A Quantitative Comparison of Mental Health Stigma Across Generation Z, Millennials, and Generation X in Davao del Sur

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ABSTRACT: Mental health stigma negatively impacts how individuals with mental health challenges are perceived and treated. This study explored generational differences in mental health stigma among Generation Z, Millennials, and Generation X (N=300; n=100 per group) using the Community Attitudes Toward Mentally Ill (CAMI) Scale and quota sampling for balanced representation. A descriptive-comparative design was applied, and data analysed using JAMOVI. The Shapiro-Wilk test confirmed normality (p= 102), allowing parametric testing. Results showed that Generation X had the highest stigma scores across all four CAMI subscales: Authoritarianism (M= 3.19), Benevolence (M= 2.56), Social Restrictiveness (M= 2.97), Community Mental Health Ideology (M= 2.72), while Millennials and Gen Z scored lower. These findings reflect a shift toward more open and accepting attitudes among younger generations. A one-way ANOVA revealed significant differences in stigma (Welch's F= 16.00, p < .001), with post-hoc analysis confirming Generation X's significantly higher stigma levels (p < .001). The study recommends generation-specific interventions: culturally sensitive, community-based programs for older adults, and digital, peer-driven strategies for younger groups. Future research should include broader generational representation and examine how culture, gender, and socioeconomic status influence stigma.

Keywords: Community Attitudes Toward Mental Illness (CAMI), Generational Differences, Generationally Sensitive Interventions, Mental Health Stigma.

INTRODUCTION

Background of the study

In an era where conversations about mental health are becoming more mainstream, understanding the nuanced ways in which different generations perceive mental illness is vital. Mental health stigma remains a significant barrier to care, despite growing awareness and advocacy. And while stigma is often analysed across age groups, it is essential to focus on generational differences, as each generation's historical and cultural context profoundly shapes its attitudes toward mental health. These contrasting views raise the need to explore how generational experiences influences mental health stigma and inform more inclusive approaches to mental wellness.

Stigma is not just about personal judgement, it is something that is formed by society, as Erving Goffman's Stigma Theory (1963) explains. When someone does not fit into what is considered "normal", they often face labels that come with unfair judgement, exclusion, and misunderstanding. (Aranda et al., 2023) further build on this by framing stigma as a collective process, arguing that it is shaped by the interactions between the stigmatized, the stigmatisers, and supportive or neutral audiences. This relational perspective is essential in understanding how stigma is sustained or challenged in different social contexts. Across generations, these dynamics vary. Generation Z, Millennials, and Generation X has grown up in different social climates, which affects how they view mental health today. Generation Z (born 1997-2012) who grew up in a digital world where conversations about mental health are everywhere, from advocacy posts to personal stories shared online. For this reason, many Gen Z individuals are more vocal about their feelings and often use social media as a space to seek support or find people who understand what they are going through.

In contrast, Millennials (born 1981-1996) represent a transitional generation. They came of age during a period when mental health was beginning to emerge from the shadows, yet traditional stigmas were still pervasive. As a result, many Millennials navigate an internal tension between the conservative views they inherited and the more progressive perspectives they developed in adulthood. Generation X (born 1965-1980), meanwhile, matured in an era where mental health was often trivialized or pathologized. (Clement et al., 2015) offer a useful framework for understanding how internalized stigma particularly affects older generations, reducing their likelihood of seeking help. These early social influences shaped their lifelong attitudes and proves the importance of examining stigma not as static, but as shaped by historical and cultural contexts.

Generational attitudes are further complicated by broader societal pressures. For Gen Z, mental health struggles are both more visible and more normalized, especially in online spaces (Institute, 2022). This generation faces unique stressors such as climate anxiety, academic competitiveness, and the psychological effects of digital life. While this openness ids often seen as progress, (Samari et al., 2022) note that stigma remains, particularly within interpersonal networks such as families and peer groups, where judgements still discourage help-seeking. (Rivera & Antonio, 2018) contextualize this within Filipino culture, showing how deep-rooted beliefs about emotional resilience of distress and reinforce silence across all generations.

