



## Analysis on the Attitude Towards Seeking Professional Psychological Help

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### Abstract

Failure to obtain mental health assistance from professional services can lead to expansive treatment gaps and serious effects. Hence, people with mental health problems are encouraged to access mental health services for early assessment and intervention to promote their psychological well-being. In that regard, this study aims to evaluate the attitude towards professional help-seeking by considering demographic factors. This research was conducted through a quantitative approach using the ATSPPH-SF as the main instrument. Five hundred ninety respondents (male 150,  $\bar{x}$  age 24,16) participated voluntarily by filling out an online survey. The analysis indicated that the highest frequency of the respondents' attitudes was in the moderate category. While the attitude towards professional help-seeking based on sexes showed a significant difference ( $p < 0,05$ ), there was no difference found in ethnic groups (Javanese, Minahasan, Sundanese), ages, and monthly expenses ( $p > 0,05$ ). This study shows that many Indonesian citizens have not relied on professionals as their primary source in solving mental health problems.

## INTRODUCTION

Mental health disorders are among the most common global health challenges that contribute to burden and disability. Mental health problems in Indonesia are rapidly increasing into a more complex issue. Indonesia Basic Health Research (Riskesdas) noted that the prevalence of psychosis/schizophrenia disorders was estimated at 7.0 per mil, emotional disorders at 9.8 percent, and the depression disorders reached 6.1 percent (Kementerian Kesehatan RI, 2018). Riskesdas has not include unreported mental disorders, for instance, suicide counts that are estimated to have reached more than 8,900 incidents annually in In-

donesia (WHO, 2019).

Mental disorders have been evident in losing most of productive life and created a burden for patients, families, and the communities that take part in the caregiving process. Despite it is not the direct cause of death, mental disorders contributed approximately 13.0% to disability-adjusted life years (DALYs) globally (Rehm and Shield, 2019). The burden of mental disorders has outweighed the disabilities caused by other diseases, such as HIV/AIDS, tuberculosis, diabetes, and transportation accidents. It has been estimated from the beginning that neuropsychiatric disorders are the most significant contributor to

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DALYs in the non-communicable diseases group (28%), in comparison to cardiovascular diseases (22%) and cancer (11%) (Vigo, Thornicroft and Atun, 2018).

Not all people with mental disabilities, however, have received an adequate treatment. The availability of existing mental health facilities are proven to be incapable of meeting the needs of such services (Human Rights Watch, 2016). This has become the main cause of reluctance to attain proper treatment on behalf of a majority of people with mental health disorders. The Indonesian Ministry of Health also reported that treatment coverage for people with psychosis disorder reached 61.8%, while depression reached only up to 9.0% (Kementerian Kesehatan RI, 2018). Nevertheless, this report is limited merely to enrolled patients in health services and disregarded most people who did not access any mental health services, causing an unknown amount of people with mental disorders who did not get the necessary diagnosis and treatment to go unreported.

Various factors are known to have contributed to high rates of treatment inequality. Treatment inequalities mostly occur due to the lack of infrastructures for mental health services, limited number of professionals, unaffordable mental health services, and high psychiatric costs that drive patients to proceed with traditional or religious-based non-professional treatments instead (Shidhaye, Lund and Chisholm, 2015; Idaiani, 2016). In addition, patients' internal factors such as negative attitudes toward professional help, lack of trust in the efficacy of formal medical treatments, lack of mental health literacy, patient's perceptions of community's judgment, and delays in accessing formal help also play a role in resulting the inequalities (Han, 2017; Staiger et al., 2017; Lynch, Long and Moorhead, 2018).

An ease of accessing mental health service is among the many indicators of equality in accessing public service, it is crucial to enhance better professional health services in order to reduce treatment inequality. If left unattended, that mental problems or disorders are prone to get worse over the time and can increase various risks (Murru and Carpinello, 2018). Several reports illustrated that treatment failures could increase resistance to pharmacotherapy, risks of impulsivity and suicidal behavior, considerable decrease in cognitive function, and escalate the risk of more severe relapse (Ghio et al., 2015; Patel et al., 2015; Davey and Mcgorry, 2018; Hsu and Chan, 2018).

