Mental Health Help-Seeking Behavior in Early Adulthood Urban Males

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ABSTRACT

Early adulthood male is one of the groups that rarely consult about their mental health conditions. Within the masculine culture, male is expected to be though and strong, so that forbidden for complain and seeking help. This study aims to describe mental health help-seeking behavior among early adulthood males, and factors that influence that behavior. This study uses a qualitative phenomenological approach with content analysis as the data analysis techniques, and uses triangulation techniques to validate interview data. The subjects in this study were three males who met the research criteria aged 22, 23, and 26 years old living scattered throughout urban Indonesia (Sleman, Mataram, and Jakarta). The data collection methods were semi-structured interviews and general observations through an online platform, as well as a document that screenshots from the subject. The results showed that there were five themes which described stages of the mental health help-seeking behavior phenomenon. First, male realize that they have problems. Second, male seek information about their condition through the internet. Third, male have a priority level in seeking help. Fourth, male visit mental health services. Fifth, male develop good coping mechanisms. Meanwhile, the factor that influences mental health help-seeking behavior in early adulthood male is self-awareness that they need help. The conclusion is that early adulthood male tends to went through stages before finally seek for professional help from mental health practitioners. One factor was identified as influencing that help seeking pattern.

Keywords: *early adulthood, male, mental health help-seeking behavior*

ABSTRAK

Laki-laki dewasa muda merupakan salah satu kelompok yang jarang berkonsultasi mengenai kondisi kesehatan mental mereka. Dalam budaya maskulin, laki-laki diharapkan untuk kuat dan tegar, sehingga mengeluh atau mencari bantuan dianggap sebagai hal yang tabu. Penelitian ini bertujuan untuk menggambarkan perilaku mencari bantuan kesehatan mental pada laki-laki dewasa muda dan faktor-faktor yang memengaruhi perilaku tersebut. Penelitian ini menggunakan pendekatan fenomenologis kualitatif dengan teknik analisis konten sebagai metode analisis data, serta menggunakan teknik triangulasi untuk memvalidasi data wawancara. Subjek dalam penelitian ini adalah tiga laki-laki yang memenuhi kriteria penelitian, berusia 22, 23, dan 26 tahun, yang tinggal di beberapa kota di Indonesia (Sleman, Mataram, dan Jakarta). Metode pengumpulan data yang digunakan adalah wawancara semi-terstruktur dan observasi umum melalui platform daring, serta dokumen berupa tangkapan layar dari subjek. Hasil penelitian menunjukkan lima tema yang menggambarkan tahapan fenomena perilaku mencari bantuan kesehatan mental. Pertama, laki-laki menyadari bahwa mereka memiliki masalah. Kedua, laki-laki mencari informasi tentang kondisi mereka melalui internet. Ketiga, laki-laki memiliki tingkat prioritas dalam mencari bantuan. Keempat, laki-laki mengunjungi layanan kesehatan mental. Kelima, laki-laki mengembangkan mekanisme koping yang baik. Sementara itu, faktor yang memengaruhi perilaku mencari bantuan kesehatan mental pada laki-laki dewasa muda adalah kesadaran diri bahwa mereka membutuhkan bantuan. Kesimpulannya, laki-laki dewasa muda cenderung melalui beberapa tahapan sebelum akhirnya mencari bantuan profesional dari praktisi kesehatan mental. Salah satu faktor yang diidentifikasi memengaruhi pola pencarian bantuan tersebut adalah kesadaran diri.

Kata kunci: *dewasa muda, laki-laki, perilaku mencari bantuan kesehatan mental*

Introduction

Urbanization is one of the most significant health-related shifts in society now and in the future decades (Gruebner et al. 2017). More than half of the world's population now lives in cities; by 2050, this figure will have risen to over 70%, with more than half of the urban population residing in cities with populations of more than 500.000 people (UN 2015). As the world becomes increasingly urbanized, more people are exposed to risk factors originating in the urban social (e.g., poverty) or physical environment (e.g., traffic noise), contributing to increased stress, which is negatively linked to mental health. Cities, on the other hand, offer better access to health care, employment, and education. The balance between those variables that are harmful and those that are beneficial needs a better understanding of the interaction between city lifestyle and mental health. With better knowledge, the public would also have a lower stigma toward people with mental disorders (Hartini, Fardana, Ariana, & Wardana, 2018).

