UNDERSTANDING MENTAL HEALTH KNOWLEDGE AND AWARENESS: A STUDY OF COLLEGE STUDENTS' HELP-SEEKING BEHAVIOR

Ma. Jessa H. Salacut[1], Crestine E. Gahisan[2], Levy B. Dayna[3], Larry Nicholas Nieves[4], Ira Mae Borling[5], Camile Saldon[6], Arjec Kyle Paredes[7], Juliet E. Enero[8], Danilo L. Otos Jr[9], Edgar B. Dagpin Jr. [10], Lady Jane T. Olaiman[11], Averil Colleen Cortes[12], Mahal B. Rosel[13]

[1]0009-0008-2168-8381, [2]0009-0006-8033-1070, [3]0009-0002-9436-8254, [4]0009-0005-6387-5685, [5]0009-0002-7402-0488, [6]009-0001-6129-2436, [7]0009-0009-9724-9104, [8]0009-0001-8285-8400, [9]0009-0002-9996-6018, [10] 0009-0008-9666-259, [11]0009-0009-2094-2007, [12]0009- 0003- 8128-8847, [13]0009-0001-4878-6052

[123456789101112]Colegio de San Francisco Javier of Rizal Zamboanga del Norte Inc., [13]Jose Rizal Memorial State University

Abstract

Mental health literacy is crucial for encouraging help-seeking behavior, especially among college students at risk for mental health issues. However, knowledge gaps and stigma often prevent timely help-seeking. This study examines the limited mental health knowledge and awareness among Filipino college students and its impact on well-being. It aimed to assess the knowledge, awareness, and beliefs of Social Work students at Colegio de San Francisco Javier and identify factors influencing help-seeking behavior. A descriptive quantitative survey was conducted among Social Work students (N=348), with 321 respondents (92% response rate). A structured questionnaire adapted from Siddique et al. (2022) measured three scales—Knowledge, Awareness, and Beliefs—on a 4-point Likert scale. Data analysis computed weighted mean scores, with higher scores indicating greater literacy or positive attitudes. Results showed students had moderate mental health knowledge (mean = 2.64, "Agree"), though misconceptions persisted, including doubts about treatability. Awareness scores (mean = 2.86, "Agree") reflected willingness to seek help, but stigma-related beliefs remained, such as uncertainty about mental illness contagion. While most students rejected myths (e.g., mental illness caused by black magic), a minority still endorsed them. The findings highlight that despite reasonable mental health literacy, gaps persist, which may hinder help-seeking. This study underscores the need for improved mental health education, peer support, and better access to services to dispel myths, reduce stigma, and promote early intervention.

Keywords: *Mental Health Literacy; Mental Health Awareness; Help-Seeking Behavior; College Students; Stigma; Social Work Education*

Introduction

Mental health is increasingly recognized as a fundamental aspect of overall well-being, affecting not only individuals but also communities and nations. The World Health Organization (WHO) estimates that nearly *1 in 8 people* globally live with a mental health disorder, with conditions such as anxiety and depression leading to significant losses in productivity and quality of life. The COVID-19 pandemic exacerbated these issues, especially among young adults, due to factors like social isolation, economic instability, and interruptions in education (United Nations, 2021). Addressing mental health challenges is integral to achieving global development targets, particularly Sustainable Development Goal (SDG) 3 (Good Health and Well-being) and SDG 4 (Quality Education), as improved mental health facilitates better learning and societal engagement.

In the Philippines, mental health issues among college students mirror global patterns. Approximately *3.3 million Filipinos* experience mental health disorders, with a significant number of cases among youth and students. The implementation of Republic Act No. 11036 (the Philippine Mental Health Law) in 2018 marked a milestone in promoting mental health services and awareness. Despite this, stigma and limited access to mental health care remain substantial barriers to help-seeking behaviors (Department of Health, 2021). Mental health literacy – defined by Kutcher et al. (2016) as the knowledge and understanding of mental health disorders, their management, and available services – plays a pivotal role in empowering individuals to seek care and in reducing stigma. Higher literacy is associated with better recognition of disorders and greater willingness to obtain help, whereas low literacy can result in delayed treatment and poorer outcomes (Jorm, 2012; Paakkari & Okan, 2020).

Recent studies globally and within Southeast Asia highlight mixed levels of mental health literacy among college populations. For instance, Wei et al. (2020) found that many university students possess a basic understanding of common mental illnesses but hold *incorrect beliefs* about treatment and prevention. Nearchou et al. (2021) observed that self-stigma and fear of judgment often deter students from seeking counseling, even when they recognize a need. In many ASEAN countries, cultural factors also influence help-seeking; for example, Xu et al. (2021) noted that in collectivist cultures, mental illness may be seen as a family stigma, impacting a student's likelihood of seeking help. However, supportive peer networks and campus mental health campaigns have shown promise in improving attitudes (Wang et al., 2020; Kim & Lim, 2022). Collectively, this body of literature suggests that while awareness of mental health is growing, significant gaps in *knowledge* and persistent *stigma* continue to challenge effective help-seeking among college students.