Studies indicated that only very few people seeking formal assistance in dealing with mental

disorders. Although modalities such as medication availability or psychological therapy and education about such treatment are obtainable, only a few people with depression are shown to seek help from mental health professionals (Mitchell, McMillan and Hagan, 2017). In regards to variation in cultural attitude towards mental health services, studies have shown that Asian people also have a less positive attitude towards professional psychological services. They are leaning more towards various traditional values and mechanisms in dealing with symptoms and issues of mental disorders as a huge part of the culture still resonates with them (Yu et al., 2015). Meanwhile, seeking for help is preferably carried out on informal sources obtained in relationships like friends, families, communities, non-health professionals, or religious institutions. This is also supported by a study that reported about psychosis patients in Java prior to receiving medical-psychological help, initially utilizing alternative medicine (Marchira et al., 2016). In conclusion, mental health access to professional help is surely already in severe condition even prior to scientific analysis.

Either way, help-seeking has been shown to be closely related to beliefs of causes and attributions to diseases or disorders that tend to be non-medical and non-psychological (Altweck et al., 2015). Non-professional sources of help are preferred due to ease of access and trust in healing figures. Barriers to using professional help can emerge from an individual's desire to resolve his or her own problems, doubts about whether the problem is serious enough to involve professional help, and misperceptions linking the involvement of professional psychological help as a sign of personal weakness (Gronholm et al., 2017). Reluctance to professionals also appears in anticipation of embarrassment towards negative attitudes of the community.

Seeking professional mental health assistance is crucial to gain optimal intervention benefits. This step allows patients to obtain an early assessment and diagnosis, followed by developing various potential interventions that are appropriate for the patients. Seeking formal help from professionals is considered more effective because experts handle it in carrying out psychological services (Anjara et al., 2019). Formal help-seeking is an adaptive coping behavior in making decisions to respond problems that cannot be solved on their own (Panis, Damayanti and Keraf, 2019). Studies that identify the demographic characteristics of seeking professional psychological help are needed to develop various mental health

promotion programs. Hence, the current study aims to evaluate the professional help-seeking attitude using the ATSPPH-SF.

## METHOD

This study was approved by the Research Ethics Committee, Faculty of Psychology, Universitas Gadjah Mada (Number: 1016/UNI/FPSi.1.3/SD/PT.01.04/2021). The study was conducted on adolescents and adult participants through an online survey. Prior to participation, the respondents had received written information regarding voluntary participation, the purpose of the study, confidentiality and anonymity, potential risks, and withdrawal. Data collection was carried out using a google form distributed through various social media platforms (WhatsApp, Facebook, Twitter).

This study used the ATSPPH-SF scale for measuring the attitude towards seeking professional psychological help that has been adapted into Bahasa Indonesia (Nurdianto, Wulandari and Wodong, 2021). This instrument consists of 10 items, which include favorable (6 items) and unfavorable statements, with four response categories (0=Disagree; 1=Slightly Disagree; 2=Slightly Agree; 3=Agree). This instrument has an item-total correlation coefficient ( $r_{ix}$ ) of 0.279-0.518 and alpha Cronbach of 0.705. This study also collected demographic data, including age, sex, education background, ethnicity, and monthly

expenses.

This research is a quantitative study with a descriptive and comparative approach. Descriptive analysis (mean, SD, range, maximum score, minimum score) on the 10 ATSPPH-SF items was used to describe the respondents' demographic details. This study also describes the scores of subject groups in the low, medium, and high categories using a formula (Azwar, 2018). This study used the chi-square test to show the relationship between two nominal variables. The Mann-Whitney U test was applied to determine the potential differences in attitude towards help-seeking based on sex preference. We also used the Kruskal Wallis test to reveal the attitude differences based on age categories, ethnic groups, and monthly expenses. Both the Mann-Whitney U test and the Kruskal Wallis test were used because the data in this study were not normally distributed. Statistical analysis was performed using JASP 0.12.2.0 for Windows.

## RESULTS AND DISCUSSION

A set of criteria for research participants entails individuals aged 15-50 years old that identified themselves as Javanese, Minahasan, and Sundanese ethnicities. A total of 590 respondents (female 440,  $\bar{x}$  age 24.16) participated through purposive sampling. The characteristics of these participants can be seen in Table 1.