Academic studies reinforce these generational distinctions. For instance, (Saakshi & Mitra, 2024) report that younger adults tend to express lower levels of mental health stigma than older adults, although their analysis groups participants by ages rather than generational identity, limiting deeper comparison. Dela-Rosa et al. (2022) found that Millennials in the Philippines often reported lower mental well-being than Gen X, suggesting that stigma might manifest differently based on both age and context. Grelle et al. (2023) found that Gen Z and Millennials experienced heightened levels of stress during COVID-19 pandemic, which may explain their increased openness but also underscores that openness does not automatically negate stigma. Kaur & Dhenwal (2023) similarly assert that even when younger generations speak more freely about mental health, residual stigma may still prevent help-seeking behaviour.

Other researchers have attempted to clarify how stigma interacts with generational stressors. Botha et al. (2023) report that younger generations, especially Millennials and Gen Z, face mental health challenges stemming from economic instability, social media pressure, and unstable employment but their study stops short directly connecting these stressors to stigma. Similarly, Borg et al. (2024) highlighted the rise in adolescent mental health issues, yet failed to explore the stigmatizing narratives that may underlie this trend. Clarkin et al. (2024) provided insight into mental health literacy among younger individuals, finding that they are more adept at identifying symptoms but it remains unclear whether this increased knowledge actually reduces stigma or merely coexist with it.

There is also a notable lack of research that compares generational attitudes across diverse demographic factors. Schroeder et al. (2020), for instance, studied the relationship between stigma, gender, and geography, identifying how rural populations perceive mental illness differently. While valuable, this study did not account for generational variation, pointing to a gap in understanding the layered nature of stigma. (Ahad et al., 2023) examined mental health stigma across cultural contexts, emphasizing its role in treatment delays and worsening symptoms. However, they too fell short of isolating generational factors, demonstrating the need for intersectional analyses that explore how age, culture, gender, and social environment interact in shaping stigma.

The consequences of generational stigma extend beyond individual attitudes and into everyday settings. In families, younger members may feel invalidated by older relatives who downplay mental health struggles, reinforcing patterns of silence and misunderstanding. In workplaces, Millennials might hesitate to disclose emotional difficulties due to fears of being perceived as unprofessional or weak. In educational institutions, students may fear judgement from peers or faculty, often opting for silence over self-advocacy. These dynamics reflect what Goofman (1963) theorized as the social management of spoiled identity, where individuals navigate public and private spheres cautiously to avoid being discredited.

While some studies highlight generational openness, it remains unclear whether this translates into reduced stigma. Bolivar et al. (2022) found that attitudes toward coercive treatment differs across age groups, suggesting diverging beliefs about agency and illness. Baral et al. (2022) observed that many in Generation X continue to harbour outdated views of mental illness, resulting in avoidance and denial. Meanwhile, The Daily Telegraph (2025) noted that middle-aged adults currently face a mental health crisis shaped by long-standing emotional suppression and the pressures further illustrating how stigma is generational.

This study addresses the growing societal focus on mental health. Understanding generational differences in attitudes toward mental health is critical for designing more effective outreach and education efforts tailored to diverse age cohorts. Such insights can inform mental health professionals, educators, and policymakers in their efforts to foster more inclusive and supportive environments, spaces in which individuals feel acknowledged, validated, and accepted. Specifically, this research aims to compare the prevalence and nature of mental health stigma among members of Generation Z, Millennials, and Generation X.

Research Objectives:

The purpose of this study aimed to examine the generational differences in mental health stigma by analysing the levels of stigma exhibited across three generations. This study specifically sought to examine and compare the following:

1. Compare the levels of mental health stigma across Generation Z, Millennials, and Generation X.
2. Investigate whether there are significant generational differences in mental health stigma.