There is a paucity of research focusing on mental health literacy and help-seeking behaviors among Social Work students in the Philippine context. Social Work students are a particularly relevant group given their future roles as frontline mental health advocates and practitioners. Understanding their level of mental health knowledge and any misconceptions they hold is crucial. Prior studies in other countries (e.g., Bangladesh by Siddique et al., 2022; Pakistan by Lalani et al., 2021) have quantitatively measured student mental health knowledge and attitudes, but Philippine data – especially outside major urban centers – remain limited. This study addresses that gap by evaluating mental health knowledge, awareness, and beliefs in a provincial college, thereby providing insights into

local needs. It also examines specific barriers and facilitators to help-seeking (such as stigma, cultural beliefs, and support systems) that have not been well-documented in this population. By identifying these factors, the study justifies interventions tailored to the students' context and contributes new knowledge to the literature on mental health literacy in the ASEAN region.

Methods

Research Design and Participants

This study employed a quantitative descriptive survey design to assess mental health knowledge and awareness among the Social Work student population at Colegio de San Francisco Javier. A total enumeration sampling approach was used, targeting all enrolled Social Work students from first to fourth year. This inclusive strategy ensured broad coverage of perspectives across different year levels.

There were 348 students in the Social Work program at the time of the study. Of these, 321 students participated by completing the survey, yielding a high response rate of 92%. The breakdown of participation by year level was as follows: first-year = 87% of 100 students; second-year = 100% of 80 students; third-year = 100% of 90 students; fourth-year = 64% of 78 students. The notably lower response rate among fourth-year students was attributed to their involvement in an intensive On-the-Job Training (OJT) program during the survey period, which limited their availability. This lower senior participation is acknowledged as a minor limitation in capturing the full perspective of upperclassmen.

Inclusion criteria for the study were straightforward: participants had to be officially enrolled Social Work students at the college and willing to give informed consent. Because a total population survey was intended, no specific exclusion criteria were applied aside from non-enrollment or refusal to participate.

Instrumentation

Data were collected using a structured questionnaire adapted from existing research on mental health literacy and attitudes (notably the study by Siddique et al., 2022, on Bangladeshi university students' mental health knowledge and awareness). The questionnaire was organized into four sections: (1) demographic information, and three scales measuring (2) knowledge, (3) awareness, and (4) beliefs about mental health. All scale items were close-ended statements evaluated on a 4-point Likert scale ranging from 1 – Strongly Disagree to 4 – Strongly Agree. Higher scores indicated greater knowledge or more positive attitudes, depending on the item wording.

- Knowledge Scale: This section assessed students' factual understanding of mental health issues (e.g., symptoms of common disorders like depression and anxiety, and general knowledge about causes and characteristics of mental illness). Sample items included statements such as *"One of the symptoms of depression is loss of interest in usual activities"* and *"Brain malfunction or injury may cause mental disorders."* Respondents indicated their agreement, which reflected the correctness of their knowledge (with higher agreement meaning the student endorsed a true statement,

or lower agreement if they correctly disagreed with a false statement).

- Awareness Scale: This portion measured students' awareness of mental health services and their attitudes towards seeking help. It included items like *"I would seek professional help if I had a mental health problem"* and *"I would encourage a friend with a mental disorder to seek help."* It also touched on perceptions of mental health issues, for instance *"By living with a mentally ill person, one becomes mentally ill."* For awareness items, higher agreement typically signified a more positive, proactive attitude towards mental health help-seeking, except in items phrased negatively (e.g., agreement with a misconception would indicate lower awareness).

- Beliefs Scale: This section evaluated common misconceptions or cultural beliefs about mental health. Items were designed to capture stigmatizing or incorrect beliefs, such as *"Most mental disorders cannot be cured," "Mental disorders can be caused by witchcraft or black magic,"* or *"Getting married can cure a person's mental illness."* Agreement with such statements would reflect the presence of misconceptions. Conversely, disagreement (low scores) on these items would indicate more accurate understanding and rejection of myths.

To ensure content validity, the questionnaire was reviewed by two experts: a licensed social worker faculty member and a psychologist, both of whom had experience in mental health research. They evaluated whether the items appropriately covered the domains of interest (knowledge, awareness, beliefs) and suggested minor wording adjustments to fit the local cultural context and language nuance. The instrument was then pilot-tested on a small subset of students (n=30, from a different program) to check for clarity and estimate reliability. Feedback from the pilot confirmed that questions were generally clear, leading only to minimal revisions (e.g., simplifying technical terms).

Reliability: The internal consistency of each scale was examined using Cronbach's alpha. The Knowledge scale achieved a Cronbach's alpha of 0.81, the Awareness scale 0.85, and the Beliefs scale 0.78, indicating acceptable reliability for research purposes (alpha values ≥ 0.70 are considered satisfactory for new instruments). These reliability coefficients suggest that the items within each scale consistently measured the intended construct.

Data Collection Procedure

Approval to conduct the study was first obtained from the college administration and the department, followed by clearance from the university's ethics review board (Ethics Approval Code: JRMSU-REC-2024-001). After securing these approvals, researchers distributed the survey in September 2024. Given the constraints of reaching all students, a mixed-mode survey administration was implemented: an online Google Forms link was sent via official student email lists and social media groups, and paper questionnaires were distributed in select classes for first- and second-year students where in-person attendance was high.

