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Mental health help seeking among Filipinos: a review of the literature

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Abstract:

This study aims to provide a review of potential barriers to seeking mental health services among Filipinos. Research on help-seeking behaviors among Filipinos living in the Philippines and other countries (e.g., US, Canada, and Australia) suggest that mental health services in the Philippines are inaccessible and monetarily prohibitive, and beliefs about the aetiology and nature of mental illness are inconsistent with the medical model. Other cultural variables such as shame, stigma, and collectivist beliefs also discourage Filipinos from seeking help from mental health professionals. Furthermore, these variables could account for the preference for folk healers and lay networks in treating mental illnesses. As such, cultural and economic factors need to be accounted for in conceptualizing Filipinos' utilization of mental health services. Implications and suggestions to aid practice were also discussed.

Keywords: Filipino; Philippines; help-seeking behavior; mental-health utilization; counseling and psychotherapy

Most of what we know about Filipino mental health help-seeking behavior is still limited, and mostly extrapolations from the literature on Filipino Americans (e.g., Abe-Kim, Gong, & Takeuchi, 2004; Baello & Mori, 2007; Gong, Gage, & Tacata, 2003), or Filipino Americans studied alongside other Asian Americans (e.g., Li & Browne, 2000; Sorkin, Nguyen, & Ngo-Metzger, 2011). Extant literature suggests that Filipino Americans utilize mental health services the least, compared to other Asian Americans (Abe-Kim et al., 2007; Gong et al., 2003; Ying & Hu, 1994). For instance, in one epidemiological survey of 2285 Filipino immigrants and Filipino Americans, only 3% sought help from any mental health professional for their emotional problems or emotional distress (Abe-Kim et al., 2004). In another study utilizing the same sample, Gong and colleagues report that 17% of Filipino Americans and Filipino immigrants sought help from lay networks and 4% from folk healers. Although prior research has been conducted using a multicultural lens (e.g., Abe-Kim et al., 2004; David, 2010; Gong et al., 2003), some barriers to mental health help seeking may not be applicable to Filipinos living in the Philippines, such as cultural mistrust, acculturation, limited English proficiency or the lack of Filipino-proficient service providers (David, 2010; U.S. Department of Health and Human Services, 2001). Furthermore, conclusions drawn from studies of Asian Americans (e.g., Leong, 1986; Leong & Lau, 2001) presume that Asians are a homogenous population, which is not the case (Kuo, 1984).

Although limited, there is burgeoning evidence indicating a general reluctance to seek professional help for mental health problems among Filipinos living in the Philippines. For instance, Hechanova and colleagues (Hechanova, Tuliao, & Ang, 2011; Hechanova, Tuliao, Teh, Alianan, & Acosta, 2013) concluded that intent to seek online counseling among Filipino overseas migrant workers was low. In a survey of 359 Filipino college students in the Philippines, only 22% in their lifetime sought professional help for an academic or non-academic issue, and there was a significantly higher preference to seek help from friends and family members than from professional counselors and psychotherapists (Bello, Pinson, & Tuliao, 2013; Bunagan, Tuliao, & Velasquez, 2011). The underutilization of mental health services, however, cannot be attributed to lower rates of distress and psychopathology. Among Filipinos, the prevalence of mental disorder is 88 cases per 100,000, reaching up to 133 cases per 100,000 in some areas (Department of Health [DOH], 2005). Another estimate suggests a mental disorder lifetime prevalence rate of 32% among Filipinos living in the capital, Manila (Pabellon, 2012).

This paper aims to provide an exposition of the possible reasons for Filipinos' underutilization of mental health services using contextual, cultural, and psychological lenses. First, a very brief demographic and historical overview of the Philippines will be provided in the hope that this will provide an adequate context to the readers. Second, the possible role of the current state of mental health services regarding the reluctance to seek professional help will be discussed. Finally, this paper will explore the role of cultural factors, such as lay or folk conceptualization of mental illness, stigma and loss of face, and norms regarding interpersonal relationships. For the purposes of this paper, Filipinos refers to Filipinos living in the Philippines. However, due to a general low psychological research output in the Philippines (Montiel & Teh, 2004), research involving Filipino Americans and Filipinos living in other countries will be referred to in the absence of indigenous research.

