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Exploring Factors Influencing Mental Health Help-Seeking Behaviors Among Tertiary Students: A Qualitative Study

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Abstract

College students globally exhibit increasing rates of mental health concerns; however, mental health service utilization remains disproportionately low, especially in the Philippines. This qualitative phenomenological study explored the facilitators, barriers, and perceived recommendations shaping mental health help-seeking behaviors among seven (7) students enrolled at Tanchuling College Inc. (Legazpi City, Albay, Philippines). Data were collected through semi-structured interviews and analyzed using Braun and Clarke's (2006) six-phase Thematic Analysis. Three major themes emerged: (1) Pathways to Seeking Help – Motivations, encompassing symptom severity as a tipping point, family initiation, peer influence and social encouragement, self-efficacy and academic self-preservation, and awareness gained through psychoeducational encounters; (2) Walls and Bridges – Barriers to Accessing Mental Health Support, comprising cultural and familial stigma rooted in hiya (shame) and the fear of being labeled baliw (crazy), institutional invisibility of campus guidance services, financial constraints, negative prior experiences with professionals, and family disbelief and closed-mindedness; and (3) Building Better Systems – Recommended Policy Directions, including institutionalizing mental health education, enhancing guidance visibility, establishing peer-mediated support programs, fostering anti-stigma campus cultures, and training faculty and staff in mental health related topics. Findings reveal that student help-seeking is predominantly reactive rather than preventive, reflecting systemic gaps in culturally responsive mental health infrastructure within provincial Philippine educational institutions. This study contributes to the implementation of Republic Act No. 11036 (Philippine Mental Health Act) and aligns with United Nations Sustainable Development Goal 3 (Good Health and Well-Being), advanced by promoting equitable mental health access among tertiary students, and SDG 4 (Quality Education), supported through embedding culturally responsive mental health services within academic environments.

Keywords: Help-Seeking, Mental Health, Cultural Stigma, College Students, Thematic Analysis, Qualitative Research

1. Introduction

Mental health is a fundamental component of human well-being, academic functioning, social participation, and sustainable development. The World Health Organization (2025) defines mental health as a state of well-being that enables individuals to cope with life stresses, realize their abilities, work or study productively, and contribute to their communities. This definition emphasizes that mental health is not merely the absence of mental disorders, but a dynamic continuum shaped by biological, psychological, social, and environmental factors (World Health Organization, 2022). Globally, over one billion people live with mental health conditions, while anxiety and depressive disorders rank among the leading causes of disability and impose serious burdens on individuals, families, communities, and health systems (World Health Organization, 2025). Tertiary students are among the most vulnerable groups to mental health concerns because university life often coincides with late adolescence and emerging adulthood, a developmental period marked by identity formation, instability, and adjustment to adult responsibilities (Arnett et al., 2014; Matud et al., 2020; Hutchesson et al., 2023; Brito & Soares, 2023; Solmi et al., 2022; Feiler et al., 2023). In addition to developmental transitions, college students face academic pressure, financial strain, social comparison, reduced family proximity, and new interpersonal demands. These pressures may worsen psychological distress and reduce students' capacity to seek help, especially when stigma and institutional barriers are present (Weissinger et al., 2022; Carvalho et al., 2024; Koutra et al., 2024; Lipson et al., 2022; Bantjes et al., 2021).

Research indicates that mental health concerns among university students are widespread and often severe. Approximately one in three university students experiences psychological difficulties requiring professional support (Osborg et al., 2022; Lipson et al., 2022). Studies across regions have also reported elevated levels of depression, anxiety, psychological distress, loneliness, academic burnout, and post-traumatic stress symptoms, particularly after the COVID-19 pandemic (Malakcioglu, 2024; Abraham et al., 2024; Serrano and Reyes, 2022). Despite the high prevalence of student mental health concerns, help-seeking remains limited. Zhao et al. (2025) reported that only 28% of university students seek professional help, while help-seeking intentions reach only 41%. This treatment gap persists even in institutions with free or subsidized

mental health services (Kosyluk et al., 2020; Mowreader, 2025). Untreated mental health concerns may lead to academic failure, university dropout, continuing psychological impairment, and long-term social and occupational difficulties (Osborn et al., 2022; Leow et al., 2024).

The literature identifies several interconnected themes influencing mental health help-seeking among tertiary students. First, the global burden of student mental health concerns is substantial. Li et al. (2022) confirmed high prevalence rates of psychological distress, anxiety, and depression among university students across Asia, Europe, North America, Africa, and other regions. Mental health difficulties among students are often undiagnosed and untreated, especially among marginalized groups such as first-generation college students, low-income students, and students from ethnic or sexual minority groups (Osborn et al., 2022; Patricia Solís García et al., 2024). This treatment gap is shaped by stigma, low mental health literacy, social influences, service accessibility, and affordability barriers (Qin & Hsieh, 2020; Newberry et al., 2024). Second, academic pressure is a major contributor to student distress. Academic stress and mental health difficulties have a bidirectional relationship: psychological distress weakens academic performance, while academic failure or perceived inadequacy worsens distress (Duraku et al., 2023; Barbayannis et al., 2022). Institutional culture, including competitive grading norms, faculty-student power dynamics, and the normalization of stress, may either encourage or discourage help-seeking (Hardy et al., 2025; Sheldon et al., 2024). Third, motivation to seek help is influenced by symptom severity, self-efficacy, social support, prior therapeutic experience, and psychoeducation. Students with symptoms that disrupt academic, social, or daily functioning are more likely to seek professional support (Lipson et al., 2022; Kosyluk et al., 2020). However, Peros & Ward-Ciesielski (2021) observed that severe distress may sometimes reduce help-seeking when hopelessness and low motivation are present. Patricio et al. (2025) emphasized self-efficacy as a mediator between symptom awareness and help-seeking action. Duraku et al. (2023) also showed that supportive peers, family members, and faculty can encourage professional help-seeking, while peer modeling helps normalize the use of mental health services (Liu & Wang, 2024; Hardy et al., 2025). Positive prior experiences with empathic and effective mental health care increase students' willingness to re-engage with services (Sagui-Henson et al., 2022), and a compassionate approach from mental health professionals may strengthen help-seeking intentions (Aruta et al., 2023). Fourth, psychoeducation is an important strategy for improving mental health literacy and reducing stigma. Campus seminars, awareness campaigns, and mental health topics integrated into curricula have been linked to better help-seeking attitudes and greater use of services (Zhao et al., 2025). Kirnan et al. (2025) similarly reported that school-based mental health education programs increased self-referral and help-seeking behavior, particularly in the post-COVID-19 context. Fifth, stigma remains one of the strongest barriers to help-seeking. Personal stigma, perceived stigma, and self-stigma discourage disclosure, create fear of rejection, and reinforce shame (Aguirre Velasco et al., 2020). In collectivistic cultures such as the Philippines, stigma may affect not only the individual but also the family, increasing silence and avoidance of formal services (Martinez et al., 2020; Dizon et al. 2025). Practical barriers also persist, including the cost of consultations and medication, limited access to specialists, transportation difficulties, long waiting times, inflexible service hours, and confidentiality concerns (Coombs et al., 2021; Martinez et al., 2020).

