Mental health education: An intervention to stigma on help-seeking behavior among adolescents

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Abstract

Mental health concerns confront the youth today, but the self and socia stigma of seeking help hinder them from getting help. It is hypothesized in this study that providing mental health education among adolescents can reduce both their self and social stigma of help-seeking behavior. Eighty, grade 10 students participated in an intervention study where half of the participants attended a four-session, interactive mental health education. In contrast, the other half attended a similar four-session interactive activity but topics included inner values of the self which are not related to menta health care. Participants answered two scales, the Self-Stigma of Seeking Help (SSOSH) by Vogel et al. (2006) and Social Stigma for Receiving Psychological Help (SSRPH) by Komiya et al (2000) one week before intervention and two weeks after intervention. Results showed a decrease in both self–stigma and social stigma of help-seeking behavior among those who received a mental health education intervention but not among those who received inner self values education. A significant difference between scores of the two groups in both self and social stigma was also observed. Results of this study imply the importance of incorporating mental health education in the curriculum of the youth to lessen stigma and encourage the young to seek help in times of mental health needs.

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INTRODUCTION

In recent years, mental health and psychological wellbeing among adolescents have become a growing concern among many countries worldwide (Hudson & Ingram, 2017). According to the most recent estimates, more than 1 in 7 teenagers aged 10 to 19 worldwide are thought to be living with a mental condition about 40% of which include anxiety and depression (United Nations International Children's Emergency Fund's [UNICEF], 2021). Low self-esteem, bullying, a dysfunctional family, a change in environment, demands to fit in with society or have a certain body image, and the high scholastic expectations of parents are identified as major causes of anxiety and depression (The ASEAN Post Team, 2019). Suicide is also on the rise among young people in Southeast Asia. Almost 46,000 adolescents die due to suicide each year (UNICEF, 2021) making it as one of the main causes of mortality for those

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between the ages of 15 and 29. The main risk factors of suicide include mental disorders, previous attempts of suicide, some personality characteristics, family factors, specific life events, imitation and availability of means (Bilsen, 2018). The World Health Organization's Global School-based Health Survey (GSHS) country reports showed that 23.1 percent of students aged 13 to 17 in the Philippines (2019 survey), 17.6 percent in Thailand (2021 survey), 7.9 percent in Malaysia (2012 survey) and 5.4 percent in Indonesia (2015 survey) have seriously considered suicide, while 24.3, 15.5, 6.7, and 3.9 percent respectively have tried suicide once or more in the previous year (World Health Organization [WHO], 2022). The Philippine data showed a noticeable increase of about 7 percent and 11 percent respectively from the same GSHS survey in 2011 ("2019 Philippine Global School-based Student Health Survey Factsheet | Department of Health website," 2021) while in Vietnam, there is an observed slight decrease in students who seriously considered attempting suicide from 2013 (16.9%) to 2019 (15.61%) (WHO, 2022). According to Redaniel, Lebanan-Dalida, and Gunnell (2011), the incidence of suicide in both males and females has increased from 0.23 to 3.59 and 0.12 to 1.09 per 100,000 respectively between 1984 to 2005.

There are various risk factors associated with mental health problems including family history of depression, bullying, negative family environment, bereavement, disability, trauma exposure, substance abuse, being female, and low self-esteem (Wahid et al., 2021). Poverty, illiteracy, stigma and discrimination play a role too (The ASEAN Post Team, 2019). Internet and online social networking addiction (Li et al., 2017) and problematic social media (Facebook) use (Hanprathet, Manwong, Khumsri, Yingyeun, & Phanasathit, 2015; Marino, Gini, Vieno, & Spada, 2018; Mcrae, Gettings, & Purssell, 2017) have also been found to have significant correlations with mental health concerns such as psychological distress, depressive symptoms, loneliness, poor mental health and lack of wellbeing among the young population. Use of internet technology exposes the adolescents to harm, social isolation, depression, cyber-bullying (Best, Manktelow & Taylor, 2014) and other forms of online harassment (Kim, 2016). Another factor that made a major impact to the adolescents' mental health is the challenge brought about by the Covid 19 pandemic (Panchal et al., 2021). Many studies indicated deterioration in mental health among children and adolescents due to pandemic control measures (Samji et al., 2022). In Villanti et al. (2022), more than 60% of the study participants reported that the pandemic had a negative influence on their physical, mental, and social well-being. Young adults were more affected than adolescents by COVID-related concerns. They showed statistically significant increases in anxiety and depression symptoms and a decrease in the overall life satisfaction of adolescents was also apparent (Magson et al., 2021). Loneliness (Cooper, 2021), post-traumatic stress symptom (de Miranda, Athanasio, Oliveira & Silva,

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2020), self-harm (Robillard, Turner, Ames, & Craig, 2021; Tang, Lin, You, Wu, & Chen, 2021), suicide ideation and suicide attempts (Gracia, 2021) have also increased as an impact of social isolation brought upon by the covid lockdown measures.

Mental health among adolescents is constantly at risk due to the many factors that affects them. Prompt and effective interventions are necessary to protect the wellbeing of the young. Interventions aimed at teaching and helping them to handle and cope with their emotional and psychological concerns are necessary to prevent them from developing mental health problems. Seeking help and availing of mental health services are efficient means to address mental health concerns. However, despite the youth's negative experiences pertaining to their emotional and psychological functioning, they do not seek help and do not avail of mental health services (Lannin, Vogel, Brenner, Abraham, & Heath, 2016; Salaheddin & Mason, 2016). Factors such as limited mental health knowledge and broader perceptions of help-seeking (Radez et al., 2021), high cost and inaccessibility of mental health services (Tuliao, 2014), and adherence to traditional healing techniques (Cagande, 2013) resulted in adolescents not getting help for mental health-related concerns.

One influential social factor in reluctance to seek help is stigma (Bharadwaj, Pai, & Suziedelyte, 2017; Radez et al., 2021; Tanaka, Tuliao, Tanaka, Yamashita, & Matsuo, 2018; Tucker et al., 2013). Stigma is defined as destructive beliefs and attitudes held by a society that is ascribed to groups considered different in some manner, such as people with mental illness (Kring, Johnson, Davison, & Neale, 2012). It is defined as the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. It implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual ("Stigma," n.d.). Stigma is a prevalent issue that takes many forms and appears in diverse ways. According to Sheehan, Nieweglowski, and Corrigan, (2016), there are various types of stigma in mental illness two of which are public stigma and self-stigma. The literature indicates that both types of stigma can affect a person's decision to seek care. Public stigma refers to societal misconceptions, attitudes, and behaviors that have an adverse impact on people with mental illnesses and contribute to prejudice, discrimination, and stereotyping (Sheehan et al., 2016). The idea that a person seeking psychological treatment is undesirable or socially unacceptable is, therefore, what the public stigma connected with obtaining mental health services is all about. Self-stigma, on the other hand, occurs when a person is aware of the stigma, agree with it and apply the stigma to their own lives (Sheehan et al., 2016). However, not only are people being stigmatized, but ideas like mental health and seeking psychological help can also be targets of negative views and attitudes. Help-seeking is sometimes regarded as a threat by people who feel inadequate or inferior, leading them to opt

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not to get help even while they are experiencing psychological distress (Hellstrom, 2021; Lannin, et al., 2016).

