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SELF AND OTHERS STIGMA, FACE-TO-FACE AND ONLINE ATTITUDE, AND INTENTIONS TO SEEK COUNSELING: A STRUCTURAL EQUATION MODEL

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Abstract:

The effect of personal and perceived stigmatization on attitudes towards counseling in face-to-face and online modalities, as well as the intent to seek school counseling, was investigated in this study. The researchers used a descriptive correlational and quasi-experimental research design to come up with a structural equation model. 439 participants completed the survey measuring self-stigma, perceived stigma, attitudes in face-to-face and online counseling, and counseling-seeking intentions. Results indicated that self-stigma and perceived stigma were negatively associated with attitudes toward face-to-face and online counseling, as well as intentions to seek counseling. Attitudes toward counseling in face-to-face modality were positively related to intentions to seek counseling, while attitudes toward online counseling did not significantly affect intentions. From this, a structural equation model was generated. It indicates that stigmatization by others predicts the stigmatization by self and influences how comfortable adolescents are with counseling in both online and face-to-face modalities. This stigmatization by self and discomfort then predicts the way adolescents place importance on the two counseling modalities which in turn predicts the level of school counseling-seeking intention they have for various concerns. These findings highlight the importance of addressing stigma to promote positive attitudes toward counseling and increase help-seeking intentions.

Keywords:

Online Counseling, Face-To-Face Counseling, Help-Seeking, Structural Equation Modeling

Introduction

Guidance and counseling are essential components of education. Its role is particularly concerned with the development of the personality, basic orientation, and academic life of the students (Arumugam et.al, 2021). Also, it serves to direct students and assist them in enhancing their academic performance, class engagement, and social behavior as well as to help them realize their full potential in all spheres of their lives, including academic, vocational, personal, and psychological aspects (American School Counselor Association, 2019; Arumugam et.al, 2021; Salgong et al., 2016). Globally, it is anchored to the United Nations' sustainable development goal for quality education. It ensures the availability of quality education for everyone which promotes lifelong learning (United Nations, 2019) In the Philippines, the guidance office should take care of students who have high vulnerability to a multitude of concerns such as school, their career, personal, and psychological issues. Moreover, part of the DepEd's learner-centered approach is to ensure the well-being and safety of students, especially in instances where harm can occur in school or disrupt their studies (Department of Education, 2021). Additionally, one of the goals of the National Economic and Development Authority, 2016 on their Ambisyon 2040 is to provide requisite care, guidance, health, and education services to Filipinos until maturity. As a result, it is important for guidance counseling to focus on the adolescents' needs, interests, and talents that will help them realize their full potential.

There are factors that either impede or contribute to the success and attainment of the goals. The stigma coming from self and stigma perceived by others (Shechtman et al., 2016) and their settled way of thinking and feeling or the attitude o toward counseling and whether it will be held in online or face-to-face modalities (De Paola, 2020; Teh et al., 2014) have a potential influence on how students will intend to seek counseling in necessary situations (Auger et al., 2019; Bird et al., 2020; Vogel et al., 2007; Vogel & Armstrong, 2010). It highlights the need for a model that accounts for both the attitude in online and face-to-face as a medium of counseling, as well as the self-stigma, perceived stigma of others, and student's intention to seek school counseling in different concerns.

This study is anchored to the theory of planned behavior wherein it was stated that actions are derived from behavior intentions which are determined by three factors. It includes the personal opinion towards the behavior or attitude, the perceived opinion of others towards the behavior or the subjective norms, and the belief to execute the behavior, technically known as perceived behavioral control (Azjen, 1991; Myers & Twenge, 2015). In this study, the theory of planned behavior was utilized as a guide for the selection of variables that will be investigated. The attitude was investigated in terms of stigmatization by self, subjective norms were investigated using stigmatization by others, and perceived behavioral control was investigated using the value and discomfort which is the subscale for the attitude scale.

Literature Review

The literature review will mainly talk about three major syntheses of studies related to this investigation. First is how stigma on mental health issues as well as seeking psychological help impedes help-seeking behaviors. Second is the influence of how individuals value seeking counseling help and how comfortable they are engaging in it to their intentions in seeking help. And lastly is the counseling help-seeking intentions and the factors that influence it in the context of school counseling among adolescents in the Philippines at the time of the reopening of classes.