At the global level, student mental health is a public health and educational concern because it affects academic persistence, productivity, social functioning, and long-term development. At the national level, the Philippines has responded through Republic Act No. 11036, or the Philippine Mental Health Act, which mandates mental health programs in educational institutions, the deployment of qualified mental health professionals, awareness initiatives, early identification of at-risk students, and access to psychosocial support (The LawPhil Project, 2018; Samaniego, 2022; Alvarez, 2024). Government investment in mental health has increased from approximately 57 million to over 1 billion pesos, accompanied by new programs and services (Alibudbud, 2023). However, implementation gaps remain, particularly in provincial and resource-constrained institutions (Michael Dela Peña et al., 2024; Alibudbud, 2026; Gonzalo & Alibudbud, 2024). Filipino students experience mental health help-seeking within a distinct socio-cultural context. Martinez et al. (2020) identified hiya, pakikisama, and family-centered decision-making as values that may discourage formal help-seeking. Fear of being labeled baliw, viewing distress as weakness or lack of faith, and concern for family reputation may prevent students from disclosing mental health concerns. Self-stigma has also been found to negatively affect mental health outcomes among Filipino college students (Tan et al., 2025; Martinez et al., 2020; Dizon et al., 2025). Acob et al. (2021) reported that 18.6% of Filipino students screened positive for depression and 35.1% for anxiety, underscoring the need to strengthen mental health support in higher education. This study is situated at Tanchuling College Inc. (TCI), a small private institution in Legazpi City, Bicol Region, where mental health resources are limited and guidance services have historically been underutilized and under advertised. The study focuses on tertiary students, particularly within a localized provincial context where formal support systems may be less visible and less accessible. Its qualitative phenomenological design responds to the limited number of studies that comprehensively examine help-seeking behavior among tertiary students in smaller institutional settings (Martinez et al., 2020; Ravago & Ravago, 2026).

The study is anchored on theories and concepts explaining health service use and help-seeking behavior. Andersen's Behavioral Model of Health Services Use explains service utilization through the interaction of predisposing characteristics, enabling resources, and perceived need (Abdullah Alkhawaldeh et al., 2023). In the context of mental health

help-seeking, predisposing factors may include gender, age, cultural background, and prior service experience; enabling factors may include income, availability of services, and social support; and need factors may include symptom severity and perceived distress (Abdullah Alkhawaldeh et al., 2023). The Theory of Planned Behavior further explains that help-seeking intentions are shaped by attitudes toward help-seeking, subjective norms, and perceived behavioral control. Positive attitudes toward professional psychological help, belief in the effectiveness of therapy, and reduced stigma are associated with stronger intentions to access counseling services (Zhao et al., 2025; Bird et al., 2020; Kim et al., 2020). Rickwood et al. (2005) defined help-seeking for mental health as an adaptive coping behavior in which individuals communicate distress and seek assistance from appropriate sources. This process is influenced by mental health literacy and self-efficacy, including the ability to recognize symptoms, identify resources, and confidently navigate the help-seeking process (Kim et al., 2020; Xu et al., 2017).

The reviewed literature shows that student mental health concerns are widespread, yet help-seeking remains low because of stigma, cultural beliefs, limited mental health literacy, structural barriers, and weak institutional visibility of support services. While international and Philippine studies have examined student mental health, there remains a need for localized qualitative evidence from smaller provincial higher education institutions where resources, service promotion, and formal support systems may differ from larger universities. This gap is especially relevant for Tanchuling College Inc., where guidance services exist but have been underutilized and under advertised. Accordingly, this study aims to explore the personal, social, and institutional factors that shape tertiary students' mental health help-seeking behaviors at Tanchuling College Inc. It also seeks to examine how students make sense of help-seeking for mental health concerns, identify motivational factors that influence their decision to seek support, determine common barriers to accessing support, and generate recommendations and policies to enhance psychological or guidance services and promote help-seeking behavior.

This study aligns primarily with SDG 3 – Good Health and Well-Being because it addresses mental health access, student psychological well-being, early identification of distress, and the promotion of help-seeking behavior among tertiary students. By examining barriers such as stigma, service invisibility, affordability, confidentiality concerns, and cultural hesitation, the study contributes to improving equitable access to mental health support.
The study also supports SDG 4 – Quality Education because student mental health affects academic functioning, persistence, performance, and overall participation in higher education. Strengthening campus-based mental health systems, guidance services, psychoeducation, and culturally responsive support can help create learning environments that are more inclusive, supportive, and responsive to students' psychological needs.

The study contributes to public health sustainability by focusing on mental health promotion, early support, and help-seeking behavior among tertiary students. It also contributes to educational sustainability by recognizing that student well-being is closely connected to academic success, retention, and meaningful participation in higher education. In the Philippine context, the study supports institutional sustainability by providing evidence that may help improve guidance services, strengthen referral mechanisms, and align campus practices with national mental health policy. The study further contributes to socio-cultural sustainability by examining how Filipino values, stigma, family expectations, and community perceptions influence students' willingness to seek help. Its localized focus on Tanchuling College Inc. provides context-specific insights that may guide culturally responsive mental health programming, especially in provincial and resource-constrained educational institutions. By linking mental health, education, culture, policy, and institutional support, the study offers a multidisciplinary basis for improving student well-being and sustaining healthier academic communities.

