

Mental Health Literacy and Attitudes among Filipino Mothers: Foundation for a Culturally Responsive Community Program

Kimberly Ann S. Cantilero¹, Jerald Q. Vergara², Arjay F. Viesca³, and Miguel Benedict W. Garcia³

¹*National University Philippines, Clark*

²*Department of Education, Philippines*

³*Our Lady of Fatima University, Pampanga*

Mental health and psychosocial support (MHPS) are critical to individual and community well-being, yet stigma and limited mental health literacy continue to impede help-seeking in many low- and middle-income contexts, including the Philippines. Within Filipino households, mothers function as primary caregivers and primary decision-makers regarding health, positioning them as “gatekeepers” to formal mental health services. This study examined the perceived awareness and attitudes toward mental health and psychosocial support among 134 Filipino mothers in a community in Pampanga, Philippines. Using a correlational–comparative design and a researcher-validated instrument, the study assessed levels of MHPS awareness and attitudes, the relationship between these variables, and demographic differences across age, educational attainment, and employment status. Results indicated high perceived awareness ($M = 28.10$, $SD = 2.14$) and generally positive attitudes toward MHPS ($M = 145.00$, $SD = 16.80$). Pearson correlation revealed a significant but weak positive association between awareness and attitudes ($r = .32$, $p < .001$), explaining approximately 10% of the variance. One-way ANOVA showed no significant differences in awareness or attitudes across demographic groups. These findings suggest that maternal perspectives are shaped less by individual socioeconomic characteristics than by shared sociocultural contexts. The weak awareness–attitude link further implies that informational campaigns alone may be insufficient to overcome entrenched stigma. A community-based MHPS framework is therefore proposed, emphasizing barangay-level integration and peer-led “Nanay Wellness Circles” to normalize mental health discourse and help-seeking within Filipino communities.

Author info: Correspondence should be sent to: Dr. Kimberly Ann S. Cantilero
Email: kimcantilero28@gmail.com

North American Journal of Psychology, 2026, Vol. 28, No. 2, 1165-1174
© NAJP <https://doi.org/10.65696/001c.162858>

INTRODUCTION

Mental health is fundamental to individual functioning, family stability, and community well-being. Despite global efforts to expand access to care, stigma and limited mental health literacy continue to obstruct help-seeking in many low- and middle-income countries (Corrigan & Clement, 2021; Lamichhane, 2023). In the Philippines, these barriers persist even after the enactment of the Philippine Mental Health Act (Republic Act 11036), which mandates the integration of mental health services into community and primary care systems. While the law represents a significant policy milestone, its impact at the grassroots level remains constrained by cultural beliefs, misinformation, and enduring stigma, particularly in rural and semi-urban communities.

Filipino cultural contexts frequently interpret psychological distress through moral or spiritual frameworks, attributing mental illness to personal weakness, supernatural forces, or familial failure (Tuliao, 2014; Martinez et al., 2020). Such interpretations foster *hiya* (shame), discourage open discussion, and delay professional help-seeking. These dynamics are especially consequential within the family—the primary unit of socialization in Filipino society. Within this structure, mothers occupy a central role as caregivers, moral guides, and health decision-makers. Their perceptions of mental health can function either as pathways to care or as barriers that effectively “gate” family members away from professional support.

Bandura’s social learning theory, particularly the principle of triadic reciprocal determinism, provides a useful framework for understanding how maternal attitudes are formed. Behavior and beliefs emerge from the dynamic interaction of personal factors, environmental influences, and observed social models (Bandura, 1986). Mothers’ attitudes toward mental health are not formed in isolation; they are shaped by community norms, cultural narratives, and the reactions modeled by peers, elders, and religious leaders. When stigma is socially reinforced, it becomes internalized and reproduced within the family. Consequently, altering individual maternal attitudes requires more than the provision of information; it necessitates changes in the social environments that mothers observe and emulate.

Despite the pivotal role of mothers in shaping family health trajectories, culturally grounded research on Filipino mothers’ mental health awareness and attitudes remains limited. Existing studies document parental distress, widespread misconceptions, low mental health literacy, and reluctance to engage in formal services, particularly in rural communities (Javellana, 2021; Pamplona et al., 2025). Although educational attainment and socioeconomic status are often assumed to influence mental health perceptions, emerging evidence suggests that shared cultural narratives may exert a stronger influence than individual demographic characteristics (Alejandria et al., 2022).

