

The Role of Mental Health Knowledge and Perceived Public Stigma in Predicting Attitudes towards Seeking Formal Psychological Help

Griselda Maria Ancela Wodong^{*1}, Muhana Sofiati Utami¹

¹Faculty of Psychology, Universitas Gadjah Mada

Submission 30 December 2021 Accepted 20 October 2022 Published 28 April 2023

Abstract. The low number of individuals seeking for professional help contributes to increased mental health problems. This study aims to examine attitudes toward seeking professional help regarding mental health knowledge, perceived public stigma, age, gender, and education. The participants involved were 701 people, aged between 19-49 years old. The research instruments were the ATSPPH-SF Scale, the MHLS Scale, and the PPMHS Scale. The multiple linear regression analysis results showed that mental health knowledge and perceived public stigma together played a role in the attitudes of seeking formal help ($F=46,161; p<0.05$). Mental health knowledge played a role on attitudes toward seeking formal help (Beta= 0.342; $p<0.05$), whereas perceived public stigma does not play a role in attitudes toward seeking formal help (Beta=0.019; $p>0.05$). The results of the independent t-test showed differences in attitudes toward seeking help based on gender and education level ($p<0.05$). However, the attitudes toward seeking help do not differ based on age ($p>0.05$). This study concluded that knowledge of mental health, gender, and education could predict the attitudes toward formal help-seeking, while perceived public stigma and age could not predict help-seeking attitudes..

Keywords: mental health; perceived public stigma; knowledge; attitudes toward help-seeking

Mental health problems are one of the world's most concurrent disease which increases in number every year. Becker and Kleinman (2013) stated that problems such as anxiety disorders, depression, and somatic symptoms contribute up to 23% of the overall number of world disease. In Indonesia, the prevalence of mental disorders is still very high. The 2018 Basic Health Research Report (Riskesdas) noted that mental health problems occur in people aged 15 and over. It is known that individuals with a diagnosis of emotional disorders have increased from 6% in 2013 to 9.8% in 2018. Moreover, depressive disorders in Indonesia were reported reaching up to 6.1% (Ministry of Health Republic of Indonesia, 2018). Meanwhile, still referring from the results of the 2018 Riskesdas report, it is known that as many as 91% of the population aged over 15 years who have indications of depression admit that they have never sought professional help for their mental condition (Ministry of Health Republic of Indonesia, 2018).

There are various obstacles that hinder people with mental problems to attain help, which are divided into external and internal barriers. For example external barriers, the difficulty to access mental health services (Shidhaye et al., 2015; World Health Organization, 2017), the limited number of mental

*Address for correspondence: Wodonggriselda@mail.ugm.ac.id

health professionals and institutions providing these services (World Health Organization, 2015), and the high cost of treatment (Ministry of Health Republic of Indonesia, 2018). Additionally, anxiety towards treatment, worries about self-disclosure, as well as age, gender, and level of mental health literacy (Boerema et al., 2016; Picco et al., 2016; Vogel & Wester, 2003).

When individuals delay seeking help and proceed with the wrong treatment for their disorder, they could experience detrimental effects (Wang et al., 2007). The most obvious consequence of untreated mental health problems is that the problem will get worse over time. Some disorders such as depression tend to get worse due to the failure to respond to mental problems (DellOsso & Altamura, 2010). The longer individuals delay getting treatment, the more complicated and more difficult it is to treat the disorder they are suffering from (Altamura et al., 2011). Therefore, seeking help is seen as an individual's effort and choice in solving their mental problems.

Early treatment of mental problems is a crucial effort to obtain optimal intervention benefits. Seeking formal help from professionals is considered more effective because it is handled by experts in performing psychological interventions to respond to problems that individuals cannot solve (Panis et al., 2019; Rickwood et al., 2012). Seeking help is closely related to the appearance of behavior. Fischer and Turner (1970) stated that attitude is a construct that underlies a person's behavior. The constructing aspects of formal help-seeking attitudes in this study are openness to seek professional help, values in seeking professional help, and the choice to deal with problems on their own (Fischer & Farina, 1995; Picco et al., 2016).

The attitudes toward seeking psychological help are influenced by external and internal factors. External factors include social support from family, friends, and the environment (Barker et al., 2005), affordability and availability of psychological services (Wang et al., 2007), accessibility, as well as the stigma that makes individuals reluctant to seek help (Vidourek et al., 2014). Internal factors include individuals' emotional competence and understanding of professional care (Barker et al., 2005), mental health knowledge, positive experiences related to seeking help (Panis et al., 2019), and individual perceptions and beliefs about mental health services (Setiawan, 2006). Based on the factors that influence the attitudes toward seeking formal help, the researchers chose mental health knowledge and stigma for further study.

According to O'Connor et al. (2014) mental health knowledge is defined as an individual's ability to recognize early symptoms of a problem before a full mental disorder occurs. O'Connor et al. (2014) stated that mental health knowledge encompasses three aspects: (1) knowledge about the characteristics of mental disorders, (2) knowledge about accessing mental health information, risk factors and causes of mental disorders, self-treatment, and availability of professional assistance, (3) the attitude of seeking for appropriate help. The lacking knowledge of mental problems is one of the failures of individuals in pursuing professional help and pharmacological treatment (Kelly et al., 2007). As shown by Haas and deGruy (2004) and Searight (2010), most individuals who come to general physicians have physical and psychological problems but they complain of their physical symptoms. For example, individuals complaining of tightness of the chest and continuously having cold sweats, are actually suffering from anxiety. These symptoms of anxiety should be treated by a

mental health professional, not a general physician. This mistake causes the problems experienced by individuals with mental disorders to go undetected because they are unaware of the problems they are experiencing.

Individuals with adequate knowledge are more likely to know how to manage mental disorders, recognize the development of these disorders, and identify the appropriate seeking of help or treatment for their disorders (Jorm et al., 2005). This can refer to opting for effective treatment from sources of professional help. Therefore, mental health knowledge eases individuals to identify mental problems early on and be able to seek appropriate help (Tay et al., 2018).

