

Self-Compassion and Mental Health Literacy as Predictors of Help-Seeking Intentions among Young Psychology Professionals in Davao City

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ABSTRACT

Professional help-seeking is an important component of mental health care, yet individuals may hesitate to seek psychological assistance despite experiencing emotional or psychological difficulties. Among young psychology professionals, professional knowledge and training may not necessarily translate into a willingness to seek help for their own mental health concerns. This study aimed to determine whether self-compassion and mental health literacy significantly predict professional help-seeking intentions among young psychology professionals in Davao City. Specifically, it examined the levels of self-compassion, mental health literacy, and professional help-seeking intentions; determined their relationships; and assessed the predictive effects of self-compassion and mental health literacy on help-seeking intentions. A quantitative, non-experimental predictive correlational research design was employed. Data were collected from 102 young psychology professionals aged 19 to 29 years in Davao City using the Self-Compassion Scale, Mental Health Literacy Scale, and General Help-Seeking Questionnaire. Descriptive statistics, Pearson product-moment correlation, and multiple linear regression were used to analyze the data. Results showed moderate levels of mental health literacy ($M = 3.06$, $SD = 0.687$), self-compassion ($M = 2.81$, $SD = 0.887$), and professional help-seeking intentions ($M = 3.98$, $SD = 1.36$). Self-compassion had a significant positive relationship with professional help-seeking intentions ($r(100) = .643$, $p < .001$), while mental health literacy also showed a significant positive relationship ($r(100) = .561$, $p < .001$). Multiple regression analysis further revealed that both variables significantly predicted professional help-seeking intentions, explaining 44.5% of its variance ($R^2 = .535$). Self-compassion demonstrated the stronger predictive contribution ($\beta = .480$, $p < .001$), while mental health literacy also significantly contributed ($\beta = .299$, $p = .020$). The findings indicate that both self-compassion and mental health literacy are important factors associated with professional help-seeking intentions among young psychology professionals in Davao City.

Keywords: self-compassion, mental health literacy, professional help-seeking intentions, young psychology professionals, Davao City

INTRODUCTION

Mental health continues to be a significant public health concern worldwide, affecting individuals across all age groups and professions. According to the World Health Organization (2022), approximately one in every eight people globally experiences a mental disorder, yet a substantial proportion of those affected do not receive appropriate mental health care. Despite growing public awareness, improved mental health policies, and increased availability of psychological services, many individuals continue to delay or avoid seeking professional help when experiencing emotional or psychological distress (Gulliver et al., 2010). This persistent treatment gap has become a major concern because untreated mental health problems are associated with poorer psychological outcomes, impaired functioning, reduced productivity, and diminished quality of life.

International studies report that many individuals recognize that they are experiencing psychological distress but still choose not to consult mental health professionals due to various personal and psychological barriers (Rickwood et al., 2005; Gulliver et al., 2010). Researchers have increasingly emphasized that psychological factors influence whether individuals decide to seek professional support. Recent international evidence has

shown that individuals who demonstrate higher levels of self-compassion are more likely to seek professional psychological help when experiencing emotional difficulties, whereas those who are highly self-critical often delay or avoid seeking assistance (Dschaak et al., 2021). Likewise, studies have consistently found that higher levels of mental health literacy are associated with stronger help-seeking intentions, while limited mental health literacy contributes to poor recognition of mental health concerns and reduced utilization of professional mental health services (Wei et al., 2015; Kutcher et al., 2016). These findings suggest that both self-compassion and mental health literacy play important roles in encouraging individuals to seek appropriate psychological care.

In the Philippine context, mental health has become a national priority following the enactment of the Philippine Mental Health Act (Republic Act No. 11036), which seeks to strengthen mental health services, integrate mental health into primary healthcare, and promote mental health awareness nationwide (Republic of the Philippines, 2018). Despite this landmark legislation, many Filipinos continue to experience difficulties in accessing and utilizing professional mental health services. A systematic review by Martinez et al. (2020) found that stigma, limited mental health literacy, cultural beliefs, financial constraints, and concerns regarding social judgment remain significant barriers to professional help-seeking among Filipinos. The review emphasized that although policies have improved access to mental health care, addressing individual psychological factors remains essential to encouraging people to seek professional support. These findings highlight the continuing need to examine factors that may influence help-seeking intentions, particularly among individuals expected to possess substantial knowledge of mental health.

At the local level, similar concerns have been observed in Davao City. A study by Taghoy and Lamzon (2025) involving college students found that higher levels of mental health literacy were significantly associated with greater help-seeking behavior, suggesting that mental health knowledge contributes to an individual's willingness to utilize professional psychological services. However, the study also indicated that other personal characteristics may influence help-seeking behavior, implying that mental health literacy alone may not fully explain why some individuals seek professional help while others do not. Despite these local findings, there remains limited empirical evidence examining other psychological factors, such as self-compassion, that may influence help-seeking intentions within the Davao City context.

Addressing this gap is important because examining the associations of self-compassion and mental health literacy with help-seeking intentions may provide evidence for developing interventions, educational initiatives, and workplace mental health programs that encourage young psychology professionals to seek timely and appropriate psychological support. This study, therefore, aims to determine whether self-compassion and mental health literacy are significantly associated with help-seeking intentions among young psychology professionals in Davao City.

Research Objectives

This study aims to determine whether self-compassion and mental health literacy significantly predict professional help-seeking intentions among young psychology professionals in Davao City. Specifically, it seeks to answer the following questions:

1. What is the level of mental health literacy among young psychology professionals in Davao City?
2. What is the level of self-compassion among young psychology professionals in Davao City?
3. What is the level of professional help-seeking intentions among young psychology professionals in Davao City?
4. Is there a significant relationship between self-compassion and mental health literacy to professional help seeking intentions among young psychology professionals in Davao City?
5. Do self-compassion and mental health literacy predict professional help seeking intentions among young psychology professionals in Davao City?

Null Hypothesis

H₀₁: There is no significant relationship between self-compassion and professional help-seeking intentions among young psychology professionals in Davao City.

H₀₂: There is no significant relationship between mental health literacy and professional help-seeking intentions among young psychology professionals in Davao City.

H₀₃: Self-compassion does not demonstrate a significant predictive association with professional help-seeking intentions among young psychology professionals in Davao City.

