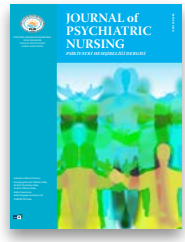
JOURNAL OF
PSYCHIATRIC NURSING

DOI: 10.14744/phd.2026.23316
J Psychiatric Nurs 2026;17(3):235-244



Systematic Review

Unspoken norms and silent struggles: A scoping review of cultural ınfluences on adults' mental health help-seeking

Lina Mwikali,[1] İlknur Dolu[2]

[1]Department of Nursing, School of Medicine, Kenyatta University, Nairobi County, Kenya
[2]Department of Basic Sciences, İstanbul Nişantaşı University, İstanbul, Türkiye

Abstract

Objectives: The purpose of this scoping review is to synthesize the existing literature on cultural factors influencing mental health help-seeking attitudes to understand how different cultural groups perceive mental disorders and how these perceptions influence their mental health help-seeking attitudes.

Methods: The scoping review utilized a six-step protocol that included the following key steps: formulating the research question, conducting a literature search, selecting studies, charting the data to extract relevant information from each selected study, collating and summarizing the findings, and disseminating the results.

Results: A total of 1,065 studies were retrieved through electronic databases. Of these, 28 peer-reviewed articles were included in the study. The findings from this scoping review reveal that cultural elements such as attitudes toward mental illness, cultural beliefs about the etiology of mental illnesses, acculturation, and the use of alternative treatment modalities influence mental health help-seeking attitudes and behaviors across different cultural groups. Communities with negative beliefs about mental illness and those that associate mental illness with supernatural causes have lower rates of mental health service utilization and higher rates of social stigma and self-stigma.

Conclusion: Psychiatric mental health nurse practitioners can utilize the findings from this scoping review to provide culturally competent mental health services. These findings can be used in policymaking to improve mental health help-seeking behaviors across different cultural and ethnic groups by facilitating access to culturally competent psychiatric care.

Keywords: Atitude; culture; help-seeking; help-seeking behavior; mental health disorders

The World Health Organization (WHO) estimated that 1 out of every eight people in the world was living with at least one mental disorder in 2019, representing nearly 970 million people in the global population.[1] The third Sustainable Development Goal (SDG) focuses on good health and well-being and aims to reduce by one-third premature deaths resulting from non-communicable diseases through disease prevention and the promotion of mental health.[2] It also aims to strengthen measures that will facilitate the prevention and treatment of mental disorders, including substance use disorders.[2] Such global actions have targeted improvements in mental healthcare utilization. However, only a small proportion of those with mental disorders utilize available mental healthcare services. For example, a nationwide study involving 55,052 American adults with mental disorders revealed that only 11.3% utilized mental healthcare services.[3] Evidence indicates that 44%–70% of individuals in high-income countries and up to 90% in developing countries who could benefit from mental health treatment do not receive it. Sociocultural factors have been cited as being among the leading causes of underutilization of mental healthcare services.[4]

Culture can be defined as a set of attitudes, values, traditions, rituals, beliefs, and behaviors shared by a group of people and usually communicated and passed down from generation

Address for correspondence: İlknur Dolu, İstanbul Nişantaşı Üniversitesi, Temel Bilimler Anabilim Dalı, İstanbul, Türkiye
Phone: +90 505 255 14 93 **E-mail:** ilknur.dolu@nisantasi.edu.tr **ORCID:** 0000-0002-0958-8395
Submitted Date: April 13, 2026 **Revised Date:** July 09, 2026 **Accepted Date:** August 24, 2026 **Available Online Date:** September 30, 2026
Journal of Psychiatric Nursing - Available online at www.phdergi.org

to generation.[5] Culture differentiates social groups and influences not only how individuals behave but also how they perceive the behavior of others.[6] Cultural factors, including beliefs, patterns, and practices, shape societal attitudes toward mental illnesses, and such attitudes can directly influence the health-seeking behaviors of individuals struggling with mental or psychiatric disorders.[4,7] Previous studies have shown that access to mental healthcare services is impaired by cultural factors, such as public stigma.[8] The influence of religious beliefs has also been demonstrated.[4] In particular, cultures that perceive mental diseases as resulting from a curse or evil spirits may prevent their members from seeking timely psychiatric care, leading to increased morbidity, mortality, and healthcare expenditure.[9–11] Therefore, cultural norms play an important role in help-seeking for mental health issues, leading some people to choose traditional medicine over standard psychiatric care.[12,13] Health-seeking behaviors and attitudes play an essential role in determining access to care and recovery from psychiatric illnesses.[10]

Despite the growing literature on cultural factors and their relationship with mental health help-seeking attitudes, most studies focus on specific cultural groups. Therefore, there is a need for a comprehensive review to provide an in-depth understanding of how different cultures influence mental health help-seeking attitudes across diverse cultural groups. The review will provide a detailed description of the key similarities and differences in these cultural factors, thereby allowing mental health practitioners to modify existing treatment modalities to make them culturally sensitive rather than using a one-size-fits-all approach. Additionally, combining qualitative and quantitative studies is beneficial for adding to the body of knowledge while offsetting the limitations of both research designs. The aim of this scoping review is to synthesize the existing literature on cultural factors influencing mental health help-seeking attitudes to understand how different cultural groups perceive mental disorders and how these perceptions influence their mental health help-seeking attitudes. The review informs mental health practitioners about effective strategies that can be implemented to promote access to culturally sensitive mental healthcare services, mitigate stigma, and enhance mental health recovery within a multicultural society.