In addition to mental health knowledge, this research also discusses stigma. Stigma is still a common topic of discussion because mental health issues are not yet widely accepted by society. Subu et al. (2018) stated that mental health stigma is conceptualized as a set of negative attitudes toward individuals with psychological problems. Corrigan and Rusch (2002) as well as Corrigan and Kleinlein (2005) classify stigma into two levels, which are public-stigma and self-stigma. Public-stigma occurs when society supports and acts based on their stereotypes toward stigmatized groups, such as individuals with mental disorders who are socially undesirable. Individuals who are stigmatized can internalize the prejudice they feel and develop these negative feelings toward themselves to the extent that this process forms self-stigma. Moreover, derived from literature reviews, public-stigma is thereupon perceived and can lead to the construct of perceived public stigma, which describes the process by which a person perceives stigma in the society at large for people with mental disorders (Nearchou et al., 2018; Pedersen & Paves, 2014; Vogel et al., 2007). An example of perceived public stigma is that society views it negatively when individuals seek treatment (Calear et al., 2011), and individuals with depressive disorders are weak people (Pedersen & Paves, 2014).

Perceived public stigma consists of four aspects, (1) social distance, which is a person's thought of feeling that the community avoids and ostracizes individuals with mental disorders, (2) distrust, a person's thought that the community does not believe individuals with mental disorders can be given responsibility, (3) a taboo relationship, a person's thought that the community will discriminate those in relation to individuals who have mental disorders, and (4) a sense of empathy, a person's thought that the community views individuals with mental disorders must get assistance because they are unable to live independently (Corrigan & Rusch, 2002; Tanaka et al., 2004).

Perceived public stigma causes individuals to avoid seeking help, especially if society discriminates and demeans others who use mental health services (Corrigan & Rusch, 2002). According to Mead (1934) a person will perform a behavior according to the reaction of the society. Out of fear of the negative reactions from society, most individuals adjust their behavior and may not seek help. This is supported by previous empirical studies which reported that perceived public stigma shapes individuals' negative attitudes toward seeking help (Wrigley et al., 2005) and a lack of willingness to seek professional care (Barney et al., 2006). This stigma can be owned by anyone, both people with psychiatric problems and even people who are clinically declared healthy.

Individual attitudes in seeking formal assistance are not only influenced by mental health knowledge and perceived public stigma. In several studies, it is known that age (Mackenzie et al.,

2019), gender (Wendt & Shafer, 2015), and education (Picco et al., 2016) affect an individual's attitudes toward seeking help. In a study by Cheng et al. (2015), which examined the effect of age on seeking help, it was found that adults tend to see formal help as trustworthy and reliable compared to the role of informal sources. Apart from age, a study conducted by H. R. Yen et al. (2004) found that gender has an influence on seeking help. According to Call and Shafer (2015), seeking help between men and women lies in the difference in responding to their mental problems which affects the help-seeking process. According to Picco et al. (2016) apart from gender, education is also considered to have an influence on an individual's process of seeking help. Adequate education is known to have a significant positive effect on individuals seeking help when facing mental problems (Picco et al., 2016). Individuals with a good education are known to have a more established knowledge of the need to solve their psychological problems by relying on professional help (Rusch et al., 2014).

Based on this explanation, the researchers wanted to examine the role of mental health knowledge and perceived public stigma on the attitudes toward seeking formal help. In addition, the researchers also wanted to examine the differences in attitudes toward seeking formal help in terms of age, gender, and education. This research is expected to provide useful information for professionals in the effort to create programs and treatments to increase the attitudes toward seeking formal help. The hypotheses of this study are: (a) Knowledge of mental health and perceived public stigma play a role in attitudes toward seeking formal help, (b) There are differences in attitudes toward seeking formal help in terms of age, gender, and education.

Method

Participants

Most of the participants involved in this study were 19-25 years of age ($n = 507$ people; 72.32%) and had D4/Bachelor's degree ($n = 547$ people, 78.02%). There were more women ($n = 536$ people; 76.46%) compared to men ($n = 165$ people; 23.54%) participants. The complete description of the participants can be seen in Table 1.

Table 1
Description of Research Participants

| Category | Total | Percentage (%) |
|----------|-------|----------------|
| Age | | |
| 19-25 | 507 | 72.32 |
| 26-32 | 162 | 23.10 |
| 33-49 | 32 | 4.57 |
| Gender | | |
| Male | 165 | 23.54 |
| Female | 536 | 76.46 |

Table 1 (Continued)*Description of Research Participants*

| Education | | |
|---------------|-----|-------|
| Master's | 41 | 5.84 |
| D4/Bachelor's | 547 | 78.02 |
| Diploma | 37 | 5.28 |
| High School | 72 | 10.28 |
| others | 4 | 0.58 |

Measurement

This research used three instruments to measure the variables assessed in the study. The attitudes toward seeking formal help variable was measured using the ATSPPH-SF (Attitudes Toward Seeking Professional Psychological Help-Short Form) Scale compiled by Fischer and Farina (1995). The ATSPPH-SF Scale consists of a 10-item Likert scale with 4 response options, strongly disagree (0), disagree (1), agree (2) and strongly agree (3). Prior to being used in the study, a language adaptation process was carried out on the ATSPPH-SF Scale through translation from English to Bahasa Indonesia by four language translators with English skills and a background in psychology education. After that, the translated scale was assessed by a panel of four other experts in psychometrics, clinical psychology, Bahasa Indonesia, and English, who also had educational backgrounds in psychology and understood the content of the adapted scale. The assessment from professional judgment ($n = 8$ people) is to ensure that the items on the scale were truly related to the measurement objectives and that the items in the measuring instrument represent all the theoretical aspects that underlie its construct. Based on the measuring tool's trial results, the reliability of Cronbach's Alpha ATSPPH-SF Scale is 0.69 with the total item coefficient moving from 0.211 to 0.506. According to Ghozali (2016), a research instrument is said to be reliable if the Cronbach's Alpha value is > 0.60 , so the ATSPPH-SF instrument is still used in this study.

