KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 24 June 2025
Revised 12 September 2025
Accepted 22 September 2025
Published online 01 January 2026

KMAN Counseling & Psychology Nexus

Volume 4, pp 1-9

E-ISSN: 3041-9026

Identifying Factors Shaping Help-Seeking Behaviors in Individuals With Depression

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A r t i c l e I n f o

Article type:
Original Research
Section:
Clinical Psychology

How to cite this article:
Hrivnáková, Z., Tremblay, D., & Leppik, T. (2026). Identifying Factors Shaping Help-Seeking Behaviors in Individuals With Depression. *KMAN Conseling and Psychology Nexus, 4*, 1-9.
http://doi.org/10.61838/kman.cp.psynexus.5415

A B S T R A C T

The objective of this study was to identify the psychological, social, and systemic factors influencing help-seeking behaviors among individuals living with depression. This qualitative study employed a phenomenological design to explore the lived experiences of adults diagnosed with depression. A purposive sampling strategy was used to recruit 20 participants residing in Canada, representing diverse gender, age, and socioeconomic backgrounds. Data collection consisted of semi-structured, in-depth interviews lasting 45–75 minutes, conducted either in person or via secure video conferencing platforms. Interviews were transcribed verbatim, anonymized, and analyzed using NVivo software. Thematic analysis guided data interpretation, following iterative coding, constant comparison, and refinement of conceptual categories. Two researchers independently coded initial transcripts to enhance credibility and resolve discrepancies through discussion, while data collection continued until theoretical saturation was reached. Ethical considerations, including informed consent and confidentiality safeguards, were strictly observed throughout the research process. Analysis revealed three overarching themes shaping help-seeking: (1) personal and psychological influences, including internalized stigma, emotional avoidance, cognitive readiness, and the role of crisis thresholds; (2) social and relational contexts, encompassing family encouragement, cultural norms, peer influence, community stigma, and relationship dynamics; and (3) structural and systemic conditions, including financial barriers, service accessibility, system navigation challenges, provider fit, and trust in healthcare institutions. Across participants, help-seeking behavior emerged as a dynamic and multilayered process shaped by the interaction of individual vulnerability, sociocultural expectations, and systemic affordances or constraints. The study concludes that help-seeking for depression is influenced by a complex interplay of emotional, social, and structural factors, highlighting the need for culturally sensitive interventions, improved accessibility, and system-level strategies to reduce stigma and facilitate timely engagement with mental health services.

Keywords: *Depression; Help-seeking behavior; Qualitative research; Mental health services; Stigma; Canada; Psychological factors.*

1. Introduction

Depression remains one of the most pervasive and disabling mental health conditions worldwide, contributing substantially to global disease burden and impairing individuals' functioning across emotional, social, and occupational domains. Despite the availability of effective treatments, a large proportion of individuals with depressive symptoms do not seek, access, or maintain engagement with mental health services. This persistent gap between symptom presence and help-seeking represents a complex and multifaceted challenge at clinical, community, and policy levels. A growing body of evidence illustrates that help-seeking is shaped by intersecting personal, interpersonal, cultural, and structural factors that influence whether individuals recognize the need for treatment, decide to pursue support, and sustain engagement throughout the care process (Reavley et al., 2025). Across diverse populations, barriers to help-seeking remain a central concern, and identifying these factors is critical for designing interventions that increase access, timeliness, and treatment adherence.

Recent population-based findings demonstrate substantial shifts in public perceptions of depression, particularly regarding diagnostic boundaries and attitudes toward seeking psychological support. For instance, research in Australia revealed that public views on depression reflect ongoing debates about diagnostic expansion and societal thresholds for identifying depressive symptoms, indicating dynamic cultural attitudes that influence help-seeking behaviors (Reavley et al., 2025). Complementing this, cross-sectional work highlights variations in help-seeking intentions among adolescents and young adults with different levels of depressive severity. Such studies reveal that internalized stigma, emotional barriers, and limited mental health literacy reduce the likelihood of seeking care, particularly in youth populations (Baldofski et al., 2024). Together, these findings underscore the importance of contextualizing help-seeking within broader sociocultural and developmental frameworks.

