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The Communication and Seeking Information of Mental Health Services among Students in Universitas Airlangga Indonesia

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ABSTRACT

Introduction: For teenagers, mental health is a big problem during the COVID-19 pandemic and post pandemic. Only a few teenagers seek professional help for mental health problems. In the last 12 months, only 2.6% of youth with mental health problems used mental health facilities or counseling to deal with their emotional and behavioral problems. The purpose of study is to determine the effect of demographic characteristics, knowledge, attitudes, social support, ability to do self-efficacy, distance to health services and stigma on the intention and behavior of seeking mental health services among students at the Universitas Airlangga Indonesia.

Methods: The research is a cross-sectional study using questionnaires distributed through google form. The participants are 324 Universitas Airlangga students. The data was analyzed by logistic regression to examine the effect of independent variables to dependents variables.

Results: The results showed that the attitude of the respondents, the ability of the respondents in self-control and the intention as well as social support have significant influence on the behavior of students in seeking mental health services.

Conclusion: Campus should provide full support to students in seeking mental health services by providing infrastructure and communication system, both physical and mental, such as counseling services with professionals.

INTRODUCTION

Nearly 20% of Indonesia's total population is in the age range of 10-19 years, which means that the youth population can be said to have an important role for Indonesia's development. For adolescents, mental health is a big problem during the pandemic and post-pandemic Covid 19. Mental health is affected by events in life that leave a big impact on a person's personality and behavior. The results of a study by the Indonesia National Adolescent Mental Health Survey (I-NAMHS) on Indonesian adolescents aged 10-17 years, show that one in three adolescents has mental health problems(1). This means that out of 15.5 million youth, 2.45 million experience mental health problems. Although mental health issues are of great concern, only a small number of adolescents seek professional help for mental health problems. In the last 12 months, only 2.6% of youth with mental health problems used mental health facilities or counseling to help them deal with their emotional and behavioral problems. This statistic underscores a significant gap in the utilization of available mental health resources by the youth demographic, highlighting a critical area of concern in the broader context of mental health support and intervention strategies.

As many as 1 in 20 adolescents reported feeling more depressed, more anxious, more lonely, and more difficult to concentrate compared to before the COVID-19 pandemic. Most of the youth assistants, namely 38.2% of adolescents, chose to access mental health services from school. However, 43.8% reported that they did not seek help and prefer to deal with the problem themselves or with support from family and friends. Adolescents commonly experience mental health disorders, with anxiety disorders (a combination of social phobia and generalized anxiety disorder) being the most prevalent at 3.7%, followed by major depressive disorder at 1.0%, conduct disorder at 0.9%, and Post-Traumatic Stress Disorder (PTSD) and Attention-Deficit/Hyperactivity Disorder (ADHD) at 0.5% each (1). Adolescence is a crucial time when people frequently experience a range of mental health issues. Of these, anxiety disorders—more specifically, a combination of generalized anxiety disorder and social phobia—are the most often diagnosed, impacting about 3.7% of the adolescent population. Major depressive disorder, which has a prevalence rate of 1.0% and is closely followed by this, indicates that a considerable proportion of adolescents struggle with intense emotions of melancholy and disinterest in daily activities. Furthermore, roughly 0.9% of teenagers suffer from conduct disorder, which is defined by a recurring pattern of behavior that infringes on the rights of others or significant societal standards. In addition, 0.5% of this group of young people also have Attention-Deficit/Hyperactivity Disorder (ADHD) and Post-Traumatic Stress Disorder (PTSD).

Mental health literacy or mental health knowledge refers to the awareness about mental illness that help increasing awareness, control and prevention of it (2). Providing knowledge about mental health could be accommodated by early identification, that is also able to reduce stigma and increase the intention to seek health services (3). Anderson (1974) categorizes 3 main things that exist in health services (4), including: (1) Predisposing characteristics, include demographic characteristics, social structures, and individual perceptions of the advantages of using healthcare services. (2) Enabling traits indicate a person's ability to effectively obtain and use healthcare services such as the ability to pay for medical bills as well as practical considerations (3) Need characteristics, which are based on an individual's perceived or actual health requirements, provide the primary or immediate motivation for utilizing healthcare services.