2. Material and methods

2.1 Research Design

This study employed a descriptive phenomenological research design grounded in Husserl's (1970) philosophical tradition, which seeks to describe the essence of lived experiences as consciously perceived by the participants themselves. Rather than theorizing or interpreting, this approach brackets the researcher's assumptions and allows participants to articulate their experiences freely (Giorgi, 2009). This design was particularly suited to the study's objectives—exploring students' motivations for seeking professional mental health support, the barriers they encountered, and their recommendations for program improvement—as all three are inherently experiential and required first-hand, subjective accounts from tertiary students who had personally accessed mental well-being services. Braun and Clarke's (2006) thematic analysis served as the primary analytical framework, enabling systematic identification and interpretation of patterns across qualitative data. This approach complements phenomenological inquiry by preserving the richness of participants' descriptions while providing structure and transparency in surfacing common themes making it well-suited for addressing all three research objectives through the analysis of shared experiential patterns.

2.2 Locale of the Study

The study was conducted at Tanchuling College Inc. (TCI), a private educational institution located in Legazpi City, Bicol Region, Philippines. Tanchuling College Inc. (TCI) is a small institution offering tertiary programs primarily in nursing, midwifery, and hospitality management. The institution's student population predominantly originates from Albay Province and surrounding Bicol provinces—a region with limited mental health resources. TCI's guidance office has traditionally centered its student engagements on academic clearance processes, with an opportunity to further expand its role as a dedicated mental health and counseling resource. This context made TCI a particularly relevant setting for examining institutional barriers to campus mental health service access.

2.3 Respondents of the Study

Purposive sampling was employed to recruit seven (7) participants who met specific eligibility criteria: all were bona fide students enrolled in the Bachelor of Science in Nursing program at Tanchuling College Inc. during the second semester of Academic Year 2025–2026, aged 18 to 24 years, and had attended at least one formal session with a mental health professional (i.e., psychiatrist, psychologist, or guidance counselor). The sample comprised three (3) fourth-year students, two (2) first-year students, one (1) third-year student, and one (1) second-year student. Four (4) participants had consulted a psychiatrist, one (4) had seen a psychologist, one (1) had accessed a guidance counselor, and one had consulted both a guidance counselor and a psychologist. All were assigned pseudonyms (P1–P7) to protect confidentiality. Moreover, this sample size is consistent with recommendations for thematic analysis, which Braun and Clarke (2013) suggest should comprise six to ten participants for interview-based research.

2.4 Sample and Sampling Procedure

The study used purposive sampling to select participants who possessed direct experience relevant to the phenomenon being examined. Purposive sampling is a non-probability technique that allows the researcher to select participants based on specific characteristics related to the research focus. This method was appropriate because the study required participants who had actual experience with mental health help-seeking and could provide meaningful narratives about the factors influencing such behavior. This sampling approach also supports the credibility of qualitative data by selecting individuals who are knowledgeable about the research topic (Braun & Clarke, 2006). A total of seven participants were included in the study. This sample size was considered appropriate because Braun & Clarke (2013) recommended six to ten participants for interview-based projects using thematic analysis (Braun & Clarke, 2013). The number of participants allowed the researcher to examine each narrative in depth without producing an excessive volume of qualitative data.

2.5 Research Instrument

The study used a researcher-made semi-structured questionnaire composed of open-ended questions. The instrument was designed based on the research objectives to ensure that each question served a clear purpose in eliciting relevant responses. The questions were organized according to the study's objectives and focused on the constructs necessary for exploring students' mental health help-seeking experiences. To establish content validity, the questionnaire was reviewed and validated by a registered psychometrician.

2.6 Data Gathering Procedure

Before starting to gather the date, the researcher asked for a consent with formal document signed by the president of the institution. Further, face-to-face interviews involving each individual respondent have taken place during the study period through direct personal contact, and each interview has lasted about 1 hour. To establish content validity in measuring the items in question, a semi-structured questionnaire consisting of open-ended questions developed by the researcher has been examined and validated by a psychometrician. Before the data collection process has started, a consent form has been given to each participant that has been interviewed. In the course of obtaining the consent form, the purposes of the research study have been explained, permission granted to record the interviews for the analysis of the data collected, the direct benefits associated with participating in the study have been outlined, as well as detailed measures taken for maintaining the participants' anonymity and confidentiality. During the interviews, the following consistent procedure has been observed. The interviewer created the conditions necessary to obtain the required information from the participants. Throughout the process of the interview, the researcher paid attention to the emotional state of the participants and gave them breaks whenever necessary, as well as provided them with the choice not to answer particular questions when needed in order to ensure their wellbeing. The debriefing process was conducted for any questions and emotions raised throughout the interview.

2.7 Data Analysis Techniques

The data gathered through semi-structured interviews were subjected to analysis following the six stages of thematic analysis as suggested by Braun & Clarke (2006). Audiotaped data was transcribed and translated into English for accuracy of representation prior to analysis. Analysis of the data took the form of familiarization, wherein the data was repeatedly read to fully understand its essence. Coding was then done systematically for each of the data sources, producing initial codes which identified features of the data that were relevant to the research question being studied. After identifying these

data codes, they were then categorized into themes to develop deeper meanings for their representation of the data source. Each of the themes was then defined and named according to the research questions. After defining the themes, an analysis of the theme was performed to produce an analytical narrative and examples of relevant data as evidence of the theme's meaning.

2.8 Ethical Considerations

Before conducting the interview, the researcher asked for a clearance of consent from the administrative committee and from the president of Tanchuling College Inc to conduct the study inside the institution. After, participation was entirely voluntary, and all participants provided written informed consent before interviews began. Participants were explicitly informed of their unconditional right to withdraw at any time without penalty and to skip any question that caused discomfort. Confidentiality was maintained through the exclusive use of numerical pseudonyms (P1–P7) across all transcripts, and data files; all identifiable information was removed from data files prior to analysis. Audio recordings and transcripts were stored on password-protected devices accessible only to the researcher. Given the sensitive topics discussed—including self-harm, suicidal ideation, and family trauma—the researcher maintained a protocol for pausing interviews if acute distress was observed and providing crisis referral information and immediate support if needed. Participants were offered the opportunity to review and comment on their interview transcripts and on preliminary thematic summaries as part of a member-checking process.

3. Results and Discussion

3.1 Pathways to Seeking Help – Motivations

The first theme explores the forces that drove participants toward mental health help-seeking. Across all seven participants, a convergence of internal and external motivators was identified, reflecting what Andersen's Behavioral Model designates as need factors — the perceived urgency of care — as well as predisposing factors such as social networks and personal health beliefs. Within TPB, these motivators shaped positive attitudes toward help-seeking, activated subjective norms through family and peer encouragement, and, for some students, strengthened perceived behavioral control to act.

