

## THE INFLUENCE OF ATTITUDE, SUBJECTIVE NORM, AND PERCEIVED BEHAVIORAL CONTROL ON ADOLESCENT MENTAL HEALTH HELP-SEEKING INTENTIONS

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### ABSTRACT

**Background:** This study aimed to analyze the influence of attitude, subjective norm, and perceived behavioral control (PBC) on adolescents' mental health help-seeking intentions among high school students in North Sangatta.

**Methods:** This study uses an observational, cross-sectional design. A sample of 551 respondents was collected via a structured questionnaire distributed via Google Forms to homeroom teachers and analyzed using multiple linear regression.

**Results:** 43.9% of students with neutral attitude scores had high intentions to seek mental health help; 57.2% of students with high subjective norm scores had high intentions; and 43.9% of students with neutral perceived behavioral control (PBC) scores had high intentions. Parents were the source of health support for the majority of students, and the least accessed sources were online consultation services and through a boyfriend/girlfriend. The results of multiple linear regression tests showed that attitude (p-value: 0.015), subjective norm (p-value: 0.005), and PBC (p-value: 0.001) influenced the outcome, with a correlation coefficient of 7.4%. This means that the variables of attitude, subjective norm, and perceived behavioral control can explain 7.4% of the variation in mental health help-seeking.

**Conclusion:** The findings reveal that PBC is the most influential variable in mental health help-seeking intention. Increasing mental health literacy for parents and teachers, community support, stigma reduction, and parent participation are necessary to enhance the values of attitude, subjective norm, and PBC among high school students in North Sangatta.

**Keywords:** adolescent, help-seeking intention, mental health

### INTRODUCTION

Mental health is an essential part of human life and society that cannot be underestimated; it is as important as physical health (Purnomosidi et al., 2023). Poor mental health affects an individual's well-being, abilities, and relationships with peers, family, and the community. Mental illness accounts for an estimated 16% of the global burden of disease and injury. WHO reports that nearly one billion people worldwide suffer from various forms of mental health disorders. According to the WHO's 2019 report, before the pandemic, an estimated 970 million people globally lived with mental disorders, 82% of whom were in low- and middle-income countries. Between 2000 and 2019, there was an

estimated 25% increase in people living with mental disorders. In 2022, the WHO released evidence on the pandemic's impact on mental health, estimating that COVID-19 led to a 27.6% global increase in major depressive disorder (MDD) cases and a 25.6% increase in anxiety disorders (AD). Overall, the pandemic was estimated to have caused an additional 137.1 disability-adjusted life years (DALYs) per 100,000 population for MDD and 116.1 per 100,000 for AD. Females were more affected than males, and younger people, especially adolescents, were more affected than older adults (WHO, 2022). According to the Directorate General of Disease Prevention and Control (*Direktorat Jenderal Pencegahan dan Pengendalian Penyakit (P2P)*), the number of people with mental disorders in Indonesia is currently 236 million, with 6% of the population experiencing mild mental disorders and 0.17% experiencing severe mental disorders; 14.3% of them have been subjected to confinement. According to the Indonesia Health Survey in 2023 (*Survei Kesehatan Indonesia (SKI 2023)*), the prevalence of depression in Indonesia is highest among the 15–24 age group (2.0%), contrasting with 2018 data, which showed higher rates among the elderly population (Kemenkes, 2023).

Adolescence is a sensitive developmental period for an individual's mental health. During this time, extreme mood swings are often caused by the burden of homework, school, and daily activities (Rahmawaty et al., 2022). Mental health issues emerging during adolescence can develop into serious health disorders and have the potential to impose a heavy social burden (Maharani Swastika & Prastuti, 2021). Adolescents' inability to cope with emotional development can lead to difficulties in managing emotions, triggering conflicts with peers, and challenges in building good relationships and adapting to their environment. The short and long-term negative impacts associated with adolescent mental health issues highlight the importance of early detection and quick access to professional treatment. Therefore, awareness of mental health, which refers to the recognition, knowledge, and understanding of mental health, is crucial (Dev et al., 2017). However, the importance of mental health issues does not align with adolescents' awareness of accessing mental health services. The prevalence of adolescents seeking health services is recorded to be low. In 2020, the Wellcome Global Monitor (WGM) conducted a study on how people cope with depression and mental disorders, finding that fewer than 50% of individuals worldwide seek mental health help. The same study conducted in Indonesia found that only 43.5% of respondents had sought professional mental health help (Wellcome Global Monitor, 2020).

