

Original Article

Navigating the Thresholds of Mental Health Help-Seeking among University Students in the Philippines: A Qualitative Interpretive Study

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Abstract

University students experiencing psychological distress do not always seek help, even when support is available. Less is known about how students interpret distress, disclosure, and different sources of support, particularly in the Philippine context. This qualitative interpretive study examined how university students in the Philippines made sense of psychological distress and help-seeking. Ten undergraduate students were recruited through an open online call and participated in asynchronous semi-structured written interviews conducted via email. Data were analyzed using reflexive thematic analysis. Although the written format supported private and reflective disclosure, it limited opportunities for immediate probing during participants' initial responses. Five interrelated themes were developed: (1) distress became actionable when endurance was no longer enough; (2) disclosure required permission to be vulnerable; (3) trusted relationships made help-seeking safer; (4) professional help became possible through clarity, trust, and emotional safety; and (5) silence was socially learned and continually reinforced. Across participants' accounts, self-reliance shaped whether distress was considered serious enough to warrant help; vulnerability influenced the acceptability of disclosure; trust shaped perceptions of potential sources of support; and clarity, confidentiality, and emotional safety influenced perceptions of professional care. These thematic relationships are interpreted as negotiated thresholds, referring to

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participants' judgments about need, disclosure, trust, and the acceptability of support rather than a temporal sequence or developmental pathway. The findings suggest that universities should complement the provision of counseling services with conditions that normalize early disclosure, strengthen trusted sources of informal support, clarify access and confidentiality procedures, and make professional care more understandable and approachable.

Keywords: disclosure, mental health help-seeking, negotiated thresholds, Philippines, psychological distress, university students

1. Introduction

Mental health difficulties among university students remain a persistent concern in higher education, with psychological distress intersecting with students' academic engagement, social functioning, and overall well-being (Cleofas, 2020; Gulliver et al., 2022; McCabe et al., 2024). Yet experiencing distress does not necessarily lead students to seek help, creating a consequential gap between mental health need and engagement with available sources of support. Recent evidence continues to show a gap between mental health need and formal help-seeking, with students often delaying support because of self-reliance, stigma, low perceived need, limited knowledge of services, time constraints, and uncertainty about where or how to seek help (Lui et al., 2024; Osborn et al., 2022; Zhao et al., 2025). This suggests that the critical issue is not simply whether students experience distress or whether counseling services are available, but how students move from privately managing distress to recognizing that help may be needed.

This movement is rarely straightforward. For example, students may recognize that they are struggling while still believing they should manage their difficulties independently, with self-reliance and the expectation that problems will improve without intervention, which can contribute to delayed professional help-seeking (Brogia et al., 2021; Negash et al., 2020; Zhao et al., 2025). Others may initially disclose their difficulties to friends, family members, or other trusted individuals before considering professional support, making informal relationships important entry points into the help-seeking process (Kim et al., 2020; McCabe et al., 2024; Yang et al., 2024). Even when students are aware that counseling or other mental health services are available, uncertainty about how services work, concerns about confidentiality, limited knowledge of available resources, and perceived accessibility may discourage their use (Lui et al., 2024; Osborn et al., 2022; Zhao et al., 2025).

More broadly, research indicates that help-seeking is shaped by interacting influences, including stigma and self-stigma, mental health literacy, perceived social

support, attitudes toward professional care, self-reliance, and service accessibility (Kim et al., 2023; Lui et al., 2024; Osborn et al., 2022; Zhao et al., 2025). Informal relationships can further complicate this process because they may facilitate movement toward professional care by providing validation and encouragement, but they may also become sufficient alternatives through which students continue to manage distress without formal intervention (McCabe et al., 2024; Yang et al., 2024). In other words, help-seeking is a negotiated and potentially non-linear process rather than a single decision to seek or not seek professional care.

In the Philippine context, existing research suggests that Filipino help-seeking is shaped by interacting personal, interpersonal, sociocultural, and service-related conditions, including stigma, self-reliance, family and social relationships, accessibility of services, and culturally situated beliefs about emotional difficulty and professional care (Alejandria et al., 2023; Martinez et al., 2020). At the same time, mental health awareness in Philippine higher education is expanding, and recent initiatives are developing culturally responsive mental health literacy interventions for Filipino college students (Mananggit et al., 2026). However, greater awareness does not necessarily mean that students are more willing to disclose distress or use professional services. Evidence from university populations in different contexts similarly shows that knowledge about mental health and awareness of available services may coexist with stigma, reluctance, self-management, and uncertainty about seeking professional support (Al-Shannaq et al., 2023; Carvalho et al., 2024; Kim et al., 2023).

Within the Philippine context, family and close interpersonal relationships are particularly important for understanding help-seeking, as decisions about distress are often negotiated relationally rather than made solely as individual choices. Existing Philippine research suggests that students' understandings of mental health are embedded in family expectations, social relationships, and culturally situated meanings of coping and support (Alejandria et al., 2023; Martinez et al., 2020). Family and friends may provide trusted and accessible sources of support, while concerns about burdening others, being judged, or failing expectations of self-reliance may also make disclosure more difficult. These relational dynamics should not be interpreted as uniformly Filipino or as categorically different from those found elsewhere in Asia. Rather, they feature why broad references to "Asian culture" may obscure the specific relationships through which help-seeking is negotiated in particular settings. This requires attention to how family expectations, interpersonal trust, emotional disclosure, and perceptions of professional care operate together in students' everyday decisions about seeking support.

