

Understanding Reluctance To Seek Professional Help For Mental Health Issues And Recommendations For Mental Health Startup: Case Study Of Ashwa

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Keyword

Mental Health; Barriers In Seeking Help; Mental Health Service Platform

Abstract

Mental health issues are starting to surface because the pandemic has made many people feel lonely, stressed, depressed, and to the point of doing self-harm and suicidal. A mental health platform is developed hoping to help solve this problem. However, study discovered that young adults between 18 and 24 years old were the least likely to receive mental health care. This research will focus on finding why adolescents are reluctant to seek professional help and recommendations for mental health startups. Qualitative methods will be used in this research, with data collected by semi-structured interviews towards the adolescents and psychologist expert and analyzed using the three step coding and triangulation. This research is expected to find the barriers in seeking professional help in young adults that affects the uses of a professional mental health service platform.

INTRODUCTION

Mental health encompasses a state of well-being where individuals effectively cope with life's challenges, recognize their abilities, learn and perform well, and contribute positively to their community (World Health Organization, 2022). The ongoing pandemic since 2020 has had a significant impact on various aspects of people's lives, including their physical and mental health. Loneliness, stress, depression, and self-harm have become more prevalent as a result of the pandemic (Aziz et al., 2021). Research conducted in Indonesia in 2021 revealed that a high percentage of participants experienced feelings of loneliness, and a significant proportion entertained thoughts of self-harm or suicide (Sucianto & Sucianto, 2021).

To address this issue, mental health platforms like Ashwa have emerged to provide early screening and connect individuals with qualified psychologists for counseling. These startups have played a crucial role in providing mental health support and benefits (Br Jabat et al., 2022), and Ashwa aims to contribute positively to mental health services for Indonesian society.

However, studies have shown that young adults between the ages of 18 and 24, who undergo significant changes in thinking, social skills, emotions, and adaptation to physical changes during the transition to adulthood, are the least likely to receive mental health care compared to other age groups (Mitchell et al., 2017).

To further understand this issue, preliminary research was conducted by Ashwa, which revealed that out of 15 interviewees, 10 did not seek professional help when they first experienced mental health problems. This highlights that many individuals in the 18-24 age group are still hesitant to seek professional help initially, posing a challenge for Ashwa as a mental health service provider that emphasizes the involvement of professionals.

METHOD

To explore the reasons why individuals experiencing mental health issues do not seek professional help, the researcher is employing a qualitative research approach. Qualitative research aims to gain insights into the significance and experiential aspects of human existence and their social environments. This approach is particularly useful in poorly understood or complex areas of healthcare, which may be challenging to explore using quantitative methods (Fossey et al., 2002). The researcher also seeks to gain a deeper understanding of previous research on adolescents' reluctance to seek professional help, which has predominantly utilized quantitative approaches.

The research involves conducting interviews with individuals who fit the criteria of Ashwa's target users (18-24 years old) or those experiencing mental health difficulties. Qualitative research interviews aim to capture participants' perspectives on their lives, as portrayed through their stories, in order to gain insight into their experiences, emotions, and social worlds (Fossey et al., 2002). Semi-structured interviews will be used, which involve using an interview guide consisting of a set of questions and prompts to guide the conversation while allowing for flexibility. This approach enables a focused and conversational discussion while accommodating new information that emerges during the interaction. Semi-structured interviews are well-suited for this research as they value participants' knowledge and sensitivity to their language. Given the focus on mental health, semi-structured interviews are particularly useful for exploring specific ideas or addressing specific concerns in greater depth.

The sampling method employed is purposeful sampling, which involves deliberately selecting relevant sources of information to investigate meaning. The sample comprises Ashwa's target users (18-24 years old) or individuals experiencing mental health difficulties. The researcher identified potential participants through social media using specific criteria, such as being aged 18-24 and having experienced symptoms related to mental health issues, including excessive anxiety, significant mood/emotional changes, decreased concentration, sleep disturbances, and significant changes in eating patterns. These symptoms align with the objective of understanding why people experiencing mental health difficulties do not directly seek professional help. The sample size for this research is 15, as Guest et al. (2006) found that, in homogeneous studies using purposeful sampling, 12 interviews are typically sufficient to achieve data saturation.