The literature further emphasizes that individual illness characteristics, including the presence of comorbid mental health symptoms, complexity of depression, or coexisting physical health conditions, can significantly impact perceived need for care and treatment-seeking behavior. Among veterans, more severe and complex depressive presentations are associated with poorer functional outcomes and lower engagement with integrated primary care, suggesting that illness chronicity and complexity may intensify help-seeking challenges (Campbell et al., 2022). Similarly, research with individuals living with inflammatory bowel disease demonstrates that physical health comorbidities may heighten psychological distress, yet many still struggle to recognize or act upon the need for mental health treatment (Bernstein et al., 2023). These patterns illustrate how depression interacts with broader health contexts, shaping both awareness of psychological needs and accessibility of support options.

Help-seeking is additionally shaped by experiences within healthcare pathways. Emerging evidence from early psychosis populations indicates that psychiatric antecedents—such as subthreshold mood symptoms or previous mental health episodes—can influence clinical outcomes and engagement trajectories following first-episode psychosis (Pelizza et al., 2025). Moreover, qualitative studies of adolescents diagnosed with depressive disorder reveal that navigating formal psychological services is often marked by uncertainty, fear, logistical obstacles, and shifting perceptions of professional care (He et al., 2025). Participants in such studies frequently describe confusing referral procedures, mismatched expectations, and the emotional difficulty of disclosing personal distress to providers. These findings highlight the emotional and structural contexts that shape early interactions with mental health systems, which in turn influence subsequent help-seeking decisions.

At the interpersonal and sociocultural level, relationships with family, peers, and communities play a pivotal role in shaping willingness to engage with professional care. Prior research shows that community stigma, cultural narratives about resilience, or gendered expectations can significantly suppress help-seeking among specific populations, including men, immigrant communities, and marginalized social groups (Swetlitz et al., 2024). For instance, Latino men navigating primary care environments describe a combination of cultural silence, fear of misinterpretation, and role-based pressures that limit disclosure of emotional distress (Swetlitz et al., 2024). Likewise, Black American women with depression report complex attitudes toward mental health services and identify mobile technology tools as potentially acceptable alternatives for managing symptoms, reflecting both a need for culturally sensitive options and ongoing concerns about stigma (McCall et al., 2023). These findings highlight how cultural context intersects with mental health experiences, shaping

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E-ISSN: 3041-9026

perceptions of what types of help are acceptable, accessible, or safe.

Discrimination and minority stress also play influential roles in shaping help-seeking patterns. Among LGBQ+ veterans, experiences of discrimination significantly predict hesitation to seek mental health treatment, revealing how historical trauma and institutional mistrust exacerbate psychological vulnerability and reduce help-seeking motivation (Harper et al., 2025). Similarly, double stigma—stemming from intersecting marginalized identities and mental health conditions—has been shown to intensify internalized shame, increase fear of judgment, and create additional barriers to accessing support among Black individuals experiencing behavioral health disorders (Yu et al., 2022). These findings illustrate that structural discrimination and sociocultural marginalization remain critical, yet often underaddressed, determinants of help-seeking.

Medical mistrust has also emerged as a powerful predictor of whether individuals engage with mental health services. Among Black adults, depression may serve as a mediating variable in the relationship between medical mistrust and treatment utilization, suggesting that mistrust and depressive symptoms interact in ways that reduce help-seeking intention and treatment engagement (Pederson et al., 2025). These findings highlight the importance of examining emotional, relational, and systemic barriers simultaneously. Related work with older adults across low-resource settings shows that psychiatric distress often remains unrecognized and untreated, as individuals may interpret depressive symptoms as part of normal aging and avoid mental health services due to stigma or limited awareness (Oluwagbenga, 2025). These patterns demonstrate that the cultural framing of mental health symptoms strongly influences whether individuals view depression as requiring professional intervention.

Gender and life-stage-specific considerations also shape help-seeking behaviors. Among pregnant women, studies reveal low awareness of antenatal depression and reduced likelihood of seeking professional help due to limited knowledge, stigma, and prioritization of physical rather than mental health during pregnancy (Kamal et al., 2025). Moreover, culturally diverse adults with major depressive disorder report varied perceptions of community mental health services, with many expressing concerns about cultural insensitivity or misalignment between their needs and available services (Tan & Goh, 2023). These findings point to the importance of cultural tailoring and sensitivity in service provision, particularly within multicultural or immigrant-rich populations.