This study found that the attitude towards

Table 1. Participant Characteristics

Characteristics		n (%)
Age	<21	107 (18.14)
	21-27	398 (67.46)
	>27	85 (14.40)
Sex	Male	150 (25.42)
	Female	440 (74.58)
Education	Elementary-Secondary	93 (15.76)
	Diploma	39 (6.61)
	Undergraduate	430 (72.88)
	Postgraduate	28 (4.75)
Ethnicity	Javanese	258 (43.73)
	Minahasan	214 (36.27)
	Sundanese	118 (20.00)
Expenses (monthly, million IDR)	<2	183 (31.02)
	2-3.9	209 (35.42)
	4-6	166 (28.14)
	>6	32 (5.42)

Table 2. ATSPPH-SF Preference by Sex, Age, and Ethnicity

Category		Low F (%)	Medium F (%)	High F (%)	Total F (%)	chi- square	p
Sex	Male	9 (6)	88 (58.67)	53 (35.33)	150 (100)	4.086	0.130
	Female	22 (5)	221 (50.23)	197 (44.77)	440 (100)		
Age	<20	4 (6.90)	30 (51.72)	24 (41.38)	58 (100)	0.952	0.987
	20-25	17 (4.67)	194 (53.30)	153 (42.03)	463 (100)		
	26-30	8 (6.06)	67 (50.76)	57 (43.18)	132 (100)		
	>30	2 (5.56)	18 (50)	16 (44.44)	36 (100)		
Ethnicity	Javanese	14 (5.43)	141 (54.65)	103 (39.92)	258 (100)	6.258	0.181
	Sundanese	12 (5.61)	117 (54.67)	85 (39.72)	214 (100)		
	Minahasan	5 (4.24)	51 (43.22)	62 (52.54)	118 (100)		

Table 3. ATSPPH-SF Differences by Sex, Age, Ethnicity, and Expenses

Category		m	p
Sex	Male	18.060	0.049*
	Female	18.948	
Age	<20	273.99	0.761**
	20-25	298.06	
	26-30	299.91	
	>30	288.14	
Ethnicity	Javanese	291.79	0.955**
	Sundanese	285.88	
	Minahasan	321.06	
Expenses	<2 million	297.29	0.176**
	2-5 million	294.06	
	>5 million	301.71	

\*Mann-Whitney U Test, \*\*Kruskal Wallis Test

seeking professional help with the highest frequency (309 respondents; 52.37%) was in the moderate category ( $\bar{x}$  =10-20; min=0; max=30). Furthermore, 250 respondents (42.37%) were in the high category ( $\bar{x}$  >20), and 31 people (5.25%) were in the low category ( $\bar{x}$  <10).

Table 2 shows no significant relationship between the sex proportion of ATSPPH-SF respondents being in the low, medium, and high categories ( $p>0,05$ ). In addition, there was no significant difference in the proportion of age levels <20, 20-25, 26-30, and >30 within ATSPPH-SF respondents being in the low, medium, and high categories ( $p>0,05$ ). The analysis also shows that there was no significant difference in the proportion of ethnicity within ATSPPH-SF respondents being in the low, medium, and high categories ( $p>0,05$ ).

Table 3 shows the difference between ATSPPH-SF male and female ( $p<0,05$ ). In this case, female participants tend to have a more posi-

tive attitude toward seeking professional help than male participants ( $M=18.94$ ,  $W=18.06$ ). Furthermore, there was no difference in ATSPPH-SF by age category <20, 20-25, 26-30, and >30 ( $p>0,05$ ). However, the analysis results show that the mean value of respondents aged <20 and >30 is lower compared to the mean of respondents aged 20-25 and 26-30. Results of this study also showed that there was no difference in ATSPPH-SF by ethnic groups ( $p>0,05$ ). However, respondents in the Javanese and Minahasan ethnic groups have a higher mean value than respondents in the Sundanese ethnic group. Additionally, this study also found no difference in ATSPPH-SF by expense levels <2, 2-5, dan >5 ( $p>0,05$ ). Still, respondents in the 2-5 million expense category have a lower mean value than respondents with the expense level categories of <2 and >5.

Results showed that the highest frequency of attitude towards seeking professional help was in the moderate category (see Table 2). This

reality illustrates how most respondents have a moderate preference to involve psychological help from formal sources of assistance. It indicates that respondents have aspirations to seek help from non-medical-psychological sources. The attitude towards non-professionals is influenced by attributive judgments and beliefs that mental disorders tend to be non-medical-psychological (Altweck et al., 2015). This non-medical-psychological view encourages a more diverse search for help and reluctance towards professional help. In other words, the perception that psychological-medical factors cause mental disorders is believed to encourage professional involvement.