The 2023 Indonesia Health Survey recorded that the proportion of depression treatment among individuals aged 15 and above was 12.7%. The highest depression treatment rate was among the 55–64 age group at 17.7%, while the lowest was among adolescents aged 15–24 at 10.4%. Indonesia Health Survey recorded the prevalence of treatment for depression patients aged 15 years and over in East Kalimantan as 9%. According to East Kutai Health Department (*Dinas Kesehatan Kabupaten Kutai Timur*) in 2023, an estimated 12.184 individuals aged 15 and above in North Sangatta suffer from depression and emotional mental disorders, yet the report on treatment access is low. In August 2023, there were only 24 mental disorder treatment visits, 25 in September, and 24 in October. The government provides mental health services for adolescents, but less than two-thirds of adolescents with mental health disorders intend to seek help (Sadler et al., 2018). This could be due to the absence of mental health professionals and the unavailability of adolescent mental health service programs at the public health center (PHC) (*puskesmas*) in North Sangatta. Therefore, the need for mental health services in the area cannot be met optimally. This condition indicates that students who need mental health assistance may face difficulties in accessing the necessary services. Anderson classifies health behavior into three domains: health maintenance, health service utilization, and environmental health.

Key determinants of health service utilization are predisposing factors, enabling factors, and need factors (Alkhawaldeh et al., 2023).

The conceptual framework for measuring mental health help-seeking intentions can be seen through the Theory of Planned Behavior (TPB). TPB elements that explain individual intention to act are influenced by three factors (Lee & Shin, 2022): attitude, subjective norm, and perceived behavioral control (PBC). Attitude refers to an individual's level of appraisal or evaluation, reflecting their support or opposition toward a particular object. This concept involves analyzing an entity, idea, or action based on evaluative factors such as favorable vs. unfavorable, good vs. bad, pleasant vs. unpleasant, and like vs. dislike. According to Velasco, more than half of the included studies identified negative attitudes toward mental health problems as the primary barrier to help-seeking behaviors among adolescents. The negative attitudes primarily pertained to stigma, encompassing shame, fear, and embarrassment, as key barriers (Aguirre Velasco et al., 2020). This finding aligns with Koutra, who asserted that attitudes toward severe mental illness serve as critical determinants of self-stigma in help-seeking among young individuals (Koutra et al., 2023). Subjective norms represent the second key determinant of behavioral intention in the Theory of Planned Behavior (TPB). They refer to an individual's beliefs about whether significant others approve or disapprove of a particular behavior, as well as their motivation to comply with these perceived expectations. Subjective norms encompass an individual's perception of whether their referent groups (such as peers, parents, or family members) think they should engage in a specific behavior. Peer influence plays a crucial role in help-seeking behavior. Peers who hold positive attitudes and provide strong support toward mental health help-seeking can encourage positive behavioral intentions (Hatteberg, 2021). Conversely, negative perceptions and judgmental attitudes from peers regarding mental health conditions may reinforce negative behaviors. This aligns with Tharaldsen et al. (2017), who found that adolescents often perceive mental health help-seeking as socially uncomfortable, fearing it might damage peer relationships. Similarly, parental attitudes significantly influence adolescent behavior. Supportive parents who endorse mental health help-seeking foster positive behavioral intentions in their children (Hatteberg, 2021). In contrast, lack of parental support or outright rejection can create a substantial barrier to mental health service utilization (Sheikhan et al., 2023). This is consistent with prior research indicating that parental disapproval leads adolescents to view help-seeking as a sign of weakness, substandard behavior, or a threat to family reputation, resulting in deliberate concealment of mental health concerns (Tharaldsen et al., 2017). Perceived behavioral control is conceptualized as a function of beliefs, specifically an individual's assessment of the presence or absence of facilitating or inhibiting factors for a given behavior. These factors may include internal barriers (such as self-stigma), external social constraints (including social stigma), and structural obstacles (particularly limited access to mental health services).

The high estimate of mental disorders and the low rate of treatment visits in North Sangatta prompted this study to analyze the influence of attitude, subjective norms, and PBC on adolescents' mental health help-seeking intentions among high school students in North Sangatta.

