



The Association between Mental Health Literacy and Help-Seeking Intention to Mental Well-being among Secondary School Students (in Semarang, Indonesia)

**Georgius Vernon Astipa^{1*}, Endang Widyorini², Daniswara Agusta Wijaya³,
Margaretha Sih Setija Utami⁴, Averina Gracia Eistein Medaringo⁵**

^{1,2,3,4,5} Faculty of Psychology, Soegijapranata Catholic University, Indonesia

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Abstract

Secondary school students often lack information on accessing mental health support, leading them to manage issues independently or with the help of family and friends. Seeking professional help is not a top priority for most adolescents. This study aims to explore the impact of mental health literacy and help-seeking intention on the mental well-being of secondary school students. In this study, 792 middle and high school students aged 12-18 completed questionnaires on the Mental Health Literacy Questionnaire – Short Version, General Help-Seeking Questionnaire, and Warwick-Edinburgh Mental Well-Being Scale. A significant correlation between mental health literacy and help-seeking intention on mental well-being is 0.258. Help-seeking intention contributed the highest correlation to mental well-being, namely 0.381, which is also very significant. The analysis results using multiple regression models showed that mental health literacy and help-seeking intentions affect mental well-being simultaneously ($F = 64.696, p = .000$). The data shows that mental well-being is only 14.1%, explained by mental health literacy and help-seeking intentions ($R^2 = .141, p = .000$). Schools and professionals can organize training programs on mental health literacy for parents, enabling them to counsel their children and training effectively selected students to become peer counselors.

Correspondence Address:

Soegijapranata Catholic University
Pawiyatan Luhur Selatan IV No.1
Bendan Duwur, Gajahmungkur,
Kota Semarang, Indonesia 50234
E-mail:
22E30036@student.unika.ac.id

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Introduction

In recent years, mental health has been a widely discussed issue in the field of education (Idham et al., 2019). According to Christner and Mennuti (2009), over 50% of teenagers in school experience significant emotional, behavioral, and learning challenges that can impact their educational journey. This is because school is where teenagers spend a substantial amount of time (Yunanto, 2018). During their time in school, teenagers encounter various obstacles, such as understanding lessons, completing assignments, adapting to the environment, and socializing with friends who have diverse characteristics. Essentially, each

teenager is required to effectively manage their emotions and behaviors and address challenges within the school environment.

The World Health Organization (WHO) defines mental health as an individual's state of well-being, encompassing the ability to understand one's abilities, adapt to various stresses, function productively, and contribute to society. Conversely, individuals with poor mental health may struggle to cope with life's stressors. In summary, good mental health enables individuals to effectively manage stress and function productively in their lives (Siswanti & Rifani, 2022).

The mental well-being of teenagers is a very important thing to strive for, considering that they are the nation's next generation who have an important role in the future. Consequently, teenagers are required to have a good attitude, be responsible for the tasks given, and have a tough mentality to be able to overcome the problems they face. However, on the other hand, today's teenagers have difficulty reflecting on the challenges they are facing and tend to associate it with a condition that makes their lives uncomfortable and far from their mental well-being.

Today's adolescents, known as Generation Z (born between 1995 and 2012), have grown up with digital technology and social media as central elements of their lives. According to Stillman & Stillman (2017) in "How the Next Generation is Transforming the Workplace," Gen Z is characterized by advanced tech proficiency, open-mindedness, and a reluctance to follow traditional norms. They commonly face mental health challenges, such as depression—defined by the WHO as feelings of sadness, hopelessness, and changes in appetite or sleep—as well as anxiety disorders, which cause discomfort triggered by vague factors (Ferrari et al., 2013).

With rapid technological advancements and easy access to information, social media users, particularly Gen Z, are often the first to recognize potential issues with their mental health. As Generation Z teenagers seek information from various social media content, such as online articles about mental health, they can compare their symptoms with descriptions of specific mental disorders. This process of attempting to identify one's mental health condition without professional help is known as self-diagnosis (Ides, 2023).

Compared with childhood and adulthood, adolescence is the most difficult phase because of the many changes in physical, cognitive, and socio-emotional terms (Santrock, 2007). Awareness of mental health literacy should be an important concern for students in secondary schools. This is intended to create preventive efforts so that they can have the knowledge, attitudes, and beliefs to achieve better mental health. Through mental health literacy possessed by students in secondary schools, it is hoped that they will be able to identify the factors that cause stress, anxiety, or trauma experienced, the impact on their behavior and daily activities, and who they need to seek help from if needed.

Based on previous research in Indonesia, nearly 28% of late adolescents (15-19 years) reported experiencing depressive symptoms (Purborini et al., 2021). The Indonesia – National Adolescent Mental Health Survey (I-NAMHS, 2022) found that one in three adolescents in Indonesia, equivalent to 15.5 million individuals, has mental health problems. Additionally, at least one in 20 Indonesian adolescents, equivalent to 2.45 million individuals, have experienced mental disorders in the last 12 months.