What is presently known on this subject?

- Only a small proportion of people with mental disorders actually use the mental health services available to them.
- Research shows that cultural norms vary widely, and most studies tend to focus on specific cultural groups rather than capturing this broader diversity.

What does this article add to the existing knowledge?

- Certain cultural factors, in particular, shape how people from different backgrounds view mental health and influence whether and how they seek help.
- Communities that hold negative beliefs about mental illness tend to have lower use of mental health services and experience higher levels of both social stigma and self-stigma.

What are the implications for practice?

- The study highlights the crucial role of culture in shaping how mental illness is understood, explained, and stigmatized.
- A one-size-fits-all approach in psychiatry is ineffective, as cultural groups differ in their mental health beliefs and practices.
- Alternative therapies play a distinct role in how mental illnesses are managed across different cultural contexts.

Materials and Method

Design

The scoping review design was utilized because it allows for an in-depth, systematic, comprehensive, and rigorous synthesis of the existing literature.[14]

A scoping review typically seeks to encompass a wide range of literature, making a systematic critical appraisal of findings difficult to achieve. Scoping reviews are carried out by researchers in place of systematic reviews when they aim to study research practices, scope a body of literature, discover knowledge gaps, or explain ideas.[15] These reviews are often used to explore the contexts of specific phenomena.[14] In this instance, the focus was on the cultural factors shaping health-seeking attitudes among adults with mental health disorders across various cultural settings.

A scoping review can examine and map existing evidence and inform professional practice using six key steps. These steps involve formulating the research question, conducting the literature search, selecting studies, charting the data to extract relevant information from each selected study, collating and summarizing the findings, and disseminating the results.[15]

Search Methods

Electronic databases, including PubMed, Medline, Scopus, Web of Science, and CINAHL Ultimate, were searched using Boolean phrases coupled with search-strategy recommendations specific to each of the five bibliographic databases. To determine and understand the impact of culture on mental health help-seeking behaviors among adults with psychiatric disorders, the following Boolean phrases were applied: "Help-seeking" OR "help-seeking behavior" OR "self-seeking" AND "mental" OR "psychiatric disorders" OR "mental health disorders" OR "mental health problems" AND "attitude OR behavior" AND "ethnology OR culture." Quotation marks were used to delineate the phrases to ensure that the search results identified peer-reviewed scholarly articles relevant to all the keywords.

The inclusion criteria were studies published between 2014 and 2024, articles written and published in English, peer-reviewed articles indexed in electronic databases including PubMed, Medline, Scopus, Web of Science, and CINAHL Ultimate, and studies focusing on cultural influences on help-