Stigma Impedes Help-seeking Behaviors.

Stigma is a key barrier that is known to be linked to the reluctance to seek psychological help (Shechtman et al., 2016). According to numerous studies, stigma is a key determinant of how helpful counseling might be perceived by a person who potentially needs it (Auger et al., 2019; Bird et al., 2020; Shechtman et al., 2016, Vogel & Armstrong, 2010; Vogel et al, 2007; Wahto & Swift, 2014). It is a deterrent to help-seeking and discourages people with mental health concerns to seek help. This results in people either delaying or avoiding counseling (Buchman-Schmitt et al., 2016; Clement, 2015; Pescosolido et al., 2010). Stigma can be categorized into either self-stigma or others' stigma. Self-stigma refers to the stigma that is personal and perceived internally. On the other hand, others' stigma refers to the perceived stigmatization by others or how a person thinks others will react if they are known to engage in a particular stigmatized subject (Shechtman et al, 2016, Vogel & Armstrong, 2010; Vogel et al, 2007). Globally, stigma can be observed through the display of a lack of knowledge about psychological issues, ignorance of counseling functions, prejudice against, people who have psychological problems, and expectation of discrimination against people who access counseling services. Also, local research has shown that Filipinos grow reluctant to seek assistance to avoid being connected with unfavorable impressions. (Malolos, et al., 2021; Martinez et al, 2020; Tuliao, 2014). The intention of the student to either seek or refuse to seek help for a mental health problem can be influenced by their general understanding of how they view and they perceive other views of the concerns they intend to get counseled with (Ines, 2020). Therefore, this emphasizes that there is an interplay between the two categories of stigma and there is a connection between how they operate to the counseling intent.

Value and Discomfort Influence Help-seeking Intentions

Students hold different attitudes toward school counseling. Depending on if it is positive or negative, may determine their willingness to engage (Karunanayake, 2020). This attitude is the result of the interaction on how they value counseling and the level of discomfort they have towards it (Rochlen et al, 2004). How a person sees the importance and perceives the significance of counseling may influence their openness to engage in it when needed (Holmes & Foster, 2012; Tuliao & Velasquez, 2016), how comfortable they are engaging in counseling (Yurayat & Seechaliao, 2022) and the modality where it will be held such as online or face to face may strengthen or weaken their help-seeking behavior due to familiarity (Bird et al, 2020; Bird et al, 2018; Carper et al, 2013). Regarding that, a preference for either online or face-to-face modalities of counseling has been found. Wong et al. (2018), Musiat and Tarrier (2014), and Mohr et al. (2006) suggest some people only prefer online but Bird et al. (2020 & 2018) suggest clients still hold higher acceptance of counseling in face-to-face modality. However, despite this difference, both highlight that value and discomfort are affecting help-seeking behavior. It also emphasizes the need to study how the difference between these two mediums of counseling may affect the different factors concerning the intentions to seek counseling. Counseling face-to-face or online is available in the settings of Philippine education. It was included in the mandate of DepEd (2021) to cater to students' differences in need. Also, local research shows that Filipinos grow reluctant to seek counseling assistance to avoid being connected with unfavorable impressions. (Malolos, et al., 2021; Martinez et al., 2020; Tuliao, 2014). The intention of the student to either seek or refuse to engage in help-seeking behavior, particularly for a problem concerning their mental health can be influenced by how well they understand and how they perceive other views of the concerns they intend to get counseled with (Ines, 2020). Therefore, this emphasizes that there is an interplay between the two categories of stigma and there is a connection between how they operate to the counseling

intent. Counseling face-to-face or online is available in the settings of Philippine education. It was included in the mandate of DepEd (2021) to cater to students' differences in need. Furthermore, online counseling is good for students seeking counseling to alleviate stress and anxiety given the fact that they are uncomfortable in an in-person medium (Yurayat & Seechaliao, 2022). On the other hand, face-to-face counseling still has higher general acceptance among students (Bird et al., 2020; Bird et al., 2018). This accentuates the need for availability and extensive study on how the value and discomfort toward counseling mediums influence intentions to seek help when needed.