Philippines: a brief overview

Sanchez and Gaw (2007) argues that the Philippine culture is an amalgamation of different cultures. As an archipelago of 7107 islands located in Southeast Asia (Central Intelligence Agency [CIA], 2011), the Philippine culture is influenced by the surrounding Indo-Malay, Chinese, and Islamic cultures (Majul, 1966; Miclat, 2000). Prior to the Spanish colonization in the sixteenth century, the Philippines comprised autonomous principalities and kingdoms (Bernad, 1971; de Torres, 2002). This precolonial political system, some authors argue, influenced the Filipino tendency towards regionalism (Bernad, 1971; de Torres, 2002). In addition, this precolonial political system may have also influenced the heterogeneity in language, with the Philippines having eight major dialects (Filipino and English are the main languages; CIA, 2011). Three centuries of Spanish colonization also significantly influenced Philippine culture, particularly in religion. Currently, Roman Catholicism is the predominant religion (83%), followed by Islam (5%), and the rest comprises different Christian denominations (CIA, 2011). Religious affiliations notwithstanding, animistic, and indigenous beliefs are still practiced, such as in the folk healing practices (Tan, 2008). After Spain, the US colonization also left an indelible mark on Philippine culture, education, and political system.

Currently, there are an estimated 94 million Filipinos in the Philippines and an estimated 8 million employed in different parts of the world as short-term overseas migrant workers (Philippine Overseas Employment Agency, 2008; World Health Organization [WHO], 2011). Almost half (49%) of the population is reported to be living in urban areas, and

gender distributions are also relatively equal (WHO, 2011). The majority of the population is between the ages of 15 and 65 (62%), and 34% are below 15. The literacy rates are 84% for males and 89% for females (WHO, 2011), and poverty rate ranges from 22% (National Statistical Coordination Board, 2013) to 61% (National Statistics Office [NSO], 2010), depending on the definition.

Current mental health services

Before possible predictors of mental health service underutilization can be addressed, it is important to first discuss if there are sufficient mental health professionals and services in the Philippines. In other words, underutilization of mental health services could be a function of a lack of professionals and services rather than a general reluctance to seek these services. In the Philippines, four general professions are legally recognized to provide mental health services: guidance and counseling practitioners (Guidance and Counseling Act of 2004); psychologists (Philippine Psychology Act of 2009); social workers (Republic Act No. 4373 (1965)); and those within the umbrella of the medical profession. Under the Guidance and Counseling Act, an average of 134 professionals was licensed to practice yearly since 2008 to 2012 (Philippine Regulatory Commission, n.d.). At the time of writing this paper, the licensure examination of psychologists and psychometricians has not yet started. However, according to the roster of specialist psychologist of the Psychological Association of the Philippines (the Philippine counterpart of the American Psychological Association), there are 98 assessment psychologists, 114 clinical psychologists, 82 counseling psychologists, and 24 developmental psychologists that are presumed able to provide psychological assessment and intervention. As a result of the nascent nature of the licensure examination for both guidance and counseling and psychology laws, no information is available on the ratio of these mental health professionals vis-à-vis the Philippine population. No research is available on how these recent changes have affected attitudes towards the utilization of mental health services. No information is readily available for other mental health professionals, such as addiction counselor and pastoral counselors.

Better estimates are available for those within the ambit of the medical profession. Research suggest that there are 0.40 psychiatrists, 0.40 psychiatric nurses, 0.17 medical doctors not specialized psychiatry, 0.14 psychologists, 0.08 social workers, and 0.08 occupational therapists per 100,000 general population (Jacob et al., 2007; WHO, 2006). As for inpatient units, WHO (2006) reports 19 community-based psychiatric inpatient units, which accommodate 1.58 beds per 100,000, and 15 community residential facilities that have 0.61 beds/place per 100,000. Jacob and colleagues (2007), however, report a much lower estimate of 0.09 mental health beds per 100,000. As for outpatient units, there are 46 outpatient mental health facilities which cater for 124.3 users per 100,000, and four day-treatment facilities which treat 4.42 users per 100,000.