The global context further reflects wide disparities in service access and infrastructure. Community-based interventions represent a promising strategy for improving help-seeking among individuals with depressive symptoms, especially in low-resource settings. For example, ongoing trials in Nepal aim to optimize community-delivered mental health interventions to increase awareness, reduce stigma, and encourage earlier help-seeking (Luitel et al., 2025). In South Asia, research reveals substantial gaps between those who need support and those who receive it, with referral pathways often underutilized due to fear, misinformation, or lack of trust in available services (Dar et al., 2025). These examples illustrate that systemic inequities and infrastructural limitations remain key barriers to help-seeking across diverse contexts.

Technological tools and digital interventions have recently gained prominence as alternative or supplementary pathways for managing depressive symptoms. Among older adults in primary care, digital mental health screening and support tools show promise for improving identification and help-seeking for depression (Tansupasiri et al., 2022). For individuals coping with depression-related insomnia, digital or technology-assisted adjunctive treatments such as electroacupuncture delivered in clinical settings may also influence perceptions of mental health care and willingness to pursue support (Yeung & Mischoulon, 2022). Similarly, technology-based support programs designed for significant others of depressed individuals have shown potential to increase family engagement and reduce barriers to early help-seeking (Schramm et al., 2022). These findings suggest that digital and hybrid service delivery models may offer accessible, low-stigma alternatives for populations reluctant to use traditional services.

Across multiple populations, studies consistently demonstrate a mismatch between perceived need for care and actual help-seeking behavior. While many individuals acknowledge symptoms of depression, they may not perceive professional treatment as necessary, or may prioritize other concerns such as financial stability, physical health, or caregiving responsibilities (Bernstein et al., 2023). Furthermore, awareness of available mental health services remains uneven, and individuals frequently report uncertainty about how or when to seek professional support (Swetlitz et al., 2024). Throughout the literature, factors such as stigma, system navigation challenges, cultural barriers,

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E-ISSN: 3041-9026

and mistrust of healthcare institutions emerge as central themes shaping help-seeking tendencies.

Taken together, current research highlights the complexity of help-seeking behaviors among individuals with depression, underscoring the need for qualitative studies that examine the interplay of psychological, social, cultural, and systemic factors from the perspective of affected individuals themselves. Although quantitative and cross-sectional studies have identified key barriers and facilitators, there remains a need to explore how these factors are experienced and interpreted by individuals within real-world contexts, particularly across multicultural and diverse populations such as those in Canada. Therefore, the aim of this study is to identify the factors that shape help-seeking behaviors among individuals living with depression.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design using a phenomenological approach to explore the factors shaping help-seeking behaviors among individuals with depression. The phenomenological orientation was selected to allow an in-depth understanding of participants' lived experiences, subjective meanings, and decision-making processes related to seeking psychological or medical support. Participants were recruited using purposive sampling to ensure inclusion of individuals with diverse backgrounds and varying experiences of help-seeking.

A total of 20 participants were included in the study. Eligibility criteria required that participants be adults (18 years or older), have a current or past diagnosis of depression provided by a licensed mental health professional, and reside in Canada. Recruitment advertisements were distributed through community mental health centers, university counseling departments, and online mental health support forums. Sampling continued until theoretical saturation was achieved—that is, when no new themes, insights, or conceptual variations emerged from subsequent interviews.

2.2. Measures

Data were collected using semi-structured, in-depth interviews designed to elicit participants' personal experiences, motivations, barriers, and contextual factors influencing their help-seeking behaviors. An interview guide with open-ended questions was developed based on existing literature and expert consultation. Sample questions included: "Can you describe what influenced your decision to seek or not seek help for depression?" and "What personal, social, or environmental factors affected your help-seeking process?"

