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BREAKING SILENCE: MENTAL HEALTH LITERACY, HELP SEEKING, AND SELF-CARE IN FILIPINO COLLEGE LIFE

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Abstract

This study examined the relationship between mental health literacy, help-seeking preferences, and self-care practices among college students of Arellano University. A descriptive-correlational research design was used. Three instruments: the Mental Health Literacy Scale – Filipino Version (MHLS-F), the General Help-Seeking Questionnaire (GHSQ), and the Self-Care Scale (SCS) were used. The results showed a moderate understanding of mental health among the students, indicating an average level of awareness and knowledge about mental health issues. The respondents were able to recognize common mental disorders and knew where to find information or professional help. Positive attitudes toward seeking help were evident, although some stigma and neutral acceptance toward individuals with mental illness remained present. Help-seeking preferences were found to be moderate, with students more likely to seek help from intimate partners, mental health professionals, and doctors. Self-care practices were also moderate, suggesting that self-care is valued but not practiced consistently. The correlation analysis revealed a very weak but significant relationship among mental health literacy, help-seeking preferences, and self-care. The study concludes that college students of Arellano University possess a moderate understanding of mental health and show openness toward professional help-seeking, yet stigma and irregular self-care continue to be evident. It is recommended that the university strengthen mental health education and awareness programs, enhance access to counseling services, and promote consistent self-care and peer support among students.

Keywords: *Mental Health Literacy, Help-Seeking Preferences, Self-care*

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INTRODUCTION

Mental health was a fundamental aspect of overall well-being, particularly for young adults who faced a unique set of academic, social, and personal challenges. Despite growing awareness, mental health remained widely misunderstood and was often neglected. Mental health literacy (MHL) is increasingly recognized as a vital part of public health because it influences how people understand, respond to, and seek help for mental health concerns. Mental health literacy (MHL) includes an individual's knowledge, beliefs, and skills in recognizing mental health conditions, understanding available treatments, and accessing the right support (**Sampaio et al., 2022).** Many individuals continued to struggle in silence, discouraged from seeking help due to stigma, cultural expectations, or fear of judgment. Given these concerns, the purpose of this study was to understand students' knowledge about mental health, their preferred sources of help, and how they practiced self-care. This research contributed insights that may help improve mental health awareness and support programs in the university. According to **Spaulding (2024),** It is more than simple awareness; it also involves knowledge of risk factors, self-help strategies, and professional services. Individuals with higher MHL are better able to identify conditions such as depression, anxiety, and schizophrenia, allowing them to seek timely support from professionals like counselors, therapists, social workers, and psychiatrists.

The concept of mental health literacy has since expanded into Positive Mental Health Literacy (PMHL), which not only addresses illness but also emphasizes resilience and overall well-being. Positive Mental Health Literacy (PMHL)includes emotional, social, and psychological dimensions, and plays an important role in enhancing mental health outcomes **(Teixeira et al., 2022**).

In the context of this study, the Theory of Planned Behavior (TPB), introduced by Ajzen helped explain how students' attitudes toward mental health services, their perception of social expectations, and their confidence in accessing support affected their willingness to seek help and care for their mental well-being (**Armitage and Conner, 2019)**. Applying the Theory of Planned Behavior (TPB) to mental health is not merely a psychological exercise. It operates on the assumption that individuals are rational actors who evaluate information and calculate outcomes before making decisions. This aligns with Rationalism, the belief that reason is the primary source of knowledge and justification.

This research described the relationship of mental health literacy, Health seeking preferences and self care among college students of Arellano University .

Specifically, this study aimed to answer the following questions:

1. What is the level of mental health literacy among Arellano University students in terms of;
    - 1.1. Ability to Recognize Disorders
    - 1.2. Knowledge of Where to Seek Information
    - 1.3. Attitudes that Promote Recognition and Appropriate Help-Seeking
        - 1.3.1. Stigma About Mental Illness
        - 1.3.2. Attitudes Toward Help Seeking and;
        - 1.3.3. Acceptance of People with Mental Illness
2. What is the average level of likelihood among Arellano University college students to seek help from various sources of support for personal or emotional problems, as measured by the General Help-Seeking Questionnaire (GHSQ)?

3. What is the level of self-care among Arellano University college students as measured by the Self-Care Scale (SCS) in terms of;
    3.1. Self-destructive behavior
    3.2. Difficulty in receiving and asking for help
    3.3. Resentment about not receiving reciprocity
    3.4. Absence of positive activities
    3.5 Not taking into account one's own needs
    3.6 Lack of tolerance of shared positive affect

4. Is there a significant relationship between mental health literacy, help-seeking preferences, and self-care among Arellano University college students?

The researchers used the null hypothesis wherein there is no significant relationship between mental health literacy, help-seeking preferences, and self-care among college students in Arellano University.

METHODS

Research Design

This study used a quantitative descriptive-correlational design. This design was chosen because it allowed the researchers to describe the current levels of the variables and to examine possible relationships between them.

Quantitative research involves collecting and analyzing numerical data to identify patterns and relationships **(Creswell & Creswell, 2020)**. The descriptive part of the design was used to measure the students' mental health literacy, help-seeking preferences, and self-care practices. The correlational part was used to find out if mental health literacy is related to self-care, with help-seeking preferences considered as an intervening variable.

Population and Sampling

The population of this study consisted of 3,939 college students aged 18 to 25 years old enrolled at Arellano University – Juan Sumulong Campus. The sample size was determined using Slovin's formula with a 0.05 margin of error and a 95% confidence level, yielding a required sample of approximately 363 respondents. To make sure the sample was enough and to allow for possible nonresponses, the final number of participants was set at 366 students.

A random sampling technique was employed in distributing the questionnaires. This method provided students from various courses and year levels an equal opportunity to be included in the study, thereby minimizing sampling bias and enhancing the representativeness of the results.

Research Instruments

The researchers in this study used three instruments: the Mental Health Literacy Scale – Filipino Version (MHLS-F), the General Help-Seeking Questionnaire (GHSQ), and the Self-Care Scale (SCS). These tools were utilized to gather the data needed to answer the specific problems of the study. The first part of the questionnaire collected the respondents' demographic profile in terms of age, gender, year level, and course to ensure they met the study's age requirement of 18 to 25 years old. The second part, the MHLS-F, measured the respondents' knowledge, understanding, and attitudes related to mental health and mental disorders. The third part, the GHSQ, assessed the respondents' likelihood to seek

help from various sources of support when experiencing emotional, personal, or suicidal thoughts. The fourth part, the SCS, measured the respondents' attitudes and behaviors in terms of self-destructive behavior, difficulty in receiving and asking for help, resentment about not receiving reciprocity, absence of positive activities, not taking into account one's own needs and lack of tolerance of shared positive affect.

