

The attitude of Help-Seeking Behavior Preventing from Mental Health Problems among Adolescents Living in the District of Bondowoso

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ARTICLE INFO

Article history

Received January 2023

Revised April 2023

Accepted April 2023

Abstract. The onset of mental health problems during adolescence often manifests into internalizing and externalizing problems. Seeking help to deal with mental health problems suggested better well-being outcomes. This study investigated the contribution of attitude and intention of seeking help for mental health problems among adolescents. Further analysis examined preferences of formal and informal mental health providers and gender-related patterns on help-seeking behaviors and mental health problems among adolescents. A total of 300 adolescents based on multistage random sampling (mean age = 16.49, male = 131 (43.7%), female = 169 (56.3%)) were selected to participate in this study. They completed three questionnaires online, including The Strengths and Difficulties Questionnaire (SDQ), Mental Help Seeking Intention Scale (MHSIS) and Mental Help-Seeking Attitudes Scale (MHSAS). The results showed that attitude to help-seeking contributes significantly to adolescents internalizing and externalizing problems. Female adolescents were more susceptible to experiencing internalizing and externalizing problems. They showed a more positive attitude and stronger intention to seek mental health assistance than their male counterparts. Finally, teachers and friends are the preferred sources of help in dealing with mental health problems.

Keywords: Adolescent, Externalizing Problems, Help-seeking, Internalizing Problems, SDQ.

Abstrak. Munculnya masalah kesehatan mental pada masa remaja seringkali bermanifestasi menjadi masalah internalisasi dan eksternalisasi. Mencari bantuan untuk menangani masalah kesehatan mental menunjukkan hasil kesejahteraan yang lebih baik. Penelitian ini menyelidiki kontribusi sikap dan niat mencari bantuan untuk masalah kesehatan mental di kalangan remaja. Analisis lebih lanjut memeriksa preferensi penyedia kesehatan mental formal dan informal dan pola terkait gender pada perilaku mencari bantuan dan masalah kesehatan mental di kalangan remaja. Sebanyak 300 remaja berdasarkan multistage random sampling (usia rata-rata = 16,49, laki-laki = 131 (43,7%), perempuan = 169 (56,3%)) dipilih untuk berpartisipasi dalam penelitian ini. Mereka mengisi tiga kuesioner online, termasuk Kuesioner Kekuatan dan Kesulitan (SDQ), Skala Niat Mencari Bantuan Mental (MHSIS) dan Skala Sikap Mencari Bantuan Mental (MHSAS). Hasil penelitian menunjukkan bahwa sikap mencari pertolongan berkontribusi secara signifikan terhadap internalisasi dan eksternalisasi masalah remaja. Remaja putri lebih rentan mengalami masalah internalisasi dan eksternalisasi. Mereka menunjukkan sikap yang lebih positif dan niat yang lebih kuat untuk mencari bantuan kesehatan mental daripada rekan pria mereka. Terakhir, guru dan teman adalah sumber bantuan yang lebih disukai dalam menangani masalah kesehatan mental.

Kata kunci: Eksternalisasi Masalah, Internalisasi Masalah, Pencarian Pertolongan, Remaja, SDQ.

The symptoms of various mental health problems often emerge as early as adolescence, requiring immediate intervention to prevent worsening mental health outcomes in the coming age (Trotman et al., 2013; Walker & Bollini, 2002; Walder et al., 2001). Adolescent mental health problems often manifest into emotional problems and peer relationships grouped as internalizing problems, conduct problems and hyperactivity/inattention grouped as externalizing problems (Goodman, Lamping, & Ploubidis, 2010).

A 33-year European longitudinal study comparing adolescent boys and girls indicated a greater tendency to experience internalizing problems over the year, and externalizing problems tend to decrease for adolescent boys (Hammarström, Korhonen, Blomqvist, & Hägglö, 2017). A similar trend was identified in Indonesia as shown by the Indonesia Health Research (RISKESDAS) showed internalizing problems among adolescents increased from 5.7% in 2013 to 9.8% in 2018 among adolescents (Agency of Health Research and Development Ministry of Health Republic of Indonesia, 2013a; 2018b). However, the externalizing problems indicated by mainstream media and empirical research remain high in Indonesian settings, even in some cases extended into online platforms.

