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The Relationship Between Chinese Culture and Adolescents' Willingness to Seek Mental Health Support

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Abstract. Among the factors related to adolescent depression, cultural values may also shape how young people experience mental health difficulties and seek professional support. This study examines the relationship between Chinese cultural values, depressive symptoms, and willingness to seek professional mental health support among adolescents aged 14–18. To examine these relationships, an anonymous online survey was completed by 33 participants and measured filial piety, collectivism, social harmony, mental health stigma, identification with Chinese culture, depressive symptoms, and willingness to seek help. The results showed that filial piety, collectivism, and social harmony were positively associated with depressive symptoms, while stigma was linked to greater depressive symptoms and lower willingness to seek professional help. In contrast, stronger identification with Chinese culture was related to greater willingness to seek help. These findings suggest that Chinese cultural identity itself was not necessarily associated with lower willingness to seek support, while specific cultural values and mental health stigma showed different associations with adolescents' mental health experiences and help-seeking.

Keywords: Chinese culture, adolescents, depression, mental health stigma, help-seeking

1. Introduction

In many countries, depression is one of the most prevalent mental disorders and a leading cause of disability, thereby affecting individuals' emotional well-being, academic performance, interpersonal relationships, and overall quality of life. Among young people, adolescence is a particularly important period, because significant biological, psychological, and social changes may increase the risk of developing depression [1]. At this stage of development, family relationships, social connections, and academic demands may be related to adolescents' emotional experiences. In this context, the need to understand the factors related to adolescent depression has become an important public health concern. Though existing research has examined adolescent depression and the role of culture in mental health, relatively few studies have investigated how traditional Chinese cultural values relate to adolescent depression from a positive psychology perspective. Therefore, this study examined the relationship between Chinese cultural values and depression among Chinese adolescents using survey data. More specifically, the study examined participants' perceptions of cultural expectations, emotional well-being, and attitudes toward mental health. Through this

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approach, the study aims to contribute to a better understanding of how culture may relate to adolescents' experiences of depression.

2. Literature review

From a positive psychology perspective, culture matters in understanding depression. In contrast to approaches that focus mainly on mental illness and its treatment, positive psychology emphasizes well-being, resilience, and the factors that allow individuals to thrive in life. Its three pillars include positive experiences, positive individual traits, and positive institutions, which emphasize purpose, meaning, and fulfillment in life. Besides, the development of positive psychology is closely connected to philosophical ideas. However, concepts of well-being are not universal across cultures and are often shaped by cultural values or religious traditions [2]. The Western philosophical roots of positive psychology could be traced back to the teachings of Aristotle, who prioritized the pursuit of happiness and well-being, which he referred to as eudaimonia. This led the Western view of positive psychology to focus on fulfilling one's satisfactions and achieving present desires in order to have a pleasant experience, emphasizing achievement and individualism as part of "happiness."

Meanwhile, Eastern perspectives on happiness, shaped by Buddhism, Confucianism, and Taoism, usually emphasize harmony and peace [3]. In Buddhism, happiness involves reducing "dukkha," or suffering, through practices such as meditation and directly facing challenges. Happiness is not the pursuit of pleasure but rather a state of peacefulness in which suffering is alleviated and desires are controlled, since it is believed that desires and cravings are the root of human suffering. Similarly, in Confucianism, happiness is linked to virtue, gratitude, and harmony between family and society. The emphasis on moral values and social responsibility distinguishes the Confucian view of happiness from other perspectives, as it requires more introspection in the sense of one's role in society, beyond the focus of how one merely pleases oneself. This focus on social responsibility and interpersonal relationships may be linked to collectivist values in some Asian cultural contexts. With regard to "harmony," Taoism proposes a similar point that emphasizes the importance of nature and advocates that "contentment makes happiness." Taoism encourages individuals to let go of expectations and follow their nature through acceptance, and the concept of "non-action," acting without unnecessary force, guides people to accept changes or events in life. These philosophical perspectives highlight different views of happiness, with some Western perspectives emphasizing individual fulfillment and some Eastern traditions placing greater emphasis on harmony, relationships, and self-cultivation. In turn, these contrasting views may be related to how depression is experienced and understood, thereby suggesting the importance of cultural perspectives in positive psychology.