According to the 2018 "Riset Kesehatan Dasar" (Basic Health Research), more than 19 million individuals aged 15 and above experience mental and emotional disorders, and over 12 million experience depression. Additionally, around 62% of teenagers aged 15-24 experience severe depression that can lead to suicide. These statistics underscore the high incidence of mental health conditions among adolescents (Indonesian Ministry of Health, 2018).

Many teenagers are not aware that mental disorders during development can have a negative impact on their adult life, potentially lasting a lifetime (Ormel et al., 2017). According to the World Health Organization (WHO, 2021), common mental disorders in teenagers include eating disorders, behavioral disorders, psychosis, emotional disorders, high-risk behavior, and self-harm, including suicide. In Semarang, from September 2022 to October 2023, there were five reported cases of suicide among university students.

The prevalence of mental disorders in Indonesia is on the rise, yet there is a concerning lack of appropriate attitude towards addressing this issue (Maya, 2021). It is observed that many young people are more inclined to seek information about mental health problems online rather than seeking assistance from mental health professionals (Burns & Birrell, 2014). This trend leads to delays in seeking professional help. Childhood and adolescence are crucial stages for preventing and intervening in mental health issues (Hayes et al., 2019). Teenagers must understand the importance of mental health literacy, which can be achieved through educational programs in schools. However, it has not been conclusively proven that exposure to mental health literacy programs results in higher levels of help-seeking among adolescents (Clark et al., 2020).

Students are expected to be able to prevent mental health problems and improve their mental well-being. However, the lack of information about where teenagers should seek help for their mental health

problems means they often attempt to deal with it independently or with the support of family and friends. Moreover, seeking help, especially from professionals, is not a top priority for most teenagers.

Jorm (2020) explains that mental health literacy includes several key components, such as (a) the ability to recognize specific disorders or different types of psychological distress, (b) knowledge and beliefs about risk factors and causes, (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about available professional help; (e) attitudes that promote recognition and appropriate help-seeking; and (f) knowledge of how to access mental health information. Mental health literacy influences an individual's knowledge and confidence in seeking help from professionals. Consequently, this study focuses on explaining the contribution of mental health literacy and strategies that schools can use to increase help-seeking intentions to address mental well-being issues in secondary school students.

Based on previous research, it is evident that being aware of mental health symptoms can lead to an increased intention to seek help (Altweck et al., 2015). Moreover, seeking help is closely tied to reducing psychological distress and enhancing well-being among students, suggesting a correlation between mental health literacy and the intent to seek help (Moss et al., 2022). As a result, this study tentatively posits a relationship between mental health literacy, the intention to seek help, and their influence on the mental well-being of secondary school students.

Researchers are motivated by teenagers' apparent lack of information regarding the significance of mental health literacy and its influence on mental well-being. They aim to investigate the role of mental health literacy and the intention of high school students in Semarang to seek help for their mental well-being. Furthermore, the study will assess the levels of these variables based on the respondents' gender and education level.

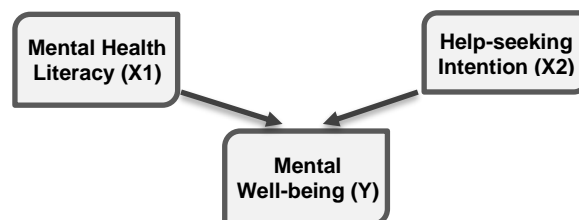


Figure 1. Conceptual Framework

Methods

Before collecting data, we obtained ethical approval from the Ethics Committee Board of the Faculty of Psychology. Subsequently, we secured permits from the school. After receiving permission, we conducted data collection at a private high school in Semarang using convenience sampling. The research team opted for this method due to the limited time provided by the school, which was only 30 minutes for each grade level. The data we collected was from students present at that time who agreed to participate. In total, 792 participants, ranging in age from 12 to 18, were involved in this research, comprising middle and high school students.

Research instrument

The measuring tool used is the Mental Health Literacy Questionnaire – short version (MHLq-sv) (Campos et al., 2022), consisting of four dimensions, namely Knowledge of Mental Health Problems, Erroneous Beliefs/Stereotypes, Help-seeking and First Aid Skills, Self Help Strategies, with a total of 16 items.

Next is the General Help-Seeking Questionnaire (GHSQ), which asks participants to rate whom they would seek help from, namely girlfriends, friends, parents, family/relatives, mental health professionals, hotline numbers, doctors, religious leaders, and the choice would not seek help. There are a total of nine rating items and one blank option to write other parties who have not appeared on the questionnaire. The rating number (1) represents “Very Unsuitable” to (7) means “Very Appropriate” (Wilson et al., 2005).

Then, the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). This scale consists of 14 items that focus on positive mental health. These items can describe an individual's optimal self-functioning, namely, covering physical, socio-emotional, spiritual, cognitive, and behavioral aspects (Stewart-Brown et al., 2011; Wajsblat, 2011). The three research instruments were adapted into an Indonesian version and filled out online via Google Forms.

The instrument was translated into Indonesian using the back-to-back translation method, which facilitated respondents' understanding of the terms in the questionnaire. However, some terms in the GHSQ

are still considered unsuitable for the cultural context in Indonesia, such as the telephone helpline for seeking assistance.