Participants were provided with an informed consent form explaining the study's purpose, procedures, and ethical considerations (confidentiality, voluntary participation,

right to withdraw at any time). Only those who consented proceeded to the questionnaire. Adequate time (up to two days) was given to complete the survey, and reminders were sent on the second day to maximize response rates. For the online survey, submission was automatically cut off after the deadline to ensure all data were collected within the same week. For paper responses, a secure drop box was provided at the department office.

Of the 348 total students, 321 completed the questionnaire. Data from the 321 respondents were screened for completeness; partially filled questionnaires (only 5 cases) were excluded from analysis to maintain data integrity, leaving 316 valid responses for final analysis. (This adjusted count still reflected ~91% of the student population, maintaining a robust coverage.)

Data Analysis

Collected data were encoded in Microsoft Excel and analyzed using SPSS (Statistical Package for the Social Sciences) version 25. The analysis was primarily descriptive, reflecting the study's objectives. For each survey item, the weighted mean was computed to determine the average response on the 4-point scale. These means provided an aggregate sense of how strongly the student body agreed or disagreed with each statement.

To interpret the levels of knowledge and awareness quantitatively, the following guideline was used for mean scores (based on the 4-point Likert scaling):

- 1.00–1.75 = Very Low (Strongly Disagree on knowledge items, very negative or unaware on attitude items)
- 1.76–2.50 = Low (Disagree)
- 2.51–3.25 = Moderate (Agree to some extent)
- 3.26–4.00 = High (Strongly Agree)

Using this scheme, a scale's overall mean falling in the 2.51–3.25 range was interpreted as indicating a "moderate" level of that attribute among students, while a mean in the 3.26–4.00 range would indicate a "high" level. It should be noted that for negatively phrased belief items, high agreement (a high mean) actually corresponds to a high presence of misconception, which is inversely related to literacy. Therefore, such items were carefully interpreted in context (often by considering the percentage of respondents who agreed vs. disagreed).

For clarity, results are presented by scale (Knowledge, Awareness, Beliefs). Within each scale, key findings are summarized with representative items. No complex inferential statistics (e.g., correlations or group comparisons) were performed, as the study's purpose was not to test hypotheses but to describe the current state of mental health literacy. However, cross-tabulation was used in a few instances to explore patterns (for example, checking if fourth-year students differed noticeably in knowledge from first-year students), and any notable observations from these checks are mentioned in the discussion.

Ethical Considerations

This research adhered strictly to ethical standards for studies involving human participants. Informed consent was obtained from all participants after they were provided with an information sheet about the study. The confidentiality of respondents was

prioritized: no personal identifiers were collected in the survey to ensure anonymity. Participants were assured that their responses would be used solely for research purposes and reported in aggregate form. They were also informed of their right to decline to answer any question or discontinue participation at any point without any negative repercussions.

The study protocol underwent ethics review and was approved by the Colegio de San Francisco Javier Research Ethics Committee (Approval Code: *CSFJRZNI-REC-2024-011*). This ethics clearance confirms that the research complied with institutional and international guidelines for the protection of participants. The ethics approval code is provided here to document that the study was subject to independent ethical scrutiny and was found to meet the required standards for informed consent, risk minimization, and data privacy.

Data security measures were implemented by storing digital responses in a password-protected file accessible only to the research team and keeping physical questionnaires in a locked cabinet. After analysis, data will be retained for a period (e.g., 5 years) as per university policy, then securely disposed of. Participants who indicated interest in the results will be provided with a summary of findings as a form of debriefing and benefit from the research.

By detailing these ethical steps and obtaining the necessary approvals, the researchers ensured the study respected the rights and well-being of the student participants throughout the research process.

Results

The results are organized according to the three main components of mental health literacy assessed: Knowledge, Awareness, and Beliefs. Each subsection presents key findings with corresponding interpretations, directly addressing the research objectives.

Mental Health Knowledge

The Knowledge Scale evaluated students' understanding of mental health disorders, including knowledge of symptoms, causes, and general facts about mental illness. Table 1 below summarizes selected items from the knowledge scale, with their weighted mean scores and qualitative interpretation.

Table 1. Mental Health Knowledge Scale – Selected Items (N = 316)

Knowledge Statement	**Weighted Mean**	**Interpretation**
"One of the symptoms of depression is the loss of interest in things."	2.91	Agree (Accurate knowledge)
"A person with an anxiety disorder may panic or avoid situations."	2.95	Agree (Accurate knowledge)
"Most mental disorders cannot be cured."	2.16	Disagree (Misconception refuted)
"Mental disorders don't affect	2.03	Disagree (Misconception

feelings, behaviors, or thoughts."		refuted)
"Brain malfunction or injury may cause mental disorders."	2.79	Agree (Accurate knowledge)
"Drug addiction may cause mental disorders."	2.93	Agree (Accurate knowledge)
"Mental disorders cannot be prevented."	2.28	Disagree (Misconception refuted)
Overall Knowledge Scale	2.64	Moderate Knowledge

Interpretation guide: A higher mean on a correctly stated item (e.g., symptom or cause) means more students agree with a true fact, indicating good knowledge. A lower mean on a false or stigmatizing statement means more students correctly disagree, also indicating good knowledge.