The mental health knowledge variable was measured using the MHLS (Mental Health Literacy Scale) compiled by O'Connor and Casey (2015). The MHLS scale consists of 35 items in the form of a Likert scale. In the scale, there are two models of response answers with the calculation of scores 1-4 and 1-5. Items 1-15 provide 4 response options, very unlikely/very unhelpful (1), impossible/not useful (2), possible/useful (3) and very likely/very useful (4). In addition, items 16-35 provide 5 response options, strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). Prior to being used in this research, the MHLS also went through the same adaptation process as the ATSPPH-SF Scale. Based on the trial results of this measuring tool, the reliability of Cronbach's Alpha of the MHLS is 0.81 with the total item coefficient ranging from 0.202 to 0.638. However, the results of the MHLS trial eliminated 9 items because they had a discriminatory index of < 0.20 . This causes a reduction in the number of items on the scale, from 35 items to 26 items.

The perceived public stigma variable is measured using the PPMHS (Perceived Public Mental Health Stigma Scale) compiled by Dano (2019). This is a 33-item Likert scale based on five response options, strongly disagree (0), disagree (1), neutral (2), agree (3) and strongly agree (4). The PPMHS

is a scale that is immediately used because it has been psychometrically validated in the Indonesian cultural context. This scale has a Cronbach's Alpha reliability coefficient of 0.941, with a total item coefficient ranging from 0.370 to 0.708 (Dano, 2019). Based on the trial results of this measuring tool, the reliability of Cronbach's Alpha on the MHLS is 0.91 with the total item coefficient ranging from 0.236 to 0.724. However, the results of the measuring instrument trial eliminated 7 items because they had a discriminatory index of <0.20. This causes a reduction in the number of items, from 33 items to 26 items.

Procedure

This research has received research ethics approval from the Ethics Committee of the Faculty of Psychology, Gadjah Mada University with the number: 1016/UN1/FPSi.1.3/SD/PT.01.04/2021. Research data acquisition was carried out by sending questionnaires using Google Forms which was distributed via social media. The questionnaire contains explanations and research objectives; informed consent; participant demographic data and the three scales used for the study (ATSPPH-SF scale, MHLS scale, and PPMHS scale). After the data was acquired, tabulation and data analysis were performed using the SPSS 22 Statistics software program for windows.

Result

Description of Research Data

The categorization of research data in Table 2 shows that the attitude of seeking help is mostly in the high category (*n* = 333 people; 47.50%). A high number of the study participants (*n* = 497 people; 71%) with knowledge of mental health is in the medium category, and many of the participants with perceived public stigma are in the high (*n* = 296 people; 42.22%) and medium (*n* = 286 people; 40.80%) categories.

Table 2
Categorization of Research Data

| Variable | Very Low | | Low | | Medium | | High | | Very High | |
|----------------------------------|----------|---|-------|-------|--------|-------|-------|-------|-----------|-------|
| | Total | % | Total | % | Total | % | Total | % | Total | % |
| Attitudes of seeking formal help | - | - | 35 | 5.00 | 204 | 29.10 | 333 | 47.50 | 129 | 18.40 |
| Mental health knowledge | - | - | 200 | 28.53 | 497 | 71.00 | 4 | 0.56 | - | - |
| Perceived public stigma | - | - | 38 | 5.42 | 286 | 40.80 | 296 | 42.22 | 81 | 11.56 |

Assumption Testing

Before conducting the hypothesis testing, an assumption test is carried out which includes the normality test, linearity test, and multicollinearity test. According to the assumptions of normality testing using the Kolmogorov-Smirnov test, it was shown that the attitude to seek formal help, knowledge of mental health, and perceived public stigma variables had an abnormal data distribution

($p=0.000$; $p<0.05$). The abnormal distribution of data can be caused by many things, some of which are the close distance of the score with the lowest and highest values, and that the type of data follows a distribution that is different from the normal distribution (Darlington & Hayes, 2017). The results of the linearity test showed that the variable knowledge of mental health had a linear relationship with the attitude of seeking formal help ($p>0.05$). Likewise, the perceived public stigma variable has a linear relationship with the attitude of seeking formal assistance ($p>0.05$). Furthermore, the results of the multicollinearity test showed a tolerance value of 0.994 (>0.1) and Variance Inflation Factors (VIF) of 1.006 (<10). It can be concluded that there is no multicollinearity in the two independent variables.

Based on the assumption testing results, the requirements for linearity and multicollinearity are met, while the data normality requirements are not met. However, the research hypothesis test is still carried out. This is based on the opinion of Darlington and Hayes (2017) who said that researchers can ignore data normality, because among all the conditions of linear regression, data normality is the assumption that contributes the least to drawing conclusions.

Hypothesis Testing

Hypothesis testing was carried out using multiple linear regression analysis. Table 3 shows that both knowledge of mental health and perceived public stigma play a role in seeking formal help ($F=46.161$; $p=0.00$ ($p<0.05$); and R value= 0.342). The results of this analysis support the proposed hypothesis. The effective contribution of the two predictor variables (perceived public stigma and mental health knowledge) to the determinant variable (attitude to seek formal help) was 11.7% ($R^2 = 0.117$), while the remaining 88.3% was influenced by other variables not identified in this study.