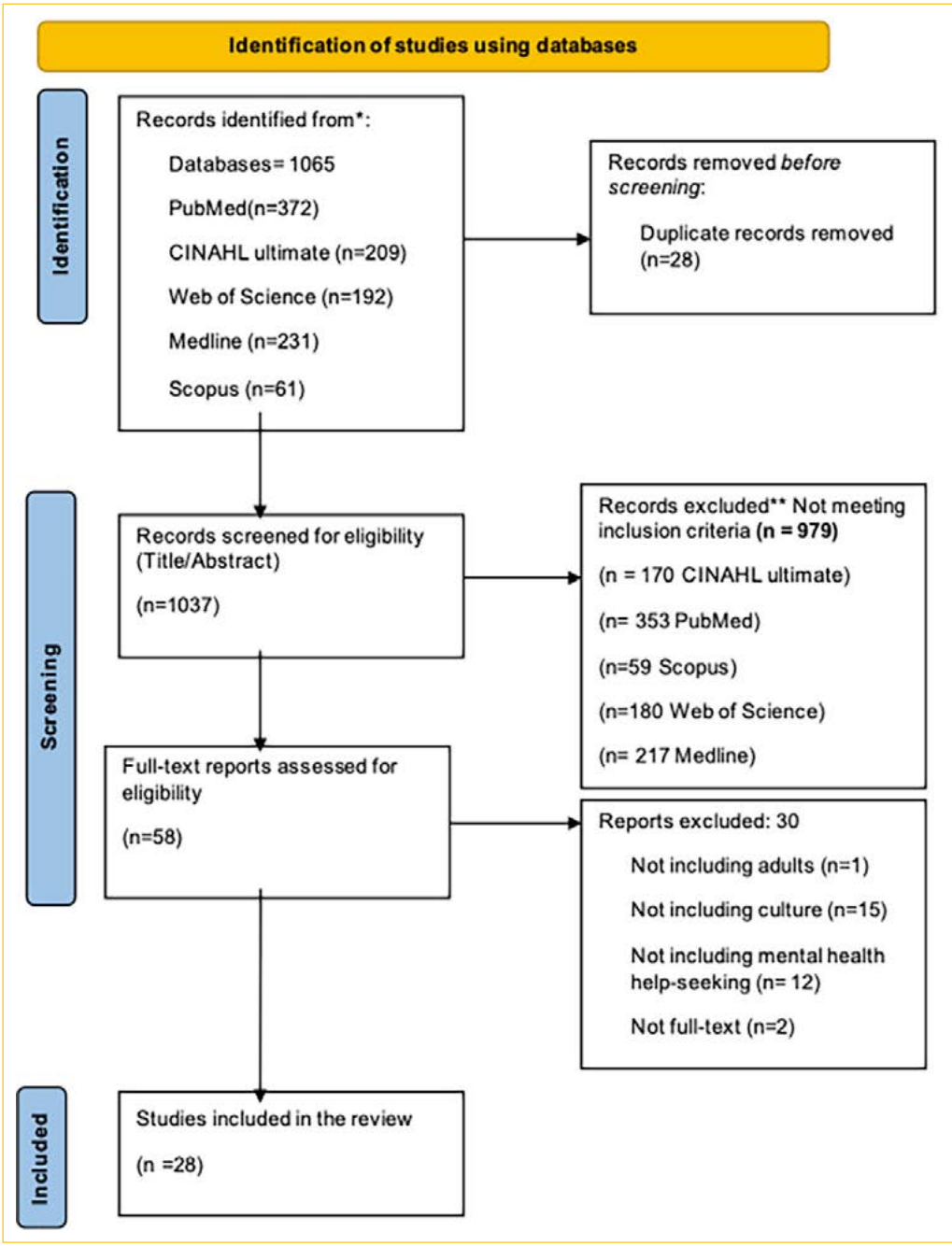


Figure 1. PRISMA diagram.

seeking behaviors or attitudes among adults with mental or psychiatric disorders. Articles published before 2014, articles derived from commentaries or expert opinions, and those that did not include all the main keywords were excluded.

Search Outcomes

The PRISMA tool was used to guide the key processes involved in the identification, screening, and selection of appropriate articles. The PRISMA flow diagram is provided below. The initial search yielded 1,065 articles: 372 from PubMed, 209 from CINAHL Ultimate, 192 from Web of Science, 231 from Medline, and 61 from Scopus. Twenty-eight duplicates were removed, resulting in a total of 1,037 articles. The 1,037 articles were reviewed against the inclusion and exclusion criteria using the abstracts to screen for eligibility, which led to the exclusion of 979 articles. Therefore, a total of 58 full-text articles were selected for full-text assessment; 30 were excluded, and 28 articles ultimately met the inclusion criteria (Fig. 1).

Quality Appraisal

The Critical Appraisal Skills Programme (CASP) checklists were used to assess the quality of the qualitative studies, cross-sec-

tional studies, and systematic reviews. The CASP platform offers a wide array of checklists that can be used to assess the quality of different research designs and eliminate weak, inappropriate, and irrelevant articles. The CASP checklist for qualitative studies had 10 questions and examined whether the studies had a clear statement of purpose and whether the authors selected the appropriate methodology, design, recruitment strategy, and data collection methods. Ethical issues, data analysis, research findings, and the value of the study were also evaluated. The CASP checklist for cross-sectional studies had 11 questions that assessed the validity of the research findings by determining whether the study addressed a clear issue and whether the researchers used an appropriate methodology to address the issue. The recruitment strategies were analyzed to assess potential bias and whether the findings were sufficiently precise to influence decision-making. The CASP checklist for systematic reviews had 10 questions and assessed the validity of the cumulative research findings, reviewed the findings, and examined how the findings could be adapted to the local population. The total scores for each CASP checklist were calculated by awarding one point for elements that were present and assigning zero points to elements that were unavailable or not clearly depicted in the article. Articles with scores of 8 or above were considered high quality. All 28 articles were of high quality (Tables 1-3).

Data Abstraction and Synthesis

Data from the selected articles were extracted into a summary table to allow for interpretation of the key findings (Appendix 1). To answer the research question and identify gaps in the literature, a thematic analysis of the data from the included studies was conducted.[16] The first author included only statistically significant results from the quantitative studies and relevant data from qualitative studies and systematic reviews in the table to allow for adequate comparison of the findings. The extracted data were systematically coded and synthesized into four themes that aligned with the purpose of this scoping review. The first author conducted the initial coding and developed the preliminary themes. To enhance the reliability of the coding process, the second author independently reviewed the coding framework, the summary table, and the preliminary themes. Any discrepancies in coding or theme interpretation were discussed between the first and second authors until consensus was reached. The final themes were then refined and confirmed through mutual agreement, ensuring the accuracy, consistency, and relevance of the thematic synthesis.