Conceptual Framework

Independent Variable	Dependent Variable

Generational Cohorts

- Generation Z
- Millennials
- Generation X

Mental Health Stigma

Community Attitudes Toward the Mentally Ill (CAMI) scale

- Authoritarianism
- Benevolence
- Social Restrictiveness
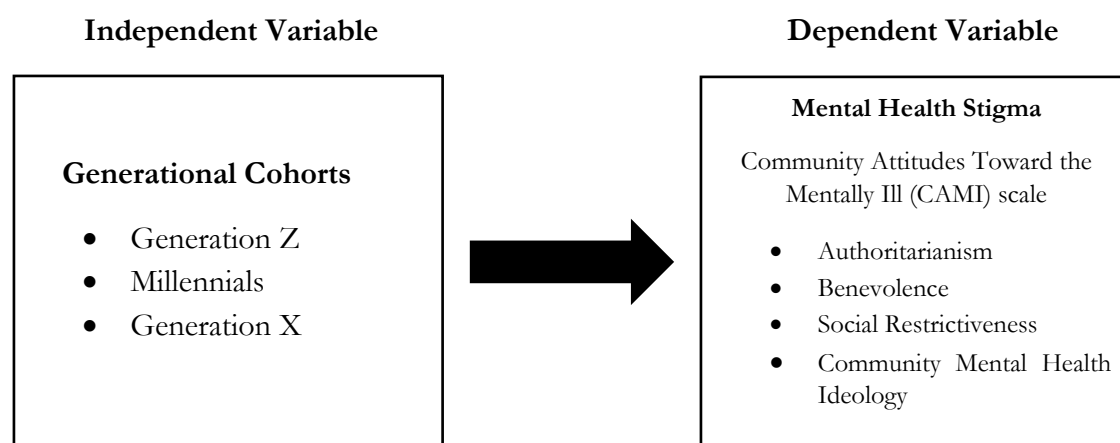- Community Mental Health Ideology

Figure 1. Schematic Diagram Showing the Variables of the Study

The schematic diagram presented above illustrates the study's conceptual framework. In this framework, the independent variable is the generational cohort of the respondents, Generation Z, Millennials, and Generation X. The dependent variable is mental health stigma, operationalized using the Community Attitude s Toward the Mentally Ill (CAMI) Scale. This comprises four distinct subscales- Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology (CMHI). Authoritarianism reflects beliefs that people with mental health problems should be controlled or institutionalized; Benevolence measures compassionate but possibly paternalistic views; Social Restrictiveness captures perceptions that individuals with mental disorders are a threat to society; and CMHI assesses support for integrating them into community life through accessible mental health services. Each subscale reflects a distinct dimension of stigma, ranging from negative perceptions that reinforce control and exclusion, to more supportive and compassionate views that advocate for the integration of individuals with mental illness into community life. By employing these subscales, the framework acknowledges that stigma is not a singular construct but involves a spectrum of attitudes that influence how mental illness is understood and addressed within society. This serves a descriptive purpose, aiming to examine and compare the differences in mental health stigma across the specified generational cohorts.

METHOD

This section outlines the methodological framework of the study, encompassing the research design, participant selection criteria, data collection procedures, and the statistical techniques employed for the analysis of mental health stigma. It also details the ethical considerations observed throughout the research process, ensuring that the study was conducted in accordance with established ethical standards.

This study employed a descriptive-comparative research design, a type of quantitative approach that aims to accurately and systematically describe and compare the characteristics of three generations, with respect to mental health stigma. The objective is to examine whether there are generational differences in perceptions and attitudes toward individuals with mental health challenges.

A non-probability quota sampling method was employed to ensure equal representation across generational cohorts. To enhance accessibility, both online and printed versions of the survey were distributed. Generation Z respondents primarily completed the survey via Google Forms, reflecting their digital fluency, while Millennials and Generation X respondents were provided with printed questionnaires. Although some Millennials opted for the online format, the majority of online responses came from Generation Z. All respondents provided informed consent before taking part in the study.

To accommodate linguistic and cultural contexts, the original Community Attitudes toward the Mentally Ill (CAMI) questionnaire was translated from English into Cebuano, particularly to support older respondents' comprehension. A forward translation approach was used to preserve both semantic and conceptual equivalence. The translation was then reviewed and refined collaboratively by the language experts, authors, and the research adviser, all of whom are fluent in both mental health concepts and the Cebuano language. This process ensured that the final instrument was grammatically accurate, culturally sensitive, and contextually appropriate. For older respondents with visual limitations, the authors provided assistance by reading the survey items aloud and offering clarifications when needed.

Before the full-scale implementation, a pilot test was conducted to assess the reliability of the translated CAMI instrument. A total of 68 respondents took part- 23 from Gen Z and Millennials, and 22 from Gen X. Prior permission to use the CAMI scale obtained. The pilot results demonstrated high internal consistency, with Cronbach's alpha ($\alpha=0.862$). Even when including all 40 items, including those with negative phrasing, internal reliability remained strong ($\alpha = 0.850$) and above. These findings confirmed that the translated instrument was a reliable tool for measuring attitudes toward mental illness, thereby validating its use in the main study.

To collect information on how respondents, feel about mental health, the Community Attitudes Toward the Mentally Ill Scale, developed by Taylor and Dear (1981) was used. This scale measures stigma toward mental illness among Generation Z, Millennials, and Generation X. It has been tested in many studies and is known to be reliable. The scale consists of 40 statements divided into four groups: Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology. Each group has 10 statements, including both positive and negative views.