A growing body of research has examined university student help-seeking through predictors, barriers, facilitators, intentions, stigma, service utilization, and mental health literacy. Systematic reviews and large-scale studies have clarified many of the factors associated with students' decisions to seek formal support (Lipson et al., 2022; Lui et al., 2024; Osborn et al., 2022; Zhao et al., 2025). Other studies have shown that help-seeking may unfold through recognizable stages, including contemplating

whether help is needed, exploring possible sources, and eventually seeking support (Brogia et al., 2021; Rickwood et al., 2005). Nevertheless, less is known about how students themselves experience the transitions between these points, particularly how distress becomes sufficiently serious to challenge self-reliance, how students decide that their difficulties can be disclosed, and how they move between informal and professional sources of support. In the Philippine university context, this process remains insufficiently examined through qualitative inquiry.

This study addresses that gap by focusing on the thresholds students negotiate as they move from distress to disclosure and help-seeking. The term threshold is used here not as a clinical cutoff but as an interpretive concept that refers to moments when students reconsider how they manage distress, recognize that support may be necessary, decide whether to disclose their difficulties, identify an acceptable source of help, or determine whether informal support is sufficient. These thresholds may not occur in a fixed or linear order. Students may continue to cope privately, disclose selectively, return to self-management, rely on trusted personal relationships, or eventually seek professional counseling.

Accordingly, this study explores how university students in the Philippines navigate the thresholds between psychological distress, disclosure, and help-seeking. It pays particular attention to the personal, interpersonal, sociocultural, and institutional conditions that shape whether, when, and from whom students seek support. By foregrounding these transitions, the study offers a process-oriented understanding of help-seeking that complements existing research on barriers, predictors, and service utilization. It also provides context-specific evidence that may help universities identify where students hesitate along the pathway to support and develop more responsive strategies that normalize early disclosure, strengthen referral pathways from informal support networks, clarify access to counseling, and reduce the perceived social and psychological costs of seeking help. The study sought to explore how university students in the Philippines navigate the thresholds between psychological distress, disclosure, and help-seeking.

2. Literature Review

2.1 Help-Seeking as a Process

Mental health help-seeking is often reported as a discrete outcome: a student either uses a service or does not. That distinction is useful for estimating service utilization, but it says relatively little about what precedes the decision to ask for help. Recent evidence makes this limitation increasingly difficult to ignore. In their systematic review and meta-analysis, Zhao et al. (2025) synthesized 62 studies and found a marked separation between students who intended to seek formal help and those who actually did so. Their analysis also identified self-management, lack of time, limited knowledge of available resources, and low perceived need as recurrent barriers. Osborn et al. (2022), in a review of university students' use of mental health

services, likewise showed substantial variation in service utilization across settings and noted the geographical concentration of the evidence base. Read together, these reviews suggest that availability, intention, perceived need, and actual use are related but not interchangeable dimensions of help-seeking.

A process perspective becomes clearer when students are asked when and why they seek support. Broglia et al. (2021) studied 1,956 students across five universities and described help-seeking in phases: students first contemplated their difficulties, then decided whether help was needed and explored possible options, and only later sought support. Importantly, the pathway could be interrupted. Students could decide that they were still able to cope alone, encounter uncertainty about available services, prefer other forms of support, or wait until their difficulties became more severe. This is an important concept because it shifts the question from “Why did the student not seek help?” to “At what point did movement toward help stall, change direction, or become possible?” Dagani et al. (2023) add to this interpretation by showing that psychological distress does not translate mechanically into professional help-seeking intentions; stigma and coping strategies are implicated in that relationship. Distress, therefore, may create a need for support without automatically creating readiness to seek it.

This process-oriented understanding can also be considered alongside established perspectives on behavioral change. The Transtheoretical Model conceptualizes behavioral change as movement through different levels of readiness, emphasizing that change develops over time rather than occurring as a single event (Prochaska & Velicer, 1997). In the context of mental health, Rickwood and Thomas (2012) similarly conceptualize help-seeking as a process through which individuals attempt to obtain assistance for mental health concerns from different sources of support. These perspectives are useful for understanding help-seeking as a movement rather than as a single decision or outcome. However, the present study does not assume that students progress through predetermined stages toward professional care. Students may recognize distress without disclosing it, disclose to trusted others without pursuing professional support, remain within informal support, return to self-management, or reconsider professional help later. Accordingly, negotiated thresholds are used as a sensitizing concept to examine movement, hesitation, and redirection while allowing for multiple possible pathways and sources of support.

For the present study, this body of work makes the idea of a help-seeking threshold analytically useful. A threshold is not treated here as a clinical score or a universal point at which a person ought to seek treatment. Rather, it marks a transition in how distress is interpreted and acted upon: from tolerable to difficult to manage, from private to discloseable, from self-management to reliance on another person, or from informal support to professional care.

2.2 Recognition, Stigma, and the Problem of Disclosure

A critical threshold in mental health help-seeking lies between recognizing psychological distress and disclosing that distress to another person. Although mental health literacy can strengthen recognition and understanding of mental health difficulties, recognition alone does not necessarily translate into disclosure or professional help-seeking, as stigma, attitudes toward professional care, and willingness to disclose can intervene between what individuals know about mental health and whether they become receptive to seeking support (Kim et al., 2020; Tan et al., 2021; Yang et al., 2023). Kim et al. (2020), studying Korean college students, showed that the relationship between mental health literacy and professional help-seeking intentions operates through psychological and social processes, including stigma and attitudes toward professional care. Evidence from Southeast Asia points in the same direction. Tan et al. (2021) found that a knowledge-and-contact intervention among university students in Singapore improved recognition of depression, yet changes in help-seeking preference were less durable. Recognition can therefore improve without producing an equally stable change in willingness to seek professional support. Similar complexity appears in studies of university students in Malaysia and elsewhere, where literacy, beliefs about mental illness, stigma, and social circumstances are intertwined rather than functioning as isolated predictors (Ibrahim et al., 2019; Lui et al., 2024).