Individuals seeking or participating in therapeutic programs face an ethical dilemma. A meta-synthesis of mental health perception among people revealed cultural similarities and differences that influence the population's mental health beliefs and perceptions (Choudhry, Mani, Ming, & Khan, 2016). People's views regarding mental health and psychological help-seeking actions are influenced by these variances and similarities in perception. Many studies have found that individuals diagnosed with mental illness are stigmatized and hence excluded from society (Al-alawi, Al-Sinawi, Al-Adawi, Jeyaseelan, & Murthi, 2017). According to Ahmedani (2011), mental health stigma exists in society, is internalized by people, and is assigned by health professionals. It is cited as one of the most significant barriers to successful treatment engagement, ability to seek help and maintain involvement in mental health programs (Corrigan, Druss, & Perlick, 2014).

Among the young population, mental health and mental illness are significantly stigmatized (DuPont-Reyes, 2020). Mental illness is commonly associated with misconceptions and unfavorable attitudes (Pang et al., 2017). Due to the stigma associated with mental illness, teenagers are less likely to seek care for themselves or to assist peers who are experiencing mental discomfort (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014). Stigma creates a cycle of alienation and discrimination, which leads to social isolation and diminishes the chances of teenage rehabilitation (Pejovic-Milovancevic, 2009). To safeguard their psychological well-being, it is necessary to modify young people's unfavorable attitudes regarding mental health and seeking help. However, the tendency to underutilize mental health treatments exists among the young (Lee, Jeong, & Kim, 2021; Marsh & Wilcoxon, 2015). Teenage residents from rural areas were less likely to receive therapy than those in urban regions. In addition, as compared to other races or nationalities, adolescents in Asian regions were the least likely to obtain mental health care across different settings (Lipari, Hedden, Blau, & Rubenstein, 2016). Educating them about mental health services will encourage them to seek professional care before their mental health issues become serious and incapacitating.

In order to fight stigma surrounding mental health and increase mental health service awareness, well-established programs have been put up by different agencies. In the Philippines, its Department of Health (DOH) institutionalizes the National Mental Health Program (NMHP) through the organization of functional management structures that facilitates the implementation of priority targets and strategies aligned to health system goals of improving the health status in the country ("Mental Health Program | Department of Health website," 2018). Due to an increasing health risk behavior among Filipino adolescents, the Adolescent Health and

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Development Program was developed, which aimed to ensure that all adolescents have access to comprehensive health care and services in an adolescent-friendly environment and to improve the health status of adolescents and enable them to enjoy their health rights fully. In Indonesia, a mental health program called Get Happy Indonesia is established which aimed to start conversations and spread knowledge about depression, mental health and happiness (Mental Health Innovation Network [MHIN], n.d.). A program called "Mental Health Early Detection Training" developed by the Dr Soeharto Heerdjan Mental Hospital was also founded in 2010 that includes counselling and education about contemporary issues of child and adolescent mental health (Noor, n.d.). Malaysia has its MENTARI program which is an approach initiated by the Ministry of Health Malaysia (MoH) to improve outreach and re-integration of people with mental health problems. Its objectives include psychoeducation as one of its interventions as well as efforts to reduce stigma and discrimination (MHIN, n.d.). Similar efforts are also ongoing in other parts of the world. For instance, in Canada, Kutcher, Wei and Morgan (2015) developed a curriculum resource called the Mental Health and High School Curriculum Guide, which is used to teach learners about mental health and mental disease by regular classroom teachers. This method had a positive impact on students' knowledge and attitudes in various high school demographics. A secondary school in the United Kingdom created a program that included instruction and interaction to lessen the stigma associated with mental illness among teenagers (Chisholm, 2016).

Indeed, education can empower people and help them overcome societal and self-stigma through rectifying misconceptions and dispelling prejudices by giving accurate facts about the stigmatized idea (National Academies of Sciences, Engineering, and Medicine, 2016). To counteract the stigma attached to mental health care and boost desire to seek assistance, an educational program and direct contact with a person recovering from therapy might be tremendously effective in a variety of settings and among different people (Cook, Purdie-Vaughns, Meyer, & Busch, 2014). More people may obtain assistance for psychological discomfort and stigma associated with mental health care can be reduced by teaching the public about mental health, the ways of getting help, and knowing what to expect from treatments like therapy. Reduced stigma initiatives (e.g., education through lectures and case scenarios, contact-based interventions, and role-plays as strategies to address stigma towards mental illnesses) can frequently help reduce public and self stigma that prevent people from getting mental health assistance (Morgan, Reavley, Ross, Too, & Jorm, 2018; Waqas et al., 2020).

Techniques such as psychoeducation (Velasco, Cruz, Billings, Jimenez, & Rowe, 2020), cognitive restructuring, behavioral techniques, family and community strengthening and mental health literacy (Corrigan & Rao, 2012; Gaiha, Sunil, Kumar, & Menon, 2014; Gondek &

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Kirkbride, 2018), are programs that can be used to assist in reducing attitudes and actions that may prevent someone from seeking mental health treatment. Among these, psychoeducation and mental health literacy are the widely used intervention (Mittal, Sullivan, Cheruke, Allee & Corrigan, 2012). Individuals may learn about mental health and what to anticipate from mental health providers using this strategy. These interventions typically convey motivational messages about the treatability of mental health issues (Cuhadar & Cam, 2014).

Mental health education comes in a variety of formats, from curriculum integration to inviting speakers, performances, flyers and brochures, newsletters, catchy slogan campaigns, posters, advertisements, online infomercials, (Eisenberg, Hunt, & Speer, 2012), classroom lectures (Sakellari, Sounder, Kalokerinou-Anagnostopoulou, & Leino-Kilpi, 2015), and movie-based format (Hartog et al., 2020). However, a review of the literature indicated that while interventions are reported to have been effective in reducing stigma on seeking help, the majority of studies were exploratory or pilot studies using a small sample size, no randomization, and no control group (Mittal et al., 2012). In addition, mental health education interventions are relatively short in duration (Cook et al., 2014; Hartog et al., 2020 & Morgan et al., 2018) and mostly effective in promoting positive attitudes on help-seeking but not necessarily on changing help-seeking behaviors (Gulliver, Griffiths, Christensen, & Brewer, 2012).