3.1.1 Symptom Severity as a Tipping Point

The most universally cited trigger for help-seeking was reaching a point of psychological crisis — where symptoms became too overwhelming to manage alone. This aligns with Andersen's concept of perceived need, wherein the subjective recognition of illness intensity motivates service utilization (Abdullah Alkhawaldeh et al., 2023). Across participants, debilitating distress — including emotional numbness, self-harm, suicidal ideation, and academic paralysis — functioned as a psychological "tipping point." P1 described her experience in deeply emotional terms: "…everyday iyak ako ng iyak… after that parang blank ang feeling ko… what if mawala na lang din ako." ["…I cried every single day… after that everything felt blank inside me… what if I just disappeared."] This statement captures a state of profound hopelessness that propelled the participant toward professional care. Similarly, P6 disclosed a pattern of self-harm that went unnoticed: "Dumating ako sa point na palagi ako meron na laslas sa braso ko pero hindi naman yun napansin nila Mama." ["I reached a point where I was always cutting my arms, but my mother never noticed."] P7 articulated the experience of losing one's sense of self: "Parang overwhelmed, ma'am. Parang hindi mo na alam mo, di mo na kilala sarili mo." ["It felt overwhelming, ma'am. It was as if you no longer know yourself, you no longer recognize who you are."] P3 expressed academic disorientation: "Hindi ko na maintindihan sarili ko po. At hindi na po ako nakakapag-aral ng maayos. Ayaw ko na nga sana mag-aral po nun." ["I could no longer understand myself. And I could no longer study properly. I did not even want to study anymore at that point."] P4 described a sudden loss of motivation: "Yung feeling na focused ka, tapos bigla kang mawawalan ng gana sa lahat." ["It is that feeling of being focused, then suddenly losing all motivation for everything."]

These accounts resonate with growing evidence that emotional dysregulation and academic impairment are the primary triggers for formal help-seeking among college students (Li et al., 2022; Barbaryannis et al., 2022). Research confirms that untreated psychological distress not only precipitates academic failure but also elevates risk of university non-continuation (Leow et al., 2024). Under TPB, the severity of distress functions as an attitudinal catalyst — as symptoms become unmanageable, students begin to view professional support more favorably. P2's account illustrates this: "My insomnia became severe and I can't even control my emotions anymore. I feel numb and disconnected to my environment." The recognition of functional impairment became the cognitive threshold at which seeking help shifted from a remote possibility to an urgent necessity.

3.1.2 Family Initiation and Parental Push

Parental observation and family-mediated referral emerged as powerful enabling forces within Andersen's model. For several participants, it was the family — rather than the student themselves — who first identified the signs of distress and initiated the help-seeking process. Under TPB, this represents the activation of subjective norms: when significant others communicate concern and exert social pressure, the individual's intention to seek help intensifies (Kosyluk et al., 2020). P4 noted the central role of her mother: "Si mama yung naging influence all throughout… She herself told me to get

checked." ["My mother was the influence all throughout… She herself told me to get checked."] P7 echoed this dynamic: "Yung parents ko, like, sila na nagsabi na, need naman kong ganyan… Napansin na kasi nila mama na hindi ako okay." ["My parents were the ones who said I needed it… because my mother had already noticed I was not okay."] In P6's case, family initiation occurred at a critical moment: "Nung nakita nila po ako dinala nila ako sa hospital and psychiatrist kasi naga-bleed na din po ako nun." ["When they saw me, they brought me to the hospital and psychiatrist because I was already bleeding."]

These findings align with research demonstrating that parental involvement is a key enabling factor in adolescent and young adult mental health service utilization (McPhail et al., 2024). Within Filipino cultural contexts where familism is deeply embedded, family gatekeeping of healthcare decisions is normative (Martinez et al., 2020). P1's experience reflects this pattern of family-sanctioned help-seeking: "Nalaman ng mama ko na nadiagnosed ako dahil nakita niya ako nainom ng medicine. Kaya sinupport niya na lang din po ako." ["My mother found out I had been diagnosed because she saw me taking medicine. So, she just supported me after that."] These accounts underscore how familial enabling resources — attention, financial support, and emotional encouragement — mediate the path from distress to care.

3.1.3 Peer Influence and Social Encouragement

Beyond the family, peers, friends, and institutional personnel played an equally pivotal role in facilitating help-seeking. The TPB framework underscores that subjective norms extend to peer networks: when a trusted friend or colleague models help-seeking behavior or actively encourages it, the social norm around seeking support is reinforced (Rickwood et al., 2005). P1 credited her friend as the decisive referral agent: "Yung friend ko lang talaga po nakatulong. Siya kasi po yung nagrecommend sa akin sa NCMH." ["It was really just my friend who helped. She was the one who recommended me to NCMH."] P5 described a contagion-like process of social modeling: "Nung nalaman ko na nag-ask siya ng help, sabi ko gusto ko ring tulungan ang self ko." ["When I learned that she asked for help, I told myself I also want to help myself."] For P3, institutional personnel played the referral role: "Yung guidance counselor na mismo nagsabi sa mama ko na need ko irefer na." ["The guidance counselor herself told my mother that I needed to be referred."]

These findings are consistent with research identifying peer influence as one of the most potent facilitators of help-seeking among young adults (Hardy et al., 2025; Duraku et al., 2023). Inside Higher Ed (2024) affirms that peer support networks lower the perceived social costs of disclosure by normalizing help-seeking within student communities. P2's experience during a clinical practicum underscores the role of professional peers as motivational influences: "The nurses during my work immersion are the people who pushed me to get better and ask for help." In Andersen's model, the social network constitutes a critical enabling resource — one that can either facilitate or obstruct access to care depending on its attitudes toward mental health.