Disclosure helps explain why knowledge alone is insufficient. Yang et al. (2023) examined mental health literacy, help-seeking stigma, distress disclosure, and professional help-seeking attitudes among 827 participants in China. Their mediation model placed disclosure within the pathway linking what people know about mental health to their views of professional help. Although the study was not limited to university students and should not be generalized directly to Filipino undergraduates, it is conceptually important: recognizing distress and being willing to disclose it are distinct achievements. The latter requires a person to judge that disclosure is safe, legitimate, and unlikely to produce unacceptable social costs. This distinction is echoed in longitudinal work with first-year university students. Gulliver et al. (2022) found that stigma, mental health literacy, willingness to disclose, psychological distress, and engagement with university life were associated with later help-seeking attitudes or behavior. Disclosure is thus not simply the verbal expression of a pre-existing decision; it can be one of the points at which the decision itself is negotiated.

Stigma is particularly important at this threshold because it can operate publicly and privately. Students may anticipate judgment from others, but they may also internalize the idea that needing psychological help signifies weakness, inadequacy, or loss of self-control. Lui et al. (2024), in their systematic review of help-seeking for depression and anxiety among university students, identified stigma alongside self-reliance, low perceived need, poor knowledge of services, and practical access difficulties as recurring barriers. Sum et al. (2024), working with

undergraduates in Hong Kong, similarly showed that stigma remains relevant to help-seeking even when resilience is taken into account. These findings complicate the language of “strength.” Endurance and self-sufficiency may be experienced as resources, but they can also become reasons to keep distress private. The important issue is therefore not whether students possess resilience, but how they interpret the point at which coping alone ceases to be desirable or sufficient.

2.3 Informal Support: Gateway, Holding Space, or Endpoint

The literature also challenges the sharp division between “seeking help” and “not seeking help,” as students often turn first to people they already know. McCabe et al. (2024) found that personal relationships were among university students’ preferred sources of help, illustrating the continuing importance of interpersonal networks even in settings where professional services and mental health information are available. El-Hachem et al. (2023) likewise reported that family was a commonly preferred source of support among university students, while attitudes toward professional psychological help and self-stigma were related to counseling intentions. The practical implication is that friends and family are not peripheral to formal mental health systems. They often occupy the space between private distress and professional care.

Yet informal support should not automatically be described as a bridge to counseling. It can be a gateway, but it can also be a holding space in which students test whether their distress will be believed, accepted, or minimized. In some cases, it may become the endpoint because the student feels sufficiently supported or because professional care remains unacceptable, inaccessible, or unnecessary. Martinez et al. (2020) make this particularly salient for Filipino help-seeking. Their systematic review found a general reluctance to seek formal help and a preference for close family and friends, while also identifying stigma, self-reliance, accessibility, financial constraints, and culturally embedded concerns as factors shaping formal service use. This pattern should not be read as evidence that Filipinos uniformly reject professional care. Rather, it shows that decisions about whom to approach are socially situated and that informal relationships may carry forms of trust and legitimacy that institutions must earn rather than assume.

Philippine scholarship further cautions against treating help-seeking as an individual psychological choice detached from social life. Alejandria et al. (2023) frame Filipino university students’ mental health socioculturally, drawing attention to how well-being is produced and constrained by relationships, expectations, institutions, and broader social conditions. Their work is valuable because it resists a familiar yet analytically weak explanation that attributes reluctance to seek help simply to “Filipino culture.” Culture does matter, but it operates through concrete relationships and meanings: what counts as a serious problem, whose judgment matters, whether emotional difficulty can be discussed, what families expect, and whether institutional support feels trustworthy. Comparative Asian evidence

reinforces the need for such specificity. Mental health literacy and help-seeking beliefs differ even across neighboring or broadly comparable contexts, while stigma itself varies by social position and setting (Dessauvagie et al., 2022; Maeshima & Parent, 2022; Muda et al., 2025). “Asian” is therefore too broad to function as an explanation.

At the same time, the Philippine higher-education context is not static. Mananggit et al. (2026) recently developed and pilot-tested a digital mental health literacy program for Filipino college students, reflecting an emerging effort to make mental health information more accessible and culturally responsive. Their pilot provides preliminary evidence of feasibility and usability rather than definitive evidence that the intervention increases help-seeking. That distinction matters. Greater awareness, better vocabulary, and clearer information may make recognition easier, but the literature reviewed above suggests that students must still navigate stigma, disclosure, trust, perceived need, and the social meaning of professional care before knowledge translates into action.

2.4 Conceptual Orientation

The study adopts a process-oriented understanding of help-seeking. It uses thresholds as a sensitizing concept for examining how students move between privately experienced distress, recognition of need, disclosure, informal support, and professional care. These are not treated as fixed stages or a predetermined sequence. Rather, the analysis attends to where students move forward, hesitate, withdraw, or redirect their support search. Accordingly, the conceptual orientation sensitizes rather than prescribes the analysis, allowing the meanings and configurations of these thresholds to be developed from participants’ accounts.

3. Methodology

3.1 Research Design

This study employed a qualitative interpretive design to examine how Filipino university students understood and navigated the movement from psychological distress to disclosure and help-seeking. Qualitative interpretive inquiry is concerned with understanding the meanings people construct around their experiences and with developing an interpretive account of patterns within those subjective experiences rather than reducing them to measurable variables. Interpretive approaches recognize that experiences are contextually situated and that qualitative analysis seeks to understand both shared patterns and meaningful variations in how a phenomenon is experienced (Thorne et al., 2004; Thorne, 2016). This design was appropriate because the study sought to understand participants’ meanings, decisions, and experiences rather than measure the prevalence of help-seeking or test predetermined relationships among variables.