Counseling Help-seeking Intentions

The help-seeking intentions were identified to predict the different dynamics of people and their potential decision on whether to seek help and access available counseling services (Firmante, 2017). Several factors, including the counselor-to-student ratio, the overload of the tasks assigned to school counselors, and the competence of the counselors, had an impact on how well it predicted help-seeking behavior. Aside from that, the consistent presence of stigma and negative attitudes as a key barrier to seeking counseling services was also found in the literature (Auger et al., 2019; Bird et al., 2020; Bird et al., 2018; Vogel et al., 2007; Vogel & Armstrong, 2010). Some of the most intended issues for counseling are psychological, alcohol or drug use, interpersonal, and academic concerns (Firmante, 2017). Adolescents have been found out to be susceptible to mental health problems and have a high rate of suicide attempts, internal conflicts such as anxiety and depression, and external conflicts like tobacco and alcohol use. However, despite these scenarios, a huge percentage of them still have a low willingness to seek help. (Malolos, et al., 2021; World Health Organization, 2015; Biolcati et al., 2017; Golberstein et al., 2020). In addition, since the full reopening of full face-to-face modality is happening, there is an expected negative change which is the rise in issues concerning their social, emotional, and behaviors. (Karaman et al., 2021; Organization for Economic Cooperation and Development, 2020; Singh, et al., 2020). In the Philippines, Filipinos were identified to have a low level of intent and willingness to access counseling services and participate in activities concerning their psychological health (Martinez et al., 2020). It was observed and documented in Filipinos outside the country (Hechanova et al., 2013), the general population (Tuliao et al., 2016), and college students (Arnado & Bayod, 2020; Firmante, 2017), and the general population (Malolos, et al., 2021). Emphasizing the indication that Filipinos in general have a high reluctance to seek such services (Malolos, et al., 2021).

Objectives of the study

This study aims to identify the level of adolescents' perceived stigmatization by self and stigmatization by others to counseling, attitude towards face-to-face and online counseling, and school counseling-seeking intentions. Aside from that, the researcher aims to construct a theoretical causal relationship model between the variables to serve as a basis for the development and further improvement of the implementation of school counseling programs.

Methods

Design

The study used a descriptive correlational and quasi-experimental research design. This study identifies the level of stigma, attitude, and intention among adolescents to seek school counseling. Additionally, the association between (1) self- and perceived stigmatization of

adolescents toward school counseling services, (2) attitudes toward in-person and online counseling, (3) stigma and attitude toward school counseling services, and (4) stigma and attitude toward school counseling services to the intent to seek counseling was examined.

Participants and Procedure

A total of 437 participants in this study gave their consent to take part. Depending on the students' availability and their willingness to participate, various high schools are chosen. For permission to carry out the study, the researchers cooperated with department heads, teachers, and school coordinators. A survey questionnaire was distributed to the students to gauge the variables mentioned in this study. All the participants are junior or senior high school students currently enrolled in the chosen school for the current academic year. As some of the respondents were under 18, there may be some ethical questions about their involvement given that the researchers chose adolescents as their sample. The researchers used a three-way consent form to guarantee that the respondents' involvement was voluntary and approved by the school and their guardians to deal with this concern regarding anonymity and consent. The initial step involved the researchers coordinating with the chosen schools to request permission to conduct the study. A permission letter that states the respondents' voluntary involvement and their right to withdraw at any time is also included in the survey questionnaire that was provided to them. The contact information for their guardian was also requested in the demographic part of the questionnaire. This allowed the guardians of the adolescents to receive notification of their participation in the study as well as the option to withdraw at any time. A total of 55 Likert-type items—10 on self-stigmatization, 5 on other people's stigmatization, 10 on attitudes toward online counseling, 10 on attitudes toward face-to-face counseling, and 20 on intent to seek counseling—are included in the survey. 4 open-ended questions are outlined in the last section. The respondents finished the questionnaire in between 10 and 20 minutes.