Mental Health Literacy Scale - Filipino Version (MHLS-F)

The Mental Health Literacy Scale – Filipino Version (MHLS-F) is an adaptation of the original Mental Health Literacy Scale (MHLS) developed by (**O'Connor and Casey, 2015**). The MHLS-F ensure cultural relevance among Filipino respondents. The original MHLS was a 35-item questionnaire that measured an individual's knowledge and attitudes about mental health across six domains: ability to recognize disorders, knowledge of where to seek information, knowledge of risk factors and causes, knowledge of self-treatment, knowledge of professional help available, and attitudes that promote recognition or appropriate help-seeking behavior **(Biscocho and Medina (2022).** To interpret the results, the following ranges were used as the basis for describing the level of mental health literacy: scores from 1.00 to 1.79 were interpreted as Definitely Unwilling (Very Low Mental Health Literacy); 1.80 to 2.59 as Probably Unwilling (Low Mental Health Literacy); 2.60 to 3.39 as Neither Unwilling nor Willing (Moderate Mental Health Literacy); 3.40 to 4.19 as Probably Willing (High Mental Health Literacy); and 4.20 to 5.00 as Definitely Willing (Very High Mental Health Literacy). Higher weighted mean scores reflect greater awareness, knowledge, and positive attitudes toward mental health and help-seeking.

General Help-Seeking Questionnaire (GHSQ)

The General Help-Seeking Questionnaire (GHSQ), was utilized in this study to measure students' intentions and likelihood to seek help from various sources when experiencing personal or emotional problems. The instrument assesses how willing individuals are to approach both formal and informal sources of support when facing psychological or emotional difficulties.

For this study, the interpretation of the weighted mean followed these ranges: scores from 1.00 to 1.49 were interpreted as "Extremely Unlikely" and represented a very low help-seeking preference; 1.50 to 2.49 as "Very Unlikely" and low help-seeking preference; 2.50 to 3.49 as "Unlikely" and somewhat low help-seeking preference; 3.50 to 4.49 as "Neutral"and moderate help-seeking preference; 4.50 to 5.49 as "Likely" and moderately high help-seeking preference; 5.50 to 6.49 as "Very Likely" and high help-seeking preference; and 6.50 to 7.00 as "Extremely Likely" and very high help-seeking preference.

Higher weighted mean scores represent a greater likelihood and preference to seek help, while lower scores indicate reduced willingness or avoidance in seeking assistance. The GHSQ has demonstrated good reliability and validity across multiple populations, with internal consistency coefficients ranging from 0.70 to 0.92 and test–retest reliability coefficients as high as 0.86 **(Parent, & Spiker, 2018).**

Self-Care Scale (SCS)

The Self-Care Scale (SCS) was used in this study to assess students' attitudes and behaviors related to self-care. The SCS evaluates how individuals engage in behaviors that maintain their physical, emotional, and interpersonal well-being. It is based on an expanded concept of self-care that includes three dimensions: the *material dimension*, which involves seeking positive experiences and meeting one's needs; the *internal dimension*, which reflects viewing oneself positively and realistically; and the *interpersonal dimension*, which relates to forming and maintaining supportive

relationships with others. The SCS comprises six subscales that capture different facets of self-care. These are: Self-Destructive Behavior (Items 1, 8, 12, 16, 23, 28, 31), which measures the tendency to treat oneself harshly or harmfully; Difficulty in Receiving and Asking for Help (Items 3, 11, 17, 29), which evaluates reluctance to accept assistance; Resentment About Not Receiving Reciprocity (Items 4, 9, 13, 18, 24), which assesses frustration over unreciprocated care; Absence of Positive Activities (Items 5, 21, 25, 30), which measures disengagement from enjoyable or relaxing activities; Not Taking Into Account One's Own Needs (Items 7, 10, 14, 19, 22, 26), which captures neglect of personal needs; and Lack of Tolerance of Shared Positive Affect (Items 2, 6, 15, 20, 27), which evaluates discomfort with praise or positive recognition.

To interpret the results, the following scale was used: mean scores from 1.00 to 1.49 were interpreted as *Disagree Very Strongly* (Very Low Self-Care); 1.50 to 2.49 as *Disagree Strongly* (Low Self-Care); 2.50 to 3.49 as *Disagree* (Somewhat Low Self-Care); 3.50 to 4.49 as *Neither Agree nor Disagree* (Moderate Self-Care); 4.50 to 5.49 as *Agree* (Moderately High Self-Care); 5.50 to 6.49 as *Agree Strongly* (High Self-Care); and 6.50 to 7.00 as *Agree Very Strongly* (Very High Self-Care). Higher weighted mean scores indicate greater engagement in positive self-care behaviors and healthier attitudes toward one's well-being, while lower scores reflect poorer self-care practices and difficulty in attending to personal needs. The Self-Care Scale has shown strong psychometric properties, with internal consistency coefficients (Cronbach's alpha) ranging from 0.80 to 0.90 across its subscales **(González et al., 2017).**

Research Ethical Protocol

This study followed ethical standards to protect the rights and welfare of respondents. Approval was obtained from the Ethics Review Board of Arellano University, and all procedures complied with the Data Privacy Act of 2012.

All respondents gave informed consent before answering the survey. For Google Forms, the consent statement appeared at the start, and students could only proceed if they agreed to participate. They were informed that participation was voluntary, that they could withdraw anytime, and that no harm would come from joining.

The survey only asked for basic personal information such as age, gender, year level, and course. Names were optional. All responses were kept confidential and accessed only by the researchers.

RESULTS and DISCUSSION

Table 1 Presents The Level Of Students' Ability To Recognize Mental Disorders. The highest weighted mean was recorded for the item, "A person feels extremely anxious in social situations because of fear of being judged or embarrassed," referring to Social Phobia (Social Anxiety Disorder), with a mean of 3.10, interpreted as *Likely*. This indicates that students are relatively more familiar with anxiety-related conditions, which are commonly discussed or experienced among young adults. Slightly lower but still notable mean scores were observed for Personality Disorders (3.09) and Bipolar Disorder (3.08), suggesting that students can recognize patterns of mood shifts and personality-related behaviors to a reasonable extent. The lowest weighted mean was obtained for the item, "Drug dependence means a person needs more of the drug over time to feel the same effect," with a mean of 2.86, interpreted as *Likely*. This suggests that students are less familiar with substance-related conditions compared to mood or anxiety disorders, indicating a gap in knowledge regarding addictive behaviors.