Data collection involves using interview guidelines designed to uncover the barriers individuals face in seeking help from professionals regarding mental health issues. These questions are informed by studies conducted by Gulliver et al., Clement et al., Tambling et al., Rickwood et al., and Mojtabai et al., which focus on barriers to seeking professional help in mental health coverage. After conducting the interviews, the researcher will transcribe the information and analyze the findings to address the research questions. The collected data will be analyzed using coding techniques, including open coding, axial coding, and selective coding, to derive meaningful insights from the qualitative data.

RESULTS

Interview Result

This section presents the findings from the interviews conducted by the researcher regarding why Ashwa's target market does not seek direct help from professionals when experiencing mental health issues. The interviews involved 15 individuals from Ashwa's target market and one expert psychologist. The transcripts of the interviews are provided in the appendix. The interviews took place between May 20th and May 29th, 2023, using Zoom Call for Ashwa's target market participants and WhatsApp for the psychologist.

Barriers in seeking help from professionals

Following the interviews, the researcher identified self-reliance as the primary barrier to seeking professional help. The interview transcripts below provide representative examples of

how interviewees expressed their thoughts on why they are hesitant to seek professional assistance. Interviewees C and K, both 19-year-old university students, exemplify a strong inclination towards self-reliance, a preference for privacy, and a reluctance to seek professional help due to challenges in sharing personal experiences and expressing emotions. Out of the 15 interviewees, 10 shared similar reasons for not seeking professional help.

C7			Kalau aku pribadi, aku tuh ngerasa kalau aku masih bisa, apa ya, masih bisa nge control semuanya gitu, jadi aku gak berpikiran buat ke profesional sih, karena aku lebih prefer buat mendem itu sendiri. Karena aku kalo ke profesional itu kan misal ke psikolog itu kan harus cerita atau ya intinya cerita masalahnya apa, sedangkan aku tu bukan tipe orang yang bisa cerita, jadi aku mengurungkan niat untuk kesana.
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Table 1. Interview Transcript C7 (Bahasa Indonesia)

C7			As for me personally, I feel that I can still, what is it, can still control everything like that, so I don't think about going professional, because I prefer to keep it to myself . Because if I go to a professional, for example, if I go to a psychologist, I have to tell a story or, in essence, tell me what the problem is, while I'm not the type of person who can tell a story, so I discouraged myself from going there.
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Table 2. Interview Transcript C7 (English)

K5			Kalau aku sendiri pribadi. Usaha sendiri dari diri aku dulu, soalnya. Kalau dari orang lain itu belum tentu bisa mengerti gimana kondisi kesehatan kita itu sendiri. Jadi kita harus berusaha semaksimal kita gimana kondisi mental kita itu sekarang gimana.
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Table 3. Interview Transcript K5 (Bahasa Indonesia)

K5			If talking about myself. I try to work on my own first, you see. Other people don't necessarily understand how our own health is. So we have to try as much as we can. What is our mental condition now?
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Table 4. Interview Transcript K5 (English)

Other interviewees also said words like “I can control it”, “Prefer me time”, “I can get up on my own”, etc.

SELF RELIANCE																	
I	I	V	H	T	F	G	K		F		P	J	T	S	T	A	I
f	s	a	e	a	e	o	e		i		r	o	r	t	h	c	s
e	t	t	a	k	s	t	e		n		e	u	y	i	a	c	c
e	i	c	l	e	t	o	p		d		f	r	t	l	n	e	l
l	l	h	i	r	a	s	i		i		e	n	o	l	k	p	a
i	c	n	g	e	h	n	t		g		n	l	o	a	u	i	i
k	a	g	t	s	c	e	o		n		e	i	l	n	l	n	n

e	n	n	y	t	r	v	m	y	t	n	v	f	f	g	g
i	h	o	y	f	e	h	y	o	i	g	e	i	o	n	n
c	a	t	d	r		e	s	v	n	a	p	g	r	y	y
a	n	i	u	o		n	n	n	r	h	o	s	s		
n	d	v	r	m		n	o	d	o	t	u	e	e		
d	l														
l	e	t	e												
e	i	n	l												
i	t	y	f												
t	s	s	f												

Table 5. Axial Coding (Self-reliance)

Furthermore, mental health literacy is a significant concern as it influences individuals' perceptions of mental health. Many interviewees expressed their awareness of the importance of mental health. However, they lacked knowledge on prevention strategies, treatment options for mental health issues, and access to professionals. Some interviewees also mentioned a lack of information regarding how to reach out to professionals for help.

