KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received: 01 April 2025
Revised: 11 June 2025
Accepted: 18 June 2025
Published online: 10 July 2025

Journal of Adolescent and Youth Psychological Studies

Volume 6, Issue 7, pp 1-9

E-ISSN: 2981-2526

Identifying the Cultural and Contextual Barriers to Help-Seeking Behavior for Mental Health in Adolescents

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Ghaf Maisarah, S., & Chen, M. (2025). Identifying the Cultural and Contextual Barriers to Help-Seeking Behavior for Mental Health in Adolescents. *Journal of Adolescent and Youth Psychological Studies, 6*(7), 1-9.
http://dx.doi.org/10.61838/kman.jayps.4351

A B S T R A C T

Objective: This study aimed to explore and identify the cultural, interpersonal, and structural barriers that influence help-seeking behavior for mental health among adolescents in Taiwan.

Methods and Materials: A qualitative research design was employed, using semi-structured individual interviews to capture adolescents' experiences and perspectives on help-seeking for mental health concerns. Participants were 24 adolescents aged 13–18 years, recruited through purposive sampling from urban and suburban areas of Taiwan. Inclusion criteria included current school enrollment, fluency in Mandarin Chinese, and willingness to discuss mental health experiences. Data collection continued until theoretical saturation was achieved. Interviews lasted 45–75 minutes and were audio-recorded, transcribed verbatim, and translated into English for analysis. Thematic analysis was conducted following Braun and Clarke's six-step process, using NVivo 14 software to facilitate coding and theme development. Trustworthiness was enhanced through member checking, peer debriefing, and maintaining an audit trail.

Findings: Analysis revealed three main themes: (1) Cultural Norms and Stigma, encompassing fear of losing face, stigmatization of mental illness, beliefs in self-reliance, filial piety, preference for traditional healing, and a silence culture in schools; (2) Interpersonal and Family Dynamics, including parental misunderstanding, lack of emotional support, communication barriers, peer pressure, and overprotective parenting; and (3) Structural and Accessibility

Conclusion: Help-seeking behavior among Taiwanese adolescents is shaped by intersecting cultural, relational, and systemic barriers that require culturally grounded, multi-level interventions. Addressing stigma, enhancing parental and school support, improving service accessibility, and integrating culturally relevant practices are essential for improving adolescent mental health outcomes in this context.

Keywords: *adolescents; mental health; help-seeking behavior; cultural barriers; stigma.*

1. Introduction

Adolescence is a critical developmental stage characterized by rapid biological, psychological, and social changes, during which mental health challenges often emerge or intensify. Globally, a substantial proportion of adolescents experience mental health difficulties, yet a significant number do not seek appropriate professional help (Hews-Girard et al., 2025; Villatoro et al., 2022). Help-seeking behaviors during adolescence are shaped by a complex interplay of individual, cultural, interpersonal, and structural factors that influence recognition of mental health needs, perceptions of available services, and willingness to engage with those services (Douglas et al., 2023; Lesmana & Chung, 2024). In the context of East Asia, including Taiwan, these barriers are often reinforced by collectivist cultural norms, stigma, and high academic expectations, all of which can exacerbate delays in seeking treatment. Understanding these barriers is crucial for designing culturally relevant interventions and service delivery models that meet the needs of adolescents in specific socio-cultural settings (Sandsgård-Hilmarsen et al., 2025; Viksveen et al., 2024).

Previous research has demonstrated that adolescents' willingness to seek help is influenced by mental health literacy, perceived stigma, and trust in service providers (Lesmana & Chung, 2024; Sandsgård-Hilmarsen et al., 2025). Youth with limited understanding of mental health conditions often misinterpret symptoms, delay seeking assistance, or rely solely on informal sources of support such as family and peers (Habtu et al., 2021; Islam et al., 2022). Cultural values, such as maintaining family honor and avoiding behaviors perceived as bringing "shame," can strongly discourage disclosure of psychological distress (Salami et al., 2021; Villatoro et al., 2022). In many Asian societies, including Taiwan, the concept of "saving face" plays a significant role in interpersonal dynamics and can directly impede professional help-seeking. Moreover, adolescents' decisions are often mediated by parental attitudes toward mental health, with parents themselves influenced by generational beliefs and their own access to accurate information (Carroll et al., 2025; Smith et al., 2025).