The attitude of person to seek professional psychological assistance varies depending on several different factors, such as sociodemographic, level of education, and knowledge. Evidence shows several factors that are significantly related to the attitude of seeking medical services are age, ethnicity, marriage, status, education, and income (5). The most important determinant of a person's behaviour is the intention to behave. Apart from that, social support is also a factor that is related to behaviour since it is helpful and has special value for the individual who receives it (6). Individuals who experience strong social support, especially when considering their employment status and positive family dynamics, tend to exhibit a more favourable stance on seeking professional psychological assistance. In the context of mental health, having a robust support system appears to positively influence one's willingness to seek and embrace professional help (7). Thus, health communication among the community through social support having important role to influence someone's health behaviour.

In addition, another factors are self-efficacy and stigma on the community (8), (9). Understanding self-efficacy, community stigma, and efforts to seek mental health services in relation to knowledge, attitudes, and intentions is crucial. Stigma-related barriers often stem from concerns about negative perceptions from healthcare professionals. There was concern about potentially bringing shame to their families by being identified as suffering from a mental disorder (9). Individuals' self-efficacy played a role in shaping their behaviour when dealing with the

stigma surrounding health issues. This influence was observed because these individuals felt powerless in terms of their ability to impact societal structures but maintained a belief in their personal strengths (9).

In addition to assess the impact of demographic characteristics, knowledge, attitudes, social support, self-efficacy, distance to health services, and stigma on the intention and behavior of seeking mental health services among students at the Universitas Airlangga, this study aims to provide valuable insights into the factors influencing mental health service utilization. The hypothesis in this study is whether knowledge, attitudes, social support and self-efficacy significantly influence the intention and behavior of seeking mental health services among students at Universitas Airlangga. By examining these variables comprehensively, the research seeks to contribute to a more nuanced understanding of the dynamics that shape students' decisions to seek help for mental health concerns. The findings may inform targeted interventions and support systems tailored to the specific needs of the Universitas Airlangga student population, fostering a more inclusive and supportive mental health environment on campus. Through this research, we aspire to contribute to the ongoing efforts in promoting mental health awareness and well-being within the university community.

METHOD

This research utilized a quantitative cross-sectional survey design to examine factors influencing the search for mental health services among active students at Universitas Airlangga, Indonesia. Initially, the study involved 324 participants, all of whom were registered as active students at Universitas Airlangga. The study did not set a minimum sample size because it was exploratory in nature, aiming to gather general insights into the topic rather than make precise statistical conclusions. This approach is typical in early research, where the goal is to identify patterns, trends, and key themes instead of testing specific hypotheses or establishing cause-and-effect relationships. By focusing on gaining a broad understanding of the subject, the study aimed to lay the groundwork for future research, where more focused hypotheses could be tested with larger, more statistically robust samples. The data collection was conducted through the distribution of structured questionnaires using Google Forms, providing an efficient method to reach a wide and diverse audience. No specific inclusion criteria were set, allowing for a broad exploration of the factors affecting mental health service utilization among students. This approach enabled the researchers to identify relationships and correlations between variables without manipulating them, ensuring a straightforward examination of the factors influencing mental health service-seeking behavior. The use of Google Forms streamlined data collection, ensuring accessibility and ease of response for participants.