H₀₄: Mental health literacy does not demonstrate a significant predictive association with professional help-seeking intentions among young psychology professionals in Davao City.

Theoretical Framework

The study is anchored on the Theory of Planned Behavior (TPB) developed by Ajzen (1991). The theory posits that behavioral intention is the most immediate predictor of actual behavior and is influenced by an individual's attitudes toward the behavior, subjective norms, and perceived behavioral control. According to Ajzen (1991), these determinants are also shaped by various background factors, such as personal characteristics, knowledge, and life experiences, which indirectly influence behavioral intentions.

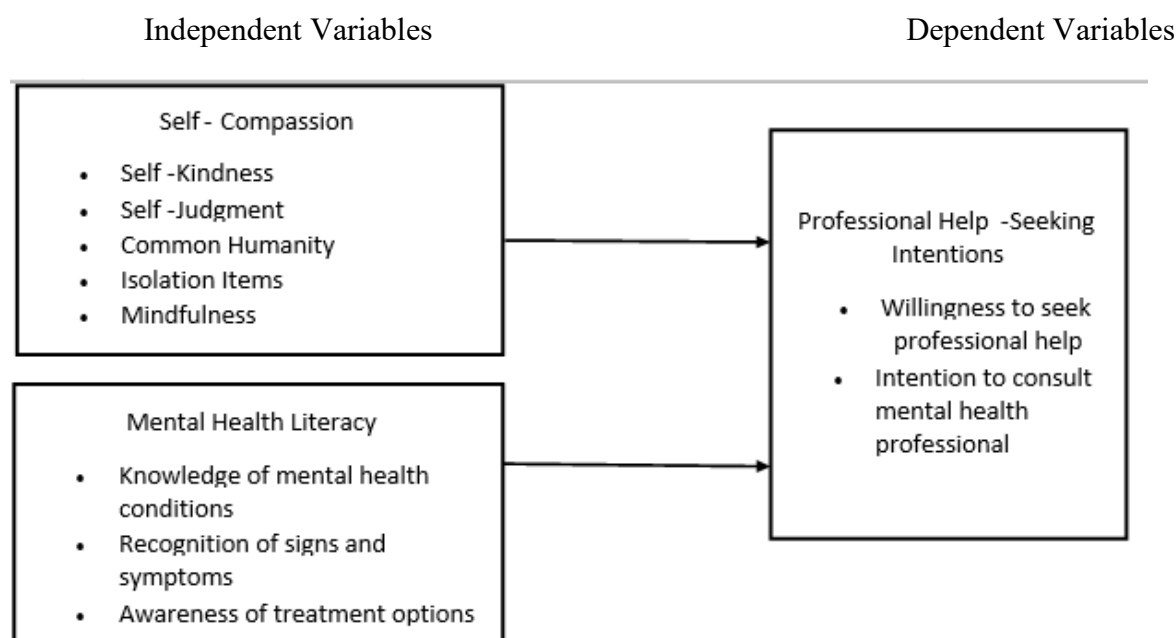
In the context of this study, help-seeking intentions refer to the willingness of young psychology professionals to seek assistance from mental health professionals when experiencing emotional or psychological difficulties. Guided by the Theory of Planned Behavior, help-seeking is viewed as a planned behavior that is influenced by individual factors affecting one's readiness to seek professional support.

The theory considers mental health literacy and self-compassion as important background factors that may be related to help-seeking intentions. Individuals with higher mental health literacy may be more likely to recognize mental health concerns and understand the value of professional intervention, while those with higher self-compassion may be more likely to respond to their own emotional difficulties with understanding rather than self-criticism. These characteristics may be associated with more positive attitudes toward seeking professional psychological help and stronger help-seeking intentions. This theoretical perspective provides the basis for examining the relationship of these psychological factors with individuals' intentions to seek professional mental health support.

Conceptual Framework

This study examines self-compassion and mental health literacy as the independent variables and professional help-seeking intentions as the dependent variable among young psychology professionals in Davao City.

Figure 1: Conceptual Framework showing the relationship between Self- Compassion, Mental Health Literacy, and Professional Help-Seeking Intentions.



Significance of the study

This study may provide valuable insights into the role of mental health literacy in shaping professional help-seeking intentions among young psychology professionals.

Young Psychology Professionals. The findings may enhance understanding of how mental health literacy influences their willingness to seek professional psychological help when needed.

Mental Health Practitioners. The results may guide the development of interventions that promote help-seeking behavior through improved mental health education and awareness.

Educational Institutions. The study may inform psychology curricula and training programs by highlighting the importance of strengthening mental health literacy among students and trainees.

Professional Organizations. The findings may support the development of wellness programs aimed at improving mental health awareness and service utilization among psychology professionals.

Policymakers. The study may contribute to the implementation of mental health policies aligned with the Philippine Mental Health Act by addressing gaps in awareness and service utilization.

Future Researchers. The study may serve as a reference for future research exploring mental health literacy and help-seeking behavior in similar professional populations.

REVIEW ON RELATED LITERATURE

Self-Compassion

Self-compassion has emerged as an important psychological construct that contributes to emotional resilience, psychological well-being, and adaptive coping during times of stress and adversity. As mental health concerns continue to increase globally, researchers have recognized self-compassion as a protective factor that enables individuals to respond to emotional difficulties with understanding rather than self-criticism (Neff, 2003). Individuals who exhibit higher levels of self-compassion tend to demonstrate lower levels of depression, anxiety, stress, and emotional exhaustion while reporting greater life satisfaction and psychological well-being (Neff et al., 2021). Because self-compassion encourages individuals to acknowledge their own emotional suffering without shame or avoidance, it has increasingly been recognized as an important factor influencing mental health behaviors, including professional help-seeking (Ferrari et al., 2019).

Neff (2003) conceptualized self-compassion as consisting of three positive dimensions, self-kindness, common humanity, and mindfulness, and their opposing negative dimensions, self-judgment, isolation, and over-identification. These dimensions collectively describe how individuals relate to themselves during experiences of suffering, failure, or psychological distress. Research has consistently demonstrated that individuals with higher levels of self-compassion exhibit greater emotional regulation, resilience, and willingness to seek appropriate support when facing psychological challenges (Neff et al., 2021).