According to **Dizon (2019),** In the Philippines, research offers a mixed picture. In state university students reported high levels of Mental Health Literacy (MHL) in contrast, youth and the general population tend to have lower

levels of mental health literacy. These results are consistent with the report that Filipino college students could identify depression and anxiety but often regarded them as normal emotional experiences rather than clinical conditions **(Ines, 2019).** Similarly, **Argao (2021)** found that the **s**tudents were more knowledgeable about mood and anxiety disorders but less familiar with complex conditions such as substance-use Internationally, adolescents in Spain were better at recognizing emotional disorders than substance-related or psychotic conditions, reflecting a similar pattern of recognition across cultures **(González-Sanguino et al., 2024).**

Table 1
Respondents' Level of Mental Health Literacy in terms of Ability to Recognize Disorder Subscale

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
1. If a person feels extremely anxious in social situations because of fear of being judged, embarrassed, or humiliated, how likely do you think they have Social Phobia (Social Anxiety Disorder)?	3.10	Likely
2. If a person experiences hard-to-control worry about many activities, along with symptoms such as muscle tension and fatigue, how likely do you think they have Generalized Anxiety Disorder?	2.96	Likely
3. If a person has a low mood for at least two weeks, loses interest in normal activities, and has changes in appetite or sleep, how likely do you think they have Major Depressive Disorder?	2.99	Likely
4. How likely do you think it is that Personality Disorders are considered a category of mental illness?	3.09	Likely
5. How likely do you think it is that Bipolar Disorder involves both periods of elevated (high) mood and periods of depressed (low) mood?	3.08	Likely
6. How likely do you think it is that Drug Dependence means a person needs more of the drug over time to feel the same effect?	2.86	Likely
OVERALL WEIGHTED MEAN	3.10	Likely

1.00–1.49 — Very Unlikely / Unhelpful (Very Low Mental Health Literacy)
1.50–2.49 — Unlikely (Low Mental Health Literacy)
2.50–3.49 — Likely (Moderate to High Mental Health Literacy)
3.50–4.00 — Very Likely / Helpful (High Mental Health Literacy)

Table 2 Present Level Of Mental Health Literacy In Terms Of Where To Seek Information. The statement with the highest weighted mean was, "I am confident going to face-to-face appointments to get information about mental illness," which scored 3.87 (Agree). This suggests that students are generally comfortable consulting professionals such as doctors, counselors, or psychologists to obtain accurate mental health information. Close to this were the statements, "I am confident using the computer or phone to get information about mental illness" (3.83) and "I am confident that I know where to seek information about mental illness" (3.75), indicating that students effectively utilize both digital and interpersonal sources to acquire mental health knowledge.

On the other hand, the lowest weighted mean was observed in the statement, "I am confident that I have resources such as a doctor, internet, or friends I can use to get information about mental illness," which scored 3.69 (Agree). Although still within the "Agree" range, this suggests that some students may face limited access to certain mental health resources, potentially due to factors such as availability, cost, or insufficient institutional support.

The level of students' knowledge about where to seek information regarding mental illness obtained a weighted mean of 3.79 (Agree), reflecting a generally high confidence and awareness in finding reliable mental health information from various sources. These results are consistent with the study who emphasized that digital literacy enhances individuals' confidence in seeking professional help (Spaulding.,2024). and with local studies which noted that while Filipino college students are aware of informal sources such as peers and family, they may feel less certain about professional or biomedical sources **(Argao et al., 2021).**

Table 2
Respondents' Level of Mental Health Literacy in terms of Knowledge of Where to Seek Information Subscale

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
7. I am confident that I know where to seek information about mental illness	3.75	Agree
8. I am confident using the computer or phone to get information about mental illness.	3.83	Agree
9. I am confident going to face-to-face appointments (e.g., with a doctor) to get information about mental illness.	3.87	Agree
10. I am confident that I have resources (e.g., doctor, internet, friends) I can use to get information about mental illness.	3.69	Agree
OVERALL WEIGHTED MEAN	3.79	Agree

1.00–1.79 — Strongly Disagree (Very Low Mental Health Literacy) *1.80–2.59 — Disagree (Low Mental Health Literacy)*
2.60–3.39 — Neither Agree nor Disagree (Moderate Mental Health Literacy) *3.40–4.19 — Agree (High Mental Health Literacy)*
4.20–5.00 — Strongly Agree (Very High Mental Health Literacy)

Table 3 Presents The Level Of Mental Health Literacy In Terms Of Attitudes That Promote Recognition And Appropriate Help Seeking; the stigma about mental illness. The highest mean score was observed in the statement, "A mental illness is not a real medical illness," which obtained a weighted mean of 3.88 (Agree). Closely following was the statement, "It is best to avoid people with a mental illness so that you don't develop this problem," with a mean of 3.80 (Agree). These results indicate that some students still hold misconceptions about the nature of mental illness and its perceived "contagion," reflecting persistent cultural beliefs or gaps in accurate mental health knowledge.

Conversely, the lowest mean scores were found in the statements, "People with a mental illness could snap out of it if they wanted" (3.03) and "A mental illness is a sign of personal weakness" (3.29), both interpreted as Neither Agree

nor Disagree. This suggests that while some stigmatizing beliefs persist, many students remain uncertain or neutral regarding these particular misconceptions, indicating a partial recognition of the complexity of mental health conditions. The subscale on stigma about mental illness obtained a weighted mean of 3.51 (Agree), indicating that students generally still hold moderately stigmatizing attitudes toward individuals with mental illness. These findings align with the study who noted that stigma in the Philippines is often shaped by cultural, religious, and socioeconomic factors **(Doctor.,2025).** Similarly, in Asian contexts, mental illness is frequently regarded as a "family disease" or source of shame, which discourages open discussion and help-seeking **(Tanaka et al., 2018).** In the local context, observed that Filipino college students tend to normalize emotional distress while expressing both personal and perceived stigma toward individuals experiencing depression **(Ines , 2019).**

Table 3
Respondents' Level of Mental Health Literacy in terms of Attitudes that Promote Recognition and Appropriate Help-Seeking Subscale (Stigma About Mental Illness)

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
11. People with a mental illness could snap out if it if they wanted	3.03	Neither Agree nor Disagree
12. A mental illness is a sign of personal weakness	3.29	Neither Agree nor Disagree
13. A mental illness is not a real medical illness	3.88	Agree
14. People with a mental illness are dangerous	3.57	Agree
15. It is best to avoid people with a mental illness so that you don't develop this problem	3.80	Agree
OVERALL WEIGHTED MEAN	3.51	Agree

1.00–1.79 — Strongly Disagree (Very Low Mental Health Literacy)
1.80–2.59 — Disagree (Low Mental Health Literacy)
2.60–3.39 — Neither Agree nor Disagree (Moderate Mental Health Literacy)
3.40–4.19 — Agree (High Mental Health Literacy)
4.20–5.00 — Strongly Agree (Very High Mental Health Literacy)

Table 4 Presents The Weighted Mean Scores, Overall Weighted Mean, And Verbal Interpretation Of Students' Attitudes Toward Help-Seeking.