Structural and systemic barriers compound these cultural influences. Access to mental health services for youth remains uneven, with shortages of specialized providers, long waiting times, and inadequate integration of mental health into primary care (Close et al., 2023; Graves et al., 2024). Even when services are available, quality and cultural competence vary, leaving some youth feeling misunderstood or alienated (Hews-Girard et al., 2025; Sherk, 2024). Studies in rural and minority communities highlight disparities in access and utilization, often linked to socioeconomic disadvantage and geographic isolation (Abdel-Baki et al., 2021; Graves et al., 2024). For marginalized groups, such as refugee, immigrant, or minority youth, these structural issues intersect with language barriers and experiences of discrimination, further reducing the likelihood of help-seeking (Gyan et al., 2023; Islam et al., 2022).

Digital mental health services have been proposed as a promising avenue for increasing access and engagement, particularly among adolescents who are digital natives (Bassi et al., 2024; Lyon et al., 2020). Platforms that integrate measurement-based care and virtual counseling have shown potential to address service gaps, especially during and after the COVID-19 pandemic (Hawke et al., 2021; Vázquez et al., 2021). However, digital interventions face their own barriers, including concerns about confidentiality, digital literacy, and cultural appropriateness (Dimitropoulos et al., 2023; Vázquez, Culianos, et al., 2024). Furthermore, while online approaches may reduce logistical obstacles, they may not adequately address deeply rooted cultural stigma or mistrust toward mental health professionals (Libon et al., 2022; Vázquez, Rodríguez, et al., 2024).

Adolescents from ethnic minority or marginalized backgrounds often experience an added layer of barriers rooted in systemic inequities. Research on immigrant and refugee youth reveals that lack of culturally sensitive services, combined with experiences of marginalization, can reduce trust in mental health systems (Gyan et al., 2023; Sandsgård-Hilmarsen et al., 2025). Studies among Black youth in North America, for example, point to the importance of culturally matched providers, racial representation, and acknowledgment of cultural identity in fostering engagement (Carroll et al., 2025; Douglas et al., 2023; Salami et al., 2021). Similarly, Latinx adolescents and their caregivers report that language accessibility, perceived cultural competence, and the burden of navigating systemic discrimination shape their help-seeking behaviors (Vázquez, Culianos, et al., 2024; Vázquez, Rodríguez, et al., 2024).

School environments are also key determinants of adolescent mental health and help-seeking behavior. A supportive school climate, including teacher sensitivity to emotional needs and peer acceptance, can encourage students to disclose distress and seek help (Close et al., 2023;

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Lesmana & Chung, 2024). Conversely, schools that prioritize academic performance over student well-being may inadvertently discourage help-seeking, especially when counseling resources are scarce or underutilized (Jackson et al., 2019; Kourgiantakis et al., 2023). The presence of specialized instructional support personnel has been proposed as a way to address youth mental health crises within educational settings (Close et al., 2023), but the effectiveness of such approaches depends on resource allocation, staff training, and integration with community services (Lyon et al., 2020; Sherk, 2024).

Stigma, both public and internalized, remains one of the most persistent and influential barriers to adolescent help-seeking (Libon et al., 2022; Villatoro et al., 2022). Adolescents may fear being labeled as "mentally ill" by peers or teachers, which can lead to social exclusion and discrimination. This fear is often magnified in collectivist cultures where group harmony is prioritized and individual struggles are discouraged from being publicly acknowledged (Lesmana & Chung, 2024; Sandsgård-Hilmarsen et al., 2025). Caregiver attitudes also play a critical role; in some cases, even when adolescents express a desire for help, parents may resist or delay seeking services due to their own stigmatizing beliefs (Carroll et al., 2025; Vázquez, Rodríguez, et al., 2024).