Interviewer		Oke, ee langsung aja ke pertanyaan yang pertama. Bagaimana pendapatmu mengenai kesehatan mental sekarang ini secara umum?
D2		Jadi untuk kesehatan mental sendiri itu cukup, harus diperhatikan gitu lho, soalnya kan banyak banget kaya ada masalah masalah tentang kesehatan mental yang berujung pada bunuh diri atau pokoknya yang berbau dengan hal hal yang negatif. Jadi kesehatan mental tu harus diperhatikan setiap orang individunya gitu.
Interviewer		Emmm, selanjutnya apa sih yang kamu ketahui tentang pencegahan dan treatment atau pengobatan dalam gangguan kesehatan mental.
D5		Kalo pencegahannya itu.. Ini ga si kaya ee lebih ke, kalo aku sih ni ya, kalo misalnya aku sendiri kalo kesehatan mental aku tu kalo misalnya aku ada masalah kesehatan mental tu aku lebih ke cerita ke temen dekat gitu lho kalo misalnya aku cerita ke temen dekat itu tu kaya lebih lebih lega gitu lho, terus juga kan jangan lupa kaya ibadah gitu, itu juga bener bener work gitu. Terus kalo pencegahannya sendiri kalo aku tu biasanya kalo misal ada masalah mental tu aku tu lebih suka untuk me time, kaya aku harus menyediakan waktu untuk diriku sendiri, aku tu ada masalah apa, aku nyelesainnya gimana, jadi kaya aku tu lebih lebih

		nyelesain masalah sendiri, terus habis itu aku baru cerita ke temen lalu, kaya gitu loh, gitu.
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Table 6. Interview Transcript D5 (Bahasa Indonesia)

Interviewer		Okay, let's just go straight to the first question. What do you think about mental health nowadays in general?
D2		So for mental health itself, you have to pay attention to that, you know, because there are so many problems regarding mental health that lead to suicide or basically something that smells of negative things. So mental health must be considered by each individual.
Interviewer		Ummm, what do you know about prevention and treatment or medication for mental health disorders?
D5		As for prevention... It's more like, but it's more like me, for example, for example, for myself, my mental health, for example, if I have a mental health problem, I'd rather tell my close friends, you know, for example, I'll tell Close friends are much more relieved, you know, and don't forget to worship like that, it really works like that. Then for self-prevention, if I usually have a mental problem, I prefer to have me time, like I have to make time for myself, what problem do I have, how do I solve it, so it's like I'm more able to solve my own problems , then after that I just told a friend and then, like that, you know, like that.

Table 7. Interview Transcript D5 (English)

LOW MENTAL HEALTH LITERACY										
M	No	C	N	Af	Se	N	Un	Ne	T	Do
an	t	a	o	rai	ek	o	cle	ed	o	no
y	ob	n	t	d	in	off	ar	help	o	t
pe	lig	s	fa	to	g	ici	inf	to	fo	kn
op	ate	e	m	op	he	al	or	get	r	o
le	d	e	il	en	lp	inf	ma	prof	m	w
se	to	k	ia	up	in	or	tio	essi	al	ac
lf	go	h	r		m	m	n	onal		ce
di	to	e	w		en	ati				ss
ag	pr	l	it		tal	on				to
no	ofe	p	h		he	in				pr
se	ssi	t	p		alt	m				of
	on	o	r		h	y				es
	al	c	e		is	su				si
		l	v		dif	rr				on
		o	e		fic	ou				al
		s	n		ul	nd				
		e	ti		t	in				
		s	v			g				

		t f r i e n d s	e a n d t r e a t m e n t		to do					
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Table 8. Axial Coding (Low Mental Health Literacy)

The researcher also inquired about the interviewees' perspectives on why others around them are hesitant to seek professional help. The responses highlighted two key factors: low mental health literacy and stigma. Many individuals expressed that people are reluctant to seek help due to fear of judgment and embarrassment. Additionally, some interviewees noted that some individuals perceive mental health as less important compared to other aspects of their well-being.

THOUGHTS ON OTHERS							
Afraid to be judged	Still neglect mental health matters	Embarrassed	Because of Stereotype/Stigma	Labeled as crazy	Not permitted because to religious	Still considered as merely stresses	

Table 9. Axial Coding (Thoughts on others)

Selective Data

The table below shows selective data on factors that cause the barriers in seeking professional help according to the result of coding analysis. The result is put on based on how much each of the factors is mentioned during the interview, it means that the factors influence the most on Ashwa's target market.