Overall, the attitudes toward help-seeking subscale in Table 4 obtained a weighted mean of 3.84 (Agree), indicating that students generally hold moderately positive yet cautious attitudes toward consulting mental health professionals. These results align with the findings of the study who reported that Filipino college students often internalize stigma, which leads to hesitation in seeking professional help despite awareness of available services (**Orsal and Tuazon ,2021).** Similarly, concerns about stigma and low confidence in treatment continue to hinder help-seeking behaviors among Filipino youth **(Castañeda et al., 2022).**

Table 4

Respondents' Level of Mental Health Literacy in terms of Attitudes that Promote Recognition and Appropriate Help-Seeking Subscale (Attitudes Toward Help Seeking)

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
16. If I had a mental illness I would not tell anyone	3.54	Agree
17. Seeing a mental health professional means you are not strong enough to manage your own difficulties	3.86	Agree
18. If I had a mental illness, I would not seek help from a mental health professional	3.97	Agree
19.I believe treatment for a mental illness, provided by a mental health professional, would not be effective	3.96	Agree
OVERALL WEIGHTED MEAN	3.84	Agree

1.00–1.79 — Strongly Disagree (Very Low Mental Health Literacy)
1.80–2.59 — Disagree (Low Mental Health Literacy)
2.60–3.39 — Neither Agree nor Disagree (Moderate Mental Health Literacy)
3.40–4.19 — Agree (High Mental Health Literacy)
4.20–5.00 — Strongly Agree (Very High Mental Health Literacy)

Table 5 Presents The Respondents' Social Acceptance Toward Individuals With Mental Illness,

Based on the overall, results the social acceptance subscale in Table 5 obtained a weighted mean of 2.98, interpreted as Neither Unwilling nor Willing, suggesting that students generally hold a neutral level of acceptance toward individuals with mental health conditions. These findings align with the study who reported that Filipino college students exhibit moderate acceptance of individuals with mental illness but remain hesitant in forming close personal or familial relationships **(Santos et al., 2021).** Similarly, social desirability and cultural norms may lead students to express compassion while maintaining emotional distance (**Martinez and Castañeda, 2022).**

Table 5

Respondents' Level of Mental Health Literacy in terms of Attitudes that Promote Recognition and Appropriate Help-Seeking Subscale (Social Acceptance of People with Mental Illness)

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
20. How willing would you be to move next door to someone with a mental illness?	3.38	Neither Unwilling nor Willing
21. How willing would you be to spend an evening socialising with someone with a mental illness?	3.51	Agree

22. How willing would you be to make friends with someone with a mental illness?	3.62	Agree
23. How willing would you be to have someone with a mental illness start working closely with you on a job?	3.48	Agree
24. How willing would you be to have someone with a mental illness marry into your family?	3.18	Neither Unwilling nor Willing
25.How willing would you be to vote for a politician if you knew they had suffered a mental illness?	2.79	Neither Unwilling nor Willing
26. How willing would you be to employ someone if you knew they had a mental illness?	3.15	Neither Unwilling nor Willing
OVERALL WEIGHTED MEAN	2.98	Neither Unwilling nor Willing

1.00–1.79 — Definitely Unwilling (Very Low Mental Health Literacy)
1.80–2.59 — Probably Unwilling (Low Mental Health Literacy)
2.60–3.39 — Neither Unwilling nor Willing (Moderate Mental Health Literacy)
3.40–4.19 — Probably Willing (High Mental Health Literacy)
4.20–5.00 — Definitely Willing (Very High Mental Health Literacy)

Respondents' Level of Help-Seeking Preference When Having a Personal or Emotional Problem

Based on the Overall results students demonstrated a neutral level of willingness to seek help for personal or emotional concerns (GWM = 4.16), consistent with findings that highlight the influence of stigma and self-reliance on formal help-seeking behavior **(Bukhari et al., 2024).**

Table 6
Respondents' Level of Help-Seeking Preference When Having a Personal or Emotional Problem

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	5.27	Likely
b. Friend (not related to you)	4.49	Neutral
c. Parent	4.64	Likely
d. Brother/Sister	4.59	Likely
e. Grandparents	4.17	Neutral
f. Other relative/family member	3.46	Unlikely
g. Mental health professional (e.g. psychologist, social worker, counsellor)	5.21	Likely
h. Phone helpline (e.g. Lifeline)	4.10	Neutral
i. Doctor/GP	4.95	Likely
j. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	3.83	Neutral
k. I would not seek help from anyone	3.31	Unlikely

l. I would seek help from another not listed above (please list in the space provided, e.g., work colleague.)	1.88	Extremely Unlikely
OVERALL WEIGHTED MEAN	4.16	Neutral

1.00–1.49 — Extremely Unlikely (Very Low Help-Seeking Preference)
1.50–2.49 — Very Unlikely (Low Help-Seeking Preference)
2.50–3.49 — Unlikely (Somewhat Low Help-Seeking Preference)
3.50–4.49 — Neutral (Moderate Help-Seeking Preference)
4.50–5.49 — Likely (Moderately High Help-Seeking Preference)
5.50–6.49 — Very Likely (High Help-Seeking Preference)
6.50–7.00 — Extremely Likely (Very High Help-Seeking Preference)

Respondents' Level of Help-Seeking Preference Who Experienced Having Suicidal Thoughts

In general, the data shows a neutral to unlikely tendency to seek help during suicidal ideation, with a general weighted mean of 2.88. This indicates that while some respondents may consider reaching out to trusted individuals or professionals, many still prefer to handle such crises alone. These findings are consistent with previous studies **(Yang et al., 2024),** which found that shame, self-stigma, and fear of judgment often prevent help-seeking during suicidal distress.