Self-Kindness

Self-kindness refers to an individual's tendency to treat oneself with care, patience, and understanding during difficult situations rather than responding with harsh criticism or blame (Neff, 2003). Individuals who practice self-kindness acknowledge that mistakes and emotional struggles are normal aspects of life and respond with compassion instead of self-condemnation. Research has shown that self-kindness is associated with lower levels of anxiety, depression, and perceived stress while promoting healthier coping strategies and psychological adjustment (MacBeth & Gumley, 2012). Furthermore, individuals who demonstrate greater self-kindness are more likely to recognize their emotional needs and become open to seeking professional psychological assistance when necessary (Ferrari et al., 2019).

Self-Judgement

Self-judgment represents the tendency to respond to personal shortcomings through excessive criticism, blame, and negative self-evaluation (Neff, 2003). Individuals with high levels of self-judgment often perceive emotional struggles as personal failures, increasing their vulnerability to depression, anxiety, and psychological distress (MacBeth & Gumley, 2012). Excessive self-judgment may also discourage individuals from acknowledging psychological difficulties or seeking professional support due to fear of appearing weak or inadequate (Dschaak et al., 2021). Consequently, reducing self-judgment may encourage healthier emotional responses and greater willingness to access mental health services.

Common Humanity

Common humanity refers to recognizing that suffering, failure, and emotional difficulties are shared experiences among all people rather than unique personal shortcomings (Neff, 2003). Individuals who perceive their struggles as part of the common human experience are less likely to experience shame or isolation during difficult situations. This perspective promotes resilience and emotional acceptance while reducing feelings of personal inadequacy (Neff et al., 2021). Research suggests that individuals with greater awareness of common humanity demonstrate healthier coping mechanisms and increase openness to receiving social and professional support during periods of distress (Ferrari et al., 2019).

Isolation

Isolation reflects the tendency to perceive oneself as alone in experiencing suffering or failure (Neff, 2003). Individuals who experience high levels of isolation often believe that others are coping better than they are, contributing to loneliness, hopelessness, and psychological distress. Previous studies have shown that perceived isolation is associated with poorer mental health outcomes and lower levels of psychological well-being (MacBeth & Gumley, 2012). Feelings of isolation may also reduce individuals' willingness to disclose emotional concerns or seek professional help due to fear of misunderstanding or rejection (Dschaak et al., 2021).

Mindfulness

Mindfulness involves maintaining balanced awareness of one's thoughts and emotions without suppressing, exaggerating, or becoming overwhelmed by them (Neff, 2003). Through mindfulness, individuals are able to observe psychological distress objectively, allowing them to regulate emotions more effectively. Research has consistently demonstrated that mindfulness contributes to improved emotional regulation, resilience, and psychological well-being while reducing symptoms of anxiety and depression (Neff et al., 2021). Individuals with greater mindfulness are likewise more likely to recognize emotional difficulties and seek appropriate professional support when necessary (Ferrari et al., 2019).

Overall, existing literature indicates that self-compassion encourages healthier emotional regulation, reduces self-criticism, and promotes adaptive coping. Consequently, individuals with higher self-compassion are more likely to recognize their emotional needs and demonstrate stronger intentions to seek professional psychological help (Dschaak et al., 2021).

Mental Health Literacy

Mental health literacy has become a central concept in mental health promotion because it influences how individuals recognize, understand, and respond to mental health concerns. Jorm et al. (1997) introduced the concept of mental health literacy as the knowledge and beliefs that aid in the recognition, management, and prevention of mental disorders. Since then, mental health literacy has been recognized as an important determinant of early intervention, reduced stigma, and increased utilization of professional mental health services (Kutcher et al., 2016).

Individuals with higher mental health literacy demonstrate greater confidence in recognizing psychological symptoms, understanding available interventions, and identifying appropriate sources of professional support (Wei et al., 2015). Conversely, inadequate mental health literacy contributes to misconceptions regarding mental

illness, delayed recognition of symptoms, and reluctance to utilize mental health services (Kutcher et al., 2016). These findings suggest that improving mental health literacy may strengthen individuals' willingness to seek professional assistance during periods of psychological distress.

Knowledge of Mental Health Conditions

Knowledge of mental health conditions refers to an individual's understanding of common psychological disorders, their causes, symptoms, and potential consequences. Individuals possessing greater knowledge are more capable of recognizing when emotional or psychological concerns require professional attention (Jorm et al., 1997). Research has demonstrated that greater knowledge of mental health conditions is associated with more positive attitudes toward professional treatment and increased utilization of mental health services (Wei et al., 2015).

Recognition of Signs and Symptoms

Recognition of signs and symptoms involves identifying indicators of mental health conditions in oneself or others. Early recognition enables individuals to respond appropriately before symptoms become more severe. Studies have consistently shown that accurate recognition of mental health symptoms increases the likelihood of seeking professional psychological assistance and improves treatment outcomes (Kutcher et al., 2016). Individuals who fail to recognize symptoms often delay seeking treatment, increasing the risk of worsening psychological distress.

Awareness of Treatment Options

Awareness of treatment options refers to knowledge regarding available psychological interventions, mental health professionals, and evidence-based treatments. Individuals who understand where and how to obtain professional assistance are more likely to utilize mental health services when needed (O'Connor & Casey, 2015). Previous studies indicate that awareness of available treatment options positively influences professional help-seeking behavior by reducing uncertainty and increasing confidence in mental health services (Wei et al., 2015).

Overall, the literature consistently demonstrates that mental health literacy plays a critical role in facilitating early recognition of mental health concerns and encouraging individuals to seek professional psychological support. As such, mental health literacy remains one of the strongest predictors of positive help-seeking behaviors (Kutcher et al., 2016).

Professional Help-Seeking Intentions

Professional help-seeking intentions refer to an individual's willingness and planned decision to seek assistance from qualified mental health professionals when experiencing emotional or psychological problems (Wilson et al., 2005). According to Ajzen's (1991) Theory of Planned Behavior, behavioral intentions represent the strongest predictor of actual behavior, suggesting that individuals with stronger intentions to seek professional help are more likely to utilize mental health services when necessary.