3.1.4 Self-Efficacy and Academic Self-Preservation

Several participants identified an internal, self-directed motivation rooted in the desire to protect their academic trajectory and personal future. This subtheme maps onto TPB's construct of perceived behavioral control — specifically, academic self-efficacy as a driver of volitional help-seeking — and onto Andersen's predisposing factor of health beliefs. When students perceived their academic functioning as at risk, the instrumental value of mental health support became salient. P7 articulated this with striking clarity: "Sobrang pumayat din po ako and hindi nakakafocus sa acads. Sabi ko graduating na ako kaya need ko tulungan ang self ko." ["I was losing a lot of weight and I could not focus on my academics. I told myself I was about to graduate so I needed to help myself."] P2 similarly connected emotional impairment to academic decline: "I realized that my feelings were affecting my academics which I can't focus on… I decided to seek professional help." P1 framed help-seeking as a preventive act: "It boosted my confidence kasi ayaw ko na maapektuhan yung daily living ko… ayaw ko din na umabot ako na gawin ko talaga yung alam niyo na po yun Ma'am." ["It boosted my confidence because I did not want my daily living to be affected anymore… I also did not want to reach the point of actually doing what you know I mean, ma'am."]

These narratives align with studies demonstrating that academic self-preservation — the motivation to protect one's educational investment — is a significant predictor of mental health service utilization among college students (Lipson et al., 2019; Zhao et al., 2025). The anticipation of academic loss functions as what TPB theorists call a salient belief — a consequence sufficiently important to override barriers and generate behavioral intent. For Filipino nursing students in particular, the professional stakes of academic performance are heightened, making self-preservation a culturally and vocationally resonant motivation.

3.1.5 Awareness through Seminars, Peers, or Counselors

A recurring finding was that most participants lacked prior knowledge of available campus mental health services. Help-seeking was often catalyzed not by pre-existing awareness, but by incidental exposure through seminars, peer conversations, or direct outreach by the school's guidance designate. In Andersen's model, this relates to enabling factors — specifically, knowledge of available resources as a prerequisite to service use (Abdullah Alkhawaldeh et al., 2023).

Under TPB, this heightened awareness restructures the student's attitude toward help-seeking by making services seem accessible rather than remote. P1 admitted the discovery was recent: "Now ko lang, pakasabi niyo… nalaman na may guidance service open to everyone." ["It is only now, after you told us… that I learned there is a guidance service open to everyone."] P5 echoed: "Nalaman ko yung services pag nung nag-start na yung seminars na in-offer ng guidance." ["I learned about the services only when the seminars offered by guidance had already started."] P6 confirmed that the researcher's direct outreach was the turning point: "Kayo po. Nalaman ko lang nung nakipag-chikkahan ka sa amin po eh." ["It was you. I only learned about it when you chatted with us."]

These accounts are consistent with the literature on mental health literacy, which establishes that awareness of available services is a necessary — though not sufficient — precondition for help-seeking (Kim et al., 2020; Ravago & Ravago, 2026). Gungon et al. (2025) found that health sciences students in Philippine higher education institutions often possess low mental health literacy despite their clinical training, highlighting a systemic gap in service promotion. The role of proactive outreach and campus-based seminars in bridging this knowledge gap is thus underscored.

3.2 Walls and Bridges – Barriers to Accessing Mental Health Support

Despite the presence of motivating forces, all seven participants encountered significant barriers that complicated or delayed their access to mental health support. These barriers span individual, familial, institutional, and structural levels, reflecting the multi-systemic character of mental health access challenges. Andersen's Behavioral Model frames these barriers as negative enabling factors — resource deficits and access constraints that impede service utilization regardless of need. TPB situates them as forces that diminish perceived behavioral control and generate negative attitudes and subjective norms hostile to help-seeking

3.2.1 Cultural and Familial Stigma (Hiya, Judgment, Close-mindedness)

Stigma — rooted in Filipino cultural values of hiya (shame) and the fear of social judgment — emerged as the most pervasive barrier across all participants. Under Andersen's model, cultural stigma constitutes a predisposing factor that shapes health beliefs in ways that discourage disclosure and service seeking. In the TPB framework, stigma operates by generating a strongly negative attitude toward help-seeking and producing unfavorable subjective norms in the student's social environment (Bird et al., 2020). P1 articulated the dual fear of being misunderstood and judged: "Nahihiya po ako… Baka hindi nila maintindihan na ganito situation ko. Or baka mahusgahan naman po ako." ["I am ashamed… They might not understand my situation. Or they might judge me."] P6 described the cultural equation of mental health struggles with madness: "Kapag may ganitong problema ka, sasabihin agad na baliw ka na." ["If you have this kind of problem, they will immediately say you are already crazy."] P3 feared professional ridicule: "Nahihiya ako kasi baka i-judge ako o i-mock ng iba kapag nalaman nilang nagpunta ako sa psychological services." ["I was ashamed because they might judge or mock me if they found out I went to psychological services."]

These findings are consistent with extensive literature documenting stigma as the primary barrier to mental health help-seeking among Filipino young adults (Martinez et al., 2020; Dizon et al., 2025; Tan et al., 2025). The cultural construct of hiya — a pervasive sense of shame linked to social presentation and collective honor — renders mental health disclosure particularly threatening in Filipino contexts (Alibudbud, 2023). P4's account further illustrates the intersection of stigma and religious attribution: "Sa hiya po ma'am hindi talaga ako nagsasabi hanggang sa si mama na nga po ang nagpilit sa akin… nasabihan pa ako na kulang sa dasal." ["Out of shame, ma'am, I really did not tell anyone until my mother forced me… I was even told I just lacked prayer."] Kreider et al. (2024) emphasize that campus environments that fail to challenge stigmatizing attitudes perpetuate cycles of avoidance among students who most need support. Sheikhan et al. (2023) further confirm that stigma functions as an early and powerful deterrent to intervention-seeking among youth.

3.2.2 Institutional Invisibility – Low Awareness of Campus Services

A striking and consistent finding was that the vast majority of participants had no knowledge that their campus guidance office offered mental health counseling services. Their perception of the guidance office was restricted to administrative functions — primarily clearance signing. This reflects what Andersen's model identifies as a failure of enabling factors at the institutional level: services that are available but unknown to students cannot be utilized (Osborn et al., 2022). P1 stated directly: "Ma'am, wala naman po kaming alam na ino-offer dito sa school. Nakakausap lang naming po ang Guidance pag oras ng clearance po eh." ["Ma'am, we really did not know what was being offered here in school. We only talked to Guidance during clearance time."] P5 confirmed the same limited understanding: "Ang alam ko lang sa guidance dito is yung magpipirma pag clearance signing. Tapos, wala nang iba." ["All I knew about guidance here was that they sign during clearance. And nothing else."] P6 similarly recalled discovering services only upon direct contact with the researcher: "Sadly, wala. Dito, wala po. Nung dumating ka po Ma'am tyaka ko lang po nalaman na may services si guidance." ["Sadly, nothing. Here, nothing. It was only when you came, Ma'am, that I learned guidance had services."]