Table 3
Multiple Regression Analysis Result

| Variable | R | R Square | Adjusted R Square | Std. Error of the Estimate | F | t | Sig. |
|--|-------|----------|-------------------|----------------------------|--------|-------|-------|
| Perceived Public Stigma | 0.019 | 0.000 | -0.001 | 3.587 | 0.246 | 0.496 | 0.620 |
| Mental health knowledge | 0.342 | 0.117 | 0.115 | 3.372 | 92.396 | 9.612 | 0.000 |
| Perceived public Stigma, Mental health knowledge | 0.342 | 0.117 | 0.114 | 3.374 | 46.161 | 9.594 | 0.000 |

Table 4
Contribution of Predictor Variables Result

| Variable | Unstandardized Coefficients | | Standardized Coefficients | | |
|-------------------------|-----------------------------|------------|---------------------------|-------|-------|
| | B | Std. Error | Beta | t | Sig. |
| Mental health knowledge | 0.157 | 0.016 | 0.342 | 9.612 | 0.000 |
| Perceived public stigma | 0.006 | 0.012 | 0,019 | 0,496 | 0.620 |

Table 3 shows that mental health knowledge has a role in seeking formal assistance ($F=92.396$, $p<0.05$), whereas perceived public stigma has no role in seeking formal assistance ($F=0.246$; $p>0.05$). In Table, 4 the effective contribution of the variable mental health knowledge was (Beta = 0.342; $t = 9.612$;

$R^2 = 0.117$) with an effective contribution percentage of 11.7%, while the variable perceived public stigma was (Beta = 0.019; $t = 0.496$; $R^2 = 0.000$) with a contribution percentage of 0%.

Subsequently, hypothesis testing was conducted using different comparison tests to determine differences in attitudes toward seeking formal assistance in relation to age (19-25 years old, 26-32 years old, and 33-49 years old), gender (male and female), as well as education level (Master's, D4/Bachelor's, Diploma, and High School). The results of the analysis showed that there was no difference in the attitudes of help-seeking based on age (Sig. 0.913; $p > 0.05$). However, there are differences in attitudes toward seeking help based on gender (Sig. 0.000; $p < 0.05$). As seen from the mean value, it is known that women have a better attitude in seeking help (mean = 366.12) than men (mean = 301.87). In addition, there were also differences in the attitude of seeking help based on educational level (Sig. 0.020; $p < 0.05$). The results of the independent sample t-test were conducted to see differences in attitudes toward seeking help based on the educational level groups. The results of this analysis showed that there is no difference in the attitude of seeking help between the groups of Master's and Bachelor's $t = 1.159$; $p = 0.247$ ($p > 0.05$) education level, likewise between the education level of Masters and Diploma $t = 0.566$; $p = 0.573$ ($p > 0.05$). On the contrary, there are differences in the attitudes of seeking help between the participants with Masters and High/Secondary School $t = 0.687$; $p = 0.008$ ($p < 0.05$) education background. In the results of this study, individuals with a higher level of education (Master's, Bachelor's, and Diploma) had a better attitude of seeking help than those High/Secondary School graduates.

Discussion

This study examined the role of mental health knowledge and perceived public stigma in predicting attitudes toward seeking formal help. The results of the analysis showed that both mental health knowledge and perceived public stigma can predict the attitudes toward seeking formal help ($F = 46.161$; $R = 0.342$, $p < 0.05$). However, after every variable was assessed, it was found that only mental health knowledge had a role in attitudes toward seeking formal help ($F = 92.396$; $R^2 = 0.117$; $p < 0.05$), whereas public stigma did not. These findings provided information that acquiring mental health knowledge can influence an individual's willingness to seek formal help, and on the contrary, perceived public stigma had no effect on an individual's decision-making to seek formal help.

Mental health knowledge is fundamental and plays a role in the process of seeking help. Mental health knowledge can lead to the recognition of mental disorders or the characteristics of a disorder (Tay et al., 2018). For example, when an individual is aware of how they get tired easily, and experiences headaches, and loss of appetite as signs or symptoms of stress, then they can easily recognize and realize that they are experiencing psychological problems. Individual awareness of situations and conditions that the disease cannot be overcome alone, is very likely to encourage individuals to seek appropriate assistance information such as mental health professionals (Spagnolo et al., 2018; Staiger et al., 2017). Thus, it can be concluded, mental health knowledge can assist individuals in managing mental problems and refer to attitudes to get treatment from professionals.

The role of mental health knowledge in seeking formal help can be explained by the theory of the health belief model. This model explains that a person's willingness to change their health behavior is caused by perceptions of health based on the knowledge that is believed to be true and validated (Gipson & King, 2012). If this research is related to the concept argued by Gipson and King (2012), and seen based on the categorization of research data which shows that most of the participants have mental health knowledge in the moderate category. This can be indicated that the participants involved in this study used their knowledge of mental health as a reference in forming a tendency to seek formal help behavior. This finding is also in line with other research that the beliefs the individuals have about the causes of their mental problems influence the form of seeking help that refers to appropriate treatment (Altweck et al., 2015; Subandi & Utami, 1996; Wong & Li, 2012; Wright et al., 2011; Yap & Jorm, 2012). This study concludes, when a person understands their illness based on validated knowledge, it allows the individual to choose an appropriate strategy by involving mental health professionals to deal with his problem.

This study also found that the participants' mental health knowledge was in the moderate (71.00%) and high (0.56%) categories. Based on the observations of researchers, currently, there have been many forms of effort being made to increase individual mental health knowledge, such as mental health education or campaigns conducted by institutions, organizations, and even communities that exist on the basis of concern for mental problems. Furthermore, based on research findings, the effective contribution of mental health knowledge to the attitude of seeking formal help is (11.7%). This means that there are various other factors that influence an individual's willingness to form an attitude of seeking help (Boerema et al., 2016; Mendoza et al., 2015; Poegoeh & Hamidah, 2016).

The results showed that the variable perceived public stigma did not play a role in seeking formal assistance. The reason for these findings is that the individual's perception of stigma is still in the form of future views and is still in their cognitive domain (Kristensen, 2015). In addition, the participants involved in this study were not identified as having issues or mental disorders. This is one of the reasons why public perceptions of stigma do not affect the attitudes of seeking help because according to Kristensen (2015) and Gilovich et al. (2012), the influence of stigma on the attitude of seeking formal help is more closely related to individuals who have mental problems/disorders. Therefore, the researchers indicated that these conditions contributed to the absence of a role for perceived public stigma in the attitude of seeking formal assistance. A study conducted by Maya (2021) also found that perceived public stigma did not make a significant contribution to attitudes toward seeking help because the level of perception of public stigma must be mediated by internalized stigma by individuals. The same results were also found in the studies of Brown et al. (2010) and Topkaya (2014).

