The Influences of Filipino Cultural Values on the Mental Health Experiences and Perceptions, Help-Seeking Attitudes and Coping Strategies of Filipinos in the Philippines and Aotearoa New Zealand.

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ABSTRACT

Purpose: This study examined the influences of Filipino cultural values (*Kapwa, Hiya, Utang na Loob, Pakikisama)* on mental health perspectives and experiences among Filipinos in the Philippines and Aotearoa New Zealand, investigating how adherence to these values affects help-seeking attitudes and coping mechanisms. **Methods:** An anonymous cross-sectional design utilized adapted scales including the Adherence to Filipino Values Scale (AFVS), Filipino Coping Strategies Scale (FCSS), Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF), and Individualism-Collectivism Scale (ICS). The Pinoy Ako Scale (PINAS) measured acculturation levels among New Zealand participants. A total of n=332 participants were retained (Philippines: n=218; New Zealand: n=114; n=107 completed PINAS). **Results:** Both groups demonstrated strong adherence to Filipino cultural values (Philippines: M=3.97, SD=0.45; New Zealand: M=3.98, SD=0.46). PINAS results revealed successful bicultural adaptation (M=4.80, SD=0.60) with 71% prioritising Filipino cultural transmission while viewing New Zealand as an "opportunity haven." Regression analyses showed different predictors across contexts: collectivism significantly predicted help-seeking attitudes in New Zealand (β=.289, p=.021), while adherence to Filipino values (β=.214, p=.003) and coping strategies (β=.243, p=.001) were significant predictors in the Philippines. The bicultural competence demonstrated through PINAS validated why collectivism, rather than traditional Filipino values, emerged as the key help-seeking predictor in diaspora contexts. **Implications:** Findings demonstrate that Filipino psychology in diaspora represents creative cultural adaptation requiring bicultural clinical competencies. The PINAS results validate the need for mental health approaches that honour both cultural frameworks rather than forcing binary choices between Filipino and Western psychological paradigms, supporting calls for decolonised, culturally adaptive research and clinical methodologies.

Keywords: Filipino cultural values, Sikolohiyang Pilipino, mental health help-seeking, coping strategies, bicultural adaptation, diaspora psychology

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Let this thesis serve as a testament of our *Bayanihan* (*Communal Unity*) of *Kapwa-Filipinos*, and a gentle reminder that there is love and kindness all around, even where you least expect it.

DEDICATIONS

For my parents and my family, thank you.

Your love and sacrifices are the foundations of everything I've achieved and aspired for.

You've given me the privilege to learn and the courage to dream for things bigger than us.

This thesis reflects a single constellation of those dreams.

And it is your achievement as much it is mine.

For fellow *kababayans*, I would also like to dedicate this project to you.

This is for every story of perseverance, every act of kindness – no matter how small.

This is for every battle fought silently, but with great dignity and integrity.

Wherever you may be, may this be a voice that makes you feel seen and heard.

May your resilience and humility never cease.

Laban Pilipinas.

And lastly, to anyone who is facing their own battles.

may you find courage within yourself to get through the challenges in your life.

I wish peace upon your soul.

Sana sa iyong lumbay, magkaroon ka ng lakas ng loob na makahanap ng kapayapaan sa iyong puso't isipan.

Hanggang muli, maraming-maraming salamat po!

Always sincerely yours in gratitude

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Attestation of Authorisation

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Micaela Adriano-Mejia

31 October 2025

CHAPTER ONE: INTRODUCTION

Background

Defining Mental Health

Mental health is an important aspect of an individual's well-being. According to the World Health Organisation (WHO, 2022), mental health can be defined as "a state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their communities". The WHO (2022) has also declared mental health as a basic human right. This emphasises the intrinsic importance of having a good mental well-being as being instrumental to the overall quality of life (Barry, 2008). Mental health holds a significant role in our personal, community and socio-economic development (WHO, 2005; 2022). On a rather philosophical aspect, Ryff and Singer (1998) have suggested that good mental health occurs when individuals have a sense of purpose and self-respect and willingly engage in quality relationships with others (Dogra and Cooper, 2017). Essentially, by definition, the state of our mental health affects different aspects of our lives, including how we perceive and experience the world, how we make decisions, socialise with others and intrapersonal understanding of oneself.

Theories about mental health

There are key factors that contribute to our mental health. The Biopsychosocial Model (BPS; Engel, 1977) serves as a fundamental theory to further illustrate this. This model recognises that our mental well-being and the development of mental health conditions are a culmination of interacting domains (Boazak & Beyer, 2021). The biological aspect of this model suggests that genetic predispositions have a significant role in increasing the likelihood of developing certain mental health conditions, such as anxiety and depressive disorders, bipolar disorders, and psychotic disorders (Insel, 2009). This is caused by neurochemical imbalances and physiological functioning of the endocrine and nervous system (Engel, 1977; Boazak & Beyer, 2021). Consequently, certain medical conditions can also

affect an individual's mental health status by either mimicking or exacerbating psychiatric conditions. Examples of this are cases with thyroid disease and autoimmune disorders, such as lupus, Hashimoto's thyroiditis, rheumatoid arthritis and more, where anxiety, mood and psychotic disorders are exacerbated through the symptoms (Boazak & Beyer, 2021).

Additionally, structural, and functional abnormalities or injuries in the brain may also influence an individual's emotional regulation, mental resilience, and decision-making (Drevets et al., 2008). A comprehensive meta-analysis by Fitzgerald et al. (2008) of brain activation in patients with major depressive disorder (MDD) demonstrated that there are strong correlations between the brain activity and depression pathophysiology. For instance, underactivity in the left dorsolateral prefrontal cortex (dlPFC), which is specifically involved in cognitive controls and decision making, has a profound connection with symptoms of depression. Additionally, a dysfunction in the medial and inferior prefrontal cortex typically implies impaired emotional regulation and negative self-referential thinking (Drevets et al., 2008).

The psychological domain of this model suggests the central role of our cognitive beliefs and patterns, as well as emotions and behaviour, contribute to our mental health (Beck, 1979), thus emphasising on the internal processes of individuals and how they affect their perception of the world, and ultimately, how they experience it. Emotional regulation is a significant determinant in this aspect. This pertains to how an individual manages their stress in times of adversity (Barry, 2008). Findings from a meta-analysis by Hu et al. (2015) investigating the relationship between resilience and mental health outcomes suggest that there is a negative correlation between resilience and negative indicators, thus implying that individuals with stronger resilience are less likely to experience negative psychological distress or disorder.

Moreover, the social determinant of this model suggests that the social, economic, and environmental conditions of an individual have a causal effect on mental well-being throughout the lifespan (Alegria et al. 2018). It was posited that these factors operate at multiple levels: structural, community and individual. Key determinants at a structural level, such as socio-economic status, income, education, employment and more, may affect the salient risk of mental health outcomes (Silva et al.

2016). Political factors are also considered, as government policies and healthcare funding allocation can either provide *or* restrict general access to proper healthcare and social services. Financial strain caused by poverty or unemployment has significant implications for poor mental health outcomes, which is sometimes then perpetuated through the limited access to quality healthcare and education (Alegria, 2018). A study by Mundt et al. (2014) conducted with individuals living in multi-ethnic disadvantaged areas in Berlin revealed no association between poor mental health and low income, educational level, and background of migration. However, a potential association was found with living alone. This may suggest that while the socio-economic state is not ideal, there is a sense of resilience within individuals, which is subject to their own life challenges.

Adler (2009) suggested that the BPS Model (Engel, 1977) challenges the reductionist nature of the traditional biomedical approach, emphasising that psychological and social contexts are equally as integral to a patient's health. This perspective fundamentally reframes the physician's role, shifting from a mechanical understanding of illness to a humanised integrated approach that views the patient as *person* with an '*individual reality'*. Hence, it signifies the importance of understanding the multiple factors that contribute to health, including cultural influences.

Culture has a significant influence on the behaviours and beliefs of individuals. It influences how mental health is perceived and understood, and shapes one's coping strategies, support systems and emotional expression (Gautam, 2024). It is essential to recognise and consider the cultural and developmental contexts in how we approach individuals to understand mental health (Dogra et al., 2009). The following section briefly explores the current state of mental health research and improvements in the Philippines and in New Zealand.

Mental Health in the Philippines

A study by Cleofas (2024) investigated the socio-ecological determinants of mental health among 1204 Filipino university students aged between 18 and 24 years post-COVID-19 lockdown. In this study, Cleofas (2024) utilised Bronfenbrenner's (1977) Socio-Ecological Systems Theory and the Bidimensional

Mental Health Model (BMHM; Greenspoon & Saklofske, 2001) to explore the different aspects that could affect an individual's mental health. Results of the study revealed that female students reported poorer mental health than males, which suggests gender inequalities in susceptibility to the risk of psychological distress. Additionally, participants who identified as being outside of the heteronormative community (LGBTQ+) reported worse mental health in comparison to cis-heterosexual peers, which is consistent with previous findings in the Philippines (Alibudbud, 2021; Cleofas, 2024).

Strong family relationships were revealed to be a significant predictor of better mental health and lower psychological distress (Cleofas, 2024), which is in alignment with previous research on the effects of family on wellness (Samaco-Zamora & Fernandez, 2016). A strong national identity, which suggested a great sense of belongingness and trust in the public institutions, was also thought to foster better mental well-being for Filipinos (Cleofas, 2016). While this research offers valuable insight into Filipino youth mental health, it unfortunately does not encompass other age groups or individuals in marginalised areas or those who did not attend university. In a qualitative study, Tanaka et al. (2018) suggested that socioeconomic status (SES) has a significant influence on the stigma that people with mental health problems (PMHP) face in the Philippines.

Recent statistical data from the Philippine Department of Health (DOH, 2025) revealed the prevalence of mental health and neurological disorders in the Philippines between 2021 and 2023. In this report, individuals with anxiety disorders were reported to be at its highest at 64,317 out of 182,037 service users in the country in 2021, in comparison to 38,456 users in 2023. Individuals with psychosis (schizophrenia) were reported to be the highest in 2023 at 101,872 individuals out of 225,677 service users, exhibiting a rise from the 78,348 accounted individuals in 2021. It is important to note that this data was collected from 844 Mental Health Access sites, thus, an accurate representation of the entire 116. 7 million population (Worldometer, UN Department of Economic and Social Affairs, 2025) may not be viable at this time. This suggests a demand for updated systems and processes to reflect the actual needs of Filipinos to further impart on improving the lives of Filipinos.

Conde (2004) also provided the country profile of the Philippines on mental health. This research implies that mental health in the Philippines faces systemic and socio-cultural barriers with poverty, stigma, and inequality, where there is insufficient support for the people to foster stability in socio-economic aspects. Although it is also important to note that in more recent years, the Philippines has made considerable efforts in improving mental health for Filipinos. For instance, the passage of the Mental Health Act (Republic Act No. 11036) in 2018 marked a significant milestone in improving mental health in the country, as professionals have gained further guidance on the legal and ethical regards of their practice, as well as protecting the rights of the patients (Lally et al., 2019). Additionally, the DOH has collaborated with the World Health Organization (WHO) in developing and implementing the Philippine Council for Mental Health (PCMH) Strategic Framework 2024 -2028 (DOH and WHO, 2024). This was implemented in efforts to address the mental health concerns of Filipinos.

Mental Health in New Zealand.

Over the past few decades, there has been a substantial transformation in the mental health landscape in New Zealand. This has been shaped by cultural integration and improving research models and service delivery (Kapeli et al., 2020). In 2003 – 2004, a national survey, Te Rau Hinengaro, was conducted to estimate the prevalence and severity of mental health illnesses such as anxiety, mood, substance and eating disorders among individuals (Wells et al., 2006) and results showed that 39.5% of New Zealand individuals have experienced a mental disorder at some point in their lives at that time. In recent years, the New Zealand Ministry of Health has conducted an annual health survey, using the screening tool Kessler Psychological Distress Scale (K10) to briefly measure an individual's psychological state in the last 4 weeks (Ministry of Health (MOH), 2023/24). The statistical data show that at least one in eight adults (13%) has experienced varying high levels of psychological distress. Pasifika and Maori adults were also reported to have experienced high or very high levels of psychological distress at 20% of Pasifika and 19.5% of Maori adults (MOH NZ, 2024). Disabled adults showed a higher rate of experiencing psychological distress, with 33.2%. The NZ Ministry of Health

(2023/24) also reported that adults living in socioeconomically deprived areas had an association with experiencing psychological distress.

There is a deepening concern for the mental health among youth in New Zealand. In recent research with the World Happiness Report in 2024, young people aged between 15 and 24 years reported a significant decline in youth wellbeing (WHR, 2024; Payinda and Stubbing, 2024). Stubbing et al. (2023) suggest that the determinants for youth mental health are not isolated but rather interconnected. Possible contributing determinants could be systemic and socio-political, such as experiencing racism and discrimination at institutional and interpersonal levels, especially for those youths in minority groups. A literature review by Kapeli et al. (2020) on Pasifika mental health in New Zealand identified that Pasifika perspectives on mental health vastly differ from the Pakeha (Western) frameworks. It is suggested that their cultural beliefs have a significant influence on their fundamental understanding of mental health. For instance, in Tokelauan or Tongan groups, a direct linguistic equivalent for the term 'depression' may not be accurately depicted in the language, which may lead to misdiagnosis or misunderstandings if Pakeha (Western) models and tools are applied in isolation to the different ethnic groups.

The developments in the New Zealand health research and policy domains place a profound emphasis on the integration of Māori culture and values in honour of the indigenous roots and its people. Te Whare Tapa Whā model (Durie, 2011) was developed to propose a holistic perspective on health and well-being. It highlights the importance of four interconnected elements – Taha Tihana (physical health), Taha Wairua (spiritual health), Taha Whānau (Family and Social Well-being) and Taha Hinengaro (Mental and Emotional Well-being). Durie (2011) suggested that the integration of this culturally grounded model into mainstream healthcare practices allowed opportunities for personalised care that recognises all spiritual, mental, social and physical aspects in individuals' well-being. This also emphasises the importance of implementing holistic, culturally nuanced models for Māori and other indigenous populations, as it empowers the cultural worldviews, aside from a Western biomedical perspective (Durie, 2011).

Statement of the problem

The prevalence of mental health issues across the two countries highlights a significant public health concern. In the Philippines, it was estimated that the prevalence of mental disorders ranged between 11.3% and 11.7% with statistical data between 1990 and 2019 showing an increase from 7 million to 12.5 million Filipinos who are diagnosed with mental disorders (Congressional Policy & Budget Research Department (CPBRD), Philippine House of Representatives, 2023). Recent data from Stats NZ (2023) shows that the general population also exhibited a decline in mental well-being in more recent years, especially post-COVID-19, with 22% in 2018 and 28% in 2021.

In the synthesised research by the CPBRD (2023), the issue of stigma among Filipinos on mental health was emphasised. It was reported that there is a reluctance towards seeking professional help due to cultural factors such as shame (*Hiya)* and the collectivist attitude within social circles. This was also similarly observed by Sanchez and Gaw (2007) among Filipino-American families. Additionally, the concerns of mental health literacy (MHL; Jorm et al., 1997) also prevail with the insufficient knowledge and understanding about mental health disorders among the general public (Furnham & Swami, 2018). This highlights the importance of developing and implementing research and practices into the mainstream realm to help raise awareness and understanding of the issues and options for treatment through systematic developments in institutions.

Purpose of the study

The overarching purpose of this study was to examine the potential influences of Filipino cultural values – *Kapwa, Hiya, Pakikisama* and *Utang na Loob* - in the mental health experiences and perspectives among Filipinos. Furthermore, this study also seeks to statistically assess the relationships between the participants' adherence to the cultural values and their attitudes towards help-seeking and ways in which they cope.

Research Question and Hypotheses

The broader underlying question for this research is: 'What are the influences of cultural values in the experiences and perceptions of mental health among Filipinos in the Philippines and in New Zealand?'. Specifically, this research is looking into whether: (a) Does the adherence to cultural values influence Filipinos' attitudes towards seeking professional help? And (b) How does the adherence to cultural values influence how Filipinos cope in times of distress?

In accordance with the research questions and relevant literature on mental health and the Filipino people and culture, this study proposes the following hypotheses:

H1: Filipinos in both countries will show strong adherence to the value

H2: Filipino participants living in New Zealand will demonstrate positive help-seeking attitudes in comparison to Filipino participants living in the Philippines

H3: Both groups will demonstrate that higher levels of collectivism will be positively associated with adherence to Filipino cultural values

H4: The relationship between the adherence to Filipino values and help-seeking attitudes predict the use of culturally grounded coping strategies in both groups

As this study primarily focuses on the Filipino population across two socio-cultural contexts, it becomes crucial to explore the historical, cultural, and psychological frameworks that shape Filipino mental health experiences and perceptions. The following chapter seeks to provide an extensive review of the current literature, focusing on the Filipino colonial history, backgrounds of social influence, culture, and values. Sikolohiyang Pilipino and Filipino mental health, as well as help-seeking attitudes and coping strategies.

CHAPTER TWO: LITERATURE REVIEW

It is substantial to understand the theoretical foundations of social influence to further understand how cultural values are created, reinforced, and sustained in any society. The cultural values *Kapwa,*

Hiya, Pakikisama, and *Utang na Loob,* are deeply rooted in the Philippines' colonial experiences, with rich Spanish and American influences shaping societal norms, structures and religious beliefs. Examining this colonial heritage alongside theoretical grounding provides crucial understanding of how cultural norms and group identities evolved and maintained throughout time, as well as how these long-lasting effects still influence mental health attitudes and practices in modern Filipino communities in the Philippines and in the global diaspora.

Introduction to Social Influence

Social influence is a fundamental aspect of human social interaction, encompassing two distinct forms: normative and informational social influence (Festinger, 1954). According to Deutsch and Gerard (1955), normative social influence can be defined as an individual's tendency to conform to certain social group norms or behaviours in pursuit of attaining social acceptance, or as a means of avoiding social deprecation (Cialdini and Goldstein, 2004). Informational social influence refers to conforming to group behaviour or beliefs in proper discernment that the group has more accurate information (Sherif, 1935, as cited in Cialdini and Goldstein, 2004). This usually occurs in situations where there is a perceived uncertainty about how to behave by the individual. Different motivations are attributed to these social influences. For normative social influence, the individual is primarily motivated by the desire for social acceptance. Informational social influence is primarily motivated by the desire to attain accurate information and reduce uncertainty to make better-informed decisions (Cialdini and Goldstein, 2004). Descending from this are the different pillars of social influence, such as compliance, conformity, obedience, persuasion, social norms, and group influence, to name a few.

The research sphere on conformity primarily developed from Asch's (1956) study on independence and conformity where it was found that the participants with normal vision would surprisingly disregard their own visual judgment to coincide with the group's judgment, even though the inaccuracy was apparent (Asch, 1956; Bond and Smith, 1996; Cialdini and Trost, 1998). Conformity

pertains to an individual's predisposition to alter their beliefs and behaviour in correspondence or acceding to conventional notions of others (Cialdini and Goldstein, 2004).

Examples of conformity can be seen in mundane everyday habits and hobbies, for instance, eating habits and fashion trends. Individuals usually conform to the eating habits of their social group. In a study, Herman et al. (2003) found that the social presence of other people in group settings has an influence on an individual's intake of food. In particular cases, the presence of others could encourage or repress food intake depending on the habits of the social group in attempts to impress members of the social group. Previous studies (Herman et al., 2003; Higgs, 2015) also found that individuals have the tendency to consume less food in a social setting than when alone. Moreover, fashion trends have become a forefront example of social influence due to the height of consumerism, especially in this modern age. Garcia and Resende (2009) suggested that individuals have the tendency to imitate their social peers. Similarly, Lana et al. (2019) also suggested that consumerist behaviour is primarily influenced by other consumers striving for social advantages in their circles.

Social norms are an essential component of social influence. Sherif (1936) defined norms as a set of rules for social behaviour that are cooperatively negotiated among members of the group; these could be traditions, values, or customs, to name a few. Certain standardised criteria of conduct act as a guideline for desirable behaviour, where it also includes rules for unacceptable behaviours, such as one of the most controversial taboos, incest. (Triandis, 1994; Cialdini and Trost, 1998). Cialdini and Trost (1998) also defined social norms as a set of rules and standards that are mutually acknowledged by members of a social group, which could facilitate or inhibit certain behaviours without the need for official government laws. Ultimately, norms virtually shape our societal expectations of social behaviour (Blake and Davis, 1964; Pepitone, 1976 as cited in Cialdini and Trost, 1998).

Cialdini and Trost (1998) also provided an in-depth review of social influence and its components – conformity, compliance and social norms. In this review, they provided insight into three different goals associated with social behaviours that influence interpersonal motivations. The authors noted that, although the behaviours may seem intentional or purposive, these are not essentially thoughtful conscious

behaviours. The authors suggest that humans exhibit behaviours that could be rendered as intentional, to achieve a small series of goals, these are: (1) to behave effectively; (2) to build and maintain relationships; (3) to manage self-concept. To briefly define these, Cialdini and Trost (1998) refer to the first goal as motivation, we must act in specific ways to reach our goals, whilst making informed and detailed decisions. Cialdini (1993) also states that individuals tend to mimic others' behaviours to reduce the cognitive load and provide the heuristic ability to progress to a desired effective outcome. This goal can be associated with the psychological phenomenon of 'social proof', where individuals seek evidence from others' behaviour in perceived ambiguous situations and commonly when the displayed action or source is analogous to the individual (Sherif, 1936; Festinger, 1954 as cited in Cialdini and Trost, 1998).The following goal of building and maintaining relationships is premised on the idea of receiving social rewards from others in the form of acceptance in the group. Within this goal, individuals are motivated to socialise among other individuals in their group for the benefits of having good company, building friendships, and a sense of camaraderie in assisting with each other's material necessities (Clark and Mills, 1979 as cited in Cialdini and Trost, 1998). As for the Goal of Managing Self-Concept, this goal is primarily motivated by the attributional bias to maintain a positive sense of self as a means of defensive mechanisms humans relatively engage in (Ross and Sicoly, 1979, as cited in Cialdini and Trost, 1998). With this motivation, individuals may engage in deemed socially responsible acts to feed into the self-narrative of being a good and kind person (Schwartz, 1977; Cialdini and Trost, 1998).

Culture and Social Influence: Individualism and Collectivism

Culture is a complex and broad subject that is incredibly unique to humans (Gelfand and Kashima, 2016). It encompasses a substantial collection of beliefs, values, and norms which generally determine how humans behave and their perception of the world (Lindridge, 2015). Fundamentally, this is central to human development and sociality, which facilitates social coordination and cooperation in communities (Gelfand and Kashima, 2016). Individualism and collectivism are cultural orientations that distinguish social groups within different cultures.

According to Oyserman et al. (2002), individualism is essentially premised on the idea of the independence of an individual. Individualism emphasises personal autonomy and self-fulfilment and prioritises personal rights and concerns for oneself rather than the duties *for* the community (Hofstede, 1984; Triandis, 1995; Oyserman et al., 2002). On the other hand, collectivism is premised on the idea of interdependence and building a cohesive community where social groups are mutually obligated to assist one another (Schwartz, 1990; Oyserman et al., 2002). In collectivist societies, individuals often share common goals and values with the rest of the group that are attributed to contributing to the greater good of the community (Oyserman, 1993).

Hofstede's (1984) cross-cultural studies found that individualism is generally exhibited in countries such as the United States, Canada and Western European countries. In comparison to Eastern countries such as China, Japan, and other Asian countries, where collectivistic behaviours are highly exhibited. Expanding on these cultural differences, Markus and Kitayama (1991) also postulated that Western perspectives of the 'self' rely on independent construal that uphold autonomous and self-contained attributes, while non-Western cultures, such as Asians, rely on interdependent construal that believe in interconnectedness and perceive the relationship between the 'self' and others as an integrated unit. Moreover, inherent in the cultures of Asia is a rich and diverse cultural heritage that has instigated researchers in the field of psychology to explore its various aspects, such as cultural values and norms. Saw and Okazaki (2012) provided insight into a few core values that are rooted in East Asian cultures to illustrate the history further. Confucianism is one of the fundamental principles originating from Ancient China, which advocates social harmony and personal harmony through acts of virtue and sincerity. This philosophical and religious tradition has since been adopted by other Asian countries for over 2,000 years. Confucian values, such as benevolence, believe that the *highest attainment* of personal peace happens when individual desires are harmonious with the group's goals and needs (Saw and Okazaki, 2012; Ho, 1995). In order to reach this goal, one *must* fulfil filial responsibilities and act with sincerity. If, by

chance, an individual has personal desires that do not consider the needs of the group, they will be considered as selfish and improper (Huang and Charter, 1996; Saw and Okazaki, 2012).

Elaborating on the foundations of social influence and cultural expectations, it is crucial to investigate how these interactions have been historically shaped, especially in the Filipino context, where centuries of colonial authority have profoundly impacted cultural identity, norms, and worldviews. Exploring this colonial history provides a better understanding of how cultural values have evolved and the lasting colonial influence on Filipino worldviews that may affect help-seeking attitudes, coping strategies and how mental health is understood and addressed in both local and diasporic contexts.