Several studies have highlighted the role of peer support in overcoming barriers, suggesting that adolescents are more likely to engage with services when encouraged by peers who have had positive experiences (Hews-Girard et al., 2025; Libon et al., 2022). Peer-led initiatives, particularly those embedded within schools or community youth programs, can normalize discussions about mental health and reduce perceived stigma (Sherk, 2024; Viksveen et al., 2024). However, peer support is not without challenges, as it requires careful implementation, training, and ongoing supervision to ensure accuracy of information and appropriate boundaries (Bassi et al., 2024; Hews-Girard et al., 2025).

The COVID-19 pandemic has added new complexities to adolescent mental health, amplifying stressors while simultaneously disrupting traditional pathways to care (Douglas et al., 2023; Hawke et al., 2021). School closures, social isolation, and increased family stress have heightened the risk for mental health problems, while service disruptions have forced a rapid shift toward virtual care (Vázquez, Culianos, et al., 2024; Vázquez et al., 2021). For some adolescents, this shift created opportunities for more discreet and flexible access; for others, it reinforced existing inequities due to lack of internet access, private space, or digital literacy (Dimitropoulos et al., 2023; Islam et al., 2022).

Given these multifaceted influences, it is essential to examine adolescent help-seeking through a culturally and contextually informed lens. In Taiwan, as in other East Asian contexts, help-seeking behaviors are shaped by a blend of traditional values, educational pressures, and evolving social norms. While global literature has addressed barriers among diverse populations—including refugee youth (Gyan et al., 2023; Sandsgård-Hilmarsen et al., 2025), Indigenous youth (Sherk, 2024), and youth in foster care (Jackson et al., 2019)—there remains a need to contextualize findings within specific cultural frameworks. This study aims to address this gap by exploring the cultural and contextual barriers to mental health help-seeking among Taiwanese adolescents.

2. Methods and Materials

2.1. Study Design and Participants

This study adopted a qualitative research design to explore the cultural and contextual barriers that influence help-seeking behavior for mental health among adolescents. The qualitative approach was selected to enable an in-depth understanding of participants' lived experiences, perceptions, and social contexts, allowing the researchers to capture the complexity and nuance of the phenomenon under investigation. The research focused specifically on adolescents residing in Taiwan, reflecting the importance of cultural setting in shaping mental health attitudes and behaviors.

The study population consisted of adolescents aged between 13 and 18 years, recruited through purposive sampling to ensure diversity in gender, socioeconomic background, and school type. Recruitment was facilitated through collaboration with local schools, community centers, and youth organizations. Inclusion criteria required participants to be currently enrolled in school, fluent in Mandarin Chinese, and willing to share their experiences regarding mental health and help-seeking. Exclusion criteria included diagnosed severe cognitive impairment or inability to participate in an interview due to mental health crisis. A total of 24 participants were included, with the sample size determined by the principle of theoretical saturation, meaning data collection ceased once no new themes or insights emerged from the interviews.

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2.2. *Measures*

Data were collected through individual semi-structured interviews conducted face-to-face in a private, comfortable setting to encourage openness and confidentiality. Each interview lasted between 45 and 75 minutes and was guided by an interview protocol covering key topics such as awareness of mental health issues, perceived stigma, cultural norms, family attitudes, and accessibility of mental health services. The semi-structured format allowed for consistency across interviews while providing flexibility to explore emerging themes in greater depth. All interviews were audio-recorded with participants' consent and later transcribed verbatim in Mandarin before translation into English for analysis. Field notes were taken after each interview to document non-verbal cues, contextual factors, and researcher reflections.

2.3. *Data Analysis*

Data analysis was carried out using NVivo software version 14 to facilitate systematic coding and theme development. Thematic analysis was employed following Braun and Clarke's six-step process: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Both inductive and deductive coding strategies were used, allowing the analysis to remain grounded in participants' accounts while also being informed by relevant theoretical frameworks on help-seeking behavior. To enhance trustworthiness, multiple strategies were applied, including member checking with selected participants, peer debriefing among the research team, and maintaining an audit trail of coding decisions and analytical memos. Data confidentiality and participant anonymity were ensured throughout the study by assigning pseudonyms and removing identifying information from transcripts.