Based on these philosophical perspectives on happiness, several deeply rooted Chinese cultural values may be associated with individuals' attitudes toward depression and psychological well-being. As previously mentioned, some Chinese philosophical traditions place emphasis on collective effort and social relationships. The focus on social harmony and social responsibility is heavily influenced by Confucianism, which may be related to individuals placing greater importance on maintaining social relationships over personal expression, potentially relating to differences in willingness to seek help when struggling with mental illnesses like depression [4]. In addition, the emphasis on managing negative emotions and maintaining interpersonal relationships may influence how some individuals experience and express psychological difficulties. Moreover, filial piety is a fundamental Confucian value emphasizing respect, obedience, and care for one's parents and elders, serving as a cornerstone of traditional Chinese family relationships [5]. In this context, responsibility and obedience may be closely linked to the expectations of older generations. Han and Cheung

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found that authoritarian filial piety, where hierarchy is fundamental, may be associated with differences in mental health outcomes [6]. Similarly, Pan and Tang reported an association between authoritarian filial piety and depressive symptoms [7]. The importance placed on family honor and avoiding shame may also influence how adolescents express emotional difficulties and whether they consider seeking professional support.

Among Chinese adolescents, mental health stigma may be associated with lower willingness to seek professional help, particularly when individuals are concerned about being judged or viewed negatively by others. Clement et al., in a systematic review of studies on mental health stigma, found that stigma is consistently associated with reduced help-seeking [8]. Within Chinese cultural contexts, these concernsmay also be linked to values around family reputation and social harmony. Similarly, research on Chinese populations suggests that stigma and cultural attitudes may be associated with less willingness to seek professional help for depression [9]. These findings suggest that adolescents experiencing depressive symptoms may be less willing to openly acknowledge their difficulties or seek professional support when concerns about stigma are present.

3. Research method

3.1. Research design and approach

Using a quantitative, cross-sectional, correlational survey design, this study explores the associations among selected Chinese cultural values, mental health stigma, depressive symptoms, and adolescents' willingness to seek professional mental health support. In particular, the study focuses on filial piety, collectivism, social harmony, mental health stigma, identification with Chinese culture, depressive symptoms, and willingness to seek professional help. For this purpose, data were obtained using an anonymous online questionnaire. In this design, the cross-sectional approach captures participants' responses at a single point in time, while the correlational approach examines associations among the measured variables. Accordingly, the findings are interpreted as relationships within the sample rather than evidence of causal effects.

3.2. Participants and data collection

The study included 33 adolescents aged 14–18. At the beginning of the survey, participants provided basic demographic information, including age, gender, ethnicity or nationality, and level of identification with Chinese culture. In addition, the survey was open to adolescents from different cultural and ethnic backgrounds, allowing participants with varying levels of identification with Chinese culture to take part. For data collection, an anonymous online survey was used. The survey was distributed through social media and school group chats to reach adolescents within the target age range. In addition, the survey was shared through multiple channels to facilitate participant recruitment. Participation was voluntary, and participants were not required to provide their names or other identifying information. As a result, responses were collected anonymously, and participants completed the questionnaire based on their own experiences and perspectives.

3.3. Measurement of key variables

Participants also rated their level of identification with Chinese culture on a scale from 0 to 10. The main variables and their measurement methods are summarized in Table 1.

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Table 1. Measurement of key variables

Variable	Number of items	Response scale	Measurement focus
Filial piety	5	1–5 Likert scale	Parental expectations, family responsibility, and responsibility toward parents
Collectivism	5	1–5 Likert scale	Prioritizing family needs, considering others in decision-making, and maintaining close relationships
Social harmony	5	1–5 Likert scale	Avoiding conflict, managing negative emotions, and maintaining harmonious relationships
Mental health stigma	5	1–5 Likert scale	Concerns about judgment, embarrassment about discussing mental health, and reactions from others or family members
Depressive symptoms	4	0–10 per item	Feeling down or hopeless, loss of interest or enjoyment, low energy, and negative feelings about oneself
Willingness to seek professional help	1	0–10 scale	Willingness to seek professional mental health support

For the cultural value measures, filial piety, collectivism, and social harmony were each assessed using five statements. Participants responded using a five-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree." Mental health stigma was measured separately from these cultural values, using five statements on the same five-point scale. Regarding depressive symptoms, the four self-report questions covered common depressive symptoms and focused on participants' experiences during the previous two weeks. Higher scores indicated greater levels of the reported symptoms. The four responses were then summed to create an overall depressive symptom score, with a theoretical range from 0 to 40. The symptoms measured in this study, including negative self-worth and low mood, are also recognized as common features of depression [10]. This assessment focused on self-reported depressive symptoms rather than clinical diagnosis. With regard to help-seeking, willingness to seek professional help was measured separately using a 0–10 scale, with higher scores indicating greater willingness to seek professional mental health support.

3.4. Data analysis procedures

Responses were converted into numerical scores for statistical analysis. For the three cultural values and mental health stigma, responses ranging from "Strongly Disagree" to "Strongly Agree" were coded from 1 to 5. The five items for each variable were then combined to create separate scores for filial piety, collectivism, social harmony, and mental health stigma, with higher scores indicating stronger endorsement or higher levels of the measured factor. The 0–10 rating of identification with Chinese culture was retained as a separate variable. For depressive symptoms, the four self-report items, each scored from 0 to 10, were summed to create an overall depressive symptom score. Similarly, willingness to seek professional help was measured separately on a 0–10 scale.