There appears to be minimal consistency among treatment interventions, and each program's length and implementation are distinct (Waqas et al, 2020). Almost all programs have shown an instantaneous improvement in knowledge, independent of the outcome measures utilized in mental health literacy. However, whether educational initiatives that reduce the stigma associated with obtaining professional psychiatric care will become more widely used remains to be seen. Participation in these programs, according to research on mental health stigma education, has resulted in improved attitudes toward people with mental health issues (Morgan et al. 2018). Unfortunately, evidence indicates that the benefits of education may not last indefinitely (McLuckie, Kutcher, Wei, & Weaver, 2014). People who self-stigmatise and have mental health issues tend to have low treatment involvement due to a limited personal empowerment in terms of therapy. As a result, treatments that challenge self-stigma and empower individuals are more likely to increase intentions to seek therapy services (Corrigan, 2004). By informing the public on mental health and educating them about mental health services, more people who potentially gain advantage from these services will feel comfortable seeking them out and will know what to expect from programs like counseling. Eisenberg et al. (2012) suggested that evaluators phase in interventions in particular subpopulations and utilize a

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wait-list (control) design. They further suggested that intervention evaluations should also measure attitude changes and campaign effects on help-seeking and well-being.

To deal with the limitations in format and duration not addressed by previous studies, this present research aims to examine the effectiveness of a mental health education intervention (MHEI) in reducing social and self-stigma in seeking help (SSOSH) among adolescents in high school in a rural area. The utilized design is the experimental-control group design to make an objective comparison of the effects of the education intervention and establish a more causal relationship between mental health education and reducing stigma on seeking mental health help. Instead of the more passive educational approach taken by most of the previous studies, example, lectures, posters, flyers, slogans, etc., this study utilized a more active approach specifically a structured learning experience rolled out into a span of two weeks at two sessions per week with one and half hour each. Rural high school students are chosen as the participants of this research as they are not very familiar with topics in mental health, and they are typically adhering to traditional and cultural beliefs underlying mental health and healing methods, which are inconsistent with the medical model (Cagande, 2013; Tuliao, 2014). Any improvement in their stigma towards help-seeking will be easily observed given their background.

This study seeks to find out whether (1) stigma on seeking help among adolescents in a rural area exist; (2) identify whether stigma is reduced after a stigma reduction intervention through mental health education; and (3) compare level of stigma on seeking help among adolescents who received intervention and those who do not. Specifically, the following hypotheses are explored in this study: (a) a significant difference exists in the level of the stigma of the adolescents before and after intervention; (b) a significant difference exists between the level of the stigma of adolescents receiving intervention and those who do not, and (c) intervention through mental health education has a significant effect in the reduction of stigma towards seeking psychological help.

METHOD

This research utilized a single-blind, control-experimental design to identify the effect of an MHEI in reducing social stigma and self-stigma on seeking psychological help. The main advantage of using this method is that it provides a more objective process of evaluating intervention effectiveness since it involves the use of controlled conditions. This study likewise made use of a pretest-posttest design that gathers baseline data and makes comparisons to post-intervention outcomes possible (Myers and Hansen, 2011). The independent variable in this study is the education intervention on mental health, which is operationalized as an interactive

educational activity about what mental health is and mental health care issues. The dependent variable is the social (public) stigma and self-stigma on help-seeking behavior among adolescents defined as the scores obtained from the questionnaires of the Social Stigma for Receiving Psychological Help Scale (SSRPH) by Komiya et al. (2000) and Self-stigma of Seeking Help Scale (SSOSH) by Vogel *et al.,* (2006). The experimental group participated in the interactive activity on mental health while the control group participated in similar interactive activity but on inner values of the self, which are not being related to mental health.

Participants

Eighty grade 10 students from a rural high school aging between 15-18 years old participated in the study. Participants were assigned randomly to one of two groups: the MHEI experimental group or the inner values of self-education intervention (IVSEI) control group. Nine males and 31 females were assigned randomly to the MHEI group while 11 males and 29 females were randomly assigned to the IVSEI group. Inclusion criteria in choosing participants include not having prior experience with counseling services, having no family member diagnosed with a mental illness, and having a high level of stigma (both social and self) in the pretest. Informed consent was sought from the participants' parents while assent was asked of them to join the experiment.

Materials

The materials used in this study include a demographic profile form, modules for the educational intervention, and scales to measure stigma both social and self. The demographic profile form elicits information about the participants' sex, age, ethnicity, and background information about mental health. This was needed in implementing the inclusion criteria. Moreover, eight modules were developed and utilized for the intervention. Four modules were used for the experimental group and another four for the control group. All modules were in English since the required medium of communication in the chosen school was English. The modules were subjected to evaluation by experts in the field to assure quality and applicability of use. The modules on mental health education cover topics on basic information about mental health, illness, and stigma, basic and appropriate responses to a person with a mental health condition, lessening stigma in the society, and seeking and accessing help and support within the school and beyond.

On the other hand, modules on inner values of the self include topics about knowing the self better, honing one's strength, appreciating one's struggles and sacrifices, and asserting one's self in times of challenges. SSRPH (Komiya, et al., 2000) and SSOSH (Vogel, et al., 2006) were employed to assess stigma. Individuals' opinions of social (public) stigma linked with seeking professional help are assessed by SSRPH. It has five questions on a Likert scale

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ranging from 1 (strongly disagree) to 4 (strongly agree). The higher the scores, which range from 12 to 20, the more social stigma associated with seeking professional psychiatric care is seen, whereas the lower levels, which range from 4 to 11, suggest less social stigma. A sample item is "People tend to like less those who are receiving professional psychological help." Psychometric properties indicate a good internal consistency (0.73) among college samples (Komiya, et al., 2000). In the present study, pretesting of the scale obtained a Cronbach alpha of 0.853 suggesting strong reliability.