Results

Appendix 1 summarizes the included studies. Of the 28 articles reviewed, 39% (n=11) were qualitative studies, 43% (n=12) were cross-sectional studies, and 18% (n=5) were systematic reviews. Eleven of the 28 studies were conducted among immigrant populations in Western countries. The studies were conducted in various regions, including Jordan (n=1), Nigeria (n=1), South Africa (n=1), Equatorial Guinea (n=1), China (n=1), the United States (n=2), the United Kingdom (n=2), and Ireland (n=1). The findings of this scoping review are presented under four themes: (i) cultural beliefs about the etiology of mental illness, (ii) perceptions of mental illness and stigma, (iii) alternative treatments for mental illnesses, and (iv) acculturation.

Theme 1: Cultural Beliefs About the Etiology of Mental Illness

Culture influences beliefs about the etiology of mental illnesses or mental disorders. Arab-Islamic culture has traditionally associated mental illness with supernatural causes, including black magic, jinn (demon) possession, and the evil eye.[4,7,11,17] These beliefs persist among Muslim immigrant populations in other countries, such as Australia and the United States.[10,18] Religious beliefs endorsed by Latin, Māori, Polish, and Asian cultures often link mental disorders to spirits and sorcery.[19] In Haiti[7] and Nigeria,[9] mental illnesses were attributed to angered spirits and to aggravated individuals whom the affected person had wronged or with whom they had failed to maintain positive relationships.[9] People with mental disorders were thought to have offended the gods or spirits by committing serious crimes, failing to adhere to established social norms, or as a result of God's punishment.[9,20]

Different cultures had different explanatory models for mental illness.[19,21] African cultures adopted a bewitchment explanatory model, which attributed mental illnesses to jealousy-induced witchcraft and the evil eye. Most individuals with mental illnesses, along with their caregivers, believed that they had been bewitched.[22] Western cultures adopted a biopsychosocial model, conceptualizing mental illnesses as resulting from stress, the social environment, and genetics.[19] Interestingly, however, African descendants living in the United Kingdom also expressed beliefs that mental illness was caused by demon possession and moral failings.[23]

Theme 2: Perceptions of Mental Illness and Stigma

Cultures dictate how individuals perceive mental illness. In Pakistani[17] and Equatorial Guinean[21] cultures, mental illnesses were associated with aggressive and bizarre behaviors, reinforcing discriminatory attitudes that hinder help-seeking. Asian and Nigerian communities, including those living in Western countries, perceived mental illnesses as abnormalities and individuals with mental illnesses as disordered, leading to social stigma and self-stigma that prevented them from seeking professional care.[9,24] Mental illnesses such as depression were believed to be signs of weakness.[8,24,25,26] Seeking mental healthcare and support was discouraged among Asian, Chi-

Table 1. Quality appraisal of qualitative studies

CASP Questions for qualitative studies	Wright et al.[26]	Alqasir& Ohtsuka [10]	Jidong et al.[9]	Ediz et al. [11]	Firnhaber et al.[8]	Sangar& Howe[24]	Bila& Carbonatto[22]	Jimenez Fernandez et al.[21]	Liu[36]	Mantovani et al.[23]	Ta Park et al.[24]
1. Clear statement of aims	1	1	1	1	1	1	1	1	1	1	1
2. Appropriate methodology	1	1	1	1	1	1	1	1	1	1	1
3. Appropriate research design	1	1	1	1	1	1	1	1	1	1	1
4. Appropriate recruitment strategy	1	1	1	1	1	1	0	1	1	1	1
5. Appropriate data collection methods	1	1	1	1	1	1	1	1	1	1	1
6. Research relationship considered	1	1	1	1	1	1	1	1	1	1	1
7. Ethical issues considered	1	1	1	1	1	1	1	1	1	1	1
8. Data analysis rigorous	1	1	1	1	1	1	1	1	1	1	1
9. Clear statement of findings	1	1	1	1	1	1	1	1	1	1	1
10. Research value	1	1	1	1	1	1	1	1	1	1	1
Total score	10	10	10	10	10	10	9	10	10	10	10

Table 2. Quality appraisal of cross-sectional studies

CASP Questions for cross-sectional studies	Al Ali et al.[29]	Zhou et al.[33]	Galvin et al.[7]	Ahmad& Koncsol[17]	Nohr et al.[37]	Mudryk & Johnson[18]	Tuliao[31]	Abolfotouh et al.[20]	Found[32]	Goyal et al.[30]	Heller et al.[37]	Markova et al.[35]
1. Clear statement of aims	1	1	1	1	1	0	1	1	1	1	1	1
2. Appropriate methodology	1	1	1	1	1	1	1	1	1	1	1	1
3. Appropriate recruitment strategy	1	1	1	1	1	1	1	1	1	1	1	0
4. Accurate measurement to reduce bias	1	1	1	1	1	0	1	1	1	0	1	1
5. Appropriate data collection methods	1	1	1	1	1	1	1	1	1	0	1	1
6. Enough participants to minimize the play of chance	1	1	1	1	1	1	1	1	1	1	1	1
7. Clear presentation of findings	1	1	1	1	1	1	1	1	1	1	1	1
8. Data analysis rigorous	1	1	1	1	1	1	1	1	1	1	1	1
9. Clear statement of findings	1	1	1	1	1	1	1	1	1	1	1	1
10. Application of the findings to local population	1	1	1	1	1	1	0	1	1	1	1	1
11. Research value	1	1	1	1	1	1	1	1	1	1	1	1
Total score	11	11	11	11	11	9	10	11	11	9	11	10

