



Understanding Help-Seeking Behavior from Mental Health Literacy and Mental Health Belief Perspectives

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ABSTRACT

Mental disorders were prevalent worldwide, and healthcare utilization was crucial. Initiating and sustaining treatment for individuals with mental disorders was compulsory to achieve recovery, disease burden reduction, and improved quality of life. As an attempt to obtain external assistance to cope with mental health problems, help-seeking began from the ability to perceive a need for care that raises the seeking help intention. Mental health literacy (MHL) and mental health belief (MHB) influence individuals' awareness of mental health problems and determine their help-seeking behavior. This review aimed to comprehend help-seeking behavior promotion through MHL, MHB, and interventions known to improve them. Publications within the last 5 years from PubMed and Google Scholar were used as references, including citing the original articles. MHL was influenced by age and gender. Religion, culture, age, and gender have been identified as factors that affect MHB. Psychoeducation is considered an essential strategy to promote help-seeking behavior, which could be performed individually or in an empowered community. Efforts to understand various populations' MHB, enhance MHL, and encourage help-seeking behavior should be endorsed. Therefore, early intervention to prevent further mental health burdens could be conducted.

Keywords: Early intervention, help-seeking, mental health belief, mental health literacy, psychoeducation.

ABSTRAK

Gangguan mental lazim di seluruh dunia, dan pemanfaatan layanan kesehatan sangatlah penting. Pengobatan individu dengan gangguan mental wajib segera dimulai dan dipertahankan demi mencapai pemulihan, mengurangi beban penyakit, serta meningkatkan kualitas hidup. Dalam upaya mendapatkan bantuan eksternal untuk mengatasi masalah kesehatan mental, diperlukan kemampuan untuk mempersepsikan masalah, sehingga timbul intensi untuk mencari bantuan. Literasi kesehatan mental (*mental health literacy*/MHL) dan keyakinan kesehatan mental (*mental health belief*/MHB) memengaruhi tingkat kesadaran individu terhadap masalah kesehatan mental dan perilaku individu untuk melakukan *help-seeking*. Tinjauan ini bertujuan untuk memahami proses perilaku *help-seeking* melalui MHL, MHB, serta intervensi untuk meningkatkan keduanya. Referensi yang digunakan adalah publikasi dalam 5 tahun terakhir dari PubMed dan Google Scholar, termasuk artikel asli juga dikutip. MHL dipengaruhi oleh usia dan jenis kelamin. Agama, budaya, usia, dan jenis kelamin diketahui sebagai faktor yang memengaruhi MHB. Psikoedukasi dianggap sebagai strategi penting untuk mendorong perilaku mencari bantuan (*help-seeking*), yang dapat dilakukan secara individu atau dalam komunitas yang berdaya. Upaya untuk memahami MHB pada berbagai populasi, meningkatkan MHL, dan perilaku mencari bantuan harus didukung. Dengan demikian, intervensi dini untuk mencegah beban kesehatan mental lebih lanjut dapat dilakukan. **Natalia, Fransisca Theresia, Nicholas Hardi. Memahami Perilaku Mencari Bantuan dari Perspektif Literasi Kesehatan Mental dan Keyakinan Kesehatan Mental.**

Kata Kunci: Intervensi dini, mencari bantuan, keyakinan kesehatan mental, literasi kesehatan mental, psikoedukasi.



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INTRODUCTION

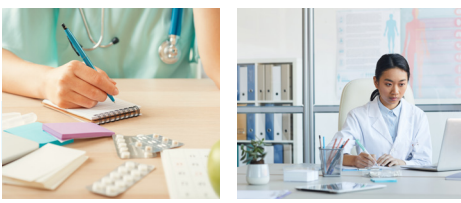
Mental disorders are highly prevalent worldwide. World Health Organization (WHO) reported that one out of every eight people in the world is living with a mental disorder, with anxiety disorders and depressive disorders being the two most common mental disorders.¹ Approximately 298 million and 193 million people globally are affected by anxiety disorders and major depressive disorders

(MDD), respectively.¹ Basic Health Research from Indonesia showed that over 19 million people aged 15 and above are living with mental disorders, and 12 million have been diagnosed with depression.² Furthermore, mental disorders are one of the leading causes of years lived with disability (YLDs).³ The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019 revealed that depressive and anxiety disorders rank among the top 25

leading causes of disability-adjusted life-years (DALYs).³ This high disease burden has led to additional days of absence from work, poorer functioning at work,^{4,5} significant learning difficulties, reduced academic achievement, increased school absenteeism, decreased future career prospects,⁶ and higher rates of premature death.⁷