Interviews were conducted either face-to-face or via secure video conferencing platforms, depending on participant preference and geographic accessibility. Each interview lasted between 45 and 75 minutes and was audio-recorded with participants' informed consent. All recordings were professionally transcribed verbatim. To protect confidentiality, identifying information was removed from transcripts and codes were assigned to each participant.

2.3. Data analysis

Data were analyzed using thematic analysis, following an iterative and inductive process consistent with qualitative standards. The analysis involved multiple readings of the transcripts to gain familiarity with the data, followed by open coding to identify meaningful units representing participants' experiences. Coding and theme development were managed using NVivo qualitative data analysis software, which facilitated organizing, comparing, and refining codes.

Two researchers independently coded the first set of transcripts to ensure analytic rigor and enhance credibility. Discrepancies were discussed until consensus was reached, and the finalized coding framework was applied to the remaining transcripts. Axial and selective coding were subsequently used to cluster related codes into broader categories and overarching themes. Throughout the analysis, constant comparison techniques were applied to examine similarities and differences across participant accounts. Memos were written during the analytic process to document emerging insights and support reflexive interpretation.

3. Findings and Results

The study included 20 adult participants residing across various provinces in Canada. Participants ranged in age from 19 to 62 years (M = 34.7), with 12 identifying as women, 7 as men, and 1 as non-binary. In terms of marital status, 9 participants were single, 7 were married or in long-term partnerships, and 4 were divorced or separated. Regarding educational background, 6 participants held a high school diploma, 8 had completed undergraduate degrees, and 6 held graduate-level qualifications. Participants reflected diverse employment statuses, including 8 employed full-time, 4 employed part-time, 5 students, and 3 unemployed or on

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leave due to mental health concerns. The duration of living with depressive symptoms varied substantially: 7 participants reported experiencing depression for less than 3 years, 9 for 3–10 years, and 4 for more than a decade. Additionally, 11 participants had previously sought professional mental health support, while 9 were first-time help-seekers at the time of the interviews. This demographic diversity provided a broad range of perspectives relevant to the study's focus on help-seeking behaviors.

Table 1

Themes, Subthemes, and Concepts

Theme	Subtheme	Concepts (Open Codes)
Personal and Psychological Influences	Internal Barriers to Seeking Help	Feelings of shame; Fear of judgment; Self-blame; Minimizing symptoms; Emotional avoidance
	Cognitive and Emotional Readiness	Acceptance of problem; Readiness for change; Emotional exhaustion; Seeking relief from suffering
	Prior Experiences with Mental Illness	Previous ineffective treatments; Improvement after therapy; Family history of depression; Learning from past episodes
	Self-Stigma and Identity Concerns	Belief of personal weakness; Fear of being labeled; Concern about losing self-image
	Motivation for Recovery	Desire for functional life; Need for stability; Hope for improvement; Protecting personal goals
	Coping Threshold and Crisis Point	Reaching breaking point; Suicidal ideation as catalyst; Feeling "nothing is working"; Emotional overload
	Self-Efficacy and Perceived Control	Feeling helpless; Low perceived ability to self-manage; Belief in professional guidance; Fear of losing autonomy
Social and Relational Context	Family Support and Encouragement	Emotional support; Direct encouragement to seek help; Family pressure; Sharing symptoms with loved ones
	Peer Influence and Social Networks	Advice from friends; Observing others' help-seeking; Online peer communities; Social comparison
	Cultural Norms and Expectations	Cultural silence around mental illness; Pressure to "stay strong"; Stigma in immigrant communities; Norms against discussing emotions
	Workplace and School Environment	Academic pressures; Workplace mental health policies; Fear of disclosure at work; Support from colleagues
	Relationship Dynamics and Conflicts	Partner misunderstandings; Emotional withdrawal; Conflict as a trigger; Fear of burdening others
	Social Isolation	Withdrawal from social support; Feeling disconnected; Lack of trusted people; Reduced communication
	Community Attitudes and Awareness	Public mental health campaigns; Availability of mental health talks; Community stigma; Lack of awareness about depression
Structural and Systemic Influences	Accessibility of Mental Health Services	Long wait times; Lack of available therapists; Geographic barriers; Limited after-hours services
	Financial Constraints and Insurance Barriers	High cost of therapy; Limited insurance coverage; Fear of financial strain; Discontinuing due to cost
	Health System Navigation Challenges	Difficulty finding appropriate provider; Confusing referral processes; Lack of clear guidance; Administrative delays
	Quality and Fit of Services	Therapist–client mismatch; Desire for culturally competent care; Disappointment with previous services; Need for individualized support
	Digital and Online Help-Seeking Alternatives	Using online therapy apps; Searching symptoms online; Participating in virtual support groups; Preference for anonymity
	Awareness of Available Services	Lack of information about clinics; Uncertainty about when to seek help; Limited knowledge of emergency services
	Trust in the Healthcare System	Fear of misdiagnosis; Distrust due to past negative experiences; Concerns about confidentiality; Confidence in professionals