Are there sufficient mental health professionals and facilities? If the United States Department of Health and Human Services' (n.d.) criteria were to be used, then the Philippines have a shortage of mental health professionals. According to the criteria, an area should have at least (a) a core mental health professional to population ratio of 16.67:100,000 and a psychiatrist to population ratio of 5:100,000, or (b) a core mental health professional to population ratio of 11.11:100,000, or (c) a psychiatrist to population ratio of 3.33:100,000. Making matters worse is the current trend of mental health professionals leaving to work in other countries (WHO, 2006). Facilities are also severely lacking, and available only in urban centers (Conde, 2004; WHO, 2006). The largest government psychiatric facility lo-

cated in the capital city, The National Centre for Mental Health, holds 67% of the psychiatric beds in the country, and the rest of the mental health facilities are perpetually overcrowded, and effectively nonfunctional due to manpower and budgetary constraints (Conde, 2004). Medical doctors (one for every 80,000 Filipino) are also scarce compared to traditional healers (one for every 300 Filipinos), which could perpetuate the Filipino's reliance on folk medicine (WHO & DOH, 2012). As for school counselors, the reported counselor-client ratio was 1:800-1000 (Villar, 2000).

Economic issues also need to be considered. For instance, the cost of counseling in the Philippines ranges from 500 to 2000 Philippine pesos (Php), or USD 12-USD 50 per session (Tuason, Galang-Fernandez, Catipon, Trivino-Dey, & Arellano-Carandang, 2012). When juxtaposed with the minimum daily wage of Php 456 or USD10 (National Wages and Productivity Commission, 2014), and 61% of the population living on or less than USD 2 a day (NSO, 2010), the cost of seeking counseling from a trained mental health professional may be prohibitive. Since alternative medicine is much cheaper (e.g., USD 0.44 for acupuncture), it is understandable that 50% to 70% of the population use traditional and complementary medicine (Lagaya, 2005; WHO & DOH, 2012).

Conceptualizations of mental illness

One way to narrow the discrepancies in utilization of mental health services is through a better understanding of the conceptualizations of mental illness (Sue, Cheng, Saad, & Chu, 2012). This is made even more salient given that 70% to 90% of all health-related decisions are made outside of the formal health sector, which includes families, social networks, and community, both in the Western and non-Western settings (Jovchelovitch & Gervais, 1999; Kleinman, 1986). However, Philippine folk conceptualizations of illnesses do not differentiate between physical and mental disorders, and a review of how both medical and psychological illnesses are framed suggests that Filipinos conceptualize disorders differently from the medical model (Araneta, 1993; Tan, 1987, 2008). Lay conceptualizations of physical and psychological disorders have implications for help seeking for psychological disorders, at least on the issue of the preference for indigenous or folk healers. In one early study by Shakman (1969), indigenous and folk healers were sought for 'disturbed behavior', as well as for somatic complaints that have no verified underlying medical causes. The importance of bodily symptoms without medical causes is made even more salient given that different cultural groups manifest psychological symptoms as somatic complaints (e.g., Tsai & Chentsova-Dutton, 2002). Moreover, somatic symptoms are more emphasized than the affective component of depression among non-Western cultures (Tsai & Chentsova-Dutton, 2002). For a thorough discussion on the Filipino traditional conceptualization of illnesses, the readers are encouraged to consult Michael Tan's (2008) book 'Revisiting Usog, Pasma, Kulam'.

One core theme in the conceptualization of physical and psychological disorders implicates the role of supernatural beings such as gods, spirits, and deities, or individuals with supernatural powers such as mangkukulam (loosely translated as witches). For instance, Edman and Kameoka's (1997) study reveals that educated and less educated Filipino women attribute illnesses to spiritual causes (God, chance, witchcraft and sorcery, and spirits) compared to their American counterparts. In defining dissociative disorders, Filipinos were more likely to define the symptoms as a product of spirit possession, rather than that of a psychological disorder (Gingrich, 2006). Tan

(2008) also opines that some psychological symptoms or disorders are thought of by Filipinos as a form of spirit possession or as a result of having offended the spirits.