Willingness to Seek Professional Help

Willingness to seek professional help reflects an individual's openness to receiving psychological assistance from psychologists, counselors, psychiatrists, or other qualified mental health professionals. Research has shown that willingness to seek professional help is influenced by several psychological factors, including mental health knowledge, previous experiences, self-compassion, and attitudes toward mental health services (Rickwood et al., 2005). Individuals who perceive professional treatment as beneficial are generally more willing to seek psychological support during periods of emotional distress (Gulliver et al., 2010).

Intention to Consult Mental Health Professionals

The intention to consult a mental health professional refers to an individual's perceived likelihood of seeking formal psychological services when confronted with personal or emotional difficulties (Wilson et al., 2005). Previous studies have demonstrated that stronger intentions are associated with greater utilization of counseling

and psychological services (Ajzen, 1991). Furthermore, research consistently indicates that individuals possessing higher mental health literacy and greater self-compassion exhibit stronger intentions to seek professional psychological help because they are more likely to recognize psychological distress and respond to themselves with acceptance rather than self-criticism (Dschaak et al., 2021; Wei et al., 2015).

The reviewed literature suggests that self-compassion and mental health literacy contribute to stronger professional help-seeking intentions. Individuals who understand mental health conditions and respond to themselves with kindness and acceptance are more likely to recognize their need for psychological support and seek assistance from qualified mental health professionals. These findings provide empirical support for examining self-compassion and mental health literacy as predictors of help-seeking intentions among young psychology professionals in Davao City

METHODOLOGY

Research Design

This study employed a quantitative, non-experimental predictive correlational research design. The quantitative approach is appropriate because it allows the researcher to objectively measure self-compassion, mental health literacy and professional help-seeking intentions using standardized instruments and statistical analyses. The study is non-experimental because no manipulation of variables will occur, and participants will be observed in their natural settings.

Specifically, a correlational design was utilized to examine the associations of self-compassion and mental health literacy with professional help-seeking intentions among young psychology professionals in Davao City. Multiple linear regression was also used to determine whether self-compassion and mental health literacy demonstrated significant predictive associations with professional help-seeking intentions. This approach was appropriate for examining the relationships among the variables and the extent to which the predictor variables were statistically associated with the outcome variable.

Research Locale

The study was conducted in Davao City. Davao City serves as a major center for education, healthcare, business, and professional services in Mindanao, making it an appropriate setting for the present study.

Davao City was selected as the research locale because it provides access to a population of young psychology professionals working in diverse psychological and mental health-related settings. These professionals may include registered psychometricians, registered psychologists, guidance associates, guidance counselors, human resource practitioners with psychology backgrounds, and other psychology graduates engaged in professional practice. Furthermore, the growing awareness of mental health issues and the increasing demand for mental health services within the city underscore the relevance of examining mental health literacy and professional help-seeking intentions among psychology professionals.

The participants of the study were recruited from various institutions and organizations within Davao City that employ psychology professionals. Data collection will be conducted through online or face-to-face survey administration, depending on participant's accessibility and preference.

Respondents of the Study/Subjects of the Study

The participants of this study will be 102 young psychology professionals in Davao City, aged 19 to 29 years old. The participants of this study were 102 young psychology professionals in Davao City, aged 19 to 29 years old. The age range was selected to represent young professionals who are in the early stages of establishing their professional identity and career development. This developmental period is relevant to the present study because young professionals may experience occupational and personal demands that influence their self-compassion, mental health literacy, and willingness to seek professional psychological support.

For the purpose of this study, a young psychology professional is operationally defined as an individual aged 19

to 29 years who has completed a bachelor's degree in psychology or a closely related behavioral science discipline and is currently employed, practicing, or actively engaged in a professional role that directly utilizes psychological knowledge, training, or competencies. Participants holding positions that require professional registration or licensure were required to possess the appropriate professional credential for their respective roles. Individuals working in psychology-related settings, but whose positions did not involve the application of psychological knowledge or competencies were not considered eligible solely on the basis of their Psychology degree.

Eligible participants included registered psychologists, registered psychometricians, guidance counselors, and other psychology-trained professionals whose current roles involved the application of psychological or mental health-related knowledge and competencies. Psychology graduates employed in related professional roles were also considered eligible when their current work directly utilized their psychology training.

To be eligible for participation, individuals must meet the following inclusion criteria:

- Must be between 19 and 29 years old;
- Must have completed a bachelor's degree in psychology or a closely related behavioral science discipline;
- Must currently be employed, practicing, or actively engaged in a professional role that directly utilizes psychological knowledge, training, or competencies;
- Must possess the appropriate professional registration or license when such credential is required for the participant's current professional position;
- Must currently reside and work in Davao City; and
- Must voluntarily provide informed consent and complete the research questionnaire.

Individuals were excluded if they were outside the specified age range, had not completed the required educational qualification, were not currently engaged in psychology-related professional work, held a position unrelated to the application of psychological knowledge or competencies, lacked a required professional credential for a position that legally required one, or failed to complete the survey questionnaire.

Sampling Technique

The study will utilize purposive sampling, a non-probability sampling technique in which participants are selected based on specific characteristics relevant to the research objectives.

Purposive sampling is appropriate because the study requires respondents who possess professional training in psychology and are actively engaged in psychology-related work. This method enables researchers to deliberately select individuals who are knowledgeable and experienced regarding the phenomenon being studied, thereby increasing the relevance and appropriateness of the data collected (Creswell & Creswell, 2018).

The study will involve 102 young psychology professionals in Davao City who meet the established inclusion criteria. These participants will be selected based on their educational background in psychology, current engagement in psychology-related work, and age range of 19 to 29 years old. The sample size is sufficient for the purposes of this quantitative investigation and is expected to provide valuable insights into the relationship between self-compassion and mental health literacy towards professional help-seeking intentions among young psychology professionals.

Research Instruments

The study utilized four research instruments to collect the necessary data: (1) Demographic Profile Sheet, (2) Self-Compassion Scale (SCS), (3) Mental Health Literacy Scale (MHLS), and (4) General Help-Seeking Questionnaire (GHSQ). Prior to data collection, permission to use the standardized instruments was secured when necessary. The questionnaires were administered electronically through Google Forms.

Demographic Profile Sheet

A researcher-made Demographic Profile Sheet was used to obtain the respondents' personal and professional

characteristics. Specifically, the instrument gathered information on age, sex, professional designation, and current area of professional practice. The information obtained was used to describe the respondents and provide a demographic profile of the study participants.