Participants rated each statement on a five-point scale from Strongly Disagree to Strongly Agree. Negative statements were scored in reverse to keep the results consistent.

The researchers operationalized the five-point Likert scale utilized in the Community Attitudes toward the Mentally Ill (CAMI) instrument by categorizing score ranges into interpretive intervals. A mean score between 4.21 and 5.00 was classified as indicating a *very high* level of mental health stigma, corresponding to responses of "strongly agree." Scores ranging from 3.41 to 4.20 were interpreted as reflecting *high* stigma, associated with agreement. A score interval of 2.61 to 3.40 denoted *moderate* stigma and was aligned with neutral responses. Meanwhile, scores between 1.81 and 2.60 indicated *low* stigma, corresponding to disagreement, and those between 1.00 and 1.80 represented a *very low* level of stigma, associated with "strongly disagree." This scoring framework enabled the researchers to systematically interpret and compare levels of mental health stigma among generational cohorts, specifically Generation Z, Millennials, and Generation X.

Table 1. CAMI Mean Interpretation

Mean Interval	Interpretation	Qualitative Description
1.00-1.80	Strongly Disagree	The level of mental health stigma is very low.
1.81-2.60	Disagree	The level of mental health stigma is low.
2.61-3.40	Neutral	The level of mental health stigma is moderate.
3.41-4.20	Agree	The level of mental health stigma is high.
4.21-5.00	Strongly Agree	The level of mental health stigma is very high.

All data gathered in this study were processed and analysed using JAMOVI, a statistical software designed for both descriptive and inferential statistics. The researchers began by summarizing the demographic profiles of the respondents using frequency counts and percentages to provide an overview of the sample's characteristics such as generation, gender, educational attainment, and employment status. Then, utilizing several techniques to determine normalcy in order to assess the distribution and applicability of the quantitative data, especially the general mental health scores obtained using the CAMI Scale. These comprised looking at the mean, median, mode and computing skewness and kurtosis values with their corresponding standard errors. Additionally, graphical methods such as histograms and Q-Q plots were used for visual inspection of the data distribution. For a more objective test of normality, the Shapiro-Wilk test was also performed to ensure that the assumptions required for parametric testing were adequately met.

Once the normality was confirmed, parametric analyses were conducted to determine whether generational differences existed in attitudes toward mentally challenged individuals. Specifically, a One-Way Analysis of Variance (ANOVA) was employed to test for statistically significant differences in CAMI scores among three generations. To account for any potential violations of homogeneity of variances, both Welch's ANOVA and Fisher's ANOVA were reported. Following a significant ANOVA result, a Tukey's HSD (Honestly Significant Difference) post hoc test was applied to identify which specific generational groups differed significantly from one another. Lastly, the reliability of the CAMI instrument was verified using Cronbach's Alpha, ensuring the internal consistency and dependability of the survey responses.

RESULT AND DISCUSSION

This section presents the demographic profile of the respondents, along with the findings on mental health stigma levels across different generations and subscales of the instrument. It includes the results of the one-way Analysis of Variance (ANOVA) and the subsequent Tukey Post Hoc tests. These statistical analyses offer a detailed interpretation of the data, addressing the study's research objectives and providing a comprehensive understanding of generational differences in stigma levels.

Demographic Distribution of Research Respondents

Table 2 presents the detailed demographic profile of the study's respondents. The total sample consisted of 300 individuals, stratified across three generational cohorts: Generation Z (born 1997-2012), Millennials (born 1981-1996), and Generation X (born 1965-1980).

Table 2

Demographic Category	*f*	*%*
Generation		
Gen Z(13-28 years old)	100	33.3%
Millennials(29-44 years old)	100	33.3%
Gen X(45-60 years old)	100	33.3%
Gender		
Female	182	60.7%
Male	106	35.3%
LGBTQ+	12	4.0%
Education Alattainment		
Elementary	5	1.7%
High School	99	33.0%
College/University	133	44.3%
Post Graduate	11	3.7%
Vocational/Technical	34	11.3%
Others	18	6.0%
Employment Status		
Student	70	23.3%
Working	124	41.3%
Own Business	50	16.7%
Not Working	53	17.7%
Others	3	1.0%
TOTAL	300	100.0

The dataset presented outlines the demographic composition of respondents categorized by generation, gender, educational attainment, and employment status. Quota sampling was employed to ensure equal representation across generational cohorts, resulting in balanced sample sizes for Generation Z, Millennials, and Generation X, each comprising (*n* = 100) respondents.