Another core theme in conceptualizing physical and psychological disorders involves soul loss, lack of balance, and pollution/contagion (Araneta, 1993; Tan, 2008). For instance, chronically ill recently immigrated elderly Filipino Americans believe that the work-life imbalance, too much worrying, overworking, and increased stress cause illnesses (Becker, 2003). In addition, rapid shifts from a warm to cold environment cause illnesses, and health is maintained by keeping the body in a warm condition. Cholesterol and other toxins are thought to pollute the body, and perspiration is one way to flush out these. Behaviors such as indifference, withdrawal, irrationality, and nightmares (*bangungot*) are believed to be a result of 'soul loss' (Araneta, 1993).

Relationship problems are purported to also cause illnesses. For instance, Filipino women living in Australia believe that the primary cause of depression is the lack of social support (Thompson, Manderson, Woelz-Stirling, Cahill, & Kelaher, 2002). This prompts the attitude that mental health professionals are 'not helpful ... because a friend could fulfill the same role' (Thompson et al., 2002, p. 685). Emotional problems are considered transitory and relationship-related, and can be solved by talking to friends, family members, or trusted community members (Hechanova et al., 2011). Aside from psychological issues, relationship problems can also cause physical illness (Edman & Kameoka, 1997).

Other lay conceptualizations emphasize personal responsibility of the person with the illness. Severe mental problems, for example, are believed to be caused by a 'softness' of character and individual attributes (Thompson et al., 2002). Furthermore, being able to cope with one's emotional problems is also valued, and perceived to be one's own responsibility (Thompson et al., 2002). Some psychological and physical illnesses are also thought to be an evil act, or as a result of engaging in one. In studying the media discourse of substance abuse, Filipino tabloid and broadsheets mostly represented those with the disorder as criminals, murderers, rapists, and engaging in sexual deviations (Tuliao, 2009). Only a minority of newspaper entries represented those with substance use disorders as mentally ill, however these representations were placed with suicide, self-mutilation, hallucinations, and delusions. Tan (2008) also documents some Filipino beliefs suggesting that physical and psychological illnesses are caused by *sumpa* (curse) brought about by a violation of strict family values, or are caused by *gaba*, or a curse or retribution from God.

There are also indications that Filipinos may consider some behaviors 'normal' that would otherwise be considered a symptom of psychological illness based on the medical model. In defining dissociative disorders, Filipinos were more likely to define symptoms as a product of spirit possession, rather than a product of a psychological disorder (Gingrich, 2006). Having large gaps in one's memory, hearing voices in one's head, having identity confusion and alteration were also thought to be normal. Gingrich also argues that, given how dissociative disorders are conceptualized, the constellation of psychological disorders may be attributed to spirit possession or considered under the general umbrella of *baliw* (crazy).

The type of traditional and complementary medicine that Filipinos typically resort to complements the lay conceptualizations of physical and psychological disorders. For spirit possessions and illnesses are believed to be caused by malevolent spirits, so that a combination of prayers, herbs and medicinal plants are used by shamans, herb doctors (*arbolarios* or *herbalarios*), and 'white' witches (Araneta, 1993) to overcome the problems. Massage (similar to acupressure or reflexology) and 'magnetic healing' (where the healer's hands are placed on the affected area, and the healer prays or meditates) are used to restore

the normal flow and balance of life-force (Araneta, 1993; Tan, 2008). To relieve pain, reduce anxiety, improve state of mind, herbal medicines and massage are utilized by bonesetters (*manghihilot*) and *arbolarios* (Araneta, 1993; Lagaya, 2005). These are some of the folk healing practice that Filipinos resort to, and current traditional and complementary medicine being utilized today is observed to be an amalgamation of indigenous practices which date from before Spanish colonization, with some influences from Ayurvedic and Chinese traditional medicine (Lagaya, 2005).

The argument towards the need to understand conceptualizations of mental illness is straightforward: the type of help sought will depend on how the illness is defined and what the etiological attributions are. Unfortunately, very little research exists on Filipinos' conceptualization and expression of mental illness or psychological distress. Other areas that need more research are on the domain of the cultural expressions of psychopathology and culture-bound illnesses (López & Guarnaccia, 2000). As long as there is a disconnection between the etiological beliefs of psychological disorders and the type of services that mental health practitioners provide, then we should expect a continued underutilization of mental health services and a continued preference for folk healers and social networks to alleviate psychological problems (Furnham & Hayward, 1997; Kulhara, Avasthi, & Sharma, 2000; Lee, 2007; Urdaneta, Saldana, & Winkler, 1995).