Self-Compassion Scale (SCS)

Self-compassion was measured using the Self-Compassion Scale (SCS) developed by Neff (2003). The instrument consists of 26 items that assess an individual's tendency to respond to personal difficulties with kindness, understanding, and balanced awareness. The scale measures six dimensions of self-compassion, namely: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification.

The questionnaire utilizes a five-point Likert scale, with responses ranging from 1 (Almost Never) to 5 (Almost Always). Negatively worded items were reverse scored prior to computing the respondents' scores. The overall self-compassion score was obtained by calculating the mean of all scored items, with higher mean scores indicating higher levels of self-compassion.

For descriptive interpretation, the following scale was used:

Mean Score	Interpretation
4.21–5.00	Very High Self-Compassion
3.41–4.20	High Self-Compassion
2.61–3.40	Moderate Self-Compassion
1.81–2.60	Low Self-Compassion
1.00–1.80	Very Low Self-Compassion

Mental Health Literacy Scale (MHLS)

Mental health literacy was measured using the Mental Health Literacy Scale (MHLS) developed by O'Connor and Casey (2015). The MHLS consists of 35 items designed to assess knowledge and understanding of mental health conditions, including the ability to recognize mental disorders, knowledge of available treatments, and attitudes that facilitate appropriate help-seeking.

The original MHLS uses response formats that vary across items according to the construct being assessed. In the present study, the response options were adapted to a five-point Likert-type format to provide a consistent response structure across the questionnaire and to facilitate administration through the online survey. The response options ranged from 1 to 5, with the verbal anchors retained according to the meaning of each item (e.g., Very Unlikely to Very Likely or Strongly Disagree to Strongly Agree). Negatively worded items were reverse-scored before computing the overall score.

The adaptation of the response format represents a modification of the original standardized instrument and was therefore considered in the interpretation of the findings. The researchers retained the original item content and construct coverage of the MHLS while modifying only the response scaling. The overall mental health literacy score was calculated as the mean of the scored items following the adapted response format. Higher mean scores represented higher reported mental health literacy within the modified administration used in the present study.

For descriptive interpretation, the following scale was used:

Mean Score	Interpretation
4.21–5.00	Very High Mental Health Literacy

3.41–4.20	High Mental Health Literacy
2.61–3.40	Moderate Mental Health Literacy
1.81–2.60	Low Mental Health Literacy
1.00–1.80	Very Low Mental Health Literacy

General Help-Seeking Questionnaire (GHSQ)

Help-seeking intentions were measured using the General Help-Seeking Questionnaire – Original Version (GHSQ) developed by Wilson et al. (2005). The questionnaire assesses an individual's intention to seek help from various formal and informal sources when experiencing personal, emotional, or psychological difficulties.

The instrument consists of two help-seeking scenarios: (1) personal or emotional problems and (2) suicidal thoughts, with respondents indicating their likelihood of seeking help from various sources. Responses were measured using the original seven-point Likert scale, ranging from 1 (Extremely Unlikely) to 7 (Extremely Likely). The item "I would not seek help from anyone" was reverse-scored so that higher scores consistently reflected greater help-seeking intentions. The overall help-seeking intention score was obtained by computing the mean of all scored items, with higher scores indicating stronger intentions to seek help.

For descriptive interpretation, the following scale was used:

Mean Score	Interpretation
6.15–7.00	Very High Help-Seeking Intentions
5.29–6.14	High Help-Seeking Intentions
4.43–5.28	Moderately High Help-Seeking Intentions
3.57–4.42	Moderate Help-Seeking Intentions
2.71–3.56	Moderately Low Help-Seeking Intentions
1.85–2.70	Low Help-Seeking Intentions
1.00–1.84	Very Low Help-Seeking Intentions

Data Gathering Procedure

Data were collected through an online survey administered via Google Forms. The first section of the Google Form will contain the informed consent form, which outlines the purpose of the study, the voluntary nature of participation, confidentiality measures, potential risks and benefits, and the participants' rights as research respondents. Participants will be required to indicate their consent electronically before proceeding to the survey questionnaire.

The survey package consisted of the informed consent form, demographic information sheet, Self-Compassion Scale (SCS), Mental Health Literacy Scale (MHLS), and General Help-Seeking Questionnaire (GHSQ). The Google Forms link will be distributed through professional networks, social media platforms, and other appropriate communication channels to reach eligible participants.

Upon completion of the data collection period, responses were reviewed for completeness and accuracy. The collected data were encoded and analyzed using the Jamovi Statistical Software. Descriptive statistics, including means, and standard deviations, will be used to describe the demographic characteristics of the participants and the study variables. Pearson Product-Moment Correlation will be utilized to determine the relationship between

self-compassion and mental health literacy towards professional help-seeking intentions. Furthermore, multiple linear regression analysis was conducted to examine whether self-compassion and mental health literacy were significantly associated with professional help-seeking intentions when considered simultaneously. The analysis also assessed the relative contribution of each predictor to the statistical model. Statistical significance was set at the .05 level.

Ethical Considerations

Participation in the study was voluntary. Before answering the questionnaire, participants were provided with an informed consent form explaining the purpose of the study, the procedures involved, the voluntary nature of participation, the expected time required, potential risks and benefits, confidentiality measures, and their right to withdraw from the study without penalty. Participants were required to provide informed consent before proceeding to the questionnaire.

No names were required in the survey, and information collected from participants was treated confidentially and used solely for research purposes. The researchers limited the collection of personal information to data necessary for the objectives of the study. Electronic data were stored securely and was accessible only to the researchers and authorized research personnel.

Because the study involved questions concerning personal or emotional difficulties and help-seeking, participants were informed that they could decline to answer any question or discontinue participation if they became uncomfortable. Appropriate information regarding available mental health support services was made available to participants when necessary.

The researchers also observed applicable institutional policies and ethical standards concerning privacy, confidentiality, informed consent, voluntary participation, and responsible handling of research data.

RESULTS

The chapter presents the findings obtained from the data collected from the 102 young psychology professionals who participated in the study. The results are organized according to the specific objectives and research questions of the study.

Table 1.