3. Findings and Results

The study sample consisted of 24 adolescents aged between 13 and 18 years (M = 15.5 years), all residing in urban or suburban areas of Taiwan. Of the participants, 13 (54.2%) identified as female and 11 (45.8%) as male. Regarding educational level, 14 participants (58.3%) were enrolled in senior high school, while 10 participants (41.7%) were attending junior high school. In terms of family background, 9 participants (37.5%) reported living in single-parent households, and 15 participants (62.5%) lived with both parents. Socioeconomic status, self-reported by participants based on family income and living conditions, was distributed as follows: 6 participants (25%) classified themselves as low-income, 13 participants (54.2%) as middle-income, and 5 participants (20.8%) as high-income.

Table 1

Main Themes, Subthemes, and Concepts

Category (Main Theme)	Subcategory	Concepts (Open Codes)
1. Cultural Norms and Stigma	Fear of Losing Face	Avoiding shame, Hiding emotions, Concern about damaging family reputation, Avoiding peer judgment
	Stigmatization of Mental Illness	Negative stereotypes about mental illness, Linking mental health issues with weakness, Social labeling, Peer ridicule
	Cultural Beliefs about Self-Reliance	Enduring problems silently, Avoiding burdening others, Belief in personal strength over professional help
	Influence of Filial Piety	Prioritizing family harmony over self-expression, Avoiding discussions that distress parents, Obedience to elders' advice
	Preference for Traditional Healing	Consulting religious leaders, Herbal remedies, Family-based solutions
	Silence Culture in Schools	Avoiding mental health discussions in class, Teachers ignoring emotional issues, No safe spaces for sharing
2. Interpersonal and Family Dynamics	Parental Misunderstanding	Parents minimizing emotional distress, Attributing behavior to laziness, Lack of awareness about mental health
	Lack of Emotional Support	Emotional distance from parents, Lack of empathy, Limited active listening

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	Communication Barriers	Difficulty expressing feelings, Fear of being misunderstood, Avoiding confrontation
	Peer Pressure	Fear of gossip, Pressure to conform to group norms, Ridicule for seeking help
	Overprotective Parenting	Controlling children's decisions, Discouraging independence, Monitoring friendships
3. Structural and Accessibility Barriers	Limited Access to Services	Few adolescent-focused clinics, Long waiting times, Lack of school counselors
	Financial Constraints	High cost of therapy, Lack of insurance coverage, Prioritizing academic expenses
	Academic Pressure	Prioritizing grades over health, Fear of missing school, Teacher resistance to time off
	Lack of Mental Health Education	Limited awareness campaigns, Few role models, Outdated textbooks
	Distrust in Confidentiality	Fear that information will be shared with parents, Lack of private counseling spaces, Concerns about gossip among staff
	Inconsistent Service Quality	Untrained counselors, Short session times, High turnover of professionals

Cultural Norms and Stigma

Fear of Losing Face emerged as a strong barrier, with adolescents describing how seeking professional mental health support could be perceived as a personal weakness or a source of family shame. One participant stated, *"If my classmates know I go to a counselor, they might think something is wrong with me, and that will make my family look bad."* Others expressed avoiding emotional disclosure to protect their own and their family's social standing, preferring instead to hide distress or mask emotions in public.

The *Stigmatization of Mental Illness* was evident in participants' accounts of peers and community members linking psychological struggles with personal flaws. Several adolescents described mental health labels as "permanent marks" that can follow a person, with one remarking, *"Once they call you 'crazy,' they will never see you as normal again."* Such stigmatization led to fear of ridicule and isolation, preventing early help-seeking.

Cultural Beliefs about Self-Reliance reinforced the avoidance of external help. Adolescents spoke of enduring problems silently, influenced by messages to "stay strong" and "not trouble others." As one participant noted, *"My parents always tell me to solve my own problems; only weak people need to talk to strangers about their feelings."* This belief fostered a reliance on personal coping, even when distress intensified.