3.2 Participants

Participants were recruited through an open online call for participation posted on the researchers' social media accounts. The post briefly described the study and provided a registration link for interested students. Recruitment was open to undergraduate students in the Philippines and was not restricted to a particular university or geographical location.

Eligible participants had to be at least 18 years old, currently enrolled in an undergraduate program, have experienced psychological distress or mental health concerns during their university studies, and be willing to discuss their experiences of distress, disclosure, and help-seeking. Following screening, 10 students met the criteria and voluntarily participated. Although all participants were studying in Davao City, location was not an inclusion criterion; this geographical concentration emerged from the open recruitment process.

The study employed purposive volunteer sampling, in which students self-selected by responding to the call and were subsequently screened using predetermined eligibility criteria. This approach enabled the recruitment of participants with direct and relevant experience of the phenomenon under investigation (Campbell et al., 2020). Selection was therefore based on experiential relevance rather than university affiliation or geographical location.

The participants varied in their academic backgrounds and experiences of psychological distress and help-seeking. To contextualize their accounts, information on age, gender, year level, academic program, and self-reported mental health concerns or experiences. Participants were assigned codes P01–P10 to protect their identities. Table 1 presents their profiles.

3.3 Research Instrument

Data were collected using a researcher-developed semi-structured written interview guide. Asynchronous written interviewing is an established qualitative data collection approach that can provide participants with greater temporal flexibility, privacy, and opportunity to reflect on and formulate their responses before communicating them to researchers (Dahlin, 2021; Harris et al., 2024). The guide was informed by the study's process-oriented conceptualization of mental health help-seeking, particularly the movement across thresholds of experiencing distress, recognizing a need for support, disclosure, informal support, and professional help.

Table 1. Profile of the Participants

Participant Code	Age	Gender	Year Level	Academic Program	Self-Reported Mental Health Concerns or Experiences
P01	20	Male	2nd Year	BS Psychology	Persistent emotional distress, prolonged crying, anxiety, difficulty concentrating, emotional suppression, feeling overwhelmed, fatigue/listlessness, fear of not being understood, and anxiety associated with seeking formal support.
P02	22	Female	2nd Year	BS Psychology	Long-standing emotional distress, loneliness, problematic alcohol use as a coping mechanism, strained relationships, academic disengagement, and recognition of the need for professional mental health support.
P03	20	Female	2nd Year	BS Nursing	Sense of purposelessness and emotional emptiness, managed through academic, social, and religious activities, with reluctance to seek help due to perceived low severity, fear of judgment, and concern about worrying family.
P04	20	Female	2nd Year	BS Pharmacy	Severe emotional distress marked by classroom-related anxiety, daily crying, self-imposed academic pressure, fear, and emotional vulnerability, leading to reliance on family and peer support and eventually taking an academic break.
P05	23	Male	4th Year	BS Medical Laboratory Science	Academic Pressure, Parents and Peer Expectations, fear of failing to their expectation given that he is top performing student with leadership roles.
P06	23	Female	4th Year	BSED	Mild Depressive Symptoms due to recent break up of relationship, which affected her ability to function at school and even day to day living.
P07	22	Female	3rd Year	BS Pharmacy	Suicidal Ideation and severe anxiety due to past traumatic event triggered by academic pressure. Advised to shift course due to low grades.
P08	21	Female	2nd Year	BSED-English	Anxiety attack due to academic pressure. Triggered by upcoming examinations and heavy task needed to be accomplished.
P09	20	Male	2nd Year	AB Psychology	Academic pressure associated with maintaining high academic performance, peer and parental expectations, and leadership responsibilities, accompanied by fear of failing to meet others' expectations.
P10	20	Female	2nd Year	BS Pharmacy	Academic pressure and parental expectations, accompanied by fear of being judged when expressing emotional difficulties.

These domains were grounded in process accounts of help-seeking and related research showing that movement toward support may involve recognition of need, consideration of available help, disclosure, and decisions about whether and where to seek assistance (Broglia et al., 2021; Rickwood et al., 2005). The guide was also informed by research identifying stigma, self-reliance, mental health literacy, social support, perceived need, and service accessibility as important influences on university students' help-seeking (Lui et al., 2024; Zhao et al., 2025).

The guide covered five broad areas: (1) experiences and recognition of psychological distress, (2) initial responses and self-management, (3) decisions to disclose or withhold distress, (4) experiences with informal sources of support, and (5) consideration or use of professional mental health support. Questions were open-ended to allow participants to describe their experiences in their own words. When responses required clarification or further detail, follow-up questions were sent via email. The conceptual orientation informed the areas explored but did not impose a fixed sequence on participants' experiences.

Before data collection, the interview guide underwent expert validation by three specialists in counselling, education, and qualitative research. The reviewers assessed the questions for relevance, clarity, sensitivity, and alignment with the research question and conceptual orientation. Their recommendations informed revisions to the wording, organization, and sequencing of the questions before the guide was finalized.

3.4 Data Collection Procedure

Data collection commenced after the semi-structured written interview guide had undergone expert validation and pilot testing. An open call for participation was disseminated through the researchers' social media accounts. The recruitment post briefly introduced the study, indicated the general eligibility requirements, and provided a registration link through which interested students could express their willingness to participate. Respondents were subsequently screened according to the predetermined eligibility criteria. Following screening, 10 students who met the criteria and voluntarily agreed to participate were included in the study.