Understanding maternal perspectives is therefore strategically essential for community-based mental health initiatives. If mothers perceive mental illness as shameful or spiritually rooted, formal services—even when available—may remain unused. Conversely, when mothers view mental health concerns as legitimate and treatable, they can facilitate early detection, encourage help-seeking, and normalize psychological care within the household.

The present study investigates Filipino mothers’ perceived awareness and attitudes toward mental health and psychosocial support in a

community in Pampanga. Specifically, it examines (a) levels of perceived awareness and attitudes, (b) the relationship between awareness and attitudes, and (c) differences across demographic variables. By situating maternal perspectives within a sociocultural framework, the study seeks to clarify whether informational deficits alone account for stigma or whether deeper community-level norms shape maternal beliefs.

Beyond documenting attitudes, this study advances a community-based MHPS framework grounded in the findings. Consistent with Bandura's model, the proposed intervention targets the social environments in which maternal attitudes are formed, emphasizing barangay-level engagement and collective modeling. Through culturally resonant mechanisms—such as peer-led “Nanay Wellness Circles,” a group-based safe space where personal experiences can be shared and emotional support provided among mothers. These circles, led by trained counselors, may help alleviate feelings of isolation and promote good mental health practices among mothers in the community. Topics may include stress control, parenting issues, self-care, and how to access professional assistance. Moreover, the integration of MHPS into primary barangay health services—the framework aims to normalize mental health discourse, reduce stigma, and transform mothers from gatekeepers into advocates for care.

METHOD

The study employed a quantitative correlational–comparative design to examine Filipino mothers' perceived awareness and attitudes toward mental health and psychosocial support (MHPS), the relationship between these constructs, and differences across selected demographic variables. This design was appropriate for identifying patterns of association and group differences without implying causal relationships.

Data were collected in a partner barangay community in Pampanga, Philippines. To protect community confidentiality, a pseudonym is used for the research site. The setting represents a semi-urban context where access to formal mental health services is limited, and community-based health structures play a central role in service delivery.

Participants and Sampling

Participants were 134 Filipino mothers selected through purposive sampling. House-to-house visits were carried out in the identified community. The researchers personally visited the selected households and verbally informed the participants about the purpose of the study. Participation was entirely voluntary, and only those who signed the informed consent form were included. Inclusion criteria required that respondents (a) be Filipino mothers, (b) reside in the selected barangay, and (c) possess primary caregiving responsibility within the household. These criteria ensured that participants had substantial influence over family health decisions.

The age of participants ranged from 28 to 67 years. Most respondents were middle-aged, unemployed, and had attained an elementary or high school education. This demographic profile reflects the socioeconomic context of the barangay. Although subgroup sizes were uneven, particularly for mothers with college education and formal employment, this distribution mirrors the lived realities of the community and underscores the relevance of examining sociocultural rather than purely socioeconomic determinants of mental health perceptions.

A priori power analysis using G*Power indicated that the achieved sample size exceeded the minimum required for correlational and

comparative analyses at $\alpha = .05$, ensuring adequate statistical power for the primary research questions.

Instrumentation

Data were gathered using a researcher-developed questionnaire designed to capture culturally grounded perceptions of mental health and psychosocial support. The instrument consists of two scales:

1. Perceived Awareness of MHPS
2. Attitudes Toward MHPS

The Perceived Awareness of MHPS scale has 16 items rated on a 5-point Likert scale ranging from "1 = strongly disagree" to "5 = strongly agree." A higher score means higher awareness in MHPS. The scale for Attitudes Toward MHPS has 40 items rated similarly in a 5-point Likert scale ranging from "1 = strongly disagree" to "5 = strongly agree." Higher scores indicate a higher positive attitude toward MHPS.

Items were constructed based on a review of relevant literature and community consultation to ensure cultural relevance. The questionnaire underwent expert validation by three subject-matter specialists in psychology and community health. Content validity was assessed using the Content Validity Index (CVI), with scale-level indices meeting accepted thresholds for newly developed instruments.

Internal consistency was gauged for both scales. For perceived awareness of MHPS, it was reported to have relatively high reliability (Cronbach's $\alpha = .739$), while for attitudes toward MHPS, it gathered fairly high reliability (Cronbach's $\alpha = .873$). Responses were recorded using Likert-type scales, with higher scores reflecting greater perceived awareness and more positive attitudes toward MHPS. Predetermined score ranges were used to aid the interpretation of respondents' levels.