The study's dependent variable was defined as the search for mental health services. The independent variables included age, gender, socioeconomic status (measured through monthly pocket money), knowledge about mental health issues, attitudes toward these issues, self-efficacy in addressing mental health concerns, the level of social support available to the individual, and the intention to seek mental health services. These variables were selected to provide a comprehensive understanding of the diverse factors that could influence an individual's decision to seek mental health support. The participants consisted of 324 students who were all active at Universitas Airlangga. This population was chosen to ensure relevance to the research's objective of understanding mental health service-seeking behavior among university students. Upon reviewing the completed questionnaires, it was determined that three responses had to be discarded due to incomplete data. This left 321 valid questionnaires for analysis, which were deemed sufficient for robust statistical examination. The data collected were analyzed using statistical methods to understand the relationships between the dependent and independent variables. Descriptive statistics summarized participant demographics and key variables, while inferential methods like correlation and regression examined how the independent variables affected the dependent variable.

The research adhered to ethical standards to ensure the protection of participants' rights and well-being. Ethical approval was obtained from the Health Research Ethical Clearance Commission, Faculty of Dental Medicine, Universitas Airlangga, under clearance number 786/HRECC.FODM/X/2022. Participants were informed about the purpose of the study, their rights to confidentiality and anonymity, and their freedom to withdraw at any time without penalty. The use of Google Forms ensured secure and anonymous data collection, further safeguarding participants' privacy.

RESULTS

Table 1. Frequency Distribution

Variable		Frequency (n)	Percentage (%)
1. Age Group		**324**	**100**
1	17-26 years old	256	79
2	27- 36 years old	34	10.5
3	37- 46 years old	27	8.3
4	> 47 years old	7	2.2
2. Gender		**324**	**100**
	Male	62	19.1
	Female	262	80.9
3. Social Economy (IDR)		**324**	**100**
	< 1000000	108	33.3
	1000000–5000000	191	59
	5000000 – 10000000	21	6.5
	> 1000.000	4	1.2
4. University		**324**	**100**
	Campus A	3	9
	Campus B	39	12
	Campus C	276	85.2
	SIKIA	6	1.9
5. Knowledge		**324**	**100**
	High	275	84.9
	Moderate	48	14.8
	Low	1	0.3
6. Attitude		**324**	**100**
	Good	88	27.2
	Moderate	236	72.8
	Bad	0	0
7. Intention		**324**	**100**
	Very intent	97	29.9
	Quiet intent	215	66.4
	Not intent	12	3.7
8. Self-efficacy		**324**	**100**
	Good	274	84.6
	Bad	50	15.4
9. Distance to healthcare		**324**	**100**
	Very close (< 2 km)	133	41
	Quiet close (2.1 – 5 km)	138	42.6
	Far (> 5 km)	53	16.4
10. Social Support		**324**	**100**
	Good	54	16.7
	Moderate	265	81.8
	Bad	5	1.5
11. Seeking Health Service Intention		**324**	**100**
	Good	69	21.3
	Bad	255	78.7
12. Stigma		**324**	**100**
	Low	230	71

Variable	Frequency (n)	Percentage (%)
Moderate	89	27.5
High	5	1.5

The result shows that most of the respondents are aged 17-26 years (79%). Most of the participants were female, namely 89%. Most of the participants received pocket money of less than 1 million rupiah (33.3%). When viewed from the side of knowledge about mental health, most of the participants had high knowledge, namely 84.9%. Meanwhile, in terms of attitude, most of the participants had a fairly good attitude, namely 72.8%. In addition, most of the participants, namely 66.4%, had good intentions. Some participants also had good self-efficacy, namely as much as 84.6%. When viewed from the distance from their residence to campus, most of the participants answered that they were quite close (2.1-5km), namely 42.6%. Most of the participants stated that they received considerable social support, namely as much as 81.8%. There were as many as 16.7% of participants who gave statements that they received high social support. Even so, the majority of respondents did not or had not sought mental health services, namely 78.7%. Most of the participants had a low perception of the existence of stigma against mental health, namely as much as 71%.