Table 7
Respondents' Level of Help-Seeking Preference Who Experienced Having Suicidal Thoughts

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	3.58	Neutral
b. Friend (not related to you)	3.14	Unlikely
c. Parent	2.83	Unlikely
d. Brother/Sister	2.93	Unlikely
e. Grandparents	2.65	Unlikely
f. Other relative/family member	2.39	Very Unlikely
g. Mental health professional (e.g. psychologist, social worker, counsellor)	3.58	Neutral
h. Phone helpline (e.g. Lifeline)	3.12	Unlikely
I. Doctor/GP	3.35	Unlikely
j. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	2.73	Unlikely
k. I would not seek help from anyone	2.74	Unlikely
l. I would seek help from another not listed above (please list in the space provided, e.g., work colleague.)	1.51	Extremely Unlikely
OVERALL WEIGHTED MEAN	2.88	Neutral

1.00–1.49 — Extremely Unlikely (Very Low Help-Seeking Preference)
1.50–2.49 — Very Unlikely (Low Help-Seeking Preference)
2.50–3.49 — Unlikely (Somewhat Low Help-Seeking Preference)3.50–4.49 — Neutral (Moderate Help-Seeking Preference)
4.50–5.49 — Likely (Moderately High Help-Seeking Preference)
5.50–6.49 — Very Likely (High Help-Seeking Preference)
6.50–7.00 — Extremely Likely (Very High Help-Seeking Preference)

As shown in Table 8 Respondents' Level of Self-Care Weighted Mean Scores in terms of Self-Destructive, The overall weighted mean of 4.24 (Neither Agree nor Disagree) reflects a moderate level of self-care in terms of self-destructive behavior. This means that while students occasionally experience negative self-talk or engage in unhealthy habits, these behaviors are not dominant or persistent. This is noted with the study that self-destructive tendencies can hinder self-care by lowering motivation and self-worth, ultimately affecting one's mental health **(González et al., 2017).** Similarly, In one study emphasized that fostering self-compassion and mindfulness helps reduce self-criticism and promotes emotional balance and resilience. These findings suggest that Arellano University college students demonstrate a moderate level of self-care but may benefit from interventions that enhance self-acceptance, emotional regulation, and healthy coping strategies **(Branson , 2023)**

Table 8
Respondents' Level of Self-Care Weighted Mean Scores in terms of Self-Destructive

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
1. When I feel bad, I do things that make me feel even worse.	3.62	Neither Agree nor Disagree
8. I always blame myself for everything.	4.47	Neither Agree nor Disagree
12. I behave self-destructively.	4.29	Neither Agree nor Disagree
16. I constantly criticize myself on the inside.	4.77	Agree
23. I do things that I know are harmful for me.	3.98	Neither Agree nor Disagree
28. When I feel bad, I get angry at myself.	4.62	Agree
31. I do not eat well.	3.97	Neither Agree nor Disagree
OVERALL WEIGHTED MEAN	4.24	Neither Agree nor Disagree

Respondents' Level of Self-Care Weighted Mean Scores in terms of Self-Destructive Behavior Subscale
1.00–1.49 — Disagree Very Strongly (Very Low Self-Care) *1.50–2.49 — Disagree Strongly (Low Self-Care)*
2.50–3.49 — Disagree (Somewhat Low Self-Care) *3.50–4.49 — Neither Agree nor Disagree (Moderate Self-Care)*
4.50–5.49 — Agree (Moderately High Self-Care) *5.50–6.49 — Agree Strongly (High Self-Care)*
6.50–7.00 — Agree Very Strongly (Very High Self-Care)

As shown in Table 9 Respondents' Level of Self-Care Weighted Mean Scores in terms of Difficulty in Receiving and Asking for Help,

Based on the overall weighted mean of 4.27 (Neither Agree nor Disagree) reflects a moderate level of self-care in this domain. This means that while a number of Arellano University college students are open to receiving assistance, others continue to rely mainly on self-management or feel hesitant to reach out due to self-reliance or fear of being judged. Interpersonal self-care involves recognizing one's limits and maintaining healthy social connections **(González et al., 2017)**. Similarly, One study found that strong social support encourages help-seeking behavior, whereas observed that Filipino students often avoid seeking help because of cultural values that emphasize independence **(Estacio and Acab ,2021).** These findings suggest that the respondents demonstrate a balance between autonomy

and receptiveness to support, underscoring the importance of fostering an environment that normalizes and encourages help-seeking among students.

Table 9
Respondents' Level of Self-Care Weighted Mean Scores in terms of Difficulty in Receiving and Asking for Help

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
3. I do not let others help me.	3.70	Neither Agree nor Disagree
11. I am incapable of asking for help.	4.25	Neither Agree nor Disagree
17. I keep my problems to myself.	4.90	Agree
29. I cannot ask for what I need.	4.24	Neither Agree nor Disagree
OVERALL WEIGHTED MEAN	4.27	Neither Agree nor Disagree

1.00–1.49 — Disagree Very Strongly (Very Low Self-Care) *1.50–2.49 — Disagree Strongly (Low Self-Care)*
2.50–3.49 — Disagree (Somewhat Low Self-Care) *3.50–4.49 — Neither Agree nor Disagree (Moderate Self-Care)*
4.50–5.49 — Agree (Moderately High Self-Care) *5.50–6.49 — Agree Strongly (High Self-Care)*
6.50–7.00 — Agree Very Strongly (Very High Self-Care)

As presented in Table 10 Respondents' Level of Self-Care Weighted Mean Scores in terms of Resentment About Not Receiving Reciprocity, The overall weighted mean of 3.98 (Neither Agree nor Disagree) indicates a moderate level of self-care in terms of resentment about not receiving reciprocity. This shows that while some students may sometimes feel disappointed or undervalued, they generally manage such emotions with balance and understanding. This is noted that a lack of perceived emotional support can lead to frustration and stress among students **(Gulliver et al. 2022).** Meanwhile, In one study emphasized that Filipino students' emotional well-being is closely tied to empathy and social connection **(Roxas , 2023).** These findings suggest that the respondents maintain a moderate sense of emotional awareness and value fairness in relationships, highlighting the importance of mutual understanding and recognition within their social circles.

Table 10
Respondents' Level of Self-Care Weighted Mean Scores in terms of Resentment About Not Receiving Reciprocity

INDICATORS	**WEIGHTED MEAN**	**VERBAL INTERPRETATION**
4. I believe I am treated unfairly and I do not know why.	3.94	Neither Agree or Disagree
9. No one acknowledges how much I do for them.	4.28	Neither Agree nor Disagree
13. Others should be there whenever I need them	3.82	Neither Agree no Disagree
18. People are ungrateful.	4.00	Neither Agree nor Disagree
24. It bothers me when others do not respond to my needs immediately.	3.87	Neither Agree nor Disagree

OVERALL WEIGHTED MEAN	3.98	Neither Agree nor Disagree

1.00–1.49 — Disagree Very Strongly (Very Low Self-Care) *1.50–2.49 — Disagree Strongly (Low Self-Care)*
2.50–3.49 — Disagree (Somewhat Low Self-Care) *3.50–4.49 — Neither Agree nor Disagree (Moderate Self-Care)*
4.50–5.49 — Agree (Moderately High Self-Care) *5.50–6.49 — Agree Strongly (High Self-Care)*
6.50–7.00 — Agree Very Strongly (Very High Self-Care)

Table 11 Respondents' Level of Self-Care Weighted Mean Scores in terms of Absence of Positive Activities