Colonial History and Legacy

The Philippines has a rich history and a diverse cultural heritage that has fundamentally shaped its cultural norms and values. Characterised by a combination of indigenous culture and colonisations, among other things, the Philippines has a deep historical context that is important to understand to properly comprehend these traditions and values that give definition to how Filipino society is at present. Prior to the colonial era, the Philippines was characterised by a complex union of indigenous communities, which had their own distinct customs, languages, and authority structures (Scott, 1994). Nadeau (2008, 2020) described the relationship between the communities as fluid and permeable, going beyond geographical boundaries. Kinship was highly valued and integral to developing these local social orders, and communities and their leaders strove to include neighbouring communities as part of their networks of kin and kith (Nadeau, 2020). It was harmonious and welcoming, the land where compassion and reciprocity thrived.

The colonisation of the Philippines by Spain has left a significant imprint on the history of the Philippines. From 1521 to 1898, the Spaniards established their regime in the Philippines with the aim of expanding their imperial conquest and acquiring tangible benefits from its natural resources and people (Tan, 2008), thus claiming it as one of the many colonies of the Spanish Empire (Constantino and Constantino, 1975). With the Spanish colonisation, the governing systems and harmony of the indigenous

communities were disrupted. Tan (2008) stated that the Spaniards implemented economic institutions, such as *ecomiendas* (land and labour), haciendas (agricultural estate), taxation, and *polos y servicios* (forced labour), which became instruments for capitalising on the natural economic resources of the Philippines.

Along with this, the Spaniards also established Catholicism in the Philippines through the efforts of missionaries and mandates, thus influencing a change in the indigenous Filipino ritual beliefs, practices, and general social behaviour (Fitzpatrick, 2013). Furthermore, Tan (2008) stated that colonisation superimposed a superior-inferior and civilized-primitive standard on the people, thus affecting the sociocultural development of the Philippines through social classification, ultimately creating a disparity between individuals - but more specifically between *Indios*, which were the derogatory term used to refer to the Indigenous native Filipinos (Bernad, 1971); and Christianized natives were permitted to a certain status by the Spaniards, however, they were still considered to be below the Spanish in the social hierarchy.

The social stratification naturally exhibited subordination of the Filipino natives towards the Spaniards in efforts to assimilate with the newfound governance and avoid societal banishment (Tan, 2008; Schwartz, 1971; Skowronek, 1998). This was also the first experience of an official centralised government for Filipinos, though only extremely few were permitted to actively contribute and participate as official bodies of the government (Martin, 1974). Bernad (1971) also critiqued that the true unification of the Philippines was not accomplished, as there were still minorities who did not believe it to be their true home with the Spanish colony, and some Filipinos at that time felt out of place in their own home country, a secondary member of their own culture. Though Bernad (1971) noted that the Spaniards did not fully disregard the culture, as Filipinos felt fearful of completely obliterating Filipino culture and their cultural identity, the Spaniards respected the language and culture of all provinces and apparently did not attempt to belittle or eradicate the differences. For instance, in their missionary operations for the Spanish Catholic agenda, the missionaries strove to learn the languages of the region where they were located.

Bernad (1971) stated that this fundamentally helped to retain linguistic cultures in the regions of the Philippines.

Amid Spain's colonisation, the people of the Philippines endeavoured a revolution against the Spaniards in 1896 in hopes of ultimately finding independence from the Spanish colony (Nadeau, 2020). This, however, was counteracted by the subsequent colonisation by the United States in 1898, inciting the Spanish-American War (Nadeau, 2020). Constantino (1974) recounted this as one of the first instances of liberation of the Philippines from colonialism, though this was far from being completely independent. The American colonisation brought about further developments in the modernisation of the Philippines, especially in areas of education, military services, and mainly economic advancements (Martin, 1974).

For education, Filipinos had limited opportunities to learn under the Spanish Colony, which was one of the greatest challenges to their independence. Rodell (2002) stated that the Americans heavily influenced the Philippines' educational system, as they were the initial architects of the entire structure. With English as a compulsory subject to learn from childhood, this has become one of the primary languages practised and spoken in the Philippines, and thus continues to be followed in the present day.

The Americans also influenced other aspects of Filipino culture, including popular fashion trends, music, and arts, which Rodell (2002) contested that Americans had a greater chance of influencing the culture and abolishing aspects of Filipino culture in comparison to the Spaniards. Though the discussed contributions thus far appear to be good, Rodell (2002) also argued that while there was prosperity for the developed cultural influences, economic advances, and political progress, the American colonial era, unfortunately, did not present a significant development in minimising the social stratifications between the affluent and less fortunate.

Throughout the time of American colonialism in the Philippines, the country also encountered colonisation from a fellow Asian country, Japan, from 1942 to 1945. Lydia (1996) recounted that initially, the Japanese had infiltrated the Philippines virtually with no regard for the American immigration laws implemented in the colony at that time, with the primary objective to import goods and capital as a means of exploiting the economic and military resources. Upon the upheaval of World War II, the Japanese

Imperial Army dominated the Philippines consequential to the defeat of the American and Filipino military forces (Lydia, 1996; Dower, 1999). Finally, the Philippines officially regained independence post-World War II in 1946 when America conceded the sovereignty back to Filipinos (Constantino, 1975). Throughout almost 400 years of colonisation, Bernad (1971) claimed that a national unity has unfolded from gaining independence, in which in-group societies from various districts and linguistic families can proudly consider themselves as Filipino, as well as their provincial communities, such as the Tagalogs, Visayans, Ilocanos, etc.

Sikolohiyang Pilipino

In efforts to address the colonial background of psychology, Enriquez (1974, 1975) proposed the idea of Sikolohiyang Pilipino (Filipino Psychology), which endorses the Filipino perspective in mind, with premises derived from the thoughts and experiences of Filipinos (Pe-Pua and Protacio-Marcelino, 2000). Enriquez (1985, 1992) determined the main characteristics which comprise Sikolohiyang Pilipino. One of the principal significances of Sikolohiyang Pilipino is centred on the Filipino identity, social awareness, and national consciousness (Enriquez, 1989). Most importantly, it advocates for cross-indigenous methods, multi-language methods, and triangulation methods as the main instruments of inquiry (Pe-Pua and Protacio-Marcelino, 2000). Sikolohiyang Pilipino was developed with the ultimate aim of decolonising the Western models of psychology in non-Western contexts, as these commonly do not directly apply to the experiences of those in the Philippines, or in other non-Western countries, for that matter (Enriquez, 2002; Gastardo-Conaco, 2005). It is in opposition to the colonial status that continues to be perpetuated in Filipino psychology (Pe-Pua and Protacio-Marcelino, 2000). Enriquez (1987) also abolished the subjection of Sikolohiyang Pilipino to Western approaches, both in theory and in practice. Pe-pua and Protacio-Marcelino (2000) also go on to say that Sikolohiyang Pilipino had grown to be responsible and responsive to Filipinos' needs, attributed to the main objective of providing service to Filipinos. Furthermore, Enriquez (1987,1992) elucidated that Sikolohiyang Pilipino should not be perceived as inconsistent with 'universal' psychology,

but rather should be considered as a progression towards the overall advancements of 'universal' psychology (Pe-Pua and Protacio-Marcelino, 2000; Enriquez, 2002; Gastardo-Conaco, 2005).

Applications of Sikolohiyang Pilipino can be observed in teachings, research, and the wider symposiums in the field of Psychology. Pe-Pua and Protacio-Marcelino (2000) presented an example of applied Sikolohiyang Pilipino in providing psychological help to children who were experiencing difficult conditions - for example, street children or prostituted children. This program primarily focused on the treatment and rehabilitation of these children who were immensely traumatised. In the application of Sikolohiyang Pilipino, the psychologists involved analysed the issues at two levels - the first level specifically concentrated on the needs and problems of the child; and the second level specifically concentrated on the socio-economic and political roots that compromised the welfare and rights of the child (Protacio-Marcelino, 1985; Pe-Pua and Protacio-Marcelino, 2000).

Critiques on Sikolohiyang Pilipino have also been presented, both by critics and even the main advocates. Salazar (1991) offered a critique of Enriquez's proposal of Sikolohiyang Pilipino, as Filipino-Americans were included in the psychological discussion of Sikolohiyang Pilipino. Salazar argued that while they could be Filipino, these 'Filipinos' were born and raised in America and do not share the same cultural experience as someone who was born in the Philippines; therefore, they are virtually not culture bearers (Salazar, 1991; Pe-Pua and Protacio-Marcelino, 2000). Porcadas (2019) highlighted the limited intersectional understanding of identity in Sikolohiyang Pilipino in application with Filipino American psychology. This narrow scope marginalises differences such as gender, religion, and immigrant status within the diasporic community, which seems incongruous to how Sikolohiyang Pilipino was previously defined Porcadas, 2019). Porcadas (2019) further suggested that there may be historical and socio-political contexts emerging in the late 1970s in the Philippines which could have affected the development of this framework, may no longer adequately capture the complexity of modern Filipino identities, particularly in global diasporic settings. Additionally, Porcadas (2019) underlined the research stagnation on Sikolohiyang

Pilipino since its inception in 1975, which also raises concern about its relevance and dynamism in addressing contemporary issues. These criticisms raise crucial questions about how Filipino psychology can grow in relevance across many cultural and generational contexts. A deeper examination of the cultural foundations can provide a better understanding of the unique ways Filipinos understand the self, healing, and relationships.

Filipino Values and Traditions

Essentially pivotal in truly understanding Filipino identity and customs, these core values aim to reflect the eccentric social and cultural experiences of Filipinos. The following is a list of four core values that are quintessential in the culture of the Philippines.

Kapwa

[pronounced: 'kah – pwah']

A rough direct translation of *Kapwa* in English is 'fellow being' (Wong and Salazar, 2024). This concept is rooted in pre-colonial Southeast Asian traditions and subsequently enriched by the Spanish Catholic influences of post-colonialism (Reyes, 2015). Enriquez (1978, 1994) defined Kapwa as an acknowledgement of 'shared identity', signifying the importance of interconnectedness and interdependence of Filipinos (Yacat, 2013). Pe-Pua and Protacio-Marcelino (2000) also suggested that *Kapwa* is at the core of Sikolohiyang Pilipino and is at the heart of other Filipino values (Yacat, 2013). Saw and Okazaki (2012) also elaborated on *Kapwa*, stating that it constitutes a series of moral, personal, and social values that shape and influence Filipino behaviour. Enriquez (1978) observed that *pakikipagkapwa* (shared identity) goes beyond interpersonal relationships and more so with the idea of treating the other person as a 'fellow being' *(kapwa)* with respect (Enrique, 1986; Pe-Pua and Protacio-Marcelino, 2000) but embodies the idea of sharing oneself with others, treating the inner self as inseparable and equal to others.

Enriquez (1992) further distinguished the interpersonal relationships into two main categories: '*Ibang tao' (outsider)* and '*Hindi ibang tao'* (*one of us)* co-existing on a continuum. This theorises that Filipinos become relationally aware if they are interacting with '*hindi ibang tao'* and '*ibang tao',* which creates a levelled dynamic between the individuals where it can range from *'Pakiki-tungo' (*civility with strangers) to '*Pakiki-salamuha*' (socialising with others), 'Pakikipag- palagayang-loob' (having mutual trust) (Pe-Pua & Protacio - Marcelino, 2000) and '*Pakiki-isa'* (identifying as one with close relations) (Maninang, 2025). In this perspective, it highlights the importance of ethically living in relation to others.

There are other ways in which Kapwa may manifest in behaviour. Cervantes (2023) posited that *Kapwa* can be manifested through a heightened sense of empathy, otherwise known as *pakikiramdam*. This suggests an intuitive connection from one individual to another, where one is mindful of the other's thoughts and feelings to ascertain how they should approach the situation or the relationship itself. Reyes (2015) also suggested *Kapwa* is manifested through altruism, or otherwise known as *'Kagandahang- loob'*, which, when directly translated, means 'beautiful inner self'. *Kagandahang- loob* is the idea of caring for others, without asking or expecting anything in return for their kindness. In contemporary contexts, for example, the Filipinos in the global diaspora often involve supporting fellow Filipinos who are newcomers to the foreign host country, whereby migrants mobilise digital and in-person social networks in pursuit of providing essential resources for other fellow Filipinos (Curioso, 2025).

It has also been suggested that negative manifestations of the value can occur, leading to the loss of *Kapwa.* Enriquez (1994) posited that this may occur when the '*ako*' (ego; translates to 'me/I') starts thinking it is separate from '*kapwa'* (others), following an internalised western perception of self which manifests a selfish '*kanya - kanya'* (to each their own) behaviour (Reyes, 2015; Sevillano et al, 2023). Sevillano et al (2023) additionally suggested that the dissociation of oneself from the Filipino cultural identity may be rooted in colonial mentality, whereby one values individualism over interdependence. Such severance from *Kapwa* may manifest as the inability to empathise with fellow Filipinos, and treating them as common adversaries, thereby perpetuating the so-called 'crab mentality' (intra-group competition) amongst Filipinos both in the mainland and in the diaspora.

Critiques of *Kapwa* raise questions on the conceptual and methodological grounds of this value. One common critique among researchers concerns the conceptual ambiguity of *Kapwa* as it is simultaneously characterised as a social interaction construct, and as a 'core value' (Labor and Gastardo-Conaco, 2021) and due to the ambiguous characterisation, researchers have argued that there is a weak empirical foundation to support Enriquez' theoretical formulations (Church and Katigbak, 2002; Clemente et al., 2008; Yacat, 2017; Labor and Gastardo-Conaco, 2021), thus implying the need for further research and application to determine the meaning of *kapwa* and how this functions across different cultural diasporic contexts. It was also suggested that *kapwa* can be highly romanticised as it denotes an inherent benevolence in individuals, whereby social control and conformity may be facilitated through the communal value (Clemente et al., 2011; Labor and Gastardo-Conaco, 2021). Solitario (2022) also posited an interesting socio-political outlook on *kapwa*, whereby it suggested that *kapwa,* when combined with post-colonial Christianity and neoliberal labour conditions, may impede individual initiatives and reinforce power hierarchies as it promotes obedience and self-sacrifice for the sake of others.

Pakikisama

[pronounced: 'pah-kee-kee-sah-mah']

Analogous to the notions of *Kapwa*, *Pakikisama* refers to the interpersonal relationship of individuals that usually involves friendly interactions that are also considerate (Saito, 2010). This is also generally regarded as *both* a concept value *and* a personality trait of Filipinos (Leoncini, 2009; Saito, 2010). Enriquez (1986) was initially dubious towards considering *Pakikisama* as an official Filipino core value as it is deeply interconnected with other Filipino principles such as *Pagka-tao* (dignity), or *Pakiki-tungo* (civilised social transactions), but later on retracted upon his reconceptualisation of values in 1992 and re-defined *Pakikisama* as 'companionship/esteem', as an accommodative value which Filipinos exhibit in attempts to build or maintain relationships (Enriquez, 1992; Melodi, 2021). Lynch (1962) theorised the Smooth Interpersonal Relations (SIR) as a central theme in Filipino interpersonal behaviour and defined

Pakikisama as maintaining good interpersonal relationships by conforming to the group decision (Pe-Pua and Protacio-Marcelino, 2000). Furthermore, Melodi (2021) posited that *Pakikisama* can also be viewed as conceding to the group's or another individual's decisions. Saito (2010) suggested that *Pakikisama* has become a significant norm in youthful generations that freely allows them to build a great sense of camaraderie with one another and good friendships. Leoncini (2009) also posited that *Pakikisama* can usually be regarded as a norm or a guideline for practising other Filipino values and moral values.

Applications of *Pakikisama* can be seen in Filipino rural communities, where getting along well with playmates is prioritised over taking leadership among peers, especially with mothers emphasising avoiding aggression and dominance but rather good sociability (Lynch, 1973). Manuel (1994) also added that in close- knit environments like these, *pakikisama* is about recognising the importance of friendly cooperation to reach common goals, which, thereby in turn could constitute '*bayanihan'* (communal mission). Lynch (1973) also discussed how Filipinos are indoctrinated from a young age to conform, or pleasantly 'adjust' to peers and overlook minor faults in other people. Although this charitably promotes social harmony, it could also perpetuate complacency and silence in the face of wrongdoing. These can also be observed in other settings where there are social hierarchy dynamics, such as a school where students may turn a blind eye to transgressions or misdemeanours towards others for the sake of keeping peace or keeping out of trouble. Likewise, *Pakikisama* in workplaces may also be broken down over salary disparities, or career promotion, which illustrates how mutual support can easily spiral into social conflict when fairness expectations are seen as violated by peers (Curioso, 2025).

In other diasporic contexts, Curioso (2025) also suggested that *pakikisama* serves as an adaptive mechanism for Filipino migrants. Curioso explored how Filipino immigrants located in Vancouver, Canada, demonstrated that *Pakikisama* (social harmony; conforming with others) enables *Kapwa* (shared identity) to persist through changing social environments, giving a sense of belonging to Filipino migrants (Enriquez, 1978). Conversely, another migrant worker who completely disengaged himself from interacting with others experienced deteriorating mental health, ultimately leading to homelessness. Although the

participant had virtual connections with his family back home, the lack of physical communal bonds with others in the host country led him to emotional disarray. This could suggest that *Pakikisama* is essential in human experience (Curioso, 2025) to foster a healthy well-being.

One criticism of Enriquez (1992) against Lynch's (1962) theory of SIR and definition of *Pakikisama* argued that the true essence of Filipino values lies deeper than mere conformity to avoid conflict. In his argument, Enriquez distinguished *pakikisama (*socialising*)* from *pakiki-pagkapwa* (recognition of shared identity), suggesting that *pakiki-pagkapwa* is rooted in recognising the shared humanity and dignity, while *pakikisama* only holds a superficial value as a mere behavioural skill or means of social interaction (Maninang, 2025). Similarly, Leoncini (1989) suggested that *Pakikisama* can be abused to reinforce conformity among groups, pressuring members to move unanimously and labelling the non-conformist persons negatively. This highlights the concerns of how the value can become dysfunctional in personal *and* modern institutional settings where efficiency of keeping amicable relations supersedes personal harmony (Clemente et al. 2008; Zialcita, 2020). For example, Jose et al. (2023) conducted a study with 20 Filipinos in rural communities and found that participants often exhibit *pakikisama* through prioritising others', especially family members' needs, before one's self. This tendency may also create barriers to accessing care when personal well-being is viewed as secondary to maintaining family harmony. One of the participants stated reasons for this are the need to prioritise more pressing matters, such as providing food and shelter for their families, so they tend to put their health last (Jose et al., 2023). This may also reflect concerns around becoming a *pabigat (*burden) to the family.

Hiya

[pronounced: 'hee – yah']

When directly translated into English, *Hiya* means 'shame' (Sibley, 1965; Lynch, 1961), denoting a negative connotation to the core value. However, Pe-Pua and Protacio-Marcelino (2000) argued that this definition of *Hiya* is close-ended and ineffective in truly translating the Filipino meaning. They posited that

it fails to acknowledge the affixations in the Filipino language, which could completely alter the meaning of the word *"Hiya"*. As cited in their article, Bonifacio (1976) delves into these word affixations of *Hiya*, and its negative-positive connotations. The following are some examples:

1. *Nakaka*hiya - feelings of embarrassment towards a situation or person
2. *Napa*hiya - put in an uncomfortable situation (i.e. being ridiculed in public)
3. *Ikina*hiya - to cause embarrassment
4. *Ma*hiyain - shy or reserved behaviour
5. *Kahi*hiyan - a sense of propriety

Pe-Pua and Protacio-Marcelino (2000) argue against the negative undertones that 'shame' implies and suggest that the most suitable translation of Hiya is, in fact, the sense of propriety (*kahihiyan).* This was also supported by Enriquez (1992) when he reconstructed the Filipino value structure, and he classified hiya as 'propriety/dignity' as the surface values. Bulatao (1964) described it as a painful emotion of a sense of inadequacy accompanied with fear and anxiety. This definition can be in correlation to the negative connotations of *hiya* as 'embarrassment', which could inhibit an individual's actions in fear of 'losing face' in public as an effect of low self-esteem (Sanchez and Gaw, 2007; Lasquety-Reyes, 2016). In some social interactions, *Hiya* can manifest as avoiding direct refusals and often express agreement in discussions or social invitations for the sake of *pakikisama* (getting along) with *kapwa* (others) (Lasquety-Reyes, 2016).

In mental health applications, Filipinos often avoid seeking help or getting mental health treatments in fear of bringing *kahihiyan* (burden of shame) to themselves and their families (Nadal, 2011). It has been proposed that in previous research with Filipino Americans, may suffer from 'smiling depression', where one manages to conceal their personal suffering and maintain appearances with a happy exterior (Sanchez and Gaw, 2007; Nadal, 2011) leading to internalised stress and shame. Thus, suggests that *hiya* can confine

people in repeated cycles of suffering, as admitting them may be more 'shameful' than enduring them silently (Constante, 2022).

The concept of *Hiya* has drawn considerable criticisms from researchers for its tendency to reinforce conformity, which could inhibit self- expression and reduce one's ability to strive through circumstances (Quito, 1994; Lasquerty- Reyes, 2016). Additionally, the avoidance of direct refusals and stating one's true feelings have been criticised as concealed dishonesty (Jocano, 1997). Similar to *Pakikisama,* previous research have argued that firmly internalised *Hiya* (shame) can discourage individuals from speaking out against injustice, leading to complicity to avoid social embarassment (Pe-pua & Protacio-Marcelino, 2000).

Utang na Loob

[pronounced 'oo-tang-nah-loh-ob']

Utang na Loob is originally derived from two Filipino words. '*Utang'*, which directly translates to 'debt', and '*Loob'*, which translates to 'inside'. Through this, Western researchers have presumed the definition of this value to be the direct Filipino-English translation. Kaut (1961) translated and defined *utang na loob* as a *'debt of gratitude'*. Similarly, Hollnsteiner (1963) also interpreted *utang na loob* as a debt, claiming that the relationship between the giver and recipient is somehow forced by continuously returning the favour to one another with growing interest, insinuating hidden agendas of insincerity.

To contrast this, Enriquez (1977) proposed that *utang na loob* signifies 'gratitude/solidarity'. In the philosophy of Sikolohiyang Pilipino, *utang na loob* does not inevitably mean 'debt', which negatively implies a heavy burden upon Filipino interpersonal relations (Pe-Pua and Protacio-Marcelino, 2000). Additionally, Pe-Pua and Protacio-Marcelino (2000) also add that repayment or reciprocity of *utang na loob* is not demanded immediately by Filipinos but could *possibly* be inherited by the following generations to be repaid (Jusay, 2021).

Utang na loob primarily manifests within families. In particular, traditional expectations often dictate that children must repay their parental sacrifices through providing financial support, as well as physical and emotional care as they grow older (Gutierrez and Mabulay, 2023). Gutierrez and Mabulay (2023) also scrutinised how some Filipino parents often explicitly view their children's education as a form of 'strategic safeguard' for their own well-being; as such, some parents may choose to retire from employment once their eldest child completes their university education. This highlights the shift of 'burden' in financial responsibilities of taking care of the family, from parents to their child. Gutierrez and Mabulay (2023) asserted that the upbringing of children should stem from true familial bonds, fostered with love, rather than treating the relationship as a transactional settlement for selfish safeguarding.

Dizon et al. (2025) explored the relationship between *utang na loob* and perceived academic pressure from parents, and its effect on the mental health status of Filipino university students. In this study, researchers found a significant correlation between *utang na loob* and parental pressure, academic performance, and anxiety, thus suggesting that familial dynamics that emanate from *utang na loob* compel the students to meet the familial expectations. Another previous study by Donato et al. (2023) explored the perceptions and experiences with the concept of *utang na loob* with Filipino working millennials aged around 26 to 41 years old. The participants reported that they have often compromised their personal well-being and finances in order to meet family obligations. Previous researchers, such as Ho (1995), contended that failure to fulfil this duty could bring shame (*kahihiyan*) to the family. Although other previous studies suggested that the inheritance of *utang na loob* by the following generations does not necessarily imply negative burdens on the individual or families involved, but instead can be perceived as a practice of pre-colonial beliefs of kinship (Hennig, 1983; Nadeau, 2020).

This raises concerns for the obscurity of this value, where *utang na loob* can be exploited by benefactors, such as parents, partners, or employers, to demand 'repayment' for the deeds done in the beneficiary's 'benefits' as a form of manipulation (Agaton, 2017; Donato et al., 2023; Casiño et al., 2025)

- ultimately blurring the lines between transactional arrangements and genuine unconditional familial bonds. Donato et al. (2023) also discussed the moral conflict this value brings as excessive loyalty is endorsed, which may lead to 'blind' loyalty where one may feel obligated to affix themselves to their benefactor through 'thick and thin, right or wrong', thereby potentially overriding one's own moral judgment. With this perspective, it can be suggested that this 'blind loyalty' may also be *kahihiyan (*sense of propriety) amplified with *utang na loob* (debt of gratitude).