Data analysis

The data analysis used a t-test between demographic groups, then correlation analysis between all variables, and multiple regression, namely Mental Health Literacy (MHL) and Help-seeking Intention (HSI) on Mental Well-being (MWB).

Results

Demographic characteristics of respondents

All participants were students at a private school in Semarang City, Indonesia. Out of 797 individuals who completed the Google Forms, five submissions were excluded - four due to unwillingness and one due to incomplete responses, resulting in a valid sample of 792. While there were more female respondents than male respondents, the gender ratio difference is minimal. A detailed breakdown of participants based on demographic characteristics is provided in Table 1 below.

Table 1. The demographic characteristics of respondents depend on gender, age, and class in Semarang City, Central Java, Indonesia, 2024 (n=792)

Characteristic	Frequency	Percentage (%)
Gender		
Boys	383	(48.4)
Girls	409	(51.6)
Ages (y.o)		
12 years old	101	(12.8)
13 years old	137	(17.3)
14 years old	143	(18.0)
15 years old	131	(16.5)
16 years old	136	(17.2)
17 years old	126	(15.9)
18 years old	18	(2.3)
Class		
1 Junior High School	123	(15.5)
2 Junior High School	136	(17.2)
3 Junior High School	138	(17.4)
1 Senior High School	117	(14.8)
2 Senior High School	146	(18.4)
3 Senior High School	132	(16.7)

In this study, the majority of participants were 14 years old, with the youngest being 12 and the oldest being 18. The research included two levels of secondary education: middle school and high school, each comprising three grade levels. Of the total participants, 397 (50.1%) were from junior high school, while the remaining 395 (49.9%) were from high school.

The results of the t-test and ANOVA

The results of the t-test carried out on the variables mental health literacy (MHL), help-seeking intention (HSI), and mental well-being (MWB), based on the demographic characteristics of gender and school origin of the respondents, can be seen in the following table:

Table 2. The t-test results between variables (n=792)

Variable	t	Sig. (2-tailed)	Demographic characteristics	Groups	n	Mean	
Mental Health Literacy	1.726	0.085	Gender	Boys	383	58.26	
				Girls	409	57.56	
Help-seeking Intention	4.130	0.000		Boys	383	40.28	
				Girls	409	37.36	
Mental Well-being	7.027	0.000		Boys	383	51.49	
				Girls	409	47.29	
Mental Health Literacy	-1.036	0.301		School	JHS*	398	57.69

Variable	t	Sig. (2-tailed)	Demographic characteristics	Groups	n	Mean
Help-seeking Intention	.321	0.748		SHS**	394	58.11
				JHS	398	38.89
				SHS	394	38.66
Mental Well-being	.565	0.572		JHS	398	49.49
				JHS	394	49.14

*JHS = Junior High School; **SHS = Senior High School

Based on gender, the results showed that significant differences were found in help-seeking intention ($t= 4.130$, $p=0.000$) and mental well-being ($t=7.027$, $p=0.000$), where the scores for male students were higher than female students. On the other hand, no significant differences were found in mental health literacy ($p > 0.05$). Likewise, there are no significant differences in the three variables when viewed based on school origin, both middle school and high school.

Table 3. Results of ANOVA test, between class (n=792)

Variable	Mean Square	F	Sig.
Mental Health Literacy (MHL)	30.720	.952	0.447
Help-seeking Intention	256.489	2.563	0.026
Mental Well-being (MWB)	59.570	.794	0.554

The results of the ANOVA test based on the class groups above showed that a significant difference was only found in the help-seeking intention variable ($F=2.563$, $p=0.026$). The highest score is in class 1 of junior high school, and the lowest score is in class 1 of high school.

Correlation Test

The correlation result between mental health literacy and help-seeking intention is 0.2 with ($p=0.000$). There is also a significant correlation between mental health literacy and help-seeking intention on the mental well-being of 0.258. Help-seeking intention contributed the highest correlation to mental well-being, namely 0.381, which is also very significant. The results of the correlation test can be seen in the following table:

Table 4. Correlation test results (n=792)

Variable	Mean	SD	MHL	Help-Seeking	MWB
MHL	57.90	6.598	1		
Help-Seeking	38.78	10.052	.200**	1	
MWB	49.32	8.658	.258**	.318**	1

Graphic of Correlation

Based on the scatter plot, the distribution of points is clustered in a clear linear shape. There is a possibility that the independent variable (X) has a direct effect on the dependent variable (Y). Therefore, any change in X will predict a change in Y. The correlation between Mental Health Literacy and Help-Seeking Intention appears weak, as indicated by a correlation coefficient of $r = 0.2$. This suggests that other factors not addressed in this study may have a stronger influence. In contrast, there is a notable strong correlation between Mental Health Literacy and Mental Well-Being ($r = 0.258$), as well as a significant correlation between Help-Seeking Intention and Mental Well-Being ($r = 0.318$).