The influence of *Filial Piety* appeared in accounts of adolescents avoiding conversations that could upset their parents. Respect for elders and prioritizing family harmony meant that personal struggles were often suppressed. One adolescent shared, *"I didn't tell my mom I was feeling depressed because I didn't want her to worry or think she failed as a parent."*

A *Preference for Traditional Healing* emerged in some families, with adolescents reporting pressure to consult religious figures or use herbal remedies rather than seek clinical care. One participant said, *"When I told my grandmother I was feeling anxious, she told me to visit the temple instead of seeing a doctor."*

The *Silence Culture in Schools* contributed to the lack of dialogue about mental health. Students described classrooms where emotional well-being was never discussed, and teachers often avoided addressing distress. As one student recounted, *"A classmate cried in the corner during lunch, and the teacher just walked past as if nothing happened."*

Interpersonal and Family Dynamics

Parental Misunderstanding was a common theme, with adolescents reporting that parents often dismissed their feelings as normal teenage behavior or laziness. One participant said, *"When I told my dad I couldn't sleep because I was worried all the time, he said I was just overthinking and should stop being dramatic."* This lack of recognition for emotional pain discouraged further disclosure.

A *Lack of Emotional Support* also hindered help-seeking. Many participants described emotionally distant relationships, in which parents rarely offered empathy or active listening. One adolescent stated, *"My parents care about my grades, not my feelings. I can't remember the last time they asked if I was happy."*

Communication Barriers between adolescents and parents compounded the problem. Some feared being misunderstood or triggering conflict. As one participant explained, *"If I try to tell my mom how I feel, she thinks I'm blaming her, so I just keep quiet."*

Peer Pressure was another interpersonal barrier, with adolescents fearing gossip or loss of social standing if they

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sought help. One student said, *"If you go to counseling, everyone in your friend group will talk about it behind your back."* This fear often led them to endure distress silently.

Overprotective Parenting discouraged independent problem-solving. Several participants described parents who tightly controlled their decisions, including whether they could seek outside help. A participant noted, *"My mom doesn't let me make appointments by myself; she says she knows what's best for me, but she doesn't believe in therapy."*

Structural and Accessibility Barriers

Limited Access to Services was identified as a major obstacle. Adolescents described the scarcity of youth-focused clinics, long waitlists, and lack of school-based counselors. One participant remarked, *"The nearest clinic is an hour away, and by the time you get an appointment, you don't even want to talk anymore."*

Financial Constraints further limited access, with therapy fees and the absence of insurance coverage being significant deterrents. One student stated, *"Counseling is too expensive. My parents say it's a luxury we can't afford."* In some cases, families prioritized academic expenses over mental health care.

Academic Pressure created additional challenges, as adolescents feared missing school or falling behind in studies. One participant shared, *"I can't skip class for therapy; my teachers would be angry, and my grades would drop."*

A *Lack of Mental Health Education* meant that many adolescents were unaware of available services or the importance of early intervention. One student explained, *"We never learn about mental health in school; it's not in the textbooks, and no one talks about it."*

Distrust in Confidentiality was also significant, with adolescents worried that counselors might share their information with parents or teachers. A participant said, *"I don't believe they will keep my secrets; teachers talk to each other, and things spread quickly."*

Finally, *Inconsistent Service Quality* discouraged continued help-seeking. Some adolescents reported short, unhelpful sessions or untrained counselors. As one participant expressed, *"The counselor just gave me a pamphlet and told me to think positive; I didn't feel understood at all."*

4. Discussion and Conclusion

The findings of this study revealed a complex set of cultural, interpersonal, and structural barriers that hinder help-seeking behavior for mental health concerns among adolescents in Taiwan. Three overarching themes emerged: cultural norms and stigma, interpersonal and family dynamics, and structural and accessibility barriers. These results align with a growing body of evidence suggesting that adolescent help-seeking is influenced by deeply embedded sociocultural values, systemic inequities, and the interplay of peer and family relationships (Lesmana & Chung, 2024; Sandsgård-Hilmarsen et al., 2025; Villatoro et al., 2022). The dominance of collectivist cultural values, particularly the emphasis on family honor and the concept of "saving face," emerged as a salient factor in discouraging adolescents from seeking professional support. Similar cultural constraints have been identified in other collectivist societies, where seeking help for mental health issues is often perceived as a sign of personal weakness or a source of shame for the family (Gyan et al., 2023; Islam et al., 2022).