Figure 1: Hypothesized Model
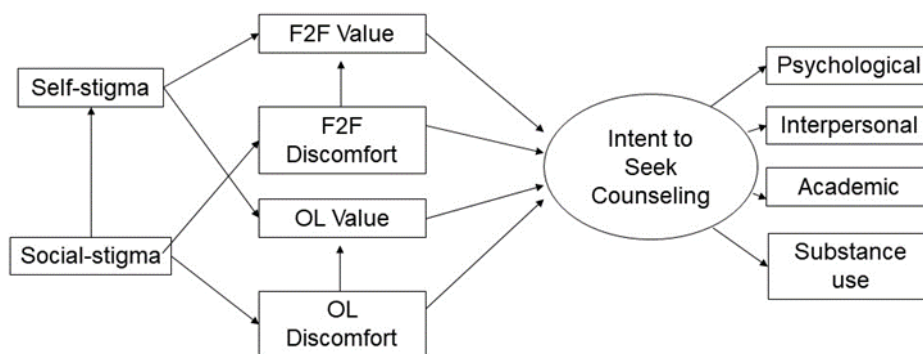
Based on the review of the literature, the researchers came up with the hypothesized model. In the hypothesized model, it was inferred that social stigma predicts self-stigma (Malolos, et al., 2021; Martinez et al., 2020; Tuliao, 2014). and discomfort toward counseling (Clement, 2015). Self-stigma predicts the value of counseling (Ines, 2020). And both the value and discomfort which account for the attitudes toward counseling determine the intentions of adolescents in engaging on it (Bird et al., 2020; Bird et al., 2018; Carper et al., 2013; Holmes & Foster, 2012; Tuliao & Velasquez, 2016; Yurayat & Seechaliao, 2022).

Measures

Stigmatization by Self
The 10-item Self-stigma of Seeking Help was used to assess how stigmatized adolescents felt about using school counseling services. It is a unidimensional scale that measures how negatively an individual internally perceives seeking out psychological assistance (Vogel et al., 2006). Responses can be scored through participants' agreement with the statement on a Likert-type scale from 1 (strongly disagree) to 5. (Strongly agree). It used samples from the Philippines, and to prevent participant confusion, the word "therapist" was altered to "counselor" on the scale (Tuliao, 2021). With a Cronbach alpha of 0.725, the scale demonstrated great reliability in this study among high school students.

Stigmatization by Others
The 5-item Perceptions of Stigmatization by Others for Seeking Help Scale was used to measure stigmatization by others. It is a unidimensional scale that seeks to assess how negatively someone perceives getting psychological assistance (Vogel et al., 2009). It is a Likert-type scale that allows the participant to indicate how much they believe others would think of them if they decided to access counseling services for personal and emotional concerns (1=Not at all, 2=A little, 3=Some, 4=A lot, 5=A great deal). It used samples from the Philippines, and the scale's good reliability was reported in this study with students in high school, with a Cronbach alpha of 0.840. (Tuliao, 2021).

Attitude towards Face-to-face and Online Counseling
The counseling in face-to-face and online modalities attitudes questionnaires were used to assess the attitudes of the adolescents regarding these two types of therapy. The measurement of the perceived worth and discomfort a person has toward counseling is in a unidimensional framework (Rochlen et al., 2004). The only difference between the two scales' contents is the use of the terms "online" and "face-to-face" to make it easier for participants to distinguish between the two delivery methods. With strong reliability indicated in this study with high school students, the scale had Cronbach alpha values of 0.879 for the face-to-face attitude value subscale and 0.829 for the online attitude. The discomfort subscale similarly revealed strong reliability, with Cronbach's alpha values of 0.784 for the face-to-face attitude and 0.723 for the online attitude.

### Intent to Seek Counseling Inventory
The updated version of the Intention to Seek Counseling Inventory, which was derived from a study by Hechanova (2013), was used to measure adolescents' desire to seek counseling. A scale that assesses the extent of intent to seek counseling is used (Cash, et al., 1975). The original scale was composed of a 17-item Likert-type scale (1=very unlikely to 4= very likely) which allows participants to rate how likely they are to seek counseling in different areas as it is reported to commonly exist among the Filipino population (Hechanova et al., 2013). The scale was divided into four subscales which are psychological, interpersonal, academic, and substance use intent. Results from the scales indicate high reliability in this study with high school participants with a Cronbach alpha of 0.756 for psychological intent, 0.810 for interpersonal intent, 0.748 for academic intent, and 0.817 for substance use intent.