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In terms of gender distribution, the majority of respondents identified as female ($n = 182$, 60.7%), followed by male respondents ($n = 106$, 35.3%). A minority identified as LGBTQ+ ($n = 12$, 4.0%). Regarding educational attainment, the largest proportion of participants reported having completed a college or university degree ($n = 133$, 44.3%). This was followed by high school graduates ($n = 99$, 33.0%), and individuals with vocational or technical training ($n = 34$, 11.3%). A smaller percentage held postgraduate degrees ($n = 11$, 3.7%), while the least represented group had completed only elementary education ($n = 5$, 1.7%). With respect to employment status, the largest segment of respondents was employed ($n = 53$, 17.7%), closely followed by business owners ($n = 50$, 16.7%). A minimal proportion of the sample ($n = 3$, 1.0%) reported belonging to other unspecified employment categories.

Level of Mental Health Stigma per Generation

The present study investigated generational differences in mental health stigma using the CAMI scale, with mean scores interpreted through an operationalized five-point Likert framework. All three generations–Gen X, Gen Z, and Millennials–fell within the moderate stigma range (2.61–3.40).

Table 3

Generation	Mean	Sd
Gen X	2.85	0.263
Gen Z	2.67	0.373
Millennials	2.61	0.408
Overall Mean	2.71	0.367

Specifically, Gen X reported the highest mean stigma score ($M = 2.85$, $SD = 0.263$), followed by Gen Z ($M = 2.67$, $SD = 0.408$), who had the lowest score. While the levels are uniformly categorized as moderate, these means values suggest notable differences in stigma across age groups, with younger generations expressing less stigmatizing attitudes toward mental health. Thus, while all generational means fall under the same moderate classification, the statistically significant gap between Gen X and the younger generations supports the conclusion that older individuals hold relatively higher levels of stigma. This trend may reflect differences in mental health awareness, cultural norms, and exposure to advocacy across generations.

Level of Mental Health Stigma Across Generations per CAMI Subscales

Across all cohorts and subscales, mean scores generally fell within the moderate to low stigma range, suggesting a generally neutral to somewhat favourable attitude toward mental health concerns. However, Generation X stands out in several notable ways.

Table 4

	Generation	Mean	SD
Authoritarianism	Gen Z	3.15	0.513
	Millennials	3.02	0.490
	Gen X	3.19	0.360
Benevolence	Gen Z	2.43	0.436
	Millennials	2.35	0.407
	Gen X	2.56	0.404
Social Restrictiveness	Gen Z	2.64	0.504
	Millennials	2.66	0.631
	Gen X	2.97	0.389
Community Mental Health Ideology	Gen Z	2.59	0.457
	Millennials	2.54	0.584
	Gen X	2.72	0.343

For the Authoritarianism subscale, Generation X reported the highest mean score *(M = 3.19, SD = 0.360*), followed by Generation Z (*M = 3.15, SD = 0.513*) and Millennials (*M = 3.02, SD = 0.490*), indicating that Gen X holds the most authoritarianism views, aligned with moderate stigma. On the Benevolence subscale, Generation X again scored the highest *(M = 2.56, SD = 0.404*), reflecting more compassionate attitudes, while Generation Z (*M = 2.43, SD = 0.436*) and Millennials *(M = 2.35, SD = 0.407)* followed, all within the low stigma range. For Social Restrictiveness, Generation X displayed the highest level of stigma (*M = 2.97, SD = 0.389),* compared to Millennials *(M = 2.66, SD = 0.631)* and Generation Z *(M = 2.64, SD = 0.504*), all within the moderate stigma category. Lastly, on the Community Mental Health Ideology (CMHI) subscale, which measures support for community-based mental health care, Generation X again led with the highest mean (*M = 2.72, SD = 0.343*), followed by Generation Z *(M = 2.59, SD = 0.457*), and Millennials *(M = 2.54, SD = 0.584*), indicating moderate levels of support across all groups. These results highlight that while Generation X demonstrates more benevolent and supportive yet simultaneously shows the most restrictive views about the roles and rights of individuals with mental health concerns in society. This could reflect the lingering societal stigmas from earlier decades when mental health was less openly discussed or understood.