Early intervention is critical in preventing

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disease progression and reducing mortality and morbidity.⁹⁻¹⁰ Early intervention includes case identification, early treatment, and prevention of new cases emerging from symptomatic, undiagnosed individuals.¹¹ However, its accessibility depends on the utilization of professional health services.¹² Recent studies have indicated that professional help-seeking rates are low.¹³⁻¹⁶ A lack of knowledge underlies poor recognition, late identification, and delayed treatment of mental disorders by professionals, resulting in lost years of good quality of life.¹⁷ Research shows that individuals typically need nearly seven years to recognize mental health problems and take an additional 1.3 years to establish help-seeking behavior.¹⁸ Moreover, only 1 in 3 people with MDD in high-income countries receive professional help.¹⁹ Previous reports show that mental health services utilization is higher in high-income (HI) countries than lower-middle-income (LMI) countries. The treatment gap between high- and low- resource countries is a serious concern.²⁰ As an LMI country, Indonesia also shares low mental health service coverage, with only 9% of MDD cases receiving antidepressant medication.² This resulted in missed timely treatment opportunities and low coverage.²¹

Help-seeking behavior encourages individuals to utilize mental health services and seek early intervention from professionals, preventing the progression of mental disorders and reducing their burden.¹² Professional help-seeking behavior and treatment sustainability² are essential for recovery and improving social function and quality of life.²² Therefore, understanding help-seeking behavior is integral to initiating early intervention.²² According to Rickwood and Thomas, help-seeking is an adaptive coping process in which individuals seek external assistance to address mental health concerns.²³ The healthcare access framework by Levesque, et al,²⁴ can help us better understand the help-seeking process. It outlines the steps involved in utilizing health care, from identifying the need for care to achieving healthcare outcomes, while considering various factors that affect process from both the healthcare provider's and client's perspectives.²⁴ From the client's perspective, the ability to perceive the need for care initiates the intention to seek help, which marks the beginning of the help-

seeking process.²⁴ Individuals with higher mental health tend to have a better awareness of mental health and a clearer understanding of mental care, leading them to access the correct source of professional assistance.²⁵ Perception is shaped by both mental health literacy (MHL) and mental health belief (MHB).²⁴ A better understanding of MHL and MHB is crucial for promoting help-seeking behavior and exploring current findings on these concepts is essential. This will enable professionals to perform early intervention and reduce mental health burdens.

DISCUSSION

Mental Health Literacy

Health literacy refers to the cognitive and social skills needed to find, understand, and use health information to promote good health.²⁶ *Mental health literacy* (MHL) is an individual's knowledge and beliefs about mental disorders, which helps in the identification, management, or prevention of such conditions.²⁷ With adequate MHL, proper prevention, early intervention, and treatment can be achieved.¹⁷ These actions are beneficial for improving both personal health outcomes and the mental health of others.²⁸

Mental health literacy consists of five major components: knowledge of mental disorder prevention, recognition of the development of mental disorders, awareness of available help-seeking interventions and treatments, understanding beneficial self-help behaviors for milder mental disorders, and first aid skills to assist others during a mental health crisis.²⁸ Mental health problem prevention starts with recognizing modifiable risk factors and recognizing developing symptoms; which then allows for help-seeking behavior to begin.²⁸ Being well-informed about available professional healthcare services is essential to improving help-seeking efficacy.²⁸ Professionals may also offer self-help strategies to individuals experiencing mild mental disorders. Additionally, understanding mental health first aid can empower individuals to support others in recognizing mental disorders and promote help-seeking behavior.²⁸