Results

A descriptive analysis was performed, and a reliability test was conducted for all the measures in the study. The study consists of *N=439* participants. Stigmatization by self-scale indicates *μ=29.954, sd=5.680,* and *α=0.742* which means disagreement to equal agreement and disagreement for the self-stigmatization of seeking help. Stigmatization by others-scale indicates *μ=11.924, sd=4.311,* and *α=0.840* which suggest the presence of a little to some perceived other's stigma towards seeking help. For the face-to-face and online counseling modality attitudes, value subscale of the face-to-face attitude-scale indicates *μ= 23.018, sd=5.225,* and *α=0.876*, discomfort subscale of the face-to-face attitude indicates *μ= 20.114, sd= 5.095,* and *α=0.765*, value subscale of the online attitude-scale indicates *μ= 21.119, sd= 4.841,* and *α=0.807* and discomfort subscale of the online attitude indicates *μ= 19.620, sd= 4.488,* and *α=0.707*, which all indicates somehow agreement to the scales. Lastly, for the intentions to seek counseling, participants reported*, μ= 16.485, sd= 4.526,* and *α=0.794* for interpersonal concerns or unlikely to likely intentions, *μ= 3.524, sd= 1.864,* and *α=0.804* for substance-use concerns or very unlikely to unlikely intentions *μ= 18.064, sd= 4.280,* and *α= 0.730* for psychological concerns or unlikely to likely intentions and *μ= 10.819, sd= 2.919, and α=0.734* for academic concerns or unlikely to likely intentions.

For the correlation among variables, significant correlations were found. Stigmatization by self was correlated to stigmatization by others (r=0.198, p<.001***), and value to online counseling (r=0.118, p=.014*). Stigmatization by others is correlated to discomfort with online counseling (r=0.252, p<.001***). Value to online counseling was correlated to discomfort with online counseling (r=0.207, p<.001***), discomfort with face-to-face counseling (r=-0.103, p=.032*), intentions to seek counseling for psychological (r=0.119, p=.013*), interpersonal (r=0.130, p=.006**), and academic (r=0.094, p=.049*) concerns. Value to face-to-face counseling were correlated to discomfort to face-to-face counseling (r=0.199, p<.001***), intentions to seek counseling for psychological (r=0.228, p<.001***), and interpersonal (r=0.104, p=.030*) concerns. Lastly, Discomfort with face-to-face counseling was correlated to intentions to seek counseling for academic concerns (r=0.120, p=.012*).

Figure 2: Model 1
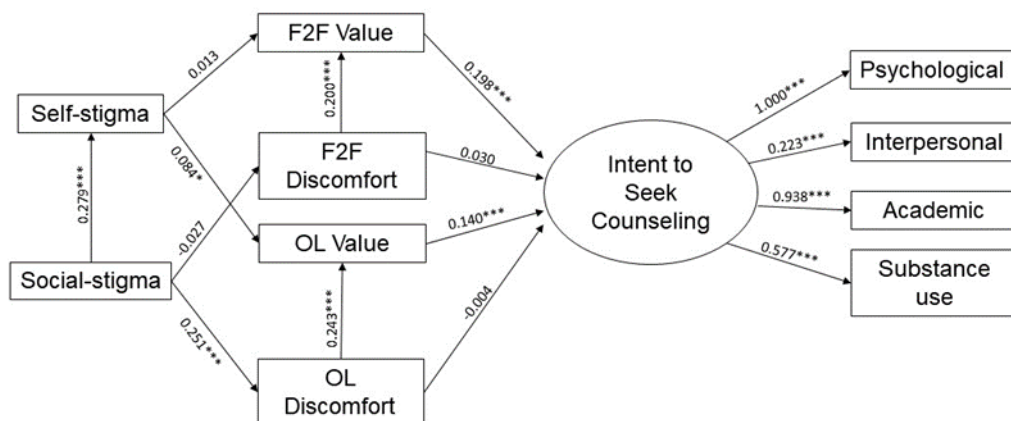
Based on the chi-squared assessment, the overall fit of the model, the discrepancy between the sample, and the fitted covariance matrices is at p=0.010. For the fit indices, Model 1 shows a 0.979 value for the Comparative Fit Index (CFI), 0.968 for Tucker-Lewis Index (TLI) which shows that the model of interest increases the fit by 96.8%, 0.038 for Root mean square error of approximation (RMSEA) which represents a good fit, and 0.030 for Standardized root mean square residual (SRMR) which indicates the difference between the residuals of the sample covariance matrix and the hypothesized model. However, since the value of the chi-square is > 0.05, alterations should be made. Moreover, several variables that are hypothesized to be predicting variables are not significant. It supports the results of chi-square indicating the need for another model.