The results of the independent t-test on attitudes toward seeking help based on age (19-25 years, 26-32 years and 33-49 years) presented no difference in the attitudes toward seeking help based on age (Sig. 0.913, $p > 0.05$). This research is in line with the research by Mackenzie et al. (2008) that there is no difference in seeking help at various age levels. This is due to the assessment or view of each individual regarding the need for professional treatment. (Rickwood et al., 2007) also found that the pattern of

seeking help in individuals, both young adults and middle adults, tends to involve formal help because it is influenced by the role of family and friends in providing support to access psychological care. So, it can be concluded that the search for help depends on the individual's need for treatment.

In addition, based on gender, it was known that there were differences between men and women in seeking help (Sig. 0.00; $p < 0.05$). Women have better attitudes toward seeking help (mean= 366.12) than men (mean= 301.87). These results are in accordance with previous studies that men of various age ranges, social backgrounds, and ethnic diversity, generally tend to show less behavior seeking professional help in dealing with their health problems both physically and mentally (Addis & Mahalik, 2003; Komiya et al., 2000). Men are more likely to suggest self-care and are less likely to tell about the causes of their mental disorders (Jorm et al., 2005; Wang et al., 2007) whereas women are more likely to be open to psychological interventions and support explanations regarding the factors that cause mental disorders (Wang et al., 2007).

These findings were then studied further through gender problems with the concept of nurture. The issue of gender in shaping help-seeking behavior is socially and culturally constructed (Fakih & Raharjo, 1996). For example, when women seek help is a normal thing in the social environment because women show that they are powerless, so the behavior of seeking help becomes more easily tolerated, by both adults and adolescents (Nearchou et al., 2018; Vogel et al., 2007; Vogel & Wester, 2003). However, seeking help from men is considered weak because the norm of masculinity (men) in most cultures in the world is constructed as a figure who must look strong, unemotional, and independent (Lindinger-Sternart, 2014). Therefore, it can be concluded that gender differences also influence how individuals respond to their mental problems and shape the decision to seek professional help.

The results of the independent t-test analysis of formal assistance-seeking attitudes in terms of the three educational groups show that the assistance-seeking attitudes of individuals with high levels of education (S2, S1, and Diploma) are better than those with SMA/SMK education levels. This research indicates that the level of education is related to how far a person understands something and influences how a person gives an assessment. The results of the study by Rusch et al. (2013) explained that education level is a factor that is able to predict someone in seeking help, indicating a higher intention and willingness to address mental health problems regardless of ethnicity and place of residence. Furthermore, the attitude of seeking help is then explored in individuals who have adequate education in the digital age. A study conducted by Qayyum (2018) found that the attitudes of individuals who have an adequate educational background positively motivate them to seek help from peers and professionals in the network. This is because there is a perception of trust in the source of seeking help. In addition, individuals with adequate educational backgrounds also have attitudes toward treating mental problems by utilizing mental health platforms to avoid various barriers such as stigma, cost, accessibility, and time (Renton et al., 2014). In various studies of the growing literature on mental health, education is identified as a significant factor in shaping a person's attitudes toward getting treatment (Biffutu et al., 2018; C.-F. Yen et al., 2005).

Research limitations

Overall, the researchers realized that this study has its limitations. This study did not take into account the mental health status of each participant in the study. This is important because the response of individuals who might have mental problems or who are healthy differ in assessing stigma, mental health knowledge, and their attitudes toward seeking help.

Conclusion

Based on the results of the analysis and discussion in this study, the research concludes that mental health knowledge can predict a person's attitudes toward seeking formal help, while perceived public stigma cannot predict a person's attitudes toward seeking formal help. The attitude of seeking formal help in women is better than that of men. Likewise, those with a high level of education (Master's, Bachelor's, and Diploma) have a better attitude in seeking formal help than those with High School/Secondary School education levels. However, in terms of age, there was no difference in the attitudes toward seeking formal help.

Recommendation

This study reports that mental health knowledge plays a role in shaping a person's attitudes toward seeking help. The author suggests that mental health professionals provide mental health education to increase attitudes toward seeking formal help. In providing such education, the cognitive level itself is not enough, but the affective side should also be considered, which is the individual's awareness of the importance of mental health. Mental health education can be provided in the form of lectures, counselling, or designed in the form of written articles like leaflets and pocketbooks, or in the form of video content created in mass media like television, Instagram, and YouTube.

This study found that perceived public stigma did not play a role in the attitude of seeking formal help, this was because the researchers did not consider the health status of the participants. For further research, it is recommended to consider the mental health status of individuals, because the stigma of those with mental issues differs from those who are declared clinically healthy. Furthermore, it is known that perceived public stigma does not affect the attitudes toward seeking formal help, so if researchers want to replicate this research it is advisable to consider other types of stigma that are closest to the individuals' willingness to seek help, more specifically in groups of individuals who have mental problems.

Declaration

Acknowledgement

This research can be completed with the participation and support of various parties. The authors would like to thank the research participants who have helped during the data collection process and colleagues who are willing to discuss and participate in developing psychology knowledge.

Author Contributions

GMAW and MSU designed the study. GMAW collected data and analyzed data along with MSU. MSU read, edited, and approved the final manuscript.

Conflict of Interest

The authors declare that there is no conflict of interest in the research, writing, and/or publication of this article.