Disruptive behaviors among adolescents tend to be associated with juvenile delinquency, which can escalate into criminal acts. In clinical psychology, criminal offence committed by adolescents is an indication of externalizing problems (APA, 2013). The types of adolescent criminal offences include violence and persecution, immoral crimes, theft, destruction of goods, and drug abuse (Syakarofath & Subandi, 2019). The Central Criminal Statistics Agency (2010) describe the distribution of various types of frequent juvenile delinquency among those aged 13 – 17 in Indonesia as follows, weapon possession (2%), substance abuse (9.5%), sexual assault (6%), fighting (4%), murder (2%), persecution (4%), fatal traffic accidents (5%), theft (60%), extortion (1%), embezzlement (2.5%), collecting proceeds of crime (2.5%) and other various types of criminal acts (1.5%). Adolescents living in the poorer family (The Central Criminal Statistics Agency, 2010) and higher internet usage (Indrijati, Mastuti, & Prihastuti, 2018) corresponds with a higher tendency to commit delinquency, such as thievery, smoking and substance abuse, speeding, student brawls, and other risky behaviors (Lutfi, 2020; Utari, Sumardiana, Sastroadmodjo, & Ramada, 2019).

Despite the increased rate of internalizing and externalizing problems among adolescents in Indonesia, further prevention through symptom identification is pivotal to preventing poor mental health outcomes (Novianty & Hadjam, 2017). Understanding and identifying early symptoms of both problems served as a prompt to seek appropriate help from mental health experts (formal pathways) and non-experts (informal pathways.) (Brown et al., 2014; D'Avanzo et al., 2012). The informal pathways remain highly preferred in dealing with mental health problems in the community even without adequate empirical support (WHO, 2009; Brown, Evans-Lacko, Aschan, Henderson, Hatch, & Hotopf, 2014).

Previous studies have shown that help-seeking behavior is essential to improve the well-being of people with mental illness but reluctance among youth was found (Rickwood et al., 2007). There are internal and external barriers to adolescent help-seeking behaviors on mental health problems. The internal barriers include lacking mental health literacy (Andersson et al., 2013; Fox et al., 2001; Sun et al., 2016; Umubyeyi et al., 2016), information on mental disorder onset (Kohnet et al., 2004), and effective treatment available (Mehta & Thornicroft, 2014; Umubyeyi et al., 2016). Meanwhile, the external barriers are the decision-making process considering cost, time, transportation, and geographical location (Fox, Blank, Rovnyak, & Barnett, 2001; Sun et al., 2016).

Barriers to accessing services can be effectively reduced through interventions, specifically targeting stigma to improve the attitude and intention of help-seeking behavior to formal and informal pathways (Xu et al., 2018). Among the adult population, attitudes towards seeking help predicted the intentions of accessing mental health assistance (Nurhayati, 2013), which is rooted in one's ethnic background or cultural values hence different preferences in selecting mental health services across the community (Bitman-Heinrichs, 2017). However, the attitude and intentions of help-seeking behavior among adolescents remain scarce, notably in diverse ethnic, cultural and religious settings such as Indonesia. The attitude and intention of help-seeking can be a proximal indication of how adolescents seek, give, and receive help preventing worsened mental health outcomes.

This study investigates the contribution of attitude and intention of help-seeking towards developing internalizing and externalizing problems among adolescents in Indonesian settings. Further exploration investigated preferences for formal and informal mental health service

providers and gender-related patterns on help-seeking behaviors and mental health problems among adolescents.

Methods

This study is a cross-sectional quantitative study using self-report questionnaires to collect data. We entirely rely upon the participants to truthfully report their condition, potentially introducing bias to the data.

Participants.

The participants of this study were high school students aged 14 – 19 years old in the District of Bondowoso, Indonesia. A total of 300 adolescents registered in five senior high schools selected using multi-stage random sampling (mean ages = 16.49 years, males=131 (43.7%), females = 169 (56.3%)) (see Table 1). The first step is to conduct a multi-stage random sampling method with randomly selecting five sub-districts as the primary sampling units (PSU) using *random.org* from 23 sub-districts in the District of Bondowoso. The second step randomly selected five high schools from the chosen first PSU as a smaller unit. Before the data collection, all participants provided informed consent and agreed to participate in this study by completing three sets of scales online. The data was anonymized, meaning that all participants personal information remained confidential throughout the study—the ethics of this study reviewed by the Faculty of Psychology, University of Muhammadiyah Malang.

Instruments.

Three instruments used in data collection. First, the Strengths and Difficulties Questionnaire (SDQ) developed by Goodman, Meltzer, & Bailey (1998). The SDQ is used to screen internalizing (10 items) and externalizing problems (10 items) of children and adolescents suitable for the community population (Goodman & Goodman, 2009). The SDQ is available in Bahasa Indonesia and freely accessible (Wiguna, Manengkei, Pamela, Rheza, & Hapsari, 2010) with Cronbach's alpha of 0.72 in this study.