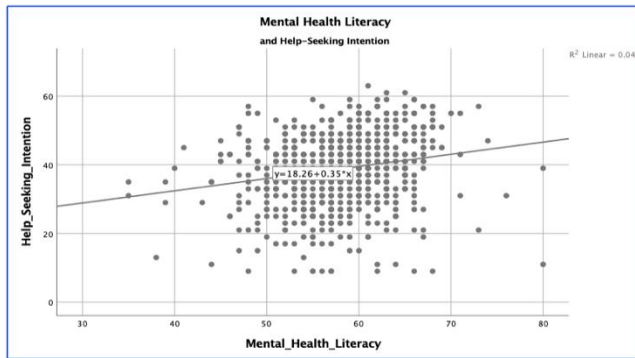


Figure A1. Scatter plot of correlation between MHL and HSI

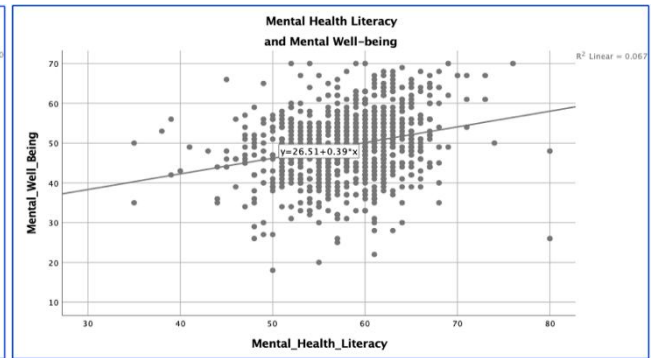


Figure A2. Scatter plot of correlation between MHL and MWB

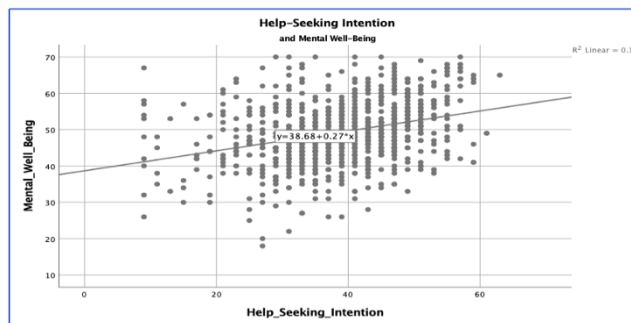


Figure A3. Scatter plot of correlation between HSI and MWB

Multiple regression

The results of the statistical data analysis using measurements with multiple regression models show that mental health literacy and help-seeking intention have a simultaneous influence on mental well-being ($F=64.696$; $p=0.000$). The following is a table of multiple regression test results:

Table 5. Multiple Regression test results (n=792)

	B	Std. Coeff Beta	t	F	df	R ²	Adj. R ²
MWB (Constant)	22.138		7.445	64.696	2	.141	.139
MHL (X1)	.309	.203	6.023				
Help-seeking (X2)	.239	.278	8.248				

Table 5 shows that the variables mental health literacy and help-seeking intention can significantly predict mental well-being ($p < 0.05$), with an R Square value of 0.141. In other words, the two variables contributed 14.1% to variable Y. Meanwhile, the remaining 85.9% was influenced by different factors not tested in this research.

The Help-Seeking Intention among students

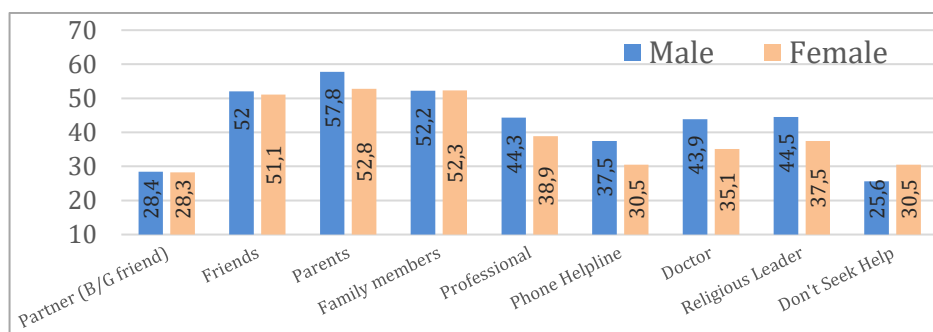


Figure B1. Graph of Help-Seeking Intention among Junior High School students

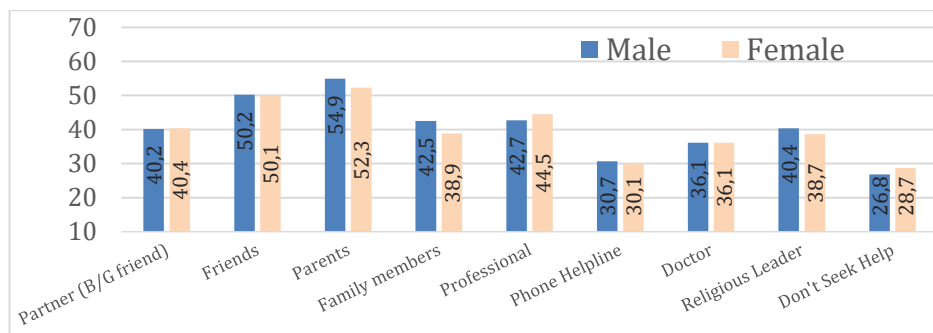


Figure B2. Graph of Help-Seeking Intention among Senior High School Students

The graph above shows that most middle school students intend to seek help from their parents. Following this, junior high school students tend to seek help from relatives or extended family, whereas high school students prefer seeking help from their friends after seeking help from their parents. It could be that female students are used to receiving information from social media or other platforms that allow them to tend to self-diagnose or cope with stressors by ruminating, while male students tend to solve their problems through action.