The SSOSH (Vogel, et al., 2006) on the other hand assess self-stigma associated with seeking psychological help. The measure consists of ten items that are assessed on a Likert scale from 1 to 5, assessing the self-stigma associated with obtaining psychiatric care such as psychotherapy or counseling. The SSOSH contains no subscales, and items 2,4,5,7, and 9 are assessed in reverse, with higher scores indicating greater stigma. For the interest of this research, some items were modified (e.g. "therapist" changed to counselor or psychologist"). Values between 10 and 30 suggest little self-stigma, whereas scores between 31 and 50 indicate greater levels of stigma. The SSOSH items were created to assess worries about a person's loss of self-esteem and a general feeling of worth if they opted to seek treatment from a mental health professional. "I would feel inadequate if I went to a counselor for psychological treatment," for example, is a typical item. High SSOSH scores indicate higher self-stigma endorsements or more negative stigma against getting psychological help. The original instrument is suitable for the study since it has good test-retest reliability (0.72) and strong internal consistency reliability (0.91) (Vogel, et al., 2006). The modified scale was pretested to 40 grade 10 students of another rural high school and the result obtained a value of 0.87, suggesting strong reliability.

Procedures

Prior to experimentation, necessary materials were prepared, pretested, and subjected to expert evaluation. Consent from the institution where the experiment is to be conducted was sought. Informed consent and assent were also secured to observe ethical requirements for studies involving human participants. The intervention was a two-week activity (for both experimental and control conditions) where sessions were conducted twice a week.

Before the actual experiment, a dry run of the whole activity was conducted. This was to test and observed whether the time, the tasks, the facilitator's way of teaching, and the procedure itself were appropriate and effective. After the dry run, necessary adjustments were made to address the loopholes in the procedure. Also, one week before the actual intervention, the pretest was conducted on 103 grade 10 students. All the students were required to answer the two scales including the demographic profile form. The scores from the pretesting of the

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questionnaires served as the baseline data of the study. To satisfy inclusion criteria, only those who scored high in both social stigma and self-stigma as well as those who have no prior experience of counseling and no family member with mental health conditions were considered for participation in the actual experiment. Eighty qualified students gave consent to attend. Participation in the study was voluntary. Participants received bonus points in their Values class and received free snacks during the whole duration of their participation.

Random assignment and a single-blind method (participants do not know the intervention they are participating in) of assigning participants in each condition were employed to lessen the confounding effects of demand characteristics from the participants (Kirk, 2014). Sessions were all done in the morning and experiment protocol was strictly followed. The experimental group had their turn in the first intervention session from 8:30 to 9:30 am while the control group had it thirty minutes later, from 10:00 to 11:00 am. In the second session, the control group had the session first before the experimental group. This was alternated again in the third and fourth sessions. This was done to distribute any effects of time in the conduct of the experiment.

When all the sessions had been rolled out, a post-test using the same scales was administered again to the participants after two weeks after the last intervention session. A debriefing session followed where a manipulation check was conducted and after, the true intention of the activity was disclosed and explained. The researcher thanked the participants for their participation. The data gathered from the experiment was then analyzed and interpreted.

Ethics

Before consent and permission were secured, full disclosure of the nature of the experiment was provided. Communications requesting permission to conduct the study were sent to school authorities and the content of informed consent and assent were read and explained to participants and their parents. Questions and clarifications from the participants were entertained. However, due to the nature of the intentions of the study, the participants were not yet told of the true objectives instead they were told a cover story. Participants were briefed about their rights and were informed that any information gathered from their participation in the experiment will be confidential and if for any reason during the activity, they do not feel comfortable, they are free to withdraw their participation without any repercussion to their class standing in Values Education class and to any class.

Debriefing was conducted separately for experimental and control groups. In the control group, additional input was provided about the importance of mental health and of reducing the stigma of seeking psychological help. This was done so as not to deprive the control group of information about mental health. It was also planned that after the whole duration of the experiment is through, the control group will also receive its MHEI session.

Analysis of Data

The better statistical analysis to be used in a randomized, pretest-posttest design is the analysis of covariance (ANCOVA) because it reduces error variance and eliminates systematic bias (Dimitrov & Rumrill, 2003). Pretest scores are treated as covariates and the post-test scores as outcomes variables. This study utilized ANCOVA in analyzing the data and identifying the significant effect of the interventions. Assumptions regarding the use of ANCOVA were met, thus, the choice of the test statistic.

RESULTS AND DISCUSSION

The present study investigated the social and self-stigma as the outcome variables of an education intervention on mental health. Overall, the sample consisted of eighty grade 10 students (40 students for MHEI, experimental condition, and 40 students for IVSEI, control condition) from a rural high school.

Tables 1 and 2 revealed that all experimental and control participants had a significant level of stigma about seeking psychiatric treatment prior to participating in an educational intervention. This is expected as a high score in the two scales was set as part of the inclusion criteria.

However, it is noticeable that after the intervention sessions, the MHEI participants in the experimental group have their levels of stigma lowered to a great extent (95% of them had below 12 scores in the SSRPH and below 31 scores in the SSOSH). However, the IVSEI participants' scores remained unchanged from pretest to posttest. This result shows a great measure of change in the gain scores of those in the MHEI group but not to the IVSEI group.

Table 3 shows the result of the analysis of covariance conducted for the gathered data. The self-stigma measure (SSOSH) indicates that the group of participants receiving MHEI and the group receiving IVSEI differ significantly on posttest scores after adjusting for the covariate (pretest scores). MHEI had a significant effect on the SSOSH scores of the participants, F (1,77) = 217.024, p=000, □2= .738 such that there is a significant decrease of scores in the MHEI's participants' self-stigma (M=22.88, sd=5.273) than that of the IVSEI participants' self-stigma

Table 1. Frequency, Percentage and Level of Self-stigma Before and After Intervention

Scores in SSOSH	Frequency *(f)*	Percentage *(%)*	Level of stigma
Experimental (before)			
10 – 30	0	0	Low
31 – 50	40	100	High
Experimental (after)			
10 – 30	38	95	Low
31 – 50	2	5	High
Control (before)			
10 – 30	0	0	Low

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Scores in SSOSH	Frequency (f)	Percentage (%)	Level of stigma
31 – 50	40	100	High
Control (after)			
10 – 30	0	0	Low
31 – 50	40	100	High

The scale contained reversed scores, the higher the score, the higher the level of stigma.
Scores 10 – 30 are considered LOW level; scores 31 – 50 are considered HIGH level of self-stigma

Table 2. Frequency, Percentage and Level of Social Stigma Before and After Intervention

Scores in SSRPH	Frequency (f)	Percentage (%)	Level of stigma
Experimental (before)			
4 – 11	0	0	Low
12 – 20	40	100	High
Experimental (after)			
4 – 11	38	95	Low
12 – 20	2	5	High
Control (before)			
4 – 11	0	0	Low
12 – 20	40	100	High
Control (after)			
4 – 11	0	0	Low
12 – 20	40	100	High

