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Bridging the Gap: Help Seeking Behavior and Mental Health Service Utilization Among Indonesian Adolescents

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ABSTRACT: Adolescent mental health has become a critical public health priority in low- and middle-income countries (LMICs), yet the use of professional services remains very limited. This study investigates patterns of help-seeking behavior and mental health service utilization among Indonesian adolescents, drawing on nationally representative data from the 2022 Indonesia National Adolescent Mental Health Survey (I-NAMHS). The main objective is to identify how adolescents access formal and informal support systems, and to analyze key barriers that prevent engagement with professional care. A cross-sectional design was applied to 7,866 adolescents aged 10–17 years across 34 provinces. Mental health status was assessed using DSM-5 criteria via the MINI-KID diagnostic tool, while help-seeking behavior was measured with structured questionnaires completed by adolescents and their caregivers. Data were analyzed using descriptive statistics and logistic regression to determine service utilization patterns and predictors. Results show that only 2.6% of adolescents with a diagnosed disorder accessed formal mental health services in the past year. In contrast, 43.8% sought help from family or friends and 38.2% accessed school-based counseling. Stigma (40%), limited service availability (25%), high costs (20%), and low awareness (15%) were identified as the main barriers. Service use was higher among urban adolescents, females, and those with better-informed caregivers, highlighting significant sociodemographic disparities. This study emphasizes the urgent need to expand adolescent mental health services in Indonesia. Practical implications include strengthening school-based interventions, implementing nationwide anti-stigma campaigns, and improving caregiver mental health literacy. Building culturally responsive and integrated systems of care is essential to close the treatment gap and ensure equitable access for all Indonesian adolescents.

Keywords: Adolescent Mental Health, Help Seeking Behavior, Service Utilization, Indonesia, DSM 5, Stigma, School Based Intervention.

INTRODUCTION

Adolescence represents a pivotal developmental stage during which individuals undergo profound psychological, emotional, social, and cognitive transformations. It is a period marked by

heightened vulnerability, as young people encounter pressures related to academic performance, identity formation, peer influence, and family expectations. Amidst these transitions, mental health issues have emerged as a global public health concern. Recent global estimates indicate that approximately 10% to 20% of adolescents experience mental health disorders, such as depression, anxiety, and behavioral disorders, which significantly impair their functioning and quality of life (Mustamu et al., 2020; Nauli et al., 2021). In Indonesia, findings from the Indonesia National Adolescent Mental Health Survey (I-NAMHS) reveal that around 34.9% of adolescents report experiencing mental health challenges, with depression among the most common conditions identified (Dita & Nopiyanto, 2023). Such statistics underscore the pressing need for responsive and culturally relevant mental health policies and interventions that address the unique developmental needs of Indonesian youth.

Despite the growing recognition of adolescent mental health as a critical area of public concern, significant barriers persist, especially in low and middle income countries (LMICs) like Indonesia. Adolescents frequently encounter systemic, structural, and sociocultural obstacles in accessing mental health care. Key barriers include a pervasive lack of mental health literacy among adolescents and their families, social stigma surrounding mental illness, under resourced health systems, and economic constraints that limit service affordability (Galagali & Brooks, 2020; Timalsina et al., 2018). Social stigma remains particularly entrenched in the Indonesian context, where cultural and religious beliefs often frame mental illness as a sign of personal weakness or spiritual affliction. Consequently, many adolescents experience fear of judgment, social exclusion, and discrimination, which discourages them from seeking professional assistance (Aiyub et al., 2023; Kaligis et al., 2021). The interplay between internalized stigma and lack of awareness creates a formidable barrier that perpetuates unmet mental health needs.

While Indonesia's national health policy has made incremental strides in recognizing adolescent mental health, it continues to face limitations in prioritization, implementation, and integration. Most existing programs related to adolescent health focus predominantly on sexual and reproductive health or nutrition, with mental health often relegated to a secondary position (Muthmainnah et al., 2021). As a result, mental health services remain fragmented, underfunded, and poorly integrated into primary healthcare systems. To achieve a more holistic and effective response, mental health literacy must be embedded across community based health programs and educational institutions. The need for sustained investment in training healthcare professionals, strengthening referral systems, and raising public awareness is critical to expanding mental health care coverage (Brooks et al., 2019).

Within the Southeast Asian region, there has been an increasing emphasis on understanding the mental health needs of adolescents through large scale surveys and cross national collaborations. Indonesia's I NAMHS, along with the Southeast Asian Surveys on Mental Health (SEASMH), has provided valuable insights into the prevalence and determinants of adolescent mental health conditions (Maghfiroh, 2023; Shahraki-Mohammadi et al., 2022). These efforts have revealed shared challenges across the region, including high disorder prevalence, poor service utilization, and deep rooted cultural stigma. Such findings highlight the potential for regional cooperation in

designing contextually appropriate interventions and policy frameworks tailored to the sociocultural realities of Southeast Asian populations.