Before data collection, eligible participants were provided with information regarding the purpose of the study, the nature of their participation, the data collection procedures, confidentiality, and the voluntary nature of participation. They were informed that they could decline to answer questions they found uncomfortable and could withdraw from the study in accordance with the conditions specified during the informed consent process. Informed consent was obtained from all participants before the interviews commenced.

Data were collected through asynchronous semi-structured written interviews conducted via email. Each participant received the interview questions electronically and was given approximately one to two days to complete and return the responses. The asynchronous format allowed participants to respond at a time

and place convenient to them and provided sufficient opportunity to reflect on their experiences before writing their accounts. Given the sensitive nature of psychological distress, disclosure, and mental health help-seeking, the written format also provided participants with a relatively private means of describing experiences that they might have found difficult to discuss during a synchronous interview.

The interview questions explored participants' experiences of psychological distress during their university studies, their recognition of the need for support, their initial responses and strategies for managing distress, their decisions to disclose or withhold their experiences, their use of informal sources of support, and their consideration or use of professional mental health services. The questions were open-ended, allowing participants to describe their experiences in their own words rather than restricting their responses to predetermined categories.

After receiving the initial responses, the researchers reviewed each written account for completeness and clarity. When a response required clarification, additional context, or elaboration, the participant was contacted via email and invited to provide further details. Follow-up questions were used to clarify or deepen the participant's original account rather than to direct the response toward a predetermined interpretation. The initial written responses and subsequent clarifications were treated as part of the same participant interview record.

Asynchronous written interviews did not capture vocal tone, facial expressions, pauses, or other nonverbal and paralinguistic cues, a recognized limitation of the method (Amri et al., 2021; Harris et al., 2024). Hence, the researchers did not infer participants' emotional states from textual features alone. Interpretations were grounded in what participants explicitly communicated in their written accounts and in the context surrounding those descriptions.

Responses were written in English, Bisaya, or a combination of both languages. Where participants responded in part or entirely in Bisaya, their responses were translated into English by an external translator proficient in both Bisaya and English. The translated versions were checked against the original responses to preserve the participants' intended meanings as closely as possible before the data were prepared for analysis.

Upon completion of the interviews and follow-up correspondence, the participants' responses were compiled into individual records. Names and other directly identifying information were removed from the working dataset, and each participant was assigned a code from P01 to P10. These codes were subsequently used during data organization, analysis, and presentation of the findings to protect participants' identities.

The de-identified written interview responses, including relevant follow-up correspondence, constituted the final dataset for analysis. Research materials were maintained confidentially, with access restricted to the research team. Only de-identified information was used during analysis and in reporting participants' accounts.

3.5 Data Analysis

Data were analyzed using reflexive thematic analysis, following the six-phase approach developed by Braun and Clarke (2006, 2021). This approach was appropriate because the study sought to identify and interpret patterns of shared meaning across participants' accounts of psychological distress, disclosure, and help-seeking. Rather than treating themes as categories that simply emerged from the data, analysis was understood as an interpretive process in which themes were developed through sustained engagement with participants' accounts and the research question.

Analysis began with familiarization, during which the researchers repeatedly read the written interview responses and follow-up correspondence and recorded initial analytic observations. The data were then systematically coded, with attention to how participants recognized and interpreted distress, managed difficulties independently, negotiated disclosure, responded to informal support, and considered or engaged professional help. Codes were compared across participants and brought together into candidate themes representing broader patterns of meaning. These themes were subsequently reviewed against the coded extracts and the dataset as a whole, refined for internal coherence and conceptual distinctiveness, and assigned names that captured their central organizing ideas.

The study's conceptualization of help-seeking thresholds served as a sensitizing orientation rather than a predetermined coding framework. Thus, participants' accounts were not assigned in advance to stages such as recognition, disclosure, informal support, or professional help. Instead, the analysis remained open to how participants themselves described moments of hesitation, movement, withdrawal, and redirection in seeking support. The final themes were developed through an iterative movement between the data, developing interpretations, the research question, and the broader conceptual orientation of the study (Braun & Clarke, 2021).

3.6 Ethical Considerations

Ethical safeguards were observed throughout the study because participants were asked to reflect on potentially sensitive experiences involving psychological distress, disclosure, and mental health help-seeking. Particular attention was therefore given to informed consent, voluntary participation, participant autonomy, privacy, confidentiality, and minimizing potential emotional discomfort.

Before data collection, participants received information about the purpose of the study, the nature of their participation, the data collection procedures, and the intended use of their responses. Participation was entirely voluntary, and informed consent was obtained before the written interviews commenced. Participants were informed that they were not required to answer questions that made them uncomfortable and could discontinue their participation without penalty. These

provisions were particularly important given that the interview questions invited participants to reflect on personal and potentially distressing experiences.

Measures were also taken to protect participants' privacy and confidentiality. Participants were assigned identification codes P01–P10, and their names and other directly identifying information were removed from the working dataset. These participant codes, rather than personal identifiers, were used during data organization, analysis, and reporting. Only de-identified information was included in the presentation of the findings.

Because data were collected via asynchronous email correspondence, participants could respond privately at a time and place of their choosing. They were not required to respond immediately to questions and could determine the extent to which they wished to describe their experiences. Follow-up correspondence was limited to requests for clarification or elaboration when necessary and did not require participants to disclose information they were unwilling to share.

Additional care was exercised because the study concerned psychological distress and mental health help-seeking. The interview questions were phrased in a manner intended to avoid unnecessary intrusion and did not require participants to provide clinical diagnoses or disclose experiences beyond what they were comfortable sharing. The researchers did not conduct clinical assessments, make diagnoses, or provide therapeutic advice. Participants' accounts were treated as descriptions of their experiences and perceptions rather than as clinical evaluations of their mental health status.