Furthermore, it is found that age groups did not significantly differ in help-seeking attitudes. However, this study considers the difference in mean values showing that individuals in the age range of 20-30 years old have more positive attitude towards seeking formal help than other age groups. In line with this finding, previous research has found that adolescents' help-seeking patterns tend to involve more informal help streams like parents, family, or friends instead of psychological professionals (Nurdianto and Subandi, 2021). A study also showed that 27% of respondents aged <24 years old with emotional problems prefer to consult with informal help sources (Findlay and Sunderland, 2014). In addition to the role of family and friends, young adults are known to be more literate in mental health issues through the internet. This is partly because they mainly rely on the internet to find various information related to the mental-emotional problems they experience. Another study also suggested that adults tend to see formal help as trustworthy and reliable assistance compared to the role of informal help sources (Cheng, McDermott and Lopez, 2015). Meanwhile, senior adults value formal help associated with medical treatment and serious problems but do not consider mental-emotional problems to require professional help (Pribadi et al., 2020). Adults are also more concerned about the financial and time implications of involving professional help (Pocklington, 2017).

Findings also show that males and females differ in their attitudes towards seeking professional help. This is in alignment with prior research that stated that female have more positive attitudes than male (Lynch, Long and Moorhead, 2018). Differences in how male and female responses to mental problems can affect their actions in seeking help (Call and Shafer, 2018). The contrast is often associated with the construction of masculinity that emphasizes toughness and

strength for men. They are expected to manage stressors independently and resist various expressions of weakness (Seidler et al., 2016). Instead of directly expressing their problems, males prefer to channel their negative emotions into risky behaviors and ignore it as a mental problem. On the other hand, social values are more tolerant for females to seek help as an expression of powerlessness (Nearchou et al., 2018).

This study also considered differences in seeking professional help by respondents' ethnic groups. The result shows that the three ethnic groups (Javanese, Minahasan, Sundanese) have no significant difference. Nevertheless, the mean values for respondents who identify themselves as Javanese and Minahasan tends to show a more positive attitude than the mean value of the Sundanese. Past studies reported that cultural diversity has an important contribution in influencing the attitudes toward seeking professional help (Choudhry et al., 2016; Seamark and Gabriel, 2018). The reluctance to involve professional help is also indicated by the misperception and stigmatization of mental health that is deeply embedded in socio-cultural values (Jorm, 2015; Choudhry et al., 2016). In most Indonesians, seeking professional help is typically referred to as social taboo. This misperception has clouded the belief in mental disorders as a form of individual weakness, failure of social integration, and even supernatural influences (Nguyen et al., 2018). This may explain why seeking professional help is not widely available and acceptable yet. From these conclusions, further studies are recommended to elaborate more on diversity and meaning of help-seeking within particular ethnic groups through qualitative studies.

Lastly, this study found no difference in the attitude towards seeking professional help by expenditure categories. Even so, several studies have shown that economic status is a crucial issue in utilizing mental health services. The mean value for respondents with expenses of <2 million and >5 million has a more positive attitude than respondents with 2-5 million expenditures. Economic status can be categorized as an important determinant in predicting the search for professional help (Wuthrich and Frei, 2015). Stable income allows individuals to not seek help given the limited free time to utilize mental health services (Lam et al., 2015; Wuthrich and Frei, 2015). Furthermore, a study revealed that most French people with low incomes prefer to seek professional help. This choice is influenced by the urge to maintain self-productivity in meeting various basic needs. Likewise, another study asserted that

individuals with higher incomes reported having more positive attitudes and beliefs about professional mental health assistance (Ho et al., 2018; Zalat, Mortada and El Seifi, 2019). Nonetheless, the economic status shows inconsistency in categorizing individuals into positive or negative groups toward seeking professional help which shows that the seeking for help is not only influenced by complex sociodemographic factors, but also by the internal dynamics of inseparable individuals.

Like previous literature, this study has limitations that future researchers should consider. Even though the number of respondents was satisfactory, the procedure for involving respondents was not randomly generated and resulted in uneven data distribution and affected generalization. This study also did not consider respondents' past psychological experiences on whether they have had psychological problems or not, resulting in an unclear depiction of respondents' attitudes that they needed help or not.

## CONCLUSION

In conclusion, the findings of this study showed that most of the respondents' attitudes toward seeking professional help were in the moderate category. This study revealed that when it came to gender there was a significant difference in attitudes toward seeking professional psychological help, while factors such as age, expenses, and ethnicity groups showed the contrary. Hence, it was highly recommended to introduce mental health professionals in various campaigns and promotions. More importantly, mental health promotions should be carried out by considering mental health de-stigmatization to reduce internal barriers in seeking mental health assistance.

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