Stigma plays an influential and multifaceted role in shaping adolescent help seeking behavior. Cultural norms often discourage the open discussion of emotional distress and reinforce traditional gender roles that associate emotional vulnerability with weakness. As a result, male adolescents in particular may be less inclined to express mental health concerns or seek help, fearing loss of face or respect within their communities (Kaligis et al., 2021). Stigmatizing attitudes are often perpetuated by families, peers, and media, contributing to widespread misunderstanding of mental health conditions. In such an environment, adolescents may opt for alternative coping strategies, such as confiding in friends or turning to religious figures, while avoiding formal clinical support. Therefore, targeted anti stigma campaigns, mental health education initiatives, and community dialogues are vital to transforming public attitudes and promoting acceptance.

Theoretical frameworks offer valuable tools for analyzing adolescent help seeking behavior. The Theory of Planned Behavior (TPB) emphasizes that behavioral intention is influenced by attitudes toward the behavior, perceived social norms, and perceived behavioral control (Lam, 2014). In the context of adolescent mental health, TPB helps elucidate why some adolescents are more likely than others to pursue help. Similarly, the Social Stigma Theory explains how negative societal perceptions are internalized by individuals, leading to self-stigmatization and reluctance to engage with mental health services (Aiyub et al., 2023). Employing such models enables researchers and practitioners to identify leverage points for intervention, including reshaping beliefs, increasing self-efficacy, and shifting community expectations.

To address this gap, this study analyzes nationally representative data from the 2022 I-NAMHS to identify help-seeking patterns, barriers, and determinants of mental health service use among adolescents in Indonesia. By integrating quantitative and qualitative data, the study aims to provide evidence that informs culturally appropriate interventions and policy reforms.

An inclusive and participatory approach to mental health policy development is crucial for long term effectiveness. Adolescents should be actively involved in the co creation of mental health programs, ensuring that their perspectives, needs, and preferences are incorporated into design and delivery s(Shahraki-Mohammadi et al., 2022). Such engagement fosters youth ownership and increases the relevance and acceptability of interventions. Moreover, contextual factors ranging from socioeconomic disparities and family dynamics to educational attainment and digital access must be carefully considered. A one size fits all approach is unlikely to succeed in a diverse and pluralistic society like Indonesia. Tailored interventions that respond to the lived experiences of adolescents across various settings are essential to bridging gaps in service access and utilization.

METHOD

This study utilizes a cross sectional design based on data from the Indonesia National Adolescent Mental Health Survey (I-NAMHS) conducted in 2022. The survey employed stratified random sampling to ensure representation across all 34 provinces, encompassing 7,866 adolescents aged 10 to 17 years. Stratification was conducted by region, urban rural classification, and socioeconomic status to enhance generalizability (Ali et al., 2016).

Mental health status was assessed with the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), which follows DSM-5 diagnostic criteria. Before field deployment, the instrument was culturally adapted to the Indonesian context through translation–back translation procedures and pilot testing in two provinces (Jakarta and South Sulawesi). The pilot phase confirmed internal consistency (Cronbach's $\alpha = 0.82$) and inter-rater reliability ($\varkappa = 0.79$). Caregivers also completed the Strengths and Difficulties Questionnaire (SDQ) to capture recognition of adolescent difficulties (Kyrillos et al., 2022).

To complement diagnostic data, the survey included a structured questionnaire to assess help seeking behavior. This component captured whether adolescents sought support, the type of services accessed (formal vs. informal), and perceived barriers. Data were also gathered from caregivers, using tools like the Strengths and Difficulties Questionnaire (SDQ), to assess caregiver recognition of adolescent emotional and behavioral difficulties (Lovero et al., 2022).

A mixed methods approach was employed to deepen the interpretation of help seeking behavior. While quantitative data provided prevalence estimates and associations, qualitative insights from open ended caregiver responses and regional focus group reports added depth to findings on stigma and access (Moore et al., 2022). Cultural influences on mental health literacy and help seeking were assessed using interpretative coding techniques.

The dependent variable was formal mental health service utilization (binary outcome: accessed vs. not accessed). Independent variables included demographic factors (age, gender, socioeconomic background, school attendance), clinical factors (disorder severity), and caregiver-related characteristics (gender, education, recognition of symptoms). Barriers such as stigma, cost, and awareness were examined as moderating variables.