The other two instruments were the Mental Help-Seeking Attitudes Scale (MHSAS) consists of seven items, and the Mental Help-Seeking Intention Scale (MHSIS) consists of three items developed by Hammer & Spiker (2018). The MHSAS measures attitude ($\alpha = 0.89$), and the MHSIS measures the intention ($\alpha = 0.93$) of individuals to seek external help from mental health professionals (e.g. psychologist, psychiatrist, counselor, clinician). Participants were required to choose one of the seven alternative answers considered the most suitable describing their

condition measured in the two help-seeking scales. A higher average score corresponds to a more positive attitude in MHSAS and a higher intention of seeking help in MHSIS.

In addition, the participants required to complete demographic data such as age, sex, order of birth, and preferences of the source of help for mental health assistance. For the latter, participants were allowed to mention more than one sources they preferred.

Data Analysis.

An Independent sample t-test was used to assess internalizing and externalizing problems, attitudes and intentions of help-seeking comparing male and female adolescents. Followed by two sets of linear regression analysis, the contribution of attitude and intention of help-seeking towards the degree of internalizing and externalizing problems among adolescents. The preferred sources of help were analyzed using crosstab based on multiple responses on participants' preference of sources of help in dealing with mental health problems. All data analyses using JASP 0.14.1.0 version.

Results

Table 1 shows that the majority of the participants are female (56.3%), aged 16 years old (42.3%) and 17 years old (35.7%), the firstborn (45.3%) or second-born (39.3%) and have one (36.3%) or two (34.3%) siblings.

Table 1. Subject Demographic Data

Demography	Male N=131 (43.7%)	Female N=169 (56.3%)	Total N=300 (100%)
Age			
14	4 (1.3%)	0	4 (11.3%)
15	15 (5%)	11 (3.7%)	26 (8.7%)
16	53 (17.7%)	74 (24.7%)	127 (42.3%)
17	44 (14.7%)	63 (21%)	107 (35.7%)
18	14 (4.7%)	20 (6.7%)	34 (11.3%)
19	1 (0.3%)	1 (0.3%)	2 (0.7%)
Birth Order			
1	61 (20.3%)	75 (25%)	136 (45.3%)
2	56 (18.7%)	62 (20.7%)	118 (39.3%)
3	13 (4.3%)	23 (7.7%)	36 (12%)
4	1 (0.3%)	9 (3%)	10 (3.3%)
Number of Siblings			
0	9 (3%)	19 (6.3%)	28 (9.3%)
1	47 (15.7%)	62 (20.7%)	109 (36.3%)
2	49 (16.3%)	54 (18%)	103 (34.3%)
3	20 (6.7%)	22 (7.3%)	42 (14%)
4	4 (1.3%)	8 (2.7%)	12 (4%)

5	1 (0.3%)	2 (0.7%)	3 (1%)
6	1 (0.3%)	0	1 (0.3%)
7	0	2 (0.7%)	2 (0.7%)

Table 2 showed a significant difference in internalizing ($p < 0.001$) and externalizing problems ($p < 0.01$) between both gender groups. Female adolescents reported a significantly higher score of internalizing and externalizing problems than their male counterparts.

Table 2. Internalizing and Externalizing Problems based on Gender

Variables	Internalizing Problems					Externalizing Problems				
	N	Mean	SD	t	p	N	Mean	SD	T	P
Male	131	7.79	2.90	-6.30	0.001	131	7.95	2.85	-2.57	0.01
Female	169	10.02	3.19			169	8.76	2.56		

Table 3 shows a significant difference in attitudes ($p < 0.001$) and intention ($p < 0.03$) to seek help from mental health professionals (e.g. psychiatrist, psychologist, clinician, counselor) between both gender groups. Female adolescents showed higher scores on attitude and intention to seek help for mental health problems than male adolescents.

Table 3. Attitude and Intention to Help-Seeking based on Gender

Variables	Attitude to Help-Seeking					Intention to Help-Seeking				
	N	Mean	SD	t	p	N	Mean	SD	t	P
Male	131	6.61	1.62	-5.97	0.001	131	4.61	1.99	-2.25	0.03
Female	169	7.71	1.55			169	5.12	1.86		

Table 4 shows the linear regression in attitude and intention of seeking help from a professional for dealing with Adolescent mental health problems. The attitude of help-seeking showed a significant contribution towards internalizing ($p < 0.01$) and externalizing problems ($p < 0.006$). At the same time, the intention to seek help is not a significant contribution to any mental health problems measured in this study.