Procedure and Ethical Considerations

Ethical approval was obtained from the Our Lady of Fatima University Institutional Ethics Review Committee prior to data collection. Permission to conduct the study was secured from barangay officials.

Participants were recruited through household visits and community announcements with the assistance of barangay personnel. The researchers explained the purpose of the study, procedures, and participants' rights. Written informed consent was obtained from all respondents. Participation was voluntary, and no incentives were provided.

Surveys were administered in person. Anonymity and confidentiality were strictly maintained. Respondents were informed that they could withdraw at any time without penalty. All procedures adhered to the Code of Ethics of the Psychological Association of the Philippines (2017).

Completed questionnaires were securely stored. Data will be retained until publication and subsequently destroyed through secure digital deletion and physical shredding of hard copies.

Data Analysis

Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to summarize demographic characteristics and scale scores. Pearson's product-moment correlation assessed the relationship between perceived awareness and attitudes toward MHPS.

One-way analyses of variance (ANOVA) were conducted to examine differences in awareness and attitudes across age, educational attainment, and employment status.

Parametric assumptions were evaluated prior to inferential testing. Normality was assessed using the Kolmogorov-Smirnov test, which indicated that awareness and attitude scores were normally distributed (all

p values > .05). Collinearity diagnostics yielded variance inflation factors of 1.00, confirming independence of predictors.

All inferential tests were conducted at an alpha level of .05.

RESULTS

This section presents the descriptive and inferential findings on Filipino mothers’ perceived awareness and attitudes toward mental health and psychosocial support (MHPS), the relationship between these variables, and differences across demographic groups.

Demographic Profile of Participants

A total of 134 Filipino mothers participated in the study. Participants ranged in age from 28 to 67 years. The largest proportion belonged to the middle-adulthood group (40–54 years), followed by young adults (28–39 years) and older adults (55–67 years). Most respondents had attained elementary education, followed by high school education, with only a small proportion reporting college-level education. In terms of employment status, the majority were unemployed, while a smaller proportion were self-employed or formally employed.

Overall, the sample was characterized by middle-aged, unemployed mothers with relatively low educational attainment, reflecting the socioeconomic conditions of the barangay community.

Table 1
Demographic Profile of Filipino Mothers

Age	Frequency	Percentage (%)
28–39 (Young Adults)	40	29.9%
40–54 (Middle-aged Adults)	61	45.5%
55–67 (Older Adults)	33	24.6%
Educational Attainment		
College	8	6.0%
Elementary	74	55.2%
High School	52	38.8%
Employment Status		
Employed	8	6.0%
Self-Employed	31	23.1%
Unemployed	95	70.9%
Total	134	100.0

Levels of Awareness and Attitudes Toward MHPS

Filipino mothers demonstrated high perceived awareness of mental health and psychosocial support (M = 28.10, SD = 2.14). Scores were close to the maximum possible value, with low variability, indicating that most respondents reported similarly high levels of awareness.

Attitudes toward MHPS were generally positive (M = 145.00, SD = 16.80). Although attitudes were favorable overall, the greater standard deviation suggests more variability in emotional and evaluative responses compared to awareness scores.

These findings indicate that while knowledge about MHPS is relatively consistent among participants, attitudes vary more substantially across individuals.

Table 2
Levels of Awareness and Attitude on MHPS

Variables	Mean	SD	Interpretation
Awareness of MHPS	28.1	2.14	Relatively High
Attitude towards MHPS	145	16.8	Generally Positive

Relationship Between Awareness and Attitudes

Pearson's product-moment correlation revealed a significant positive association between perceived awareness and attitudes toward MHPS, $r(132) = .32, p < .001$. This relationship was weak in magnitude, indicating that higher awareness is associated with more positive attitudes, but that awareness explains only approximately 10% of the variance in attitudes.

This result suggests that although knowledge contributes to favorable perceptions of mental health and psychosocial support, other factors—such as cultural beliefs, social norms, and structural barriers—likely play a substantial role in shaping maternal attitudes.