Discussion

The research results show that there are significant differences in Help-seeking Intention (HSI) and Mental Well-being (MHL) between male and female students, where the average score for male students is higher than that of female students. When compared with Mental Health Literacy (MHL), it turns out that Help-seeking Intention makes a significant contribution to mental well-being, namely 0.381 ($p < 0.05$). The contribution made by help-seeking intention to mental well-being is positive, which means that an increase in the score on help-seeking intention also influences the increase in the score on mental well-being. In other words, if someone who is experiencing mental problems wants to have good mental well-being, they need to know first who they will seek help from.

Basson (2008) noted the findings of previous research, which revealed that girls receive stronger support from peers than boys. It means that peer groups and families play a more significant role in safeguarding adolescent girls from depression or mental health issues. In contrast, for boys, these social supports primarily act as a protective shield rather than offering substantial protection against depression or other mental health problems. Furthermore, girls may experience higher levels of depression than boys due to their greater tendency to cope with stressors by ruminating (Li et al., 2006). Meanwhile, boys tend to cope with stressors through problem-focused coping, namely by making efforts to lessen the pressure and get emotional comfort or by seeking help from others.

In today's world, teenagers are deeply intertwined with the digital landscape and social media, which grants them access to information from a wide array of sources, including resources on mental health literacy. However, there is growing concern that this information may lead teenagers—especially girls, who often cope with stress through rumination—to self-diagnose their mental health issues without consulting a professional. This trend can ultimately undermine their mental well-being. Research indicates notable gender differences in mental well-being during adolescence. Boys typically report higher levels of self-positivity and self-esteem, coupled with lower negative self-efficacy, less unhappiness, and fewer concerns about the past when compared to girls. Consequently, the overall well-being of girls is significantly lower than that of boys during this critical developmental stage (Basson, 2008; Viejo et al., 2018). Our findings show that mental well-being is only 14.1% among people with mental health literacy and help-seeking intentions ($R^2 = .141$, $p = .000$).

Our findings suggest that mental health literacy and the intention to seek help account for only 14.1% of overall mental well-being. This indicates that additional factors also influence mental health. Research has shown that both perceived maternal and paternal acceptance play significant and unique roles in students' psychological adjustment. At the family level, experiences of childhood trauma and adverse events—such as neglect, household dysfunction, or abuse—are strongly linked to poorer mental well-being in later life (Lloyd et al., 2014; Campbell et al., 2022).

According to Santrock (2007), adolescence is a particularly challenging phase characterized by significant physical, cognitive, and socio-emotional changes. Several factors have been identified as potential predictors of mental well-being, including sleep quality, physical activity, and social interaction (Lane et al., 2012). Research indicates that poor sleep quality and a higher intake of unhealthy foods are

positively correlated with depressive symptoms and perceived stress (Campbell et al., 2022). Furthermore, previous studies highlight a robust relationship between physical activity—such as walking, running, or engaging in leisure activities—and improved mental well-being (Lane et al., 2012; Campbell et al., 2022). The social and cultural context of the school can also play an important role in children's achievement levels and mental well-being. Teachers play an important role in the school environment because they often act as role models and are an important source of support and feedback (Basson, 2008).

The daily social interactions among individuals significantly influence various aspects of mental well-being. A well-established connection exists between the availability of social support and mental health, with low levels of support associated with symptoms of depression. Those who cultivate strong social connections tend to exhibit greater resilience in their mental health, as they are better equipped to cope with stressors (Lane et al., 2012). Research indicates that social interaction and support play a vital role in promoting mental well-being, especially within familiar environments like families and schools. Consequently, teenagers need to develop their ability to seek help when confronted with mental health issues. This can be accomplished by enhancing their understanding of mental health literacy (Basson, 2008; Lane et al., 2012).

In this study, it was found that students, both in middle school and high school, still consider their parents as the most trusted individuals to seek help for managing mental health issues. Additionally, middle school students tend to rely on extended family or relatives, while high school students prefer seeking support from their friends. According to previous research, gender differences in seeking help are typically established during adolescence but may not be permanent. The influence of the family on intentions to seek help is significant in early adolescence, but as adolescents grow older, the family's impact may diminish (Haavik et al., 2019). Based on the findings in this study, a greater intention to seek help from parents may suggest that adolescents have already received ample practical support and no longer require assistance or that they do not believe formal or professional mental health services can provide the support they need (Clark et al., 2020).