The overall weighted mean of 3.72 (Neither Agree nor Disagree) indicates a moderate level of self-care in terms of positive activities. This means that students participate in enjoyable or restorative activities, but not regularly. It emphasized that engaging in meaningful leisure helps maintain emotional stability and manage stress **(Zhong, 2023)**. While in one study**, Branson (2023)** explained that consistent involvement in positive activities enhances well-being and psychological resilience. These findings imply that Arellano University college students recognize the value of self-care but may struggle to maintain it consistently due to academic and personal demands

Table 11
Respondents' Level of Self-Care Weighted Mean Scores in terms of Absence of Positive Activities

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
5. Do not take time for activities that are enjoyable or fun.	3.36	Disagree
21. I do not have relationships that feel rewarding.	3.82	Neither Agree nor Disagree
25. I do not exercise.	3.95	Neither Agree nor Disagree
30. I do not know how to enjoy my free time.	3.77	Neither Agree nor Disagree
OVERALL WEIGHTED MEAN	3.72	Neither Agree nor Disagree

1.00–1.49 — Disagree Very Strongly (Very Low Self-Care) *1.50–2.49 — Disagree Strongly (Low Self-Care)*
2.50–3.49 — Disagree (Somewhat Low Self-Care) *3.50–4.49 — Neither Agree nor Disagree (Moderate Self-Care)*
4.50–5.49 — Agree (Moderately High Self-Care) *5.50–6.49 — Agree Strongly (High Self-Care)*
6.50–7.00 — Agree Very Strongly (Very High Self-Care)

In Table 12 Respondents' Level of Self-Care Weighted Mean Scores in terms of Not Taking into Account One's Own Needs,

The overall weighted mean of 4.17 (Neither Agree nor Disagree) reflects a moderate level of self-care in this subscale. This suggests that while Arellano University college students are often considerate of others and willing to prioritize others' needs, they also show awareness of their own limits.

Based in one study shows that healthy self-care includes balancing empathy for others with self-respect and assertiveness (González **et al., 2017**). This was also emphasized that self-compassion involves caring for oneself

without guilt or excessive self-sacrifice. These findings indicate that students strive for balance between helping others and maintaining their own well-being (**Neff , 2020).**

Table 12
Respondents' Level of Self-Care Weighted Mean Scores in terms of Not Taking into Account One's Own Needs

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
7. Everything I do must be useful to others.	4.45	Neither Agree nor Disagree
10. The needs of others come before my own needs.	4.45	Neither Agree nor Disagree
14. I can forgive anyone for anything they do to me.	4.46	Neither Agree nor Disagree
19. I have a hard time standing up for my rights.	4.33	Neither Agree nor Disagree
22. I allow people to invade my personal space.	3.35	Disagree
26. I am incapable of saying no.	4.01	Neither Agree nor Disagree
OVERALL WEIGHTED MEAN	4.17	Neither Agree nor Disagree

1.00–1.49 — Disagree Very Strongly (Very Low Self-Care) *1.50–2.49 — Disagree Strongly (Low Self-Care)*
2.50–3.49 — Disagree (Somewhat Low Self-Care) *3.50–4.49 — Neither Agree nor Disagree (Moderate Self-Care)*
4.50–5.49 — Agree (Moderately High Self-Care) *5.50–6.49 — Agree Strongly (High Self-Care)*
6.50–7.00 — Agree Very Strongly (Very High Self-Care)

In Table 13 Respondents' Level of Self-Care Weighted Mean Scores in terms Lack of Tolerance of Shared Positive,

The overall weighted mean of 4.26 (Neither Agree nor Disagree) indicates a moderate level of self-care in terms of accepting shared positive affect. This means that while Arellano University college students generally appreciate compliments and encouragement, they may still feel uneasy when receiving them. This was emphasized that learning to accept praise helps strengthen emotional stability and self-worth **(Stern, 2024).** Likewise, Filipino students often show modesty and humility when acknowledged, which can make it harder for them to internalize positive feedback **(Roxas, 2023).**

Overall, these results imply that students recognize the importance of self-care but practice it irregularly. This supports the study that emphasized that consistent self-care and intentional self-care practices contribute significantly to improved mental health, stress management, and academic success. Strengthening self-awareness, emotional regulation, and boundary-setting may further support the development of healthier self-care habits among students **(Branson, 2023).**

Table 13

Respondents' Level of Self-Care Weighted Mean Scores in terms Lack of Tolerance of Shared Positive Affect

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
2. Praise makes me feel uncomfortable.	3.69	Neither Agree nor Disagree
6. I do not trust people who say positive things about me.	3.68	Neither Agree nor Disagree
15. It is easier for me to believe criticism than compliments.	4.52	Agree
20. I feel more comfortable helping others than the other way around.	4.91	Agree
27. I dismiss compliments by saying "not really" or something similar.	4.49	Neither Agree nor Disagree
OVERALL WEIGHTED MEAN	4.26	Neither Agree nor Disagree

1.00–1.49 — Disagree Very Strongly (Very Low Self-Care) *1.50–2.49 — Disagree Strongly (Low Self-Care)*
2.50–3.49 — Disagree (Somewhat Low Self-Care) *3.50–4.49 — Neither Agree nor Disagree (Moderate Self-Care)*
4.50–5.49 — Agree (Moderately High Self-Care), *5.50–6.49 — Agree Strongly (High Self-Care)*
6.50–7.00 — Agree Very Strongly (Very High Self-Care)

Significant Relationship between Mental Health Literacy and Help-Seeking Preferences among Arellano Students. The results of the Spearman rank-order correlation test revealed that most domains of mental health literacy showed a very weak relationship with help-seeking preferences among Arellano University college students. Specifically, the ability to recognize a disorder was not significantly correlated with seeking help for either personal/emotional problems ($\rho = -0.002$, $p = 0.966$) or experiencing suicidal thoughts ($\rho = -0.009$, $p = 0.864$). Similarly, the acceptance of people with mental illness did not significantly relate to either help-seeking for personal/emotional problems ($\rho = 0.015$, $p = 0.777$) or suicidal thoughts ($\rho = -0.043$, $p = 0.417$).

On the other hand, a few variables showed statistically significant but still very weak associations. Knowledge of where to seek information was significantly related to help-seeking for personal/emotional problems ($\rho = 0.140$, $p = 0.007$), suggesting that students with greater knowledge about mental health resources are slightly more likely to seek help. Likewise, stigma about mental illness showed a weak but significant negative correlation with both personal/emotional problems ($\rho = -0.115$, $p = 0.028$) and suicidal thoughts ($\rho = -0.173$, $p = 0.001$), indicating that higher stigma is associated with a lower tendency to seek help. Additionally, attitude towards help-seeking was significantly but very weakly negatively correlated with suicidal thoughts ($\rho = -0.128$, $p = 0.014$).