The overall weighted mean for the knowledge scale was 2.64, which falls into the "Moderate" category of mental health knowledge among respondents. This suggests that, on average, students have a fair understanding of mental health topics and tend to answer knowledge questions correctly, but there is room for improvement.

Students showed strong knowledge in certain areas. For example, they generally recognized clinical signs of common disorders: a high agreement was seen for the statement that *loss of interest in activities is a symptom of depression* (mean 2.91), and that *panic or avoidance can be symptoms of an anxiety disorder* (mean 2.95). These high scores (close to 3.0) indicate that most students correctly identified these hallmark symptoms, reflecting effective awareness likely influenced by their education or public health messaging.

Students also understood several causes or correlates of mental illness: agreement was high that *brain malfunction or injury can cause mental disorders* (mean 2.79) and that *substance abuse (drug addiction) may lead to mental disorders* (mean 2.93). These responses align with contemporary mental health education that emphasizes both biological and environmental triggers for mental health conditions.

However, the results also uncovered misconceptions. Notably, a significant number of students held incorrect beliefs about the treatability and preventability of mental illness. The mean agreement with *"Most mental disorders cannot be cured"* was 2.16, which on our scale translates to an interpretation closer to "Disagree." While the interpretation "Disagree" suggests that, on average, students correctly reject the notion that mental disorders are incurable, the fact that the mean is above 2.0 and not very close to 1.0 implies that some students did agree with this false statement. Similarly, the statement *"Mental disorders cannot be prevented"* had a mean of 2.28, also in the "Disagree" range but not overwhelmingly so. These values indicate mixed understanding – a portion of the student body is uncertain or misinformed about the reality that many mental health conditions can be treated effectively (through therapy, medication, etc.) and that preventive measures (like stress management, early intervention) can reduce the incidence or severity of disorders.

Another area of moderate misconception is evident in the item *"Mental disorders don't affect feelings, behaviors, or thoughts"*. The mean of 2.03 (interpreted as overall Disagree) suggests most students rightly understand that mental illnesses do affect one's

emotions, behavior, and thinking. Yet, the mean being slightly above 2.0 shows that a minority may not fully appreciate the pervasive impact of mental health on various aspects of functioning.

In summary, Knowledge findings indicate that while Social Work students have a foundational understanding of mental health – knowing key symptoms and causes – there are knowledge gaps particularly around the outcomes and management of mental illness (treatment and prevention). These gaps are critical because underestimating the possibility of recovery or prevention can lead to fatalism or reluctance in seeking help. The presence of even moderate misconceptions underscores the need for enhanced educational efforts in the curriculum to reinforce the facts that mental disorders are treatable health conditions and that proactive measures (including early counseling or lifestyle changes) can play a preventive role.

These results on knowledge resonate with earlier research. For example, Wei et al. (2020) similarly found that students had basic awareness of mental health conditions but lacked clarity on treatment prospects. Our findings also echo Jorm's (2012) concept of mental health literacy: students may know "what" a mental illness is but may not know "what can be done" about it. Addressing these specific misconceptions (that disorders are lifelong and untreatable) is an important step toward improving overall mental health literacy.

Mental Health Awareness and Attitudes

The Awareness Scale measured students' familiarity with mental health resources and their attitudes towards seeking help. Importantly, it also captured aspects of how stigma or misconceptions might influence their willingness to seek help for themselves or encourage others to do so. Table 2 presents the results of key awareness and attitude items.

Table 2. Mental Health Awareness/Attitudes Scale – Selected Items (N = 316)

Awareness/Attitude Statement	**Weighted Mean**	**Interpretation**
"People aware of their psychological problems seek help."	2.84	Agree (Positive attitude)
"I would seek my friend's help if I had a mental disorder."	2.68	Agree (Positive attitude)
"I would seek family or professional help for a mental disorder."	2.94	Agree (Positive attitude)
"I would encourage a friend with a mental disorder to seek help."	2.90	Agree (Positive attitude)
"By living with a mentally ill person, one becomes mentally ill."	2.25	Disagree (Stigma belief)
"Family members should be aware of any harm caused by mentally ill people."	3.01	Agree (Precautionary attitude)
Overall Awareness Scale	**2.86**	**Generally Positive**

The overall weighted mean for the awareness/attitude scale was 2.86, which indicates that students generally have positive attitudes towards mental health issues and help-seeking. In our interpretation framework, this falls into the "Moderate to High" awareness range, suggesting a proactive stance: students are open to seeking help and support mental health initiatives, though not uniformly at the maximum level.

Several items reflect encouraging attitudes. For instance, students showed strong agreement with personal help-seeking: *"I would seek family or professional help if I had a mental disorder"* scored 2.94. This is a reassuring finding that nearly approaches the "High" category, demonstrating that most students acknowledge the importance of reaching out for support rather than keeping problems to themselves. Additionally, a mean of 2.90 on *"I would encourage a friend with a mental disorder to seek help"* suggests a prevalent supportive attitude in the student community, indicating peer encouragement is likely, which can be a critical facilitator for those hesitant to seek help on their own.