Some significant mental illnesses (such as anxiety, psychosis, mood, or addiction disorders) are more common in cities. In various Latin American and Asian nations, studies on anxiety disorders (including posttraumatic stress disorder, distress, rage, and paranoia) reported a higher incidence in urban than rural settings. In China and big urban areas in Germany, the same was true for psychotic diseases (e.g. schizophrenia). In a Danish study, people who spent their first 15 years in a major city had a more than twofold increased risk of schizophrenia than those who grew up in rural settings (Grueber et al., 2017).

In adulthood, the prevalence of depression and anxiety is much higher in females. Meanwhile, substance use disorders and antisocial behavior were higher in male. In cases of severe mental disorders such as schizophrenia or bipolar disorder, there was no difference in prevalence in either females or males. However, male usually has an earlier onset of schizophrenia while a female is more likely to have serious bipolar depression (WHO 2002).

Many studies from industrialized countries report that females is consistently more likely to use outpatient mental health services than males. Male Males may seek treatment at an advanced stage after the onset of symptoms or delay until symptoms become severe (WHO 2002). In addition, based on data from the National Health Service (NHS) in the UK, males access mental health services less often than females (NHS 2020).

Access to mental health services is also associated with differences in coping strategies. Males cope with mental health difficulties differently than females. They tend to show an increase in the desire to "help" themselves with alcohol and drugs to reduce emotional distress (Sagar-Ouriaghli et al 2019). This is supported by the prevalence rate of drug use disorders is higher in males (Nolen-Hoeksema 2004) (Wilhelm 2014).

Help-seeking behavior is the process by which a person seeks professional help in dealing with the symptoms of the disorder experienced (Rickwood & Thomas 2012). The process of seeking help for mental health problems is no exception. Help-seeking behavior refers to the use of health and other services in severe or serious mental health problems such as drug use, depression, and suicide. In some case literature, the term "seeking help" is used in a more comprehensive way to refer to the use of formal and informal support, including family, kinship networks, friends, traditional healers, and/or religious leaders (Barker 2007).

According to the mental health help-seeking model (Cauce et al., 2002), before a person can seek help for a mental health problem, he or she must first recognize the symptoms of a mental disorder and recognize the need for psychological help. Therefore, low utilization of mental health services can be associated with several barriers, including low mental health literacy (Cheng, Wang, Mcdermott, & Kridel 2018) and high levels of stigma (Chandra & Minkovitz 2006).

The basic model of seeking help for mental health problems provides a useful framework for understanding the factors that influence decisions to seek help with mental health problems. These models usually describe seeking help as a multi-stage process consisting of several interrelated behaviors (Eisenberg Downs, Goldberstein, & Zivin 2009). Broadly speaking, the individual experiences a health problem, feels the need for professional help, evaluates the costs and benefits of receiving treatment (in the context of social norms about seeking help), and takes action to receive treatment by choosing one of several types of assistance for mental health problems.

In certain contexts, gender ideals and practices make it difficult for males to identify mental health problems. For example, theoretical analysis suggests that military culture prevents emotional expression through a combination of excessive masculinity and working-class norms that promote steadfastness, action on words, denial of pain or weakness, and physical resilience (Abraham, Cheney, & Curran 2017).

This study aimed to describe mental health help-seeking behavior and to identify factors that influence mental health help-seeking behavior in early adulthood urban males in Indonesia. Research about mental health among males is still quite rare. Such research is usually conducted on females, especially in developing countries.