The barrier of "fear of losing face" found in this study is consistent with research among Latinx and immigrant youth, where stigma and cultural perceptions significantly mediate engagement with services (Salami et al., 2021; Vázquez, Rodríguez, et al., 2024). Participants reported avoiding mental health disclosure to protect both their personal and family reputations, echoing findings from minority communities in North America where intergenerational attitudes toward mental illness perpetuate secrecy (Carroll et al., 2025; Douglas et al., 2023). This supports the notion that culturally specific stigma operates not only at the individual level but is also reinforced by collective expectations and family structures (Sandsgård-Hilmarsen et al., 2025; Smith et al., 2025).

The role of parental misunderstanding and lack of emotional support found in our study mirrors findings from studies of youth in both Western and non-Western contexts, where caregiver awareness and acceptance of mental health issues are critical determinants of whether adolescents seek formal help (Close et al., 2023; Vázquez, Culianos, et al., 2024). For example, parental minimization of emotional distress has been documented in Black youth populations, where families often prioritize resilience and self-reliance over professional assistance (Douglas et al., 2023; Salami et al., 2021). In Taiwan, this is further reinforced by traditional Confucian family structures, which prioritize obedience, familial harmony, and academic achievement—values that can create emotional distance and suppress open

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communication (Islam et al., 2022; Lesmana & Chung, 2024).

Peer pressure, another subtheme identified in our findings, has been shown to be a significant barrier across diverse adolescent populations. Similar to our participants' reports of gossip and ridicule, studies of U.S. high school students found that anticipated peer judgment discouraged disclosure and service utilization (Libon et al., 2022; Villatoro et al., 2022). The influence of peers can be double-edged: while negative peer norms can reinforce stigma, peer support interventions have been successful in encouraging help-seeking by normalizing mental health conversations (Bassi et al., 2024; Hews-Girard et al., 2025). This suggests that targeted peer-led programs in Taiwanese schools could mitigate some of the peer-related stigma barriers identified here.

Structural and accessibility barriers reported by participants—such as limited adolescent-focused services, financial constraints, and distrust in confidentiality—mirror international findings that service availability and quality are critical determinants of adolescent engagement (Graves et al., 2024; Kourgiantakis et al., 2023). In rural and underserved regions, both in Taiwan and globally, shortages of qualified providers and long wait times exacerbate delays in accessing care (Abdel-Baki et al., 2021; Sherk, 2024). Financial barriers, in particular, remain a persistent challenge; studies in Canada, the United States, and Ethiopia have highlighted that high out-of-pocket costs can render mental health services inaccessible to youth from low- and middle-income families (Habtu et al., 2021; Salami et al., 2021). In our sample, the prioritization of academic expenses over therapy reflects a broader cultural trend of placing educational success above personal well-being, which has also been observed in East Asian educational systems (Lesmana & Chung, 2024; Vázquez, Rodríguez, et al., 2024).

The distrust in confidentiality expressed by participants parallels findings in multiple cultural contexts where adolescents fear that disclosures will be shared with parents or authority figures without consent (Libon et al., 2022; Villatoro et al., 2022). This is especially problematic in collectivist societies where family involvement in youth decision-making is the norm, and adolescents may feel they lack control over their own mental health information (Carroll et al., 2025; Islam et al., 2022). Creating clear, culturally sensitive confidentiality protocols and communicating them effectively to adolescents could be a critical step in overcoming this barrier.