Table 4. Contributing factors towards internalizing and externalizing problems

Factors	Internalizing Problems				Externalizing Problems			
	β	t	p	F	β	t	p	F
Attitude of help-seeking	0.16	2.49	0.01	3.20	0.17	2.75	0.006	5.75
Intention of help-seeking	-0.09	-1.45	0.15		0.04	0.62	0.53	

Diagram 1 shows that, in general, female adolescents tend to seek help more than male adolescents from various sources. Both genders were most comfortable seeking help from counselling or general teachers, friends, parents and traditional healers dealing with mental health problems. Female adolescents tend to seek help from counselling or general teacher as the primary source of help (23%) and friends (21%) as their primary sources of help. In comparison, male adolescents preferred friends (19%) and counselling or general teacher (16%). Both genders also preferred to seek help from parents and traditional healers, where female adolescents seek help from parents more (female = 12%; male 5%), and male adolescents prefer traditional healers (female = 6%; male = 10%). In this study, female adolescents indicated higher susceptibility to mental health problems and a more positive attitude to seeking help. However, they exhibit a higher percentage of not seeking help from anyone (8%) than their male counterparts (5%).

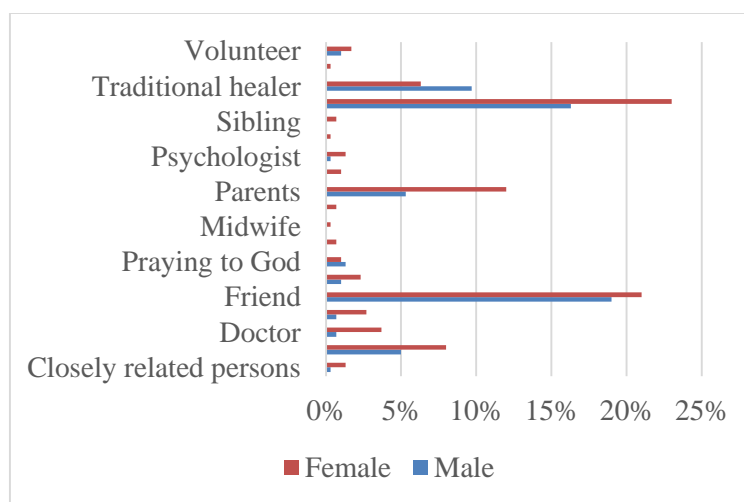


Diagram 1. Preference of Sources of Help for Mental Health Problems based on Gender Discussion

Discussion

Gender differences are prominent in this study. The level of mental health problems faced by female adolescent tends to be higher than that of male. Overall, female adolescents experience more serious emotional problems and peer problems as part of internalizing problems, parallel with greater externalizing problems formed by conduct problems and inattention/hyperactivity. The mentioned finding is analogous with past research indicating girls experience more

emotional problems than boys, especially those related to anxiety/depression, withdrawal from social interactions, somatic complaints, social difficulties, focused concentration and internalizing problems (Ediati, 2015). Higher susceptibility to internalizing problems among girls was due to hormones, brain activity in response to stress, low self-esteem, lack of confidence, higher interpersonal stressors, experiencing violence, trauma and sexual harassment, gender inequality and discrimination (Kuehner, 2017).

Furthermore, several findings from the previous study suggest that men tend to have more serious behavioral problems, including hyperactivity (Rosenfield & Smith, 2010). Meanwhile, other findings described the opportunities for men and women to experience hyperactivity problems as equal (Skogli et al., 2013). Despite the inconsistency of gender patterns in externalizing problems in past research, this study identified some gender divisions. The equal opportunity reinforced the results of this study, allowing females to exhibit serious hyperactivity problems as male adolescents. However, the dominant findings tend to show higher scores among males.

In terms of seeking help from mental health professionals, the attitude of help-seeking contributes significantly to adolescent mental health outcomes rather than their intention. The patterns that appear on help-seeking attitudes was generally divided into two, and those are formal and informal (Novianty & Hadjam, 2017). Formal help originates from trained health professionals with legitimacy and clear protocols in providing mental health assistance, such as psychologist, psychiatrist, clinician, counselor, teachers, youth workers, and pastors (Rickwood et al., 2005; Disabato, Short, Lameira, Bagley, & Wong, 2018; Kerebih, Aberam & Soboka, 2017). However, the lack of mental health literacy and training among teachers in Indonesian settings was considered inclusion in informal help in this study, as explained by D'Avanzo (2012). Informal help comes from social relationships, such as friends and family (Rickwood et al., 2005) or anything perceived as providing social support is considered as informal help (Disabato, Short, Lameira, Bagley, & Wong, 2018; Kerebih, Abera, & Soboka, 2017).