The scale contained reversed scores, the higher the score, the higher the level of stigma.
Scores 4 – 11 are considered LOW level; scores 12 – 20 are considered HIGH level of self-stigma

Table 3. Means, F Values, p-Values, and Effect Sizes of Both Groups in the Two Scales

Measures (Stigma)	n	Time 1 Pretest		Time 2 Post test		F	p-value	Effect size
		M	*SD*	*M*	*SD*			*(□²)*
Self-stigma								
Experimental	40	34.98	3.577	22.88	5.273	217.024	.000***	.738
Control	40	36.63	3.143	37.00	3.447			
Time						20.936	.000***	.214
Social Stigma								
Experimental	40	14.73	2.075	9.03	3.786	104.997	.000***	.577
Control	40	16.20	2.233	16.75	2.121			
Time						13.031	.001**	.145

(M=37.00, sd=3.447). Also, there is a significant difference in the level of self-stigma of the participants before and after MHEI sessions, F (1, 78) = 20.936, p=.000, □2= .214.

The same result is observed in the social stigma measure (SSRPH) where participants who participated in MHEI sessions scored differently in the posttest than those in the IVSEI sessions. The mental health education sessions made a significant impact in reducing social stigma towards seeking psychological help. As observed, there is a significant difference in scores among participants in the MHEI group and that of the IVSEI group, F (1,77) = 104.997,

p = 000, □2=.577. As shown in the table, SSRPH scores of the MHEI group lowered significantly in the posttest (M=9.03, sd=3.786) compared to that of the IVSEI group (M=16.75, sd=2.121), which remained to be very similar to the before intervention scores. There is also a significant difference in the participants' social stigma level before and after MHEI intervention with F (1,78) = 13.031, p=001, □2 = .145.

The findings of the study are somewhat in line with expectations generated from a review of past research on stigma and help-seeking behavior. People's decisions to seek counseling services may be influenced by the personal and societal stigma associated with obtaining psychiatric care (Nearchou et al., 2018). In the present study, it is observed that students' level of stigma on self and social stigma determined through the use of two scales were very high before the researchers introduced the education intervention to the participants. After the intervention, the level of the stigma (both self and social) significantly differ among those who received and those who did not receive MHE intervention.

The results indicating that participants' self-stigma and social stigma scores in the MHEI condition significantly are different before and after the intervention lead to the rejection of the first null hypothesis. Before the start of the MHEI, all participants in the group have high levels of self-stigma and social stigma, but after the MHEI, 95% have lowered their stigma. This is not observed among the IVSEI group. Their levels of self-stigma and social stigma about mental health remain the same before and after the inner values of the self education intervention. Thus, the second null hypothesis was also rejected.

The third hypothesis proposed that mental health education has a significant effect in stigma reduction. The results of the study supported this claim as evidenced by a significant decrease in levels of stigma among the MHEI participants after intervention but not in the IVSEI group.

As discussed in the review of the literature, psychoeducation and mental health literacy are widely used as an intervention (Mittal et al., 2012) and are effective means of influencing attitudes and changing behaviors (Morgan et al., 2018). While the control group did receive an educational intervention about the inner values of the self, the focus was on strengthening one's sense of self and value and not explicitly relating it with the mental health idea. Thus, psychoeducation about the self, did not produce the same effect as psychoeducation about mental health. There is a necessity to precisely articulate the importance of mental health to self-perception to influence adolescents' help-seeking behaviors. This implies that normalization of mental health talk should be established in schools and the community in general. As previous studies indicated, participation in educational programs can improve attitudes and beliefs about seeking and receiving psychological help (Gulliver et al., 2012). Therefore, the more people

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know about mental health, whom to get help, and how to get help, their positive attitude towards help-seeking will increase. This increase in positive attitude is expected to translate into actual help-seeking directly.

However, caution should be taken in considering these results because of possible confounds in the actual conduct of the experiment. Demand characteristics, personal variables of the facilitator, the way the modules were delivered, and the length of the intervention, among others, can impact participants' attitudes and behaviors. The researchers followed the protocol to minimize confounds and did a manipulation check after the experiment, but totally eliminating the confounds cannot be assumed. Possible practice effects due to the pre-test-posttest design may also influence results.

Furthermore, while studies have shown that interventions may be beneficial in promoting help-seeking behaviors (Xu et al.,2018), it is probable that while the MHEI used in this study was effective in reducing social and self-stigma on help-seeking, it may not be strong enough to create meaningful long-term changes in actual help-seeking behaviors. As a result, it may be necessary to evaluate the effectiveness of treatments in decreasing stigma toward getting help and to study further treatment designs that are effective in developing actual help-seeking skills. Also, the use of the two stigma scales, SSOSH and SSRPH, gives more meaningful results after the MHEI; however, it would be good to add more measures like the participant's emotional state towards the stigma and their actual help-seeking behavior.

It is critical to understand that mental health education comes from trustworthy sources. While providing information about mental health may be helpful in reducing stigma, it may not be sufficient. Social stigma and self-stigma can be difficult to overcome, requiring much more than a simple discussion or the reading of flyers or pamphlets. Attending classes, learning about mental health thru curriculum instruction and participating in an interactive mental health learning session may tend to be more beneficial to decrease stigma among the youth.

The MHEI proved to be an effective stigma-reduction intervention, which is important given the need to enhance access to mental health services for individuals who need it. The intervention utilized here is simple and quick to implement in educational settings, but it must be done cautiously. It is worth noting that the process of how an intervention is done is a big contribution to the study's success. Thus, careful planning of the intervention methods to be used is a requirement. The research found a strong indication that the intervention reduced stigma. To determine if the causal effect of the educational intervention revealed at post-test could endure for a longer period, further investigation should be scaled up to a randomized control trial employing depictions from several teenagers in a wider sample of students and utilizing various measures administered at different points in time.

CONCLUSION

In conclusion, this research revealed that a significant difference exists in the level of the stigma of the adolescents before and after intervention and between the level of the stigma of adolescents receiving intervention and those who do not. The research also established that mental health education effectively reduces the levels of stigma against help-seeking for mental health concerns. These findings imply that the more students understand what mental health is, its importance, whom to see when in need, how and why seek help; the more positive their attitudes will be towards help-seeking, and hopefully, the more they will seek psychological help. Seeking help for a mental health need among adolescents is very important especially that the young are prone to experience mental health problems such as depression, anxiety, psychological distress, suicide, self-harm, among others as indicated in the literature.