Figure 3: Model 2
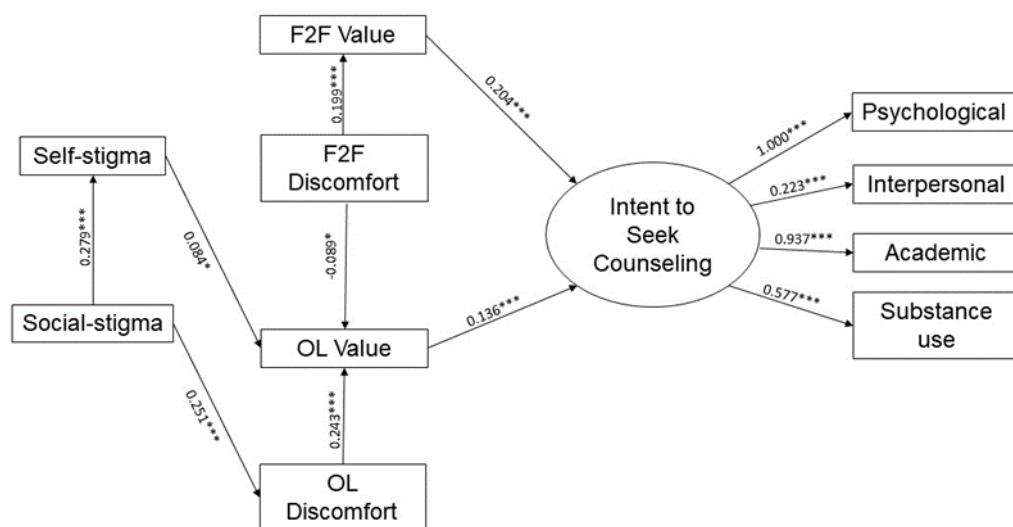
After analyzing the results of the descriptives, and results of Model 1, Model 2 was generated. Based on the Chi-squared assessment, the overall fit of the model, the discrepancy between the sample, and the fitted covariance matrices are at p=1.000 which indicates a perfect fit. For the fit indices, Model 2 shows a 0.985 value for the Comparative Fit Index (CFI), 0.979 for the Tucker-Lewis Index (TLI) which indicates the model of interest improves the fit by 97.9%, 0.031 for Root mean square error of approximation (RMSEA) which represents a good fit, and 0.028 for Standardized root mean square residual (SRMR) which indicates the difference between the residuals of the sample covariance matrix and the hypothesized model. All the fit indices also exhibit improvement in value relative to Model 1. In this model, common predictors of the intentions to seek counseling for psychological, interpersonal, academic, and substance-use concerns are the values for online (θ=0.136, p<.001) and face-to-face (θ=0.204, p<.001) counseling. Common predictors of value for online counseling are stigmatization by self (θ=0.084, p=0.043*), discomfort to online counseling (θ=0.243, p<.001), and counseling in face-to-face modality (θ =0.089, p=0.042*). On the other hand, discomfort with face-to-face counseling predicts value for face-to-face counseling (θ=0.199, p<.001), and stigmatization by others is a predictor of stigmatization by self (θ=0.279, p<.001).