Table 3
Relationship between Awareness and Attitudes towards MHPS

Variables	R	<i>p</i>	Decision	Remarks
Awareness of MHPS	0.32	<0.001	Reject Ho	Significant
Attitude towards MHPS				

Note. $R^2 = .102$

Differences Across Demographic Variables

One-way analysis of variance (ANOVA) examined whether perceived awareness and attitudes differed across age groups, educational attainment, and employment status.

No significant differences in perceived awareness were found across:

Age groups, $F(2, 131) = 1.46, p = .24$

Educational attainment, $F(2, 131) = 1.94, p = .09$

Employment status, $F(2, 131) = 1.86, p = .16$

Similarly, no significant differences in attitudes toward MHPS were observed across:

Age groups, $F(2, 131) = 0.93, p = .40$

Educational attainment, $F(2, 131) = 2.21, p = .13$

Employment status, $F(2, 131) = 1.20, p = .26$

The results showed that age, educational attainment, and employment status are not significant factors in awareness and attitudes towards MHPS among Filipino mothers. This is likely because the population was equally exposed to information about mental health care and support services. Moreover, similar studies showed that there is not much variance in mental health status at different stages of life (Kar & Samantaray, 2022; Velten et al., 2021). Moreover, employment status is not a significant factor in the awareness and attitude of Filipino mothers regarding MHPS, as the latter is more likely shaped by common community experiences and beliefs than by differences in occupation (Luu et al., 2022; Martinez et al., 2020; Minbaeva et al., 2022). Furthermore, it appears that awareness and attitude towards MHPS are significantly influenced by community factors, interpersonal interactions, and cultural influences, rather than formal education (Miller et al., 2021; Renwick et al., 2022).

These findings indicate a relative uniformity of maternal perspectives across demographic categories. Awareness and attitudes toward MHPS

appear to be shaped less by individual socioeconomic characteristics and more by shared sociocultural contexts within the community.

DISCUSSION

The present study examined Filipino mothers' perceived awareness and attitudes toward mental health and psychosocial support (MHPS) within a barangay community in Pampanga. Consistent with expectations, participants demonstrated high levels of perceived awareness and generally positive attitudes. However, the relationship between these constructs was modest, with awareness explaining only a small proportion of the variance in attitudes. This pattern indicates that while knowledge is associated with more favorable views, awareness alone is insufficient to meaningfully transform maternal perspectives toward mental health.

The weak but significant association between awareness and attitudes highlights a persistent knowledge–attitude gap. Mothers who reported greater familiarity with MHPS tended to hold more positive views, yet this effect was limited. This finding aligns with research suggesting that mental health stigma is not solely a product of misinformation, but is deeply embedded in cultural meanings, emotional responses, and social norms (Corrigan & Clement, 2021; Link et al., 2022). In collectivist contexts such as the Philippines, beliefs about mental illness are often shaped by moral, spiritual, and relational frameworks that extend beyond individual cognition. As a result, increasing knowledge does not automatically translate into behavioral readiness or emotional acceptance.

Equally notable is the absence of significant differences in awareness and attitudes across age, educational attainment, and employment status. This “uniformity of perspective” may suggest that maternal views are shaped less by individual socioeconomic position than by shared community narratives. In communities where access to information, healthcare, and social discourse is largely collective—channeled through barangay health workers, religious institutions, and interpersonal networks—mental health beliefs tend to converge across demographic groups. This pattern reinforces Bandura's model of triadic reciprocal determinism: maternal attitudes are formed through ongoing interaction between personal beliefs, observed social models, and the cultural environment.

These findings challenge assumptions that stigma can be reduced primarily through targeted psychoeducation based on demographic segmentation. While education remains essential, the results indicate that informational campaigns alone are unlikely to dismantle entrenched stigma. Mothers may understand mental health conceptually yet continue to avoid formal services due to *hiya*, fear of social judgment, or mistrust of institutional care. Structural barriers—such as limited service availability, financial constraints, and the absence of culturally responsive providers—further compound this gap between awareness and action.

Taken together, the findings argue for a shift from individual-level interventions toward community-based, systems-oriented approaches. Because it is possible that maternal beliefs are embedded within social contexts, sustainable change must occur within those contexts. Interventions that alter the social environment—by normalizing mental health discourse, modeling acceptance, and embedding services into everyday community life—may potentially influence maternal attitudes more than isolated educational efforts.