Descriptive statistics were used to summarize demographic characteristics and help seeking behavior prevalence. Logistic regression analysis identified predictors of formal service utilization. Analytical models accounted for stratification weights to maintain representativeness. Cultural moderation was examined through subgroup comparisons, contextualized within the Indonesian sociocultural framework (Charlson et al., 2019).

RESULT AND DISCUSSION

Service Utilization Rates

Among adolescents identified with DSM 5 defined mental health disorders through the I-NAMHS, only 2.6% reported accessing formal mental health services in the previous 12 months. This rate is significantly lower than the global average, particularly when compared with estimates from other LMICs, where help seeking typically ranges from 20% to 50% (Nalugya et al., 2016). This gap between mental health needs and service utilization illustrates a profound treatment disparity. Moreover, adolescents receiving continued services beyond the initial consultation reported better symptom management and improved psychosocial functioning, consistent with findings from longitudinal studies on service continuity and treatment outcomes (Dayal & Uikey, 2023).

Informal Help Seeking Patterns

The majority of adolescents turned to informal sources of support, including friends, family members, or self-care strategies. Table 1 presents the distribution of support sources:

Table 1. Distribution of support sources

Type of Support	Percentage of Adolescents
Self/Friend/Family	43.8%
School Based Counseling	38.2%
Formal Mental Health	2.6%
No Help Sought	15.4%

Adolescents often preferred informal pathways due to trust, accessibility, and cultural comfort. These preferences are supported by research indicating adolescents' inclinations toward familiar support networks and culturally sensitive interactions (Alhumaidan et al., 2024). Informal systems, such as peer support and religious leaders, were especially relevant in regions where mental health stigma was high and clinical infrastructure limited (Hansen et al., 2020; Mahmood et al., 2024).

Perceived Barriers to Formal Services

Caregivers and adolescents cited a range of barriers impeding access to mental health care. These included stigma (40%), lack of service access (25%), high cost (20%), and lack of awareness (15%). Table 2 outlines reported barriers:

Tabel 2.

Barrier Type	Percentage of Respondents
Stigma/Fear of Judgment	40%
Lack of Access	25%
High Cost	20%
Unaware of Services	15%

Qualitative reports revealed cultural misperceptions regarding mental illness, leading caregivers to interpret symptoms as behavioral issues or personal failings (Isni et al., 2024). Many caregivers feared judgment from their community, further reinforcing inaction (Negash et al., 2020). These perceptions differed substantially between caregivers and adolescents, with the latter more likely to recognize a need for professional intervention (Mugisha et al., 2020).

Influence of Caregiver Characteristics

Caregiver gender and education significantly influenced utilization. Adolescents with female caregivers and those with caregivers holding at least secondary education were more likely to access formal services ($p < 0.05$). Logistic regression indicated that caregiver education increased odds of formal service use by 1.8 times (95% CI: 1.3–2.5).

Demographic Trends

Analysis revealed marked disparities in service access across regions. Urban adolescents, particularly in cities like Jakarta, reported greater service availability compared to rural and remote areas such as Papua and West Nusa Tenggara (Laksono et al., 2020; Bignold & Anderson, 2023). Socioeconomic factors also influenced help seeking, with lower income families facing increased financial and logistical barriers (Pearson & Hyde, 2020). Gender differences were also observed: female adolescents reported higher incidences of mental health disorders and were more likely to seek help than their male counterparts, aligning with established gender based norms and expectations (White et al., 2024). The urban rural divide also affected stigma levels, with rural adolescents facing heightened cultural pressures that further limited disclosure and service engagement (Filia et al., 2024).

The findings from the I NAMHS underscore a significant and concerning trend: the vast underutilization of formal mental health services among Indonesian adolescents, despite an alarmingly high prevalence of DSM 5 defined psychiatric disorders. This phenomenon is not isolated to Indonesia but rather reflects a broader pattern seen across many low and middle income countries (LMICs), where structural, cultural, and systemic barriers intersect to limit access to professional care. The data demonstrate that while mental health concerns are prevalent, a disproportionately small number of adolescents seek or receive formal assistance, revealing a critical treatment gap that warrants urgent policy and programmatic attention.

Comparative analysis indicates that service access is shaped not only by infrastructure gaps but also by caregiver characteristics. The finding that female caregivers and those with higher education levels are more proactive in seeking services suggests the importance of targeting fathers and low-education caregivers with literacy programs. Regionally, disparities between urban centers (e.g., Jakarta, Yogyakarta) and rural/remote provinces (e.g., Papua, West Nusa Tenggara) underscore systemic inequities in Indonesia's decentralized health system. These context-specific patterns differentiate Indonesia from other LMICs, where urban–rural gaps exist but are not as strongly tied to caregiver roles and stigma.