According to a review of previous research on barriers to seeking mental health help among adolescents and young people, low levels of mental health literacy, stigma towards professionals, and lack of knowledge about services are identified as the top three barriers (Maya, 2020). It is believed that having good mental health literacy among young people will make it easier for them to seek recommendations for help from others when they face mental health challenges (Haavik et al., 2019). A previous study conducted by I-NAMHS highlighted that adolescents lacked mental health literacy, such as not knowing where to seek help and facing professional stigma. The study indicated that 62% of teenagers confide in family members, especially parents, when they have problems. This suggests that parents may serve as crucial 'gatekeepers' in guiding adolescents to seek additional support or formal mental health services (Center for Reproductive Health, 2022).

In their 2020 review, Clark et al. examined previous research by Wei, Hayden, Kutcher, Zygmunt, and McGrath (2013) and found that health literacy programs in schools can effectively increase knowledge, reduce stigmatizing attitudes, and improve help-seeking behavior among young people aged 12-25. The researchers believe that although seeking help from professionals may not be the top priority for secondary school students, they still need support from the people they trust most—mainly their parents. If parents feel unequipped to provide the necessary assistance, they are encouraged to guide their children toward mental health professionals. By playing a positive role, parents, along with school programs focusing on mental health literacy, can contribute to the well-being of secondary school students.

When students enhance their mental health literacy, they become more adept at identifying whom to approach for support when facing mental health challenges. A crucial aspect of this literacy for adolescents is understanding stress-coping strategies, as proposed by Lazarus and Folkman. Secondary school students can seek help from appropriate resources, such as guidance and counseling teachers, their trusted peers, or their parents. This knowledge empowers them to utilize effective coping strategies to navigate social pressures in both school and society, thereby mitigating potential mental health issues. By grasping health literacy and implementing stress-coping strategies, young individuals can cultivate mental resilience, which in turn fosters improved mental well-being as they confront various social challenges (Fitriyah et al., 2023).

Conclusion

In conclusion, it is essential to teach students how to enhance their Help-Seeking Intention by improving their Mental Health Literacy. Schools should also create opportunities for students to access professional support, particularly through the involvement of guidance and counseling teachers. Our study

indicates that students place the highest level of trust in parents and friends when it comes to seeking help, suggesting that schools should actively collaborate with these figures.

To this end, schools can implement teaching and training programs aimed at enhancing mental health literacy among parents, enabling them to serve as effective counselors for their children. Additionally, establishing a peer counseling program could empower students to assist their peers who are facing mental health challenges with guidance from qualified teachers in the field. Furthermore, creating a mental health corner within the library dedicated to resources focused on psychology and adolescent mental health would provide valuable support for students seeking information.

Following up that girls have lower help-seeking than males, the development of a mental health literacy platform may be aimed at adolescents based on gender. However, appropriate methods are needed to share mental health literacy with adolescents in general. This anticipates self-diagnosing attitudes when adolescents find out about their cognitive problems. In the future, digital literacy on mental health needs to be developed to be more engaging, especially for adolescents.

Author Contributions

The specific contributions of each author in this research are as follows:

Endang Widyorini: Conceptualization, paper review, and guidance;

Daniswara Agusta Wijaya: Ethical reviews, obtaining school permissions, and data analysis;

Margaretha Sih Setija Utami: Conceptualization, data analysis, and curation;

Averina Gracia Eistein Medarango: Scale administration and assistance with data collection from respondents.

All authors have reviewed and approved the final version of the manuscript. Authorship is limited to those who have substantially contributed to the reported work.

Institutional Review Board Statement

This research has been approved by the Research Ethics Commission, Faculty of Psychology, Soegijapranata Catholic University, with Number 075/8.7.5/FP.KEP/XI/2023, which has decided that it meets ethical standards in the discipline of psychology and the Code of Ethics of the Indonesian Psychological Association.

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Conflicts of Interest:

The author affirms that there is no conflict of interest in this research. Each interpretation of the research results is the product of data processing and discussions by the research team, free from personal interests. Similarly, the university, as the supporter of the research funding, does not partake in writing or intervening in the interpretation of data, manuscript preparation, or the decision to publish the results.

Appendix

Table 1. The demographic characteristics of respondents depend on gender, age, and class ($n = 792$), in Semarang City, Central Java, Indonesia, 2024

Table 2. The t-test results between variables ($N = 792$)

Table 3. Results of ANOVA test, between class ($N = 792$)

Table 4. Correlation test results ($N = 792$)

Table 5. Multiple Regression test results ($N = 792$)