Participants described a range of internal processes that shaped their help-seeking decisions, highlighting both facilitative and inhibiting psychological factors. Many participants reported internal barriers, such as feelings of shame, fear of judgment, self-blame, emotional avoidance, and a tendency to minimize symptoms, which delayed their engagement with professional care. As one participant explained, "I kept telling myself it wasn't serious enough to bother anyone, even though I was falling apart inside." Others noted that help-seeking required substantial cognitive and emotional readiness, often developed through acceptance, emotional exhaustion, and a growing desire for relief. Prior experiences with depression also shaped pathways to care: some emphasized improvement from past

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therapy, while others described discouragement due to ineffective earlier treatments. Self-stigma further influenced their decisions, with individuals fearing that seeking help would reflect personal weakness. Motivation for recovery emerged as a strong counterforce, with participants citing a desire for stability and a need to regain functionality. Several described reaching a crisis threshold, where overwhelming distress or suicidal ideation finally pushed them toward professional support. As one interviewee stated, "I didn't want to die, but I didn't want to continue like that either. That was the moment I realized I needed help." Additionally, perceptions of self-efficacy and control influenced decisions, as some felt helpless and recognized that external guidance was necessary, whereas others feared losing autonomy by involving mental health professionals.

Social relationships played a pivotal role in shaping help-seeking behaviors, with participants noting both supportive and obstructive influences within their relational environments. Family support—including emotional encouragement, shared conversations, and occasional pressure to seek help—often acted as a primary catalyst for professional engagement. One participant shared, "My sister sat me down and said she couldn't watch me suffer anymore. That was the push I needed." Peers also influenced decisions, as social networks, including friends, online communities, and peer comparisons, normalized help-seeking or offered practical recommendations. Conversely, cultural norms—particularly among immigrant participants—discouraged disclosure of emotional struggles, reinforcing silence and resilience narratives. Participants also described their workplace and school environments as significant, with some expressing fear of stigma if their mental health became known, while others found support through institutional policies and understanding colleagues. Relationship dynamics, particularly conflicts or emotional distance with partners, prompted some individuals to seek professional help to avoid further strain. In contrast, social isolation—characterized by withdrawal, disconnection, and lack of trusted contacts—limited opportunities for encouragement and delayed support-seeking. Broader community attitudes, including public mental health campaigns and community stigma, further shaped awareness and perceptions. As one participant remarked, "Seeing posters about mental health at my community center made me think maybe it was okay to ask for help after all."

Participants' narratives underscored how structural and systemic conditions shaped their help-seeking trajectories, often determining the feasibility and timeliness of accessing care. Accessibility issues, including long wait times, lack of available clinicians, geographic constraints, and limited after-hours services, were frequently cited barriers. A participant emphasized, "By the time they offered me an appointment, I was already months into a really dark place." Financial constraints further complicated help-seeking, as individuals described therapy costs, inadequate insurance coverage, and fear of long-term financial strain. Navigating the health system was also challenging, with many reporting confusion about referral processes, locating appropriate providers, or encountering administrative delays. The quality and fit of services shaped continued engagement; mismatches with therapists, perceived lack of cultural competence, and unsatisfactory past therapy experiences discouraged persistence. Conversely, some participants turned to digital and online alternatives, such as therapy apps, online support groups, and internet searches, citing convenience and anonymity. Service awareness was another factor: many noted limited knowledge about community clinics or crisis options and uncertainty about when symptoms warranted professional care. Finally, trust in the healthcare system strongly influenced decisions, with several expressing fear of misdiagnosis, concerns about confidentiality, or general distrust stemming from previous negative encounters. One participant noted, "I wanted help, but I just didn't trust the system to take me seriously or keep my information safe."