The proposed community-based MHPS framework responds directly to this need of the specific community. By integrating mental health

services into their barangay health systems and establishing peer-led “Nanay Wellness Circles,” the intervention targets the environments in which maternal beliefs are formed and reinforced. These mechanisms allow mothers to observe acceptance modeled by peers and trusted community figures, reducing stigma through collective experience rather than abstract instruction. In this way, mothers are repositioned from gatekeepers who inadvertently block access to care into advocates who facilitate early detection, help-seeking, and emotional support within their families.

Although cultural and social factors were not directly measured, the findings and literature highlight that in collectivist societies, mental health promotion is not merely a matter of disseminating information. It may involve social processes that require transforming the cultural spaces where MHPS awareness and attitudes are formed. By addressing the social ecology of maternal attitudes, community-based MHPS initiatives hold promise for bridging the gap between awareness and action and for advancing mental health equity at the grassroots level.

Limitations of the Study

Several limitations should be considered when interpreting the findings. First, the study was conducted in a single barangay community in Pampanga, which limits the generalizability of the results to other geographic or cultural contexts. Maternal perspectives in urban centers or in other regions of the Philippines may differ due to variations in access to services, education, and sociocultural norms.

Second, subgroup sizes were uneven, particularly among mothers with college education and formal employment. Although these distributions reflect the socioeconomic reality of the community, they reduce the statistical power of comparative analyses and may obscure subtle demographic effects.

Third, the study relied on self-report measures, which are susceptible to social desirability bias. Given the sensitivity of mental health topics, respondents may have overstated awareness or expressed more socially acceptable attitudes than they genuinely hold.

Finally, the cross-sectional design captures perceptions at a single point in time and does not allow for examination of change or causal inference. Longitudinal designs are needed to determine whether increases in awareness produce sustained attitudinal and behavioral change.

Recommendations for Future Research

Considering the findings, several key recommendations are proposed to strengthen mental health and psychosocial support (MHPS) for Filipino mothers, in alignment with Sustainable Development Goal 3: Good Health and Well-being, specifically Target 3.4, which mandates the promotion of mental health and well-being.

First, there is a clear need to develop and implement community-based MHPS programs that are culturally appropriate, easily accessible, and responsive to the needs of mothers across all age groups and educational backgrounds. These programs should be facilitated by trained barangay health workers, midwives, or peer mentors to ensure trust and relatability. This decentralized approach directly addresses the “Uniformity of Perspective” identified in the study, suggesting that localized, trusted influencers are the most effective agents for shifting community-wide attitudes.

Secondly, while awareness levels are generally high, ongoing mental health education and stigma-reduction campaigns are essential to bridge the gap between intellectual knowledge and emotional acceptance. These

should be delivered through barangay assemblies, schools, churches, and digital platforms to broaden outreach and reinforce positive attitudes. Partnerships within institutions and communities are advised to create a holistic approach; school institutions, for instance, should design sustainable extension programs for their partner communities.

To further improve service access, local government units and health institutions are encouraged to integrate MHPS into existing primary care services and explore alternative delivery mechanisms such as mobile mental health clinics, telecounseling services, and barangay-based support centers. Psychoeducation efforts must also extend beyond individual mothers to include family members to foster supportive home environments, addressing the cultural nuances of *Hiya* (Shame) and *Utang na Loob* that often prevent formal help-seeking. In addition, establishing peer-led support groups—such as "Nanay Wellness Circles"—and integrating livelihood or skills development training can promote emotional resilience and socioeconomic empowerment.

Policymakers are encouraged to integrate MHPS into local development plans, allocate sufficient funding, and establish effective monitoring and evaluation systems to ensure sustainability and long-term impact. These comprehensive efforts will help create a supportive ecosystem that promotes maternal mental health and well-being at the grassroots level.

Future researchers are encouraged to explore the specific sources, channels, and perceived credibility of mental health information among Filipino mothers. Moreover, future researchers should consider recruiting respondents from various barangays with varied cultural and socioeconomic profiles to make the results more generalizable among Filipino mothers. Employing sequential research designs is recommended to gain a deeper understanding of the progression from knowledge acquisition to behavioral response. Furthermore, the use of sophisticated analytical techniques, such as mediation analysis, moderation analysis, and structural equation modeling, is advised to uncover the complex latent variables—such as religious beliefs or family dynamics—that mediate the relationship between maternal awareness and attitudes towards psychosocial support.