Table 3. Quality appraisal of systematic reviews

CASP questions for systematic reviews	Elshamy et al.[4]	Ghanem et al.[19]	Than et al.[28]	Martinez et al.[13]	Haque& Malebranche[27]
1. Clearly focused question	1	1	1	1	1
2. Correct type of papers	1	1	1	1	1
3. All the important and relevant studies included	1	1	1	1	1
4. Appropriate quality assessment of articles	1	1	0	1	1
5. Reasonable to combine results of review	1	1	1	1	1
6. Overall results	1	1	1	1	1
7. Precision of results	1	1	1	1	1
8. Results applicable to local population	0	1	1	1	1
9. All the important outcomes considered	1	1	1	1	1
10. Benefits worth the harms and costs	1	1	1	1	1
Total score	9	10	9	10	10

nese, Cambodian, Irish, and Syrian communities, both in their countries of origin and among immigrant populations living in Western countries, as it was perceived to bring shame to the family.[24,25,27,28] Some Chinese women living in the United States did not perceive depression as a genuine health issue.[25] Similarly, Bhutanese and Syrian migrant women viewed depression as incompatible with childbirth because they associated childbirth with celebration, and their cultural norms expected women to endure its challenges without complaining.[27]

Cultural values and beliefs that associated mental health help-seeking with inadequacy or weakness led to public and private stigma[29–31] and a significant reduction in mental health help-seeking attitudes and behaviors,[13,32] including among immigrant populations.[33] Cuban, German, Russian, and Norwegian cultures had a positive perception of mental illness and a higher prevalence of mental health help-seeking behaviors.[20,34]

Theme 3: Alternative Treatments for Mental Illnesses

Cultures recommended the use of diverse alternative treatments to manage mental illnesses in alignment with cultural values, beliefs, and practices. Middle Eastern, Indian, Cambodian, Filipino, and Turkish cultures used traditional healers, Buddhist monks, prayers, consultation with family members, herbal remedies, and religious activities such as visiting shrines and wearing amulets to manage mental illnesses rather than seeking professional mental health services.[4,11,13,30] In Haiti, South Africa, Nigeria, and Equatorial Guinea, people preferred seeking mental healthcare from voodoo priests, traditional healers, or Fang traditional healers.[7,9,21,22] These communities used standard psychiatric services when these indigenous practices proved ineffective. In contrast to African cultures, African descendants living in the United Kingdom argued that spiritual and religious interventions alone were insufficient to manage mental illnesses.[23]

Theme 4: Acculturation

Attitudes toward mental health and help-seeking differed across generations and migrant populations. Low levels of acculturation among first-generation Muslim, Somali, and Pakistani immigrants were associated with negative perceptions of mental illness, social stigma, and reduced mental health help-seeking.[18,35] However, despite acculturation, young Chinese girls living and studying overseas[36] and Chinese American women with postpartum depression[25] were still reluctant to seek mental health services because they perceived depression as a sign of weakness. Asian and Latinx students who held strong Asian and Latin cultural beliefs about mental illness had a lower likelihood of seeking professional mental health support compared with students with lower adherence to either Asian or Latino cultures.[33] Interestingly, Asian immigrant students were more likely to use mental healthcare services if they were offered in English rather than in Chinese.[37]

Discussion

This scoping review aims to synthesize the existing literature on cultural factors influencing mental health help-seeking attitudes to understand how different cultural groups perceive mental disorders and how these perceptions influence their mental health help-seeking attitudes and behaviors. The four themes that emerged from this scoping review are cultural beliefs about the etiology of mental illness, perceptions of mental illness and stigma, alternative treatments for mental illnesses, and acculturation.

Several studies included in this review found that culture influences beliefs about the etiology of mental illness, with participants from African, Turkish, Haitian, and Arabic communities attributing mental illnesses to supernatural causes such as demon possession, the evil eye, spirits, sorcery or

witchcraft, black magic, voodoo, and punishment resulting from moral failings.[4,7,9,11,17,21] These beliefs may persist, particularly among Muslim immigrant populations, even after migration to Western countries.[10,18] Asian, Latin, Polish, and Māori cultures[19] had religious worldviews that linked mental illnesses to spirits and God's punishment, whereas the biopsychosocial model attributed mental illness to factors such as stress, genetics, and the individual's social environment.[20,34] These findings are consistent with existing evidence demonstrating that mental illness is attributed to both supernatural explanations within some non-Western contexts and biopsychosocial factors across diverse cultural settings.[38] However, our review found that the biopsychosocial model is not unique to Western countries, as Cuban participants linked mental illness to environmental stressors.[34] The findings demonstrate the complexity of cultural values and beliefs across different regions and how they influence the understanding of mental illness.