Significant relationships were found between certain aspects of mental health literacy and help-seeking preferences, the correlations were consistently very weak (ρ values within ±0.00 to ±0.19). This implies that although mental health literacy influences help-seeking to some extent, other factors may play a stronger role in shaping students' willingness to seek help for personal, emotional, or suicidal concerns

Table 14

Significant Relationship between Mental Health Literacy and Help-Seeking Preferences among Arellano Students

Mental Health Literacy	Self- Care	Spearman Rho	Interpretation	p-value	Decision	Conclusion
Ability to Recognize Disorder	Personal/Emotional Problem	-0.002	Very weak	0.966	Accept Ho	No significant relationship
	Experience Suicidal Thoughts	-0.009	Very weak	0.864	Accept Ho	No significant relationship
Knowledge of Where to Seek Information	Personal/Emotional Problem	0.140**	Very weak	0.007	Reject Ho	Significant relationship
	Experience Suicidal Thoughts	0.029	Very weak	0.576	Accept Ho	No significant relationship
Stigma about Mental Illness	Personal/Emotional Problem	-0.115*	Very weak	0.028	Reject Ho	Significant relationship
	Experience Suicidal Thoughts	-0.173**	Very weak	0.001	Reject Ho	Significant relationship
Attitude Towards Help-Seeking	Personal/Emotional Problem	0.039	Very weak	0.457	Accept Ho	No significant relationship
	Experience Suicidal Thoughts	-0.128*	Very weak	0.014	Reject Ho	Significant relationship
Acceptance of People with Mental Illness	Personal/Emotional Problem	-0.002	Very weak	0.777	Accept Ho	No significant relationship
	Experience Suicidal Thoughts	-0.009	Very weak	0.417	Accept Ho	No significant relationship

±0.00 - ±0.19 - Very weak relationship ±0.20 - ±0.39 - Weak relationship ±0.40 - ±0.59 - Moderate relationship ±0.60 - ±0.79 - Strong relationship ±0.80 - ±1.00 - Very strong relationship

Significant Relationship between Mental Health Literacy and Self-Care among Arellano University College Students. Several aspects of mental health literacy were significantly but weakly associated with self-care dimensions among Arellano University college students. For the domain ability to recognize disorder, significant very weak positive relationships were observed with self-destructive behavior ($\rho = .121$, $p = 0.021$), difficulty receiving and asking for help ($\rho = .154$, $p = 0.003$), and lack of tolerance of shared positive affect ($\rho = .167$, $p = 0.001$). This suggests that students who are more able to recognize disorders show a slight tendency to manage certain self-care difficulties more effectively.

On the other hand, knowledge of where to seek information did not yield any significant correlations with self-care dimensions, indicating that awareness of mental health resources alone may not strongly influence students' self-care behaviors. In contrast, stigma about mental illness demonstrated weak but significant negative correlations with resentment about not receiving reciprocity ($\rho = -.228$, $p < 0.001$) and absence of positive activities ($\rho = -.222$, $p < 0.001$). Furthermore, a very weak but significant negative correlation was found without taking into account one's own needs ($\rho = -.160$, $p = 0.002$). This pattern implies that higher stigma is associated with poorer self-care practices, particularly in maintaining positive relationships and addressing personal needs. Similarly, attitude towards help-seeking showed multiple significant correlations with self-care. Weak negative relationships were observed with resentment

about not receiving reciprocity (ρ = −.288, p < 0.001), absence of positive activities (ρ = −.321, p < 0.001), and not taking into account one's own needs (ρ = −.232, p < 0.001), while very weak negative correlations were noted with self-destructive behavior (ρ = −.146, p = 0.005), difficulty receiving and asking for help (ρ = −.162, p = 0.002), and lack of tolerance of shared positive affect (ρ = −.109, p = 0.038). These results indicate that negative attitudes toward help-seeking are linked to lower levels of healthy self-care practices.

Acceptance of people with mental illness was associated with significant very weak positive correlations with difficulty receiving and asking for help (ρ = .134, p = 0.010), not taking into account one's own needs (ρ = .115, p = 0.028), and lack of tolerance of shared positive affect (ρ = .146, p = 0.005). This suggests that students who are more accepting of people with mental illness tend to demonstrate slightly more positive self-care practices.

Significant relationships were found across several domains of mental health literacy and self-care, the correlations ranged only from very weak to weak in strength (ρ = ±0.109 to ±0.321). This indicates that although mental health literacy influences self-care to some degree, its impact is relatively small.

Table 15
Significant Relationship between Mental Health Literacy and Self-Care among Arellano University College Students

Mental Health Literacy	Self- Care	Spearman Rho	Interpretation	p-value	Decision	Conclusion
Ability to Recognize Disorder	Self-Destructive Behavior	.121*	Very weak	0.021	Reject Ho	Significant relationship
	Difficulty Receiving and Asking for Help	.154*	Very weak	0.003	Reject Ho	Significant relationship
	Resentment about Not Receiving Reciprocity	-0.008	Very weak	0.879	Accept Ho	No significant relationship
	Absence of Positive Activities	-0.045	Very weak	0.388	Accept Ho	No significant relationship
	Not Taking into Account One Own Needs	0.062	Very weak	0.237	Accept Ho	No significant relationship
	Lack of Tolerance of Shared Positive Affect	.167**	Very weak	0.001	Reject Ho	Significant relationship
Knowledge of Where to Seek Information	Self-Destructive Behavior	-0.086	Very weak	0.101	Accept Ho	No significant relationship
	Difficulty Receiving and Asking for Help	-0.035	Very weak	0.504	Accept Ho	No significant relationship
	Resentment about Not Receiving Reciprocity	-0.052	Very weak	0.325	Accept Ho	No significant relationship
	Absence of Positive Activities	-0.086	Very weak	0.099	Accept Ho	No significant relationship
	Not Taking into Account One Own Needs	-0.047	Very weak	0.365	Accept Ho	No significant relationship