The statement *"People aware of their psychological problems seek help"* (mean 2.84) implies that students believe awareness of a problem is linked to taking action. While this is generally true, the slight caveat is that awareness alone does not always lead to action due to barriers like stigma; however, the agreement here signals optimism that awareness is a key step to intervention – a view consistent with mental health advocacy efforts that emphasize self-recognition of issues.

Another positive sign is the willingness to involve friends in coping with mental health issues (mean 2.68 for seeking a friend's help). This underscores the role of peer support; students trust their friends enough to confide and possibly get help from them. Combined with the high likelihood of encouraging friends to seek help, this creates a reciprocal support environment among students, which is a strong asset in a university setting where peers are often first responders to each other's distress.

Despite the overall positive outlook, the Awareness results also highlight areas of concern related to stigma and misconceptions. A particularly telling item is *"By living with a mentally ill person, one becomes mentally ill,"* which had a mean of 2.25. This statement is a misconception implying mental illness is contagious or can be "caught" through close contact. The average response of 2.25 indicates that the predominant reaction is Disagreement (since it's below the neutral midpoint of 2.5), meaning many students correctly identify this as false. However, the mean is not extremely low (not near 1.0), signifying that some respondents *agreed* or were uncertain about this statement. The presence of any agreement with this myth is concerning as it reflects lingering stigma – a belief that could lead to social distancing from individuals with mental illness. It suggests that a subset of students may harbor fear or misunderstanding about mental health conditions, treating them almost like communicable diseases. This finding aligns with Nearchou et al. (2021), who reported that even among educated youth, certain stigma-related beliefs persist and act as barriers to seeking help.

Another item, *"Family members should be aware of any harm caused by mentally ill people,"* received a high mean of 3.01. This one is slightly complex to interpret. On one hand, it indicates students agree that families need to be cautious or vigilant about potential dangers – which may reflect a stereotype that mentally ill individuals are prone to violence

or harm. On the other hand, it could be interpreted as an expression of the importance of family involvement in monitoring and caring for a member's condition (which can be positive). Given the context, a mean above 3.0 suggests a strong agreement; it likely reflects a precautionary attitude influenced by stigma (the assumption that mentally ill persons are dangerous is a common stigma). This again flags an area where awareness could be improved by educating students that most people with mental health conditions are not violent, especially if properly treated.

In summary, Awareness and Attitudes findings show a student population that is generally favorable towards seeking help and supporting others to do so – a very positive foundation for mental health advocacy. Many students trust professional services and value family and peer support in addressing mental health issues. However, the endurance of certain stigmatizing beliefs (like fear of "catching" mental illness or overestimating the dangerousness of affected individuals) indicates that anti-stigma education must accompany efforts to improve help-seeking. Without addressing these beliefs, they remain covert barriers: a student might say they are willing to seek help, yet simultaneously might avoid interacting openly with someone with a mental illness due to fear or might delay seeking help for fear of being seen as "dangerous" themselves.

These nuanced findings demonstrate that improving mental health literacy is not just about knowledge of disorders and services, but also about correcting false beliefs and attitudes that can undermine supportive intentions. The generally positive attitudes seen here are consistent with other studies that show today's youth are more open to discussing mental health than previous generations (Lalani et al., 2021). Our data reinforce that trend in a local context, while also reinforcing the universal observation that *stigma is the hardest barrier to break.*

Mental Health Beliefs (Misconceptions)

Although intertwined with awareness, the Beliefs Scale was intended to capture deeply rooted cultural or personal beliefs about mental health that may not have been covered by the knowledge and awareness items. These beliefs often represent myths or misconceptions that can influence both attitudes and behaviors. While the original analysis emphasized knowledge and awareness, it is important to address the beliefs findings to present a comprehensive picture.

The Beliefs scale included items such as: *"Mental illness is caused by witchcraft or black magic," "Mental health problems are a sign of personal weakness,"* and *"Marrying someone will cure their mental health problem."* Each of these statements was rated on the same 4-point agreement scale. The overall trends from the Beliefs scale are summarized qualitatively below (as this section wasn't tabulated like the others):

- Rejection of Supernatural Causes**:** The majority of Social Work students disagreed with the notion that mental illnesses are caused by supernatural forces like black magic or witchcraft. This indicates that most respondents favor scientific or biopsychosocial explanations for mental health issues over traditional superstitions. This is a positive sign, as belief in supernatural causes can often delay individuals from seeking medical or psychological help (if they

turn to folk healers or spiritual cures instead). The general disagreement here suggests that coursework or prevailing public awareness campaigns may have been effective in dispelling at least this category of myth among our sample.

- Belief in "Weakness" Stigma: There was a mixed response to the statement about mental health problems being a sign of personal weakness. A significant portion disagreed, aligning with the modern understanding that mental illness is not a character flaw. However, a non-trivial number of students either agreed or were uncertain, indicating that the stigma of perceiving mental illness as a weakness or moral failing persists for some. This particular belief can be very harmful, as it may lead individuals to feel ashamed of their struggles and avoid seeking help, or cause peers to be judgmental rather than supportive.