Levels of Self-compassion, Mental- Health Literacy and Help- Seeking Intentions

Variables	<i>n</i>	<i>Mean</i>	<i>SD</i>	Interpretation
Self-Compassion	102	2.81	0.887	Moderate
Mental Health Literacy	102	3.06	0.687	Moderate
Help-Seeking Intentions	102	3.98	1.36	Moderate

Table 1 presents the levels of self-compassion, mental health literacy, and professional help seeking intentions among the 102 young psychology professionals in Davao City. The results show that all three variables were interpreted at a moderate level. Self-compassion obtained a mean of 2.81 ($SD = 0.887$), and mental health literacy had a mean of 3.06 ($SD = 0.687$), while professional help seeking intentions obtained the highest mean of 3.98 ($SD = 1.36$). Overall, the findings indicate that the respondents demonstrated moderate levels across all three psychological variables.

Table 2.

Relationship of Self-Compassion and Mental Health Literacy with Professional Help Seeking Intentions

Variables	Health Seeking Intentions			
	<i>Pearson's r</i>	<i>p-value</i>	Decision on H_0	Interpretation
Self- Compassion	0.643	0.000	Reject H_{01}	Significant
Mental Health Literacy	0.561	0.000	Reject H_{02}	Significant

Table 2 presents the relationship of self-compassion and mental health literacy with professional help seeking intentions among young psychology professionals in Davao City. The results show that self-compassion has a significant positive relationship with professional help seeking intentions ($r = 0.643$, $p = 0.000$), while mental health literacy also has a significant positive relationship with professional help seeking intentions ($r = 0.561$, $p = 0.000$). Thus, both null hypotheses were rejected, indicating that higher levels of self-compassion and mental health literacy are significantly associated with stronger professional help seeking intentions among the respondents.

Table 3.

Multiple Linear Regression Model of Self-Compassion and Mental Health Literacy for Professional Help-Seeking Intentions

Predictor	Estimate	SE	95% Confidence Interval		<i>t</i>	<i>p</i>	Std Estimate	Decision on H_0	Interpretation
			Lower	Upper					
Intercept	-0.253	0.477	-1.199	0.692	-0.532	0.596			
Self- Compassion	0.804	0.174	0.459	1.148	4.63	< .001	0.48	Reject H_{03}	Significant
Mental Health Literacy	0.576	0.199	0.181	0.971	2.891	< .001	0.299	Reject H_{04}	Significant
$R=0.732$, $R^2=0.535$, Adjusted $R^2=0.526$, $F=57.0$, $P= < .001$									

Table 3 presents the multiple linear regression model examining the associations of self-compassion and mental health literacy with professional help-seeking intentions among young psychology professionals in Davao City. The overall model was statistically significant, ($F = 57.00$, and $p = 0.000$) with $R^2 = 0.535$, which indicates 53.5% of the variance in the respondents' professional help seeking intentions can be accounted to the model with respect to self- compassion and mental health literacy. This model can be expressed as: professional help seeking intentions= $-0.253 + 0.804$ (self- compassion) + 0.576 (mental health literacy).

Among the predictors, self-compassion significantly predicted professional help seeking intentions ($B = 0.804$, $SE = 0.174$, $t = 4.630$, $p = 0.000$, $\beta = 0.480$), while mental health literacy also significantly predicted professional help seeking intentions ($B = 0.576$, $SE = 0.199$, $t = 2.891$, $p = 0.000$, $\beta = 0.299$). Since both predictors were statistically significant, H_{03} and H_{04} were rejected. The results indicate that both self-compassion and mental health literacy contribute significantly to explaining professional help seeking intentions, with self-compassion showing the stronger standardized predictive effect.

DISCUSSION

The findings show that young psychology professionals in Davao City demonstrated moderate levels of self-compassion, mental health literacy, and professional help seeking intentions. The moderate level of self-compassion suggests that the respondents generally have the ability to extend understanding and kindness toward themselves when facing difficulties, mistakes, or personal challenges. However, this capacity may not always be consistently practiced. This may be particularly relevant among young psychology professionals, who are expected to support others emotionally while also managing the demands of establishing themselves in the profession. Kotera et al. (2022) emphasized that self-compassion can support the psychological well-being of mental health professionals and may help them manage work related to psychological demands. Similarly, Aruta et al. (2022) found that self-compassion was associated with greater willingness to seek mental health support among counseling professionals. These findings suggest that developing self-compassion may be important not only for personal well-being but also for helping young professionals recognize and respond to their own psychological needs.

The moderate level of mental health literacy indicates that the respondents have a reasonable understanding of mental health concerns, although their knowledge may still have areas that can be strengthened. As psychology professionals, the respondents are expected to have familiarity with mental health concepts through their education and professional experiences. However, mental health literacy involves more than simply knowing psychological concepts. It also involves recognizing mental health concerns, understanding appropriate forms of support, and knowing when professional assistance may be needed. Smith and Shochet (2011) found that mental health literacy was associated with greater willingness to seek professional help among psychology students. Likewise, Kim et al. (2020) found that mental health literacy was related to professional help seeking intentions among college students. These findings suggest that although young psychology professionals may have a foundation of mental health knowledge, continued learning and exposure to mental health resources may further strengthen their ability to recognize and appropriately respond to psychological concerns.

The respondents also demonstrated a moderate level of professional help seeking intentions. This suggests that although young psychology professionals are generally open to seeking psychological support, they may not always have a strong or consistent intention to do so. One possible explanation is that psychology professionals may experience unique barriers to seeking help because of their professional identity. They may feel pressure to manage their own difficulties, believe that they should be able to cope independently, or worry that seeking help could be perceived as a weakness or as inconsistent with their role as a mental health professional. Aruta et al. (2022) found that self-compassion was associated with greater mental help seeking among counseling professionals, suggesting that professionals who are more accepting of their own difficulties may be more comfortable seeking support. Similarly, Kotera et al. (2022) highlighted the importance of self-compassion in supporting the wellbeing of mental health professionals. Thus, the moderate level of help seeking intentions may reflect the continuing need to promote a professional culture in which seeking psychological support is viewed as a normal and responsible part of maintaining personal and professional wellbeing.