Figure A1. Scatter plot of correlation between MHL and HSI

Figure A2. Scatter plot of correlation between MHL and MWB

Figure A3. Scatter plot of correlation between HSI and MWB

Figure B1 Graph of Help-Seeking Intention among Junior High School students

Figure B2. Graph of Help-Seeking Intention among Senior High School Students

References

- Altweck, L., Marshall, T. C., Ferenczi, N., & Lefringhausen, K. (2015). Mental health literacy: A cross-cultural approach to knowledge and beliefs about depression, schizophrenia, and generalized anxiety disorder. *Frontiers in Psychology*, 6 (17), 1272–1272. <https://doi.org/10.3389/fpsyg.2015.01272>
- AntaraneWS.com. 17 December 2023. Indriyani & Mulyadi, R. Psikolog minta guru jangan abai gejala gangguan kesehatan mental siswa. Diakses pada Rabu, 21 Februari 2024, dari <https://www.antaraneWS.com/berita/3875328/psikolog-minta-guru-jangan-abai-gejala-gangguan-kesehatan-mental-siswa>
- Barus, Gloria. (2022). Hasil Survei I-NAMHS: Satu dari Tiga Remaja Indonesia memiliki Masalah Kesehatan Mental. (accessed on 17 Februari 2024) <https://ugm.ac.id/id/berita/23086-hasil-survei-i-namhs-satu-dari-tiga-remaja-indonesia-memiliki-masalah-kesehatan-mental/>
- Basson, N. (2008). The influence of psychosocial factors on the subjective well-being of adolescents (Doctoral dissertation, University of the Free State).
- Burns, J., & Birrell, E. (2014). Enhancing early engagement with mental health services by young people. *Psychology Research and Behavior Management*, 7, 303–312. <https://doi.org/10.2147/PRBM.S49151>
- Campos, L., Dias, P., Costa, M., Rabin, L., Miles, R., Lestari, S., Feraihan, R., Pant, N., Boonchieng, W., & Yu, L. (2022). Mental Health Literacy Questionnaire-short version for adults (MHLq-SVa): validation study in China, India, Indonesia, Portugal, Thailand, and the United States. *BMC psychiatry*, 22(1), 713. <https://doi.org/10.1186/s12888-022-04308-0>
- Campbell, F., Blank, L., Cantrell, A. et al. Factors that influence the mental health of university and college students in the UK: a systematic review. *BMC Public Health* 22, 1778 (2022). <https://doi.org/10.1186/s12889-022-13943-x>
- Center for Reproductive Health, University of Queensland, & Johns Bloomberg Hopkins School of Public Health. (2022). *Indonesia – National Adolescent Mental Health Survey (I-NAMHS): Laporan Penelitian*. Yogyakarta: Pusat Kesehatan Reproduksi (UGM).
- Christner, R.W. & Mennuti, R.B. (2009). *School-Based Mental Health*. New York: Routledge.
- Clark, L. H., Hudson J. L., Rapee, R. M., Grasby, K. L. (2020). Investigating the impact of masculinity on the relationship between anxiety-specific mental health literacy and mental health help-seeking in adolescent males. *Journal of Anxiety Disorders*, 76, 102292, 1-8. <https://doi.org/10.1016/j.janxdis.2020.102292>
- Connell, J., Brazier, J., O’Cathain, A., Lloyd-Jones, M., & Paisley, S. (2012). Quality of life of people with mental health problems: a synthesis of qualitative research. *Health and quality of life outcomes*, 10, 1-16.
- Ferrari, A. J., Charlson, F. J., Norman, R. E., Patten, S. B., Freedman, G., Murray, C. J., Vos, T., & Whiteford, H. A. (2013). Burden of depressive disorders by country, sex, age, and year: findings from the global burden of disease study 2010. *PLoS medicine*, 10(11), e1001547. <https://doi.org/10.1371/journal.pmed.1001547>
- Fitriyah, L. (2023). Enhancing Counseling Services in Secondary Schools Through the Implementation of Training Modules and Counseling Materials for Peer Counselors. *Bulletin of Community Engagement*, 3(2), 175-192. <https://doi.org/10.51278/bce.v3i2.827>
- Hayes D, Moore A, Stapley E, et al. School-based intervention study examining approaches for well-being and mental health literacy of pupils in Year 9 in England: study protocol for a multischool, parallel group cluster randomised controlled trial (AWARE). *BMJ Open* 2019;9:e029044. <https://doi.org/10.1136/bmjopen-2019-029044>
- Haavik, L., Joa, I., Hatloy, K., Stain, H. J., & Langeveld, J. (2019). Help seeking for mental health problems in an adolescent population: the effect of gender. *Journal of Mental Health*, 28(5), 467–474. <https://doi.org/10.1080/09638237.2017.1340630>
- Ides, S. (2023). Tingginya Intensitas Penggunaan Media Sosial dapat Berakibat Depresi pada Remaja. *Jurnal Ilmu Keperawatan Jiwa*, 6 (3).
- Idham, A.F., Rahayu, P., As-Sahih, A.A., Muhiddin, S., & Sumantri, M.A. (2019), Trend Literasi Kesehatan Mental, Analitika: Jurnal Magister Psikologi UMA, 11 (1): 12-20. DOI: <http://dx.doi.org/10.31289/analitika.v11i1.2294>
- Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry*, 177 (5), 39–401. doi:10.1192/bjp.177.5.396
- Katz, R., Ogilvie, S., Shaw, J. & Woodhead, L. (2021). *Gen Z, Explained: The Art of Living in a Digital Age*. Chicago: University of Chicago Press. <https://doi.org/10.7208/chicago/9780226814988>