Studies have shown low rates of MHL across nations worldwide. A longitudinal national survey among 2,164 participants in Australia revealed that only 39% of individuals could recognize depression, and 27% could

recognize schizophrenia in 1995.²⁹ These numbers increased in 2011, with 75% and 30% of individuals able to recognize depression and schizophrenia, respectively.²⁹ Public mental health campaigns were beneficial in reducing misperceptions about mental health problems and increasing awareness.²⁹ A population-based survey among 1,678 adolescents in Australia found that MHL was significantly low, with only 23.4% able to identify depression.³⁰ Individuals with mental health problems prefer to seek informal help, which is generally less experienced in providing mental health assistance.¹⁷ University students in three regions in Indonesia reported their preference to reach out to their peers (70%) and family (39.3%) for help.³¹ Nevertheless, almost half and around a quarter of the responders turned to psychologists and health practitioners when facing mental health issues.³¹ Although people with mental health conditions eventually seek help, they prefer their loved ones for support, such as family, friends, and colleagues, who generally lack the knowledge and ability to help.³¹ In addition, a minority of respondents preferred spiritual leaders, teachers, and others as a source of help.³¹ However, another study of 75 Javanese adults in Indonesia showed different results.³² Most participants sought formal healthcare providers for assistance, such as psychologists or psychiatrists, followed by seeking help from religious leaders or shamans and social support from family and friends.³²

Several factors, such as age and gender, are known to affect mental health literacy. It has been stated that older age is associated with lower MHL, as educational programs in earlier decades may have been less accessible.³³ Furthermore, in the present day, information is mainly acquired through the internet, making it more difficult for older people to access.³³ Females tend to have higher levels of MHL than males.¹⁷ Females naturally rely on their intuition for emotional understanding.¹⁷ However, intuition does not interfere with females' perceptions of the relevance of psycho-social factors in mental health disorders, nor does it lead them to believe that individuals are solely responsible for having mental health problems.¹⁷ Additionally, females show more interest in intrapersonal or interpersonal issues and are less reluctant to accept psychological labels.³⁴



Several instruments have been developed to assess MHL. The Mental Health Literacy Questionnaire by Jorm and colleagues (1997) has been widely used in research.²⁷ It consists of a vignette psychiatric case according to the ICD-10 and DSM-IV criteria. A combination of open- and closed-ended questions were used to assess the participant's knowledge regarding the case problem, ideas for assistance, beneficial treatment choices, likelihood of helpfulness, knowledge of prognosis and risk factors, and beliefs influenced by stigma and discrimination.²⁷ The benefit of the vignette-based questionnaire was that it allows participants to freely submit any response without requiring prior in-depth knowledge about the disorders.³⁵ Researchers can ask questions without involving respondents' personal experiences.³⁵ Compared to direct interviews, vignette-based methods can generate more honest answers, reflecting real-life actions.³⁵ Conversely, some argue about the accuracy of applying these answers to real-life settings. The conclusion might limit the practical relevance. Several other limitations were also identified.³⁵ The characters and events of vignettes must be carefully crafted to bridge participants to real-life situations.³⁵ Participants may face challenges in capturing complex situations that shape their attitudes.³⁵ Any normative beliefs derived from the possible generated responses must be carefully generalized.³⁵

Kutcher, *et al*, developed the Mental Health Literacy and Help-Seeking Behavior questionnaire, which consists of three sections: Mental Health Knowledge, Attitude Toward Mental Health, and Help-Seeking Behavior questionnaires.³⁶ The Mental Health Knowledge section exclusively measures MHL in adolescents and include 15 multiple-choice questions about mental disorders and their treatment, with higher scores indicating better levels of MHL.³⁷ Internal consistency was measured using Cronbach's alpha with a value of 0.40 at pre-intervention and 0.54 at post-intervention.³⁷ These values indicate low to moderate levels of internal consistency due to the heterogeneous aspects of mental health covered.³⁷ The questionnaire has been adapted into the Indonesian language, with a total of 13 items and Cronbach alpha value of 0.521.³⁸

Mental Health Belief

The Health Belief Model (HBM) identifies several health beliefs that influence health behavior, such as the likelihood of developing a disease (perceived susceptibility), the seriousness of consequences resulting from the disease (perceived severity), the efficacy of action to reduce the risk of disease development (perceived benefits), and the negative aspects that prevent action (perceived barriers).³⁹ Furthermore, some beliefs are also essential, including confidence in one's ability to carry out the recommended action (self-efficacy) and internal and external factors that trigger action (cues to action).³⁹ The likelihood of seeking help depends more on the perceived benefits than perceived barriers, even for adolescents who perceive a high risk of developing mental health issues. Those who perceive significant benefits from seeking help or have a strong overall health awareness are more inclined to seek assistance despite potential barriers.⁴⁰

