conceptualize help-seeking using this model to support a more consistent approach of defining and measuring help seeking.

The current study defined attitudes toward help-seeking as an individual's overall evaluation of obtaining help from professionals in mental health. A few researches revealed that individual's help-seeking attitudes are amongst the best predictors of treatment seeking (Carlton & Deane, 2000; Mackenzie, Gekoski, & Knox, 2006). It often represents the most considerable variance in help-seeking for problems concerning mental health (Mo & Mak, 2009; Schomerus, Matschinger, & Angermeyer, 2009). Evidence also suggests that reduction in the use of mental health services results from the deepening of one's negative attitudes toward seeking help (Topkaya, 2012). There are also many studies that found support for the connection between attitudes and intentions (Ægisdóttir & Gerstein, 2009; Choi, 2008). This study described help-seeking intentions as the intent to seek for professional help. An individual's intention is also found to mainly influence actual help-seeking behavior (Armitage & Conner, 2001).

Whereas help-seeking attitudes and intentions have been viewed as a determinant of help-seeking, self-reliance was found to be a frequently stated reason for not accessing treatment among those having a mental health problem (Zartaloudi, 2010). Thus, dependence on oneself alone serves as a help-seeking barrier that further contributes to underutilization of mental health services (Chong, Abdin, Sherbourne, Vaingankar, Heng, Yap, & Subramaniam, 2012; Rickwood, Deane, & Wilson, 2007; Salaheddin & Mason, 2016). Another crucial factor is social support which denotes free and accessible assistance that comes from one's social network (Rickwood et. al., 2005). Based on some studies, high levels of social support were associated with more negative professional help-seeking attitudes and lower intentions to obtain mental health services (Vogel, Wester, Wei & Boysen, 2005, Powell & Kotschessa, 1995).

Goals and Hypothesis

A few studies uncovered that even though a relationship exists between help-seeking attitudes and intentions, enhancing attitudes does not automatically result to increased help-seeking intentions (Ægisdóttir et al., 2011; Christopher et al., 2006). Thus, examining variables which potentially affect the relationship between the two is essential. The researcher believed that extending the current research via the addition of variables that have antecedently been considered necessary to influence seeking help (self-reliance and social support), may provide a more complete or better theoretical understanding of this construct. Combining these two moderators, self-reliance and social support will help give a more complete picture of help-seeking as it gives light to the internal and external factors affecting one's intention to seek for psychological professional help.

Thus, in this study, the researcher endeavored to test the association among help-seeking attitudes, help-seeking intention, actual help-seeking behavior, self-reliance and social support. Specifically, the researcher intended to analyze the moderating effects of self-reliance and social support in the mediating role of help-seeking intention in the relationship between attitudes toward help-seeking and actual help-seeking behavior. The researcher aimed to test if the indirect influence through help-seeking intention varies at individual's different levels of self-reliance and social support. For this research problem, the researcher hypothesized that the influence of attitudes toward help-seeking on actual help-seeking behavior through help-seeking intentions is moderated by self-reliance and social support of individuals with mental health concerns, specifically, the influence through help-seeking intentions will be stronger among people with low self-reliance and low social support.

Conceptual Framework

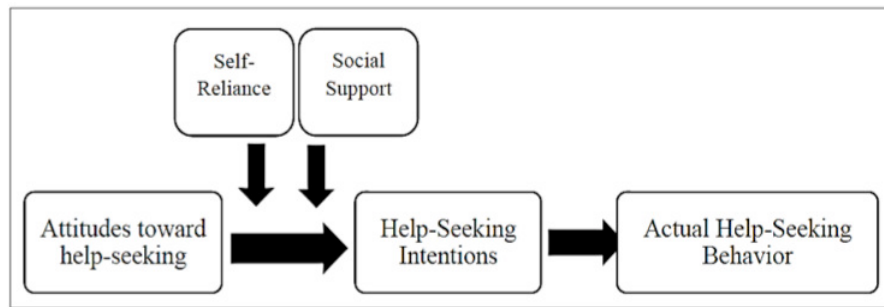


Figure. 1: Framework showing that Self-reliance and Social Support moderate the Relationship between Attitudes toward help-seeking and Actual help-seeking behavior through Help-seeking intentions