These Filipino values constitute a unique framework that is well-grounded in the interconnectedness of individuals with their environment and community. Delving further into how these Filipino values influence mental health, Cervantes (2023) offers unique insights on the concept of *Kapwa* (shared identity), *Kaluluwa* (Soul) and *Kalikasan* (Environment), suggesting that the notions of these three aspects are inextricably linked in Filipino mental health perspectives. The Filipino worldview views the *Kaluluwa* (self) as embedded within *Kapwa* (relationships) and the *Kalikasan* (environment), thus forming a transpersonal worldview. Mental well-being arises from harmony among these three aspects. Cervantes suggests that individual health is inextricably linked to social and ecological connectedness, where healing an illness entails restoring balance through forgiveness, reconciliation, and active engagement with both the community (*Kapwa*) and the environment (*Kalikasan*).

Understanding Customs, Traditions and Conformity

These concepts essentially constitute notions of acquiring social acceptance in varying degrees. Conformity and social norms denote implicit forms of adherence to the will of others, as it does not necessarily require a direct command from another individual, which some may consider as subtle 'unspoken rules' in society (Heinzen and Goodfriend, 2018). The historical context of Confucianism that premises the entire foundation of traditions and beliefs in Asian cultures, as well as the rich history of the

Philippines, gives insight into the behavioural tendencies of other Asians (Saw and Okazaki, 2012) and Filipinos.

There is a significant emphasis on interpersonal relationships in Asian cultures (Ho, 1995). As previously mentioned, in collectivistic cultures, there is a common goal of fulfilling filial responsibilities to reach social harmony (Saw and Okazaki, 2012). Ingersoll-Dayton and Saengtienchai (1999) analysed data from 4 Asian countries to examine how the custom of respecting the elderly is practised and experienced in Singapore, Thailand, Taiwan and the Philippines. They contended that the significance of showing respect for the elderly can be seen reflected in the Asian languages, for instance, applying the Filipino value '*Utang na Loob',* which denotes the obligation of reciprocation or *repayment* towards others, is equivalent to Thailand's cultural value '*Bunkhun',* which also denotes moral indebtedness and obligation to show gratitude towards others (Ingersoll-Dayton and Saengtienchai, 1999). Among the analyses, they also found that there are various forms of respect across these Asian countries. For example, gestures and manners which indicate ritualized gestures such as *bowing, or 'Mano Po'* in the Philippines*,* and respectful title affixations to address someone older, such as '*Kuya' (older brother/ male figure in Tagalog),* and another form of respect is obedience where younger generations follow the elders' advice on certain life decisions, such as going to school, and marriage. Essentially, these notions reflect a conventional perspective on showing respect for others, specifically for the elders, based on the idea of *repaying* the sacrifices and hardships they have experienced in order to provide for their future generations (Ingersoll-Dayton and Saengtienchai, 1999). Based on this, it can be suggested that there is a shared emphasis on respect, interdependence, and reciprocity within collectivistic cultural traditions, particularly in showing respect to elders, which is deeply underlined in relational aspects of Filipino cultural norms.

Drawing connections on the Filipino core values, we can elucidate on how *Kapwa, Hiya, Pakikisama* and *Utang na Loob* correlate to Confucian values that ground Asian beliefs and customs, as well as Cialdini and Trost's (1998) goals associated with social behaviours: (a) to behave effectively; (b) to build and maintain relationships and (c) to manage self-concept. Firstly, Confucian values ultimately

aim to promote social harmony through personal acts of benevolence and sincerity (Ho, 1995; Saw and Okazaki, 2012), and failure to commit to these filial responsibilities can result in selfish and disrespectful behaviour (Huang and Charter, 1996). The Filipinos perfectly reflect this belief in their value *'Utang na Loob',* which is premised on the notions of reciprocating gratitude towards family and others (Pe-Pua and Protacio-Marcelino, 2000). The failure to uphold the benevolent filial obligations associated with *Utang na Loob* can culminate in *Hiya* (*nakakahiya/ kahihiyan*) for the affiliated members of the self and the family, or group (Enriquez, 1992; Pe-Pua and Protacio-Marcelino, 2000). Thus, subliminally encouraging conforming to social norms as a form of obedience and respect (Ingersoll-Dayton and Saengtienchai, 1999). Leading to the Filipino value *'Pakikisama'* which denotes consideration for others and a sense of belonging with others (Saito, 2010), individuals may be more inclined to conform to '*Utang na Loob'* in fear of bringing '*Hiya'* to their name, or their family's name (Ingersoll-Dayton and Saengtienchai, 1999; Leoncini, 2009). Patterns of interconnectedness between the four Filipino values - *Kapwa, Hiya, Pakikisama,* and *Utang na Loob,* and how these apply to psychological principles of social influence, can be used as instruments of guidelines to morally navigate the *ako* 'self' through experiences of life (Pe-Pua and Protacio-Marcelino, 2000) to acquire the goals of acting effectively, maintaining relationships and managing self-concept (Cialdini and Trost, 1998).

Expanding on the idea of managing self-concepts, Markus and Kitayama (1991) discussed that there could be implications for the self-esteem of individuals, especially in collectivistic societies or with an interdependent self-construal. They posited that this could vary depending on *how* interdependent one is, as there are certain social obligations associated with the 'self', such as fulfilling filial responsibilities. The perceived pressure to succeed in this, or fear of failure to achieve this, could possibly impose a cognitive dissonance within the 'self' and affect their self-esteem, thus affecting their self-concept. Additionally, Eisen et al. (2015) claim that these collectivistic ideals bind identities to certain titles and responsibilities, which impose a problem for the individuals involved, as these boundaries inevitably

create or feed into stigmatisations. To further illustrate this, the following section explores the importance of cultural values, the development of colonial mentality and its impact on mental health among Filipinos.

Cultural Values and Mental Health

Cultural values reflect the shared conceptions of what is good and right in a society (James and Prilleltensky, 2002). These values essentially serve as the foundations for specific social norms and act as trans-situational criteria or goals which guide behaviour and decision-making, sequenced by level of relative significance (Schwartz, 1999). James and Prilleltensky (2002) conceptualised that in individualistic societies, autonomy and individual rights take precedence, emphasising personal development. Meanwhile, distributive justice is more emphasised among collectivistic societies (Prilleltensky, 1997), where the collective operations may impede individual goals but ensure the welfare of the community. James and Prilleltensky (2002) suggested that these values profoundly shape conceptualisations of mental health, how the symptoms are expressed, and approaches to treatment. They contended the socio-somatic formulation, which is a medical anthropology framework that emphasises the reciprocal relationship between the body and society (Kleinman, 1987). This theory proposes that an individual's personal context, such as stressful life events, social support, what is morally at stake, etc., has an influence on the type and severity of the symptoms experienced.

For instance, in some collectivistic cultures, individuals may suppress negative emotion expression to maintain group harmony (Markus and Kitayama, 1991), which may then lead to different symptom presentations compared to individualistic cultures that encourage open emotional expression (James and Prilleltensky, 2002). For some, the distress may present itself somatically rather than psychologically in collectivistic groups, as they tend to perceive it to be more culturally acceptable to seek help for physical symptoms rather than mental ailments (Zhou et al., 2021). Thus, consequentially perpetuates the stigma around mental health and hinders help-seeking attitudes (Zhou et al., 2021). Additionally, specific cultural contexts, such as linguistic expressions, are also significant in understanding specific symptom patterns and meanings that may only exist in certain cultures and do not

convey the same meaning when translated into Western English terms (James and Prilleltensky, 2002). In the Philippines, interpretations of illnesses and practices are conceptually framed in traditional folk beliefs and fundamentally differ from Western medical models (Tuliao, 2014; Rey et al., 2022). For instance, local supernatural beliefs of witchcraft magic, such as '*Kulam'* (hex), which is the belief of causing intentional harm to others through spiritual means, can be closely intertwined with interpretations of manifestations of mental and physical illnesses, often understood in relation to social group dynamics (Tan, 2008; Cervantes, 2023). Understanding these cultural nuances in symptom expressions and interpretations is essential as Western frameworks and assessment tools often fail to capture them, risking misdiagnosis or underdiagnosis of symptoms (James and Prilleltensky, 2002; Heim et al., 2019). Other previous studies also highlighted those Asian and Latinx individuals seeking psychological professional help displayed more severe symptoms after prolonged suffering, suggesting that some may have higher thresholds for help-seeking, especially when tools don't recognise their actual distress (Zhou et al., 2021).

Carlton et al. (2011) asserted that culture frames what people bring to clinical settings, such as seeking help, coping styles and treatment engagement, thus highlighting the importance of recognising the need for culturally integrated treatment approaches to encourage building meaningfulness and resilience, especially for youth with mental illnesses. To further illustrate this, Carlton et al. (2011) proposed a cultural integration program for Native Hawaiian adolescents where each week, a Hawaiian cultural value, such as *hilina'i* (hope), *lōkahi* (harmony), hō'ihi (respect), *kuleana* (responsibility), was introduced in classroom settings and required the students to write reflections about the values and how it applies to their personal experiences. Values and themes were then routinely discussed in group therapy sessions, linking the values to emotional experiences. Preliminary outcomes from this study demonstrated a meaningful success as the students were able to internalise abstract concepts and apply them to personal experiences and goals. One particular Hawaiian-Filipino participant exhibited a shift from substance use and aggression to positive cultural engagement, where he was able to improve his life upon learning and adopting the Hawaiian cultural values. This suggests that integrating culturally sensitive approaches can lead to meaningful improvements in mental health and general well-being. While this previous study in

Hawaii highlights the benefits of reconnecting with one's cultural roots, Filipinos continue to experience complex realities shaped by the enduring impacts of colonialism, influencing perceptions on the self, the culture and mental health (Okazaki et al., 2008). The following attempts to discuss this to further understand the contemporary landscapes of Filipino mental health.

Colonial Mentality and Mental Health

The development of colonial mentality ordinarily occurs through a prolonged exposure to systematic cultural denigration by colonisers, which induces an internalised inferiority in the colonised population (David and Okazaki, 2006). Okazaki et al. (2008) highlighted the significant effects of colonialism and its impact on cultural and cross-cultural psychology, applying the history of Philippine-American colonialism as one of their examples. The authors discussed the cultural and internal dissonance that occurs within colonised civilisations as these individuals struggle to navigate their beliefs and behaviours between their indigenous values and the customs and values imposed by the colonisers. To which Eisen et al. (2015) added that colonial mentality has propelled Filipinos towards cultural inferiority. To further illustrate, David and Okazaki (2006) investigated the colonial mentality of Filipinos based in the United States through a questionnaire, based on a hypothesis initially proposed by Tompar-tiu and Sustento-Seneriches (1995) on the effects of colonial mentality on Filipino Americans' high depression rates (Rodriguez-Fransen, 2025). Their study found a positive correlation between issues with assimilation and depression symptoms, as well as a negative correlation with ethnic identity and collective self-esteem. Similarly, Clement (2014) also found moderately significant correlations between colonial mentality and anxiety among Filipino Americans. Thus, suggesting that colonial mentality could instinctively operate without the individual's conscious control (David and Okazaki, 2006; Okazaki et. al., 2008). Furthermore, the internalised inferiority manifests through preferences in Western ideals, such as the use of the English language being seen as a superior trait, as well as fuelled aspirations of migrating overseas, or seeking education and employment overseas (David and Okazaki, 2006; Rodriguez-Fransen, 2025). Though this may be subconsciously, it embeds a negative narrative within the culture where there

is internalised cultural shame and places the Filipino culture at a lower social stratum in comparison to other cultures, whereby many Filipinos believe that migrating to another country, such as America, would provide them a better quality of life (Rodriguez-Fransen, 2025). Additionally, a study by David and Nadal (2013) suggested that colonial mentality has a direct impact on Filipino-Americans' mental health after migration, factoring in acculturation and experiences of racism.

Colonial mentality is also systemically reinforced through education, media and economic structures, which perpetuates these inferior beliefs and patterns (Quimpo, 2000). Thus, may suggest that the systemic reinforcements contribute to stigmatisation around mental health and help-seeking attitudes (Tuazon et al., 2019). Collado (2020) conducted a study with Filipino Americans by showing them a documentary which focused on raising awareness on the colonial mentality among Filipino Americans. Responses from this study showed that participants found it educational, and it helped improve their awareness and understanding of colonial mentality. This could suggest that perhaps important topics such as colonial mentality and mental health may be integrated into developments of consumable media, such as documentaries or other forms of informational posts on social media platforms, which may help improve awareness and literacy towards important issues.

Filipino Diaspora and Mental Health

Filipinos have a broad diasporic community globally due to the ever-growing Overseas Filipino Workers (OFWs) who have migrated to other countries. In the historical context, the Filipino diaspora was shaped by the governing U.S authority during the American colonisation era, which brought about a neo-colonial structure that hindered the industrial development of the Philippines and, as a result, it reinforced mass poverty in the country (San Juan Jr., 2009). The effect of the American colonisation idealises migration, specifically to the United States, as it glamorised the idea of the 'American Dream' as a means to escape the social and economic stagnation in the Philippines (Pido, 1997; San Juan Jr., 2009) in search of better opportunities (Tompar-tiu and Sustento-Seneriches, 1995) for themselves and their families (Pacoma, 2020). However, this pedestal often overlooks the other challenges that OFWs experience abroad.

Eslit (2023) examined the psychological, social and cultural impact of Filipino migration, and the study findings suggest that the reason for migration is not solely shaped by economic incentives but *with* interconnected aspects of social and political factors, such as family ties and personal aspirations in professional development (Eslit, 2023). Additionally, immigrants were reported to have experienced emotional distress due to homesickness and difficulties in acculturation. In relation to that, a recent study by Bautista and Tamayo (2020) also highlighted the challenges that OFWs face in other countries. Results of the study also revealed that homesickness and salary are the top challenges that OFWs experience in migration, and efforts to decrease emotional discomfort would be through constant communication with their families in the Philippines. This suggests these factors may indicate the mental and emotional challenges OFWs experience (Bautista & Tamayo, 2020).

In a similar vein, another qualitative study by De Jesus and Adducul (2024) explored the lived experiences, challenges, and coping mechanisms of 50 OFWs in Kuwait through semi-structured interviews. This study found that OFWs often struggle with at least eight main challenges: (1) work challenges, (2) employment conditions, (3) cultural adaptation, (4) social integration, (5) family impact, (6) personal well-being, (7) coping mechanisms, and (8) prospective initiatives. Participants particularly expressed their experiences in working long hours, poor working conditions, low wages, lack of benefits, and feelings of being exploited by their employers. Some OFW participants also reported issues of cultural miscommunications due to language barriers and cultural differences among peers, which resulted in difficulties in integrating into local communities. Moreover, this study reported that the physical long-distance separation between family members causes a strain in their relationships, especially for children and spouses who were left behind on the mainland. The participants reported that this was mitigated by maintaining communications with family and friends on social networks and sending remittances and occasional visits to the Philippines. All these factors considered lead to negative impacts on OFWs' physical and mental health, with the combined stress, isolation, and financial strain.

In parallel to this, Capol et al. (2024) studied the emotional challenges of the children of OFWs who were left behind in the Philippines and found that among the ten participants, they reported detrimental effects on the psychological well-being of children due to the absence of their parents. Similarly, they also experience feelings of emptiness and loneliness due to the lack of emotional support from the absence of their parents. The participants also reported challenges with the incompleteness of their families, often envying other children with complete families in the Philippines. The findings in this study support previous studies on the impacts of children's emotional development, where the long-term experience of separation from their parents can have a negative impact on their emotional development, which can lead to emotional instability, emotional regression, social maladjustment, and lack of independence (Lacuesta et al., 2023; Capol et al., 2024). Respondents from this study frequently sought out support from their other family members, such as grandparents, aunts, and friends, to overcome their emotional challenges. Finally, 'Acceptance' was a theme that was consistent among the respondents as they realised their parents had to work overseas to provide for their families' needs. Although the respondents have accepted the sacrifices, the longing to be with their parents remains.

Filipinos and Attitudes Towards Help-Seeking

A systematic review by Martinez et al. (2020) revealed the common barriers associated with Filipino help-seeking attitudes. The stigmatisation against mental health and illnesses was seen as one of the crucial indicators of lower help-seeking attitudes. This could be because of the negative perceptions of mental illness as an indication of a personal weakness or failure of character (Thompson et al. 2002), which then results in 'loss of face' (Hiya) (Martinez et al. 2020). Two types of stigmatisations were identified in this review: (1) self-stigma and (2) social stigma. Self-stigma was defined with negative associations concerning loss of face, such as fear of judgment or a sense of embarrassment. While social stigma was associated with concerns of affecting one's family's reputation or cultural group in a negative light and being discriminated against.

Financial constraints were also considered as one of the commonly endorsed barriers in this synthesised review. Unreliable employment conditions or other difficult circumstances that warrant financial limitations, the inability to access health insurance, or to afford the high costs of mental health services were reasons for Filipinos not to seek help professionally. Specifically for the Philippines, mental health services are usually costly and inaccessible to the common population (Martinez et al. 2020; Saxena et al. 2007). For instance, a report by the Department of Health in the Philippines (DOH) revealed that there were limited mental health facilities across the country, only amounting to 75 in 2023 (National Objectives for Health Philippines 2023 – 2028, DOH PH). This also reported the scarcity of mental health professional workers per 100,000 population, in reference to the WHO World Mental Health report (2023). For Filipinos located overseas, many prioritise sending remittances back to their families in the Philippines, which limits their disposable income for personal needs and availing health insurance (Martinez et al. 2020).

In relation to the cultural values, according to Martinez et al. (2020), the cultural values significantly shape Filipinos' reluctance towards seeking professional psychological help, as they encourage fostering a community connection. For instance, the concept of 'Kapwa' (*shared identity)* highlights the importance of inner circles, such as family and friends, identified as '*hindi ibang tao'* (*translated as 'Not other people';* in-group), while mental health professionals are commonly perceived as 'ibang tao' (*translated as 'Other people';* out-group) (Pe-Pua & Protacio-Marcelino, 2000; Martinez et al., 2020). Previous studies among Filipinos overseas reported that a firm adherence to Asian values is a common barrier to help-seeking. Gong et al. (2003) reported that Filipinos tend to rely on informal help from inner social circles rather than mental health professionals, as there is a strong emphasis on maintaining 'face' (*Kahihiyan),* which discourages seeking professional help to help preserve idealised self-esteem, honour, and social group harmony (*Pakikisama)*. This is also consistent with previous studies with Filipino-Americans, where participants found emotional support from family and friends to be more beneficial, rather than from priests, ministers, or mental health professionals (Gabriel, 2017). In other

previous Asian and Pasifika studies, including Filipinos, such as Ho et al. (2018) and Vahabi and Wong (2017), indicated that participants only sought professional help as the last option, as they often had support from family and friends at their convenience.

Mental health literacy and awareness were also identified as barriers to seeking professional help (Spiker and Hammer, 2018; Martinez et al., 2020). Mental health literacy can be defined as the beliefs and understanding of mental disorders, which help facilitate the recognition of mental disorders and how to manage and prevent them (Jorm et al., 1997). Argao et al. (2021) investigated the mental health and mental health literacy of Filipino university students in different Philippine universities across the country, and the results found that the students generally have average mental health literacy. This is consistent with a similar previous study, which showed high levels of mental literacy among Filipino university students (Dizon, 2019; Ines, 2019). However, when compared to earlier studies with Australian undergraduate students (O'Connor and Casey, 2015), the Filipino college students showed a lower mean score in mental health literacy. Students in state universities exhibited significantly higher scores in mental health literacy in comparison to private university students (Argao et al. 2021), which could suggest varying institutional factors, such as school programs, access to information, or campus culture, might contribute to this disparity. Above-average psychological distress was also exhibited among the students, especially private university students, which suggests the need for enhanced mental health support and interventions in universities.

In a similar study, the mental health literacy of Filipino adults in Metro Manila during the COVID-19 Pandemic (Rey et al., 2022) showed to be moderately average in recognising mental illness, help-seeking behaviours, available support and self-help interventions. However, the knowledge about specific risk factors and causes, and mental health influences was at a marginal level, which suggests that while there is some awareness, there is still uncertainty, or limited knowledge on mental health stigma and its underlying causes.

In cross-cultural contexts, Ho et al. (2018) conducted a mixed-methods study on depression literacy and health-seeking attitudes among 455 participants from Cambodia, Fiji and the Philippines, in which there were approximately 175 Filipino participants. Quantitatively, this study showed average scores on depression literacy, but lower scores in help-seeking attitudes among Filipinos. While in the qualitative portion, the participants in the focus group recognised psychosocial and biological factors contributing to depression, including stress, substance use and medical physical illness. Participants in this study also emphasised the importance of family as the primary source of support when experiencing distress, preferring family-based assistance over professional help.

Another factor that may influence Filipino mental health help-seeking behaviours, especially abroad, is cultural mistrust (David, 2010). Historically, cultural mistrust was originally conceptualised in regard to the distrust among African-American communities and the mainstream American institutions, which include the legal and political systems, the educational system, the health care system, government agencies, and other organisations commonly operated by White Americans (Terrell and Terrell, 1981, as cited in David, 2010). Applying this construct to the Filipino context, David (2010) proposed that Filipino-Americans share similar historical and contemporary experiences to African Americans in oppression and injustice, which leads to distrust in American institutions. This research employed the Cultural Mistrust Inventory (Terrell and Terrell, 1981), Loss of Face Questionnaire (Zane, 1993), Asian Values Scale (Kim et al., 1999), and the Inventory of Attitudes towards Seeking Mental Health Services (Mackenzie et al., 2004) among 118 Filipino Americans. Results of this study found that higher levels of cultural mistrust were associated with a lower likelihood of seeking mental health services, regardless of varying income and generational status. The suggested scepticism is deeply reinforced through the lived experiences of Filipino Americans with racism and discrimination (Alvarez et al., 2006) in these mainstream institutions that are predominantly governed by non-marginalised White Americans, which ultimately may affect their willingness to engage. This underscores a cultural and institutional disconnect operating at complex levels that extends through generations among Filipino-Americans, but could also

reflect the diasporic Filipino community globally, in which Filipinos can be misunderstood, misdiagnosed, or mistreated due to a lack of cultural nuance and empathy.

Filipinos and Coping Strategies

There are several key coping strategies employed by Filipinos that are consistently identified across different research studies. Rilveria (2018) investigated these coping strategies in the light of developing the very first Filipino Coping Strategies Scale, which was based on existing data on the Filipino's resilience and in adaptation of foreign psychometric measures of coping such as the COPE Inventory by Carver et al. (1989). Rilveria proposed nine domains representing the coping disposition profiles of Filipinos, and each domain was conceptualised as follows: (1) Cognitive Reappraisal (*Pagsusuri)* refers to the process of altering one's perspective or assumptions on an issue, where one might think optimistically, change goals and values, and find purpose. (2) Social Support (*Paghingi ng Tulong*) refers to how respondents cope with help-seeking behaviours, such as receiving advice and care from professionals, support from close family and friends, as well as the idea of *sharing* one's burdens. (3) Problem-solving (*Pagtugon*) refers to taking the necessary actions to directly confront the source of stress with the aim of ultimately terminating the stressor. (4) Religiosity (*Pagkarelihiyoso*) refers to the religious behaviours that people typically employ, such as praying to cope. This includes believing in destiny and the will of God. (5) Tolerance (*Pagtitiis*) was described as the ability to endure stress and challenging situations without having to make a consistent effort to confront them. (6) Emotional release (*Paglabas ng saloobin*) refers to expressing feelings, whether it be by venting it out through anger, humour, crying and so on. (7) Overactivity (*Pagmamalabis*) was defined as the overexertion of one's activity (such as work) in an attempt to distract oneself from the stress. (8) Relaxation/ recreation (*Paglilibang*) entails participating in activities that lessen the cognitive and emotional load of one's stress. These activities typically involve making one feel at ease, for example, knitting or watching movies. And lastly, (9) Substance use (*Pagbibisyo*) refers to using drugs, smoking, consuming alcohol, or taking medicines to alleviate some physical and mental discomfort caused by stress.