Orcid ID

Griselda Maria Ancela Wodong  <https://orcid.org/0000-0001-5302-8750>

Muhana Sofiati Utami  <https://orcid.org/0000-0001-9032-1606>

References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5–14. <https://doi.org/10.1037/0003-066x.58.1.5>
- Altamura, A. C., Buoli, M., & Serati, M. (2011). Duration of illness and duration of untreated illness in relation to drug response in psychiatric disorders. *Neuropsychiatry*, 1(1), 81–90. <https://doi.org/10.2217/np.10.2>
- Altweck, L., Marshall, T. C., Ferenczi, N., & Lefringhausen, K. (2015). Mental health literacy: A cross-cultural approach to knowledge and beliefs about depression, schizophrenia and generalized anxiety disorder. *Frontiers in Psychology*, 6. <https://doi.org/10.3389/fpsyg.2015.01272>
- Barker, G., Olukoya, A., & Aggleton, P. (2005). Young people, social support and help-seeking. *International Journal of Adolescent Medicine and Health*, 17(4). <https://doi.org/10.1515/ijamh.2005.17.4.315>
- Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *Australian & New Zealand Journal of Psychiatry*, 40(1), 51–54. <https://doi.org/10.1080/j.1440-1614.2006.01741.x>
- Becker, A. E., & Kleinman, A. (2013). Mental health and the global agenda. *New England Journal of Medicine*, 369(1), 66–73. <https://doi.org/10.1056/NEJMr1110827>
- Bifftu, B. B., Takele, W. W., Guracho, Y. D., & Yehualashet, F. A. (2018). Depression and its help seeking behaviors: A Systematic review and meta-analysis of community survey in Ethiopia. *Depression Research and Treatment*, 2018, 1–11. <https://doi.org/10.1155/2018/1592596>
- Boerema, A. M., Kleiboer, A., Beekman, A. T. F., van Zoonen, K., Dijkshoorn, H., & Cuijpers, P. (2016). Determinants of help-seeking behavior in depression: A cross-sectional study. *BMC Psychiatry*, 16(1). <https://doi.org/10.1186/s12888-016-0790-0>

- Brown, C., Conner, K. O., Copeland, V. C., Grote, N., Beach, S., Battista, D., & Reynolds, C. F. (2010). Depression stigma, race, and treatment seeking behavior and attitudes. *Journal of Community Psychology*, 38(3), 350–368. <https://doi.org/10.1002/jcop.20368>
- Calear, A. L., Griffiths, K. M., & Christensen, H. (2011). Personal and perceived depression stigma in Australian adolescents: Magnitude and predictors. *Journal of Affective Disorders*, 129(1-3), 104–108. <https://doi.org/10.1016/j.jad.2010.08.019>
- Call, J. B., & Shafer, K. (2015). Gendered manifestations of depression and help seeking among men. *American Journal of Men's Health*, 12(1), 41–51. <https://doi.org/10.1177/1557988315623993>
- Cheng, H.-L., McDermott, R. C., & Lopez, F. G. (2015). Mental health, self-stigma, and help-seeking intentions among emerging adults. *The Counseling Psychologist*, 43(3), 463–487. <https://doi.org/10.1177/0011000014568203>
- Corrigan, P. W., & Kleinlein, P. (2005). The impact of mental illness sigma. In *On the stigma of mental illness: Practical strategies for research and social change* (pp. 11–44). American Psychological Association. <https://doi.org/10.1037/10887-001>
- Corrigan, P. W., & Rusch, N. (2002). Mental illness stereotypes and clinical care: Do people avoid treatment because of stigma? *Psychiatric Rehabilitation Skills*, 6(3), 312–334. <https://doi.org/10.1080/10973430208408441>
- Dano, A. A. (2019). *Intensi pencarian pertolongan formal ditinjau dari perceived public stigma, usia dan jenis kelamin [intention to seek formal help from perceived public stigma, age and gender]* (Doctoral dissertation). Thesis in Faculty of Psychology, Universitas Gadjah Mada.
- Darlington, R. B., & Hayes, A. F. (2017). *Regression analysis and linear models: Concepts, applications, and implementation (Methodology in the Social Sciences)*. Guilford Publications.
- DellOsso, B., & Altamura, A. C. (2010). Duration of untreated psychosis and duration of untreated illness: New vistasless greater. *CNS Spectrums*, 15(4), 238–246. <https://doi.org/10.1017/s1092852900000079>
- Fakih, M., & Raharjo, T. (1996). *Analisis gender & transformasi sosial [Gender analysis & social transformation]*. Pustaka Pelajar. <https://opac.perpusnas.go.id/DetailOpac.aspx?id=935056>
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36(4), 368–373. <https://psycnet.apa.org/record/1996-10056-001>
- Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, 35(1), 79–90. <https://doi.org/10.1037/h0029636>
- Ghozali, I. (2016). *Aplikasi analisis multivariete dengan program IBM SPSS 23 [Multivariete analysis application with IBM SPSS 23 program]*. Badan Penerbit Universitas Diponegoro. <https://adoc.pub/ghozali-i-2016-aplikasi-analisis-multivariete-dengan-program.html>
- Gilovich, T., Keltner, D., Chen, S., & Nisbett, R. E. (2012). *Social psychology* (3rd edition). W. W. Norton & Company.