The results of the influence test showed that the younger the participants, the more they had sufficient intention to seek treatment services. Age had a significant effect on participants' intention to seek treatment. The younger they are, the more likely they are to seek mental health treatment. The results showed that the percentage of intention to seek medical services for both men and women had almost the same amount of intention. There was no significant relationship or influence between gender and the intention to seek treatment. The results showed that the greater the participants' income, the greater their intention to seek health services and access mental health services. Even so, the results of the relationship test and influence test showed no significance. This means that there is a trend but there is no significant relationship or influence. The amount of intention of the participants in the 4 campus of Universitas Airlangga is almost the same and is not affected by the location of the campus.

Table 2. Knowledge, Attitude, Self-Efficacy, Social Support towards Intention

		Intention			Total	p-value (chi square)	p-value (regression)
		No intent	Quiet intent	Very intent			
Knowledge	High	10	186	79	275	0.713	0.546
		3.60%	67.60%	28.70%	100%		
	Moderate	2	28	18	48		
		4.20%	58.30%	37.50%	100%		
	Low	0	1	0	1		
		0%	100%	0%	100%		
Attitude	Good	5	148	83	236	0.000	0.000
		2.10%	62.70%	35.20%	100%		
	Moderate	7	67	14	88		
		8.00%	76.10%	15.90%	100%		
	Bad	0	0	0	0		
		0%	0%	0%	0%		
Self-Efficacy	Good	3	181	90	274	0.000	0.000
		1.10%	66.10%	32.80%	100%		
	Bad	9	34	7	50		
		18%	68%	14%	100%		

Social Support	Good	0	24	30	54	0.000	0.000
		0%	44.4%	55.6%	100%		
	Moderate	10	189	66	265		
		3.8%	71.3%	24.9%	100%		
	Bad	2	2	1	5		
		40%	40%	20%	100%		
Total By Intention Group		12	215	97	324		

Even though the results of the relationship test showed no relationship and also the influence test showed that there was no significant effect between knowledge and intention (p = 0.713), from the table 2 it is concluded that the higher the participant's knowledge, the higher the tendency of the participant's intention to seek mental health services. Participants' intentions to seek mental health services are more likely to occur when they do, suggesting a stronger inclination to use these resources and support. This increased tendency highlights participants' increased readiness and willingness to actively engage with and prioritize their mental well-being by seeking professional assistance and intervention.

Table 2 also shows that the better the attitude of the participants, the higher the intention of the participants to seek treatment services. Most of the participants were quite intentional. Statistical tests show a significant relationship and influence in terms of attitudes and intentions. The better the participant's self-efficacy, the higher the participant's intention to seek treatment services. The statistical test results, both the relationship test and the influence test, showed significant results between self- efficacy and the intention to seek medical services. The closer the distance of residence to the location of health services, the higher the intention of participants to seek treatment services. However, the relationship test and effect test showed no significant results. This means that the search for health services has nothing to do with the distance where the participants live.

It is also applied to the result of social support that is increasing, the higher the participants' intention to seek treatment. This is reinforced by the results of the relationship test and influence test which show significant results between the two variables. These findings highlight the critical role that social support plays in enhancing people's willingness and drive to proactively address their mental health issues by pursuing support services and professional therapy.

Tabel 3. Seeking Health Service Intention and Stigma towards Behavior

		Healthcare Seeking Behavior		Total	p-value (chi square)	p-value (regression)
		Good	**Bad**			
Intention	No intent	1	11	12	0.001	0.001
		8.33%	91.67%	100%		
	Quiet intent	35	180	215		
		16.28%	83.72%	100%		
	Very intent	33	64	97		
		34.02%	65.98%	100%		
Stigma	High	2	3	5		
		40%	60%	100%		
	Moderate	20	69	89		
		22.47%	77.53%	100%		
	Low	47	183	230	0.544	0.760
		20.43%	79.57%	100%		
Total		69	255	324		

Table 3 shows that the higher the participant's intention, the better his efforts to seek treatment services. This is reinforced by the results of the relationship test and influence test which also show significant results between intention and treatment seeking behavior. Although the relationship test and influence test showed insignificant results, the crosstab results showed that the higher the stigma, the lower the intention to seek treatment services. Participants' concerns about stigma varied in their intention to seek treatment services. Although the relationship test and effect test showed insignificant results, the crosstab results showed that the higher the stigma, the lower the behavior seeking treatment services. This indicates that despite statistical insignificance in certain tests, stigma still plays a notable role in shaping mental health service utilization. Participants expressed varying levels of concern regarding stigma, which may lead to hesitation or avoidance of seeking professional help. These findings underscore the need for targeted interventions to reduce stigma and enhance students' confidence in accessing mental health services.