Consistent with Rilveria's (2018) proposed domains, a systematic review by Turnbull (2023) on coping strategies among migrant workers in East and Southeast Asia revealed that Filipino migrant workers actively use coping strategies such as resting, praying, reading the Bible, crying, and asking friends, family, and religious communities for social support, thus suggesting spirituality and communication with loved ones as one of the crucial resources for Filipino resilience. This is consistent with previous studies on OFWs and how they cope with being away from home and facing challenges in a foreign land (De Jesus and Adducul, 2024). In a similar vein, Connor (2016) conducted a study with Filipino immigrant nurses in the United States on how cultural influences affect their coping strategies. The study found that six coping typologies, congruent with Rilveria's coping domains - (1) Familial, which refers to seeking support from family and focusing on their goals for their families; (2) Intracultural, which refers to seeking support from other Filipino friends, or seeking mentorship from acculturated Filipino immigrants; (3) Fate and faith-based, which refers to regular religious practices/ prayers and redefining stressors or challenges as opportunities for growth; (4) Forbearance and contentment, refers to changing their perspective in viewing the stress in comparison to previous or possible worse-case scenarios and living simply by being content; (5) Affirming and proving self, which refers to positive thinking about their profession as a nurse and commitment to work harder to prove self to others; and lastly (6) Escape and avoidance, which refers to reducing the stress passively by stepping away from the situation. Connor (2016) suggested that the cultural values are reflected well in these coping strategies, as they represent a strong sense of duty to family and maintaining group harmony. Furthermore, in another study, Filipino teachers based in Metro Manila (Rabago-Mingoa, 2017) were found to have relatively high stress levels due to several challenges they experience in their work environment, such as workload, cost of living and insufficient salaries, oversized classes, while also balancing other life activities such as being parents, working another job, studying, or community services. The study suggests that Filipino teachers also frequently rely on communal and faith-based practices, such as praying and promoting group activities among colleagues, as one of their coping

strategies. It was also emphasised that a 'prayerful attitude' and being content with what they have can help mitigate their stress, thus showing consistency with previous findings (Connor, 2016). Previous studies also suggest that the Filipino Catholic youth employ religious coping strategies positively by seeking a strong connection with God, asking for forgiveness, and interpreting life challenges as opportunities for spiritual growth, which may help facilitate experiencing greater psychological well-being (Del Castillo and Alino, 2020).

These findings help to illustrate how Filipinos cope with mental health challenges and their help-seeking attitudes through a complex interplay of personal beliefs, cultural norms and available resources. While many Filipinos tend to rely on social support from family and friends, spirituality or avoidance-based strategies, these approaches may not always directly align with Western notions of mental health, which highlights a critical gap in psychological frameworks that often overlooks the deep cultural, relational, and spiritual aspects of Filipino mental health. In recognising this dissonance, it's necessary to explore psychology from a culturally appropriate perspective and reflective of the Filipino worldviews, such as Sikolohiyang Pilipino.

Current interventions of mental health for Filipinos

Current mental health interventions for Filipinos in the Philippines and globally have continuously aimed to become more culturally responsive, especially in recent years. In the Philippines, mental health services have finally become institutionalised as part of the national healthcare system with the enactment of the Mental Health Act of 2018 (Republic Act No. 11036) after 16 years of legislation drafting, which marked a significant milestone in policymaking. This mandates the promotion of the rights of individuals with mental health conditions and the integration of mental health services at all levels of government agencies, including the Department of Health (DOH), Commission on Human Rights (CHR), and Local Government Units (LGUs), such as *barangays* (village districts), and municipalities (Samaniego, 2022). Maravilla and Tan (2021) scrutinised the bill and argued that it is

important for the Philippines to recognise the bidirectional relationship between mental health and economic prosperity, highlighting the severe mental health crisis in the Philippines, where a mere 5% of the total healthcare expenditure is allocated to mental health. Previous reports also showed critical shortages persist in the Philippines, with a concerning ratio of 0.41 - 0.46 psychiatrists per 100,000 population, due to the limited registered psychiatrists in the country, showing a calamitous comparison to the World Health Organisation (WHO) targets of 10 per 100,000 population (Samaniego, 2022; Aldalaeen, 2025). Moreover, Maravilla and Tan (2021) also highlighted that there seems to be a critical implementation gap where there are no monitoring systems to assess this compliance with human rights standards.

Considerable government funding to mental health has been allocated since then, amounting from 57 million to 1 billion pesos between 2022 to 2023, administering great promises to making improvements in the Philippine healthcare (Alibudbud, 2023). Additionally, the National Objectives for Health 2023 - 2028 (DOH, 2023) proposed the 8-point Action Agenda for health equity in the Philippines, which comprehensively addressed the healthcare challenges in the country. In this report, mental health and overall well-being was indicated in 'Action Agenda 6: *Ginhawa ng Isip at Damdamin'* (DOH, 2023), stating that the strategy aims to improve the access to mental health services by expanding the 75 mental health facilities, and build capacities across communities, schools, workplaces through innovative digatised models such as the 'Lusog Isip' *('Healthy Mind')* app and WHO Quality Rights e-training. It also proposed a shift from punitive to rehabilitative approaches for substance use disorders through community-based outpatient services to facilitate a seamless reintegration of affected individuals back into their communities. In this comprehensive approach, the critical shortage of professionals was 0.52 psychiatrists and 0.07 psychologists per 100,000 population (Isaac, 2018, as cited in DOH, 2023)

To further investigate the recent performances of the National Objectives for Health 2023 - 2028 (PCMH, 2025), a status report was directly requested from the Philippines' DOH in early 2025. The recent data reported limited progress in mental health services provisions, remaining at only 24% (634 out of 2,673) ambulatory primary care facilities providing mental health services as of 2024. Health to

population ratios for medical doctors, registered nurses and midwives reported a small increase in 2024 but failed to meet the initial yearly target percentages. Unfortunately, any improvements in increasing mental health facilities, registered psychologists, psychiatrists, and counsellors available in the country per 100,000 were not reported at all, which could indicate challenges in collecting infrastructural data, and/or it could indicate the implementation plans are still in the early stages of development, where they could be prioritising service integration over specialised expansion. A considerable progress, however, was reported for community-based drug rehabilitation programs with 27.52% (452 out of 1,642) of ambulatory facilities offering services, which shows a significant increase from a mere 2% in 2023. The 'Katatagan, Kalusugan at Damayan ng Komunidad' (KKDK; '*Community Resilience, Health and Wellbeing*',2023) Program by the DOH contributed to this progress after its successful appraisal by the DOH in 2019 to 2023, which initiated a national rollout of the operation. This supports the importance of creating culturally grounded interventions through community-based programs (Hechanova, 2019). Another example of this is the 'Katatagan' disaster recovery program implemented by collaborative efforts of the Psychological Association of the Philippines (PAP) in response to the Super Typhoon Haiyan in November 2013 (Hechanova and Regina, 2019). Volunteer psychologists utilised cognitive behavioural therapy (CBT) and mindfulness modules for the affected adult typhoon survivors, measuring their self-efficacy in resilience before intervention, immediately after, and six months post intervention (Hechanova et al. 2015). Results found that survivors demonstrated sustained anxiety reduction post 6 months of the initial intervention, showing significant scores in harnessing strengths, seeking solutions and social support (Hechanova and Regina, 2019).

Digital interventions have also revolutionised the accessibility to mental health care. Crisis response interventions have also been implemented by the DOH with 24/7 national crisis hotlines, alongside existing independent hotlines by local non- government organisations (NGOs) (Samaniego, 2022). Samaniego (2022) also reported that there was a significant increase in usage of hotlines especially during the global pandemic COVID-19, where the DOH and National Centre for Mental Health crisis hotline reported an increase from 80 calls per month pre-lockdown to approximately 400 calls per month

during lockdown. It was also noted that by June 2021 alone, the crisis hotline received approximately 3,329 suicide-related calls, compared to 1,282 in 2020. Samaniego (2022) suggested that the expansion of tele-psychiatry significantly improved access to mental health support and services, especially for those in geographically isolated populations.

Mental health mobile applications have also been developed in the Philippines to aid accessibility in modern contexts. Hechanova-Alampay et al. (2024) evaluated that *'Lusog Isip'* (*'*Healthy Mind'*)* app (DOH, 2023) alongside a mental health workbook, through randomised control trials and found improvements in the participants' psychological well-being for both methods, but noted that the mobile app users reported higher scores of emotional release, in comparison to participants who only used the mental health workbook. In the same vein, Aizon and Punzalan (2025) did a similar study with the '*Lusog Isip'* (*'*Healthy Mind'*)* app and CBT workbooks among senior high school students in Zamboanga, Philippines and found results congruent to Hechanova-Alampay et al. (2024). Results of the study also found significant improvements in psychosocial well-being with no significant differences between the two interventions, suggesting that digital intervention can be equally effective as traditional CBT and other mental health approaches. In diasporic contexts, Liem et al. (2022) evaluated the implementation of the '*Kumusta Kabayan'* (*'*How are you/ Hello fellow compatriot*')* app for OFWs in Macao, China, and found that strong acceptance among users learning self-reflection and managing emotions, showing potential in integration into existing support services for OFWs living in Macao. Issues of technical errors, user engagement, user experience in navigation and design were commonly noted in these studies as potential limitations to digitalised interventions, suggesting the need to improve the apps' user design and network access. Bourghouts et al. (2021) also highlighted concerns for the lack of personalisation and human physical connection. This suggests there is still room for improvement in creating and implementing a culturally nuanced framework or program in the Philippines.

Current Gaps in Literature

The Philippines exhibits several limitations that restrain its greatest prospects in research and application. Bernardo (2002) examined the contributions of Philippine psychologists to the global symposia of psychology. He found that there are dispositions in assimilating the features of Western ideologies and psychology. Similarly, Enriquez (2002) stated that Filipino psychological concepts often were based on Western perspectives and heavily relied on the English language, and Asian psychologists often relocate to study psychology in Western countries and then transplant their learned knowledge back to their homeland (Gastardo-Conaco, 2005). Additionally, Bernardo (2002) found that research is not a primary pursuit of psychologists and psychology academics. Representing the insufficient resources and funding dispensed for research in educational institutions in the Philippines. Thus, the local psychology discipline in the Philippines remains underdeveloped. Furthermore, Bernardo (2011) proposed that there are also issues in translating psychological tests, research methods, and inquiry, as most Filipino-English words are not directly translatable and often face problems in capturing the true essence of meaning and applicability to cultural nuances.

In broader contexts, several previous studies have also highlighted the lack of Filipino culturally sensitive mental health services and information (Martinez et al., 2020). For instance, there are several significant cross-cultural research that include Filipinos in Asian American studies or examined alongside other Asian population but fail to analyse Filipinos separately, which ultimately obscures the cultural, historical and psychological experiences, and cultural values that are exclusive to Filipinos (La Torre, 2016; Gabriel, 2017). While there are numerous mental health studies regarding Filipino Americans (Nadal, 2011; Gabriel, 2017), research on Filipino mental health, as well as in broader diasporic contexts, remains scarce. This poses a concern if the populations in rural communities and various socioeconomic groups, various generational cohorts remain underrepresented in contemporary research findings, thereby limiting the generalisability and broader applications of research (Martinez et al., 2020).

CHAPTER THREE: METHODOLOGY

Study design

An anonymous cross-sectional research design was employed for this research to examine the different factors influencing mental health perceptions held by Filipinos in two distinct cultural contexts: New Zealand and the Philippines.

Participants and sampling

This study recruited two primary groups of participants: (1) Filipinos living in the Philippines and (2) Filipinos living in Aotearoa, New Zealand. The participants were selected using non-probability purposive sampling. The eligibility to participate was determined through specific inclusion and exclusion criteria.

The inclusion criteria were as follows for the Philippines-based group: (a) permanently residing in the Philippines; (b) be aged 18 years or older (youngest participants born in 2006); (c) proficient in speaking/understanding English and/or Tagalog, in which the survey was administered. And for participants in Aotearoa New Zealand, participants must have been (a) permanently residing in New Zealand; (b) be aged 18 years or older (youngest participants born in 2006); (c) been living in Aotearoa New Zealand for at least the past year; and (d) proficient in speaking/understanding English and/or Tagalog. Participants were excluded from the study if they: (a) did not meet the age criteria or (b) did not complete at least 90% of the required sections of the survey.

A total of 421 responses were initially collected through the online anonymous survey. As part of the data screening, a completion threshold of at least 90% of the entire questionnaire was applied to ensure data quality and smoother analysis handling. Incomplete responses with over 10% missing data overall were excluded, which resulted in approximately 89 responses that were screened out. A total of 332 valid responses were analysed in this study. Of these 332 responses, 218 were from participants based in the Philippines, and 114 participants were based in New Zealand. There was one participant who preferred not to disclose their current residence location but met all other inclusion criteria. Given that the

survey was distributed through Filipino community channels in both countries, and this participant's responses were consistent with the Philippines sample, this participant was assigned to the Philippines group for all analyses, resulting in a Philippines' sample of n= 218. All 332 responses met the 90% completion threshold and were retained in the dataset. However, another Philippines-based participant failed to complete the Individualism and Collectivism Scale and Filipino Coping Strategies Scale. Through listwise deletion, this participant was excluded from the correlation and regression analyses involving those scales, reducing the effective Philippines sample to n=217 for those analyses.

The majority of participants were born in the Philippines, with a small proportion born in New Zealand or other countries. Across the two samples, the participant pool was predominantly female, while smaller proportions identified as male, non-binary or a third gender, transgender, or chose not to disclose their gender identity. Full demographic characteristics are presented in Tables 1 to 7. The 89 participants were excluded for incomplete survey data, and partial demographic information was available for approximately 40 participants who completed at least 50% of the survey. The remaining 49 participants exited the survey before reaching the demographic questions. Among these available data, the distribution of gender and country appeared broadly similar to the retained sample. A formal statistical comparison was not conducted due to the small and incomplete nature of the non-completer data.

Measures

The questionnaire (Appendix C) consisted of a total of 116 questions drawn from standardised psychometric scales as described below, and researcher-developed questions, specifically chosen based on their established use in cross-cultural and mental health research and their relevance to the research objectives. These standardised psychometric tools used in this study included the Adherence to Filipino Values Scale (AFVS) which was inspired and adapted from the Asian Values Scale (Kim and Hong, 2004), Attitudes Toward Seeking Professional Help Scale- Short Form (ATSPPH-SF; Fischer and Farina, 1995), the Individualism and Collectivism Scale (Triandis and Gelfand, 1998), the Filipino Coping

Strategies Scale (FCSS, Rilveria, 2018), and the Pinoy Ako Scale (PINAS; Tuason and Crutchfield Jr., 2024).

Key Demographic Information

Participants provided key demographic characteristics, which included age, gender, sexual orientation, country, employment, family role, highest level of education, affiliated religion, and monthly income. The chosen characteristics were included to inform the participant profile and to explore the potential patterns or associations between demographic groups and mental health-related measures.

General Experiences and Perceptions on Mental Health

To explore how Filipinos may perceive and experience mental health, a series of research-developed questions was created to capture personal, social, and structural factors influencing mental health awareness, stigma and lived experience among participants in the Philippines and Aotearoa New Zealand in a quantitative form. The development of these questions was informed adequately by existing literature on cultural and contextual factors that help shape the mental health discourse among Filipinos, including stigma, religiosity, and accessibility to care. While there are recognised measures for assessing general mental health attitudes, very few, if any, are contextually grounded in the Filipino experience and bicultural perspectives. To address this gap, these questions were carefully constructed to reflect common everyday realities and attitudes of Filipinos on mental health, with a specific focus on recognising the socio-political influences and normalising personal mental health experiences. Examples of questions included "*I have personally experienced mental health challenges in my life*" and *"I believe mental health issues are often misunderstood or misrepresented in my area".* Each question was rated on a 5-point Likert scale (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4= Agree, and 5= Strongly Agree). These items were reviewed for cultural relevance and clarity during the early development stage of the survey, and the internal consistency reliability was tested through Cronbach's Alpha.

Adherence to Filipino Values Scale (AFVS)

To measure adherence to the core cultural values, an established psychometric measure showcasing these four Filipino cultural values - *Kapwa, Hiya, Utang na Loob,* and *Pakikisama* - was sought out. However, due to the insufficient culturally-nuanced research in this area, no existing scales to date were deemed suitable enough for this study. In response to this gap, the Asian Values Scale (AVS) was initially developed by Kim et al. (1999) based on the Asian-American population. It was selected as the most culturally relevant alternative. The AVS (Kim et al. 1999) was a 30-item scale split into seven sub-factors: (1) Conformity to Norms, (2) Family Recognition through Achievement, (3) Emotional Self-Control, (4) Collectivism, (5) Humility, (6) Filial Piety, and (7) extra statements that did not fit into the six main subfactors. In the initial development of this scale, approximately 119 Filipino participants were included across the pilot and second testing, among the 366-399 respondents for the Asian Values Scale.

The AVS (Kim et al., 1999) demonstrated sound psychometric properties, with an internal consistency coefficient alpha of 0.81 in Study 1 and 0.82 in Study 2. The concurrent and discriminant validity was also supported through factor analyses, and the test-retest reliability yielded a stable coefficient of 0.83. This scale was later revised into 25 items by Kim and Hong (2004) in the Asian Values Scale-Revised (AVS-R) to further improve the measurement accuracy through Rasch modelling. The revised scale also demonstrated strong construct validity. The items from the AVS-R (Kim and Hong, 2004) were modified to represent the four key Filipino cultural values. For example, the statement *"One's family need not be the main source of trust and dependence"* under the *'Factor 6: Filial Piety'* was modified to be *"Maintaining strong bonds with family members is a top priority for me"* for *'Kapwa'* (Shared Identity). In the AVS-R (Kim and Hong, 2004), a 4-point Likert scale was used; however, for consistency with the initial General Perceptions and Experiences of Mental Health Questionnaire, the response format was adjusted to the same 5-point Likert scale. The reliability of the adapted Adherence to Filipino Values Scale was tested through exploratory factor analysis, as illustrated in the findings.

Attitudes Towards Seeking Professional Psychological Help

To examine attitudes towards seeking professional psychological help, the Attitudes Towards Seeking Professional Psychological Help Scale- Short Form (ATSPPHS-SF) by Fisher and Farina (1995) was utilised. Initially developed by Fischer and Turner (1970) with a 29-item scale as the 'Attitudes Towards Seeking Professional Psychological Help Scale', it was later revised to a concise 10-item scale (ATSPPHS-SF, Fischer and Farina, 1995) while maintaining good construct validity and test-retest reliability (0.80). This measure was selected as it's a central variable in this study to compare stigma and openness across cultural contexts. An example of a question from the revised short-form version (Fischer and Farina, 1995) includes *"If I believed I was having a mental breakdown, my first inclination would be to get professional attention",* which was also maintained from the original scale (ATSPPHS, Fischer and Turner, 1970). Participants were required to rate their level of agreement on a 4-point Likert scale: agree, partly agree, partly disagree, and disagree. To maintain consistency in this survey, the same 5-point Likert scale of 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4= Agree, and 5= Strongly Agree was used. Cronbach's Alpha values were calculated to test the internal consistency reliability.

Individualism and Collectivism Scale

To measure identification with collectivist values, the present study employed the Individualism and Collectivism Scale (ICS) by Triandis and Gelfand (1998). The ICS is a 16-item scale that assesses four cultural dimensions of collectivism and individualism: (1) horizontal individualism (valuing independence); (2) vertical individualism (valuing competition and status); (3) horizontal collectivism (valuing sociability and shared goals); and (4) vertical collectivism (valuing duty and relationships). This measure was chosen as it theoretically aligns with the research focus on Filipino cultural values, which straddle both individualist tendencies in diasporic contexts and collectivist tendencies, such as familial obligations. Example items from this scale include *"I'd rather depend on myself than others"* for horizontal individualism, and *"It is my duty to take care of my family, even when I have to sacrifice what I want"* for vertical collectivism. In the original version, the participants were required to respond to this on a 9-point Likert scale. This was adjusted to a 5-point Likert scale to match the fluency of the survey for

participants: across 1 = Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree, and 5= Strongly Agree. Cronbach's alpha was also tested for internal consistency for this study.

Filipinos Coping Strategies Scale

The Filipino Coping Strategies Scale (FCSS, Rilveria, 2018) was utilised in this study to measure how participants generally coped in times of stress or when dealing with mental health struggles and consists of 37 items. This scale was chosen for its strong cultural foundation in Filipino psychological practice and relevance to the study's aims in understanding the coping strategies among Filipinos in the Philippines and the global diaspora settings. Items in this scale follow the nine domains previously identified in Chapter 2. Strong overall reliability was demonstrated across the nine domains with a coefficient alpha score of .716. Good construct validity was also established through factor analysis (KMO =.780) (Rilveria, 2018). Examples of items include *"I pray my problems to God"* and *"I find activities that can relax my mind"*. Respondents were required to rate their responses in a 4-point Likert scale: 1 Never (Hindi), 2 Sometimes (Minsan), 3 Most of the time (Madalas), and 4 Palagi (Always). In this study, a total of n=328 participants completed the questionnaire, which was retained from the initial n=332 responses. Approximately four participants failed to complete the last portion of the survey - three participants based in New Zealand and one participant in the Philippines. These four were excluded from the data analysis for this scale.

Pinoy Ako Scale

To measure the acculturation levels of Filipinos living in New Zealand, the Pinoy Ako Scale (PINAS, Tuason and Crutchfield Jr., 2024) was employed in this study. The original scale had 60 items from interviews with Filipino-Americans (Tuason et al., 2007). This revised version was initiated to further investigate the experiences of Filipino immigrants across the globe, developing a cohesive 3-factor structure with 21 items: (1) rootedness to family and Philippine Culture; (2) experiencing the sacrifices of

migrating; (3) thriving in the Host Culture. The PINAS scale demonstrated good internal consistency with an overall Cronbach's alpha score of 0.73. This scale was chosen to help identify how Filipino culture is maintained *or* reshaped in the diasporic context, which is a key relevant theme in this current study. Each. Each item was to be rated on a 7-point Likert scale from 1 = Strongly Disagree, Disagree, Somewhat Disagree, Neutral, Somewhat Agree, Agree and 7 = Strongly Agree. Example items included "*It is important for me to raise my children (or future children) according to Filipino values."* And *"Although I do not live in the Philippines, I believe I have a moral and emotional responsibility to it."*

This scale was only presented to participants in the New Zealand group. In total, there were a total of n=107 responses. Out of n=114 NZ-based participants, seven NZ participants were excluded due to failure to complete the survey.

Procedure

Participants were recruited through a combination of convenience and snowball sampling. The researchers shared the study invitation within their personal and professional networks to encourage their friends and families to participate in the study. In addition to this, Filipino communities in New Zealand were also contacted through social media groups and accounts. This project was primarily advertised on Instagram, a social media platform, to reach target audiences efficiently through targeted algorithms using specific keywords. Active paid advertisements were run daily on Instagram for approximately 3 weeks from release, using keywords such as 'Philippines', 'Health and wellness', 'Quality of life', 'Tagalog', 'Filipino Mental Health' and 'MentalHealthPH' to target specific audiences. Posters with QR codes were also physically distributed at a Filipino-centred event in Auckland, called '*Banyuhay Aotearoa'*. Filipino community groups, such as Filipinos in NZ communities and Psychology students in the Philippines on Facebook, were also joined to promote the study and encourage participation. However, there were some challenges in getting the social media post approved by group administrators in some groups.

Participants accessed the anonymous online survey through the QR code from the physical posters, the social media post, or directly via the project website: www.themapayapaproject.com/survey.

This link directed the participants to the Qualtrics survey, embedded on the website. The majority of participants accessed through the social media posts, while only a few accessed via the QR code posters.

Upon accessing the link, participants were presented with a consent form which outlined the purpose of the study and what it entailed. Participants were required to read and acknowledge this before continuing with the survey. A reCAPTCHA was also included to protect the integrity of the data from spam or automated responses. The survey took a total of 15 to 25 minutes to complete all questionnaires. The Pinoy Ako Scale (PINAS, Tuason and Crutchfield Jr., 2024) was only presented to participants based in Aotearoa, New Zealand, to measure their acculturation levels upon migrating.

The survey was open from 22 October 2024, and the last response was recorded on 3 January 2025, which allowed for ample opportunities for potential participants to respond and complete the survey. In exchange for their participation, participants were given the option to participate in a prize draw upon completing the survey. Participants were redirected to another Qualtrics survey to enter their name, email address and location to enter the raffle. This prize draw was to win either 1 of 10 $50 NZD or 1 of 5 $100 NZD vouchers. The amount was converted to GCash or Maya cash vouchers for winning participants based in the Philippines.

Ethical considerations

This research was approved by the Auckland University of Technology Ethics Committee (AUTEC) under approval reference number 24/297. It was conducted in accordance with the established ethical principles for research involving human participants as stated in the Auckland University of Technology Ethics Committee (AUTEC, 2024-2025).

Participation in this study was entirely anonymous and voluntary. The survey responses were submitted anonymously to ensure the protection of participants' identities and sensitive information, thereby ensuring confidentiality. The study was designed to collect data from participants efficiently, minimising time commitments for all participants, without compromising the value of the data. An open channel of communication was provided throughout the study, and participants can willingly contact the

researcher and supervisors directly with any further queries or issues they may have. Participants also had the choice to leave the study at any given time without any liabilities. Any participants who wanted to leave the study needed to provide their record ID, and we could delete any data that was associated with them. The information gathered was stored in an Auckland University of Technology server, which only authorised users were able to access. And lastly, for dissemination of information, this project aims for notable contributions to the growing research field of social and cultural indigenous psychology, where fellow scholars and inquisitive individuals alike may distil information that may be viable to their personal or academic endeavours.