- Kementerian Kesehatan Republik Indonesia. (2018). Laporan Nasional Riskesdas 2018/Badan Penelitian dan Pengembangan, Kementerian Kesehatan Republik Indonesia. Was accessed from: d41d8cd98f00/files/Hasil-riskesdas-2018_1274.pdf
- Komala, C., Faozi, A., Rahmat, D. Y., & Sopiah, P. (2023). Hubungan literasi kesehatan mental dengan trend self-diagnosis pada remaja akhir. *Holistik Jurnal Kesehatan*, 17(3), 206-213.
- Li, C. E., DiGiuseppe, R., & Froh, J. (2006). The roles of sex, gender, and coping in adolescent depression. *Adolescence*, 41(163). https://www.researchgate.net/profile/Raymond-Digiuseppe/publication/6576074_The_roles_of_sex_gender_and_coping_in_adolescent_depression/links/551aea280cf2bb7540786c45/The-roles-of-sex-gender-and-coping-in-adolescent-depression.pdf
- Lloyd, J., Ward, T., & Blackwell Young, J. A. (2014). Do parental interpersonal power and prestige moderate the relationship between parental acceptance and psychological adjustment in UK students?. *Cross-Cultural Research*, 48(3), 326-335. DOI: <https://doi.org/10.1177/1069397114528677>
- Maya, N. (2020). Pengaruh Literasi Kesehatan Mental dan Persepsi Stigma Publik Terhadap Sikap Mencari Bantuan Profesional Psikologi pada Remaja Kota Bandung (Doctoral dissertation, Universitas Pendidikan Indonesia). <http://repository.upi.edu/id/eprint/55188>
- Maya, N. (2021). Kontribusi literasi kesehatan mental dan persepsi stigma publik terhadap sikap mencari bantuan profesional psikologi. *Gajah Mada Journal of Psychology (GamaJoP)*, 7(1), 22-32. DOI: [10.22146/gamaJoP.58470](https://doi.org/10.22146/gamaJoP.58470)
- Moss, R. A., Gorczyński, P., Sims-Schouten, W., Heard-Laureote, K., & Creaton, J. (2022). Mental health and wellbeing of postgraduate researchers: exploring the relationship between mental health literacy, help-seeking behaviour, psychological distress, and wellbeing. *Higher Education Research & Development*, 41 (4), 1168–1183. <https://doi.org/10.1080/07294360.2021.1906210>
- Ormel, J., Oerlemans, A. M., Raven, D., Laceulle, O. M., Hartman, C. A., Veenstra, R., Verhulst, F. C., Vollebergh, W., Rosmalen, J. G., Reijneveld, S. A., & Oldehinkel, A. J. (2017). Functional outcomes of child and adolescent mental disorders. Current disorder most important but psychiatric history matters as well. *Psychological medicine*, 47(7), 1271–1282. <https://doi.org/10.1017/S0033291716003445>
- Purborini, N., Lee, M.-B., Devi, H. M., & Chang, H.-J. (2021). Associated factors of depression among young adults in Indonesia: A population-based longitudinal study. *Journal of the Formosan Medical Association*, 120 (7), 1434-1443. <https://doi.org/10.1016/j.jfma.2021.01.016>
- Santrock, J. W. (2007). *Adolescence [Remaja]* (Jilid 2) (Alih Bahasa: B. Widiasinta). Jakarta: Erlangga.
- Stillman, D., & Stillman, J. (2017). *Gen Z @ Work: How the Next Generation is Transforming the Workplace*. New York: HarperCollins Publishers.
- Siswanti, D. N., & Rifani, R. (2022). Pengaruh Literasi Kesehatan Mental terhadap Sikap Remaja Mencari Bantuan Profesional Psikolog di Kota Makassar. Makassar: LP2M-Universitas Negeri Makasar, Seminar Nasional Hasil Penelitian 2022.
- UGM.ac.id. 24 Oktober 2022. Hasil Survei I-NAMHS: Satu dari Tiga Remaja Indonesia memiliki Masalah Kesehatan Mental. (diakses pada 17 Februari 2024) <https://ugm.ac.id/id/berita/23086-hasil-survei-i-namhs-satu-dari-tiga-remaja-indonesia-memiliki-masalah-kesehatan-mental/>
- Viejo, C., Gómez-López, M., & Ortega-Ruiz, R. (2018). Adolescents' psychological well-being: A multidimensional measure. *International journal of environmental research and public health*, 15(10), 2325 <https://doi.org/10.3390/ijerph15102325>
- Wajsblat, L. L. (2011). *Positive androgyny and well-being: A positive psychological perspective on gender role Valence* (Dissertation). Hempstead: Hofstra University.
- Who.int. Mental Health: Overview. Diakses pada 24 April 2024, dari https://www.who.int/health-topics/mental-health#tab=tab_1
- Who.int. 17 November 2021. Mental Health of Adolescents. Diakses pada 24 April 2024, dari <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- Wilson, C. J., Deane, F. P., Ciarrochi, J. V. & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the General Help Seeking Questionnaire. *Canadian Journal of Counselling*, 39 (1), 15-28. <https://ro.uow.edu.au/hbspapers/1527/>
- Yunanto, T. A. R. (2018). Perlukah Kesehatan Mental Remaja? Menyelisik Peranan Regulasi Emosi dan Dukungan Sosial Teman Sebaya Dalam Diri Remaja. *Jurnal Ilmu Perilaku*, 2 (2), 75-88. <https://doi.org/10.25077/jip.2.2.75-88.2018>