Public and private stigma, hiya, and loss of face

The unique construal of mental illness or psychological difficulties could lead to stigmatization, which subsequently discourages individuals from seeking mental health services. Stigma and its detrimental effect on mental health help-seeking behaviors has been documented in developed countries (Alvidrez, Snowden, & Kaiser, 2008; Cooper, Corrigan, & Watson, 2003; Corrigan, 2004) and among Asian cultures (Fogel & Ford, 2005; Miville & Constantine, 2007; Shea & Yeh, 2008). Culture also plays a big role in shaping attitudes and social interactions with individuals with mental illness, as well as in its treatment (Abdullah & Brown, 2011). The public's discriminatory response, also known as public stigma (Corrigan & Kleinlein, 2005), is then internalized (private stigma), resulting in diminished self-worth and self-efficacy, shame, low self-esteem, and subsequent reluctance to seek treatment (Corrigan, 2004). Among Filipinos, studies show that private stigma is negatively correlated with the intention to seek professional help, and mediates the relationship between public stigma and attitudes towards seeking professional help (Garabiles, Tuliao, & Velasquez, 2011; Tuliao & Velasquez, in press).

Although stigmatization and its effects on mental health help-seeking behaviors are not unique to Filipinos (Abdullah & Brown, 2011; Lauber & Rössler, 2007), *hiya* could be a potential barrier or a compounding problem to seeking mental health services. *Hiya* has been loosely translated by some scholars as 'shame'. However, Pe-Pua and Protacio-Marcelino (2000) would argue that, depending on prefixes and suffixes, the meaning can range from shy (*mahiyain*), embarrassment or awkwardness (*napahiya*), to a sense of propriety (*kahihayan*). For the purposes of this paper's topic, the most apt translation would be embarrassment and a sense of propriety. As an experience beyond embarrassment, *hiya* is a painful emotion arising from real or imagined transgressions of social norms or authority figures, and its avoidance is paramount in social interactions (Bulatao, 1964). Hence, if having emotional distress or psychological problems are frowned upon, then divulging these issues to the public are to be avoided at all costs.

Although the concrete role of *hiya* on mental health help-seeking behavior has not yet been studied, loss of face, an arguably related construct, has been previously researched (Abe-Kim et al., 2004; David, 2010; Gong et al., 2003). Loss of face has been defined as the threat or loss of one's social integrity, especially as it relates to social relationships and one's social standing, and oftentimes measured using the Loss of Face Scale (Zane & Yeh, 2002). Hence, preserving or maintaining face is a tremendous motivational factor that influences individuals to abide by social mores and avoid others' negative impression. Whereas some would consider face as a universal construct, others assume that it is more salient among Asians (Lin & Yamaguchi, 2011).

Results in loss of face, however, are inconsistent, with some suggest that it is positively associated with the intent to seek mental health treatment (Yakunina & Weigold, 2011), whereas others suggest the opposite (Leong, Wagner, & Kim, 1995). The discrepancy could be a product of the ethnic heterogeneity of the participants in the study. Among Filipino Americans, research suggests that loss of face was negatively associated with past utilization and propensity to seek help from mental health professionals, positively associated with willingness to seek help from lay networks, and not related to help seeking from general practitioners and folk healers (David, 2010; Gong et al., 2003). However, among Filipinos, loss of face was positively associated with intent to seek face-to-face and online counseling (Bello et al., 2013).

On the other hand, relationships between loss of face and help-seeking-related variables are similar between Filipinos and Filipino Americans. Studies suggest that loss of face was negatively associated with indifference to stigma and psychological openness among Filipino Americans (David, 2010; Gong et al., 2003). Among Filipinos, loss of face was negatively associated with attitude towards counseling, and positively associated with perceived stigma for seeking help and receiving psychological help (Bello et al., 2013).