Data analysis

Quantitative analyses were conducted through SPSS. The general purpose of the analytic plan was to investigate (a) the relationship between adherence to Filipino cultural values and help-seeking attitudes, and (b) how adherence to cultural values relates to coping strategies among Filipinos in the Philippines and Aotearoa New Zealand. Responses were screened for data completeness with a minimum threshold of 90% completion of the survey. Cases that met the criteria were included in the analysis.

In this study, from the 332 valid responses, there were a total of n=328 participants who completed the questionnaire in its entirety. Four participants failed to complete the Filipino Coping Strategies Scale (Rilveria, 2018), and seven of the 114 New Zealand-based participants were unable to complete the Pinoy Ako Scale (Tuason and Crutchfield Jr., 2024). These incomplete responses met the 90% completion threshold for inclusion in the analysis; hence, all 332 responses were retained in the dataset. Additionally, due to a technical error during data collection, Item 28 *'I take time to rest'*, in the Filipino Coping Strategies Scale (Rilveria, 2018) was inadvertently omitted during the final phase of the data collection. Analyses were adjusted accordingly based on the data availability without compromising the analytical integrity of the scales and dataset.

Descriptive statistics such as means, range, minimum, maximum, and standard deviations were calculated to summarise the variable distributions of key demographics and all scales across both countries. These statistics assisted in identifying the overarching trends in the data and enabled preliminary cross-cultural comparisons between the two group samples. Reliability analysis was also conducted through Cronbach's alpha coefficients for each scale to assess the internal consistency, especially for the research-developed and adapted scales, General Experiences and Perceptions on Mental Health, and Adherence to Filipino Values Scale. This analysis was necessary to determine whether the items within each scale accurately measured their intended constructs in both cultural contexts.

Exploratory Factor Analysis was conducted for the adapted Adherence Filipino Values Scale (AFVS) to assist in identifying the underlying factor structure and ensure the cultural validity as a new adaptation of the original Asian Values Scale- Revised (AVS-R, Kim and Hong, 2004). The Kaiser-Meyer-Olkin (KMO) test and Bartlett's test of sphericity were used to evaluate the adequacy of the sample.

Domain-level analysis was also employed for the Filipino Coping Strategies Scale (Rilveria, 2018) to account for the nine subdomains. Mean scores were calculated for each domain to help identify the most and least frequently practised coping strategies among participants in the Philippines and New Zealand. Bivariate correlation analyses, Pearson's *r* and Spearman's rho, were utilised to estimate the interrelationships between the scales. Through the correlation analysis, it helped to assess the strength of relationships between cultural orientation, mental health beliefs and attitudes, and coping strategies.

To address the primary research questions, multiple linear regression analyses were conducted separately for each country sample. The dependent variable in both models was the Attitudes Towards Seeking Professional Psychological Help- Short Form (Fischer and Farina, 1995). The predictor values were the general mental health experiences and perceptions survey, Adherence to Filipino Values Scale (adapted from Kim and Hong, 2004), collectivist orientation (Individualism and Collectivism Scale;

Triandis and Gelfand, 1998), and coping strategies (Filipino Coping Strategies Scale; Rilveria, 2018). These regression analyses assisted in evaluating whether the adherence to cultural values, collectivist orientation, coping strategies and mental health experiences significantly predict help-seeking attitudes among Filipinos in both group contexts. The combination of these descriptive and inferential analyses allowed for a thorough investigation of cross-cultural patterns between Filipinos living in the Philippines and in Aotearoa, New Zealand.

CHAPTER FOUR: FINDINGS

This chapter presents the key results of the statistical analyses on the demographic profiles, mental health experiences and perspectives, and adherence to cultural values of Filipinos in the Philippines and Aotearoa New Zealand. Notable findings of this study include a high endorsement of cultural values across both contexts.

Participation

Data from a total of 421 responses were collected. Of these responses, 89 cases were screened out of the study as participants failed to complete all questionnaires. A threshold of at least 90% progress on the survey completed was set upon screening to include those responses that only failed to complete the last portion of the survey. Among the retained samples, there were eight participants that only completed approximately 93% to 97 % of the survey. Seven of these cases were participants from New Zealand who failed to complete the last questionnaire, the PINAS scale and one case was a participant from the Philippines who failed to complete the Filipino Coping Strategies Scale. Thus, resulting in a total of 332 responses that met the study criteria. 218 responses were from the Philippines, and 114 responses were from participants in New Zealand. One participant response preferred not to state where they were currently located but was included in the analysis for potential exploratory purposes. As the primary analyses were stratified by country, this participant was assigned to the Philippines group for the purposes

of descriptive statistics, given that all other demographic characteristics were consistent with the Philippines sample. However, they were excluded from the country-stratified correlation and regression analyses, as location was a key grouping variable. This decision is reflected in the slight difference in sample sizes between the descriptive statistics (n = 218 for the Philippines) and the correlation and regression analyses (n = 217 for the Philippines).

Demographic Characteristics

In the Philippines, the majority of participants were aged between 19 and 23 years old (2001–2005) at the time of the survey in 2024, followed by those aged 24 to 28 years old (1996–2000). Similarly, for New Zealand, participants aged between 24 and 28 (1996–2000) made up the highest percentage, followed by participants aged between 19 and 23 years old (2001–2005). Participants aged between 54 and 59 years old exhibited a lower percentage across the two countries (Table 1).

Table 1. Birth Year Distribution Across the Philippines and New Zealand

	Birth Year	
	n	***%***
Group 1: Philippines		
1965-1970	3	1.4%
1971-1975	1	0.5%
1976-1980	7	3.2%
1981-1985	16	7.3%
1986-1990	30	13.8%
1991-1995	34	15.6%
1996-2000	48	22.0%
2001-2005	68	31.2%
2006-2010	11	5.0%
Group 2: New Zealand		

1965-1970	2	1.8%
1971-1975	2	1.8%
1976-1980	4	3.5%
1981-1985	11	9.6%
1986-1990	13	11.4%
1991-1995	15	13.2%
1996-2000	35	30.7%
2001-2005	28	24.6%
2006-2010	4	3.5%

Note: *n= 218 (PH), n= 114 (NZ)*

The gender distribution of participants for both samples across the two countries were predominantly female (Table 2). Male participants comprised the second largest group in both samples, while only a small number of participants identified as transgender or non-binary or chose not to disclose their gender identity.

Table 2.Gender Identity Distribution of Filipinos Across the Philippines and New Zealand

Gender Identity		
	n	***%***
Group 1: Philippines		
Male	19	8.7%
Female	182	83.5%
Transgender	13	6.0%
Prefer not to say	4	1.8%
Group 2: New Zealand		
Male	23	20.2%
Female	85	74.6%
Transgender	2	1.8%
Non-binary	1	0.9%
Prefer not to say	3	2.6%

Note: *n= 218 (PH), n= 114 (NZ)*

As shown in Table 3, the majority of participants in both the Philippines and New Zealand samples identified as heterosexual/ straight, with bisexual participants representing the second largest group. The remaining participants identified with other sexual orientations. Catholicism was predominantly reported as their main religious affiliation across both populations, followed by Christianity. Smaller proportions of participants identified as non-religious or reported other religious affiliations (Table 4).

Table 3.Current Sexual Orientations Across the Philippines and New Zealand

Current Sexual Orientation		
	n	***%***
Group 1: Philippines		
Heterosexual/ Straight	152	69.7%
Bisexual	36	16.5%
Homosexual	7	3.2%
Asexual	6	2.8%
Pansexual	6	2.8%
Demisexual	1	0.5%
Queer	1	0.5%
Prefer not to say	9	4.1%
Group 2: New Zealand		
Heterosexual/ Straight	86	75.4%
Bisexual	14	12.3%
Homosexual	6	5.3%
Queer	2	1.8%
Pansexual	1	0.9%
Trans	1	0.9%
Prefer not to say	4	3.5%

Note: *n= 218 (PH), n=114 (NZ)*

Table 4. Religious Beliefs Across the Philippines and New Zealand

Religious Affiliations		
	n	***%***
Group 1: Philippines		
Catholic	144	66.1%
Christian	37	17.0%
Islam	2	0.9%
Iglesia ni Cristo	3	1.4%
Non-religious	23	10.6%
Prefer not to say	2	0.9%
Others	7	3.2%
Group 2: New Zealand		
Catholic	67	58.8%
Christian	31	27.2%
Adventist	2	1.8%
Non-religious	13	11.4%
Agnostic	1	0.9%

Note: *n= 218 (PH), n=114 (NZ)*

For family roles in their household (Table 5), Eldest Siblings were the most common among participants across both samples. This is followed by the Youngest Siblings in the Philippines sample and the Middle Siblings in the New Zealand sample. Mothers were also reported to be frequent participants in both samples. Only Children were relatively close in percentage in both samples, while Fathers were revealed to have the lowest rate of participation across the two countries.

Table 5. Family Role in Household Across the Philippines and New Zealand

Family Role		
	n	***%***
Group 1: Philippines		
Mother	20	9.2%
Father	3	1.4%
Eldest sibling	87	39.9%
Middle sibling	36	16.5%
Youngest sibling	52	23.9%
Only Child	20	9.2%
Group 2: New Zealand		
Mother	18	15.8%
Father	4	3.5%
Eldest sibling	40	35.1%
Middle sibling	22	19.3%
Youngest sibling	18	15.8%
Only Child	12	10.5%

Note: n=218 (PH), n = 114 (NZ)

The highest education levels attained (Table 6) for both countries is a Bachelor's Degree, followed by a High School Diploma. This may be representative of the number of youth participants in this study. Participants in the Philippines reported to typically earn an estimated average of 0 – 43,000 Philippine Pesos per month, with the following majority as 'Does not apply to me (Student/ Do not earn income)'. While a majority of New Zealand participants reported to earn an average amount of $1,300 – $4,400 New Zealand Dollars per month, followed by $4,400 - $6,500 New Zealand Dollars per month (Table 7). This may be indicative of the differing life stages and socioeconomic contexts between the two samples. These socioeconomic differences should be considered when interpreting cross-country comparisons, as employment status and financial independence may intersect with mental health experiences, help-seeking attitudes, and coping strategies.

Table 6.Highest Education Level Attained Across the Philippines and New Zealand

Highest Education Level Attained		
Group 1: Philippines	***n***	**%**
High School Diploma	38	17.4%
University/ Institute Diploma	16	7.3%
Postgraduate Diploma	8	3.7%
Bachelor's Degree	135	61.9%
Master's Degree	12	5.5%
Doctorate Degree	4	1.8%
Prefer not to say	5	2.3%
Group 2: New Zealand		
High School Diploma	20	17.5%
University/ Institute Diploma	9	7.9%
Postgraduate Diploma	6	5.3%
Bachelor's Degree	67	58.8%
Master's Degree	8	7.0%
Doctorate Degree	3	2.6%
Prefer not to say	1	0.9%

Note: *n= 218 (PH), n=114 (NZ)*

Table 7. Estimated Monthly Income Across the Philippines and New Zealand

Estimated Monthly Income		
Group 1: Philippines	***n***	***%***
$0 - NZD 1,300 or PHP0 - PHP43,000	92	42.2%
NZD 1,300 - NZD 4,400 or PHP43,000 - PHP76,000	17	7.8%
NZD 4,400 - NZD 6,500 or PHP76,000 - PHP131,000	5	2.3%
NZD 6,500 - NZD 15,000 or PHP131,000 - PHP219,000	4	1.8%
NZD 15,000 and above or PHP 219,000 and above	1	0.5%
Prefer not to say	19	8.7%
Does not apply to me (Student/ Do not earn income)	80	36.7%
Group 2: New Zealand		

NZD 0 - NZD 1,300 or PHP0 - PHP43,000	15	13.2%
NZD 1,300 - NZD 4,400 or PHP43,000 - PHP76,000	37	32.5%
NZD 4,400 - NZD 6,500 or PHP76,000 - PHP131,000	27	23.7%
NZD 6,500 - NZD 15,000 or PHP131,000 - PHP219,000	10	8.8%
NZD 15,000 and above or PHP 219,000 and above	3	2.6%
Prefer not to say	8	7.0%
Does not apply to me (Student/ Do not earn income)	14	12.3%

***Note**: n= 218 (PH), n= 114 (NZ)*

Hypothesis 1: Filipinos in both countries will show strong adherence to Filipino cultural values.

A substantial percentage of participants based in the Philippines and New Zealand 'Strongly Agree' to have experienced mental health challenges in their lives (Tables 8 and 9). In the Philippines, a high percentage of the sample population believes that there is insufficient government support for mental health services. A mere percentage of the Philippine sample population 'Strongly Agrees' that there is sufficient government funding allocated to mental health services, while in comparison, New Zealand participants displayed a more balanced perception of sufficient government funding. New Zealand participants also showed moderately positive scores on the General Experiences and Perceptions on Mental Health survey (EPMH) (Table 11).

New Zealand participants also demonstrated a moderate openness towards seeking professional psychological help and a relatively balanced collectivist orientation. Similarly, participants in the Philippines demonstrated a strong endorsement of Filipino cultural values, comparable to that observed in participants in the New Zealand sample.

The participants demonstrated relatively strong adherence across the four core Filipino values. Both country groups demonstrated high endorsement of the value '*Kapwa'* (shared identity) (Table 12) with a strong collective orientation to community responsibility and familial bonds. Participants also expressed a sense of responsibility for contributing to the welfare of their communities and reported considering the needs of others when making decisions, highlighting the relational and communal nature of Filipino identity. Participants in Aotearoa New Zealand demonstrated slightly stronger endorsement of

Table 8. General Experiences and Perceptions of Mental Health Survey - Philippines Sample

General Experiences and Perceptions (PH)										
	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
1. I have personally experienced mental health challenges in my life	16	7.3%	1	0.5%	6	2.8%	74	33.9%	121	55.5%
2. I think mental health is something to be embarassed about	125	57.3%	74	33.9%	11	5.0%	6	2.8%	2	0.9%
3. I think more openly towards the topic of mental health	2	0.9%	3	1.4%	7	3.2%	82	37.6%	124	56.9%
4. I think my family will be disappointed in me if I struggle with mental health	16	7.3%	54	24.8%	44	20.2%	69	31.7%	35	16.1%
5. I think there is enough public awareness about mental health issues in my community	44	20.2%	121	55.5%	31	14.2%	18	8.3%	4	1.8%
6. I have sought professional help for my mental health concerns	39	17.9%	59	27.1%	27	12.4%	56	25.7%	37	17%
7. I believe there is a strong support system for individuals with mental health issues in my community	51	23.4%	90	41.3%	46	21.1%	24	11.0%	7	3.2%
8. I believe there is enough government funding allocated to mental health services in my area	119	52.6%	69	31.7%	21	9.6%	8	3.7%	1	0.5%
9. I believe mental health issues are often misunderstood or mispresented in my area.	4	1.8%	8	3.7%	14	6.4%	84	38.5%	108	49.5%
10. I have experienced positive changes in my mental health due to community support	18	8.3%	50	22.9%	75	34.4%	62	28.4%	13	6.0%
11. I think my cultural background influences how I approach mental health	4	1.8%	14	6.4%	29	13.3%	112	51.4%	59	27.1%

Table 9. General Experiences and Perceptions of Mental Health Survey - New Zealand Sample

General Experiences and Perceptions (NZ)										
	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
1. I have personally experienced mental health challenges in my life	6	5.3%	1	0.9%	5	4.4%	39	34.2%	63	55.3%
2. I think mental health is something to be embarassed about	59	51.8%	39	34.2%	15	13.2%	1	0.9%		
3. I think more openly towards the topic of mental health	1	0.9%	4	3.5%	14	12.3%	44	38.6%	51	44.7%
4. I think my family will be disappointed in me if I struggle with mental health	13	11.4%	32	28.1%	24	21.1%	34	29.8%	11	9.6%
5. I think there is enough public awareness about mental health issues in my community	22	19.3%	40	35.1%	22	19.3%	25	21.9%	5	4.4%
6. I have sought professional help for my mental health concerns	11	9.6%	32	28.1%	9	7.9%	36	31.6%	26	23%
7. I believe there is a strong support system for individuals with mental health issues in my community	11	9.6%	37	32.5%	31	27.2%	27	23.7%	8	7.0%
8. I believe there is enough government funding allocated to mental health services in my area	26	22.8%	33	28.9%	29	25.4%	23	20.2%	3	2.6%
9. I believe mental health issues are often misunderstood or mispresented in my area.	2	1.8%	14	12.3%	19	16.7%	61	53.5%	18	15.8%
10. I have experienced positive changes in my mental health due to community support	5	4.4%	8	7.0%	55	48.2%	35	30.7%	11	9.6%
11. I think my cultural background influences how I approach mental health	1	0.9%	8	7.0%	11	9.6%	56	49.1%	38	33.3%

compensatory mechanism for cultural displacement, in comparison to participants in the Philippines who may naturally rely on familiar social networks where a shared cultural identity is already embedded within everyday life.

Table 10. Descriptive Statistics of Scales for Philippines Group

Scale	*n*	*Range*	*Min*	*Max*	*Mean*	*SD*
General Survey of Experiences and Perceptions on Mental health	218	2.36	1.91	4.27	3.083	.342
Adherence to Filipino Values Scale (Adapted Kim and Hong, 2004)	218	2.48	2.52	5.00	3.969	.452
Attitudes to Seeking Professional Psychological Help-Short Form (Fischer and Farina, 1995)	218	2.70	2.30	5.00	3.292	.403
Individualism and Collectivism Scale (Triandis and Gelfand, 1998)	217	2.56	2.19	4.75	3.522	.418
Filipino Coping Strategies Scale (Rilveria, 2018)	217	1.81	1.78	3.58	2.430	.285

Note: *One Philippine-based participant failed to complete the Individualism and Collectivism Scale (Triandis and Gelfand, 1998) and the Filipino Coping Strategies Scale (Rilveria, 2018).*

Table 11. Descriptive Statistics of Scales for New Zealand Group

Scale	*n*	*Range*	*Min*	*Max*	*Mean*	*SD*
General Survey of Experiences and Perceptions on Mental health	114	1.55	2.55	4.09	3.229	.320
Adherence to Filipino Values Scale (Adapted Kim and Hong, 2004)	114	2.81	2.19	5.00	3.980	.464
Attitudes to Seeking Professional Psychological Help-Short Form (Fischer and Farina, 1995)	114	2.10	1.80	3.90	3.115	.355
Individualism and Collectivism Scale (Triandis and Gelfand, 1998)	114	2.69	1.81	4.50	3.492	.417
Filipino Coping Strategies Scale (Rilveria, 2018)	111	1.72	1.78	3.50	2.416	.315
Pinoy Ako Scale (Tuason and Crutchfield Jr., 2024)	107	3.05	3.19	6.24	4.8	.60

Note: *Three NZ participants failed to complete the Filipino Coping Strategies Scale, and seven failed to complete the Pinoy Ako Scale (Tuason and Crutchfield Jr., 2024).*

The similar scores for the EPMH scale across both groups suggest a consistent internalisation of Filipino values regardless of geographical context (Tables 10 and 11). Participants in the Philippines demonstrated moderately positive perceptions of mental health, while those in New Zealand reported slightly more positive perceptions. This pattern may reflect greater openness to, or awareness of, mental health issues among Filipinos living in New Zealand.

The responses demonstrated a high endorsement of '*Pakikisama*' (Interpersonal Relationships) (Table 13), which may suggest that Filipinos across both countries tend to have high relational priorities. Item 4, *'I am considerate of the needs and feelings of others in group settings'*, demonstrated the highest agreement scores in both groups. Participants from both countries also reported similar levels of agreement with Item 3, *'I prioritise group harmony over personal preferences or desires'*. This pattern is further supported by high levels of agreement with Item 5, *'I am willing to compromise and make*

sacrifices for the sake of maintaining peace and unity', which may indicate the continued importance of collectivist values across both populations.

Table 12.Item scores for adherence to the value 'Kapwa' (Shared Identity) per country group

	***Kapwa* (Shared Identity)**									
	Strongly Disagree		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Group 1: Philippines										
1. Maintaining strong bonds with family members is a top priority for me.	10	4.6%	26	11.9%	42	19.3%	90	41.3%	50	22.9%
2. I feel a sense of responsibility to contribute to the welfare of my community.	2	0.9%	14	6.4%	43	19.7%	109	50.0%	50	22.9%
3. I consider the needs of others when making decisions, not just my own.	1	0.5%	3	1.4%	32	14.7%	119	54.6%	63	28.9%
4. I value spending quality time with friends and family members.	-	-	5	2.3%	24	11.0%	101	46.3%	88	40.4%
5. I feel a sense of belonging and connection with all members of society, regardless of our differences.	9	4.1%	39	17.9%	68	31.2%	77	35.3%	25	11.5%
Group 2: New Zealand										
1. Maintaining strong bonds with family members is a top priority for me.	4	3.5%	5	4.4%	13	11.4%	51	44.7%	41	36%
2. I feel a sense of responsibility to contribute to the welfare of my community.	2	1.8%	5	4.4%	27	23.7%	61	53.5%	19	16.7%
3. I consider the needs of others when making decisions, not just my own.	1	0.9%	4	3.5%	12	10.5%	57	50.0%	40	35.1%
4. I value spending quality time with friends and family members.	1	0.9%	-	-	5	4.4%	51	44.7%	57	50.0%
5. I feel a sense of belonging and connection with all members of society, regardless of our differences.	3	2.6%	13	11.4%	28	24.6%	50	43.9%	20	17.5%

Participants in both groups demonstrated strong endorsement of '*Hiya*' (shame or sense of propriety), as reflected in their responses across the survey items (see Table 14). Participants from the Philippines reported higher levels of embarrassment over making mistakes, whereas Filipino participants in New Zealand demonstrated slightly greater awareness of how their actions reflect on their family and community. This pattern may suggest heightened concern for maintaining a positive reputation among members of the Filipino diaspora, who may experience additional pressures to represent their cultural identity within bicultural environments. Conversely, participants from the Philippines suggested perhaps taking greater caution when sharing opinions perceived as controversial or unconventional, which may reflect stronger conformity pressures within more traditional community settings. Both groups also reported high levels of agreement with avoiding situations that could result in embarrassment or loss of

face, further indicating the continued importance of '*Hiya*' in shaping social behaviour across both cultural contexts.

Table 13. Item scores for adherence to the value 'Pakikisama' (Interpersonal Relationships) per country group.

	***Pakikisama* (Interpersonal Relationships)**									
	Strongly Disagree		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Group 1: Philippines										
1. I value the opinions and feelings of others, even if they differ from my own.	3	1.4%	5	2.3%	30	13.8%	129	59.2%	51	23.4%
2. I avoid conflicts or confrontations with others whenever possible.	2	0.9%	19	8.7%	43	19.7%	94	43.1%	60	27.5%
3. I prioritize group harmony over personal preferences or desires.	3	1.4%	25	11.5%	70	32.1%	91	41.7%	29	13.3%
4. I am considerate of the needs and feelings of others in group settings.	1	0.5%	1	0.5%	18	8.3%	133	61.0%	65	29.8%
5. I am willing to compromise and make sacrifices for the sake of maintaining peace and unity.	3	1.4%	9	4.1%	42	19.3%	120	55.0%	44	20.2%
Group 2: New Zealand										
1. I value the opinions and feelings of others, even if they differ from my own.	1	0.9%	4	3.5%	17	14.9%	64	56.1%	28	24.6%
2. I avoid conflicts or confrontations with others whenever possible.	1	0.9%	12	10.5%	20	17.5%	54	47.4%	27	23.7%
3. I prioritize group harmony over personal preferences or desires.	1	0.9%	19	16.7%	31	27.2%	47	41.2%	16	14.0%
4. I am considerate of the needs and feelings of others in group settings.	1	0.9%	-	-	11	9.6%	66	57.9%	36	31.6%
5. I am willing to compromise and make sacrifices for the sake of maintaining peace and unity.	2	1.8%	8	7.0%	29	25.4%	54	47.4%	21	18.4%

Lastly, participants in both countries demonstrated strong endorsements of the core Filipino value 'Utang na Loob' (Debt of Gratitude) (Table 15). High levels of agreement with the items assessing expressions of gratitude and the importance of reciprocating acts of kindness suggest that these behaviours that gratitude and the importance of reciprocating acts of kindness suggest that these behaviours remain deeply embedded among Filipinos regardless of geographical context. This pattern indicates that gratitude and reciprocity continue to play a fundamental role in maintaining interpersonal relationships and fostering social cohesion across both groups.