## RESEARCH METHOD

This research was conducted from April to May 2024 at 4 high schools located in North Sangatta. The study used a cross-sectional design, collecting both independent and dependent variables simultaneously (Adiputra et al., 2021). The population in this study comprised all 10th-grade students at the high schools in North Sangatta, totaling 817. The population in this study comprised all 10th-grade students at senior high schools in the

North Sangatta region, totaling 817 students. The inclusion criteria were being a 10th-grade student at a senior high school in North Sangatta, while the exclusion criterion was unwillingness to participate as a respondent. The sample size was determined using Green's power analysis formula, which is recommended for regression analysis. In power analysis, effect size determines the number of samples needed for the study to have sufficient statistical power to detect a significant relationship (Green, 1991). In this study, a small effect size is used to minimize error. The predictors are attitude, subjective norms, and PBC. Then, the minimum sample size for 3 predictors, a small effect size, and a power of 0.8 was 547. The number of samples used in this study was 551.

The dependent variable in this study was the intention to seek mental health assistance using the General Health Seeking Questionnaire (GHSQ) scale, categorized into three groups: scores of 29 or lower indicating low intention, scores of 30-41 indicating neutral intention, and scores of 42 or higher indicating high intention. The rating was assessed on a 7-point Likert scale from 1="extremely unlikely" to 5="extremely likely". The independent variables in this study were attitude, subjective norm, and perceived behavioral control (PBC). Attitude was measured by statements such as "People should solve their own problems rather than seek help." Attitude was categorized into three groups: scores of 29 or lower indicating a low attitude, scores of 30-47 indicating a neutral attitude, and scores of 48 or higher indicating a high attitude. Subjective norm was determined by statements regarding the influence of significant others, such as "Seeking help for personal or emotional problems will make me be avoided by my family." Subjective norm was categorized into three groups: scores of 11 or lower indicating a low subjective norm, scores of 12-17 indicating a neutral subjective norm, and scores of 18 or higher indicating a high subjective norm. PBC was determined by statements such as "Negative stigma from parents/guardians does not prevent me from seeking help for personal or emotional problems." PBC was categorized into three groups: scores of 15 or lower indicating low PBC, scores of 16-25 indicating neutral PBC, and scores of 26 or higher indicating high PBC. The rating was assessed on a 5-point Likert scale from 1="strongly disagree" to 5="strongly agree".

Univariate analysis was conducted to show the frequency of each variable. A bivariate analysis using the chi-square test was performed to examine the relationships among attitude, subjective norm, and PBC and mental health help-seeking intentions. Variables with a p-value < 0.25 were included in the multivariate analysis. Multiple linear regression analysis was applied to identify factors that independently and simultaneously influenced the mental health help-seeking intentions. All hypothesis tests were conducted with a 5% significance level and a 95% confidence interval.

## RESULTS

Based on data collected from 551 student respondents, data on attitudes, subjective norms, perceived behavioral control (PBC), and intention to seek mental health help are presented in the table and figure below:

Table 1. Distribution of independent variables on mental health help-seeking intention

Independent Variable		Intention			p-value
		Low (%)	Neutral (%)	High (%)	
Attitude	Low	0,5	0,9	0,9	0,001
	Neutral	5,4	41,4	43,9	
	High	0,5	1,1	5,3	
Subjective Norm	Low	0,9	1,08	1,63	0,001
	Neutral	3,08	19,96	15,24	
	High	2,54	22,32	33,21	
PBC	Low	0,2	0	0,4	0,005
	Neutral	6	41,4	43,9	
	High	0,4	2	5,8	