Qualitative studies suggest that loss of face or shame may be implicated in the Filipinos' reluctance to seek professional help. For Filipino women living in Australia, Thompson and colleagues (2002) show that fear of being labeled as 'crazy' and to avoid tarnishing the family's reputation was a barrier to seeking professional help (Thompson et al., 2002). In comparison to face-to-face counseling, some Filipinos preferred online counseling because of the anonymity it provided which lessened the effects of *hiya* (Hechanova et al., 2011).

Preference for lay networks and mental health professional as *ibang tao*

Filipinos prefer to seek help from their lay networks for their emotional problems rather than from mental health professionals (Abe-Kim et al., 2004; Bunagan et al., 2011; Gong et al., 2003; Hechanova et al., 2011; Thompson et al., 2002), and the Filipino core value of *kapwa* could elucidate this phenomenon. *Kapwa* emphasizes treating others as *kapwa* or a fellow human being, a tenet that goes beyond mere conformity, avoidance of conflict, or the simplistic Individualism-Collectivism dichotomy (Pe-Pua & Protacio-Marcelino, 2000). Although the goal is to treat others as a fellow human being, the dictates of social interaction vary according to whether one is categorized as *Ibang Tao* (outsider) or *Hindi Ibang Tao* (one-of-us). Social interaction among those considered as an outsider could vary from civility (*pakikitungo*), participating (*pakikilahok*), to being in conformity with (*pakikibagay*) or going along with (*pakikisama*). On the other hand, interactions with those considered 'one-of-us' can vary from rapport/acceptance (*pakikipagpalagayangloob*) to being one with (*pakikiisa*).

Evidence suggests that interaction with health professionals varies according to how they are categorized by the patient (Pasco, Morse, & Olson, 2004). Filipino Canadians were reticent and were less likely to reveal their emotions to nurses they considered *ibang tao*. Furthermore, communication between patient and health professional was done through a go-between (*tagapamagitan*) especially when the professional was *ibang tao*. Hence, it is not surprising that openness to counseling is mediated by family and friends (Tuason et al., 2012). In interacting with an *ibang tao* health professional, Filipinos are formal, polite, and cordial, and may express agreement to medical advice, but may not necessarily comply. As the interaction progresses from *ibang tao* to *hindi ibang tao*, Filipino patients are more likely to articulate their emotions and concerns directly and entrust themselves to the care of the medical professionals (Pasco et al., 2004).

Pasco and colleagues (2004) outline several characteristics that would help the medical professional transition from being *ibang tao* to *hindi ibang tao*. As *pakikipagkapwa-tao* or *pakikiisa* (oneness) is valued among Filipinos, it is similarly expected from interactions with others in order to be considered 'one-of-us'. Responding immediately and being sensitive to the needs of the patient, as well as avoiding being rude or conceited fosters trust among Filipinos. Indeed, *marunong makiramdam* (sensitivity to other's needs), and the concomitant skill *pakikiramdam* (shared inner perception), is another valued trait among Filipinos (Pe-Pua & Protacio-Marcelino, 2000). Filipinos have a propensity for indirect communication, and being sensitive to non-verbal cues, as well as being able to 'feel for another', is entrenched in socialization practices. Apart from being sensitive to non-verbal cues, health professionals can communicate care through non-verbal behaviors and voice intonation, which would subsequently foster trust among patients.

Other correlates of mental health help-seeking behavior

Apart from those mentioned, prior studies also uncovered other variables that are associated with mental health help-seeking behaviors. Problem severity and attitudes supportive of counseling were associated with willingness to seek professional help among a sample of Filipino college students (Bunagan et al., 2011; Gong et al., 2003; Tuliao & Velasquez, in press). Ease in operating the system and the presence of computers and access to internet was associated with higher intent to seek online counseling among migrant workers, even after accounting for problem severity (Hechanova et al., 2013).

Gender's effect on help-seeking behavior has had mixed results. Studies on Filipino Americans suggest no gender differences in mental health help-seeking behavior (Baello & Mori, 2007; Gong et al., 2003), which contradicts studies suggesting that men are more reluctant to seek help than women (Addis & Mahalik, 2003). Findings were similar for Filipinos, i.e., there were no significant gender difference between attitudes towards professional help seeking and intent to seek professional help (Bunagan et al., 2011). It is important to emphasize though that both genders were equally reluctant to seek professional help for psychological difficulties. Furthermore, the study by Bunagan et al. (2011) was a bivariate correlational analysis. Hence, multivariate studies are needed to fully clarify the role of gender.