The cumulative findings in this review demonstrate the diverse perceptions of mental illness across different cultural groups. In African communities such as those in Nigeria, South Africa, and Equatorial Guinea, mental illness is considered taboo, and individuals refrain from seeking mental healthcare services because of social stigma and self-stigma.[9,21,22] Similarly, Asian communities, including those living in Western countries, associate mental illnesses with weakness and shame.[25,36] These findings suggest that cultural factors are key predictors of social stigma and self-stigma. Thus, across diverse countries and cultural settings, it is crucial to emphasize the importance of understanding cultural nuances to effectively address stigma and promote global mental health awareness.[39] Interestingly, however, some cultures, such as the Cuban context, have a high likelihood of seeking professional mental health support regardless of existing negative attitudes toward mental illness.[34] This shift in perception suggests that increasing public awareness of mental health may help cultural groups reform negative perceptions of mental illness, thereby reducing social stigma and self-stigma.

This review illustrates the role of alternative treatments for mental illnesses. There is widespread preferential use of traditional healing practices, such as Fang healers, voodoo priests, traditional healers, Buddhist monks, herbal therapies, and religious activities such as praying, visiting shrines, and wearing amulets, across different cultural groups.[4,11,13,28,30] Some communities that believe mental illness is a private matter opt to consult family members. This is similar to Gureje et al.,[40] who suggest that traditional healing practices are commonly used by individuals with mental illnesses because they reflect their unique cultural beliefs. Although most studies in this review acknowledged that traditional healing practices were sufficient, African descendants living in the United Kingdom argued that religious interventions alone were insufficient.[23] Therefore, it is important to understand the unique role of alternative therapies and how to integrate these therapies into standard psychiatric care to offer culturally sensitive mental health services that encourage patients with mental illnesses to consider seeking professional mental healthcare.

The review affirms the complex yet interesting relationship between acculturation and mental health help-seeking attitudes and behaviors among migrant populations. Low acculturation rates were associated with negative beliefs about mental illness and limited utilization of mental healthcare services in host countries, and vice versa.[18,25,33,35] Although evidence indicates that the level of acculturation is significantly associated with stigma, this association becomes less apparent when specific dimensions of stigma, such as anticipated consequences, disclosure, concealment, and willingness to provide help, are examined separately.[41] It is evident that cultural factors contribute to stigma toward people with mental illness, their families, and mental health professionals, potentially creating barriers to seeking professional mental healthcare.[42] Therefore, these factors should be taken into consideration in the planning and delivery of mental health services, particularly for immigrant populations, to ensure culturally responsive and accessible care. Notably, Heller et al.[37] noted that immigrants were more likely to utilize professional mental health services if they were offered in English compared with their native language. This review shows that, despite acculturation, some immigrants continue to hold their native beliefs about mental illness, limiting their access to standard mental health services. Mental health practitioners should consider cultural preferences when caring for immigrants to ensure the provision of culturally competent psychiatric care. It is also crucial to consider linguistic preferences to help reduce mental health stigma.

Limitation

This review was limited to studies published in English. As a result, relevant studies published in local languages may have been excluded, which may have affected the comprehensiveness of the synthesized evidence.

Conclusion

This scoping review synthesized the existing literature to discuss how different cultures describe and perceive mental disorders and how these perceptions influence mental health help-seeking attitudes and behaviors. The studies explored the importance of culture in understanding and defining the underlying causes of mental illnesses and the

development of stigma. The review found that cultural beliefs associating mental illness with supernatural powers and feelings of shame or weakness were associated with lower rates of mental health help-seeking behaviors compared with beliefs linking mental illnesses to environmental factors. The review also demonstrated the unique role of alternative therapies in managing mental illnesses across different cultural contexts.

The findings from this scoping review emphasize that a one-size-fits-all treatment approach in psychiatry is unattainable because different cultural groups hold different beliefs and practices regarding mental health. Therefore, psychiatric mental health nurse practitioners should integrate cultural practices into the biomedical approach to provide respectful, dignified, culturally sensitive, and holistic care. In addition, psychiatric mental health nurse practitioners should collaborate with community leaders to organize community health campaigns to raise awareness of mental illness and address myths that hinder individuals from seeking mental healthcare, as this may be effective in combating negative cultural beliefs about mental illness. Such actions are important because they can promote mental health in accordance with SDG 3 by ensuring that individuals with mental illnesses receive appropriate and culturally competent care without social discrimination or stigma. Future studies should examine the safety and efficacy of traditional healing practices to determine whether they can be used as a complement to standard psychiatric care to further enhance the provision of client-centered, respectful, effective, and holistic care. Additionally, future research should examine how cultural factors interact with social determinants of health to shape perceptions of mental disorders and mental health help-seeking attitudes and behaviors. Investigating factors such as socioeconomic conditions, healthcare accessibility, social support networks, migration experiences, and systemic barriers may provide a more nuanced understanding of disparities in mental health service utilization among diverse cultural groups.