REFERENCES

- Alejandria, M. C. P., Casimiro, K. M. D., Gibe, J. A. L., Fernandez, N. S. F., Tumaneng, D. C., Sandoval, E. C. A., Hernandez, P. J. S., Quan-Nalus, M. A., Alipao, F. A., & Alejandria, M. A. C. P. (2023). Attaining well-being beyond the home: A socio-cultural framing of mental health among university students in the Philippines. *Health Education Journal*, *82*(2), 143-155. <https://doi.org/10.1177/00178969221141547>
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall. <https://tinyurl.com/4rxwack8>
- Corrigan, P. W., & Clement, S. (2021). The impact of stigma on mental health. *Psychiatric Clinics of North America*, *44*(2), 195-204. <https://doi.org/10.1016/j.psc.2021.03.001>
- Javellana, C. (2021). The stigma surrounding mental health in the Philippines. *Philippine Journal of Psychology*, *56*(1), 45-60.
- Kar, S., & Samantaray, P. (2022). Mental health status of women in reproductive age group and its determinants in rural Odisha, India using GHQ 12 questionnaire. *F1000Research*, *11*, 1-12. <https://doi.org/10.12688/f1000research.124730.1>
- Lamichhane, B.-B. (2023). Association between mental health literacy and stigma: A review. *AMC Journal*, *4*(1), 53-66. <https://doi.org/10.3126/amcj.v4i1.63834>
- Link, B. G., Yang, L. H., Phelan, J. C., & Collins, P. Y. (2022). Measuring mental illness stigma. *Psychiatry Research*, *299*, 113824. <https://doi.org/10.1016/j.psychres.2021.113824>
- Luu, K., Brubacher, L. J., Lau, L. L., Liu, J. A., & Dodd, W. (2022). Exploring the role of social networks in facilitating health service access among low-income women in the Philippines: a qualitative study. *Health Services Insights*, *15*, 1-10. <https://doi.org/10.1177/11786329211068916>
- Martinez, A. B., Co, M., Lau, J., & Brown, J. S. L. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, *55*(11), 1397-1413. <https://doi.org/10.1007/s00127-020-01937-2>
- Miller, A. P., Ziegel, L., Mugamba, S., Kyasanku, E., Wagman, J. A., Nkwanzilubega, V., ... & Ddaaki, W. (2021). Not enough money and too many thoughts: exploring perceptions of mental health in two Ugandan districts through the mental health literacy framework. *Qualitative Health Research*, *31*(5), 967-982. <https://doi.org/10.1177/1049732320986164>
- Minbaeva, D., Ledeneva, A., Muratbekova-Touron, M., & Horak, S. (2023). Explaining the persistence of informal institutions: The role of informal networks. *Academy of Management Review*, *48*(3), 556-574. <https://doi.org/10.5465/amr.2020.0224>
- Pamplona, M. P. S., Awat, M. M., & Frontuna, R. E. C. (2025). "You are not alone...I am here": Lived experiences of parents of Filipino young adults with mental health conditions. *Boston Research Journal of Social Sciences & Humanities*, *5*(8), 81-99. <https://doi.org/10.63942/brjssh.v5.i8.p81.63689>
- Renwick, L., Pedley, R., Johnson, I., Bell, V., Lovell, K., Bee, P., & Brooks, H. (2024). Mental health literacy in children and adolescents in low-and middle-income countries: a mixed studies systematic review and narrative synthesis. *European child & adolescent psychiatry*, *33*(4), 961-985. <https://doi.org/10.1007/s00787-022-01997-6>
- Republic of the Philippines. (2018). *Republic Act No. 11036: Philippine Mental Health Act*. https://lawphil.net/statutes/repacts/ra2018/ra_11036_2018.html
- Tuliao, A. P. (2014). Mental health help seeking among Filipinos: A review of the literature. *Asia Pacific Journal of Counselling and Psychotherapy*, *5*(2), 124-136. <https://doi.org/10.1080/21507686.2014.913641>
- Velten, J., Brailovskaia, J., & Margraf, J. (2022). Positive Mental Health Scale: Validation and measurement invariance across eight countries, genders, and age groups. *Psychological Assessment*, *34*(4), 332. <https://doi.org/10.1037/pas0001094>