4. Discussion and Conclusion

The purpose of this study was to explore the complex factors influencing help-seeking behaviors among individuals experiencing depression, using an in-depth qualitative approach. The findings highlighted three overarching thematic domains—personal and psychological influences, social and relational contexts, and structural and systemic conditions—that collectively shaped how, when, and why individuals chose to seek or delay professional mental health support. Participants described an interplay of emotional barriers, cultural pressures, interpersonal dynamics, and health system challenges that converged to influence their help-seeking pathways. These findings not only reinforce the multidimensional nature of mental health decision-making but also align with a growing body of international literature on depression care, stigma, system barriers, and cultural factors.

The first major theme, *personal and psychological influences*, revealed that emotional barriers such as shame,

fear of judgment, self-blame, and avoidance were central in delaying professional help-seeking. These findings are consistent with prior work demonstrating that internalized stigma and self-critical attributions often inhibit recognition of depressive symptoms and diminish individuals' willingness to seek care (Baldofski et al., 2024). Similar to adolescents and young adults in cross-sectional studies, participants often minimized their own symptoms or questioned the legitimacy of their emotional struggles, suggesting that perceived severity plays a crucial role in motivating or hindering help-seeking intentions (Baldofski et al., 2024). A number of participants described reaching a crisis point—such as severe functional decline or suicidal ideation—that ultimately forced them to confront the need for professional support. This finding echoes population-based work showing that perceptions of depression and diagnostic boundaries evolve with symptom escalation, with individuals becoming more accepting of care only when distress intensifies (Reavley et al., 2025). Furthermore, participants who had prior negative treatment experiences expressed hesitation toward engaging in new therapeutic relationships. This parallels findings from studies of veterans and complex depression cases, where illness chronicity and prior care experiences influence both perceived need for treatment and future engagement (Campbell et al., 2022). In addition, some participants described depressive symptoms themselves—such as hopelessness or diminished energy—as barriers to taking action, reinforcing earlier findings that emotional exhaustion can impair self-efficacy and reduce motivation to seek care (He et al., 2025).

The second theme, *social and relational context*, underscored the crucial influence of family, peers, partners, and community norms. Participants who received encouragement from family members or close friends were more likely to seek help, which aligns with existing evidence showing that supportive interpersonal environments facilitate treatment engagement, especially for individuals with complex or co-occurring health needs (Bernstein et al., 2023). Peer influence, particularly through online support communities, helped normalize help-seeking for some participants. This is consistent with research on digital mental health engagement among culturally diverse and underserved groups, who often rely on peer narratives to inform decisions about mental health care (McCall et al., 2023). Conversely, cultural expectations—particularly among participants from immigrant backgrounds—contributed to silence around emotional suffering and reinforced perceptions that seeking help was a sign of weakness. These findings parallel the experiences of Latino men, who report cultural scripts of resilience and stoicism as key barriers to acknowledging depressive symptoms within primary care settings (Swetlitz et al., 2024). Community-level stigma also emerged as a powerful deterrent, echoing prior evidence showing that minority populations, including Black adults and LGBQ+ veterans, often hesitate to seek therapy because of historical discrimination, mistrust, and fear of judgment (Harper et al., 2025; Yu et al., 2022). Participants also discussed relational tensions, particularly with partners, as catalysts for seeking professional support to preserve family stability. This resonates with studies showing that depression's interpersonal consequences can create emotional strain that motivates help-seeking (Tan & Goh, 2023).