DISCUSSION

Table 1 shows that most of the respondents are aged 17-26 years (79%). Most of the participants were female, namely 89%. Most of the participants received pocket money of less than 1 million rupiah (33.3%). When viewed from the side of knowledge about mental health, most of the participants had high knowledge, namely 84.9%. Meanwhile, in terms of attitude, most of the participants had a fairly good attitude, namely 72.8%. In addition, most of the participants, namely 66.4%, had good intentions. Some participants also had good self- efficacy, namely as much as 84.6%. When viewed from the distance from their residence to campus, most of the participants answered that they were quite close (2.1-5km), namely 42.6%. Most of the participants stated that they received considerable social support, namely as much as 81.8%. There were as many as 16.7% of participants who gave statements that they received high social support. Even so, the majority of respondents did not or had not sought mental health services, namely 78.7%. Most of the participants had a low perception of the existence of stigma against mental health, namely as much as 71%.

The findings from the influence test revealed a significant relationship between age and participants' intention to seek treatment services. Specifically, the results indicated that younger participants exhibited a higher level of intention to seek treatment. This suggests that age plays a crucial role in shaping individuals' readiness and willingness to access healthcare services for addressing mental health concerns. Furthermore, age has a major impact on whether or not someone plans to access mental health care, which emphasizes how crucial it is to comprehend the dynamics of help-seeking behavior across age groups (10). Younger people may be more aware of mental health issues and more inclined to seek help because they are frequently exposed to more mental health resources and information through a variety of media outlets (11). This exposure may stem from the increasing availability of mental health-related content on social media platforms, educational materials, and public health campaigns targeting younger demographics. As a result, they may feel more empowered to recognize and address their mental health needs proactively.

This finding is in contradiction with the reported result of a study done in Ethiopia that participants whose age group was from 25–34 years were 1.46 times at higher odds of having an intention to seek help from traditional forms of help than participants whose ages ranged from 18–24 years(12). According to other research, adolescents are more likely than youngsters to seek professional help when they are dealing with more than one mental health condition or when they are having behavioral disorders as opposed to only emotional ones (13). This pattern could be explained by the higher than the average incidence of mental health issues in youth combined with the comparatively low treatment uptake rates.

Furthermore, the complexity of help-seeking behavior exceeds age-related variations. It is critical to take into account the particular mental health conditions being treated as well as the cultural environment in which people make healthcare decisions. The severity of symptoms, the perception of social support, and personal coping mechanisms are a few more variables that may influence help-seeking behaviors in a variety of age groups (14). Despite similarities in the intention to seek medical services between genders, various factors contribute to nuanced differences in healthcare-seeking behaviors. Extraversion and openness are two personality qualities that have been linked to a more positive attitude among women toward getting professional help for mental health difficulties(15). According to research that had been done in South Korea, extroverted women may feel more at ease and proactive when discussing mental health issues, which could increase their likelihood of getting help (16).

Another research shows that when it comes to medical conversations, female patients are more likely than male patients to actively participate by posing queries and looking for answers from medical professionals. Social norms, communication preferences, or responsibilities in healthcare decision-making may all contribute to this propensity for active engagement in healthcare debates (17). However, it's crucial to acknowledge that healthcare-seeking behaviors are influenced by a complex interplay of demographic, socioeconomic, cultural, and environmental factors. These determinants can vary significantly across countries and even within populations within the same country (18). It also showed that the greater the participants' income, the greater their intention to seek health services. Nevertheless, tests to investigate the relationship and influence produced insignificant results in spite of the observed trend, indicating that although a discernible tendency exists, no major relationship or influence does. However, these results go counter to some previous research that indicates men are less likely than women to miss medical appointments (19).