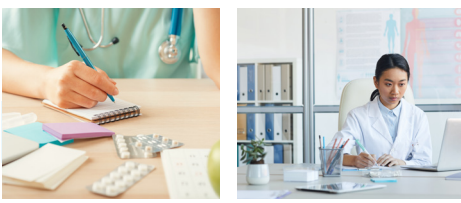
An observational study of 53,760 university students in the United States demonstrated that greater treatment-seeking behavior for depression was associated with higher perceived severity, self-efficacy, cues to action, and fewer perceived barriers.⁴¹ Stigma, as a perceived barrier, induced shame and resulted in a reluctance to engage in help-seeking behaviors.⁴¹ Compared to White American adolescents, Asian American adolescents perceived help-seeking as less beneficial, encountered more significant barriers, and only sought help when their distress led to functional impairment.⁴² Cultural differences between the two groups may contribute to this. Asian Americans face notable psychological obstacles, including social stigma—where seeking mental health support is seen as taboo—and self-stigma, leading to feelings of shame and reluctance to seek help.⁴² In Indonesia, addressing mental health stigma remains a significant challenge, as cultural norms emphasize the family's pivotal role in shaping individuals' identities and caring for those with mental health concerns.⁴³ Low family socioeconomic status and low levels of education are associated with greater social and self-stigma.⁴³

Mental health belief levels are influenced by several factors, including religion, culture, age, and gender. Many Asian countries perceive

mental health issues are spiritual-related events, such as being possessed by demons, evil spirits, or witchcraft.¹⁷ This belief often leads individuals to seek treatment from pastors, shamans, or Chinese mediums rather than proper healthcare.¹⁷ Asian culture tends to view therapy for mental health issues as unreliable.⁴⁴ Thus, disclosing problems to unrelated individuals, such as professionals, is seen as unbeneficial.⁴⁴ Instead, they prefer to keep their issues private, sharing only with loved ones to restrain emotions and maintain their image in society.⁴⁵ Seeking help for mental health issues is often stigmatized as embarrassing and shameful, potentially damaging one's reputation.⁴²

Similar views were also found among young adults. They tend to rely on themselves or seek support from friends and relatives rather than professional assistance.⁴⁶ They have low trust and belief in professionals, whom they view as strangers.²³ Young adults believe family support is more beneficial than professional help in resolving personal and emotional problems.²³ Stigmatizing attitudes against help-seeking behavior are also common among males.⁴⁷ A particular stereotype perception is directed towards men and their masculinity, namely that they are seen as independent beings who must rely on themselves and show no emotional or personal weaknesses to others.⁴⁸ As a result, men often believe that seeking will lead to emasculation, especially in the eyes of family and friends.⁴⁹ Additionally, research shows that men often believe clinicians cannot assist them, and that therapy is only effective for "more serious" mental health issues, like schizophrenia, rather than conditions like depression and anxiety, which are considered more normative.⁴⁹

MHB can be measured using two methods: a single questionnaire covering the five core elements of MHB, such as the health beliefs about mental illness (HBMI), or using different questionnaires to assess each core respectively. HBMI is a 49-item questionnaire that measures the five core elements of MHB, including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and general health motivation, using the 5-point Likert scale, where 1 indicates "strongly disagree" and 5 indicates "strongly agree".³⁶ In contrast, the assessment of each core has been



done in studies using several questionnaires, such as the following: 1) Perceived severity with the short form-36 (SF-36) health survey, 2) Perceived susceptibility with Jorm's mental health literacy questionnaire, 3) perceived benefits with the treatment goal measure, and 4) Perceived barriers with seeking help scale (SSOSH) for self-stigma and receiving psychological help scale (SSRPH) for social stigma.⁴² The SF-36 is a multi-item scale comprised of 36 items covering the eight concepts of health-related quality of life over one month. The study added two subscales to operationalize perceived severity: role limitations due to personal or emotional problems (RL) and social functioning (SF). Each response was given a value and added up to calculate the final score, where each subscale can reach a maximum value of 100, addressing lower limitations and higher functions.⁵⁰ The treatment goal measure (TGM) consisted of 18 items regarding the importance of therapy for clients, rated on a 5-Likert scale with a value range of 1 (unimportant) to 5 (important), where greater scores indicate increased benefits.⁵¹ The SSOSH included ten items assessing internal social stigma towards help-seeking behavior, measured on a 5-Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), where higher scores indicated greater self-stigma.⁵² The SSRPH also assessed stigma, but from the perspective of society regarding one's help-seeking behavior. It included five items measured on a 5-Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree), associating higher scores with a greater social stigma.⁵³

Interventions

Based on the preceding discussion, MHL and MHB worldwide are still low. Interventions are needed to further increase these two components to initiate help-seeking behavior. Several interventions have been proven effective in addressing this problem, such as psychoeducation and mental health first aid training.^{28,54} Psychoeducation aims to enhance one's understanding of topics related to general mental health, mental disorders, stigma, and sources for help.^{28,54} Psychoeducation can target both individuals and communities.