The written interview records and follow-up correspondence were handled confidentially, and access to the research data was restricted to the research team. De-identification was completed before the dataset was subjected to formal analysis. In reporting the findings, potentially identifying details were omitted where necessary to reduce the risk of individual participants being identified from their accounts.

These safeguards were maintained throughout data collection, data preparation, analysis, and reporting to respect participants' autonomy and dignity while minimizing risks associated with discussing sensitive mental health experiences.

4. Results

Reflexive thematic analysis generated five interrelated themes that illuminate how participants navigated the movement from psychological distress to disclosure and help-seeking. The findings did not indicate a uniform sequence through which all students progressed. Instead, participants described points of hesitation, recognition, disclosure, retreat, and movement toward different forms of support. Across the accounts, help-seeking became possible when distress was interpreted as no longer manageable alone, yet recognition of need did not automatically result in disclosure or professional care. Self-reliance, academic demands, relational trust,

expectations regarding emotional strength, and perceptions of counseling shaped participants' actions at these points. Table 2 presents the themes that are presented as interconnected patterns of meaning rather than as stages of a fixed pathway.

Table 2. Themes and interpretive focus.

Theme	Interpretive focus
1. Distress Became Actionable When Endurance Was No Longer Enough	Distress was often tolerated privately until emotional burden and disruption of daily functioning made continued self-management difficult.
2. Disclosure Required Permission to Be Vulnerable	Recognizing distress did not guarantee disclosure; students negotiated self-doubt, self-reliance, fear of burdening others, and concerns about judgment.
3. Trusted Relationships Made Help-Seeking Safer	Friends, family members, partners, and trusted peers often provided the first socially acceptable space in which distress could be expressed and validated.
4. Professional Help Became Possible Through Clarity, Trust, and Emotional Safety	Awareness of counseling did not ensure use; engagement depended on knowing what to expect and perceiving services as confidential, approachable, and safe.
5. Silence Was Socially Learned and Continually Reinforced	Family norms, expectations of strength, gendered messages, and superficial mental-health discourse shaped what students considered appropriate to disclose.

4.1 Distress Became Actionable When Endurance Was No Longer Enough

Participants did not describe help-seeking as an immediate response to the first signs of distress. A stronger pattern was prolonged endurance. Stress, anxiety, sadness, emotional exhaustion, and overthinking were initially carried as difficulties to be managed privately. What changed was not simply the presence of distress, but its meaning: participants began to regard support as necessary when the burden could no longer be contained through their usual ways of coping. Some participants expressed:

“I tried to deal with it by myself for quite some time because I thought I could still manage it. I kept telling myself that maybe I just needed to rest or give myself some time. But the problems and emotions kept piling up, and eventually it felt too heavy. I could not carry it alone anymore.” (HS1).

“At first, I tried to manage my emotions on my own. I would distract myself and continue with what I needed to do because I thought the feelings would eventually pass. But they did not really go away. My emotions became too heavy and hard to handle. There came a point when I knew I needed help because what I was doing was no longer working.” (HS2).

"I kept trying to handle everything by myself because I felt that I should be able to manage my own problems. But eventually it started affecting how I functioned and how I dealt with my responsibilities. I reached a point where I couldn't handle this on my own anymore. That was when I started thinking that maybe I really needed someone to help me." (HS7).

4.2 Disclosure Required Permission to be Vulnerable

Even after recognizing their struggle, participants did not automatically make their distress known to others. Disclosure involved another negotiation: whether their experience was serious enough to mention, whether they could manage it independently, and whether revealing vulnerability would invite judgment or burden others. Self-reliance, therefore, operated not merely as a coping preference but as a standard by which participants evaluated whether asking for help was warranted. Some participants emphasized:

"I felt like I had to handle everything on my own. I did not want other people to worry about me, and I kept thinking that maybe I should be able to deal with my problems myself. Asking for help was difficult because it felt like admitting that I could not manage what I was going through." (HS3)

"Maybe I'm just being dramatic. Maybe I'm overreacting. Sometimes I would think about telling someone what I was feeling, but then I would question myself and think that maybe it was not really that serious. I felt like I should try to deal with it first before involving someone else." (HS7)

"I was already dealing with so many academic requirements that I didn't have enough time to even think about asking for help. I just kept doing what I needed to finish. Even when I knew that I was struggling, asking for help became something that I kept putting aside because there were always other things that I needed to do first." (HS2)

4.3 Trusted Relationships Made Help-Seeking Safer

When participants did disclose, they often moved first toward people with whom trust already existed. Friends, family members, romantic partners, and trusted peers were described as accessible and emotionally safer than unfamiliar professional services. Informal support was important not simply because these people were available, but also because existing relationships reduced the interpersonal risk of revealing distress. Some participants stated:

"Talking to my family and friends helped me. I felt more comfortable telling them what I was going through because they already knew me and I knew that I could trust them. Sometimes I did not really need them to solve the problem. Being able to talk about what I was feeling and knowing that someone was there to listen already helped me feel less alone." (HS4)

"Having that one person changes everything. When you know there is someone you can talk to without feeling like they are going to judge you, it becomes easier to say what you are actually feeling. You do not have to explain everything about yourself because that person already knows you. Sometimes just knowing that someone is willing to listen makes it easier to open up." (HS5)

4.4 Silence Was Socially Learned and Continually Reinforced

Participants' hesitation to disclose was not explained only by individual preference. Their accounts located silence within wider expectations about strength, family communication, academic responsibility, gender, and acceptable emotional expression. Some participants had learned that difficult feelings should be endured rather than openly discussed, making self-sufficiency appear not simply desirable but socially appropriate. Some participants expressed:

"We're not really open in our family. They don't ask about my mental health, and we normally don't talk about those kinds of things. We can talk about school or other problems, but when it comes to what I am feeling emotionally, it is not something that we usually discuss. Because we are not used to talking about it, it also becomes difficult for me to suddenly open up." (HS5)

"The mindset is that you can get through it. Sharing struggles wasn't normal. You are expected to continue and find a way to deal with your problems because that is what people usually do. When you grow up with that kind of thinking, opening up can feel unusual because you are used to keeping those things to yourself." (HS7)

"As a guy, they teach me to be strong. You are expected not to show too much emotion and to handle your problems without always telling other people what you are going through. Sometimes opening up feels difficult because you think that people might see you as weak when you are supposed to be strong." (HS9)

4.5 Cross-Theme Interpretation: Help-Seeking as Negotiated Movement

Across the five themes, participants described different ways of understanding and responding to psychological distress, as well as available support. Self-reliance shaped whether distress was considered serious enough to warrant help, while disclosure depended on whether vulnerability felt legitimate and safe. Trusted relationships reduced the perceived interpersonal risks of disclosure for some participants. In contrast, professional support was viewed more favorably when access was clear and confidentiality, non-judgment, and emotional safety were expected. Social expectations surrounding strength, independence, family communication, gender, and academic performance further shaped what participants considered possible or appropriate.

These thematic relationships should not be interpreted as a developmental model, a temporal sequence, or a common pathway from self-management to informal and then to professional support. Rather, negotiated thresholds describe the judgments evident across participants' accounts concerning the legitimacy of need, the acceptability of disclosure, the trustworthiness of potential sources of support, and the perceived safety of professional care. The concept therefore, organizes how participants made sense of different help-seeking possibilities without assuming that they experienced them in a particular order or progressed from one form of support to another.

To integrate the five themes, Table 3 presents the cross-theme interpretation of help-seeking as negotiated movement.

Table 3. Cross-theme interpretation of help-seeking as negotiated movement.

Movement	Central Question	Enablers	Barriers	Possible Direction
Distress → Recognition	Do I need help?	Escalating distress; impaired functioning; coping no longer works	Minimization; endurance; self-management; academic demands	Recognize need, endure, or self-manage
Recognition → Disclosure	Can I tell someone?	Acceptance of vulnerability; need for relief	Self-reliance; self-doubt; judgment; fear of burdening others	Disclose, delay, or remain silent
Disclosure → Informal Support	Who feels safe?	Trust; familiarity; emotional safety	Fear of judgment; unsupportive family norms	Seek support from trusted others
Informal Support → Further Help	Is this support enough?	Validation; encouragement; continuing distress	Preference for familiar support; reluctance toward professional care	Continue informal support, self-manage, or seek further help
Consideration → Professional Help	Is professional help safe?	Clear access; confidentiality; non-judgment; trust	Unclear procedures; unfamiliarity; disclosure concerns	Seek, postpone, or decline professional help

5. Discussion

This study examined how university students in the Philippines navigate the thresholds between psychological distress, disclosure, and help-seeking, with particular attention to when distress warrants support, whether and to whom it can be disclosed, and when professional help becomes a viable option. The findings showed that help-seeking was not a linear progression from experiencing distress to accessing professional care. Rather, students continually negotiated the legitimacy of their need for help, the vulnerability involved in disclosure, the trustworthiness of potential sources of support, and the perceived safety and usability of professional services.

The findings complicate a common assumption in university mental health research: that the central problem is getting students who need help to use available services. For the participants in this study, professional help was often not yet the immediate question. Before counseling could be relevant, students had to decide whether what they were experiencing warranted help, whether it could be disclosed to another person, and whether doing so was worth the interpersonal risks. Help-seeking was therefore negotiated well before formal service use entered the picture. This partly supports Broglia et al.'s (2021) process account, in which students move through contemplation, recognition of need, and exploration of options. However, the present findings suggest that these movements are not adequately understood as procedural phases alone. They involve changes in how students position themselves in relation to distress: from someone who should still cope to someone who can legitimately need another person.

The negotiated movement identified in this study can also be understood in relation to established process-oriented perspectives on behavioral change and mental health help-seeking. The Transtheoretical Model emphasizes that behavioral change develops through changes in readiness rather than occurring as a single event (Prochaska & Velicer, 1997). The present findings partly align with this processual view, as participants did not immediately move from experiencing distress to seeking support. However, their accounts also complicate a stage-based interpretation. Movement was not consistently directed toward professional care: students could recognize a need for help but remain silent, disclose selectively, rely on informal support, return to self-management, or reconsider professional help later. This interpretation is more closely aligned with Rickwood and Thomas's (2012) conceptualization of mental health help-seeking as a process involving attempts to obtain assistance from different sources. The findings extend this process perspective by showing that movement between sources of support is negotiated through judgments about need, vulnerability, trust, and emotional safety. Informal support, therefore, should not necessarily be interpreted as an intermediate stage preceding professional care; for some students, it may constitute an acceptable and meaningful form of help in itself.

Although Zhao et al. (2025) identify preference for self-management and low perceived need as recurrent barriers to formal help-seeking, treating them solely as

barriers may imply that students have already determined that professional help is appropriate but are subsequently prevented from seeking it. The participants' accounts suggest a more complex process. Students could recognize that they were distressed while still believing that they should manage their difficulties independently. Self-reliance therefore, appeared to shape not only whether students sought help but also whether they interpreted their distress as sufficiently serious to warrant help in the first place. This finding adds nuance to Zhao et al.'s (2025) characterization of self-management and low perceived need as barriers by suggesting that self-reliance may operate earlier in the help-seeking process, shaping the recognition of need itself.