Despite the lack of a significant relationship found in the relationship test and the absence of a notable effect in the influence test between knowledge and intention, the study highlighted an interesting trend. Higher knowledge levels were found to be associated with a stronger propensity for participants to seek out mental health assistance. This shows that there is a noteworthy correlation between knowledge and intention even though the statistical tests did not show a direct relationship or significant effect. This emphasizes how knowledge is a key component in forming attitudes and maybe affecting behavior change with regard to obtaining mental health services. People may be better able to make decisions about getting treatment if they have more understanding about mental health concerns and the services that are accessible to them. This could ultimately lead to an improvement in mental health (20).

The study by Wei et al. (2015) emphasize how important mental health-related information and attitudes are in influencing people's inclinations to seek professional assistance. They stress the strong correlation between increased desire and intentions to seek professional assistance for mental health difficulties and higher levels of knowledge and favorable attitudes regarding mental health. The findings imply that people's intentions to seek psychological support are significantly influenced by their level of mental health literacy, which includes awareness about mental health issues and resources that are available (3). This emphasizes how crucial it is to raise people's knowledge and comprehension of mental health concerns and cultivate a positive attitude toward getting professional assistance in order to improve their access to mental health services and support (21).

Table 2 showed that the better the attitude of the participants, the higher the intention of the participants to seek and acces mental health services. Notably, a substantial majority of participants exhibited a strong inclination toward seeking help, underscoring the significance of attitudes in shaping individuals' readiness to pursue psychological assistance. The study highlights the critical role attitudes play in driving help-seeking behaviors by showing a strong association and influence between attitudes and intentions through advanced statistical analysis. Subjective norms and an individual's views toward a certain activity are closely linked to the establishment of that person's intention to engage in that conduct. These attitudes cover a wide range of elements, such as motivation to comply, subjective norms, normative views, appraisals of the conduct's results, and beliefs about the behavior itself (22).

Within the context of seeking professional psychological services, attitudes are multifaceted and influenced by several dimensions. These dimensions include the perceived availability of professional help, the value attributed to seeking information about such help, and the preference for coping alone. Notably, the study unveils insightful findings regarding the associations between these dimensions and demographic factors(5) Study reported the finding that higher scores on availability to seek professional help were significantly associated with factors such as: ethnicity and lower education and openness. Low-educated Indians were significantly associated with lower scores in "value in seeking professional help", whereas "preference for coping alone" was higher (5).

According to Babu and Sinha (2023), their study on attitudes towards mental health problems and seeking professional help revealed contradictory results, suggesting discrepancies between attitudes and intentions in the context of accessing mental health services (23). These contradicting findings highlighted the significant differences that exist between people's opinions and their real intentions when it comes to seeking mental health treatment. This disparity has important ramifications for comprehending the intricate relationship between attitudes and behavioral intentions in the context of using mental health services. To create focused interventions meant to close the gap between beliefs and actual help-seeking behaviors, more investigation into the complex variables causing these disparities is necessary.

Table 2 also shows that the better the participant's self- efficacy, the higher the participant's intention to seek treatment services. It shows that those who have a higher level of self-efficacy also have stronger intentions to seek medical attention. Remarkably, the statistical data's relationship test and influence test both validate strong correlations between self-efficacy and the intention to seek medical attention. The concept of self-efficacy refers to a person's confidence in their capacity to complete tasks and reach particular objectives. This psychological concept is essential in determining how someone behaves and makes decisions in life (24). This essential feature of human psychology emphasizes how critical it is to comprehend and support one's sense of self-efficacy, since it acts as a compass, enabling people to face difficulties head-on and pursue goals with tenacity and resolve.