Method

Participants and Procedure

Participants of this study were recruited from a social media platform that offered voluntary involvement in a qualitative study on male's mental health behavior. There were five consented subjects with criteria as Indonesian citizens, at the stage of early adulthood with experience in accessing mental health services for a non-severe mental disorder (non-psychotic). After filling out the informed consent, researchers share the link for a further interview via an online platform, due to the distance of the consented participants as well as for safety reasons of the pandemic. At the final stage, only three participants decided to participate and continued their consent. Each interview was performed for approximately 45 - 60 minutes and recorded as previously agreed with all participants.

Data Collection

Data collection involved many things such as preparing for ethical concerns that may occur when requesting authorization, carrying out a sound qualitative sampling approach, creating tools for data collection, addressing concerns as they arise in the field and safely storing the data (Creswell & Poth, 2018). Various types of data collection methods in qualitative research were used in this study, such as online interviews and observation, as well as document exposure on the previous Interviews are considered as social interactions based on conversation (Creswell & Poth, 2018). A general observation was conducted during the online interview to observe the facial expressions and gestures, and screenshot files on the document of participants' registration as mental health professionals were also compiled.

In this research, we took off from Barker's definition of help-seeking (2007). After that, the definition is derived into aspects. Those aspects are: 1) Action/activities conducted; 2) Experiencing health problems; 3) The need to solve problems in positive ways; and 4) Identify the source sought, with their own questions: 1) What did you first do the moment you realize you have mental health problem symptoms?; 2) What do you do when you're experiencing problems you can't handle

alone?; 3) When you have mental health problems, what do you do?; 4) How do you solve the problems you face?; and 5) What source or who do you come to or find when you have problems?

Research Design

This study used a phenomenological approach that is used to understand and explain the universal essence of a phenomenon. Phenomenology is suitable to explore the human experience, and then find the meaning of that experience The phenomenological approach used in this research was to understand how males seek help when they face mental health problems, instead of looking at it per case (Creswell & Poth, 2018).

Data Analysis

Data analysis in this study used the van Manen tradition (Manen, 2016) where the process is organizing and sorting data to find the meaning, formulating it into a descriptive level, then formulating the descriptive into an interpretative level, and finally clustering it into themes. Research that uses content analysis focuses on the characteristics of language as communication by paying attention to the content or contextual meaning of the text (Tesch, 2013).

Results

This study aimed to describe the mental health help-seeking behavior and to identify factors that influence mental health help-seeking behavior in early adulthood male. Three consented males in early adulthood who resided in urban cities were interviewed through an online platform. The results show five themes emerged from the data analysis namely *self-awareness when experiencing problems, information seeking, levels of seeking help, visiting professionals,* and *better coping skills.* As for the factors that influence the male's mental health help-seeking was merely based on their consideration.

Mental Health Help-Seeking Behavior in Early Adulthood Male
Self-Awareness when Experiencing Problems

The subject realized that he had a problem. As stated by Subject One he felt he needed help because he was having problems. This is shown from the results of interviews with Subject One:
"Eee, because it feels like it's necessary. Yes, heeh, because I feel like I'm disturbed in my daily activities." (Subject 1, 23 yo)
In line with Subject One, Subject Two said that he was helpless due to the problems he faced. This is shown from the results of interviews with Subject Two:
"What I felt at that time was it more like helplessness." (Subject 2, 26 yo)
While in Subject Three, the subject usually does self-tracking to see if in those 14 days he has experienced any problems. This is shown from the results of interviews with Subject Three:
"As per the advice from professional, I tracked it first for 14 days if the symptoms continued, if it was consistent for the 14 days. For example, if the symptoms are simple things like frequent sleeping, don't want to work, or don't want to eat, I'll go straight to a psychologist or psychiatrist if that bothers me." (Subject 3, 22 yo)
Information Seeking

The subjects sought information regarding their condition in many ways. As Subject one mentioned, the first thing he did when experiencing symptoms of the problems is to search on Google. This is shown in this interview result:

"Emm, first I googled it, like trying to self-diagnose..." (Subject 1, 23 yo)