The findings further show that self-compassion and professional help seeking intentions are positively related. This means that respondents who tend to be more compassionate toward themselves also tend to show greater willingness to seek professional psychological support. This relationship may be explained by the way self-compassion allows individuals to acknowledge their difficulties without excessive self-criticism or feelings of inadequacy. For young psychology professionals, being able to recognize that they too can experience emotional difficulties may make it easier to accept the need for assistance. Rather than viewing help seeking as a failure to cope, self-compassionate individuals may be more likely to view professional support as an appropriate form of self-care. This is consistent with Aruta et al. (2022), who found a positive association between self-compassion and mental help seeking among counseling professionals. Their findings suggest that self-compassion can encourage professionals to respond to their own difficulties with greater openness and acceptance.

The positive relationship between self-compassion and professional help seeking intentions is also consistent with the broader literature on the wellbeing of mental health professionals. Kotera et al. (2022) noted that self-compassion is associated with healthier psychological functioning and may help mental health professionals manage distress and occupational demands. When professionals are less harsh toward themselves, they may be

more willing to recognize their limitations and seek assistance when necessary. This may be especially important for young psychology professionals who are still developing their professional identity and learning how to balance the responsibility of helping others with caring for themselves. Therefore, the present findings suggest that strengthening self-compassion may be one way of encouraging healthier attitudes toward professional psychological support.

The findings indicate that both self-compassion and mental health literacy were significantly associated with professional help-seeking intentions, with self-compassion demonstrating a stronger predictive association than mental health literacy. This suggests that professional help seeking among young psychology professionals is influenced not only by what they know about mental health but also by how they relate to themselves when experiencing difficulties. Mental health literacy can provide the knowledge necessary to recognize psychological concerns and understand the value of professional assistance, while self-compassion may help individuals overcome the personal barriers associated with admitting that they need support. The findings of Aruta et al. (2022) support the importance of self-compassion in encouraging mental health professionals to seek help, while Smith and Shochet (2011) demonstrate the relevance of mental health literacy in promoting help seeking intentions.

The findings suggest that knowledge and self-acceptance work together in shaping professional help seeking among young psychology professionals. While mental health literacy equips professionals with an understanding of psychological concerns and available support, self-compassion may help them apply that knowledge to themselves without excessive self-judgment. This is particularly important for young psychology professionals because their ability to seek help for themselves may influence not only their personal wellbeing but also their capacity to function effectively in their future professional roles. Promoting self-compassion, strengthening mental health education, and normalizing professional help seeking within the psychology profession may therefore contribute to healthier and more sustainable professional development.

CONCLUSION

The study concludes that young psychology professionals in Davao City demonstrated moderate levels of self-compassion, mental health literacy, and professional help-seeking intentions. The findings further indicate that both self-compassion and mental health literacy were significantly associated with professional help-seeking intentions and demonstrated significant predictive associations when considered simultaneously. Self-compassion showed the stronger predictive contribution within the regression model. These findings suggest that both personal self-compassion and mental health-related knowledge are relevant to understanding professional help-seeking intentions among young psychology professionals. However, given the cross-sectional and non-experimental nature of the study, the findings should not be interpreted as evidence of causal relationships. The results may nevertheless provide a basis for further research and for the consideration of self-compassion, mental health education, and supportive professional environments in initiatives aimed at promoting healthy attitudes toward psychological help-seeking.

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REFERENCES

1. Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
2. Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publications.
3. Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton & Company.
4. Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1–4. <https://doi.org/10.11648/j.ajtas.20160501.11>
5. Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). *Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses*. *Behavior Research Methods*, 41(4), 1149–1160. <https://doi.org/10.3758/BRM.41.4.1149>
6. Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). Sage Publications.
7. Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). *Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review*. *BMC Psychiatry*, 10, 113. <https://doi.org/10.1186/1471-244X-10-113>
8. Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). “Mental health literacy”: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166(4), 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
9. Kutcher, S., Wei, Y., & Coniglio, C. (2016). *Mental health literacy: Past, present, and future*. *Canadian Journal of Psychiatry*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>
10. O'Connor, M., & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): *A new scale-based measure of mental health literacy*. *Psychiatry Research*, 229(1–2), 511–516. <https://doi.org/10.1016/j.psychres.2015.05.064>
11. Republic Act No. 11036. (2018). Mental Health Act. Official Gazette of the Republic of the Philippines. <https://www.officialgazette.gov.ph/2018/06/20/republic-act-no-11036/>
12. Republic Act No. 11036, Mental Health Act, 17th Cong. (2018). <https://ldr.senate.gov.ph/legislative-issuance/republic-act-no-11036>
13. Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4(3), 218–251. <https://doi.org/10.5172/jamh.4.3.218>
14. Taghoy, K. A. P., & Lamzon, G. R. (2025). The mediating effects of grit on the mental health literacy and help-seeking behavior of college students. *European Journal of Contemporary Education and E-Learning*, 3(6), 20–33. [https://doi.org/10.59324/ejceel.2025.3\(6\).02](https://doi.org/10.59324/ejceel.2025.3(6).02)
15. Wilson, C. J., Deane, F. P., Ciarrochi, J. V., & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the General Help-Seeking Questionnaire. *Canadian Journal of Counselling*, 39(1), 15–28.
16. Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes and help-seeking: A scoping review. *BMC Psychiatry*, 15, Article 291. <https://doi.org/10.1186/s12888-015-0681-9>
17. World Health Organization. (2022). *World mental health report: Transforming mental health for all*. <https://www.who.int/publications/i/item/9789240049338>

Informed Consent

Good day Sir/Ma'am,

The following will provide you the information about the study that will help you decide whether or not you wish to participate. If you agree to participate, please be aware that you are free to withdraw at any point throughout the duration of the study without any penalty.

In this study, all information you provide will remain confidential and will not be associated with your name. If, for any reason, you do not feel comfortable, you may refuse to answer and receive credit for the time you participated, and your information will be discarded. Your participation in this study will require you at least 15 – 20 minutes for answering the questionnaire. When this study is complete, you will be provided with the results, and you are free to ask any question regarding the results of the study.

If you have further questions concerning this study, please feel free to contact us through email at alrogero00@gmail.com or brillantesalfielloyd0418@gmail.com.

Your participation is solicited yet voluntary. All information will be kept confidential, and your name will not be associated with any research result.