- Gipson, P., & King, C. (2012). Health behavior theories and research: Implications for suicidal individuals' treatment linkage and adherence. *Cognitive and Behavioral Practice, 19*(2), 209–217. <https://doi.org/10.1016/j.cbpra.2010.11.005>
- Haas, L. J., & deGruy, F. V. (2004). Primary care, psychology, and primary care psychology. In *Handbook of primary care psychology* (pp. 5–19). Oxford University Press. <https://psycnet.apa.org/record/2005-03335-001>
- Jorm, A. F., Nakane, Y., Christensen, H., Yoshioka, K., Griffiths, K. M., & Wata, Y. (2005). Public beliefs about treatment and outcome of mental disorders: A comparison of Australia and Japan. *BMC Medicine, 3*(1). <https://doi.org/10.1186/1741-7015-3-12>
- Kelly, D. J., Quinn, P. C., Slater, A. M., Lee, K., Ge, L., & Pascalis, O. (2007). The other-race effect develops during infancy. *Psychological Science, 18*(12), 1084–1089. <https://doi.org/10.1111/j.1467-9280.2007.02029.x>
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*(1), 138–143. <https://doi.org/10.1037/0022-0167.47.1.138>
- Kristensen, S. (2015). *Therapy Taboo in Sweden? A study investigating perceived public stigma, self-stigma, and attitudes toward seeking professional therapy*. (Bachelors Thesis. (Doctoral dissertation). Department of Psychology, Lund University. <https://www.lunduniversity.lu.se/lup/publication/7856677>
- Lindinger-Sternart, S. (2014). Help-seeking behaviors of men for mental health and the impact of diverse cultural backgrounds. *International Journal of Social Science Studies, 3*(1). <https://doi.org/10.11114/ijsss.v3i1.519>
- Mackenzie, C. S., Heath, P. J., Vogel, D. L., & Chekay, R. (2019). Age differences in public stigma, self-stigma, and attitudes toward seeking help: A moderated mediation model. *Journal of Clinical Psychology, 75*(12), 2259–2272. <https://doi.org/10.1002/jclp.22845>
- Mackenzie, C. S., Scott, T., Mather, A., & Sareen, J. (2008). Older adults help-seeking attitudes and treatment beliefs concerning mental health problems. *The American Journal of Geriatric Psychiatry, 16*(12), 1010–1019. <https://doi.org/10.1097/jgp.0b013e31818cd3be>
- Maya, N. (2021). Kontribusi literasi kesehatan mental dan persepsi stigma publik terhadap sikap mencari bantuan profesional psikologi [The contribution of mental health literacy and perceptions of public stigma to attitudes to seek psychological professional help]. *Gajah Mada Journal of Psychology (GamaJoP), 7*(1), 22. <https://doi.org/10.22146/gamajop.58470>
- Mead, G. H. (1934). *Mind, self, and society from the standpoint of a social behaviorist*. University of Chicago Press.
- Mendoza, H., Masuda, A., & Swartout, K. M. (2015). Mental health stigma and self-concealment as predictors of help-seeking attitudes among Latina/o college students in the United States. *International Journal for the Advancement of Counselling, 37*(3), 207–222. <https://doi.org/10.1007/s10447-015-9237-4>

- Ministry of Health Republic of Indonesia. (2018). Badan penelitian dan pengembangan kesehatan kementerian RI tahun 2018 [Republic of Indonesia liberation health research and development agency, 2018]. http://www.depkes.go.id/resources/download/infoterkini/materi_rakorpop_20%2018/Hasil%20Riskasdas%202018.pdf
- Nearchou, F. A., Bird, N., Costello, A., Duggan, S., Gilroy, J., Long, R., McHugh, L., & Hennessy, E. (2018). Personal and perceived public mental-health stigma as predictors of help-seeking intentions in adolescents. *Journal of Adolescence*, 66(1), 83–90. <https://doi.org/10.1016/j.adolescence.2018.05.003>
- O'Connor, M., & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy. *Psychiatry Research*, 229(1-2), 511–516. <https://doi.org/10.1016/j.psychres.2015.05.064>
- O'Connor, M., Casey, L., & Clough, B. (2014). Measuring mental health literacy a review of scale-based measures. *Journal of Mental Health*, 23(4), 197–204. <https://doi.org/10.3109/09638237.2014.910646>
- Panis, M. P., Damayanti, Y., & Keraf, M. K. P. A. (2019). Coping strategies, personality type, and help-seeking behavior for mental health problems. *Journal of Health and Behavioral Science*, 1(2). <https://doi.org/10.35508/jhbs.v1i2.2087>
- Pedersen, E. R., & Paves, A. P. (2014). Comparing perceived public stigma and personal stigma of mental health treatment seeking in a young adult sample. *Psychiatry Research*, 219(1), 143–150. <https://doi.org/10.1016/j.psychres.2014.05.017>
- Picco, L., Pang, S., Lau, Y. W., Jeyagurunathan, A., Satghare, P., Abdin, E., Vaingankar, J. A., Lim, S., Poh, C. L., Chong, S. A., & Subramaniam, M. (2016). Internalized stigma among psychiatric outpatients: Associations with quality of life, functioning, hope and self-esteem. *Psychiatry Research*, 246, 500–506. <https://doi.org/10.1016/j.psychres.2016.10.041>
- Poegoeh, D. P., & Hamidah, H. (2016). Peran dukungan sosial dan regulasi emosi terhadap resiliensi keluarga penderita Skizofrenia [The role of social support and emotion regulation on the resilience of families with Schizophrenia]. *INSAN Jurnal Psikologi dan Kesehatan Mental*, 1(1), 12. <https://doi.org/10.20473/jpkm.v1i12016.12-21>
- Qayyum, A. (2018). Student help-seeking attitudes and behaviors in a digital era. *International Journal of Educational Technology in Higher Education*, 15(1). <https://doi.org/10.1186/s41239-018-0100-7>
- Renton, T., Tang, H., Ennis, N., Cusimano, M. D., Bhalerao, S., Schweizer, T. A., & Topolovec-Vranic, J. (2014). Web-based intervention programs for depression: A scoping review and evaluation. *Journal of Medical Internet Research*, 16(9), e209. <https://doi.org/10.2196/jmir.3147>
- Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*, 187(S7). <https://doi.org/10.5694/j.1326-5377.2007.tb01334.x>
- Rickwood, D. J., Thomas, K. A., & Bradford, S. (2012). Help-seeking measures in mental health: A rapid review.