This conceptual framework is in line with the theory of approach-avoidance conflict. This theory presumes that conflict occurs when there is a behavior or goal that has both motivational influences and inhibitory influences of differing strengths which thus make the goal pleasant and unpleasant simultaneously (Elliot & Covington, 2001). The researcher used this theory in conceptualizing help-seeking as being an approach or avoidance conflict where positive help-seeking attitude is an approach factor that strengthens the possibility that one will seek out services while an increased level of self-reliance and social support are avoidance factors that weaken this possibility.

Methodology

Sample and Data Collection

The researcher employed a quantitative research design. Specifically, it was a survey method which involved administration of a questionnaire to obtain data on help-seeking attitudes, intentions, behaviors, and self-reliance and social support of individuals with mental health concerns. Data were gathered from a sample of Filipino emerging adults ($N = 604$) aged 18 to 25 ($M = 21$, $SD = 2.40$). Of them, 50% were males ($n = 302$, $M = 20.57$, $SD = 2.48$) and 50% were females ($n = 302$, $M = 21.69$, $SD = 2.19$), ensuring that both men and women were equally represented in the study. Sampling was carried out using snowball sampling.

Measures

Negative Life Events Scale for Students (NLESS; Buri, Post, & Alliegro, in press) is a checklist intended for use as a screening tool to identify individuals that would fit the population of interest for the current study to be conducted. Mental Help-Seeking Attitudes Scale (MHAS; Hammer, Parent, & Spiker, 2018) was used as a measure of the study's predictor variable, attitudes toward help-seeking. Mental Help Seeking Intention Scale (MHSIS; Hammer & Spiker, in press) was used to measure the mediator variable help-seeking intentions. And just like how it was done in earlier studies, actual help-seeking behavior was measured using this question, "Within the past six months, have you obtained help from a professional for mental health concerns which include but are not limited to problems coping with distressing

situations or life event, anxiety, and depression?” (Eisenberg, Golberstein, & Gollust, 2007; Franz, 2012, Zivin et al., 2009). Participants were considered as having an actual help-seeking behavior if they have obtained professional help within the past six months after finding themselves being in a distressing situation. Self-Reliance for coping with mental health problems (Self-Reliance – MHP; Britt Bennett, Crabtree, Haugh, Oliver, McFadden, & Pury, 2011) is a three-item questionnaire that was used to measure moderator variable, self-reliance. Multidimensional Scale of Perceived Social Support (MSPSS; (Zimet, Dahlem, Zimet & Farley, 1988) is a 12-item scale that measured the other moderator variable, social support.

Procedure

This study had two parts. First, there was a screening of qualified participants using NLESS Only those participants who reported having at least one troubling concern within the past six months continued to the next part of the study. Second, the participants answered an additional set of questionnaires. Following the NLESS, five sets of questionnaires including MHSAS, MHSIS, Actual Help-Seeking Behavior, Self-Reliance – MHP and MSPSS were then given. The researcher ensured to always counterbalance the order of the questionnaires to guard against order and sequence effect. Finally, the researcher debriefed the participants about the study and expressed her gratitude for participating. A leaflet about help-seeking for mental health problems was provided right after they answered the questionnaire set. This leaflet contains necessary information about mental health problems as well as contact details of psychologists and clinics that offer mental health services. Likewise, on the online version of the questionnaire, a Google link containing information about mental health clinics/professionals was included. Ethical approval was sought and obtained from the relevant authorities and panelists at the De La Salle University.