Furthermore, an individual's sense of independence and self-concept are closely related to their level of self-efficacy. Studies have highlighted a favorable association between an individual's independent self-concept and their level of self-efficacy. This implies that those who believe they are competent and independent are more likely to have higher levels of self-efficacy, which affects their propensity to seek mental health treatment (25). The ability to go independently when feeling stressed or depressed and not be embarrassed when facing comments from friends or the environment is a form of cell efficacy that is needed in dealing with mental health problems. Resilience and self-assurance of this kind are essential for successfully managing mental health issues (26).

People's intents and behaviors when seeking medical attention are greatly influenced by their accessibility to healthcare facilities, taking into account factors like accessibility and reachability. Studies reveal that those who reside nearer medical facilities have a greater inclination to pursue therapeutic services (27). Being close to healthcare facilities is frequently seen as an advantage for patients seeking treatment quickly, as it lowers obstacles pertaining to travel, scheduling conflicts, and related expenses (28). However, the association test and effect test carried out in the study produced non-significant results, defying the intuitive anticipation of a favorable link between proximity and healthcare-seeking behavior. Interestingly, the study revealed that the level of intention among participants across 4 Universitas Airlangga campuses remained consistent, irrespective of the location of the campus. This finding challenges the assumption that proximity directly influences healthcare-seeking behavior. It suggests that other factors, such as the availability of healthcare options within the vicinity of the campuses, may mitigate the impact of distance on intentions to seek treatment services.

The correlation between social support and the intention to seek treatment, as demonstrated in Table 2, underscores the significant role that supportive social networks play in shaping individuals' healthcare-seeking behaviors. The results of the influence and relationship tests add to the evidence supporting the substantial correlation between these factors. Social support, which can come from a variety of sources including friends, family, and peers, is an essential source of emotional support for people dealing with health issues. The existence of relationships that provide support can cultivate pleasant emotions and enhance mental health, which in turn can increase people's drive to seek medical attention (29). Moreover, social support extends beyond immediate social circles to encompass other significant sources of support, including religious leaders and healthcare professionals. Religious leaders frequently act as pillars of strength, providing people overcoming health-related challenges with emotional support and spiritual advice. Their presence can give sufferers peace and solace while fostering resiliency and hope in them (30). Furthermore, healthcare professionals are essential in helping patients by offering them both practical and emotional support. Their knowledge, empathy, and skillful communication all help patients manage their illnesses and get through the emotionally taxing process of receiving medical care (31).

The higher the participant's intention, the better his efforts to seek treatment services (Table 3). The results of both the relationship test and influence test further substantiate the significant association between intention and treatment-seeking behavior. Intention serves as a precursor to action, reflecting individuals' readiness and commitment to pursue healthcare services and access it. As such, individuals with higher levels of intention are more likely to exert greater efforts in seeking treatment, demonstrating proactive engagement with their health needs. An individual's level of optimism or pessimism, which is closely related to their innate self-efficacy, has a significant impact on their intentions and subsequent actions with regard to seeking medical attention. Self-efficacy, rooted in individuals' beliefs about their capabilities to accomplish tasks and overcome challenges, shapes their expectations of outcomes and influences their perception of their ability to achieve their goals (32). Therefore, self-efficacy as what people's beliefs about their ability to produce a level of performance and master situations that affect their lives, then self-efficacy will also determine how people feel, think, motivate themselves and behave, including on seeking health care treatment (33).

Although the effects and relationship tests showed insignificant results, the crosstab analysis showed a substantial correlation between the intention to seek treatment services and stigma, as shown in Table 3. The information showed a correlation between fewer intentions to seek treatment and higher levels of stigma. This emphasizes how stigma and help-seeking behaviors interact in a complicated way, with stigma serving as a motivation or a barrier based on personal views and beliefs. Negative social experiences, such as marginalization, discrimination, rejection, and isolation, are common manifestations of the stigma around mental health. Such encounters might severely discourage people from getting mental health treatment because they may fear prejudice or judgment from others (34). Furthermore, people who absorb the stigma associated with being overweight may have particularly severe psychological, physical, motivational, and behavioral impacts from it (35).