One Way Anova Analysis

To determine whether statistically significant differences exist in the mental health stigma scores among the three generational groups, a one-way Analysis of Variance (ANOVA) was conducted and the results are presented in the table below.

Table 5

		F	df1	df2	p
Overall Mean	Welch's	16.0	2	190	<.001
	Fisher's	13.0	2	297	<.001

Table 5 presents the results of a One-Way ANOVA and shows a statistically significant difference in mental health stigma among the three generational cohorts GOV (2023). Welch's *F (2,190) =16.00, p < .001)*, and Fisher's *F (2,297) = 13.00*, were significant, given that the p-value *(p < .001)* is below the conventional threshold. Indicating that at least one group had stigma levels that were meaningfully different from the others. This aligns with what Meneses et al. (2024) observed, that despite the passage of National Mental Health Act (RA No. 11036) back in 2019, stigma surrounding mental health remains a persistent issue in the Philippines. While progress has been made in terms of policy, this suggest that changes in attitudes, especially across different generations are happening slowly and unevenly.

Tukey Post Hoc Analysis

Attributable to the significant differences observed in the ANOVA results, a Tukey Post-hoc test was conducted to determine which specific generational groups exhibited significant differences in mental health stigma scores.

Table 6

		Gen X	Gen Z	Millennials
Gen X	Mean Difference		0.185	0.2440
	P-Value		<.001	<.001
Gen Z	Mean Difference			0.0588
	P-Value			0.468
Millennials	Mean Difference P-Value			

The Tukey post hoc test revealed that Generation X exhibited significantly higher stigma levels compared to both Generation Z and Millennials. The difference between Gen X and Gen Z (MD=0.185, p < .001), and between Gen X and Millennials was even greater (MD= 0.244, p < .001). However, the difference between Gen Z and Millennials was not statistically significant (MD=0.0588, p=0.468). This suggests that while younger generations share relatively progressive attitudes toward mental health, Generation X continues to hold more stigmatizing beliefs.This generational pattern aligns with the broader trend of growing mental health awareness among younger Filipinos. It is consistent with the findings of Elshaikh et al. (2023), who noted that older

individuals often associate mental illness with aging or moral failure, which can discourage help-seeking behavior (Do et al., 2020). These stigmatizing attitudes are frequently rooted in fear of social judgement, a strong preference for privacy, and limited access to mental health education during their formative years- factors that are less prevalent among younger generations raised in a more mental health conscious environment.

The lack of a statistically significant difference between Gen Z and Millennials suggests that these two groups hold similarly progressive attitudes toward mental health. This may be due to overlapping cultural exposures, both generations grew up during the rise of social media, mental health advocacy, and more open public discourse. This means that interventions for both generations can be design similarly. However, remaining sensitive to nuances in communication preferences or life-stage stressors between the two is also essential

This study shows a clear difference in how each generation views mental health, and it tells a deeper story than just numbers. Generation X stood out as holding the highest levels of stigma, while Millennials and Gen Z shared more open and supportive attitudes. While all three generations generally scored within the moderate to low stigma range, the contrast becomes clearer when looking more into it closely.

Older generation consistently scored the highest across all subscales; Authoritarianism, Social Restrictiveness, Benevolence, and Community Mental Health Ideology. At first glance, it may seem surprising that they also scored highest in Benevolence, which usually reflects compassion. But this seeming contradiction reflects the complex beliefs they carry: they may care, but they still tend to believe that people with mental health conditions should be kept at a distance or managed quietly. This is what makes their views more restrictive than those of younger generations.

To understand why Generation X holds more stigmatizing views, we need to look at the world they grew up in. Mental health was not openly discussed then. Resources were scarce, support systems were almost nonexistent, and silence was considered strength. Many were taught to endure struggles without complaint. The values they internalized ; privacy, toughness, and self-control were seen as signs of maturity and pride. Even now, those deeply rooted beliefs make it harder for older generation to accept they need help, talk about their emotions, or seek professional care.