Data Analysis

The data were carefully screened before conducting statistical analyses to guarantee the accuracy of the data file. There have been no missing data as all participants completed all items on every scale. Bootstrapping was observed in order to deal with the outliers. Prior to data analysis, items in each instrument were factor analyzed ensuring that constructs are unidimensional. Each item in the instruments used namely MHAS, MHSIS, Self-Reliance – MHP and MSPSS did not fail to load on a single factor solution. Then, a reliability analysis was completed for each instrument via omega coefficient. For all the instruments mentioned above, no items that attenuated value of the omega coefficient were identified. After these properties were established, the researcher proceeded to descriptive analysis and testing of its hypothesis. The researcher made use of the model 9 of the PROCESS macro developed by Hayes (2015) to gain an insight into the moderated mediation model. Multiple regression analyses were conducted to weigh each component of the proposed moderation mediation model. A 10,000-bias-corrected bootstrap sample and a 95-percentile confidence interval estimate was requested in the PROCESS. Also, to achieve the main objective of the study, binary logistic regression was performed on the independent variable.

Results

Descriptive Statistics

Variable	N	Mean	SD	Min	Max
Help-Seeking Attitude 7.000	604	5.691	0.9447	1.778	7.000
Self-Reliance 5.000	604	2.940	0.8241	1.000	5.000
Social Support 7.000	604	5.425	1.124	1.000	7.000
Help-Seeking Intention 7.000	604	5.107	1.364	1.000	7.000
Actual Help-seeking Behavior 1.000	604	0.1126	0.3613	0.000	1.000

Table 1: Means and Standard Deviations

Typical ratings on help-seeking attitudes items went from 1.78 to 7.00 with a mean of 5.70 ($SD = 0.94$). The respondents' levels of self-reliance ranged from 1 to 5 with a mean of 2.90 ($SD = 0.82$). Vis-à-vis the level of social support, the analysis showed a mean of 5.43 ($SD = 1.12$). The respondents' help-seeking intentions ranged from 1.00 to 7.00 with a mean of 5.12 ($SD = 1.36$) and their actual help-seeking behavior ranged from 0 to 1 with a mean of 0.11 ($SD = 0.32$). Refer to Table 1.

Moderated Mediation Analysis

The data was analyzed through Hayes' Process analysis for first stage dual moderated mediation following the Model 9 path.

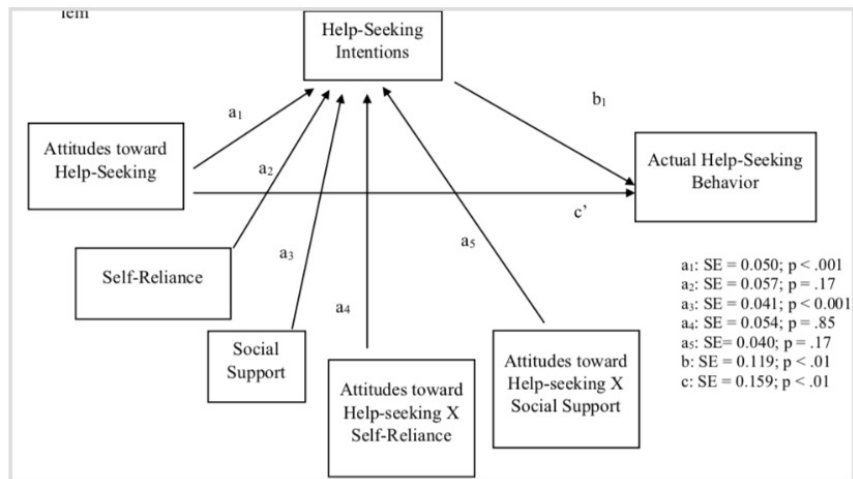


Figure 2: The Moderating Roles of Self-Reliance and Social Support on the relationship between attitudes toward help-seeking and actual help-seeking behavior through help-seeking intentions

In the model of help-seeking intention (M), self-reliance (W) did not significantly moderate the indirect effect of attitudes toward help-seeking on actual help-seeking behavior ($a_4 = 0.010$, $p = .853$, 95% $CI = -.095$ to 0.115), as well as social support (Z) ($a_5 = -0.0545$, $p = .173$, 95% $CI = -0.133$ to 0.024). Because the model shows that both the interactions are non-significant, it is therefore unnecessary to discuss the

conditional indirect effects of attitudes toward help-seeking and actual help-seeking behavior through help-seeking at different values of self-reliance and social support. Also, while no interactions can be observed, an additive effect can be seen in the relationship among attitudes toward help-seeking, social support and actual help-seeking behavior.