SELECTIVE DATA ANALYSIS				
Barriers for people who experiencing mental health issues that are still reluctant to seek help directly from professionals				
Self-reliance	Low Mental Health Literacy	Help negation	Lack of Financial	Stigma

The thoughts of able to handle, control, fight the problems ourselves bring into Self-reliance	Unclear information about how to prevent, treatment, access to get to professional is a sign of Low Mental Health Literacy	Only go to a professional when the problem is serious and can tell a friend first causing a help-negation when it is needed	Do not have a job and have other priorities causing financial constraint	Labeling and Religion causing Stigma around society and family
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Table 10. Selective Coding (Ashwa's Target Market)

The researcher identified several constraints among Ashwa's target market regarding their reluctance to seek professional help:

- Self-reliance: Ashwa's target market believes they can handle their mental problems on their own. They perceive the signs of their distress as something they can control themselves. They prefer taking personal rest, dedicating "me time," and seeking motivation online through social media.
- Low mental health literacy: While recognizing the importance of mental health, many interviewees lack knowledge about prevention strategies, treatment options, and access to professionals. They expressed a need for more information in these areas.
- Help negation: Ashwa's target market tends to avoid seeking professional help, especially when their mental issues are not yet severe. They prefer initially confiding in a friend when facing mental challenges.
- Financial constraints: As many of Ashwa's target market are university students, limited finances pose a barrier to seeking professional help. They consider professional assistance as costly and rely on their monthly savings, as they have not yet secured employment.
- Stigma: While interviewees personally did not report experiencing stigma or judgment, they were aware of its presence in their social environment. There is a perception that people who seek help from psychologists are labeled as "crazy." Additionally, older generations may attribute mental issues to a lack of prayer and recommend seeking guidance from religious leaders.

These findings shed light on the various factors influencing Ashwa's target market in their decision-making process regarding seeking professional help.

Triangulation

Following the coding analysis of the interview data from Ashwa's target market, the researcher proceeds with triangulation analysis. This method involves examining the barriers that hinder individuals from seeking professional help and comparing them with the perspective of a mental health expert, specifically a psychologist named Maria Renny Kusumawati S.Psi, M.Psi, Psikolog, who has been practicing since 2012 at Mardi Rahayu Hospital in Kudus, Central Java. The table below presents the valid explanations for the identified barriers in seeking professional help.

Barriers	Ashwa's target market	Psychologist (Expert)	Interpretation
Self-reliance	The thoughts of being able to handle, control, fight the	If the symptoms are mild they tend to rely on themselves.	valid

	problems ourselves bring into Self-reliance.		
Low mental health literacy	Unclear information about how to prevent, treat, and access to get to a professional is a sign of Low Mental Health Literacy.	Education in mental health is important, many still do not know about psychologists, what they are doing, and what they are capable of.	valid
Help negation	Only go to a professional when the problem is serious and can tell a friend first causing a help-negation when it is needed.	If the symptoms are mild they tend to rely on themselves and also vent on friends.	valid
Lack of financial	Do not have a job and have other priorities causing financial constraint	Constraints in financial and time. People tend to use their allowances on other needs.	valid
Stigma	Labeling and Religion causing Stigma around society and family.	Family side tend to consider that mental health is not a priority, does not get any support, is not allowed to seek a psychologist, and is asked to go to a religious leader.	valid

Table 11. Triangulation

From the triangulation analysis, it is found that all of the selective barriers are valid since from the interview with the psychologist also mentioned all the factors that cause the barriers in Ashwa's target market which is people aged around 18-24 years old.

CONCLUSION

This review provides a comprehensive summary of the primary reasons why Ashwa's target market (young individuals aged 18-24) may choose not to seek professional help for mental health challenges. The barriers identified include self-reliance, low mental health literacy, stigma, financial constraints, and help negation. The findings align with previous research and indicate that many young people prefer to handle their mental health issues on their own or turn to friends for support. Limited understanding of mental health services and the perception that professional help is only necessary for severe symptoms contribute to the reluctance to seek assistance. Financial limitations and concerns about public stigma also play a role. Enhancing mental health literacy, addressing stigma, and providing clear information about available services are crucial steps to encourage help-seeking behavior among this demographic.

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