Discussion

The current study investigated attitudes toward counseling in face-to-face and online modalities, intentions to seek counseling, and the degree of self-stigmatization and perceived stigma by others in the context of help-seeking. Participants had a moderate level of self-

stigmatization, according to the results, which implies that there were various levels of agreement and disagreement among the students regarding their help-seeking attitudes toward face-to-face and online counseling. The self-stigmatization scale has an acceptable level which indicates that a moderate level of perceived stigma by others toward seeking help was also reported by the students. The perceived stigma scale has a high level which suggests that the participants felt some level of stigma from others when asking for help, which might explain why they were reluctant to do so. The findings are consistent with previous research demonstrating the potential for self-stigma to deter individuals from seeking help (Clement et al., 2015). Also, previous research suggests that perceived stigma can act as a major hurdle to help-seeking (Sirey et al., 2001). It is plausible that this high level of perceived stigma might have contributed to the participants' reluctance to seek help for their mental health issues. The study results highlight the need to address both self-stigma and perceived stigma from others when designing interventions to promote help-seeking behaviors for mental health issues. By mitigating the association of negative aspects with mental illness, individuals may feel more comfortable seeking help when needed. Public education campaigns, training programs for healthcare providers, and the provision of safe and supportive environments for help-seeking are among the interventions that could be useful (Corrigan et al., 2014; Clement et al., 2015).

It indicates that although young people acknowledge the value of face-to-face and online counseling, they also acknowledge their discomfort with both. The study also revealed a noteworthy finding: while adolescents place a higher value on in-person counseling, they experience less discomfort from online counseling. This result shows similarities with earlier studies that highlight the existence of stigmatization by self and perceived stigmatization by others toward seeking help for mental health issues (Wang et al., 2018; Clement et al., 2015; Corrigan et al., 2014; Vogel et al., 2006). It is possibly related to the issue of anonymity and personal characteristics of adolescents (Wong et al., 2018), as well as to familiarity with the counseling modality (Carper et al., 2013; Martinez et al., 2020). Individuals may be discouraged from seeking assistance due to stigma from both them and others, which can worsen mental health issues and have negative effects such as feelings of shame, isolation, and discrimination, particularly for individuals with mental health issues (Pescosolido et al., 2010). Also, research has shown that the experience of another stigma can be a factor in the course where self-stigma will develop. According to a study by Link et al. (2001), people who have encountered prejudice and rejection from others are more likely to develop unfavorable opinions of themselves and to experience self-stigma. Like this, a study by Corrigan et al. (2010) discovered that people were more likely to experience self-stigma and restrict themselves from accessing services that may help alleviate mental health issues if they had experienced others' stigma (i.e., discrimination and negative attitudes from others). People's attitudes toward counseling can be significantly impacted by the emergence of self-stigma. Self-stigmatized people may feel ashamed or embarrassed about seeking counseling for mental health problems, which can cause them to forego counseling altogether (Vogel et al., 2006). Additionally, self-stigma can make people feel as though they are unworthy of assistance or that counseling won't help them (Sirey et al., 2001). The kind of counseling a person receives can also affect how stigma affects their attitudes toward counseling. According to research, people who experience high levels of stigma may feel more at ease receiving counseling online rather than face-to-face (Wang et al., 2018). This might be because of the increased anonymity offered by online counseling, which can help in lowering feelings of shame and embarrassment. However, the level of stigma attached to the counseling may also have an impact on how comfortable people are seeking counseling. For instance, some people might think that online counseling is less legitimate than face-to-face counseling, which could make them uneasy or

hesitant about using it (Sucala et al., 2012). Therefore, it's crucial to encourage help-seeking behavior and reduce the stigma associated with seeking help.

The study also discovered that attitudes toward face-to-face and online counseling modalities together with counseling-seeking intentions are related. According to the findings, it shows that most participants thought face-to-face counseling was beneficial. In contrast, the face-to-face attitude's discomfort implies that although participants might value face-to-face counseling, they might also find it uncomfortable. Similar results were found for the value subscale of the online attitude scale, which indicates that most participants thought online counseling was worthwhile. The online attitude's discomfort subscale shows and suggests that individuals who participate in online counseling may also experience some level of discomfort. According to the study, most students believed that face-to-face counseling was helpful. This result is in line with earlier studies that claim people prefer face-to-face counseling because it allows for a more personal connection and allows them to better interpret nonverbal cues like body language (Reese et al., 2009). However, the discomfort subscale of the face-to-face attitude was also found to be relatively high in the study, indicating that some participants might find face-to-face counseling uncomfortable (Musiat & Tarrier, 2014). The study also discovered that most students thought online counseling was beneficial. Online counseling can make mental health services more accessible, especially for people who might have trouble getting face-to-face counseling due to geographic distance or mobility issues (Baker et al., 2018). However, the discomfort subscale of the online attitude was also fairly high, indicating that people who take part in online counseling might also feel some level of discomfort. These results underline how crucial it is to take into account attitudes and perceptions about various counseling formats when developing interventions to encourage help-seeking behaviors. Mental health professionals should be aware that while some people may value different formats of counseling, others may feel uneasy or reluctant about them. To make it easier for clients to access mental health services, it is critical to establish welcoming, judgment-free environments that give clients' preferences and needs top priority (Lim et al., 2020; Baker et al., 2018).