This institutional invisibility represents a critical systems failure in campus mental health infrastructure. Gonzalo and Alibudbud (2024) found that even during the COVID-19 pandemic, Filipino universities struggled to communicate the

scope of their mental health services to students. Lipson et al. (2022) note that disparities in service awareness are systematically linked to disparities in utilization. Under TPB, institutional invisibility constrains perceived behavioral control: students cannot form an intention to seek help at a guidance office if they do not know it can help them. The almost universal unawareness expressed by participants signals an urgent need for proactive, multi-channel institutional communication.

3.2.3 Financial Constraints and Economic Burden

Financial barriers constituted a tangible structural impediment to sustained mental health care. The cost of psychiatric consultations, medications, and transportation — combined with scheduling delays — rendered consistent treatment inaccessible for several participants. In Andersen's framework, financial resources represent a core enabling factor; their absence directly suppresses service use (Qin & Hsieh, 2020). P6 expressed this constraint starkly: "Mahal. Sobrang mahal. Kapag financially stable na ako, saka ako maghahanap ng tulong." ["Expensive. So expensive. When I am financially stable, that is when I will look for help."] P3 discontinued treatment due to cost: "Bayad po sa psychologist. Mahal po kaya hindi na po ako bumalik." ["You pay for the psychologist. It was expensive so I did not go back."] P7 highlighted scheduling as an additional structural hurdle: "Scheduling kasi eto yung day na kailangan ko tapos 2 weeks pa available yung doctor. Expired na yung iiyak ko." ["It's the scheduling — today was the day I needed it and the doctor wouldn't be available for another 2 weeks. My urge to cry had already expired by then."] P1 noted the cumulative cost of care: "Yung gamot lang naman nagging mahal po and yung may bayad [scheduling took 2 weeks]." ["It was just the medicine that was expensive, and the paid scheduling took 2 weeks."]

These experiences reflect the broader structural inequities in mental health care access across the Philippines. Dela Peña et al. (2024) document that while Republic Act 11036 (the Philippine Mental Health Act of 2018) mandates the provision of mental health services across levels of care, implementation gaps — particularly in the affordability and availability of services in non-metropolitan areas — remain acute. Coombs et al. (2021) found that among populations facing economic disadvantage, the financial burden of mental health care is the most frequently cited reason for service discontinuation. P2's account reinforces this: "It was hard to seek support because my parents were having financial difficulties and I had to consider the cost." These barriers underscore the need for subsidized, campus-based mental health services as an equity intervention.

3.2.4 Negative Prior Experiences with Professionals

Negative therapeutic encounters — including being mocked, dismissed, or incorrectly labeled — reinforced avoidance behaviors and damaged trust in professional services for some participants. Under Andersen's model, these experiences represent negative predisposing factors in the form of unfavorable health beliefs shaped by direct experience. In TPB, they generate strongly negative attitudes toward professional services that persist beyond the initial encounter. P3 described her first psychiatrist's conduct as invalidating and presumptuous: "Pakiramdam ko parang mino-mock niya ako… in-assume nila na bipolar. Hindi ko sinabi na bipolar. [On first psychiatrist]" ["I felt as if she was mocking me… they assumed I was bipolar. I never said I was bipolar."] She further elaborated: "Oo, na-judge ako ng mga tao. At yung experience ko sa doctor o personnel na parang mino-mock ako, naging hindrance din yon kung bakit hindi ko tinuloy." ["Yes, I was judged by people. And my experience with the doctor or personnel who seemed to mock me — that also became a reason why I did not continue."]

This finding resonates with documented evidence that provider quality and therapeutic alliance are strong predictors of treatment adherence and continuation (Sagui-Henson et al., 2022). Sheldon et al. (2024) found that negative experiences with health professionals create lasting barriers to re-engagement with services, particularly among vulnerable student populations. In the Filipino context, where help-seeking is already fraught with stigma-related hesitation, a single negative professional encounter can effectively terminate the help-seeking trajectory. These accounts reinforce the need for cultural competency and trauma-informed care training for mental health professionals serving Filipino youth.

3.2.5 Family Disbelief and Closed-Mindedness

While family members sometimes served as initiators of help-seeking (Subtheme 1.2), they also emerged as significant barriers when they dismissed, minimized, or attributed mental health struggles to moral or spiritual deficiency. This duality reflects the double-edged nature of familism in Filipino mental health contexts — a force that can both enable and obstruct care. In Andersen's model, family closed-mindedness constitutes a predisposing barrier rooted in cultural health beliefs; in TPB, it generates unfavorable subjective norms that suppress help-seeking intentions. P2 described parental dismissal: "My family tended to be against it and often dismissed my feelings. My parents just say na arte ko lang toh." ["My parents just say it's me being dramatic."] P4 and P5 each reported being told their distress was a spiritual problem: "Sa family ko po hindi sila open sa mental health na yan… nasabihan pa ako na kulang sa dasal." ["In my family they are not open to that mental health thing… I was even told I just lacked prayer."] P6 confirmed: "Yung parents ko nga noon po is not open about it. Nasasabihan akong arte ko lang din po." ["My own parents before were not open about it. I was also told I was just being dramatic."]

Attributing mental health symptoms to personal weakness, spiritual deficit, or dramatic behavior is a well-documented pattern in Filipino families and other collectivist cultural contexts (Martinez et al., 2020; Alibudbud, 2023). Weissinger et al. (2022) found that family unsupportiveness consistently ranks among the top barriers to mental health service use among college students. P1's account encapsulates this cultural tension: "Ang family ko po ay medyo close-minded sa ganitong topic. May stigma pa rin sa amin." ["My family is quite close-minded about this topic. There is still stigma among us."] These experiences illuminate the necessity of family-inclusive mental health education as a component of any comprehensive intervention strategy.