Table 14. Item scores for adherence to the value 'Hiya' (Shame/ Sense of Propriety) per country group

***Hiya* (Shame/ Sense of Propriety)**										
	Strongly Disagree		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Group 1: Philippines										
1. I am mindful of how my actions reflect upon my family and community.	-	-	10	4.6%	21	9.6%	115	52.8%	72	33.0%
2. I feel embarrassed or ashamed when I make mistakes or fail in front of others.	3	1.4%	8	3.7%	23	10.6%	95	43.6%	89	40.8%
3. I try to avoid situations that may lead to embarrassment or loss of face.	2	0.9%	12	5.5%	24	11.0%	95	43.6%	85	39.0%
4. I am cautious about expressing opinions or ideas that may be perceived as controversial or unconventional.	7	3.2%	34	15.6%	39	17.9%	94	43.1%	44	20.2%
5. I am conscious of the impact of gossip and rumours on my reputation and the reputation of others.	3	1.4%	14	6.4%	24	11.0%	104	47.7%	73	33.5%
6. I feel a sense of obligation to maintain harmony and peace within my social circles.	1	0.5%	13	6.0%	29	13.3%	118	54.1%	57	26.1%
7. I strive to meet the expectations placed upon me by my family and society.	8	3.7%	20	9.2%	38	17.4%	98	45.0%	54	24.8%
Group 2: New Zealand										
1. I am mindful of how my actions reflect upon my family and community.	2	1.8%	4	3.5%	8	7.0%	68	59.6%	32	28%
2. I feel embarrassed or ashamed when I make mistakes or fail in front of others.	2	1.8%	7	6.1%	15	13.2%	47	41.2%	43	37.7%
3. I try to avoid situations that may lead to embarrassment or loss of face.	-	-	9	7.9%	18	15.8%	57	50.0%	30	26.3%
4. I am cautious about expressing opinions or ideas that may be perceived as controversial or unconventional.	5	4.4%	18	15.8%	24	21.1%	43	37.7%	24	21.1%
5. I am conscious of the impact of gossip and rumours on my reputation and the reputation of others.	1	0.9%	8	7.0%	17	14.9%	51	44.7%	37	32.5%
6. I feel a sense of obligation to maintain harmony and peace within my social circles.	-	-	2	1.8%	21	18.4%	58	50.9%	33	28.9%
7. I strive to meet the expectations placed upon me by my family and society.	2	1.8%	12	10.5%	24	21.1%	48	42.1%	28	24.6%

Table 15. Item scores for adherence to the value 'Utang na Loob' (Debt of Gratitude) per country group

	***Utang na Loob* (Debt of Gratitude)**									
	Strongly Disagree		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Group 1: Philippines										
1. I feel a sense of gratitude and obligation towards those who have helped me.	1	0.5%	3	1.4%	16	7.3%	114	52.3%	84	38.5%
2. I express my appreciation and thanks to others for their kindness and support.	1	0.5%	1	0.5%	4	1.8%	110	50.5%	102	46.8%
3. I believe in repaying acts of kindness or assistance with similar acts in the future.	1	0.5%	5	2.3%	27	12.4%	108	49.5%	77	35.3%
4. I feel a deep sense of indebtedness to my family and close friends.	3	1.4%	21	9.6%	45	20.6%	86	39.4%	63	28.9%
Group 2: New Zealand										
1. I feel a sense of gratitude and obligation towards those who have helped me.	2	1.8%	2	1.8%	7	6.1%	51	44.7%	52	45.6%
2. I express my appreciation and thanks to others for their kindness and support.	-	-	-	-	4	3.5%	56	49.1%	54	47.4%
3. I believe in repaying acts of kindness or assistance with similar acts in the future.	1	0.9%	2	1.8%	9	7.9%	58	50.9%	44	38.6%
4. I feel a deep sense of indebtedness to my family and close friends.	7	6.1%	8	7.0%	21	18.4%	47	41.2%	31	27.2%

Adherence to Filipino Values Scale – Factor Analysis

An exploratory analysis (EFA) was conducted to further examine the underlying structure of the Adherence to Filipino Values Scale (AFVS), which was developed in adaptation to the original Adherence to Asian Values Scale (AAVS, Kim et al. 1999; AAVS-R, Kim and Hong, 2004) for a culturally nuanced scale to accurately reflect the essence of Filipino culture in this study. Latent factors were extracted using the primary axis factoring approach with Varimax rotation. The Kaiser-Meyer-Olkin (KMO) test and Bartlett's test of sphericity (Table 16) were used to evaluate the adequacy of the sample. To ascertain the factor structure and item loadings, eigenvalues, rotated factor matrices, and communalities were assessed.

As shown in Table 16, the results of the Kaiser-Meyer-Olkin (KMO) measure and Bartlett’s test of sphericity indicated that the data were suitable for factor analysis in both the Philippines and New Zealand samples, demonstrating adequate sampling adequacy and factorability. As presented in

Table 17, the extracted factors had eigenvalues greater than 1 and accounted for a substantial proportion of the total variance in both samples. The rotated factor matrix demonstrated clear and distinct item groupings with satisfactory communalities across items. Collectively, these findings support the scale's sound psychometric properties and suggest that its factor structure is applicable across both cultural contexts, reflecting the multi-dimensional nature of Filipino cultural values among Filipinos living in the Philippines and New Zealand.

Table 16. KMO and Bartlett's Test per country group

Test	Value
Group 1: Philippines	
KMO Measure	.868
Bartlett's Test (χ^2, $df = 210$)	1424.64
p-value	< .001
Group 2: New Zealand	
KMO Measure	.806
Bartlett's Test (χ^2, $df = 210$)	854.59
p-value	< .001

Table 17. Explained Variance by Extracted Factors per country group

Factor	Eigenvalue	Variance%	Cumulative %
Group 1: Philippines			
1	2.904	13.83%	13.83%
2	2.003	9.54%	23.37%
3	1.997	9.51%	32.88%
4	1.867	8.89%	41.77%
5	0.548	2.61%	44.37%
Group 2: New Zealand			

1	2.623	12.49%	12.49%
2	2.404	11.45%	23.94%
3	1.749	8.33%	32.27%
4	1.417	6.75%	39.02%
5	1.193	5.68%	44.70%
6	1.178	5.61%	50.31%

Hypothesis 2: Filipino participants living in New Zealand will demonstrate positive help-seeking attitudes compared to Filipino participants living in the Philippines.

The second hypothesis predicted that exposure to the New Zealand healthcare context would result in more positive help-seeking attitudes among Filipino participants. The results yielded in both samples did not support this hypothesis. As shown in Tables 10 and 11, the Philippines sample reported slightly more positive attitudes towards seeking professional psychological help compared to Filipino-Kiwi participants in New Zealand. This finding is particularly notable as the New Zealand sample demonstrated higher levels of mental health perceptions on the EPMH survey, suggesting greater awareness or openness towards mental health discussions. However, this increased awareness doesn't seem to correspond with more favourable attitudes towards seeking professional psychological support.

Item-level EPMH findings (Tables 8 and 9) provide further insight into this pattern. While Philippines-based participants reported greater openness towards thinking about mental health, they also perceived greater misunderstanding and misrepresentation of mental health issues within their communities. This suggests that positive attitudes towards mental health may coexist with perceived structural or social barriers to accessing psychological support. Therefore, suggesting greater mental health awareness alone may not necessarily translate into increased willingness to seek professional help.

The correlation analysis (Table 19) further demonstrated that factors associated with help-seeking attitudes differed across the two groups. Among participants in the Philippines, help-seeking attitudes were associated with coping strategies and mental health experiences, whereas among Filipino

participants in New Zealand, help-seeking attitudes were associated with collectivist orientation and Filipino cultural values. These differences are further supported by the regression analyses (Table 20), showing that culturally relevant factors, including adherence to Filipino values and coping strategies, were significant predictors of help-seeking attitudes in the Philippines, while collectivist orientation emerged as the primary predictor in the New Zealand sample. These findings suggest that help-seeking attitudes among Filipinos may be shaped by different cultural and contextual pathways depending on their social environment.

Hypothesis 3: Both groups will demonstrate that higher levels of collectivism will be positively associated with adherence to Filipino cultural values.

Both groups exhibited moderate collectivist orientations, with the Philippines group scoring slightly higher than the New Zealand group on the Individualism and Collectivism Scale (ICS, Triandis and Gelfand, 1999) (Tables 10 and 11). Both groups also demonstrated strong adherence to Filipino cultural values on the AFVS, with nearly identical means across the two samples, as discussed in Hypothesis 1.

The correlation analysis revealed differential patterns between the groups (Table 19). In the Philippines sample, collectivism showed no significant correlation with adherence to Filipino values, nor with any other constructs in the model. This may suggest that collectivism in the Philippines is deeply culturally embedded and doesn't vary sufficiently to produce statistically detectable associations with related constructs. By contrast, a strong positive correlation emerged between collectivism and adherence to Filipino values, indicating that individuals with stronger collectivist orientations reported significantly higher adherence to Filipino cultural values.

The multiple linear regression analyses further supported this pattern (Table 20). For the New Zealand sample, collectivism emerged as the only significant predictor of adherence to Filipino values within the model, with the overall model accounting for a modest proportion of the variance. For the

Philippines sample, collectivism did not significantly predict adherence to Filipino values. These findings are consistent across both the correlation and regression analyses.

The contrasting results indicate that collectivism may function differently depending on cultural context. In the New Zealand sample, collectivism appears to play a meaningful role in relating to Filipino cultural values, whereas in the Philippines sample, where collectivism is the normative orientation, the relationship was not statistically detectable. In saying this, hypothesis 3 is only partially supported as the hypothesis was confirmed for the New Zealand sample but not for the Philippines sample.

Hypothesis 4: Adherence to Filipino values and help-seeking attitudes predict the use of culturally grounded coping strategies.

This final hypothesis predicted that cultural values and attitudes toward help-seeking would influence coping mechanisms. The Filipino Coping Strategies Scale (FCSS) revealed consistent patterns across both groups (Table 18). Both samples identified Problem Solving as the most frequently used coping strategy, followed by Tolerance and Relaxation/ Recreation. Religiosity and Social Support were moderately employed by both groups, while Emotional Release and Overactivity were used less frequently. Substance Use was the least utilised strategy across both contexts. These patterns suggest that Filipinos in both countries have developed relatively healthy approaches to coping through resilience, religion and resolution.

The items were calculated per domain in the FCSS (Table 18). Both groups demonstrated that the most frequently used coping strategies among Filipinos are 'Problem Solving' with a mean score of 2.97 *(SD=.790)* for the Philippines and 2.98 for the New Zealand sample (*SD= .788)*. This is followed by 'Relaxation/ Recreation' with a mean score of 2.82 (*SD = .826*) for the Philippines sample and 2.79 (*SD = .804)* for the New Zealand sample. As such, Hypothesis 4 is also only partially supported. The presented correlational evidence confirms that adherence to Filipino values and coping strategies is positively related in both groups, but the regression analyses reveal that their predictive roles vary depending on cultural context.

Table 18. Descriptive Statistics for Scores on the Filipino Coping Strategies Domains

Domains	*N (items)*	*Range*	*Min*	*Max*	*Mean*	*SD*
Group 1: Philippines						
Cognitive Reappraisal	1085	3	1	4	2.38	.770
Social Support	651	3	1	4	2.54	.841
Problem-Solving	868	4	1	4	2.97	.790
Religiosity	868	4	1	4	2.57	1.052
Tolerance	434	3	1	4	2.85	.785
Emotional Release	868	3	1	4	2.36	.840
Overactivity	1085	3	1	4	2.52	.907
Relaxation/ Recreation	868	4	1	4	2.82	.826
Substance Use	1085	4	1	4	1.36	.712
Group 2: New Zealand						
Cognitive Reappraisal	555	3	1	4	2.49	.805
Social Support	333	3	1	4	2.56	.780
Problem-Solving	444	3	1	4	2.98	.788
Religiosity	444	3	1	4	2.49	1.115
Tolerance	222	3	1	4	2.77	.840
Emotional Release	443	3	1	4	2.25	.825
Overactivity	555	3	1	4	2.45	.909
Relaxation/ Recreation	443	3	1	4	2.79	.804
Substance Use	553	3	1	4	1.40	.795

The correlation analysis provided evidence for the relationship between cultural values, help-seeking attitudes, and coping strategies (Table 19). In both groups, adherence to Filipino values was positively correlated with coping strategies, indicating that participants who reported stronger adherence

to Filipino cultural values also reported greater use of culturally grounded coping strategies. Help-seeking attitudes also exhibited a significant positive correlation with coping strategies in the Philippines sample. In the New Zealand sample, this relationship was not statistically significant. The correlations between adherence to Filipino values and coping strategies were similar in strength across both groups, suggesting cross-cultural consistency in how cultural values relate to coping.

The multiple regression linear regression analyses (Table 20) modelled help-seeking attitudes as the outcome variable, with coping strategies entered as one of the predictors alongside adherence to Filipino values, collectivism, and general mental health perceptions. In the New Zealand sample, however, only collectivist orientation emerged as a significant predictor, while adherence to Filipino values and coping strategies did not reach significance. These findings indicate that in the Philippines context, cultural values and coping strategies operate together in relating to help-seeking attitudes, whereas in the New Zealand context, collectivism plays a more dominant role. The consistent positive correlations between adherence to Filipino values and coping strategies across both groups support the hypothesis that these constructs are meaningfully related, though the direction and strength of their predictive roles differ between the two cultural contexts.

Correlation Analysis

Interrelationships among the key psychological constructs were examined through bivariate correlation analyses between the EPMH survey (Table 19), Adherence to Filipino Values Scale (AFVS), the Attitudes Towards Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF), Individualism and Collectivism Scale (ICS) and Filipino Coping Strategies Scale (FCSS). Analyses were performed separately for each group of samples. To assess the linear and monotonic associations, Pearson's *r* and Spearman's rho were calculated. Cohen's (1988) recommendations for correlation coefficient interpretations were used: .10 (small), .30 (moderate), and .50 (large).

For the New Zealand sample, a significant and positive correlation was found between the AFVS and all scales, except for the ATSPPHS-SF. The Filipino values (AFVS) were positively

associated with greater collectivism (r = .530) and greater use of coping strategies (r = .333). ATSPPHS-SF showed a positive yet weak correlation with collectivism (r = .289), which is not significantly related to the EPMH or the FCSS. ICS also exhibited a moderate positive relationship with FCSS (r = .355). In comparison, the AFVS scores in the Philippines sample displayed a moderate positive correlation with both ATSPPHS-SF (r = .282, p < .01) and FCSS (r = .325, p < .01). A weaker relationship was demonstrated between EPMH and AFVS (r = .152, p < .05). ATSPPHS-SF displayed a moderate correlation with FCSS (r = .311, p < .01) and weakly with E&P (r = .162, p < .05). The ICS scale was not significantly correlated with other constructs in this sample which may indicate a non-overlapping role of collectivism.

Table 19. Pearson Correlations Among the Scales Across the Two Populations

Variables	**EPMH**	**AFVS**	**ATSPPH-SF**	**ICS**	**FCS**
Group 1: Philippines					
EPMH	1	.152*	.162*	.023	.214**
AFVS	.152*	1	.282**	-.084	.325**
ATSPPH-SF	.162*	.282**	1	-.063	.311**
ICS	.023	-.084	-.063	1	-.058
FCSS	.214**	.325**	.311**	-.058	1
Group 2: New Zealand					
EPMH	1	.260**	.055	-.111	.095
AFVS	.260**	1	.280**	.530**	.333**
ATSPPH- SF	.055	.280**	1	.289**	-.009
ICS	-.111	.530**	.289**	1	.355**
FCSS	.095	.333**	-.009	.355**	1

***Note*: p** < .01 (**two-tailed**) for **, $p < .05$ for *. Correlation only includes the common scales used for both countries, excluding PINAS (Tuason and Crutchfield Jr., 2024).

The Filipino Values (AFVS) demonstrated positive links to help-seeking attitudes (ATSPPH-SF) and coping strategies (FCSS), which highlights the consistent influence of cultural values. Collectivism (ICS) was only significantly related to other constructs in the New Zealand sample, which may suggest that collectivism plays a stronger role in the diasporic contexts. The EPMH displayed a stronger connection with help-seeking and coping strategies in the Philippines than in New Zealand, thus suggesting context-specific patterns in how mental health is experienced and perceived to interact with behaviour. The results suggest that while there is stability in the cultural values, the influence of collectivism, experiences and perspectives on mental health varies by setting.

Table 20. Multiple Linear Regression Predicting ATSPPH-SF (Fischer and Farina, 1995) per country group

Predictor	**B**	**SE**	**β**	***t***	***p***
Philippines:					
Constant	1.633	0.399	-	4.091	.000
EPMH	0.095	0.077	.081	1.240	.216
AFVS	0.179	0.060	.200	2.961	.003
ICS	0.034	0.062	-.035	-0.552	.582
FCS	.320	0.096	.227	3.321	.001
New Zealand:					
Constant	.030	0.459	-	4.424	.000
EPMH	.052	0.109	.047	0.473	.637
AFVS	.150	0.089	.94	1.683	.095
ICS	0.228	0.098	.265	2.334	.021
FCSS	-0.196	0.112	-.172	-1.749	.083

***Model Summary*:** $R = .379$, $R^2 = .144$, Adjusted $R^2 = .128$ **F** (4, 212) = 8.906, $p < .001$

Multiple Linear Regression Analysis

A multiple linear regression analysis per country group was conducted to determine whether the general experiences and perceptions on mental health (EPMH), Filipino cultural values (AFVS), collectivist orientation (ICS), and coping strategies (FCSS) significantly predict help-seeking attitudes (ATSPPHS-SF). The New Zealand sample demonstrated a statistical significance and accounted for approximately 13.9% of the variance in help-seeking attitudes (ATSPPHS-SF), F (4, 106) = 4.292, p = .003. The ICS scores were revealed to be the only significant predictor (p = .021), which suggests that individuals with a higher collectivist orientation are more likely to report favourable attitudes towards seeking professional psychological help.

Similarly, in the Philippines sample, the model also demonstrated statistical significance and accounted for approximately 14.4% of the variance in the ATSPPHS-SF, F (4, 212) = 8.906, p < .001. The AFVS showed statistical significance (p = .003), as well as the FCSS (p = .001). This suggests that stronger adherence to cultural values and greater use of coping mechanisms are linked with favourable help-seeking attitudes. Notably, ICS and the EPMH scales did not contribute significantly to the model in the Philippines context.

Acculturation of Filipinos in New Zealand

The average mean score of 4.80 (*SD*= 0.60; range= 3.19 - 6.24) (Table 21) suggests that participants predominantly maintain a strong sense of Filipino identity while integrating some aspects of the New Zealand culture. The relatively low standard deviation suggests consistency in participants' responses, with the majority skewing towards a moderately high level of cultural maintenance.

Table 21. Descriptive Statistics for Pinoy Ako Scale (Tuason and Crutchfield Jr., 2024)

N	Range	Min.	Max.	Mean	SD
107	3.05	3.19	6.24	4.8	.60

The item-level analyses (Table 22) revealed clear patterns of bicultural orientation among Filipino participants in Aotearoa New Zealand. Participants demonstrated a strong commitment to preserving their Filipino cultural identity, particularly through the importance placed on transmitting the Filipino language and cultural values to future generations. They also expressed a continued sense of moral and emotional responsibility towards the Philippines, suggesting that migration does not necessarily diminish connections with their homeland. Collectively, these findings indicate a sustained commitment to cultural maintenance while living abroad.

At the same time, NZ-based participants reported positive adaptation to New Zealand society, characterising themselves as efficient and independent while viewing New Zealand as a country that offers opportunities for themselves and their families. These findings suggest that participants have successfully integrated into the host society without relinquishing important aspects of their Filipino cultural identity. Rather than reflecting cultural assimilation, the results support a pattern of bicultural integration, whereby participants maintain strong ties to their heritage while adapting to the social and cultural environment of Aotearoa New Zealand.

Assessment of Internal Consistency Reliability

Cronbach's alpha coefficients were calculated for each scale to assess internal consistency (Table 23). The Adherence to Filipino Values Scale (AFVS) demonstrated strong reliability in both samples (α = .866 for the Philippines; α = .871 for New Zealand), consistent with the alpha of .82 reported by Kim and Hong (2004) in the original Asian Values Scale-Revised. The Individualism and Collectivism Scale (ICS) achieved acceptable reliability across both samples (α = .729 for the Philippines; α = .709 for New Zealand), comparable to the range of .73 to .81 reported by Triandis and Gelfand (1998). The Filipino Coping Strategies Scale (FCSS) also demonstrated acceptable reliability (α = .796 for the Philippines), consistent with the overall coefficient alpha of .716 reported by Rilveria (2018).

Table 22. 21 Items of Pinoy Ako Scale Scores (Tuason and Crutchfield Jr. 2024)

Statements	Strongly disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
	%	%	%	%	%	%	%
1. Although I do not live in the Philippines, I believe I have a moral and emotional responsibility to it.	7.5	4.7	13.1	11.2	30.8	17.8	15.0
2. I have difficulty trying to define myself to other people.	8.4	21.5	10.3	15	23.4	15.9	5.6
3. I view this country (New Zealand) as a haven of opportunities for myself and my family.	1.9	-	2.8	8.4	15.9	43.0	28.0
4. It is important for me to raise my children (or future children) according to Filipino values.	2.8	0.9	8.4	24.3	25.2	20.6	17.8
5. I find that when working or studying, I feel pressured by the constant need to prove myself to others.	4.7	8.4	11.2	10.3	27.1	21.5	16.8
6. I find that we (or I) immigrated to this country to create a better future for myself.	0.9	-	1.9	5.6	13.1	35.5	43.0
7. It is important for me to teach my children (or future children) Tagalog, or another Filipino language.	0.9	0.9	-	10.3	16.8	25.2	45.8
8. In my profession or job, I feel pressured to work much more and prove my competence.	2.8	9.3	9.3	15.9	18.7	23.4	20.6
9. To me, being Filipino living in this country is a gift in that I have more resources living here.	3.7		0.9	8.4	15.9	35.5	35.5
10. It is important to me that I go back to the Philippines to visit.	3.7	2.8	1.9	11.2	12.1	29.0	39.3
11. I have tried to disguise my identity from others just so that I would be accepted more easily into my social group.	32.7	24.3	10.3	14.0	8.4	3.7	6.5
12. I enjoy all the material goods and technology that living in this country offers me such as cell phones, video games and computers.	-	1.9	2.8	13.1	16.8	32.7	32.7
13. In terms of where I am in my life, I prefer to be intimate with Filipino immigrants.	9.3	9.3	12.1	36.4	15.9	12.1	4.7
14. I at times feel doubtful of who I am and where I came from.	19.6	27.1	11.2	8.4	14.0	13.1	6.5
15. I regard my identity as being a combination of both this culture and Filipino culture.	2.8	0.9	6.5	15.0	19.6	29.0	26.2
16. When I learn of natural disasters or human-made tragedies in the Philippines, I want to reach out and help in any way I can.	2.8	1.9	5.6	28.0	20.6	24.3	16.8
17. I have been the target of aggression or ridicule, which I can only attribute to my being a Filipino immigrant.	14.0	22.4	15.9	15.9	15.9	9.3	6.5
18. I have always believed that having an education will take me far in life.	0.9	1.9	2.8	8.4	15.9	31.8	38.3
19. My closest friends here are mostly Filipino immigrants.	11.2	10.3	7.5	7.5	15.9	22.4	25.2
20. When trying to find a job or looking for a place to live, I often feel disadvantaged because of my background.	22.4	30.8	15.9	13.1	11.2	2.8	3.7
21. Having lived in this country for quite some time, I characterize myself as efficient and independent.	-	-	3.7	6.5	24.3	36.4	29.0

However, the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF) demonstrated lower internal consistency than reported in the original validation, particularly for the New Zealand sample (α = .201) and to a lesser extent the Philippines sample (α = .432). Fischer and Farina (1995) reported an internal consistency coefficient of .84 for the ATSPPHS-SF

in the original development sample, indicating that the low reliability observed in the present study is sample-specific rather than an inherent limitation of the scale. The General Experiences and Perceptions on Mental Health survey (EPMH), a researcher-developed measure, also demonstrated low internal consistency (α = .245 for the Philippines; α = .045 for New Zealand). As this scale was developed for the present study and has no published reliability benchmark, further refinement and validation are needed.

Table 23.Cronbach's Alpha Values of Scales

List of Scales	***Number of Items***	***Cronbach's Alpha (α)***
Group 1: Philippines		
General Survey of Experiences and Perceptions on Mental health (EPMH)	11	.245
Adherence to Filipino Values Scale (AFVS)	21	.866
Attitudes Toward Seeking Professional Help (ATSPPH-SF; Fischer and Farina, 1995)	10	.432
Individualism–Collectivism Scale (Triandis and Gelfand, 1998)	16	.729
Filipino Coping Strategies (Rilveria, 2018)	36	.796
Group 2: New Zealand		
General Survey of Experiences and Perceptions on Mental health (EPMH)	11	.045
Adherence to Filipino Values Scale (AFVS)	21	.871
Attitudes Toward Seeking Professional Help (ATSPPH-SF; Fischer and farina, 1995)	10	.201
Individualism–Collectivism Scale (Triandis and Gelfand, 1998)	16	.709
Filipino Coping Strategies Scale (Rilveria, 2018)	36	.823

Summary of Findings

Overall, the key findings of this study across both countries demonstrated a strong adherence to the Filipino cultural values, moderate openness to professional help-seeking, and a healthy endorsement of coping strategies. Both groups indicated moderate to high levels of experiencing mental health challenges. Participants in the Philippines in particular reported a stronger score in perceived lack of government support in mental health services. Both samples exhibited moderate collectivist orientations. Correlation analyses revealed a positive relationship between collectivism, coping strategies and adherence to Filipino values in both groups; however, only the New Zealand-based sample showed that collectivism significantly predicted help-seeking attitudes. The adherence to Filipino values and employed coping strategies were revealed as significant predictors of help-seeking attitudes in the regression analysis. The scores for the Pinoy Ako scale also revealed strong levels of cultural resilience across the 21 items indicating positive acculturation in New Zealand.