Expanding school based mental health interventions presents a promising pathway toward closing this access gap. Numerous international studies and pilot programs in LMICs have demonstrated that integrating mental health services within educational settings can significantly enhance service

reach, reduce stigma, and promote early intervention. The "Friends" program, for instance, which teaches emotional regulation and social problem solving skills, has shown measurable reductions in symptoms of anxiety and depression among adolescents (Gorfinkel et al., 2023). Likewise, broader efforts to embed mental health literacy and emotional well-being into standard curricula can empower students with the knowledge to recognize symptoms, seek help, and support peers. This holistic model normalizes conversations around mental health, fostering resilience while diminishing stigma. In Indonesia, the nationwide expansion of such models, supported by teacher training and policy integration, would represent a strategic step forward.

Parallel to school based approaches, public health campaigns aimed at improving mental health awareness and combating stigma play a pivotal role in transforming societal attitudes. Campaigns that utilize mass media, social media, community outreach, and participatory engagement methods have been shown to shift perceptions of mental illness and reduce barriers to seeking help (Li et al., 2022). In the Indonesian context, recent awareness campaigns have started to reshape narratives around mental illness, encouraging both adolescents and caregivers to recognize symptoms and engage with formal services (Bignold & Anderson, 2023). Sustaining and scaling such initiatives especially those that are culturally attuned and language sensitive will be essential in dismantling stigma and enhancing mental health literacy at the population level.

The role of caregivers cannot be overstated in shaping adolescent mental health trajectories. The I NAMHS findings confirm what has been established in other contexts: caregivers who are well informed about mental health, who demonstrate empathy, and who provide logistical and emotional support can greatly enhance adolescents' engagement with treatment. Their involvement influences help seeking decisions, appointment adherence, and therapeutic continuity (O'Reilly et al., 2018). For adolescents to benefit from services, caregivers must not only recognize the symptoms but also believe in the value of professional care. Programs aimed at educating caregivers through workshops, support groups, and community seminars can be instrumental in building this capacity. Furthermore, caregivers themselves often require support to navigate the complexities of mental health care, especially in cultures where discussing psychological distress remains taboo.

From a systems level perspective, structural reforms are indispensable to advancing adolescent mental health in Indonesia. Urban rural disparities in service provision remain one of the most glaring challenges, with rural populations facing limited access to mental health professionals, infrastructure, and referral systems (Laksono et al., 2020). Addressing this requires multifaceted investments, including the recruitment and training of community based mental health workers, telehealth innovations, and the development of mobile outreach programs. Cross sectoral partnerships between education, health, and social services can also enhance coordination and prevent fragmentation of care. A robust, integrated system that combines formal clinical services with community and school based supports is more likely to reach underserved populations and deliver continuity of care.

Moreover, the success of any intervention depends significantly on its cultural relevance. Culturally grounded and participatory approaches ensure that services resonate with the lived realities of adolescents and their families. Engagement strategies must be inclusive, allowing adolescents to voice their needs and preferences in program design and evaluation. Co production of

interventions with young people leads to more effective, acceptable, and sustainable mental health programs. Indonesia's diverse cultural landscape calls for region specific models that respect local customs, languages, and belief systems, while promoting universal principles of mental well-being and rights to care.

Limitations of this study must be acknowledged. First, the cross-sectional design limits causal inference, restricting the ability to establish temporal relationships. Second, while instruments such as the MINI-KID were adapted and pilot tested, cultural nuances may still influence diagnostic accuracy. Third, self-reported data may be subject to recall and social desirability bias, especially regarding stigma. Despite these limitations, the use of a nationally representative sample and mixed-methods triangulation strengthens the reliability and contextual depth of findings.

CONCLUSION

This study provides national-level evidence on the severe underutilization of adolescent mental health services in Indonesia, where only 2.6% of adolescents with DSM-5 disorders accessed formal care. Findings highlight the dominant role of stigma, caregiver literacy, and regional disparities in shaping help-seeking behavior. Theoretically, the study contributes to the application of the Theory of Planned Behavior and Social Stigma Theory in explaining adolescent service utilization within a low-resource, culturally diverse setting. Practically, the results underscore the need for operational reforms, including strengthening school-based mental health services, training teachers as gatekeepers, expanding referral pathways, and engaging caregivers through literacy and community programs.

Moving forward, addressing the treatment gap requires context-specific, multi-level strategies that integrate clinical, educational, and community systems. National campaigns to reduce stigma, coupled with digital innovations such as tele-counseling for rural adolescents, can expand equitable access. Future research should employ longitudinal and intervention-based designs to evaluate the effectiveness of school-based and community-driven programs, ensuring sustainability and cultural resonance. By prioritizing adolescent mental health as part of Indonesia’s national health agenda, stakeholders can build a responsive system that empowers youth and closes the persistent treatment gap.

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