3.3 Building Better Systems – Recommended Policy Directions

3.3.1 Institutionalizing Mental Health Awareness and Education

Participants consistently identified regular, structured mental health seminars and orientations as the most impactful mechanism for raising awareness and normalizing help-seeking. P1 recommended campus-wide seminars modeled on existing formats: "Siguro po ma'am, mga seminars like nangyari sa AVR po nun. It will raise awareness sa amin and magiging informative siya lalo na sa mental health naming." ["Maybe, ma'am, seminars like what happened in the AVR. It will raise awareness among us and would be informative, especially about our mental health."] P2 emphasized the preventive function of such programs: "Seminars or symposiums on mental health would have been helpful before I needed services, to learn coping strategies and know where to seek support." P5 called for profession-specific integration: "Seminar and trainings especially sa amin na nursing. An added educational information can create an open-minded and effective environment." P7 connected awareness programming to academic load management: "Mental health awareness seminars and activities po. Less academic load. Kakaburnout kasi po din." ["Mental health awareness seminars and activities. Less academic load. Because we get burned out."]

The evidence base for institutionalized mental health education is robust. Kirnan et al. (2025) found that school-based mental health education programs significantly increased help-seeking rates among young adults. Kılınç and Kendirkıran (2025) demonstrated that mental health literacy — enhanced through structured educational programming — is positively associated with professional help-seeking intentions among university students. Under TPB, mental health seminars function as attitude-formation events: they expose students to accurate information about mental health, displacing stigmatizing beliefs with more nuanced, positive evaluations of help-seeking. Abraham et al. (2024) underscore the urgency of addressing academic burnout — which intensified markedly during and after the pandemic — as a co-occurring stressor that amplifies mental health need, suggesting that wellness programming must address both awareness and load management simultaneously.

3.3.2 Enhancing Accessibility and Visibility of Campus Guidance Services

Participants called for a fundamental repositioning of the campus guidance office from an administrative clearance function to a visible, proactive mental health hub. P1 articulated the necessary shift: "The guidance services should be open to everyone hindi puro clearance lang." ["The guidance services should be open to everyone, not just for clearance."] P5 advocated for structural integration from the outset of students' university experience: "Dapat kasama ang guidance sa general orientation pa lang… Dapat may authority sila na mag-introduce ng services sa buong school." ["Guidance should be included in the general orientation from the start… They should have the authority to introduce their services to the whole school."] P2 recommended multi-platform promotion: "Mental health services should be widely promoted around the university, such as through posters or campaigns." P7 proposed social media utilization: "Pwede maam magposting sa social media kasi may social media naman ang mga orgs dito. Tapos seminar and maging open si guidance." ["Maybe, ma'am, they can post on social media since the organizations here have social media. Then have seminars and let guidance be open."]

These recommendations align with the principle of proactive outreach advanced by Lipson et al. (2019), who found that institutions with visible, multi-modal mental health promotion strategies achieve significantly higher utilization rates. Alvarez (2024) documents that state universities with active guidance promotion programs report greater student satisfaction and earlier service engagement. In Andersen's model, making services visible and accessible transforms the guidance office into a genuine enabling resource — one that students can actually use. Under TPB, institutional visibility shifts the subjective norm environment: when peers observe guidance resources being actively promoted and used, help-seeking becomes a recognized and accepted campus behavior rather than a deviant act.

3.3.3 Peer-Mediated Mental Health Education

Given the pivotal role that peers played in participants' own help-seeking journeys, it is unsurprising that many advocated for formalized peer support and peer counseling programs. P6 articulated the relational logic of peer support: "Malaking role. Tulad nung peer counselor organization. Kasi minsan mas madaling mag-open up sa kapwa student." ["It plays a big role. Like a peer counselor organization. Because sometimes it is easier to open up to a fellow student."] P5 envisioned a student organization dedicated to basic counseling support: "Sana meron may organization na para sa guidance lang tapos

tuturuan even basic counseling skills na makakatulong sa mga kapwa naming na students." ["I hope there would be an organization specifically for guidance that would teach even basic counseling skills to help fellow students."] P4 emphasized the training dimension: "They can help the students na mas maging open sa mga usapin patungkol sa mental health. Pwede din sana sila mag-train para sa basic way makakatulong sila kapwa nila students." ["They can help students become more open about mental health issues. They could also be trained in basic ways to help their fellow students."]

The efficacy of peer-mediated mental health education is well-established in the literature. Inside Higher Ed (2024) identifies peer support networks as among the most cost-effective strategies for improving college mental health outcomes, particularly in under-resourced settings. P2 captured the essence of this approach: "Peer support programs could make mental help more approachable and relatable by letting students support each other." Russell (2025) notes that nurse-led and peer-led mental health interventions demonstrate comparable outcomes to professional-led programs in non-crisis situations, suggesting that trained peers represent a scalable supplement to formal guidance services. In both the TPB and Andersen frameworks, peer counselors function simultaneously as subjective norm shapers (modeling help-seeking positively), enabling resources (accessible, available, and relationally proximate), and attitude reformers (providing a stigma-free relational context for disclosure).

3.3.4 Creating an Anti-Stigma, Culturally Responsive Campus Culture

Participants called for a culture-wide shift in how mental health is perceived and discussed on campus — one that begins with faculty attitudes and extends to institutional norms. P7 stated the aspiration plainly: "Maging open-minded sana ang karamihan na hindi palagi okay mga students. No judgements, no stigma." ["I hope most would be open-minded that students are not always okay. No judgments, no stigma."] P3 directed this appeal toward institutional leaders: "Maging educated sila and mas lawakan nila ang pag-iisip nila. Sana mas maging open-minded sila." ["They should be educated and broaden their thinking. I hope they become more open-minded."] P1 specifically named faculty as potential stigma agents: "To promote open-mindedness… Teachers aren't the first to judge us." P6 acknowledged the incompleteness of current cultural progress: "If they will start siguro mas maging open-minded sa usapin about mental health. Till now kasi hindi pa naman lahat open." ["If they start, maybe they can become more open-minded about mental health topics. Until now, not everyone is open yet."]

The call for anti-stigma campus culture reflects established evidence that contact-based and education-based stigma reduction interventions — when institutionally supported — produce measurable improvements in help-seeking attitudes (Xu et al., 2017; Carvalho et al., 2024). Kreider et al. (2024) find that when campus environments actively model stigma resilience — through visible leadership support, faculty training, and normalized discourse — students from marginalized and high-stigma backgrounds demonstrate greater willingness to seek help. The TPB framework confirms that subjective norms — the perceived expectations of faculty, peers, and institutional culture — are among the strongest predictors of help-seeking intention. An anti-stigma campus culture, therefore, is not merely aspirational: it constitutes a structural determinant of student mental health behavior.