For seeking help from lay networks, women are more likely to seek help from lay networks compared to men (Bunagan et al., 2011), consistent with the results of Gong and colleagues (2003). Although gender norms dictate that men should be strong and not show emotional vulnerability (Aguiling-Dalisay et al., 1995), these gender imperatives seem to only influence help seeking from lay networks. It is plausible to posit that other variables are more influential in predicting help seeking from professional mental health professionals other than gender.

Summary and recommendations for future research

This paper aimed to uncover possible hypotheses for Filipino's underutilization of mental health services. From an economic and contextual perspective, Filipinos may not be accessing mental health services because it is inaccessible and prohibitive. As previously discussed, most of the mental health professionals and facilities are located in the urban areas and in the capital Manila, and the ratio of professional to population is below the minimum standards (WHO). Professionalization of counselors and psychologists is also in its early stages. This increases the Filipinos' reliance on traditional and folk healers, which are more accessible and cheaper than mental health professionals. Furthermore, lack of contact with professionals could further alienate people from the mental health service providers. However, no research was available regarding the impact of the inaccessibility and the expense on the willingness to seek mental health services among Filipinos. This area can be studied from an economical, sociological, and psychological perspective.

Other cultural factors were also considered. First, conceptualizations, definitions, and expressions of psychological distress were investigated. The review of the literature suggests that Filipinos may be conceptualizing mental illness and psychological distress differently from the mainstream medical model. Beliefs about the aetiology of illnesses are influenced by cultural beliefs regarding spirits and humoral changes, which could subsequently influence Filipinos to seek treatment with traditional and folk healers whose modality of treatment is concordant with their beliefs. Similarly, when the psychological distress is believed to be social in nature, Filipinos resort to lay networks for support. However, very little empirical research has been done on how Filipinos frame mental illness and psychological disturbance, and how it influences their choice of treatment provider. Furthermore, there is a paucity of research on how Filipinos manifest symptoms for psychological disorders.

Second, *hiya* and loss of face are culture-specific variables that are hypothesized to influence mental health service utilization. Stigmatization of the mentally ill is a dilemma found in several cultures that serve as barriers in seeking psychological treatment. The way culture shapes attitudes and behaviors towards the mentally ill (public stigma) gets internalized, which subsequently results in low self-efficacy, shame, and reluctance to seek treatment. *Hiya* and loss of face are cultural values that aim to preserve one's integrity and to avoid real or imagined social transgressions. *Hiya* and loss of face, therefore, can hypothetically further compound reluctance to seek psychological help especially when the culture deems mental illness as an aberration. There are, however, areas and questions that need to be resolved. The precise relationship between *hiya* and loss of face is still unknown, and the specific underlying mechanism on how these influence willingness to seek psychological treatment, and from whom, is still undetermined.

Third, culturally specific social interaction norms could influence who Filipinos seek for treatment of psychological distress. Using the Ibang Tao–Hindi Ibang Tao dichotomy, we can see that there are social norms that are not conducive to the requirements of counseling and psychotherapy. For Filipinos to clearly articulate their problems and emotions, the mental health professional needs to be considered as Hindi Ibang Tao, and future research can focus on how to transition clients from thinking about the professional away from being Ibang Tao.

Finally, other variables previously found to be associated with psychological helpseeking behavior need to be replicated in a Filipino sample to assure generalizability of findings. As previously mentioned, research on Filipino Americans, Filipino Canadians, Filipino

Australians, and Filipino emigrants' help-seeking behavior are coloured by issues of acculturation, racism, and social injustice, some of which may not be applicable to Filipinos. Furthermore, research among Filipinos can further inform multicultural research in other countries, helping them further delineate which variables are culturally influenced versus those which are influenced by migration.

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Antover P. Tuliao obtained his Masters in Counseling Psychology at the Ateneo De Manila University, Philippines, and is currently a doctoral student at the University of Nebraska – Lincoln Clinical Psychology Program. His research interests include help-seeking behaviors among Filipinos, and the influence of culture on substance abuse.

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