Please mark "agree" on the space below indicating that you understand your rights and that you agree to participate in the study. Thank you very much.

Dear Respondents,

Please answer the following questions by marking the appropriate box or by writing your response in the space provided. All information will be kept confidential and will be used solely for research purposes.

Part I. Demographic Profile

1. Age: _____ years old

2. Sex:

☐ Male

☐ Female

☐ Prefer not to say ☐ Others:

3. Professional Designation (Check all that apply):

☐ Registered Psychometrician (RPm)

☐ Registered Psychologist (RPsy)

☐ Guidance Associate

☐ Guidance Counselor

☐ Human Resource Practitioner

☐ Mental Health Worker/Advocate

☐ Psychology Instructor/Professor ☐ Other:

4. Current Area of Professional Practice:

- ☐ Clinical Setting/Hospital
- ☐ Educational Setting/School/University
- ☐ Human Resources/Industrial Setting
- ☐ Government Agency
- ☐ Private Organization
- ☐ Community-Based Mental Health Services
- ☐ Other: _____

Part 2. Self-Compassion Scale (SCS)

Please read each statement carefully before answering. For each item, indicate how often you behave in the stated manner, using the following 1-5 scale. Please answer according to what really reflects your experience rather than what you think your experience should be.

1 = Never 2 = Seldom 3 = Neutral 4 = Usually 5 = Always

	1	2	3	4	5
1. I'm disapproving and judgmental about my own flaws and inadequacies.					
2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.					
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.					
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.					
5. I try to be loving towards myself when I'm feeling emotional pain					
6. When I fail at something important to me I become consumed by feelings of inadequacy					
7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.					
8. When times are really difficult, I tend to be tough on myself.					
9. When something upsets me I try to keep my emotions in balance.					

10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.					
11. I'm intolerant and impatient towards those aspects of my personality I don't like					
12. When I'm going through a very hard time, I give myself the caring and tenderness I need					
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am					
14. When something painful happens I try to take a balanced view of the situation.					
15. I try to see my failings as part of the human condition					
16. When I see aspects of myself that I don't like, I get down on myself					
17. When I fail at something important to me I try to keep things in perspective.					
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.					
19. I'm kind to myself when I'm experiencing suffering.					
20. When something upsets me I get carried away with my feelings					
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.					
22. When I'm feeling down I try to approach my feelings with curiosity and openness.					
23. I'm tolerant of my own flaws and inadequacies.					
24. When something painful happens I tend to blow the incident out of proportion					
25. When I fail at something that's important to me, I tend to feel alone in my failure.					
26. I try to be understanding and patient towards those aspects of my personality I don't like.					

Part 3. Mental Health Literacy Scale by O'Connor and Casey (2015)

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge.

Therefore, when choosing your response, consider that:

1 = Very Unlikely 2 = Unlikely 3 = Neutral 4 = Likely 5 = Very likely

Situation Statement	1	2	3	4	5
1. If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have Social Phobia.					
2. If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have Generalised Anxiety Disorder.					
3. If someone experienced a low mood for two or more weeks, had a loss of pleasure					
or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have Major Depressive Disorder.					
4. To what extent do you think it is likely that Personality Disorders are a category of mental illness?					
5. To what extent do you think it is likely that Dysthymia is a disorder?					
6. To what extent do you think it is likely that the diagnosis of Agoraphobia includes anxiety about situations where escape may be difficult or embarrassing?					
7. To what extent do you think it is likely that the diagnosis of Bipolar Disorder includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood?					
8. To what extent do you think it is likely that the diagnosis of Drug Dependence includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)?					
9. To what extent do you think it is likely that in general in Philippines, women are					
MORE likely to experience a mental illness of any kind compared to men?					
10. To what extent do you think it is likely that in general, in Philippines, men are					
MORE likely to experience an anxiety disorder compared to women?					
11. To what extent do you think it would be helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)?					
12. To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions?					

13. To what extent do you think it is likely that Cognitive Behaviour Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behaviours?					
14. Mental health professionals are bound by confidentiality; however, there are certain conditions under which this does not apply.					
15. Mental health professionals are bound by confidentiality; however, there are certain conditions under which this does not apply.					

Please indicate to what extent you agree with the following statements. When choosing your response, consider that:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Situation Statement	1	2	3	4	5
16. I am confident that I know where to seek information about mental illness.					
17. I am confident using the computer or telephone to seek information about mental illness.					
18. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP).					
19. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness.					
20. People with a mental illness could snap out if it if they wanted.					
21. A mental illness is a sign of personal weakness.					
22. A mental illness is not a real medical illness.					
23. People with a mental illness are dangerous.					
24. It is best to avoid people with a mental illness so that you don't develop this problem.					
25. If I had a mental illness I would not tell anyone.					
26. Seeing a mental health professional means you are not strong enough to manage your own difficulties.					
27. If I had a mental illness, I would not seek help from a mental health professional.					
28. I believe treatment for a mental illness, provided by a mental health professional, would not be effective.					

Please indicate to what extent you agree with the following statements. When choosing your response, consider that:

1 = Definitely Unwilling 2 = Probably unwilling 3 = Neutral 4 = Probably Willing 5 = Definitely willing

Question Statement	1	2	3	4	5
29. How willing would you be to move next door to someone with a mental illness?					
30. How willing would you be to spend an evening socializing with someone with a mental illness?					
31. How willing would you be to make friends with someone with a mental illness?					
32. How willing would you be to have someone with a mental illness start working closely with you on a job?					
33. How willing would you be to have someone with a mental illness marry into your family?					
34. How willing would you be to vote for a politician if you knew they had suffered a mental illness?					
35. How willing would you be to employ someone if you knew they had a mental illness?					

Part 4. General Help- Seeking Questionnaire- Original Version (GHSQ) Wilson et al., (2005)

The following items ask about your likelihood of seeking help if you were experiencing a personal or emotional problem. For each source of help listed, choose the number that best represents how likely you would be to seek help from that person or source.

If you were having a personal or emotional problem, how likely is it that you would seek help from the following people? Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7

j. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague. If no, leave blank)	1	2	3	4	5	6	7
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If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people? Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7
j. I would seek help from another not listed above (please list in the space provided, e.g., work colleague. If no, leave blank)	1	2	3	4	5	6	7