In testing moderated mediation, Hayes (2015) argued that it is more important to consider indices of partial moderated mediation, that is, the weights for self-reliance (*W*) and social support (*Z*) in this equation: $a_4b = 0.00325$ and $a_5b = -0.0177$, respectively. Inference about partial moderated mediation comes from a boot-strap CI for these indices, which when estimated using 10,000 bootstrap samples (see Table 2) is $-.0375$ to 0.055 for self-reliance (*W*) and $-.0582$ to 0.016 for social support (*Z*). As the CI for the index of partial moderated mediation by self-reliance includes zero, it can be concluded that independent of any moderation of the indirect effect of attitudes toward help-seeking by social support, self-reliance does not moderate this indirect effect. Put simply, even when social support is held fixed, the indirect effect is unrelated to the self-reliance, and same applies when the CI for the index of partial moderated mediation by social support includes zero.

		Outcome	
		<i>M</i> : Help-Seeking Intentions	<i>Y</i> : Actual Help-Behavior
Constant		5.118 (0.047)	3.785(0.658)
<i>X</i> : Attitudes toward Help-seeking	$a_1 \rightarrow$	0.757 (0.050)***	$c' \rightarrow$ -.4389 (0.159)**
<i>W</i> : Self-Reliance	$a_2 \rightarrow$	-.0772 (0.057)	
<i>Z</i> : Social Support	$a_3 \rightarrow$	0.172 (0.041)***	
<i>XW</i> : Attitudes toward Help-seeking x Self-Reliance	$a_4 \rightarrow$	0.010 (0.054)	
<i>XZ</i> : Attitudes toward Help-seeking x Social Support	$a_5 \rightarrow$	-.0545 (0.040)	
<i>M</i> : Help-seeking Intention			$b \rightarrow$ 0.325 (0.119)**
	<i>R</i>	0.582	
Moderator	Index of Partial Moderated Mediation		95% bootstrap CI ^a
<i>W</i>	$a_4b =$	0.0032	-.0375 to 0.055
<i>Z</i>	$a_5b =$	-.0177	-.0582 to 0.016

^aPercentile bootstrap CI based on 10,000 bootstrap samples.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2: Ordinary least squares regression coefficients (with standard errors) from a first stage dual moderated mediation model

The results also revealed that only the moderator, social support, significantly predicts help-seeking intention ($b = 0.172$, $p < .01$, 95% $CI = 0.092$ to 0.252), indicating a mediational role of help-seeking intention on the relationship between social support and actual help-seeking behavior. A post hoc analysis specifically mediation analysis was conducted to confirm the findings that social support predicts actual help-seeking behavior through help-seeking intentions.

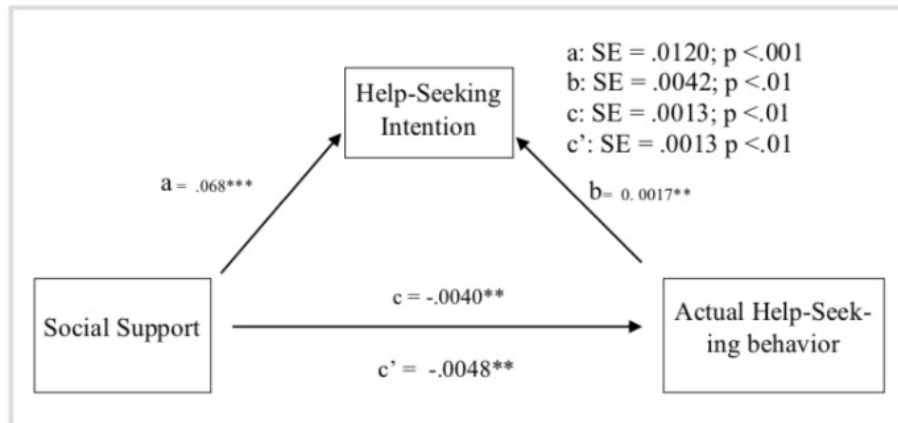


Figure 3: Mediation Role of Help-Seeking Intention on the Relationship Between Social Support and Actual Help-Seeking Behavior