In the context of Indonesia, mental illness issues was multi-sectoral problems, where traditional and religious values hold significant sway, stigma related to mental illness is deeply entrenched. This covers economic and social-cultural factors, from a shortage of skilled mental health workers and treatment gaps (economic) to stigma, discrimination, and low mental health awareness (social and cultural) (36). Traditional beliefs about the causes and treatment of mental illness contribute to the perpetuation of stigma within Indonesian culture and traditions. This stigma not only affects individuals with mental health conditions but also impacts their families and close associates (34). Cultural factors play a pivotal role in shaping individuals' health-seeking behaviors. That is also influencing the seeking-behavior of the people with mental illness problem that tend to seek traditional healers who considered has provided comprehensive services including issues related to the patient's feelings (37). Social and cultural factors, along with misinformation and limited knowledge, contribute to stigma and discrimination, worsening mental health problems (36).

Due to the social stigma associated with these ingrained ideas, people with mental health illnesses frequently face prejudice, marginalization, and social exclusion, which makes it difficult for them to get the help and assistance they need. Stigma reduces well-being, self-efficacy, and self-esteem by diminishing confidence in managing mental health, leading individuals to withdraw from activities, self-criticize, and feel worthless (38). Furthermore, this stigma creates a cloud over the entire support system for people with mental illness, making their struggles worse and making it more difficult for them to ask for help and understanding from their communities. To eliminate stigma and provide more acceptance and support for people in need, it is imperative that these deeply held views be addressed, as well as that a more compassionate and inclusive understanding of mental health be fostered within Indonesian culture.

Based on the finding, it is essential to challenge deeply held beliefs and address gaps in support through awareness communication, peer counseling, and structured networks. Communities or especially universities should integrate mental health education and communication system, stress management, and safe spaces for open discussions. It is also crucial to involve policymakers in creating supportive mental health policies and ensuring access to resources for all individuals, fostering a culture of empathy and understanding.

CONCLUSION

Addressing students' attitudes, self-control skills, intents, and social support networks can have a substantial impact on how they seek mental health care and acces mental health services, as evidenced by the results' notable influence. Campuses must therefore infrastructure, communication system and actively assist students in obtaining mental health treatments, especially when they face mental health difficulties. Campus has the role to actively assist and make mental health therapies more accessible for students, especially when they have difficulties with their mental health. Through the implementation of comprehensive mental health support programs that include direct avenues for intervention and treatment in addition to awareness-raising campaigns, educational institutions can foster a supportive and nurturing environment where students feel empowered to seek help and receive the necessary care without facing stigma or obstacles. Key strategies include launching mental health awareness campaigns to educate students and normalize help-seeking behaviors, establishing peer counseling programs to provide accessible, student-led emotional support, and developing structured support networks that connect students with professional counseling services and faculty mentors. Additionally, universities should integrate mental health education into curricula, provide stress management workshops, and create safe spaces for open discussions and communication to foster a stigma-free campus culture and the creation of a welcoming environment that promotes candid communication and de-stigmatizes seeking mental health aid should all be included in this comprehensive support. In the future, research should adopt longitudinal approaches to track changes in mental health service utilization over time, offering a more

dynamic perspective on behavioral trends. Such programs are critical to advancing student wellbeing and creating a mental health care-focused school culture.

AUTHOR'S CONTRIBUTION STATEMENT

SW conceptualized the study and wrote the original manuscript. SZ conceptualized the study. PG, IN, RDN drafted and edited the manuscript. The manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work.

CONFLICTS OF INTEREST

The paper was prepared independently by the authors to document and share the work undertaken. The authors declare no conflicts of interest related to the research, authorship, or publication of this article.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

This manuscript does not use AI in its preparation because it is original primary data from the field.

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