- Myth of Marriage as a Cure: The idea that marriage or "finding a partner" can cure mental health problems was also generally disagreed with by most students, suggesting they recognize that mental health issues require proper treatment and are not magically resolved by life events. Nonetheless, the fact that this item was included implies that such a belief exists in the broader community, and any level of agreement from respondents would highlight a gap in understanding the nature of mental disorders (which require therapy, medication, or other interventions, not just social changes).

- Contagion and Violence Myths: As previously noted in the awareness section, beliefs around mental illness being contagious or invariably leading to harmful behavior were present among a subset of respondents. These beliefs are part of the broader stigma that often surrounds mental illness in various cultures. Our data showed that while outright agreement with these harmful stereotypes was not the majority view, their presence at all is noteworthy. For example, a minority of students did endorse or weren't sure about the contagion myth (living with someone mentally ill might make you ill), reflecting the need for continued education. Likewise, if any respondents agreed with statements like "all mentally ill people are dangerous," that would underscore an urgent need for stigma reduction efforts.

In summary, the Beliefs findings complement the knowledge and awareness results by revealing the specific misconceptions that linger in the student community. The Social Work students largely reject some of the more outdated or superstitious notions of mental illness, which is encouraging and likely reflects their educational background. However, some *stigmatizing beliefs*, particularly those framing mental illness as a personal failing or something to be feared, are still present. These beliefs can subtly undermine both personal help-seeking and the support students provide to others. For example, a student who subconsciously believes depression is a weakness might be less likely to admit they need help when experiencing depression symptoms.

By identifying these beliefs, the study highlights target areas for intervention. Mental health literacy programs can directly address and debunk the most pernicious myths (e.g., "mental illness = weakness" or "mentally ill persons are dangerous") through workshops, seminars, or integration into course content. This could further improve the

already positive attitudes observed and push the overall student mindset towards a more empathetic and factual understanding of mental health.

Discussion

This study set out to assess the mental health knowledge and awareness of Social Work students at Colegio de San Francisco Javier and to identify gaps that could inform future interventions. The results provide several insights into the students' understanding of mental health issues and their attitudes toward seeking help, which are discussed in relation to the literature and theoretical framework.

Mental Health Knowledge

The findings revealed a moderate level of mental health knowledge among the students (overall knowledge mean of 2.64). Students demonstrated a good grasp of common mental health conditions, exemplified by their identification of key symptoms of depression and anxiety and understanding of certain causes of mental disorders (like substance abuse and brain injury). This suggests that general awareness campaigns and the inclusion of mental health topics in their coursework may have been effective to some extent.

However, the persistence of misconceptions regarding the preventability and treatability of mental disorders is a significant concern. A noteworthy proportion of students appeared unsure about or mistakenly believed that mental disorders cannot be cured or prevented, as indicated by the means around 2.1–2.3 for those items. This aligns with patterns observed in other contexts; Wei et al. (2020) found that many youths knew about mental health conditions but were unclear on what help could achieve. Such misconceptions can lead to a pessimistic outlook where students might think seeking help is futile. According to Jorm's framework of mental health literacy, knowledge isn't just about recognizing disorders, but also understanding help-seeking efficacy – knowing that effective treatments exist and recovery is possible. Our study underscores that this latter component of literacy needs bolstering.

It is also useful to consider these knowledge gaps through the lens of the Theory of Planned Behavior (TPB). If a student believes that a mental health problem is not curable (a behavioral belief), their attitude towards seeking professional help could be negatively affected – "why bother seeking help if it can't be cured?" This could weaken their intention to engage in that behavior. Similarly, if they think nothing can prevent mental illness, they may not value preventive counseling or stress management programs. Thus, misinformed knowledge can directly impact the attitude component in TPB, illustrating how correct knowledge is foundational for positive health behaviors. The literature supports this: higher mental health literacy has been linked to stronger intentions to seek help (possibly mediated by attitudes).

Another cultural aspect touched by the knowledge findings is the role of family. Students generally agreed that family members can help individuals with mental illness (mean ~2.8 for that item). This reflects the collectivist orientation in Filipino and many Asian cultures where family support is considered crucial in health care. This belief is not a misconception per se – family can indeed be a great support – but an overreliance on family

without professional help can sometimes delay necessary treatment. Nguyen et al. (2021) noted the dual role of family in collectivist societies: they are a support system but can also be gatekeepers to professional help. Our students' agreement on family help aligns with Nguyen's findings about the importance of familial context. It suggests that any intervention to improve help-seeking should involve or at least consider the family context (like psychoeducation for families, or programs that empower students to communicate their needs to their families).

In terms of knowledge contributions, our study adds local evidence that even among Social Work majors – who might be expected to have higher awareness given their field – gaps persist. This is a call to action that mental health education needs to be strengthened not only generally at universities but even within disciplines that are closely tied to health and social care.

Mental Health Awareness and Attitudes

Students' attitudes towards mental health and help-seeking were generally positive, which is an encouraging outcome. With an overall mean of 2.86 on the awareness scale, most respondents indicated they would seek help for themselves and encourage others to do so. This is critically important: one can have knowledge but still not act on it; attitude often makes the difference between action and inaction.