The said post hoc analysis followed Model 4 (Refer to Figure 3), which suits the simple mediation model. The analysis only involved the previous moderator social support as the independent variable and help-seeking intention as mediator to check if there was a significant change in the dependent variable, actual help-seeking behavior if attitudes toward help-seeking and self-reliance were not present in the analysis. In order to conduct this analysis, three paths were observed (Refer to Table 3). Post hoc analysis revealed that in this sample, the relationship between social support and actual help-seeking behavior appears to be partially mediated by help-seeking intention.

Path	a	b	Total Effect (c)	Direct Effect (c')	Outcome		
					Indirect Effect (a*b)	Bootstrapped Confidence Interval	Sig
SS-->HSI-->AHSB	0.0684	0.0017	-0.0040	-0.0048	0.0008	0.0001-0.0019	Sig

Table 3: Post Hoc Analysis on the Relationship of Social Support and Actual Help-Seeking Behavior through Help-Seeking Intention

Discussion

Results of the study can be summarized into two points: firstly, social support and self-reliance do not moderate the indirect effect of attitudes toward help-seeking on actual help-seeking behavior through help-seeking intentions. Secondly, only social support predicts actual help-seeking behavior through help-seeking intentions and in addition it has an additive effect on the relationship among help-seeking attitudes, intentions and behavior. In explaining the results, the researcher looked into the relevance of cultural influences in the samples.

Social Support and Self-Reliance do not moderate the indirect effect of Help-Seeking Attitudes on Actual Help-Seeking Behavior through Help-Seeking Intention

Culture plays a big role in shaping attitudes and social interactions of people including individuals with mental illness (Abdullah & Brown, 2011). When people have a poor understanding of mental illness; they may be unable to correctly

recognize mental problems or may have incorrect beliefs about the effectiveness of treatment interventions, and thus become more reluctant to seek help from professionals. It could be that instead of social support and self-reliance, help-seeking patterns of the samples is more influenced by their mental health literacy. The samples in the study are Filipinos and according to Baello & Mori (2007), most of what Filipinos know about mental health is still limited. Filipinos may have not yet fully realized the value of mental health in the same way as they realized the importance of physical health. To note, according to Tan (2008), the Philippine folk conceptualizations of illnesses do not distinguish between physical and psychological disorders. Severe mental health illnesses, for instance, are believed to be caused by a person's 'softness' of character and that being able to cope with one's psychological problems is also perceived to be one's own responsibility (Thompson, Woelz-Stirling, Cahill, & Kelaher, 2002). Likewise, with this limited knowledge, knowing how to identify when the difficulties they are facing are beyond the normal threshold is a struggle. One study reported that young people were aware of their distress, but continuously altered their definition of what was "normal" distress to avoid seeking help (Eisenberg et al., 2007).

Another possible explanation could be stigma which evidently persists in the culture of Filipinos. Some Filipinos are still suffering from stigmatizing attitudes and discriminatory behaviors (Tuliao, 2014). Shanani (2014) stated that demeaning terms such as "abnoy" and "baliw" are even incorporated in casual conversations among Filipinos. The labeling of oneself as socially unacceptable for having psychological problem could influence an individual's choice to ask for help (Vogel & Wester, 2003; Corrigan & Watson, 2002). As in a sample of undergraduate students, Cheng, Hsiu-Lan, McDermott, Ryon, Lopez & Frederick (2015), found that more prominent levels of self-stigma predicted weaker intentions to access counseling services.