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To examine the research questions, Pearson correlation coefficients (r) were used to examine the associations among the main variables. In particular, the analysis examined the relationships among filial piety, collectivism, social harmony, mental health stigma, and willingness to seek professional mental health support. In addition, the analysis also considered associations between these variables and depressive symptoms, as well as the relationship between identification with Chinese culture and willingness to seek professional help. Given the cross-sectional, correlational design, the correlation coefficients were interpreted as indicating the direction and strength of associations within the sample. Accordingly, the results were not interpreted as evidence of causal relationships.

4. Results and analysis

4.1. Participant characteristics and mental health-related measures

Among the 33 adolescents aged 14–18 who participated in the survey, the mean age was 16.03 years. In terms of gender, 17 participants were female (51.5%), 15 were male (45.5%), and 1 identified as another gender (3.0%). For ethnicity or nationality, 27 participants (81.8%) identified as Chinese or described themselves as ethnically Chinese, while the remaining six identified as Singaporean, South Korean, American, or Pakistani without indicating Chinese ethnicity. This finding is consistent with previous research showing that depressive symptoms are an important mental health concern among Chinese adolescents [11].

As shown in Table 2, identification with Chinese culture ranged from 0 to 10, with a mean of 6.45 and a median of 7. The depressive symptom score ranged from 0 to 35, with a mean of 19.58 and a median of 16. Participants' willingness to seek professional help ranged from 0 to 10, with a mean of 4.55 and a median of 5. The mean mental health stigma score was 3.27 out of 5.

Table 2. Sample characteristics and descriptive statistics

Variable	Category / Measure	Result
Sample size	Total participants	33
Age	Mean	16.03 years
	Range	14–18
Gender	Female	17 (51.5%)
	Male	15 (45.5%)
	Other	1 (3.0%)
Ethnicity / nationality	Chinese or ethnically Chinese	27 (81.8%)
	Other	6 (18.2%)
Identification with Chinese culture	Mean	6.45 / 10
	Median	7
	Range	0–10
Depressive symptoms	Mean	19.58 / 40
	Median	16
	Range	0–35

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Table 2. (continued)

Mental health stigma	Mean	3.27 / 5
Willingness to seek professional help	Mean	4.55 / 10
	Median	5
	Range	0–10

Note. Depressive symptom scores were based on four self-report items, with a theoretical range of 0–40. Higher scores indicate greater levels of the measured construct.

4.2. Associations between Chinese cultural values and help-seeking

The results show different patterns of association between Chinese cultural values and adolescents' mental health experiences and willingness to seek professional help. Filial piety, collectivism, and social harmony were positively associated with depressive symptoms and mental health stigma, while their associations with willingness to seek professional help were weak. In contrast, identification with Chinese culture showed a positive association with willingness to seek professional help.

Among the three cultural values, filial piety showed the strongest association with depressive symptoms and was also positively linked to mental health stigma [6, 7]. The items measured family expectations, responsibility toward parents, and family responsibility. These aspects may be related to how adolescents experience and express personal difficulties. However, the weak association with willingness to seek professional help suggests that higher filial piety was not clearly associated with greater or lower willingness to seek professional support in this sample.

In comparison, collectivism showed a similar pattern, with positive associations with depressive symptoms and mental health stigma but only a weak association with willingness to seek professional help. The measure also focused on prioritizing family needs and considering others when making decisions. In the same way, social harmony showed a comparable pattern, with items focusing on avoiding conflict, managing negative emotions, and maintaining harmonious relationships. These findings suggest that the three cultural values were more closely associated with depressive symptoms and mental health stigma than with willingness to seek professional help in this sample. These patterns are summarized in Table 3.

Table 3. Correlations between study variables

Variable	Depressive Symptoms	Mental Health Stigma	Willingness to Seek Help
Filial Piety	0.68	0.55	0.02
Collectivism	0.64	0.37	0.14
Social Harmony	0.63	0.50	~0.00
Cultural Identification	—	—	0.48
Mental Health Stigma	0.48	—	-0.26

Note: Values represent correlation coefficients (r). Positive values indicate positive associations, while negative values indicate inverse associations. Correlations do not establish causation.

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Beyond these specific cultural values, identification with Chinese culture indicated a different pattern. Higher levels of cultural identification were related to greater willingness to seek professional help (r = 0.48), as shown in Figure 1.