In the Indonesian context, the informal mental health service providers include shaman and religious experts or *kiayi* (Subandi & Utami, 1996; Salim, 2014). What considered as an effort to seek help is communicating to others to get help in terms of understanding, advice, information, treatment, and general support in response to problems or painful experiences (Rickwood et al., 2005). Efforts to seek help highly required social closeness and interpersonal

trust (Mortenson, 2009). Suppose adolescents experience difficulties related to mental health; they tend to seek help formally and informally from people who are considered eligible and reliable. In seeking formal help, both males and females desire to come to mental health professionals, such as doctors, psychologists, psychiatrists, or other trained health personnel. Nevertheless, these mental health service providers are less familiar and accessible for adolescents in Indonesia. Conversely, both genders are more open to seeking informal help from friends, counselling teachers or school teachers, traditional healers, parents, family, girlfriends/boyfriends, volunteers, and accessing online sources.

In general, the preference for help-seeking from respondents in this study tends to be informal. As the prior research supports, the choice of help-seeking depends on the closeness of the relationship or culture knowledge (Cauce et al., 2002; Subandi & Utami, 1996). Regarding the closeness of the relationship, adolescence is when peer influence has a significant impact on them. Besides, they also spend more time at school than at home, so teachers are considered to be the ones who interact more with adolescents other than their peers. Furthermore, the strong mythical beliefs, cultural values or intense religious beliefs among Indonesian determine all aspects of their lives (Lesmana et al., 2015), hence the high demand for traditional healers such as shamans, religious experts or *kiayi* to provide mental health assistance (Subandi & Utami, 1996; Salim, 2014) aligning with their values and beliefs.

Traditional healers are preferred as informal service providers to believe in owning supernatural powers to heal, advise, detect and expel mental disturbances allegedly coming from evil spirits (*jinn*, demons, and *gendruwo*) (Nurdin, 2012). Meanwhile, a similar reason for the high demand for cleric or *kiayi* is considered a person with mystical power, a recipient of God's revelations and a messenger (Lukens-Bull, 2005). Choosing religious leaders to provide mental health assistance is not unique in the Islam community. However, other religions practice similar beliefs, such as pastors in Christianity providing pastoral and emotional support for mental-related issues (Hewson, 2012; Norman, 2004; Nelson, 1999). All of which believed as a way to cure any mental health problems. However, when the informal assistance is unsuccessful, Indonesian people seek formal help, such as medical personnel, doctors, psychologists and psychiatrists (Novianty & Hadjam, 2017).

Several factors contribute to the degree of attitude for seeking help, such as lack of mental health and psychopathology literacy (Bonabi et al., 2016; Waldmann et al., 2018), stigma

towards individuals with mental disorders (Schomerus, & Angermeyer, 2008; Ratnayake & Hyde, 2019), knowledge of the onset of disorders (Kohn et al., 2004), and misunderstanding of appropriate way dealing mental disorders (Mehta & Thornicroft, 2014; Umubyeyi et al., 2016). In addition, situational factors such as cost, time, transport, and geographical location (Fox, Blank, Rovnyak, & Barnett, 2001; Sun et al., 2016) may hinder them from accessing appropriate mental health assistance. Therefore, the follow-up study examining factors that contribute positively towards attitude or intention of seeking formal help in adolescents prevents them from developing worsening mental health problems.

Conclusion

To conclude, there is a prominent gender-related pattern describing internalizing problems, externalizing problems, and the attitude of help-seeking behavior among adolescents. Although the preferred sources of help are a combination of formal and informal pathways, both sources remain an excellent help for adolescents to deal with their mental health. As the most preferred mental health source of help for both male and female adolescents, teachers and friends are vital asset to educate and train in providing adequate low-intensity mental health assistance.

Acknowledgement

We thank Ananda Nabilah Biorohmi, who help with the data collection in this study.

Ethics Approval and Consent to Participate

This study has been reviewed and approved by the ethics committee of the University of Muhammadiyah Malang. All participants provided online written informed consent before completing research instruments used in this study.

Conflict of Interest

The author stated that there is no conflict of interest.

Funding

The funds for this research came from the Penelitian Pengembangan Ipteks (PPI) 2020, funded by DPMM University of Muhammadiyah Malang.

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