Also, prominent among Filipinos was a general concern about what others, including the source of help, might think of them if they were to seek help. This could be seen as "hiya" in the culture of Filipinos. Hiya is a painful emotion that comes from either an existing or imagined transgressions by social norms or figures of authority, and its avoidance in social interactions is paramount. (Bulatao, 1964). Therefore, in the event that having psychological problems are disliked or frowned upon then disclosure of such conditions to the public are to be avoided at all costs.

Aside from the factors mentioned above, religiosity might also play a role in individuals' help-seeking patterns. Countries like Philippines have a powerful adherence to God (Braun, & Browne, 1998) and these religious values strengthen customary respect for relying on God. One possible reason why results also did not reinforce on the importance of self-reliance in the treatment-seeking process could be because instead of reliance on self, reliance on God is more associated with seeking or not seeking professional help for the samples in the study. They usually resort to prayers first and unfortunately no other steps follow such as seeking for professional help as they tend to think that it is just another problem that can be overcome because their faith won't fail them. Literature also suggests that high level of spirituality was related with lower mental health help-seeking and that individuals tend to leave most of their problems even mental health problems to God (Hermannsdóttir, & Ægisdóttir, 2016; Bradley, Schwartz, & Kaslow, 2005; Abe-Kim, Gong, & Takeuchi, 2004).

Furthermore, regardless of the level of self-reliance and social support, if a person does not have the financial capability to seek professional help, he/she won't seek help. Thus, it may also be important to look at the possible role played by individual's financial support. There are some countries, for instance, Philippines, where most pressing issue is poverty, and as such, financial difficulty is a factor. As Chen, Crum, Martins, Kaufman, Strain & Motjabai (2013) suggest, financial difficulty keeps individuals from obtaining mental health services. Also, according to the TPB, individuals are likely to engage in a behavior if they believe that the behavior will lead to particular outcomes which they value and if they feel that they have the necessary resources to perform the behavior. It could be that while a person may have positive attitude toward help-seeking, he/she does not have a sufficient degree of actual control over the behavior. This degree of control over the behavior may also include the perception of financial control. For example, even if the individual perceives professional help-seeking as pleasant, when he/she does not have the financial means to access this help, he/she will not seek help.

Only Social Support Predicts Actual Help-Seeking behavior through Help-Seeking Intentions and in addition, it has an additive effect on the relationship among Help-Seeking Attitudes, Intentions and Behavior

Similar to many previous studies, social support was observed to be predictive of help-seeking intentions. More so, the findings of the study revealed that social support predicts actual help-seeking behavior through help-seeking intentions. These initial findings were also confirmed in the post hoc analysis using simple mediation. The present study also uncovered that adding social support in the model could increase help-seeking attitudes and therefore intensify help-seeking intentions. When one has positive attitudes toward help-seeking and a high social support, one could expect a surge in the intentions to seek help. This denotes a reliance-on-others-promoting effect of social support which consequently increases intentions and behaviors. Correspondingly, while many studies propose a negative relationship, with social support inhibiting the use of mental health services (Vogel et.al. 2005), the current study recommends the opposite. To the knowledge of the researcher, this is a novel result as previous studies argued that having high perceived social support from significant others could discourage one from planning to seek professional psychological help (Turner & Quinn, 1999; Lukito Setiawan, 2006).

The present study found that having high social support can actually increase intentions. This suggests that even in the presence of supportive social networks, these individuals are more likely to have intentions to seek formal services for mental healthcare. Taking into consideration the theory of planned behavior may allow one to understand the findings in the study. According to the theory, intention is the immediate antecedent of behavior and is itself a function of attitude toward the behavior, subjective norm, and perceived behavioral control. In TBP, subjective norm is a function of normative beliefs, which represent perceptions of specific salient others' preferences about whether one should or should not engage in a behavior. Social support which is defined in the study as person's perceived social support that comes from one's social network could be a part of this variable which also explains why it can predict help-seeking intention. According to the TPB, individuals are likely to engage in a behavior if they believe that the behavior will lead to particular outcomes which they value and if they believe that people whose views they value

think they should carry out the behavior. Thus, an individual with positive attitudes about seeking professional help, and who perceives social support for these behaviors from key referent others will likely seek professional help. More so, when the individual's social support approves and sees professional help-seeking as positive, he/she may likewise develop the same feeling because his/her referent groups do.