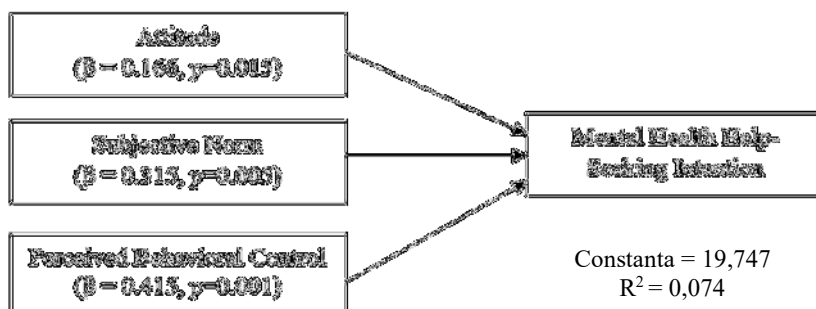
Table 1 presents a distribution of attitude, subjective norm, and PBC on adolescents' mental health help-seeking intention. The results show that there is a statistically significant relationship between attitudes towards mental health help-seeking intentions, subjective norms towards intentions, and PBC towards intentions. Among the 551 respondents, 43.9% of students with a neutral attitude had high intentions to seek mental health help. The majority of students with a high attitude score had high intentions to seek mental health help, while students with low attitude scores showed an equal distribution between neutral and high intentions. Furthermore, 33.21% of students with high subjective norms had high intentions to seek mental health help. The majority of students with neutral subjective norms tended to have neutral intentions, and the majority of students with low subjective norms had high intentions to seek mental health help. Lastly, 43.9% of students with neutral PBC had high help-seeking intentions, and the majority of students with high PBC scores did as well.

Table 2. Frequency of mental health support sources

Sources of mental health support	Frequency (%)		
	Low	Neutral	High
Intimate partner (girlfriend, boyfriend)	42,29	17,06	40,65
Friend	10,16	18,15	71,69
Parent	9,62	0,53	79,85
Other relatives/ Family Members	25,95	20,87	51,38
Mental health professional	17,97	52,81	29,22
Online Consultation (Phone helpline)	47,91	27,04	25,05
Doctor	21,42	18,51	60,07
Minister/religious leader	22,69	23,96	53,36
I would not seek help from anyone	86,75	9,44	3,81
I would seek help from another not listed (if no, leave blank)	-	-	-

Table 2 presents the frequency of mental health support sources. The highest frequency of mental health help-seeking sources was 79.85% of students stated that they would probably seek mental health help from parents, followed by seeking mental health help through friends at 71.69% and doctors at 60.07%. The lowest frequency of mental health help-seeking sources was 47.91% of students, who stated that they were unlikely to use online consultation services to seek mental health help, followed by 42.29% of students, who stated that they would not seek help through a girlfriend or boyfriend. A total of 86.75% of students stated that it was impossible not to seek mental health help. This shows

that the majority of students have the awareness and desire to seek help when facing mental health problems.



**Figure 1.** Mental Health Help-Seeking Intention Framework

Figure 1 presents a final model of the regression equation. This equation model enables the estimation of mental health help-seeking intention based on attitude, subjective norm, and perceived behavioral control (PBC). The constant value of +19.747 suggests a positive relationship between the independent variables and the dependent variable. Consequently, an increase in the values of attitude, subjective norm, and PBC corresponds to an increase in help-seeking intention. Conversely, if the values of attitude, subjective norm, and PBC are zero, the intention value equals the constant (19.747). A positive and statistically significant relationship was identified between individuals' favorable attitudes toward mental health help-seeking and their intention to engage in such behavior ( $\beta = 0.166$ ,  $p < 0.015$ ). This suggests that interventions aimed at improving perceptions of mental health care (e.g., reducing stigma and highlighting treatment efficacy) could enhance help-seeking motivation. Subjective norm demonstrated a stronger effect than attitude ( $\beta = 0.315$ ,  $p < 0.005$ ), indicating that perceived expectations or support from significant others (e.g., family, peers) substantially increase help-seeking intention. PBC was the most robust predictor ( $\beta = 0.415$ ,  $p < 0.001$ ), emphasizing the critical role of self-efficacy and perceived accessibility of mental health services. Structural barriers (e.g., cost, availability) and psychological barriers (e.g., self-doubt, self-stigma) must be addressed to strengthen PBC. The result shows that the R-squared value is 0.074, indicating that the influence of attitude, subjective norm, and perceived behavioral control on mental health help-seeking intentions among high school students in North Sangatta is 7.4%. This indicates that 7.4% of the variance in help-seeking intention was explained by TPB variables.

## DISCUSSION

This study found that students with neutral attitudes toward mental health help-seeking tend to exhibit high help-seeking intentions. A neutral attitude in this context indicates that students do not experience significant embarrassment regarding help-seeking but lack strong motivation to actively pursue assistance (Adams et al., 2022). These neutral attitudes are characterized by an absence of pronounced positive or negative predispositions toward mental health support. Consequently, environmental encouragement from peers, family, and educational institutions may reduce barriers and enhance students' motivation to seek help (Aguirre Velasco et al., 2020).