More importantly, the findings identify disclosure as a critical but analytically underemphasized transition. Research linking mental health literacy, stigma, disclosure, and professional help-seeking has demonstrated that greater mental health literacy does not necessarily translate into action (Gulliver et al., 2022; Kim et al., 2020; Yang et al., 2023). The present study helps explain this discontinuity. Recognition occurs privately; disclosure makes distress socially consequential. A student may know what anxiety or depression looks like and may even recognize similar difficulties in themselves, yet still hesitate to make those difficulties known. The issue is therefore not simply whether students can identify distress, but whether they regard themselves as entitled to disclose it.

This is where the findings also qualify explanations centered predominantly on stigma. Fear of judgment was present, but participants' hesitation could precede any actual response from another person. They questioned whether they were overreacting, whether their difficulties were serious enough, and whether they would burden others. In other words, anticipated social judgment had sometimes already become self-evaluation. This offers a different interpretation of the stigma and self-reliance barriers identified by Lui et al. (2024) and Sum et al. (2024): their significance may lie not only in discouraging the use of professional services but also in shaping what students consider a discloseable problem in the first place. The threshold is therefore partly one of legitimacy: Is what I am experiencing enough to justify making a claim on someone else's attention and care?

Trusted relationships were important not simply because they were easier to access, but because they reduced the interpersonal risk of disclosure. Although family and friends are established sources of support among Filipino and university populations (Martinez et al., 2020; McCabe et al., 2024), the findings show that informal support may serve different purposes. For some students, it opened a pathway toward further help; for others, it was sufficient at that point. Informal support should therefore not be treated merely as a bridge to professional care, but as a meaningful form of help in its own right.

Professional care involved a different negotiation. The findings distinguish availability from approachability. As Osborn et al. (2022) and Zhao et al. (2025) demonstrate, awareness of the need for or availability of services does not necessarily result in utilization. The present study suggests that students also evaluate whether professional support is understandable, appropriate, confidential, and safe. Thus, a

counseling service may be institutionally available while remaining psychologically distant. This also qualifies as a knowledge-centered approach to mental health literacy. Initiatives such as those described by Mananggit et al. (2026) remain important. Still, knowledge alone cannot ensure engagement when students remain uncertain about disclosure, trust, or what it means to seek professional help.

These findings should also be understood within the Philippine relational context outlined earlier. Participants' self-reliance was intertwined with family expectations, concerns about burdening others, expectations of emotional strength, and established patterns of family communication. These patterns resonate with Philippine research showing that mental health experiences and help-seeking are embedded in family relationships, social expectations, and culturally situated understandings of coping and support (Alejandria et al., 2023; Martinez et al., 2020). For some participants, managing distress independently appeared to reflect not only an individual coping preference but also a socially reinforced expectation that difficulties should be endured before involving others. At the same time, the importance placed on trusted family members, friends, partners, and peers demonstrates that relational ties could both constrain and enable disclosure. The same relationships that shaped expectations of endurance could also provide the emotional safety that made distress shareable. Thus, help-seeking was negotiated relationally: whether distress warranted disclosure and to whom it could be disclosed safely were shaped by family relationships, interpersonal trust, responsibility, and expectations surrounding emotional expression.

Similarly, greater public discussion of mental health did not necessarily make personal disclosure easier. This distinction between visibility and relational safety may help explain why improved recognition does not always translate into help-seeking (Kim et al., 2020; Tan et al., 2021; Yang et al., 2023). Awareness can make mental health recognizable, but disclosure additionally requires confidence that vulnerability can be expressed without unacceptable social consequences.

6. Conclusion

This study aimed to understand how university students in the Philippines navigate the thresholds between psychological distress, disclosure, and help-seeking. The findings show that seeking help is not a simple or direct process. Students had to decide whether they could still manage on their own, whether their distress was serious enough to share, whom they could trust, and whether professional help felt safe and appropriate. Taken together, these experiences point to negotiated thresholds rather than a fixed set of barriers and facilitators. Self-reliance shaped when help became necessary, fear of judgment influenced disclosure, trust guided whom students approached, and confidentiality and clear information mattered when professional support was considered. These thresholds were not fixed stages, as students could reach out, pause, rely on trusted people, return to self-management, or consider professional help later.

The study therefore shifts attention from simply asking why students do not use counseling to asking what makes help possible and acceptable at a particular time. University administrators can respond by making counseling procedures and confidentiality protections clearly visible, providing simple information on when and how students can access support, and creating low-threshold opportunities for students to discuss concerns before they reach a crisis point. Because trusted relationships often served as initial sources of support, universities can also provide basic mental health and referral training for faculty members, student advisers, peer supporters, and other personnel whom students are likely to approach first. Mental health initiatives should further normalize early disclosure and communicate that students do not need to wait until distress becomes severe before seeking support. These measures may help reduce uncertainty surrounding professional care while strengthening the informal pathways through which students often begin seeking help. Although the small, self-selected sample limits how broadly the findings can be applied, the study highlights an important part of student mental health that is often overlooked: what happens between struggling in private and allowing someone else to help. Universities should therefore attend not only to the availability of mental health services but also to the relational and institutional conditions that make acknowledging distress, disclosing vulnerability, and approaching support feel legitimate and safe.

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Conflict of Interest Statement

The authors declare no conflicts of interest regarding the publication of this study. The authors have no financial, professional, or personal relationships that could have influenced the conduct, analysis, interpretation, or reporting of the research findings.

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