Onlie Appendix Files: https://jag.journalagent.com/phd/abs_files/PHD-23316/PHD-23316_(2)_PHD-23316_appendix.docx

Conflict of Interest Statement: The authors declare that there is no conflict of interest.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Use of AI for Writing Assistance: Artificial intelligence (AI)-assisted technologies, such as Large Language Models (LLMs), chat bots, or image generators, were not used in the preparation of the submitted work.

Authorship Contributions: Concept – İ.D., L.M.; Design – İ.D., L.M.; Supervision – İ.D.; Materials – L.M.; Data collection and/or processing – L.M.; Data analysis and/or interpretation – L.M.; Literature search – İ.D., L.M.; Writing – İ.D., L.M.; Critical review – İ.D., L.M.

Acknowledgments: The authors gratefully appreciate the contri bution of each author to this manuscript.

Peer-review: Externally peer-reviewed.

References

1. World Health Organization. Mental health. Available at: https://www.who.int/health-topics/mental-health#tab=tab_1. Accessed Apr 13, 2026.
2. United Nations. Sustainable development. Available at: https://sdgs.un.org/goals/goal3. Accessed Apr 13, 2026.
3. Wang J, Qiu Y, Zhu X. Trends of mental health care utilization among US adults from 1999 to 2018. BMC Psychiatry 2023;23:665.
4. Elshamy F, Hamadeh A, Billings J, Alyafei A. Mental illness and help-seeking behaviours among Middle Eastern cultures: A systematic review and meta-synthesis of qualitative data. PLoS One 2023;18:e0293525.
5. Global PAD. Spencer-Oatey H. What is culture? Available at: https://warwick.ac.uk/fac/soc/al/globalpad-rip/openhouse/interculturalskills_old/core_concept_compilations/global_pad_-_what_is_culture.pdf. Accessed Apr 13, 2026.
6. Liu RW, Lapinski MK, Kerr JM, Zhao J, Bum T, Lu Z. Culture and social norms: Development and application of a model for culturally contextualized communication measurement (MC3M). Front Commun 2022;6:770513.
7. Galvin M, Michel G, Pierre E, Manguira E, Lesorogol C, Trani JF, et al. Determinants of mental illness and care seeking behaviours in Northern Haiti: an assessment of demographic, social, and religio-cultural factors among patients at the first mental health clinic in the region. Ment Health Relig Cult 2023;26:238–60.
8. Firnhaber J, Malone SM, O'Hagan AD, O'Keefe S, McNamara J, O'Connor S. 'You don't want to be seen to be struggling'; identifying sociocultural barriers and facilitators for Irish farmers' mental health help-seeking. Sociologia Ruralis 2024;64:353–75.
9. Jidong DE, Bailey D, Sodi T, Gibson L, Sawadogo N, Ikhile D, et al. Nigerian cultural beliefs about mental health conditions and traditional healing: A qualitative study. J Ment Health Train Educ Pract 2021;16:285–99.
10. Alqasir A, Ohtsuka K. The impact of religio-cultural beliefs and superstitions in shaping the understanding of mental disorders and mental health treatment among Arab Muslims. J Spiritual Ment Health 2023;26(3):1–24.
11. Ediz Ç, Uzun S, Mohammadnezhad M, Erdaş MB. Role of culture and religious beliefs on non-medical help-seeking behavior among patients with chronic mental illnesses (CMIs) in Türkiye. Indian J Psychiatry 2024;66:695–703.
12. Dean KE, Long ACJ, Matthews RA, Buckner JD. Willingness to seek treatment among black students with anxiety or de-