CHAPTER FIVE: DISCUSSION

General Overview

This study aimed to explore how adherence to Filipino cultural values influences the general experiences and perceptions of mental health, help-seeking attitudes and coping strategies among Filipinos living in the Philippines and Aotearoa New Zealand. The findings of the study demonstrated that both groups strongly adhered to each of the four Filipino cultural values, as measured by the adapted Adherence to Filipino Values Scale. Philippine-based participants showed slightly higher positive attitudes towards seeking help than those in New Zealand. A strong adherence to cultural values was also strongly associated with more frequent use of culturally based coping strategies across both group samples. The regression analyses revealed the various determinants of help-seeking attitudes. Specifically for Filipino-Kiwi participants, collectivism strongly predicted help-seeking attitudes. Coping strategies

and adherence to the Filipino values were found to be significant determinants of help-seeking attitudes for Philippine-based participants. Positive cultural adaptations were exhibited among Filipino participants in Aotearoa, New Zealand, in the Pinoy Ako Scale (PINAS, Tuason and Crutchfield Jr., 2024), suggesting bi-cultural tendencies to adapt to New Zealand norms whilst being grounded in Filipino values when navigating mental health experiences. This chapter focuses on providing a comprehensive interpretation of findings relevant to the research question and hypotheses, concluding with research implications and recommendations for future research.

Interpretation of Findings

Hypothesis 1: *Filipinos in both countries will show strong adherence to the four cultural values*

The results strongly validate this hypothesis, as both groups demonstrated consistently strong adherence to the four Filipino cultural values. The striking consistency of adherence across two geographic contexts provides compelling evidence for the persistence of Filipino cultural identity, as contended in Enriquez's (1974) foundational premise in Sikolohiyang Pilipino that Filipino cultural values transcend beyond the physical boundaries. In particular, this consistency validates the theoretical notions of '*Kapwa'* (shared identity) as a core Filipino value that remains deeply embedded in Filipino consciousness regardless of varying environmental changes (Pe-Pua and Protacio-Marcelino, 2000). Similarly, high endorsements of '*Pakikisama*' (interpersonal relationship/ harmony) were also demonstrated across both groups, indicating an enduring prioritisation of maintaining harmonious social relationships with others.

Interestingly, subtle variations in the application of values '*Hiya'* (shame/ propriety) and '*Utang na Loob'* (debt of gratitude) were exhibited in NZ-based participants with slightly lower scores in comparison to participants in the Philippines, which may reflect the bi-cultural flexibility of Filipinos living abroad to navigate acculturative balancing through grounding themselves in collectivistic values whilst adjusting to host country norms. This strong adherence to the values is also consistent with previous research on Filipino diaspora communities, where cultural identity serves as a protective

mechanism (Curioso, 2025), supporting the idea that these cultural values serve as stable cultural anchors, especially when distantly situated away from family and/or homeland. Thus, suggests that Filipino core values are deeply embedded in their identities and Filipinos demonstrate strong cultural resilience and adaptability, transcending beyond geographical borders.

Hypothesis 2: ***Filipino-Kiwi participants living in New Zealand will demonstrate positive help-seeking attitudes in comparison to Filipino participants living in the Philippines***

Contrary to expectations, the results of this study demonstrated that Philippine-based participants showed slightly higher scores on having positive attitudes toward seeking professional help (Table 10), in comparison to New Zealand participants (Table 11). This unpredicted result challenges existing assumptions about exposure to the 'Western' healthcare system automatically improves help-seeking attitudes. This result aligns with the proposed cultural mistrust theory by David (2010) where Filipino Americans, and by extension Filipinos in the diaspora, may experience a common distrust towards mainstream institutions that are predominantly operated by non- Filipino professionals due to experiences of oppression and injustice (Terrell and Terrell, 1981; David 2010). Suggesting that although there is better healthcare infrastructure in New Zealand, the results may suggest that Filipino immigrants face a cultural disconnect, language barriers, and cultural competency among mental health professionals.

This cultural disconnect is also not unique to Filipinos. Previous research on Pasifika communities in New Zealand has consistently shown that non-Pasifika providers lack understanding of collectivist cultural values and spiritual beliefs that shape how distress is experienced and expressed (Kapeli et al., 2020). Similarly, the 2021 New Zealand Asian Wellbeing and Mental Health Report found that Filipinos reported the highest difficulty in accessing language or culture support when using health services, surpassing other Asian ethnic groups (Zhu et al., 2021). These parallel barriers across Pasifika and Filipino communities suggest that the mental health system's reliance on Pākehā or Western-centred frameworks, substantially creates structural obstacles for multiple non-Western groups. This may partly

explain why Filipino participants in New Zealand did not demonstrate more positive help-seeking attitudes despite greater exposure to Western Healthcare services.

The study findings also support previous research (Martinez et al. 2020) that cultural values significantly shape Filipinos' reluctance towards seeking professional help, as mental health professionals are commonly perceived as '*ibang tao*' ('*other people';* out-group) rather than trusted *'hindi ibang tao'* ('*not others'*; in- group) members. The reluctance due to cultural competency may also reflect Filipinos' adherence to *Hiya,* as previous research suggests Filipinos avoid seeking help in fear of bringing *kahihiyan* (shame) to their families, or in a broader sense, bringing inferiority to the reputation of Filipinos (Nadal, 2011; Martinez et al., 2020).

The regression analyses (Table 21) also revealed strong predictors of help-seeking attitudes across the two groups. Among the Filipino-NZ participants, collectivism significantly predicted help-seeking, which suggests that communal values such as *Kapwa* and *Pakikisama* motivate individuals to seek help as a means of maintaining relational harmony. This finding further reaffirms the contextual nature of Sikolohiyang Pilipino (Enriquez, 1985; 1992) as it reflects the adaptive expression of Filipino cultural values within the process of acculturation. Accordingly, help-seeking may be understood not as a sign of personal weakness, but as a communal responsibility that contributes to the well-being of both the individual and their social relationships.

In contrast to that, coping strategies and adherence to values were revealed to be strong predictors for Philippine-based participants, which suggests that strong adherence to values such as *Hiya,* and *Utang na loob* may influence decisions about seeking professional psychological help, particularly in concerns of burdening their family members or losing social respect (Nadal 2011). This finding also aligns with Rilveria's (2018) previous research, which demonstrated that Filipinos often rely on social coping as a more culturally acceptable response to distress.

Hypothesis 3: ***Both groups will demonstrate that higher levels of collectivism will be positively associated with adherence to Filipino cultural values***

The results from the correlation analysis revealed differential patterns between the two groups. In the Philippines sample, collectivism did not show significant correlations with the other constructs. In contrast, the New Zealand sample demonstrated a strong positive correlation between the Filipino values and collectivism, which suggests that this hypothesis was partially supported. The contrasting results suggest that collectivism may operate differently depending on the cultural context. In the New Zealand context, the collectivistic orientation appears to be crucial for maintaining Filipino cultural identity in foreign environments, thus further supporting previous findings by Curioso (2025) on how *Kapwa* is enabled through *Pakikisama* to persist through changing social environments (Enriquez, 1978). This interpretation is further supported by the PINAS scores (Table 21), which indicate a bicultural adaptation. Suggesting that Filipino migrants may use collectivism as a form of cultural buffer to aid in preserving their identity and providing emotional ground during the acculturation process. This finding is in alignment with Cialdini and Trost's (1998) social influence framework, which proposes that individuals in collectivist societies often rely on conformity and social norms to sustain cohesion and a sense of belonging. The scores in the Philippines sample (Table 20) could suggest that collectivism in the Philippines is deeply culturally embedded and therefore exhibits limited variability in its relationships with other constructs. This interpretation may support Markus and Kitayama's (1991) theory on independent and interdependent self-construals, which posits that interdependent self-construals are normative within collectivistic societies.

Hypothesis 4: ***The relationship between adherence to Filipino values and help-seeking attitudes predicts the use of culturally grounded coping strategies in both groups***

The correlation analysis provides compelling evidence for this relationship, revealing a synergy between Filipino cultural values and help-seeking attitudes to predict utilisation of coping strategies. The New Zealand sample demonstrated a positive correlation between Filipino values and coping strategies,

which supports the cross-cultural consistency of this relationship. Similarly, in the Philippines sample, there was a moderate positive correlation between adherence to values and coping strategies. Help-seeking attitudes also exhibited a significant relationship with coping strategies.

These findings closely align with Rilveria's Filipino Coping Strategies Scale framework (2018), suggesting that the nine coping domains represent integrated psychological processes that reflect Filipino values rather than functioning as independent outcomes of them. Problem-solving was reported to be the most frequently employed coping strategy across both groups, followed by tolerance and relaxation/recreation. These findings are also in support of Cervantes' (2023) transpersonal worldview of Filipino mental health, whereby the three components, *Kaluluwa* (self), *Kapwa* (relationships), and *Kalikasan* (environment), function as an interconnected system rather than separate hierarchies. Collectively, these findings suggest that culturally grounded coping strategies, although often occurring outside formal professional support, may still contribute to psychological resilience among Filipinos.

Acculturation Patterns among Filipinos in New Zealand

The findings from the Pinoy Ako Scale (PINAS, Tuason and Crutchfield Jr., 2024) (Table 22) revealed that Filipino migrants in New Zealand exhibit a bi-cultural integration orientation, reflecting the strong cultural resilience and positive adaptation to the host society. High levels of agreement were reported for items related to retaining the Filipino culture, for instance, Items 4 and 7, indicating a strong inclination to perpetuate Filipino cultural values and language to their children. This is consistent with previous research, Enriquez's (1974) concept of cultural resilience within Sikolohiyang Pilipino, as participants demonstrated strategic cultural adaptation, rather than cultural dilution in migration.

Filipino-NZ based participants also demonstrated significant positive perceptions of New Zealand as a 'haven of opportunities' (Item 3) and positive self-characterisation as 'efficient and independent' (Item 21), affirming successful integration with the foreign host country without cultural loss. This result is in contrast with previous research by David and Okazaki (2006), which asserted negative correlations between assimilation issues and mental health among Filipino-Americans. However, the difference in

context, such as time relevance and culture, may affect these results. It can be suggested that in the New Zealand context, there may be more supportive conditions for bi-cultural identity development in comparison to other countries. Conversely, the strong agreements in Item 3 may also reflect colonial mentality patterns (David and Okazaki, 2006) where foreign countries are idealised due to cultural inferiority. This may also reflect the economic realities in the two countries and the motivations of Filipinos to migrate to other countries to achieve better economic outcomes.

Reliability and Validity

The low internal consistency of the ATSPPHS-SF in the present study warrants consideration. While Fischer and Farina (1995) reported an alpha of .84 in the original validation sample, the current study obtained substantially lower values ($\alpha = .432$ for the Philippines; $\alpha = .201$ for New Zealand). This discrepancy may be attributable to several factors. First, the response format was adjusted from the original 4-point Likert scale to a 5-point scale to maintain consistency with the other measures in the survey, which may have introduced additional response variance. Second, the cultural adaptation of the items may not fully capture help-seeking attitudes among Filipino populations, as the scale was originally developed with a Western sample. The low reliability of the EPMH scale ($\alpha = .245$ for the Philippines; $\alpha = .045$ for New Zealand) further suggests that researcher-developed measures require additional pilot testing and refinement before use in cross-cultural research. These findings highlight the challenges of applying Western-derived psychometric tools to Filipino populations and underscore the need for culturally validated measures of help-seeking attitudes.

Theoretical Implications

The findings of this study provide crucial empirical support for Enriquez's (1974) Sikolohiyang Pilipino framework and extend its theoretical boundaries. The strong adherence to the four Filipino values across the two cultural contexts demonstrates Enriquez's vision for Sikolohiyang Pilipino, that Filipino psychological constructs are able to maintain their integrity regardless of geographical contexts,

fundamentally addressing previous concerns of Sikolohiyang Pilipino's limited intersectional understanding of identity (Porcadas, 2019). Pe-pua and Protacio-Marcelino's (2000) theoretical assertion of *Kapwa* as the heart of other Filipino values is also empirically supported with the persistence of *Kapwa* across the two country groups. The research findings demonstrate how *Kapwa* operates through complex bi-directional relationships with help-seeking attitudes and coping strategies, in comparison to hierarchical structure models typically observed in Western psychology theories.

The predictors indicated in this study significantly contribute to cross-cultural psychology research. The finding that collectivism strongly predicted help-seeking attitudes in New Zealand but reported no significant correlations in the Philippines supports and extends Markus and Kitayama's (1991) self-construal theory by demonstrating that Filipino interdependence has moral and relational dimensions rooted in themes of *utang na loob* and *hiya*, which may influence self- esteem, emotional regulation, and help-seeking. In the context of Filipino migration, these findings further suggest that navigating the differing expectations of the homeland and host cultures may contribute to a sense of cultural dissonance, potentially placing strain on an individual's sense of self-coherence. Additionally, the findings of this research also suggest that the nine coping domains operate intricately as integrated psychological processes, thereby extending Rilveria's (2018) Filipino Coping Strategies Scale by highlighting the interconnected nature of Filipino coping strategies.

In this study, the findings significantly extend and challenge the underlying Western-centric assumptions of the Biopsychosocial Model (Engel, 1977). The integration of Filipino cultural values suggests that culture fundamentally shapes how the model operates in practice. Borrell-Carrio et al. (2004) suggested that there is insufficient representation in the model that addresses social injustice and historical factors, such as gender inequality, racism and colonialism, which have an exhaustive effect on mental health. Similarly, Fava (2007) also reviewed the model and suggests that there is limited implementation of this in practical settings. Therefore, the findings of this research present suggestions

for further research to incorporate culturally grounded moral and relational dimensions into the development of new theories or the refining of existing models such as the Biopsychosocial Model.

Building on this critique, this study provides a compelling real-world illustration of the mental health system framework proposed by Boazak and Beyer (2021), which outlines the four domains of access, quality, treatment, and monitoring. The findings from the Philippine context reflect notable progress of access through the legislative reforms, such as the Mental Health Act, alongside developments of telepsychiatry services and the '*Lusog Isip*'('*Healthy Mind*') mobile app. However, significant barriers remain, such as sociocultural stigma stemming from low mental health literacy and infrastructural gaps that impede patient diagnoses and help-seeking. Although there has been a purposeful shift in rehabilitative approaches, there are challenges relating to monitoring flaws and insufficient data gathering that persist, which makes it difficult to accurately evaluate the effectiveness of the mental health system. Collectively, these findings support the interconnected challenges across the four domains identified by Boazak and Beyer (2021).

The research also provides further support for theories regarding colonial mentality (David and Okazaki, 2006), particularly in light of the rejection of Hypothesis 2, with help-seeking attitudes in New Zealand being unexpectedly lower than in the Philippines. This pattern may reflect aspects of internalised inferiority that manifest through preferences for Western ideals while simultaneously fostering cultural mistrust. These findings further support Adler's (2009) assertion of integrating the patient's 'individual reality' in models of care. Accordingly, the results highlight the importance of applying culturally competent interventions, as it urges practitioners to move beyond the standardised approaches and engage with the lived individual realities of their Filipino clients, which are deeply shaped by the relational dynamics of *Kapwa* and *Pakikisama*, the moral sensibilities of *Hiya* and the reciprocal obligations associated with *Utang na Loob.* By embedding these cultural values within mental health frameworks and clinical practices, the paradigm may move closer to being more culturally inclusive and sensitive, encouraging humility and empathy, and improving treatment plans.

Practical Implications

The findings of this study highlight the importance of implementing culturally responsive mental health interventions and practices among Filipinos in the Philippines, Aotearoa New Zealand, and the global diaspora. The findings demonstrating how Filipino cultural values and help-seeking attitudes influence coping strategies indicate the importance of clinicians to consider the cultural identity when developing a culturally nuanced treatment engagement plan. This is consistent with Martinez et al. (2020), who argued that reframing professional help through *Kapwa* (shared identity) by re-positioning professionals as '*hindi ibang tao'* ('*not others'*; in-group) can foster trust and connection between patient and healthcare professionals while reducing the stigma and mistrust surrounding help-seeking behaviours. Similarly, Gabriel (2017) observed Filipinos' preference to seek support from family and peers rather than professionals. Therefore, the results of this study may encourage practitioners and organisations to design family-based interventions by incorporating the cultural values, such as *pakikisama (social harmony)* and *utang na loob* (*debt of gratitude),* while reframing these values as a source of supportive encouragement, rather than an obligation. Such an approach may encourage healthier interpersonal boundaries in families without undermining their cultural significance.

Recent reports continue to highlight the gaps in mental health support at present within Philippine institutions. Implications at the policy level, the findings of this study reinforce the importance of effectively implementing the Mental Health Act (Republic Act No. 11036). The Philippine Council for Mental Health's Strategic Framework 2024 - 2028 may also benefit from incorporating these study findings into the development of culturally responsive treatment models and action plans, rather than relying on Western-derived treatment approaches (Samaniego, 2022). An example of culturally grounded practice can be the success of the 'Katatagan, Kalusugan at Damayan ng Komunidad' (KKDK; '*Community Resilience, Health and Wellbeing*', Philippines DOH, 2023) drug intervention program that was centralised on *Kapwa* community reintegration for recovering substance users, where there was a 25% increase in treatment among participants. Similarly, in Aotearoa New Zealand, greater consideration of Filipino cultural values may complement and help enrich the existing holistic approaches to mental

health, such as Te Whare Tapa Whā (Durie, 2011; Kapeli et al., 2020) and may help bridge the cultural mistrust ingrained among Filipino migrants.

As the majority of the participants in this study were younger and highly educated, the findings may suggest a particular relevance for improved mental health services in secondary and university institutions. This is consistent with previous research demonstrating elevated psychological distress among students (Argao et al., 2021). Additionally, it is also consistent with Dizon et al. (2025) on the associations of *Utang na Loob* to students experiencing academic pressure and anxiety. These findings highlight the potential value of integrating culturally informed mental health programmes into educational settings, including coursework, counselling services and mental health promotion initiatives that strengthen emotional regulation and mental health literacy. More broadly, these findings may highlight opportunities for systemic changes in educational settings by fostering empathy, cultural understanding, and emotional well-being for both staff and students.

The research methodology's substantial reliance on social media promotion as a primary recruitment strategy to reach participants across two countries may suggest opportunities for developing more culturally responsive digital mental health interventions. Existing digital platforms such as *'Lusog Isip'* can be further enhanced, as well as opportunities to develop a virtual Filipino community space that provide mental health support, psychoeducational resources, and moderated peer discussion forums. Such online communities can reflect the significance of building and reinforcing core cultural values, such as *Kapwa* and *Pakikisama,* allowing spaces where Filipinos can connect with *kababayans* (other fellow countrymen) experiencing the same challenges, while accessing culturally responsive interventions informed by empirical research.

Overall, the findings of this research reinforce the importance of integrating cultural and psychological frameworks in Filipino mental health care, rather than replacing Filipino perspectives with Western models. In doing so, this study contributes to the operationalisation of Sikolohiyang Pilipino within contemporary mental health practice by bridging sociocultural realities with individual wellbeing while preserving Filipino cultural identity and integrity.

Reflections and Limitations

This study provided significant insights into how four Filipino values, help-seeking attitudes and coping strategies interact across two cultural contexts. Although the discussions in this study incorporated comprehensively reviewed colonial history and psychological theories and frameworks, several methodological and interpretive limitations were observed.

As the study primarily focused only on four cultural values, the other cultural values, such as *Bahala Na (*letting things be)*,* certain customs, and unique regional variations influencing mental health experiences, were not examined. This may indicate a limited cultural depth and breadth of the findings in this study. Additionally, while it attempts to incorporate Sikolohiyang Pilipino decolonisation principles, this study still operated within predominantly Western psychological research paradigms. This limitation reflects the limited availability of Filipino culturally grounded measures and frameworks within the current research landscape, which may influence how accurately Filipino mental health experiences are represented through existing psychological instruments. Furthermore, while colonial mentality and its relationship with mental health were discussed within the literature review, this construct was not directly measured in the present study. Therefore, connections between colonial mentality and the current findings should be interpreted cautiously and remain theoretical rather than empirically established.

Practical methodological resource constraints also influenced participant recruitment. Difficulties obtaining approval for promotional social media posts within online Filipino community groups may have limited recruitment reach, particularly among Filipino-Kiwis based in New Zealand. Additionally, in-person recruitment attempts were restricted to community events based in Auckland, New Zealand, therefore limiting physical promotion outreach across other regions. Consequently, the study heavily relied on digital recruitment strategies, which may have reduced accessibility for Filipinos in rural regions with limited internet or technological access, particularly within the Philippine provinces (Martinez et al., 2020). This may have contributed to sampling limitations, with certain Filipino sub-groups potentially

such as indigenous Filipino communities with unique cultural practices, Filipinos located in remote rural areas with limited access, older Filipino adults who may experience barriers to technology use - in particular, elderly individuals who may not be comfortable using technology as reported in previous research (Woerner et al., 2022; Schneider et al., 2018).

Analytic limitations were also observed in unequal sample size distribution, where sub-group comparison between the New Zealand sample (n= 114) and the Philippines sample (n= 218) may suggest significant statistical power imbalances. In particular, gender subgroups within the New Zealand sample, the male participants were severely underpowered (n= 23) compared to female participants (n = 85). While this imbalance limits the interpretation of gender-based differences, it also highlights the importance of future research exploring how gender may shape Filipino mental health experiences across cultural contexts.

A further limitation concerning potential participation bias. Of the 421 initial responses, 89 (21.1%) were excluded due to incomplete survey responses, leaving a final sample of 332 (78.9%). As partial demographic data were not retained for the excluded group, it was not possible to compare their characteristics with those of the retained sample. This could signify systematic differences between participants who completed the survey and those who did not cannot be ruled out. Given the recruitment limitations described above, it is plausible that the excluded group may have included a higher proportion of older participants or those with limited English proficiency, who may have found the survey more difficult to complete. The extent to which this may have influenced the results remains unknown. This uncertainty should be considered when interpreting the findings as some groups may have been underrepresented in the final analysis, and future research should aim to retain demographic information from partial responses where possible to better assess participation bias. Future research should endeavour to retain and compare demographic data from partial responses to enable a more robust assessment of participation bias.

Another notable limitation of this study is the low internal consistency reliability observed for two of the measures. The ATSPPHS-SF, which demonstrated an alpha of .84 in the original validation study (Fischer and Farina, 1995), achieved only .432 in the Philippines sample and .201 in the New Zealand sample. Similarly, the researcher-developed EPMH survey demonstrated low reliability across both groups ($\alpha = .245$ and $\alpha = .045$, respectively). The low reliability of these measures limits confidence in the findings pertaining to help-seeking attitudes and general experiences and perceptions of mental health. While the core measures of cultural values (AFVS), collectivism (ICS), and coping strategies (FCSS) achieved acceptable reliability consistent with published benchmarks, the results involving the ATSPPHS-SF and EPMH should be interpreted with caution. Future research should consider refining these measures or developing culturally grounded alternatives that demonstrate stronger psychometric properties in Filipino populations.

In an attempt to address the linguistic accessibility of participants, this study was offered in both English and Tagalog options, where the study information and questionnaires were meticulously translated by the researcher in consultation with another Tagalog-speaking colleague to accurately reflect the nature of the questions. However, this study could not accommodate the different languages and dialects in the Philippines, posing a potential limitation in the translation of psychological tests in accurately capturing culturally specific meanings within psychological measures. This aligns with Bernardo's (2011) critiques of Western-derived methods that may not fully capture the true essence of the Filipino meanings and experiences. Consequently, this also may suggest an exclusion of Filipino participants, who have limited familiarity with either language option, due to a different Philippine dialect or differences in educational background. The difference in dialects may present concerns about translations not being able to capture the actual essence of statements due to certain regional nuances. Moreover, it could be argued that this research unintentionally assumes that the Filipino culture is homogenous, as it seems to overlook the regional variations that exist within the Filipino culture, which fundamentally have different cultural patterns, especially in rural communities (Nadeau, 2020). Future

research should consider greater inclusion of regional diversity to better understand the complexity and heterogeneity of Filipino cultural identity.