The strong inclination to seek professional help or to involve family and friends is consistent with findings from Lalani et al. (2021), who used the TPB to predict help-seeking and found that attitude was a significant predictor of the intention to seek counseling. Our participants largely have that positive attitude; they see value in getting help. Under TPB, this attitude combined with supportive subjective norms (e.g., if they believe peers and family approve of seeking help, which seems likely given many would encourage a friend to seek help) sets a favorable stage for actual help-seeking behavior. The one TPB element not directly measured here is perceived behavioral control, but one could infer that if students are aware of services and willing to use them, they might also feel somewhat able to access them—though actual accessibility would depend on the institution's resources.

The lingering stigma evidenced by certain responses is a point of concern. Believing that living with a mentally ill person might cause illness, or a high agreement that family should be wary of harm, indicates that despite education, some fear-based misconceptions are ingrained. This is where the Health Belief Model (HBM**)** provides insight: students might perceive a high *perceived severity* or *perceived threat* from mental illness (treating it almost like a contagion or something dangerous), which ironically could both encourage and discourage help-seeking. On one hand, if they think it's severe, they might be more likely to seek help (to avoid that severe outcome). On the other hand, if they fear being labeled or associated with something "dangerous," they might hide their issues. HBM also highlights *perceived barriers*: stigma is a classic perceived barrier to taking action. Our findings clearly identify stigma as a barrier that could prevent a student from acting on their positive inclinations.

It's interesting to note the high value placed on peer support. Students trust friends enough to seek their help and overwhelmingly would encourage friends to seek professional help. This peer dynamic is a powerful facilitator. Prior research by Kim and Lim (2022) emphasizes peer support's role in increasing service utilization. The implication for practice is that peer-led interventions or peer counseling programs could be very effective in this community. Since the students already have the willingness to engage peers, formalizing that into training some students as peer mental health ambassadors or support group leaders could bridge the gap between students and the campus counseling services (a point we include in recommendations).

Moreover, the attitude that *"people who are aware of their problems seek help"* being rated positively suggests students intrinsically link knowledge with action – essentially agreeing with the premise that awareness should lead to help. This is heartening because it indicates a logical alignment in their thinking; they aren't showing signs of fatalism or denial as a group. The task then is to ensure awareness is actualized by removing barriers.

In comparing with other studies, our awareness results echo what Wang, Deng, & Huang (2020) found: social support and an encouraging environment correlate with better help-seeking. Our college seems to have a peer environment that is at least not hostile to mental health discussions. If anything, the barriers are more internal (stigma beliefs) and structural (ensuring services are known and accessible) rather than interpersonal.

Beliefs and Stigma

While not initially front-and-center in the earlier draft of this report, addressing the Beliefs scale results has clarified the picture of where students stand on mental health myths. It appears that education and perhaps generational changes have successfully reduced belief in some traditional myths (like supernatural causes), which is a win for scientific literacy. However, social stigma myths (like dangerousness and weakness) are stickier. This is consistent with global literature: even as mental health awareness increases, stigma often decreases at a much slower pace. Efforts like those described by Nearchou et al. (2021) point out that self-stigma (internalizing these negative stereotypes) can mediate help-seeking. If a student thinks having a mental illness makes them weak, they might not seek help just to avoid that identity.

Our results did not measure self-stigma directly, but the belief statements give an indirect window into what they might internalize. For instance, agreeing that mental illness is due to personal weakness could translate into self-blame if they ever face a mental health challenge.

One surprising (and culturally interesting) point is the "marriage as cure" myth. In some cultures, it's thought that getting someone married off will settle them down and maybe resolve mental issues. Most of our students didn't buy this, which perhaps speaks to their education and the modern outlook that professional help is needed for mental conditions. It's a small but noteworthy cultural insight – younger, educated individuals might be moving away from such traditional notions.

Barriers and Facilitators to Help-Seeking (Objective 2 Discussion)

Tying together knowledge, awareness, and beliefs, we identify clear barriers and facilitators affecting help-seeking among these college students.

- **Barriers:**
  - *Stigma & Misconceptions:* The belief-related misconceptions act as psychological barriers. Fear of being stigmatized (e.g., being seen as dangerous or "crazy") could prevent students from openly discussing their problems or visiting a counselor. Also, if a student believes a mental disorder can't be cured, they may not bother pursuing treatment.

  - *Lack of Complete Knowledge:* Partial knowledge can be dangerous in that it might give a false sense of understanding. For instance, knowing symptoms but not cures might lead to identification without action. If students don't fully know where or how to get help, or what the benefits are, that ignorance itself is a barrier.

  - *Structural/Practical Issues:* Although our survey didn't explicitly ask about this, we know from context and literature (Kim & Crandall, 2022) that even willing students might face hurdles like insufficient counseling services on campus, long wait times, or costs for outside services. The fourth-year students' engagement issue hints at how time constraints or competing priorities (like OJT or academics) can also be barriers to seeking help or attending mental health programs. We can infer that similar practical issues (busy schedules, academic pressure) might reduce help-seeking unless services are made very convenient.

- **Facilitators:**
  - *Positive Attitudes & Intentions:* A generally positive disposition towards getting help is a big facilitator. It means fewer internal resistances when the need arises.

  - *Peer and Family Support:* The fact that students would go to friends or family is a facilitator—assuming those friends or family react supportively. Given many students also said they'd encourage a friend, it's likely peers at least would respond well. Family is a bit more complex; students believe in family help, but families might have their own stigmas. Still, having someone to talk to increases the chance a struggling student will be guided to professional help.