The current study investigated the intentions of the participants to participate in counseling-related activities for various issues in addition to their attitudes toward counseling. The findings revealed that participants were somewhat to be expected to access counseling services for such issues. On the other hand, it indicates that they were extremely unlikely to seek counseling for substance-use concerns. Here, it is indicated that they were somewhat likely to seek counseling for psychological concerns. Also, participants' concerns about their academic performance were somewhat less likely to prompt them to seek counseling. These results underline how crucial it is to comprehend the various variables that may affect people's intentions to seek counseling for various issues. For instance, prior research (Buchman-Schmitt et al., 2016) demonstrated that stigma is a significant barrier to seeking help for substance use concerns. This finding may help to explain the low likelihood of seeking counseling for substance-use concerns seen in the current study. Like how academic concerns may be seen as less stigmatized than other concerns while still being viewed as less important or urgent than others, this could help explain why academic concerns are less likely to be addressed through counseling. Through the lens of the theory of planned behavior, it can be inferred that attitude which is measured in terms of stigmatization by self, subjective norms are measured using stigmatization by others, and perceived behavioral control which is measured using the value

and discomfort which is the subscale for the attitude scale is indeed applicable for Filipino adolescents for online and face-to-face modalities (Azjen, 1991; Myers & Twenge, 2015).

Conclusion

Assisting students who are at risk for academic, career, mental health, and psychosocial issues is a major part of what counseling services do in schools. As a result, this study determined the correlation between these variables as well as the level of stigma, attitude, and intent of adolescents to seek school counseling services. Additionally, it was discovered that the intention of adolescents to seek school counseling for issues in the psychological, interpersonal, and academic areas is correlated with the presence of stigma and attitude toward various counseling modalities, such as face-to-face and online. From this, a structural equation model was generated. It indicates that stigmatization by others predicts the stigmatization by self and influences how comfortable adolescents are with both online and face-to-face counseling. This stigmatization by self and discomfort predicts how adolescents value the two counseling modalities, which in turn predicts the level of intention they must seek school counseling for various concerns. This study shows the applicability of the theory of planned behavior among adolescents help-seeking behavior. In that sense, it must be included as the foundation when implementing school counseling services together with aspects like attitude or opinion towards the behavior, subjective norms, or the perception of others' opinions towards the behavior, and perceived behavioral control or the belief to carry out the behavior since it was revealed to have a potential impact on the success and utilization of counseling services.

Recommendations

The study only focuses on the general value adolescents harbor on counseling and the discomfort they feel towards it. The current study was not able to account for specific barriers. It includes tangible aspects like counselor-student ratio, misalignment of work for school counselors, and counselors' competency. In that sense, further studies are advised to investigate the association between stigma, attitude, and intent to use school counseling programs in greater detail and the lens of qualitative research to account for in-depth perceptions. Aspects like the frequency of prior therapy sessions that may have an impact on attitude should also be taken into account. It includes whether the student has a prior history of counseling or none. The availability of the teenagers' personal space for online counseling, the capacity of an internet connection, prior knowledge, and the adolescents' understanding of the various counseling modalities are all examples of demographic information that can be accounted for future studies Also, particular factors include loss of face, self-concealment, and gender-role conflict, as well as practical considerations like the student-to-school counselor ratio, the degree and consistency of implementation of a complete school counseling program, and the ratio of student-counselor, may also be thought of. Finally, the research may be seen from the perspective of the important individuals participating in school programs that involve counseling, such as teachers, guidance counselors, and other essential staff.

Acknowledgments

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