In summary, while this study encountered various methodological and cultural limitations, these reflections emphasise the importance of situating psychological inquiry in culturally centred lenses within the lived realities of Filipinos. The scope of this literature was also limited to the availability of resources and existing frameworks. Nevertheless, as these limitations are acknowledged, the findings of this study provide valuable direction for future methodological opportunities for improvements in cross-cultural psychology research, and reinforce the need for culturally sound, evidence-based mental health practices and frameworks.

Future Considerations

With these reflections and limitations in mind, future considerations for Philippine psychology are essential to facilitate advancements in understanding the cultural nuances shaping Filipino mental health. Researchers and academics alike should be encouraged to inquire about the behaviours of Filipinos and conduct studies that holistically encompass the culture in all its complexities and diversities.

Suggestions for further research should explore the qualitative narratives that capture the actual lived mental health experiences of Filipinos in both the Philippines and diasporic contexts. Longitudinal studies could also assist in providing insights into how cultural beliefs, values and mental health attitudes change over time, particularly among immigrants or even the elderly. A mental health awareness program could also be implemented in the longitudinal studies to see if perceptions and attitudes towards mental health would change after being informed and involved.

Developing or evaluating interventions that are grounded in Filipino cultural values, such as Kapwa-based group therapy, could assist in help-seeking attitudes by reframing interventions as an act of *Pakikipag-kapwa* (relational strength), rather than individual vulnerability. Such approaches could also

promote community bonding and encourage the practice of empathy, which could, in turn, affect the level of openness (*pa-uunawa)* towards the mental health discourse among Filipinos.

Additionally, further research on the practical application of Sikolohiyang Pilipino beyond the theoretical discourse should be explored for the development of culturally grounded models, measures, and therapeutic practices. In parallel to this, the development and integration of other culturally grounded frameworks should be encouraged to challenge the Western-dominated paradigms and perspectives. Further research should consider re-evaluating the Adherence to Filipino values scale and examining its applicability across broader Filipino diaspora populations.

Specific to Filipino immigrants, further investigation into acculturation gaps within families could help illustrate intergenerational discrepancies in cultural identity shifts and mental health attitudes. Further research on Filipinos who migrated at a young age or were born in their host country may provide insights into the psychological dissonance they may experience in navigating their cultural identities between being a Filipino whilst being immersed in a different cultural environment, and how the cultural values influence identity development.

Within the New Zealand context, future studies examining the role of community in shaping coping strategies and help-seeking attitudes may provide insights into how it may complement or substitute professional mental health services, especially among tight-knit Filipino church communities. Additionally, further research may utilise the Pinoy Ako Scale (Tuason and Crutchfield Jr., 2024) alongside measures of acculturative stress or colonial mentality to test whether Filipino identity functions as a mediator or as a moderator in acculturation experiences, colonial mindsets, and psychological well-being.

Given the relatively large proportion of participants identifying as LGBTQIA+, suggestions for further studies on the mental health of LGBTQIA+ Filipinos should also be encouraged. Specifically, studies could investigate how the cultural values *Kapwa* (shared identity), *Hiya* (shame), *Pakikisama* (social harmony), and *Utang na Loob* (debt of gratitude) may contribute to identity suppression due to fear of bringing dishonour or conflict to their families, could be explored. Furthermore, the notions of

Utang na Loob may also place a sense of moral pressure on LGBTQIA+ Filipinos to conform to hetero-normative ideals as a means of maintaining family harmony. Hence, future research should focus on the internalised psychological dissonance experienced by LGBTQIA+ Filipinos and their mental health experiences.

A further exploration of the different family roles and their mental health experiences can also provide further insights into the potential relationships between the cultural values that may influence mental health experiences. In this study, a significant number of participants identified as the eldest siblings, followed by youngest siblings and mothers. The findings of this study may suggest that family roles and their responsibilities intersect with cultural values such as *Hiya* (shame/ propriety) and *Utang na Loob* (debt of gratitude), which may shape how they experience and respond to mental health challenges and general life decisions.

And lastly, albeit more primarily focused on public health and biological sciences, further research exploring how epigenetics and intergenerational trauma could assist in enriching inquiries on the long-term psychological impacts of colonialism on Filipino identities, behaviours and beliefs. This could help illustrate how colonial history, unresolved trauma, and cultural expectations, such as familial duties, may be transmitted across generations through biological and social mechanisms.

CONCLUSION

This research sought out to examine how Filipino core cultural values influence mental health experiences, help-seeking attitudes and coping strategies among Filipinos in the Philippines and Aotearoa, New Zealand. The findings of this study suggest that the four core values - *Kapwa, Hiya, Pakikisama* and *Utang na Loob* - persist as fundamental guiding principles that shape how Filipinos may understand and respond to psychological distress. Furthermore, the findings demonstrate how these core values influence whether Filipinos seek psychological professional support or rely on social support from immediate

family and community networks, while also highlighting how certain relationship dynamics may reinforce cultural values, such as *Hiya* and *Utang na Loob,* on a deeper level.

The findings further emphasise how important it is to approach Filipino mental health and Filipino psychology with a culturally grounded lens. Cultural tendencies observed in this study and previous research can be viewed as significant foundations for creating effective and culturally competent theoretical and practical frameworks and interventions that can be integrated on a broader scale from interpersonal connections to institutions. Continued research grounded in Sikolohiyang Pilipino principles may encourage researchers and organisations to expand on the framework and explore real-life applications in contemporary settings. Through this, the traditional understandings of mental health can be bridged to modern psychological practices. Furthermore, this highlights the importance of implementing mental health systems for Filipinos in the Philippines and in the global Filipino diaspora. This research emphasises the need for decolonised and culturally responsive frameworks. Practitioners should be encouraged to acknowledge the personal and cultural nuances, such as linguistic diversity, regional diversity, familial expectations, and colonialism, using them as leverage to guide therapeutic interventions.

Providing a virtuous framework for comprehending the profound psychological aspects of Filipino psychology, Sikolohiyang Pilipino aims to bridge the gap between the past, present and the future (Ward, 2007) - the Past represents the knowledge and mindset influenced and implemented by the colonisers; the Present refers to the course of action being taken to decolonize, or break the generational patterns; lastly, the Future refers to the possibilities of what Filipino culture could be once learned how to fully break free from Western ideals and perspectives. Perhaps through Sikolohiyang Pilipino, both Filipinos and non-Filipinos are offered an opportunity to deepen their understanding of Filipino psychology, while also using this construct as a means of fostering greater cultural humility, empathy and social connectedness.

The persistence of the four Filipino cultural values across two cultural contexts in this study, corroborates that culture continues to play a significant role in shaping mental health experiences. Thus, it provides grounds for hope for creating culturally nuanced approaches in psychology that honour the many perspectives on understanding human experiences. It can be proposed that this research can signify a beginning of a bigger movement in cultural psychology where methodologies, frameworks, and interventions can be created alongside *kapwa*-Filipinos. Consistent with Jusay (2025) which highlighted the importance of having humility and cultural collaboration to truly understand Filipino psychology. It was indicated that this may require foundational deviations from existing Western academic conventions to culturally adapt approaches to benefit and accurately reflect Filipino communities' realities and priorities.

Through persistent dedication to culturally grounded research and collaborative efforts, it can empower Filipinos to navigate their mental health challenges and maintain their cultural identity when adapting to other global contexts. Policymakers and institutions should also actively engage in developing and enhancing approaches to mental health, as they bear an ethical responsibility to uphold integrity in implementing mental health initiatives in the Philippines and the diaspora, ensuring that the mental health objectives are met and enacted with nobility.

To conclude, the aim of this research transcends beyond providing knowledge but rather to build genuine connections with *kapwa*-Filipino in hopes of amplifying the community bonds among fellow countrymen and strengthening cultural identity. And more importantly, this study aspires to honour the resilience of Filipinos who have navigated through challenges in the Philippines and globally. By centring on the lived experiences of Filipinos, this research aspires to celebrate and empower Filipinos to embrace Filipino cultural heritage, resilience, and encourage meaningful contributions to the community and the broader psychological discourse on mental health.

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APPENDICES

Appendix A: Ethics Approval

Ethics Approval Letter

Auckland University of Technology Ethics Committee (AUTEC)

17 October 2024

Hilda Port
Faculty of Health and Environmental Sciences

Dear Hilda

Re Ethics Application: **24/297 Mapayapa: The influence of cultural values on mental health and coping among Filipinos**

Thank you for your responses to AUTEC's conditions.

Your ethics application has been approved for three years until 16 October 2027.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC.
2. All public facing documents must have the AUTEC approval number and be of a high standard of spelling and grammar. Dates on the Information Sheet(s) and Consent Form(s) must be consistent.
3. Any amendments to the project must be approved by AUTEC prior to being implemented.
4. A progress report is due annually on the anniversary of the approval date.
5. A final report is due at the expiration of the approval period, or, upon completion of project.
6. Any serious or adverse events must be reported to AUTEC, this includes unforeseen issues that might affect continued ethical acceptability of the project.
7. AUTEC grants ethical approval only. You are responsible for obtaining management permission for access from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

The application number and title need to be referenced on all correspondence related to this project.

All forms are available online http://www.aut.ac.nz/research/researchethics

For any enquiries, please contact the Secretariat at ethics@aut.ac.nz
(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: nkt9234@autuni.ac.nz; liesje.donkin@aut.ac.nz

Auckland University of Technology, D-88, Private Bag 92006, Auckland 1142, New Zealand.
T: +64 9 921 9999 ext. 8316: E: ethics@aut.ac.nz: www.aut.ac.nz/researchethics

Appendix B: Participant Information Sheet

Participant Information Sheet

Date Information Sheet Produced:
24 May 2024

Project Title
Mapayapa: The influence of cultural values on mental health and coping strategies among Filipinos in New Zealand and the Philippines.

An Invitation:
Kamusta mga kababayan! I'm Ella Mejia. This year, I am embarking on my final year of completing my Master of Arts in Psychology degree at Auckland University of Technology. I would like to formally invite you to participate in my research project.

What is the purpose of this research?
This study seeks to understand how cultural values shape the mental health perspectives, experiences and coping strategies of Filipinos in the Philippines and Aotearoa New Zealand. We will examine the impact of traditional values such as Kapwa (shared identity), Hiya (sense of propriety), Pakikisama (interpersonal relationships), and Utang na Loob (debt of gratitude) on mental health perceptions and behaviours. Previous studies have highlighted the importance of family support and community, the reluctance to seek professional help, and the influence of religious faith on coping mechanisms. However, there is limited research on how these cultural values can impact how we view and experience mental health. This study aims to bridge that gap and to uncover patterns that persist across different environments, offering insights that could lead to more effective, culturally relevant mental health interventions for Filipinos both in the Philippines and abroad. The findings of this research may be used for academic publications and presentations. This research contributes to the completion of my Master of Arts in Psychology at Auckland University of Technology.

How was I identified and why am I being invited to participate in this research?
You are invited to participate in this research as you have expressed interest in taking part in this research by using the URL or QR code on advertisement posters around Auckland University of Technology campuses or posted on social media platforms.You may have also been provided this link by someone you know.
To participate in this research, you must meet the following requirements for each respective group:

Group 1:
- Philippines-based Minimum age of 18 years old (youngest participants born in 2006)
- Filipinos currently living in the Philippines
- Previous Overseas Filipino Workers (OFWs) returned to the Philippines to permanently settle.
- Proficient in speaking/understanding English and/or Tagalog

Group 2:
- New Zealand-based Minimum age of 18 years old (youngest participants born in 2006)
- Filipinos permanently living in Aotearoa New Zealand for at least the past year
- Proficient in speaking/understanding English and/or Tagalog

How do I agree to participate in this research?

If you meet the conditions and you agree to participate in this study, you may proceed to the survey after reading this information sheet. Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. Consent will be assumed when you complete the survey. You can withdraw from the study at any time by exiting the browser window. However, as the study is anonymous, it is not possible for us to remove your data if you choose to withdraw from the study partway through.

What will happen in this research?

This study involves a series of questionnaires which should take approximately 15-25 minutes to complete. The questionnaires will first ask general questions about you (e.g. your gender, employment, location etc.). After you've completed the general questions, we will ask you questions about your views on mental health, Filipino values, and ways that you cope with distress.

At the end of the questionnaires, you will have the option to click a link taking you to a separate survey where you can choose to enter to win 1 of 10 $50 NZD, or 1 of 5 $100 NZD cash vouchers. This is an optional step. This survey can be done at any time of day and is completely online and anonymous, so it can be done from anywhere with an internet-connected device.

What are the discomforts and risks?

The surveys are low risk and we do not expect it to be extremely distressing for participants. However, the surveys involve questions about mental health, and personal life experiences which might lead to some discomfort for some participants. You have the right to withdraw from the survey at any time if it makes you uncomfortable.

How will these discomforts and risks be alleviated?

For Auckland University of Technology Students: AUT Student Counselling and Mental Health is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs.
To access these services, you will need to: drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 921 9292. let the receptionist know that you are a research participant and provide the title of my research and my name and contact details as given in this Information Sheet. You can find out more information about AUT counsellors and counselling on https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health

For participants based in the Philippines: **Silakbo PH** http://www.silakbo.ph/help/
For participants based in New Zealand: **Mental Health Foundation NZ** https://mentalhealth.org.nz/

What are the benefits?
As a token of gratitude for your time, you will be given an option to participate in a prize raffle for one of the following Prezzy gift cards.

1 of 5 $100 NZD cash vouchers
1 of 10 $50 NZD cash vouchers

For participants based in the Philippines, this cash voucher will be converted directly to Philippine Peso and will be given in the form of GCash eGift card.

How will my privacy be protected?
This research study is anonymous. We will not be collecting any information that could identify you apart from the optional entry to the raffle. We will also not conduct any form of follow-up with participants. The data will only be used for understanding personal experiences and perceptions of mental health and ways of coping of Filipinos in the Philippines and in New Zealand. If you choose to enter the raffle draw, you will need to provide your name and email address where we can contact you, if you ever get drawn as a prize winner. This will be entered in a separate form presented at the end of survey. This is a separate link from the survey, which will keep your survey responses completely anonymous. To protect the privacy of participants, while the questionnaire is ongoing, the anonymous electronic data will be stored on Qualtrics. During post analysis, electronic data will be stored on secure AUT network drives. The data from Qualtrics are numbers on a spreadsheet which cannot be used to identify any participants and is not linked to any other data we have. We will not sell the data. Non-identifiable data will be kept indefinitely and made available for future research, such as to scientific journals in the field for the purposes of ensuring the rigour of research. This is a norm in psychology research. Anyone uncomfortable with the data policy for the project should not proceed with the survey.

What are the costs of participating in this research?
This research should only cost you as a participant approximately 15-25 minutes of your time to complete the survey.

What opportunity do I have to consider this invitation?
The surveys will be open until 30 November 2024 11:59pm (Philippine Time)

Will I receive feedback on the results of this research?
As the nature of the study is anonymous, we will not be able to give you direct feedback about your individual data and responses. However, you can opt-in to receive updates regarding the study on the secondary link presented upon completing the surveys. A summary of our findings can also be made available upon request by contacting us via email info@themapayapaproject.com

What do I do if I have concerns about this research?
Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisors:

Dr. Hilda Port, hilda.port@aut.ac.nz
Dr. Liesje Donkin, liesje.donkin@aut.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, ethics@aut.ac.nz , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?
Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:
Ella Mejia nkt9234@autuni.ac.nz

Project Supervisor Contact Details:
Dr. Hilda Port, hilda.port@aut.ac.nz
Dr. Liesje Donkin, liesje.donkin@aut.ac.nz

Approved by the Auckland University of Technology Ethics Committee on 16 October 2024, AUTEC Reference number 24/ 297.

Appendix C: Full Survey Questionnaire

Demographics

1.When is your birth year?

a. (participants manually enter their date of birth)

2. Which country were you born in?

a. Philippines
b. New Zealand
c. Other (Please Specify)

3. For the past two years, where is your main place of residence?

a. Philippines
b. New Zealand

4. If based in New Zealand, how long have you resided in New Zealand for? Please state the year. For Philippine-based participants, please choose the third option

a. I've been in New Zealand since... (state year)
b. I was born in New Zealand
c. I'm based in the Philippines

5. What language do you often speak at home?

a. English
b. Tagalog

c. A mix of both
d. Other (please specify)

6. What is your gender?
   a. Male
   b. Female
   c. Non-binary
   d. Prefer to self-describe: _____
   e. Prefer not to say

7. What sexual orientation do you currently identify yourself with?
   a. Heterosexual/ Straight
   b. Bisexual
   c. Homosexual
   d. Asexual
   e. Other (Please specify)
   f. Prefer not to say

8. What is your role in your family?
   a. Mother
   b. Father
   c. Eldest sibling
   d. Middle sibling
   e. Youngest sibling
   f. Grandmother
   g. Grandfather

9. What is your current highest level of education?
   a. High School Diploma
   b. University/Institute Diploma
   c. Bachelor's Degree
   d. Master's Degree
   e. Doctorate Degree
   f. None

g. Other: (Please Specify)

10. What religion are you affiliated with (if any)?
    a. Catholic
    b. Christian
    c. Islam
    d. Iglesia ni Cristo
    e. Adventist
    f. Other: (Please Specify)

11. What is your current working status?
    a. Unemployed
    b. Employed in one main job
    c. Employed in two or more jobs
    d. Self- emplopyed/ Freelance
    e. Student
    f. Working part-time
    g. Other (Please Specify)

12. How much do you earn monthly?
    a. $0 - $1,300 NZD or PHP0 - PHP43,000
    b. $1,300 - $4,400 NZD or PHP43,000 - PHP76,000
    c. $4,400 - $6,500 NZD or PHP76,000 - PHP131,000
    d. $6,500 - $15,000 NZD or PHP131,000 - PHP219,000
    e. $15,000 NZD and above or PHP219,000 and above

13. What is your main employment?
    a. Healthcare
    b. Legal Sector
    c. Retail
    d. Education
    e. Hospitality
    f. Does not apply to me. I'm a student/ do not work.
    g. Other: (Please Specify)

Research Developed Survey on perceptions and experiences on mental health – EPMH

Please rate your level of agreeableness to the statements below:

5-point Likert scale: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

1. I have personally experienced mental health challenges in my life
2. I think mental health is something to be embarassed about
3. I think more openly towards the topic of mental health
4. I think my family will be disappointed in me if I struggle with mental health
5. I think there is enough public awareness about mental health issues in my community
6. I have sought professional help for my mental health concerns
7. I believe there is a strong support system for individuals with mental health issues in my community
8. I believe there is enough government funding allocated to mental health services in my area
9. I believe mental health issues are often misunderstood or misrepresented in my area
10. I have experienced positive changes in my mental health due to community support

11. I think my cultural background influences how I approach mental health

Adapted Adherence to Filipino Values Scale -AFVS

Rate your level of adherence to each value
5-point Likert scale: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

Rate level of adherence to the value 'Kapwa'

1. Maintaining strong bonds with family members is a top priority for me.
2. I feel a sense of responsibility to contribute to the welfare of my community.
3. I consider the needs of others when making decisions, not just my own.
4. I value spending quality time with friends and family members.
5. I feel a sense of belonging and connection with all members of society, regardless of our differences.

Rate level of adherence to the value 'Hiya'

1. I am mindful of how my actions reflect upon my family and community.
2. I feel embarrassed or ashamed when I make mistakes or fail in front of others.
3. I try to avoid situations that may lead to embarrassment or loss of face.
4. I am cautious about expressing opinions or ideas that may be perceived as controversial or unconventional.
5. I am conscious of the impact of gossip and rumours on my reputation and the reputation of others.
6. I feel a sense of obligation to maintain harmony and peace within my social circles.
7. I strive to meet the expectations placed upon me by my family and society.

Rate level of adherence to the value *'Pakikisama'*

1. I value the opinions and feelings of others, even if they differ from my own.
2. I avoid conflicts or confrontations with others whenever possible.
3. I prioritize group harmony over personal preferences or desires.

4. I am considerate of the needs and feelings of others in group settings.
5. I am willing to compromise and make sacrifices for the sake of maintaining peace and unity.

Rate level of adherence to the value *'Utang na Loob'*

1. I feel a sense of gratitude and obligation towards those who have helped me.
2. I express my appreciation and thanks to others for their kindness and support.
3. I believe in repaying acts of kindness or assistance with similar acts in the future.
4. I feel a deep sense of indebtedness to my family and close friends.

**Scale adapted and inspired from adapted Asian Values Scale (Kim et al. 1999; Kim and Hong, 2004)*

Attitudes towards Seeking Professional Psychological Help Scale – Short Form (Fischer and Farina, 1995)

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
5. I would want to get psychological help if I were worried or upset for a long period of time.
6. I might want to have psychological counselling in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
9. A person should work out his/her own problems; getting psychological counselling would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves.

Note: 4-point Likert response was adjusted to 5-point Likert scale for consistency with other scales.
Agree, Partly agree, Neutral, Partly disagree, and disagree.

Individualism and Collectivism Scale (Triandis and Gelfand, 1998)

1. I'd rather depend on myself than others.
2. I rely on myself most of the time; I rarely rely on others.
3. I often do 'my own thing'.
4. My personal identity, independent of others, is very important to me.
5. It is important that I do my job better than others.
6. Winning is everything.
7. Competition is the law of nature.
8. When another person does better than I do, I get tense and aroused.
9. If a coworker gets a prize, I would feel proud
10. The well-being of my co-workers is important to me
11. To me, pleasure is spending time with others.
12. I feel good when I cooperate with others.
13. Parents and children must stay together as much as possible.

14. It is my duty to take care of my family, even when I have to sacrifice what I want.
15. Family members should stick together, no matter what sacrifices are required.
16. It is important to me that I respect the decisions made by my groups.

Note: Original 9-Likert scale was adjusted to 5-Likert

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree.

Filipino Coping Strategies Scale – (Rilveria, 2018)

1. I think something positive about my problem
2. I think of ways to solve my problem
3. I pray my problems to God
4. I cry my problems out
5. I exhaust myself doing something to lessen the stress I have.
6. I entertain myself
7. I drink alcohol to reduce my stress
8. I think of a good reason why I have this kind of problem
9. I solicit advice from my friends
10. I work hard to overcome my stress
11. I believe that God will help me in my problem
12. I tend to just accept the stressful feeling until it is gone

13. I find something to release my anger to because of my stress
14. I overwork
15. I go to places where I can rest
16. I smoke to ease my negative feeling
17. I think I can overcome my problem
18. I make ways to solve my problem
19. I pray to God in order to take my stress away
20. I need to be tired doing other things
21. I engage in activities that would make me calm.
22. I take medicine that would help me feel and think better
23. I look at the good effect of this stress
24. I need support from other people
25. I endure the stress I am experiencing
26. I release my emotional pain
27. I burden myself with other things to do in order to redirect my thoughts
28. I take time to rest
29. I take medicine that provides relief
30. I take to view the problem in a different perspective
31. I need care and understanding from the people who are close to me
32. I consider all possible solutions just to overcome my problem
33. I believe that what I am experiencing is God's will
34. I let others feel my negative emotion
35. I eat a lot and sleep longer hours to temporarily lessen the stress load
36. I find activities that can relax my mind
37. I drown myself with alcohol to ignore my problem for the meantime

Response: 4-Likert scale
Never, Sometimes, Most of the time, Always
*Item 28 is missing from questionnaire due to a technical issue.

Pinoy Ako Scale – (Tuason and Crutchfield Jr., 2018)

1. Although I do not live in the Philippines, I believe I have a moral and emotional responsibility to it.
2. I have difficulty trying to define myself to other people.
3. I view this country as a haven of opportunities for myself and my family.
4. It is important for me to raise my children (or future children) according to Filipino values.
5. I find that when working or studying, I feel pressured by the constant need to prove myself to others.
6. I believe that we (or I) immigrated to this country to create a better future for myself.

7. It is important for me to teach my children (or future children) Tagalog, or other Filipino language.
8. In my professions or job, I feel pressured to work much more and prove my competence.
9. To me, being Filipino living in this country is a gift in that I have more resources living here.
10. It is important for me that I go back to the Philippines to visit.
11. I have tried to disguise my identity from others just so that I would be accepted more easily into my social group.
12. I enjoy all the material good and technology that living in this country offers me such as cellphones, video games and computers.
13. In terms of where I am in my life, I prefer to be intimate with Filipino immigrants.
14. I at times feel doubtful of who I am and where I came from.
15. I regard my identity as being a combination of both this culture and Filipino culture.
16. When I learn of natural disasters or human-made tragedies in the Philippines, I want to reach out and help in any way I can.
17. I have been the target of aggression or ridicule, which I can only attribute to my being a Filipino immigrant.
18. I have always believed that having an education will take me far in life.
19. My closest friends here are mostly Filipino immigrants.
20. When trying to find a job or looking for a place to live, I often feel disadvantaged because of my background.
21. Having lived in this country for quite some time, I characterise myself as efficient and independent.

Response: 7-Likert scale

Strongly Disagree, Somewhat Disagree, Disagree, Neutral, Agree, Somewhat Agree, Strongly Agree.