The majority of participants demonstrated high subjective norms, indicating that students perceived strong social support from significant others in seeking mental health assistance. This finding aligns with the high levels of help-seeking intention observed in the study. Elevated subjective norm scores were positively correlated with stronger intentions to seek mental health support, consistent with prior research indicating that



adolescents who perceive parental, peer, or educator support are more likely to develop robust help-seeking intentions (Divin et al., 2018).

Perceived behavioral control (PBC) among students at North Sangatta High School was categorized as neutral. Neutral PBC suggests that while students believe they possess adequate self-efficacy in seeking help, they simultaneously experience uncertainty. Despite this, help-seeking intentions remained high, possibly due to the non-directional nature of neutral PBC, which neither facilitates nor inhibits help-seeking behavior. Thus, external social support appears to play a critical role in strengthening help-seeking intentions (Aguirre Velasco et al., 2020).

These findings support the Theory of Planned Behavior (TPB), confirming that attitudes, subjective norms, and PBC collectively influence mental health help-seeking intentions. However, the combined explanatory power of these variables was relatively modest (7.4%), with PBC emerging as the most influential factor. According to Andersen's Behavioral Model of Health Services Use, the limited predictive capacity of these variables may be attributed to 1)Predisposing Factors (Health Beliefs): Stigma and embarrassment associated with mental health discussions hinder help-seeking intentions. Self-stigma and societal stigma have been identified as significant barriers in previous studies (Tharaldsen et al., 2017); 2)Enabling Factors (Accessibility of Services): Limited availability of adolescent mental health programs at Primary Health Centers (PHCs) in North Sangatta restricts access to necessary services; 3)Perceived Need: A lack of awareness regarding mental health needs may reduce the likelihood of seeking help, thereby attenuating the influence of attitudes, subjective norms, and PBC.

Based on the General Help-Seeking Questionnaire (GHSQ), parents were the most frequently cited source of mental health support. This preference may be attributed to the developmental stage of 10th-grade students (ages 14–18), who often rely on parental guidance. Parents are typically perceived as trustworthy and accessible, fostering a sense of security when discussing mental health concerns (Doll et al., 2021). Additionally, structural barriers, such as limited mental health infrastructure, may make parental support a more feasible option (Pearson & Hyde, 2021). Conversely, online consultation services and romantic partners were the least utilized sources of help. The low engagement with online services may stem from unclear definitions in the questionnaire, leading to misinterpretation. Meanwhile, adolescents' romantic relationships are often unstable and emotionally volatile, rendering them an unreliable support system (Price et al., 2016).

There are several limitations that need to be considered in this study, such as 1)Lack of Gender Analysis: The absence of gender-related questions restricted the ability to assess gender differences in help-seeking intentions. Future studies should incorporate gender as a variable to explore potential disparities; 2)Ambiguity in Terminology: Students may not have fully understood terms such as "mental and emotional disorders" due to insufficient clarification during data collection. Providing clear definitions beforehand could improve response accuracy; 3)Unclear PBC Questionnaire Items: The perceived behavioral control measure did not adequately define "online consultation services," potentially affecting responses. Future research should elaborate on all help-seeking sources, including romantic partners; 4)Sampling Technique Adjustments: Although total sampling was intended, the target sample size was not achieved. Consequently, Green's (1991) formula was applied to determine the minimum sample requirement.

## CONCLUSION

Collectively, attitude, subjective norm, and perceived behavioral control account for 7.4% of the variance in mental health help-seeking intentions. Among these predictors, perceived behavioral control emerges as the most influential factor. Parents were identified

as the primary source of help-seeking among students. This finding may be attributed to the fact that 10th-grade students, being in the early adolescent stage, often depend on parental guidance. Furthermore, parents are typically perceived as the most reliable and secure source of emotional and psychological support.

## RECOMMENDATIONS

Self-reflection practices such as journaling, blogging, or participating in anonymous social media discussions are recommended to improve mental well-being, especially among adolescents. In addition, parents should set aside time for open discussions with their children, actively listen to their concerns, and validate their emotions. Teachers can facilitate mental health support by organizing peer-based social support groups in each class and training students to provide emotional support to their classmates. Furthermore, schools should improve mental health literacy by conducting educational campaigns through school social media platforms and informative posters on bulletin boards, emphasizing the importance of social support and seeking professional help.

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