However, it is important to take note that there were confounding factors acting up on the research that requires caution in interpreting the outcomes. Although these confounds were lessened due to some protocols being observed during the implementation of the research. The MHEI used in this study may not be strong enough to create meaningful long-term changes in actual help-seeking behaviors. Further evaluation of the intervention's effectiveness in decreasing stigma towards getting help and other treatment designs will then be a necessity.

Nonetheless, it is recommended that mental health education should be integrated into the curriculum, particularly in values education and physical health education. An assessment of students' understanding of mental health and its importance and their attitudes towards mental health issues can help design appropriate and useful modules for mental health education.

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REFERENCES

2019 Philippine Global School-based Student Health Survey Factsheet | Department of Health website. (2021). Retrieved July 10, 2022, from https://doh.gov.ph/node/33241

Ahmedani, B. K. (2011). Mental health stigma: Society, individuals, and the profession. *Journal of Social Work Values and Ethics*, *8*(2), 41–416. Retrieved from https://pubmed.ncbi.nlm.nih.gov/22211117/

Al-Alawi, M., Al-Sinawi, H., Al-Adawi, S., Jeyaseelan, L., & Murthi, S. (2017). Public perception of mental illness in Oman: a cross sectional study. *International Journal of Culture and Mental Health*, *10*(4), 389–399. https://doi.org/10.1080/17542863.2017.1325916

Best, P., Manktelow, R., & Taylor, B. (2014). Online communication, social media and adolescent wellbeing: A systematic narrative review. *Children and Youth Services Review*, *41*, 27–36. https://doi.org/10.1016/j.childyouth.2014.03.001

Bharadwaj, P., Pai, M. M., & Suziedelyte, A. (2017). Mental health stigma. *Economics Letters*, *159*, 57–60. https://doi.org/10.1016/j.econlet.2017.06.028

Bilsen, J. (2018). Suicide and Youth: Risk Factors. *Frontiers in Psychiatry*, *9*. https://doi.org/10.3389/fpsyt.2018.00540

Bulanda, J. J., Bruhn, C., Byro-Johnson, T., & Zentmyer, M. (2014). Addressing Mental Health Stigma among Young Adolescents: Evaluation of a Youth-Led Approach. *Health & Social Work*, *39*(2), 73–80. https://doi.org/10.1093/hsw/hlu008

Cagande, C. (2013). Child Mental Health in the Philippines. *Adolescent Psychiatry*, *3*(1), 11–13. https://doi.org/10.2174/2210676611303010003

Chisholm, K., Patterson, P., Torgerson, C., Turner, E., Jenkinson, D., & Birchwood, M. (2016). Impact of contact on adolescents' mental health literacy and stigma: the SchoolSpace cluster randomised controlled trial. *BMJ Open*, *6*(2), e009435. https://doi.org/10.1136/bmjopen-2015-009435

Choudhry, F. R., Mani, V., Ming, L., & Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric Disease and Treatment*, *Volume 12*, 2807–2818. https://doi.org/10.2147/ndt.s111543

Cook, J. E., Purdie-Vaughns, V., Meyer, I. H., & Busch, J. T. (2014). Intervening within and across levels: A multilevel approach to stigma and public health. *Social Science & Medicine*, *103*, 101–109. https://doi.org/10.1016/j.socscimed.2013.09.023

Cooper, K., Hards, E., Moltrecht, B., Reynolds, S., Shum, A., McElroy, E., & Loades, M. (2021). Loneliness, social relationships, and mental health in adolescents during the COVID-19 pandemic. *Journal of Affective Disorders*, *289*, 98–104. https://doi.org/10.1016/j.jad.2021.04.016

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, *59*(7), 614–625. https://doi.org/10.1037/0003-066x.59.7.614

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological Science in the Public Interest*, *15*(2), 37–70. https://doi.org/10.1177/1529100614531398

Corrigan, P. W., & Rao, D. (2012). On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change. *The Canadian Journal of Psychiatry*, *57*(8), 464–469. https://doi.org/10.1177/070674371205700804

Çuhadar, D., & Çam, M. O. (2014). Effectiveness of Psychoeducation in Reducing Internalized Stigmatization in Patients With Bipolar Disorder. *Archives of Psychiatric Nursing*, *28*(1), 62–66. https://doi.org/10.1016/j.apnu.2013.10.008

de Miranda, D. M., Athanasio, B. S., Oliveira, A. C. S., & Simoes-e-Silva, A. C. (2020). How is COVID-19 pandemic impacting mental health of children and adolescents? *International Journal of Disaster Risk Reduction*, *51*, 101845. https://doi.org/10.1016/j.ijdrr.2020.101845

Dimitrov, D., & Rumrill, P. (2003). NCBI - WWW Error Blocked Diagnostic. Retrieved January 9, 2022, from https://pubmed.ncbi.nlm.nih.gov/12671209/

DuPont-Reyes, M. J., Villatoro, A. P., Phelan, J. C., Painter, K., & Link, B. G. (2020). Adolescent views of mental illness stigma: An intersectional lens. *American Journal of Orthopsychiatry*, *90*(2), 201–211. https://doi.org/10.1037/ort0000425

Eisenberg, D., Hunt, J., & Speer, N. (2012). Help Seeking for Mental Health on College Campuses: Review of Evidence and Next Steps for Research and Practice. *Harvard Review of Psychiatry*, *20*(4), 222–232. https://doi.org/10.3109/10673229.2012.712839

Gaiha, S. M., Sunil, G. A., Kumar, R., & Menon, S. (2014). Enhancing mental health literacy in India to reduce stigma: the fountainhead to improve help-seeking behaviour. *Journal of Public Mental Health*, *13*(3), 146–158. https://doi.org/10.1108/jpmh-06-2013-0043

Gondek, D., & Kirkbride, J. B. (2018). Predictors of mental health help-seeking among Polish people living in the United Kingdom. *BMC Health Services Research*, *18*(1). https://doi.org/10.1186/s12913-018-3504-0

Gracia, R., Pamias, M., Mortier, P., Alonso, J., Pérez, V., & Palao, D. (2021). Is the COVID-19 pandemic a risk factor for suicide attempts in adolescent girls? *Journal of Affective Disorders*, *292*, 139–141. https://doi.org/10.1016/j.jad.2021.05.044

Gulliver, A., Griffiths, K. M., Christensen, H., & Brewer, J. L. (2012). A systematic review of help-seeking interventions for depression, anxiety and general psychological distress. *BMC Psychiatry*, *12*(1). https://doi.org/10.1186/1471-244x-12-81