  - *Increasing Mental Health Literacy:* Knowledge itself is a facilitator up to a point. Those who recognize their symptoms (knowledgeable) and know that help exists (aware) are obviously in a better position to seek help than those who don't realize they have a problem or think nothing can be done. So continuing to boost knowledge and awareness is a way to strengthen this facilitator across the board.

By integrating theoretical perspectives, we can see our findings validating certain aspects of TPB and HBM, as well as Social Cognitive Theory (SCT) notions from the literature (though we didn't explicitly frame it with SCT earlier, concepts of observational learning and perceived self-efficacy could be relevant). The students' positive attitudes and supportive norms (peer encouragement) align with TPB's predictors of intention, suggesting likely good intentions to seek help if needed. If we assume they have somewhat decent self-efficacy (perhaps they do, since many are confident in seeking help), then TPB would predict many will act on those intentions. However, TPB also acknowledges that actual control (like availability of services) can affect whether intention turns to action. That aspect is outside our data but important to note.

HBM is validated in the sense that we identified perceived barriers (stigma) and to some degree perceived severity (maybe overestimation of harm). To maximize help-seeking, HBM would say we need to reduce barriers and perhaps ensure they feel susceptible enough to issues (not in denial) and believe strongly in the benefits of counseling (which likely they do, since they'd encourage friends to go).

One area we did not deeply measure was *outcome expectations* and *self-efficacy*, key in SCT. But by inference, outcome expectation (belief that seeking help will result in improvement) might be moderate given some doubt about cure. Self-efficacy (confidence in handling mental health issues or getting help) might be reasonably high since they mostly said they would take action.

Conclusions

This study provides valuable insights into the mental health literacy (knowledge, awareness, and beliefs) of Social Work students at a Philippine college. Overall, it paints a picture of a student group that is fairly informed and holds constructive attitudes towards mental health and help-seeking, yet critical gaps and challenges remain.

In terms of knowledge, students have a moderate understanding of mental health issues, knowing many key facts and acknowledging the role of professional help. However, misconceptions about the treatability and preventability of mental disorders highlight an area needing intervention. Clearing up these misconceptions is not just about improving knowledge for its own sake; it's about empowering students with a sense of hope and efficacy – understanding that mental health conditions are manageable and not a dead-end.

Regarding awareness and attitudes, the generally positive outlook is a strength to build upon. Students are inclined to seek help and to support peers in doing the same, which suggests that with the right resources and encouragement, a culture of seeking help can thrive. Yet, the shadow of stigma still casts itself in specific beliefs that need addressing. The belief by some that mental illness could be "contagious" or the high concern about potential harm from individuals with mental illness indicate that fear and misunderstanding persist alongside more enlightened views. This duality is important: it shows that knowledge and stigma are not simply two ends of one spectrum but can coexist – one can know something is a health issue and still fear it irrationally.

The study's conclusions resonate with established theories of health behavior. The findings validate aspects of the Theory of Planned Behavior: students' attitudes (largely

positive) and perceived norms (supportive peers) favor help-seeking, which bodes well for their behavioral intentions. At the same time, the results underscore what the Health Belief Model would term perceived barriers (stigma) that still need to be overcome. In practical terms, enhancing mental health outcomes in this population will involve reinforcing the facilitators (knowledge, positive attitudes, peer support) and diminishing the barriers (myths, stigma, and any access issues).

In conclusion, while the Social Work students at Colegio de San Francisco Javier demonstrate encouraging levels of mental health literacy and a readiness to engage in help-seeking behaviors, there is no cause for complacency. The presence of even moderate knowledge gaps and stigma means that interventions are necessary to ensure that *all* students, present and future, have the understanding and supportive environment needed to care for their mental well-being. This study fills a gap by providing baseline data on these issues in a local context and can inform the college's policies and programs.

The novelty of this research lies in its contextual focus and comprehensive approach: it sheds light on mental health literacy among future social workers in a provincial Philippine setting – a combination not previously explored extensively in literature. The insights gained here can serve as a reference for other institutions in the Philippines and Southeast Asia in designing programs that cultivate informed, positive, and proactive attitudes toward mental health among young adults. In a broader sense, improving mental health literacy in higher education is a step toward nurturing a generation that is not only resilient in managing their own mental health but is also capable of leading change in how society views and addresses mental health issues.

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In compliance with *The Threshold* journal's guidelines for ethical use of artificial intelligence (AI) in research writing, we disclose that we utilized OpenAI's ChatGPT to assist in refining the language and clarity of this manuscript. The AI tool was employed primarily for editing purposes: to improve the coherence of paragraphs, correct grammatical errors, and format the document according to academic standards. All content, data interpretations, and conclusions are the original work of the authors. The use of AI did not influence the research design, data analysis, or the scientific findings of the study; it was strictly confined to helping articulate the authors' intended meaning more effectively. The authors have reviewed and approved all AI-generated suggestions to ensure alignment with the study's results and scholarly integrity. This disclosure is made to maintain transparency in the writing process, upholding the ethical standards set by the publication.

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