In approaching individuals, mental health campaigns have been widely used to improve MHL.²⁸ One example is BeyondBlue, a well-known organization established in Australia

that aims to increase awareness, improve help-seeking behavior, and reduce disability related to depression and anxiety. Both face-to-face and online-based approaches were done to distribute resources about mental health.⁵⁵ Online-based interventions are prevalent among adolescents as they allow individuals to get the answers they need while still maintaining their identity's confidentiality.⁵⁴ Social media were utilized to share video content, stories of hope, and infographics; promote the campaign by using hashtags; provide a platform for the community to share stories and receive support about their mental health issues.⁵⁵

Community empowerment through outreach interventions has proven to be an important way to raise MHL.²⁸ Trained individuals promote help-seeking behavior by approaching the public, particularly individuals or relatives with mental health issues, and arranging mental health promotion in educational settings.²⁸ The Building Bridges-GP-Team was developed to connect high school adolescents with general practitioners and health professionals.⁵⁶ Health professionals were trained to understand the barriers and issues that limit help-seeking behavior, how to address them, and the skills needed to deliver presentations effectively.⁵⁶ The presentations were conducted in high school classes for 90 minutes, covering general facts about formal healthcare, adolescents' previous experiences with proper healthcare, and practical issues in healthcare consultations.⁵⁶ The Building Bridges-GP-Team effectively increased intentions for formal help-seeking among adolescents four weeks post-intervention.⁵⁶

Empowering the community through Mental Health First Aid (MHFA) may promote the help-seeking process. MHFA is a course designed to equip individuals with the skills needed to support others experiencing mental health crises until the crisis subsides or formal healthcare assistance arrives.²⁸ MHFA training originated in Australia but is now utilized in 16 other countries. The 14-hour course teaches a five-step action plan for providing MHFA. Participants learn to approach, assess, assist, and listen to individuals in crisis without judgment. They offer support and information, conduct follow-up assessments, and encourage professional help if needed. The training materials are also available in

international guidelines by MHFA accessible on their website (www.mhfa.com.au). The training improves MHFA skills, attitudes toward mental health, supportive behaviors, and reduces stigma, with lasting effects even six months post-training.⁵⁷ Therefore, communities equipped with MHFA may help individuals experiencing mental health issues to access professional help.

A recent study proposed an intervention Ahead of the Game (AOTG), which blends individual and community approaches to encourage help-seeking among male adolescents in sports clubs. It is recognized that traditional views of masculinity may hinder help-seeking behaviors, contrasting with the positive associations of sports participation. Trained volunteers with mental health experience deliver 45-minute workshops covering various topics such as mental health awareness, coping skills, and support strategies for parents and coaches. AOTG also includes a campaign promoting help-seeking, well-being, the mental health benefits of sports, and challenging stereotypes surrounding masculinity.⁵⁸ Education about mental health and exposure to individuals with mental health issues are thought to decrease stigma. Moreover, the result revealed an increase in MHL, intentions toward help-seeking, and confidence in seeking information regarding mental health, resilience, and well-being among male adolescents six weeks post-program completion.⁵⁹

Recommendations

Mental health remains a crucial global concern, emphasizing the need for early intervention, particularly in promoting help-seeking behavior. However, MHL and MHB can hinder this. Given their diverse nature across populations, understanding factors influencing MHL and MHB is vital. Developing interventions to improve literacy and foster positive attitudes toward mental health is essential for increasing help-seeking and access to care.

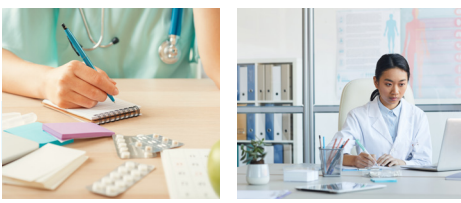
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