pression: the synergistic effect of sociocultural factors with symptom severity and intolerance of uncertainty. Behav Ther 2018;49:691–701.
13. Martinez AB, Co M, Lau J, Brown JSL. Filipino help-seeking for mental health problems and associated barriers and facilitators: a systematic review. Soc Psychiatry Psychiatr Epidemiol 2020;55:1397–413.
14. Pollock D, Davies EL, Peters MDJ, Tricco AC, Alexander L, McInerney P, et al. Undertaking a scoping review: A practical guide for nursing and midwifery students, clinicians, researchers, and academics. J Adv Nurs 2021;77:2102–13.
15. Munn Z, Peters MDJ, Stern C, Tufanaru C, McArthur A, Aromataris E. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Med Res Methodol 2018;18:143.
16. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol 2006;3:77–101.
17. Ahmad SS, Koncsol SW. Cultural factors influencing mental health stigma: Perceptions of Mental Illness (POMI) in Pakistani emerging adults. Religions 2022;13:401.
18. Mudryk EP, Johnson LR. The impact of religiousness and beliefs about mental illness on help-seeking behaviors of Muslim Americans. J Clin Psychol 2023;79:1208–22.
19. Ghanem M, Evangeli-Dawson C, Georgiades A. The role of culture on the phenomenology of hallucinations and delusions, explanatory models, and help-seeking attitudes: A narrative review. Early Interv Psychiatry 2023;17:843–63.
20. Abolfotouh MA, Almutairi AF, Almutairi Z, Salam M, Alhashem A, Adlan AA, et al. Attitudes toward mental illness, mentally ill persons, and help-seeking among the Saudi public and sociodemographic correlates. Psychol Res Behav Manag 2019;12:45–54.
21. Jimenez Fernandez R, Corral Liria I, Rodriguez Vázquez R, Cabrera Fernandez S, Losa Iglesias ME, et al. Exploring the knowledge, explanatory models of illness, and patterns of healthcare-seeking behaviour of Fang culture-bound syndromes in Equatorial Guinea. PLoS One 2018;13:e0201339.
22. Bila NJ, Carbonatto CL. Culture and help-seeking behavior in the rural communities of Limpopo, South Africa: Unearthing beliefs of mental health care users and caregivers. Ment Health Relig Cult 2022;25:1–20.
23. Mantovani N, Pizzolati M, Edge D. Exploring the relationship between stigma and help-seeking for mental illness in African-descended faith communities in the UK. Health Expect 2017;20:373–84.
24. Sangar M, Howe J. How discourses of sharam (shame) and mental health influence the help-seeking behaviors of British-born girls of South Asian heritage. Educational Psychology in Practice 2021;37:1–19.
25. Ta Park VM, Goyal D, Suen J, Win N, Tsoh JY. Chinese American women's experiences with postpartum depressive symptoms and mental health help-seeking behaviors. MCN Am J Matern Child Nurs 2019;44:144–9.
26. Wright CJ, Wilson S, Hammer JH, Hargis LE, Miller M, Usher EL. Mental health in undergraduate engineering students: Identifying facilitators and barriers to seeking help. J Eng Educ 2023;112:963–86.
27. Haque S, Malebranche M. Impact of culture on refugee women's conceptualization and experience of postpartum depression in high-income countries of resettlement: A scoping review. PLoS One 2020;15:e0238109.
28. Than V, Doroud N, O'Brien L. Mental health service utilization and help seeking behaviours of adult Cambodians living in Western countries: A systematic scoping review. Int J Soc Psychiatry 2024;70:778–91.
29. Al Ali NM, Alqurneh MK, Dalky H, Al-Omari H. Factors affecting help-seeking attitudes regarding mental health services among attendance of primary health care centers in Jordan. Int J Mental Health 2017;46:38–51.
30. Goyal S, Gupta B, Sharma E, Dalal PK, Pradeep Y. Psychiatric morbidity, cultural factors, and health-seeking behaviour in perinatal women: a cross-sectional study from a tertiary care centre of North India. Indian J Psychol Med 2020;42:52–60.
31. Tuliao AP. Public and private stigma, and help-seeking intent for mental health issues: A cross-country comparison between the U.S. and the Philippines. Stigma and Health 2021;9:9–19.
32. Found A. Relationship between traditional Chinese beliefs about aetiology of mental disorders and help seeking: a survey of the elderly in Macao. East Asian Arch Psychiatry 2016;26:3–9.
33. Zhou E, Kyeong Y, Cheung CS, Michalska KJ. Shared cultural values influence mental health help-seeking behaviors in asian and latinx college students. J Racial Ethn Health Disparities 2022;9:1325–34.
34. Nohr L, Lorenzo Ruiz A, Sandoval Ferrer JE, Buhlmann U. Mental health stigma and professional help-seeking attitudes a comparison between Cuba and Germany. PLoS One 2021;16:e0246501.
35. Markova V, Sandal GM, Pallesen S. Immigration, acculturation, and preferred help-seeking sources for depression: comparison of five ethnic groups. BMC Health Serv Res 2020;20:648.
36. Liu F. Understanding mental health help-seeking preferences of Chinese young overseas students, and their perceived barriers and facilitators to seek help. J Educ Cult Soc 2021;12:211–23.
37. Heller UC, Grant LH, Yasui M, Keysar B. Culturally anchored mental-health attitudes: The impact of language. Clin Psychol Sci 2023;12:290–304.
38. Ngubane NP, De Gama BZ. The influence of culture on the cause, diagnosis and treatment of serious mental illness (ufufunyana): perspectives of traditional health practitioners in the Harry Gwala District, KwaZulu-Natal. Cult Med Psychiatry 2024;48:634–54.
39. Ahad AA, Sanchez-Gonzalez M, Junquera P. Understanding and addressing mental health stigma across cultures for improving psychiatric care: a narrative review. Cureus 2023;15:e39549.

40. Gureje O, Nortje G, Makanjuola V, Oladeji BD, Seedat S, Jenkins R. The role of global traditional and complementary systems of medicine in the treatment of mental health disorders. Lancet Psychiatry 2015;2:168–77.
41. Ran MS, Hall BJ, Su TT, Prawira B, Breth-Petersen M, Li XH, et al. Stigma of mental illness and cultural factors in Pacific Rim region: a systematic review. BMC Psychiatry 2021;21:8.
42. Sen S. Acculturation, shame, and stigma towards mental illness among Asian Indians: a cross-national perspective. Doctoral Dissertation. Malibu (CA): Pepperdine University; 2018. Publication No. 10937727. Available at: https://digitalcommons.pepperdine.edu/cgi/viewcontent.cgi?article=2007&context=etd. Accessed Sep 18, 2026.