Hanprathet, N., Manwong, M., Kumshri, J., Yingyeun, R., & Phanasathit, M. (2015). Hanprathet, N., Manwong, M., Khumsri, J., Yingyeun, R., & Phanasathit, M. (2015). Facebook Addiction and Its Relationship with Mental Health among Thai High School Students. Journal of the Medical Association of Thailand = Chotmaihet thangphaet, 98 Suppl 3, S81-90 . *Facebook Addiction and Its Relationship with Mental Health among Thai High School Students*, *98*(3). Retrieved from https://www.researchgate.net/publication/280023786_Facebook_Addiction_and_Its_Relationship_with_Mental_Health_among_Thai_High_School_Students

Hartog, K., Hubbard, C. D., Krouwer, A. F., Thornicroft, G., Kohrt, B. A., & Jordans, M. J. (2020). Stigma reduction interventions for children and adolescents in low- and middle-income countries: Systematic review of intervention strategies. *Social Science & Medicine*, *246*, 112749. https://doi.org/10.1016/j.socscimed.2019.112749

Hellström, L., & Beckman, L. (2021). Life Challenges and Barriers to Help Seeking: Adolescents' and Young Adults' Voices of Mental Health. *International Journal of Environmental Research and Public Health*, *18*(24), 13101. https://doi.org/10.3390/ijerph182413101

Hudson, J., & Ingram, V. (2017). *Stigma-reduction & help-seeking in Australian classrooms*. Macquarie University. Retrieved from https://www.batyr.com.au/wp-content/uploads/2020/05/Research-Report.pdf

Kim, H. H. S. (2016). The impact of online social networking on adolescent psychological well-being (WB): a population-level analysis of Korean school-aged children. *International Journal of Adolescence and Youth*, *22*(3), 364–376. https://doi.org/10.1080/02673843.2016.1197135

Kirk, R. E. (2014). Research Strategies and the Control of Nuisance Variables. In *Experimental Design: Procedures for the Behavioral Sciences* (Fourth ed., pp. 1–29). https://doi.org/10.4135/9781483384733

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, *47*(1), 138–143. https://doi.org/10.1037/0022-0167.47.1.138

Kring, A., Johnson, S., Davison, G., & Neale, J. (2012). *Abnormal Psychology* (12th ed.). Danvers, Massachusetts: John Wiley and Sons, Inc.

Kutcher, S., Wei, Y., & Morgan, C. (2015). Successful Application of a Canadian Mental Health Curriculum Resource by Usual Classroom Teachers in Significantly and Sustainably Improving Student Mental Health Literacy. *The Canadian Journal of Psychiatry*, *60*(12), 580–586. https://doi.org/10.1177/070674371506001209

Lannin, D. G., Vogel, D. L., Brenner, R. E., Abraham, W. T., & Heath, P. J. (2016). Does self-stigma reduce the probability of seeking mental health information? *Journal of Counseling Psychology*, *63*(3), 351–358. https://doi.org/10.1037/cou0000108

Lee, J., Jeong, H. J., & Kim, S. (2021). Stress, Anxiety, and Depression Among Undergraduate Students during the COVID-19 Pandemic and their Use of Mental Health Services. *Innovative Higher Education*, *46*(5), 519–538. https://doi.org/10.1007/s10755-021-09552-y

Li, J. B., Lau, J. T. F., Mo, P. K. H., Su, X. F., Tang, J., Qin, Z. G., & Gross, D. L. (2017). Insomnia partially mediated the association between problematic Internet use and depression among secondary school students in China. *Journal of Behavioral Addictions*, *6*(4), 554–563. https://doi.org/10.1556/2006.6.2017.085

Lipari, R. N., Hedden, S., Blau, G., & Rubenstein, L. (2016, May). *Adolescent mental health service use and reasons for using services in specialty, educational, and general medical settings. The CBHSQ report*. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_1973/ShortReport-1973.html

Magson, N. R., Freeman, J. Y. A., Rapee, R. M., Richardson, C. E., Oar, E. L., & Fardouly, J. (2020). Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic. *Journal of Youth and Adolescence*, *50*(1), 44–57. https://doi.org/10.1007/s10964-020-01332-9

Marino, C., Gini, G., Vieno, A., & Spada, M. M. (2018). The associations between problematic Facebook use, psychological distress and well-being among adolescents and young adults: A systematic review and meta-analysis. *Journal of Affective Disorders*, *226*, 274–281. https://doi.org/10.1016/j.jad.2017.10.007

Marsh, C. N., & Wilcoxon, S. A. (2015). Underutilization of Mental Health Services Among College Students: An Examination of System-Related Barriers. *Journal of College Student Psychotherapy*, *29*(3), 227–243. https://doi.org/10.1080/87568225.2015.1045783

McCrae, N., Gettings, S., & Purssell, E. (2017). Social Media and Depressive Symptoms in Childhood and Adolescence: A Systematic Review. *Adolescent Research Review*, *2*(4), 315–330. https://doi.org/10.1007/s40894-017-0053-4

Mcluckie, A., Kutcher, S., Wei, Y., & Weaver, C. (2014). Sustained improvements in students' mental health literacy with use of a mental health curriculum in Canadian schools. *BMC Psychiatry*, *14*(1). https://doi.org/10.1186/s12888-014-0379-4

Mental Health Innovation Network. (n.d.). Get Happy Indonesia. Retrieved July 11, 2022, from https://www.mhinnovation.net/organisations/get-happy-indonesia-0

Mental Health Program | Department of Health website. (2018). Retrieved May 30, 2022, from https://doh.gov.ph/national-mental-health-program

Mittal, D., Sullivan, G., Chekuri, L., Allee, E., & Corrigan, P. W. (2012). Empirical Studies of Self-Stigma Reduction Strategies: A Critical Review of the Literature. *Psychiatric Services*, *63*(10), 974–981. https://doi.org/10.1176/appi.ps.201100459

Morgan, A. J., Reavley, N. J., Ross, A., Too, L. S., & Jorm, A. F. (2018). Interventions to reduce stigma towards people with severe mental illness: Systematic review and meta-analysis. *Journal of Psychiatric Research*, *103*, 120–133. https://doi.org/10.1016/j.jpsychires.2018.05.017

Myers, A., & Hansen, C. (2012). *Experimental Psychology* (7th ed.). Belmont, California: Wadsworth Cengage learning.