The third theme, *structural and systemic influences*, revealed the extent to which health system complexity, affordability, service availability, and provider fit shaped help-seeking behaviors. Participants frequently cited long wait times, lack of available therapists, unclear referral pathways, and difficulties navigating the mental health system as substantial barriers. These concerns align closely with findings from qualitative studies of adolescents in psychological care, where confusing processes and limited access result in disengagement or delayed help-seeking (He et al., 2025). Similar system-level obstacles have been reported in South Asian contexts, where care pathways are often fragmented and individuals experience significant delays in obtaining treatment (Dar et al., 2025). Financial costs were also a pronounced concern among participants, particularly those without adequate insurance coverage or with limited income. This aligns with cross-sectional evidence showing that economic constraints significantly reduce mental health service utilization and contribute to unmet needs in depression care (Kamal et al., 2025). Additionally, structural mistrust—and concerns about confidentiality or being misunderstood—played a notable role in participants' reluctance to engage with professional services. This is consistent with research demonstrating that medical mistrust, particularly among marginalized groups, predicts reduced help-seeking, with depression mediating the relationship between mistrust and service use (Pederson et al., 2025).

Digital and community-based alternatives emerged as important supplemental strategies for participants, particularly those facing systemic barriers or stigma. Several participants described using mobile applications, online

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E-ISSN: 3041-9026

support groups, and digital screening tools as lower-stigma entry points into care. These findings align with research demonstrating the increasing acceptability and usefulness of digital interventions for older adults and culturally diverse populations (McCall et al., 2023; Tansupasiri et al., 2022). Moreover, participants' reliance on community mental health campaigns or informational posters to validate their emotional distress echoes global initiatives to enhance mental health literacy and reduce stigma, such as community-based programs in Nepal that aim to improve early help-seeking for depression (Luitel et al., 2025). Importantly, technological and community-driven approaches were particularly valued by participants who reported discomfort with traditional health systems or who experienced prior discrimination, reinforcing findings that digital and community strategies may help bridge structural gaps in mental health care (Schramm et al., 2022).

Taken together, the findings of this study support and extend existing research showing that help-seeking for depression is shaped by a dynamic interplay of personal distress, sociocultural expectations, relational experiences, and structural realities. The theme of internal emotional barriers reinforces prior evidence that depressive symptoms interact with stigma and self-criticism to suppress help-seeking across diverse populations (Baldofski et al., 2024; Yeung & Mischoulon, 2022). The influence of relational factors underscores the need to consider cultural norms, discrimination experiences, and family dynamics, building on findings that minoritized populations often face compounded barriers due to stigma and systemic inequities (Harper et al., 2025; Yu et al., 2022). Finally, the theme of systemic barriers reiterates that health system structure—including financial constraints, limited access, and navigation challenges—plays a decisive role in determining whether individuals can translate perceived need into actual treatment engagement (Campbell et al., 2022; Dar et al., 2025). The alignment between our findings and existing evidence reinforces the importance of multifaceted, culturally informed, and system-responsive interventions that holistically address the many layers of help-seeking behavior.

This study has several limitations. First, the sample size, although appropriate for qualitative inquiry, reflects the experiences of a limited number of participants, which may constrain the generalizability of the findings to broader populations. Second, all participants were residents of Canada, and cultural, structural, or system-level characteristics unique to this setting may not be fully applicable to other regions. Third, data were based on self-reported experiences, which may be influenced by recall bias or social desirability. Finally, while efforts were made to ensure diversity in age, gender, and background, the sample may not fully represent certain subgroups whose help-seeking experiences differ in significant ways.

Future research should expand to include larger and more culturally diverse samples to better capture variability in help-seeking experiences across different populations. Comparative studies across countries or regions with different mental health infrastructures would also provide valuable insights into how systemic factors influence care pathways. Additionally, longitudinal designs could examine how help-seeking behaviors evolve over time, particularly in response to policy changes, digital intervention uptake, or shifts in public mental health awareness. Further studies may also explore how co-occurring conditions influence the timing and trajectory of help-seeking among individuals with depression.

Practitioners should prioritize culturally responsive care and create environments that reduce stigma and increase psychological safety for individuals seeking support. Mental health services should streamline referral processes, expand timely access, and reduce financial barriers to improve entry into care. Incorporating digital or hybrid intervention models may offer flexible and lower-stigma alternatives for individuals hesitant to enter traditional services. Community-based outreach and education efforts can further support early recognition of depressive symptoms and encourage individuals to seek help before reaching crisis points.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

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