This helps explain why Generation X scored higher in Authoritarianism (M= 3.19) and Social Restrictiveness (M= 2.97). Their views align with the idea that people with mental health problems need to be controlled or kept apart from the rest of society, a view shaped by the culture and education of their time. As Valverde-Bolivar et al. (2022) point out, older adults often lean toward more rigid beliefs when it comes to mental health concerns, which is consistent with this study's findings. Similarly, Reinka et al. (2024) note that people who hold higher levels of stigma are less likely to engage with mental health messaging, often ignoring it altogether. This makes it difficult to reach Generation X through general awareness campaigns that do not speak to their specific experiences. Goffman's (1963) Stigma Theory also supports this by explaining how dominant cultural beliefs shape and sustain stigma, especially when mental illness is viewed as deviance rather than a health issue. (Institute, 2022)

In contrast, lower stigma scores in Benevolence among younger generations suggest a shift toward empathy and support. Omondi (2024) emphasized that these generations are constantly exposed to mental health content online, making them more comfortable discussing it. This digital exposure is a critical influence, as it increases normalization and acceptance of mental health discourse. Pescosolido et al. (2021) also found that younger cohorts are less likely to associate mental health problems with danger or weakness, which matches the result in this study. The World Health Organization (2022) adds that stigma reduction is most effective in open and supportive environments, something younger generations are more likely to experience through inclusive education systems and online platforms.

Even when it comes to support for community mental health programs, the differences continue. Generation X had the highest average score (M= 2.72), but this does not necessarily mean they are more supportive. It could reflect a cautious approval, one that still prefers privacy and distance. In cultures like the Philippines, discussing mental health problems is often seen as taboo (Martinez et al., 2020), especially for older adults. Tanaka et al. (2018) also found that many Filipinos, particularly in older generations, see mental health problems as a source of shame, something that can tarnish the family's reputation. That belief can prevent people from seeking help, even when services are available. Andary et al. (2023) confirmed that stigma and conservatism continue to be major obstacles to mental health treatment in Southeast Asia. Damghanian & Alijanzadeh (2018) observed that religious beliefs among older adults often influence their reluctance to support community-based mental health services. Kemp et al. (2022) similarly noted that many still prefer to deal with mental health issues in private, rather than through public or community channels.

Altogether, this study paints a generational picture. Generation Z and Millennials are more open, shaped by the digital age and mental health advocacy. Generation X, in contrast, carries the weight of an older, more silent era where seeking help was discouraged, and struggling quietly was considered noble. Understanding these deep-rooted cultural and generational beliefs is essential to break the cycle of stigma. Change is happening, but meeting each generation where they are and offering compassion not just information is a must.

CONCLUSION

The findings of this study reveal an urgent need for mental health efforts that are generationally sensitive and culturally grounded. Generation X, having grown up in an era of silence and limited mental health education, continues to carry deeply rooted beliefs that contribute to stigma. Aligning with SDG 3 and SDG 10, public health interventions should include generation-targeted mental health campaigns that respect older adults' values while gradually reshaping their attitudes. Collaborating with community leaders, faith-based groups, and local media can make these messages more relatable and effective. For instance, community storytelling, radio programs in local dialects, or seminars in barangay halls can encourage older generations to view mental health not as a weakness, but a valid part of human well-being. As emphasized by Abi Doumit et al. (2019), combining conventional outlets like radio and face-to-face storytelling with modern media is essential in maximizing the reach and cultural resonance of anti-stigma efforts.

In support of SDG 4, the study also emphasize the role of continuous mental health education across all generations. While younger generations benefit from open conversations and exposure to mental health content online, these opportunities should be extended beyond formal education systems. Integrating mental health literacy into school curricula is essential, but equally important is offering adult-focused learning through community sessions, workplace programs, or vocational platforms like TESDA. Lifelong learning models that include emotional resilience, help-seeking behaviors, and de-stigmatization efforts can help bridge the gap between generations. Jung et al. (2017) highlight that improving mental health literacy and fostering strong social support networks significantly increases individuals' willingness to seek help — making intergenerational dialogues, such as "mental health talk circles", a practical and research-supported approach. These shared conversations can challenge long-held misconceptions and promote a collective shift in attitudes. Reducing mental health stigma also means making support services more inclusive and culturally appropriate. Expanding community-based services such as peer support groups and barangay wellness caravans can lower these barriers. At the same time, digital platforms can continue engaging younger generations through youth-led mental health content, peer networks, and accessible online support.

While this research provides important insights, it is limited by its focus on only three generational cohorts. Future studies should explore additional generations with large sample size and examine intersections with socioeconomic status or cultural identity. In conclusion, reducing mental health stigma is not merely a personal or generational responsibility but a collective, intergenerational effort. By understanding the differences in how stigma is experiences and expressed, we can design more effective tools, build more inclusive societies, and foster environments where all individuals feel seen, heard, and supported.

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