National Academies of Sciences, Engineering, and Medicine (2016). Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Washington (DC): National Academies Press (US). *Approaches to Reducing Stigma*. Available from: https://www.ncbi.nlm.nih.gov/books/NBK384914/

Nearchou, F. A., Bird, N., Costello, A., Duggan, S., Gilroy, J., Long, R., . . . Hennessy, E. (2018). Personal and perceived public mental- health stigma as predictors of help- seeking intentions in adolescents. *Journal of Adolescence*, *66*(1), 83–90. https://doi.org/10.1016/j.adolescence.2018.05.003

Noor, I. M. (n.d.). A School-based Mental Health Program in Indonesia. Retrieved from https://iacapap.org/news/a-school-based-mental-health-program-in-indonesia.html

Panchal, U., Salazar De Pablo, G., Franco, M., Moreno, C., Parellada, M., Arango, C., & Fusar-Poli, P. (2021). The impact of COVID-19 lockdown on child and adolescent mental health: systematic review. *European Child & Adolescent Psychiatry*. https://doi.org/10.1007/s00787-021-01856-w

Pang, S., Liu, J., Mahesh, M., Chua, B. Y., Shahwan, S., Lee, S. P., . . . Subramaniam, M. (2017). Stigma among Singaporean youth: a cross-sectional study on adolescent attitudes towards serious mental illness and social tolerance in a multiethnic population. *BMJ Open*, *7*(10), e016432. https://doi.org/10.1136/bmjopen-2017-016432

Pejović-Milovancević, M., Lecić-Tosevski, D., Tenjović, L., Popović-Deusić, S., & Draganić-Gajić, S. (2009). Changing attitudes of high school students towards peers with mental health problems. *Psychiatr danub*, 21(2), 213-9.

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2020). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, *30*(2), 183–211. https://doi.org/10.1007/s00787-019-01469-4

Redaniel, M. T., Lebanan-Dalida, M. A., & Gunnell, D. (2011). Suicide in the Philippines: time trend analysis (1974–2005) and literature review. *BMC Public Health*, *11*(1). https://doi.org/10.1186/1471-2458-11-536

Robillard, C. L., Turner, B. J., Ames, M. E., & Craig, S. G. (2021). Deliberate self-harm in adolescents during COVID-19: The roles of pandemic-related stress, emotion regulation difficulties, and social distancing. *Psychiatry Research*, *304*, 114152. https://doi.org/10.1016/j.psychres.2021.114152

Sakellari, E., Sourander, A., Kalokerinou-Anagnostopoulou, A., & Leino-Kilpi, H. (2015). Opinions About Mental Illness Among Adolescents: The Impact of a Mental Health Educational Intervention. *School Mental Health*, *8*(2), 268–277. https://doi.org/10.1007/s12310-015-9159-7

Salaheddin, K., & Mason, B. (2016). Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey. *British Journal of General Practice*, *66*(651), e686–e692. https://doi.org/10.3399/bjgp16x687313

Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., . . . Snell, G. (2021). Review: Mental health impacts of the COVID- 19 pandemic on children and youth – a systematic review. *Child and Adolescent Mental Health*, *27*(2), 173–189. https://doi.org/10.1111/camh.12501

Sheehan, L., Nieweglowski, K., & Corrigan, P. W. (2016). Structures and Types of Stigma. *The Stigma of Mental Illness - End of the Story?*, 43–66. https://doi.org/10.1007/978-3-319-27839-1_3

Stigma. (n.d.). In *APA Dictionary of Psychology*. American Psychological Association. Retrieved from https://dictionary.apa.org/stigma

Suicides in Southeast Asia on the rise. (2019, May 24). Retrieved from https://theaseanpost.com/article/suicides-southeast-asia-rise

Tanaka, C., Tuliao, M. T. R., Tanaka, E., Yamashita, T., & Matsuo, H. (2018). A qualitative study on the stigma experienced by people with mental health problems and epilepsy in the Philippines. *BMC Psychiatry*, *18*(1). https://doi.org/10.1186/s12888-018-1902-9

Tang, W. C., Lin, M. P., You, J., Wu, J. Y. W., & Chen, K. C. (2021). Prevalence and psychosocial risk factors of nonsuicidal self-injury among adolescents during the COVID-19 outbreak. *Current Psychology*. https://doi.org/10.1007/s12144-021-01931-0

Tucker, J. R., Hammer, J. H., Vogel, D. L., Bitman, R. L., Wade, N. G., & Maier, E. J. (2013). Disentangling self-stigma: Are mental illness and help-seeking self-stigmas different? *Journal of Counseling Psychology*, *60*(4), 520–531. https://doi.org/10.1037/a0033555

Tuliao, A. P. (2014). Mental health help seeking among Filipinos: a review of the literature. *Asia Pacific Journal of Counselling and Psychotherapy*, *5*(2), 124–136. https://doi.org/10.1080/21507686.2014.913641

United Nations International Children's Emergency Fund's. (2021). Impact of COVID-19 on poor mental health in children and young people 'tip of the iceberg' – UNICEF. Retrieved July 10, 2022, from https://www.unicef.org/eap/press-releases/impact-covid-19-poor-mental-health-children-and-young-people-tip-iceberg-unicef

Velasco, A. A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, *20*(1). https://doi.org/10.1186/s12888-020-02659-0

Villanti, A. C., LePine, S. E., Peasley- Miklus, C., West, J. C., Roemhildt, M., Williams, R., & Copeland, W. E. (2022). COVID- related distress, mental health, and substance use in adolescents and young adults. *Child and Adolescent Mental Health*, *27*(2), 138–145. https://doi.org/10.1111/camh.12550

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, *53*(3), 325–337. https://doi.org/10.1037/0022-0167.53.3.325

Wahid, S. S., Ottman, K., Hudhud, R., Gautam, K., Fisher, H. L., Kieling, C., . . . Kohrt, B. A. (2021). Identifying risk factors and detection strategies for adolescent depression in diverse global settings: A Delphi consensus study. *Journal of Affective Disorders*, *279*, 66–74. https://doi.org/10.1016/j.jad.2020.09.098

Waqas, A., Malik, S., Fida, A., Abbas, N., Mian, N., Miryala, S., . . . Naveed, S. (2020). Interventions to Reduce Stigma Related to Mental Illnesses in Educational Institutes: a Systematic Review. *Psychiatric Quarterly*, *91*(3), 887–903. https://doi.org/10.1007/s11126-020-09751-4

World Health Organization. (2022). Global school-based student health survey. Retrieved July 10, 2022, from https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey

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Xu, Z., Huang, F., Kösters, M., Staiger, T., Becker, T., Thornicroft, G., & Rüsch, N. (2018). Effectiveness of interventions to promote help-seeking for mental health problems: systematic review and meta-analysis. *Psychological Medicine*, *48*(16), 2658–2667. https://doi.org/10.1017/s0033291718001265