Another possible explanation could be the value of dependence within the Filipino family. Social support promoting reliance on others could be better understood in a Filipino context. For instance, according to Warner (2014), Filipinos have a social value of "pagsangguni", or the seeking of opinions before making a decision. For Filipinos, decisions are made only after a mutual agreement among the closest social networks. Hence, suggesting that the social support among Filipinos may have originated from this social value. And as such, when this is high, they can be more prompted to finally make a decision action to seek for professional help.

Conclusion

Mental health help-seeking is really a multifaceted experience that varies depending on a wide-range of individual, interpersonal, and sociocultural factors. Research should continue to examine the path from help-seeking attitudes to willingness to seek help to actual help seeking and explore factors hypothesized above that prevent or influence individual from seeking actual help from formal sources across cultures.

Limitations and Recommendations

Several limitations of the present study should be considered when going through the results and when planning for future research. First, a potential selection bias within the use of snowball sampling, as well as the use of an internet survey could have excluded people that might have possibly changed the results. Further limitation was that, one of the variables was assessed via one-item or dichotomous (Yes/No) measure. Furthermore, the instrument use to measure self-reliance did not yield a strong internal reliability, thus suggesting future researchers to utilize a more reliable scale when measuring self-reliance. Another drawback is the way that other potentially moderating factors were not measured.

Implications

Nevertheless, the study likewise had a few qualities, most remarkably a large sample size, robust statistical techniques, and a crucial topic that was moderately unexplored in the previous literature on emerging adults help-seeking patterns. The sample of this study was snowball, yet, the heterogeneity and also the sample size are thought to be strength for the objective of the analyses. The study was also able to represent gender in equal balance. The findings of this study provided research-based data in light of how to investigate a potential moderated mediation effect of a certain variable in an existing relationship. More importantly, from the knowledge of the researcher, this study is among the first to capture and investigate the relationship among all the three major elements of help-seeking pattern, namely attitudes, intentions, and help-seeking, where previous studies focused only on one or two. The study was also able to confirm and support the most recent proposed model of help-seeking by Rickwood & Thomas (2012).

Furthermore, these findings have provided necessary implications for interventions in mental health help-seeking. Ultimately, the discrepancies of results of the study from previous research could also enlighten clinicians about considering variations in help-seeking patterns among people across cultures. Mainly, health professionals and researchers should be informed about making false speculations that do not seem to be supported by particular research findings in a particular culture. Recommendations and suggestions for interventions should comprise of culturally sensitive, comprehensive and holistic approach that tends to the individual and to the cultural milieu.

From a clinical perspective, it may be useful to note that cultural differences are likely to also impact the adherence to and outcomes of mental health care in treatment planning. If it is the case that cultural factors play a comparable (or perhaps even more important) role in predicting use of mental health services, either initial contact or adherence to follow-up appointments, this information has significant implications for clinical treatment and interventions. Also, public health intervention and outreach efforts aimed at identifying those with unmet need for treatment may benefit from this information. For instance, intake screening procedures that include cultural values/traits may be of prognostic significance for predicting adherence or risk of treatment discontinuation.

The findings also underscore the significance of social support in affecting mental health help-seeking behaviors. The present findings are encouraging because social support may serve as an important means of overcoming other barriers associated with mental health treatment. Being able to rely on and disclose to family, friends and significant other may also normalize the act of seeking psychological help. It is clear that there are many potential social influences on the help-seeking process, and first on this list is the family. As such, interventions should also be targeted at this group of people. These people may also need help to develop mental health literacy to enable them to determine if their child needs help, where such help is available, and how to sensitively encourage their child to accept such help. Therefore, strengthening social support that has accurate knowledge on mental health can be an intervention on the part of clinicians to aid help-seeking behavior.

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