- Rusch, N., Muller, M., Ajdacic-Gross, V., Rodgers, S., Corrigan, P., & Rossler, W. (2013). Shame, perceived knowledge and satisfaction associated with mental health as predictors of attitude patterns towards help-seeking. *Epidemiology and Psychiatric Sciences*, 23(2), 177–187. <https://doi.org/10.1017/s204579601300036x>
- Rusch, N., Zlati, A., Black, G., & Thornicroft, G. (2014). Does the stigma of mental illness contribute to suicidality? *British Journal of Psychiatry*, 205(4), 257–259. <https://doi.org/10.1192/bjp.bp.114.145755>
- Searight, H. R. (2010). *Practicing psychology in primary care*. Hogrefe Publishing Corp. <https://www.hogrefe.com/us/shop/practicing-psychology-in-primary-care-67460.html>
- Setiawan, J. L. (2006). Willingness to seek counselling, and factors that facilitate and inhibit the seeking of counselling in Indonesian undergraduate students. *British Journal of Guidance & Counselling*, 34(3), 403–419. <https://doi.org/10.1080/03069880600769654>
- Shidhaye, R., Lund, C., & Chisholm, D. (2015). Closing the treatment gap for mental, neurological and substance use disorders by strengthening existing health care platforms: Strategies for delivery and integration of evidence-based interventions. *International Journal of Mental Health Systems*, 9(1). <https://doi.org/10.1186/s13033-015-0031-9>
- Spagnolo, J., Champagne, F., Leduc, N., Rivard, M., Piat, M., Laporta, M., Melki, W., & Charfi, F. (2018). Mental health knowledge, attitudes, and self-efficacy among primary care physicians working in the greater tunis area of tunisia. *International Journal of Mental Health Systems*, 12(1). <https://doi.org/10.1186/s13033-018-0243-x>
- Staiger, T., Waldmann, T., Rusch, N., & Krumm, S. (2017). Barriers and facilitators of help-seeking among unemployed persons with mental health problems: A qualitative study. *BMC Health Services Research*, 17(1). <https://doi.org/10.1186/s12913-017-1997-6>
- Subandi, & Utami, M. S. (1996). Pola perilaku mencari bantuan pada keluarga pasien gangguan jiwa. *Jurnal Psikologi*, 23(2), 1–10. <https://doi.org/10.22146/jpsi.10044>
- Subu, M. A., Waluyo, I., Nurdin, A. E., Priscilla, V., & Aprina, T. (2018). Stigma, stigmatisasi, perilaku kekerasan dan ketakutan diantara orang dengan gangguan jiwa (ODGJ) di Indonesia: Penelitian constructivist grounded theory [Stigma, stigmatization, violent behavior and fear among people with mental disorders (ODGJ) in Indonesia: Research on constructivist grounded theory]. *Jurnal Kedokteran Brawijaya*, 53–60. <https://doi.org/10.21776/ub.jkb.2018.030.01.10>
- Tanaka, G., Inadomi, H., Kikuchi, Y., & Ohta, Y. (2004). Evaluating stigma against mental disorder and related factors. *Psychiatry and Clinical Neurosciences*, 58(5), 558–566. <https://doi.org/10.1111/j.1440-1819.2004.01300.x>
- Tay, J. L., Tay, Y. F., & Klainin-Yobas, P. (2018). Mental health literacy levels. *Archives of Psychiatric Nursing*, 32(5), 757–763. <https://doi.org/10.1016/j.apnu.2018.04.007>
- Topkaya, N. (2014). Gender, self-stigma, and public stigma in predicting attitudes toward psychological help-seeking. *Educational Sciences: Theory & Practice*. <https://doi.org/10.12738/estp.2014.2.1799>

- Vidourek, R. A., King, K. A., Nabors, L. A., & Merianos, A. L. (2014). Student's benefits and barriers to mental health help-seeking. *Health Psychology and Behavioral Medicine*, 2(1), 1009–1022. <https://doi.org/10.1080/21642850.2014.963586>
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, 54(1), 40–50. <https://doi.org/10.1037/0022-0167.54.1.40>
- Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology*, 50(3), 351–361. <https://doi.org/10.1037/0022-0167.50.3.351>
- Wang, P., Angermeyer, M., Borges, G., Bruffaerts, R., Chiu, W., de Girolamo, G., Fayyad, J., Gureje, O., Haro, J. M., Huang, Y., Kessler, R., Kovess, V., Levinson, D., Nakane, Y., Oakley Browne, M., Ormel, J., Posada-Villa, J., Aguilar-Gaxiola, S., Alonso, J., & Ustun, T. (2007). Delay and failure in treatment seeking after first onset of mental disorders in the world health organization's world mental health survey initiative. *World psychiatry: Official journal of the World Psychiatric Association (WPA)*, 6, 177–85. <https://pubmed.ncbi.nlm.nih.gov/18188443/>
- Wendt, D., & Shafer, K. (2015). Gender and attitudes about mental health help seeking: Results from national data. *Health & Social Work*, 41(1), e20–e28. <https://doi.org/10.1093/hsw/hlv089>
- Wong, D. F. K., & Li, J. C. M. (2012). Cultural influence on Shanghai Chinese people's help-seeking for mental health problems: Implications for social work practice. *British Journal of Social Work*, 44(4), 868–885. <https://doi.org/10.1093/bjsw/bcs180>
- World Health Organization. (2015). Mental health gap action programme. *MhGAP Newsletter*, 1(9). <http://books.google.com/books?id=diAlkgAACAAJ>
- World Health Organization. (2017). Depression and other common mental disorders: Global health estimates. <https://apps.who.int/iris/handle/10665/254610>
- Wright, A., Jorm, A. F., & Mackinnon, A. J. (2011). Labeling of mental disorders and stigma in young people. *Social Science & Medicine*, 73(4), 498–506. <https://doi.org/10.1016/j.socscimed.2011.06.015>
- Wrigley, S., Jackson, H., Judd, F., & Komiti, A. (2005). Role of stigma and attitudes toward help-seeking from a general practitioner for mental health problems in a rural town. *Australian & New Zealand Journal of Psychiatry*, 39(6), 514–521. <https://doi.org/10.1080/j.1440-1614.2005.01612.x>
- Yap, M. B. H., & Jorm, A. F. (2012). Young people's mental health first aid intentions and beliefs prospectively predict their actions: Findings from an Australian National Survey of Youth. *Psychiatry Research*, 196(2-3), 315–319. <https://doi.org/10.1016/j.psychres.2011.10.004>
- Yen, C.-F., Chen, C.-C., Lee, Y., Tang, T.-C., Yen, J.-Y., & Ko, C.-H. (2005). Self-stigma and its correlates among outpatients with depressive disorders. *Psychiatric Services*, 56(5), 599–601. <https://doi.org/10.1176/appi.ps.56.5.599>
- Yen, H. R., Gwinner, K. P., & Su, W. (2004). The impact of customer participation and service expectation on locus attributions following service failure. *International Journal of Service Industry Management*, 15(1), 7–26. <https://doi.org/10.1108/09564230410523312>