The identified "silence culture" in schools reflects broader educational system priorities in East Asia, where academic performance often takes precedence over socioemotional learning (Close et al., 2023; Jackson et al., 2019). This aligns with research showing that schools can either act as facilitators or barriers to help-seeking depending on the extent to which they integrate mental health education and normalize support services (Kourgiantakis et al., 2023; Lyon et al., 2020). Our findings suggest that the absence of safe spaces and proactive teacher engagement in mental health conversations further isolates students, reinforcing the notion that distress should remain private.

The preference for traditional healing methods among some families in our study reflects a broader reliance on culturally embedded health practices observed in Indigenous, refugee, and rural populations worldwide (Gyan et al., 2023; Sherk, 2024). While these approaches can provide culturally congruent support, they may also delay access to evidence-based clinical care, particularly when they are framed as substitutes rather than complements to professional services (Abdel-Baki et al., 2021; Viksveen et al., 2024). Integrating culturally relevant practices into formal service delivery could bridge this gap, fostering trust while ensuring access to clinically effective interventions.

Our results also reinforce the growing body of literature emphasizing the potential and limitations of digital mental health interventions. While some participants acknowledged that online platforms could address logistical barriers, concerns about cultural appropriateness, privacy, and the impersonal nature of digital care persisted (Bassi et al., 2024; Dimitropoulos et al., 2023). These concerns are consistent with findings from virtual service evaluations during the COVID-19 pandemic, which showed that while telepsychology improved accessibility for some, it also exacerbated inequalities for those without reliable internet access or private spaces (Hawke et al., 2021; Vázquez et al., 2021). Tailoring digital tools to the linguistic, cultural, and privacy needs of Taiwanese adolescents could enhance their acceptability and impact.

Overall, the study's findings highlight that help-seeking among Taiwanese adolescents is shaped by intersecting barriers that cannot be addressed in isolation. Cultural stigma, family dynamics, peer influences, and systemic limitations interact to create a multilayered environment in which adolescents may internalize the belief that mental health struggles should be endured privately rather than addressed through professional help (Lesmana & Chung, 2024; Sandsgård-Hilmarsen et al., 2025). Addressing these

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barriers requires interventions that are culturally grounded, developmentally appropriate, and embedded within both educational and community contexts.

5. Limitations & Suggestions

This study is not without limitations. The sample was limited to adolescents residing in Taiwan, which may restrict the transferability of findings to other cultural or geographic contexts. The use of semi-structured interviews allowed for in-depth exploration of experiences, but self-reported data may be subject to recall bias or social desirability effects, particularly given the sensitive nature of discussing mental health. Additionally, while theoretical saturation was reached with 24 participants, the diversity of Taiwan's population means that the experiences of some subgroups—such as Indigenous youth, rural adolescents, or those from immigrant backgrounds—may not have been fully captured. Finally, the cross-sectional design limits the ability to assess changes in perceptions and behaviors over time or in response to interventions.

Future studies should consider employing longitudinal designs to examine how cultural and contextual barriers to help-seeking evolve over the course of adolescence and into young adulthood. Comparative studies across different cultural or ethnic groups within Taiwan could provide valuable insights into the ways cultural identity interacts with help-seeking behavior. Furthermore, mixed-methods approaches incorporating quantitative measures of stigma, mental health literacy, and service access alongside qualitative narratives could yield a more comprehensive understanding. Given the rise of digital mental health tools, research should also explore the acceptability and efficacy of culturally tailored online interventions among Taiwanese adolescents, with attention to privacy, usability, and integration into existing support systems.

To improve adolescent mental health service utilization in Taiwan, interventions should address barriers at multiple levels. At the cultural level, public awareness campaigns and school-based programs should focus on reducing stigma and promoting open discussion of mental health issues. At the interpersonal level, parent education programs can enhance caregivers' understanding of adolescent mental health needs and encourage supportive communication. Structurally, expanding the availability of adolescent-focused mental health services, improving affordability, and ensuring confidentiality protections are essential. Incorporating culturally relevant practices into formal care, including collaboration with traditional healers and religious leaders, may also increase service acceptability. Schools should integrate mental health education into curricula and provide accessible, well-trained counseling personnel to create safe and supportive environments for help-seeking.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed to this article.

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