	Lack of Tolerance of Shared Positive Affect	-0.089	Very weak	0.088	Accept Ho	No significant relationship
Stigma about Mental Illness	Self-Destructive Behavior	-0.07	Very weak	0.898	Accept Ho	No significant relationship
	Difficulty Receiving and Asking for Help	-0.048	Very weak	0.358	Accept Ho	No significant relationship
	Resentment about Not Receiving Reciprocity	-.228**	Weak	0.000	Reject Ho	Significant relationship
	Absence of Positive Activities	-.222**	Weak	0.000	Reject Ho	Significant relationship
	Not Taking into Account One Own Needs	-.160**	Very weak	0.002	Reject Ho	Significant relationship
	Lack of Tolerance of Shared Positive Affect	-0.018	Very weak	0.728	Accept Ho	No significant relationship
Attitude Towards Help-Seeking	Self-Destructive Behavior	-.146**	Very weak	0.005	Reject Ho	Significant relationship
	Difficulty Receiving and Asking for Help	-.162**	Very weak	0.002	Reject Ho	Significant relationship
	Resentment about Not Receiving Reciprocity	-.288**	Weak	0.000	Reject Ho	Significant relationship
	Absence of Positive Activities	-.321**	Weak	0.000	Reject Ho	Significant relationship
	Not Taking into Account One Own Needs	-.232**	Weak	0.000	Reject Ho	Significant relationship
	Lack of Tolerance of Shared Positive Affect	-.109*	Very weak	0.038	Reject Ho	Significant relationship
Acceptance of People with Mental Illness	Self-Destructive Behavior	0.097	Very weak	0.063	Accept Ho	No significant relationship
	Difficulty Receiving and Asking for Help	.134*	Very weak	0.010	Reject Ho	Significant relationship
	Resentment about Not Receiving Reciprocity	0.054	Very weak	0.306	Accept Ho	No significant relationship
	Absence of Positive Activities	0.031	Very weak	0.558	Accept Ho	No significant relationship
	Not Taking into Account One Own Needs	.115*	Very weak	0.028	Reject Ho	Significant relationship

	Lack of Tolerance of Shared Positive Affect	.146**	Very Weak	0.005	Reject Ho	Significant relationship

±0.00 - ±0.19 - Very weak relationship ±0.20 - ±0.39 - Weak relationship ±0.40 - ±0.59 - Moderate relationship
±0.60 - ±0.79 - Strong relationship, ±0.80 - ±1.00 - Very strong relationship

Table 16

Significant Relationship between the Help-Seeking Preferences and Self-Care among Arellano University College Students

A correlation test revealed that some aspects of help-seeking preferences were significantly but very weakly correlated with self-care among Arellano University college students. Specifically, self-destructive behavior showed a very weak negative correlation with seeking help for personal or emotional problems (ρ = –.156, p = 0.003), indicating that students who are more likely to engage in self-destructive tendencies are slightly less inclined to seek help for such problems.

For other self-care dimensions, significant very weak positive correlations were observed. Absence of positive activities was positively correlated with help-seeking when experiencing suicidal thoughts (ρ = .159, p = 0.002), while not taking into account one's own needs was also positively correlated with suicidal thoughts (ρ = .108, p = 0.039). Additionally, lack of tolerance of shared positive affect was negatively correlated with personal/emotional problems (ρ = –.125, p = 0.017), suggesting that lower tolerance is linked with slightly reduced help-seeking for such concerns.

On the other hand, most self-care dimensions, such as resentment about not receiving reciprocity and several others, showed no significant associations with help-seeking preferences, as indicated by their nonsignificant p-values.

The findings demonstrate that while there are statistically significant relationships between certain help-seeking preferences and self-care domains, the correlations remain very weak in strength (ρ values ranging only from ±0.108 to ±0.159). This suggests that self-care has only a minimal influence on help-seeking preferences among the students, and other psychosocial or contextual factors may play stronger roles in shaping their help-seeking behaviors.

Table 16
Significant Relationship between the Help-Seeking Preferences and Self-Care among Arellano University College Students

Self-Care	Help-Seeking Preferences	Spearman Rho	Interpretation	p-value	Decision	Conclusion
Self-Destructive Behavior	Personal/Emotional Problem	-.156**	Very weak	0.003	Reject Ho	Significant relationship
	Experience Suicidal Thoughts	0.025	Very weak	0.637	Accept Ho	No significant relationship
Difficulty Receiving and Asking for Help	Personal/Emotional Problem	-.120*	Very weak	0.022	Reject Ho	Significant relationship
	Experience Suicidal Thoughts	-0.003	Very weak	0.961	Accept Ho	No significant relationship
Resentment about Not Receiving Reciprocity	Personal/Emotional Problem	-0.021	Very weak	0.695	Accept Ho	No significant relationship
	Experience Suicidal Thoughts	0.074	Very weak	0.160	Accept Ho	No significant relationship

Absence of Positive Activities	Personal/Emotional Problem	-0.039	Very weak	0.455	Accept Ho	No significant relationship
	Experience Suicidal Thoughts	.159**	Very weak	0.002	Reject Ho	Significant relationship
Not Taking into Account One Own Needs	Personal/Emotional Problem	-0.057	Very weak	0.274	Accept Ho	No significant relationship
	Experience Suicidal Thoughts	-.108*	Very weak	0.039	Reject Ho	Significant relationship
Lack of Tolerance of Shared Positive Affect	Personal/Emotional Problem	-.125*	Very weak	0.017	Reject Ho	Significant relationship
	Experience Suicidal Thoughts	-0.005	Very weak	0.917	Accept Ho	No significant relationship

±0.00 - ±0.19 - Very weak relationship
±0.20 - ±0.39 - Weak relationship
±0.40 - ±0.59 - Moderate relationship
±0.60 - ±0.79 - Strong relationship
±0.80 - ±1.00 - Very strong relationship

CONCLUSION

The study concluded that Arellano University college students possess a moderate level of mental health literacy, moderate help-seeking preferences, and moderate self-care practices. The findings indicate that students have fair awareness and understanding of mental health and show openness to seeking professional help when needed. However, stigma and hesitations toward individuals with mental illness remain evident, and self-care, although recognized as important, is not consistently practiced. Respondents were more inclined to seek support from close or professional sources rather than from wider social networks. Furthermore, the weak but significant correlations among mental health literacy, help-seeking preferences, and self-care suggest that while these factors are related, their influence on one another is minimal. The results highlight the need to strengthen mental health awareness, reduce stigma, and encourage more consistent self-care and help-seeking behaviors among students.

Based on the findings and conclusions of the study, the following recommendations are suggested: It is suggested that the university continue to promote mental health awareness through regular seminars and activities. Mental health education may also be included in some courses or student orientation programs to help students recognize symptoms, understand where to seek help, and lessen stigma toward people with mental illness. The guidance office may develop more student-friendly programs such as peer support groups, online counseling sessions, and confidential help desks. Students are encouraged to take care of their mental health by practicing healthy coping habits, maintaining balance between school and personal life, and joining activities that promote well-being. Participating in mental health programs and awareness campaigns can also help students support one another and build a more caring school community. Faculty members may attend training sessions about mental health literacy to help them notice signs of stress or emotional struggles among students.

Future researchers may conduct similar studies and include respondents' demographic profiles to compare results by course or gender. It is also suggested to use a larger sample from other universities to make the findings more general. Using the same type of Likert scale across all questionnaires can help make data more consistent. Further studies may also look into other factors such as culture, family background, or academic stress that may influence mental health literacy, help-seeking behavior, and self-care.

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