3.3.5 Faculty, Staff, and Peer Training Programs

Beyond cultural attitude change, participants emphasized the practical need for faculty and staff to be equipped with the knowledge and skills to respond appropriately to student mental health distress. P1 recommended formal psychological training for faculty: "Siguro dapat ma'am may alam rin sila… psychological training, parang dapat meron rin silang ganun para din masuportahan nila yung students." ["Maybe, ma'am, they should also know… psychological training, as if they should have that too so they can also support students."] P2 articulated specific competencies needed: "To be better prepared, faculty and staff should know the early signs, available resources, and how to respond supportively." P5 drew attention to staff as potential sources of harm: "Kadalasan, yung staff pa mismo ang nakaka-offend at nakaka-trigger sa students. Minsan sila pa yung dahilan kung bakit bumababa ang mental health ng estudyante." ["Often, it is the staff themselves who offend and trigger students. Sometimes they are the reason why students' mental health deteriorates."] P7 called for greater faculty empathy: "Habaan sana nila ang pangunawa nila kasi alam namin na hindi sila okay pero lahat naman ng tao may pinagdadaanan." ["I hope they extend their understanding because we know they are also not always okay, but everyone is going through something."]

These recommendations align with international best practices in campus mental health. McCabe et al. (2024) found that students who perceived their faculty as knowledgeable about mental health resources and supportive of help-seeking demonstrated significantly higher service utilization rates. The University of the Philippines' Sandigan-Sandalan training program — a psychological first aid and mental health advocacy initiative — exemplifies institutional efforts to build faculty and staff capacity in this domain (University of the Philippines, 2021). Under Andersen's model, trained faculty and staff function as institutional enabling resources that bridge the gap between student distress and formal services. Within the TPB framework, faculty responsiveness shapes the subjective norm environment: when students witness their instructors responding to mental health concerns with competence and compassion rather than judgment, the social norm around help-seeking is fundamentally altered.

3.3.6 Integrating Digital Platforms and Extracurricular Wellness Activities

Participants also recommended that the institution expand its mental health support ecosystem to include digital resources and extracurricular wellness programming — recognizing that mental health promotion must extend beyond the guidance office. P1 recommended structured extracurricular programming: "They can create different activities. Like extracurricular para less burnout din sa students." ["Like extracurricular activities so students experience less burnout."] P2 reinforced this: "The school must incorporate extracurricular activities or programs para hindi masyado ma-burnout mga students. Puro academics lang kasi kami dito." ["Because it is all academics here."] P4 envisioned a broader student wellness ecosystem: "Create more activities that can help the students and promote safe place para sa mga students." ["and promote a safe place for students."]

The integration of digital mental health platforms represents a frontier with significant potential for expanding access in resource-limited settings. Schueller and Torous (2020) argue that digital mental health tools — including apps, online counseling platforms, and psychoeducation resources — can effectively scale evidence-based interventions to populations that would otherwise go unserved. Bantjes et al. (2021) found that online group CBT delivered to university students produced significant reductions in anxiety and depressive symptoms, validating the clinical utility of digital delivery. Sagui-Henson et al. (2022) document strong therapeutic alliance formation through digital platforms during the COVID-19 period, suggesting that digitally mediated support need not sacrifice relational quality. In Andersen's framework, digital platforms constitute a new category of enabling factors — accessible, cost-effective, and destigmatized — that can meaningfully reduce the structural gap between student need and available care. Malakcioglu (2024) and Abraham et al. (2024) both document escalating academic burnout in post-pandemic student populations, reinforcing the urgency of extracurricular wellness programming as a preventive mental health intervention alongside formal services.

4. Conclusion & Recommendations

The study concludes that tertiary students' mental health help-seeking behavior at Tanchuling College Inc. is shaped by a combination of personal, social, cultural, institutional, and economic factors. Help-seeking was commonly triggered by crisis-level symptom severity, family initiation, peer encouragement, academic concerns, and increased awareness of available support, while major barriers included cultural stigma linked to hiya, fear of being labeled baliw, low visibility of campus guidance services, financial constraints, negative prior experiences with professionals, and family invalidation of distress. Overall, the findings show that students' help-seeking tends to be reactive rather than preventive, indicating the need for culturally appropriate, proactive, and accessible mental health support systems in provincial higher education settings, consistent with the continuing implementation of RA No. 11036 or the Mental Health Act.

It is recommended that Tanchuling College Inc. and similar higher education institutions strengthen their mental health support systems by institutionalizing mental health education, improving the visibility and accessibility of guidance services, establishing peer-mediated support programs, promoting an anti-stigma and culturally responsive campus culture, providing mental health first aid or related training for faculty, staff, and peers, and expanding technology-based or hybrid support services. Guidance counselors and mental health professionals should shift from a passive service-availability model to a proactive outreach model, while institutions should integrate mental health literacy in orientation and student programs, promote clear and student-friendly information about available services, and advocate for adequate mental health staffing and alternative delivery modes such as teletherapy and online mental health services.

The study is limited by its qualitative descriptive phenomenological design, purposive sampling procedure, and small participant group consisting of seven bona fide BS Nursing students from Tanchuling College Inc. during the 2nd Semester of Academic Year 2025–2026. Although this sample size was considered appropriate for interview-based thematic analysis based on Braun & Clarke (2013), the findings are context-specific and drawn from participants who had already experienced more than one session with a mental health professional, which means the results primarily reflect the lived experiences of a small, selected group rather than the broader population of tertiary students.

Compliance with ethical standards

Prior to data collection, the researcher secured formal written consent from the president of Tanchuling College Inc. and the institution's administrative committee. Participation was entirely voluntary, with all participants providing written informed consent before interviews commenced. Participants were informed of their right to withdraw at any time without penalty and to decline any question that caused discomfort. To protect participant confidentiality, numerical pseudonyms (P1–P7) were assigned across all transcripts and data files, with all identifiable information removed prior to analysis. Audio recordings and transcripts were secured on password-protected devices accessible only to the researcher. Given the sensitive nature of the topics discussed—including self-harm, suicidal ideation, and family trauma—the researcher observed a protocol for pausing interviews upon signs of acute distress and providing crisis referral information and

immediate support as needed. Participant wellbeing was further upheld through regular breaks and a debriefing process following each interview. Member checking was employed to enhance credibility, allowing participants to review transcripts and preliminary thematic summaries.

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