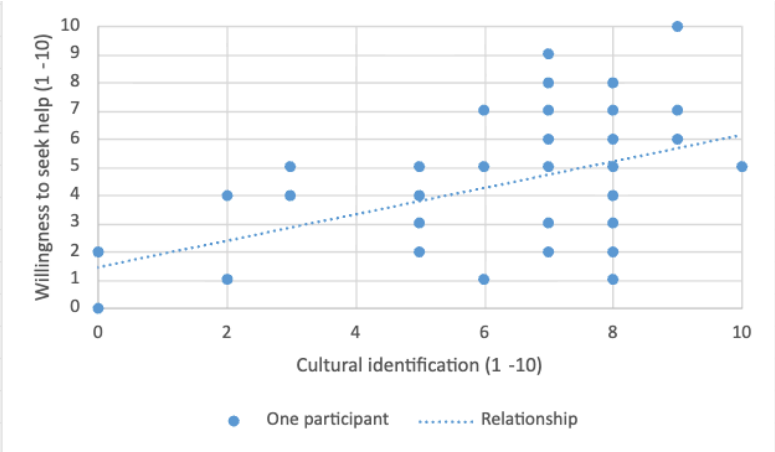


Figure 1. Relationship between cultural identification and willingness to seek professional help

4.3. Relationships between mental health stigma and help-seeking

Mental health stigma showed a clearer association with willingness to seek professional help than the three specific cultural values. In this study, the average stigma score was 3.27/5, with items measuring concerns about judgment, embarrassment about discussing mental health, and possible reactions from family members. These concerns are relevant to help-seeking because adolescents may consider how others will respond when they experience mental health difficulties [8].

The results showed a weak negative correlation between mental health stigma and willingness to seek professional help (r = −0.26). This indicates that higher levels of stigma were associated with lower willingness to seek professional support in this sample. In addition, the study included a separate depressive-symptom item measuring how often participants had felt bad about themselves or felt that they were not good enough during the previous two weeks. This item measured negative self-worth rather than stigma and provided additional context for the relationship between depressive symptoms and help-seeking, as shown in Figure 2.

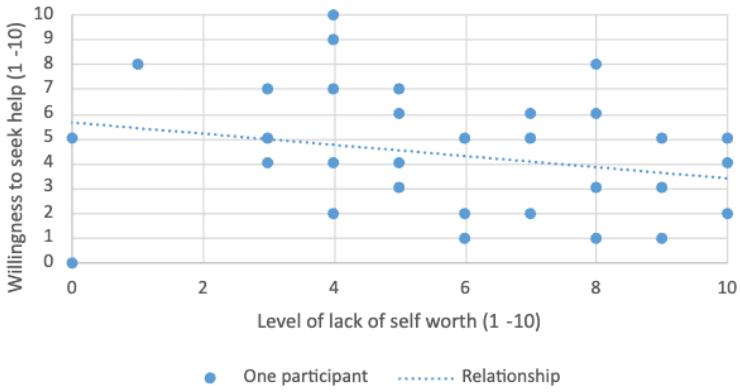


Figure 2. Relationship between depressive symptoms (lack of self-worth) and willingness to seek professional help

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Beyond mental health stigma, negative self-worth may be relevant to how adolescents view their own difficulties and their willingness to seek support. For example, adolescents who feel that they are not good enough may also have concerns about how others will respond if they disclose their difficulties. However, negative self-worth and mental health stigma represent different aspects of mental health and should not be treated as the same variable. The relationship between negative self-worth and willingness to seek help therefore provides additional context, rather than evidence that negative self-worth causes stigma or reduced help-seeking.

The findings indicate that mental health stigma was more clearly associated with willingness to seek professional help than the three specific cultural values examined in this study. However, the association was weak, and the cross-sectional, correlational design does not show causation. Given the small sample of 33 participants, these findings should be understood as patterns within this sample. More research with larger and more diverse samples is needed to understand these relationships.

5. Conclusion

This study suggests that Chinese cultural values are related to adolescents' mental health experiences and willingness to seek professional support, but these relationships are not simple. In particular, filial piety, collectivism, and social harmony were positively associated with depressive symptoms, while mental health stigma was associated with higher depressive symptoms and lower willingness to seek professional help. However, the three cultural values showed only weak associations with willingness to seek professional help, suggesting that they should not be viewed as direct barriers to seeking support. At the same time, identification with Chinese culture showed a moderate positive association with willingness to seek professional help ($r = 0.48$), indicating that stronger cultural identification was not necessarily linked to lower willingness to seek support. These findings suggest that specific cultural values, cultural identification, mental health stigma, and help-seeking may show different patterns. However, given the small sample of 33 participants and the different educational and cultural environments of the participants, the findings should be understood as patterns within this sample. Future research with larger and more diverse samples could further examine the relationships among cultural values, stigma, mental health experiences, and help-seeking.

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