A little different from Subject One, Subject Two decided to seek information regarding free webinars to shine light on some of the problems. This is shown in this answer from Subject Two:

"At the time... I tried to find... there were a lot of webinars then, so I tried looking for the free ones regarding mental health, ee, mindful, well, anything regarding positive psychology." (Subject 2, 26 yo)

On Subject Three, he sought information through a mental health service website and then did a preliminary consultation with the available counselor to find information regarding his troubles. This is shown in the interview with Subject Three below:

"I contacted him, and then I remembered there was a website called saveyourself.id. From that website I chatted with the counselor..." (Subject 3, 22 yo)

Sequence in Seeking Help

From the interviews, it was revealed that subjects opted to contact their families/close friends before accessing mental health services. Subject One mentioned that he contacted his close ones first. This is shown below:

"Usually, I asked help from the people closest to me first" (Subject 1, 23 yo)

Meanwhile, Subject Two tried to contact the friends he deemed "has the same frequency" so they can understand his position better. This is shown in interview below:

"Well, I went to friends who have the same frequency as me." (Subject 2, 26 yo)

Different with Subject One and Subject Two, Subject Three tried to contact parents and next of kin first before going to professional. This is shown in the interview with Subject Three:

"The one I came to was my parents, because they are pretty critical in certain things." (Subject 3, 22 yo)

In this process, it is not rare for Subject Three to have trust issue with other people (esp. friends). This is shown below:

"So instead of taking risks by telling everyone, I only tell certain people who were less judgmental, even my best friends. It's basically because I don't really believe in friendship." (Subject 3, 22 yo)

Visiting the Professionals

The Subjects then visited professional to try to fix their condition and gain more knowledge regarding their condition. Subject One felt that his day-to-day life is distracted by his condition so he visited professional. This is seen in the interview below:

"Yes, because I felt distracted in my day-to-day life." (Subject 1, 23 yo)

During the process however, Subject One did not completely trust the therapist so Subject One decided to discontinue the counseling sessions with the therapist. This is shown in interview below:

"Eeh, one of the reasons is she has different background, so it was be harder to relate. Also, the therapist is older and from different generation.

"Eeh, she also didn't say that she's part of the queer community. If she was, she would have told me. If she was a part of the queer community, it would have made some sort of relatability, but she wasn't." (Subject 1, 23 yo)

Subject Two felt some physical symptoms. When examined, all the results were normal. Also, the doctor told him he needs to reduce his stress. Subject Two felt that this advice can be given by

anyone, which dissatisfied Subject Two. This led Subject Two to went to the professional in mental health (psychologist). This is shown in interview below:

"At that time what I felt was more like helplessness. I mean, I was confused thinking about who can help me because even when I went to the doctor, they just tell me not to stress. I didn't get any explanation as to why I felt what I felt. Because even if the diagnose said that I'm fine, I still needed to find out what was wrong, what do I need to fix. That's when the idea to go to the psychologist came." (Subject 2. 26 yo)

As for Subject Three, he expressed his desire to go to a psychiatrist because of the problems he was facing. This is shown in these expressions:

"At first I just went and told my mother that I wanted to go to the psychiatric. It was that simple." (Subject 3. 22 yo)

It was obvious that the first step taken by those young males as the aware that they have had trouble was asking the internet based searching machine.

Better Coping Skills

After visiting professionals, the Subjects acquired certain ways to cope with their conditions. As the therapist suggested, Subject One did yoga and meditation to overcome relapses and to keep his condition stable. This is shown in the interview below:

"Now I do yoga, meditation, reading, watching a movie, and hang out with friends" (Subject 1. 23 yo)

As for Subject Two, he was taught to observe himself when experiencing relapses or facing problems. This is shown in the interview below:

"After I know the psychologist, it dawns on me of how hard it is to observe without judgment. Like if I feel like I'm helpless, it's enough to observe that I am helpless, without feeling or asking why am I feeling helpless." (Subject 2. 26 yo)

Subject Three learned a lot of ways to solve problems from his psychologist or mentor. This is shown in the interview below:

"Not really, no. Nowadays I learned a few ways, like mind-map, Cornell method, root class analysis, and so on. Now I face problems with different frameworks depending on the problems." (Subject 3. 22 yo)

Factors Affecting Mental Health Help-Seeking Behavior in Early Adult Male
Awareness that they need help

Only one factor appears in this study, namely internal factors in the subject. The subjects felt that they needed help because what they were experiencing interfered with their daily life. This is indicated by the following interview results:

"Eeh, I feel like I need it because it has interfered with my daily life." (Subject 1. 23 yo)

"Because I didn't know what I went through at the time. It was alien to me." (Subject 2. 26 yo) (Subject 1. 23 yo)

Subjects One and Two felt that what they experienced was annoying enough to their daily life so it became an impetus to seek help.

Discussion

Mental Health Help-Seeking Behavior in Early Adulthood Male

Male often have the characteristic of not wanting to ask for help when they have problems in life. Common stereotypes depict men being reluctant to ask for directions when lost, having difficulty sharing their feelings of vulnerability with friends and family, and avoiding seeking the help they need from professionals. Many empirical studies support the popular belief that male is

reluctant to seek help from medical professionals. Compared with females, a male is less likely to seek help for issues as diverse as depression, substance abuse, physical disability, and stressful life events (Addis & Mahalik, 2003). Masculine gender socialization seems to produce a "double blow" effect, as it is linked to both unhealthy behaviors and a decreased likelihood of seeking necessary health resources when needed (Levant, Wimer, & Williams, 2011).

An alternative to a sex-differences approach is to understand that male seeking help are a product of male's socialization of gender roles. Role socialization models begin with the assumption that male and female learn gender attitudes and behaviors from cultural values, norms, and ideologies about what it means to be male and female. For example, many tasks involve seeking help from a medical professional, such as relying on others, acknowledging a need for help, or recognizing and naming an emotional, conflicting problem. contradicts the message males receive about the importance of self-control, physical endurance, and emotional control (Addis & Mahalik, 2003).

The results of this study found an overview of how the behavior of seeking help was experienced by three males who had experienced psychological problems and were the subjects of this study. There were five themes that were found related to the behavior of seeking help for mental health problems experienced by males, namely realizing that they had problems, seeking information from the internet, having priorities other than professionals before seeing a professional, deciding to see a professional (psychologist/psychiatrist/therapist), and improved self-coping.

Seeking help cannot be started in earnest until a mental health problem or need is identified. In this case, the subject recognizes that he has a problem (there are symptoms that are felt in himself) so he feels disturbed. This is in line with Cauce et al. (2002) mental health-seeking model for the recognition stage (epidemiologically or perceived need). Men generally perceived their illness symptoms as not very severe. They believed they could either manage the symptoms on their own or simply wait for them to resolve (Smith, Braunack-Mayer, Wittert, & Warin, 2008).

This study also found several things related to males seeking mental health assistance. One of the results obtained from this study is that males tend to use the internet to search for information after realizing that they have mental health problems. This is in line with the research of Smith, Braunack-Mayer, Wittert, and Warin (2008) and systematic review by Gulliver, Griffiths, and Christensen (2010) which states that male carry out "self-reliance" which refers to self-monitoring by seeking information from various sources, including the internet. Males have big interest and acceptance to technology lead them to use internet for informational support, including health information (Mo, Malik, & Coulson, 2009). Moreover, the longing for independence and autonomy in males may be addressed by the internet as it can provide a better medium with no confrontation that can be utilized to seek help (Ellis et al., 2013). Men often consider traits of control and independence central to their masculine self-concept (Noone & Stephens, 2008)

In terms of seeking help, the subject chose to seek help from the people closest to him first before deciding to visit a professional. As revealed by Barker (2007) that even though there are adequate facilities, someone will first seek help through family or friends before deciding to seek help from professionals. According to Addis and Mahalik (2003), male may face barriers to seeking help from medical professionals when they perceive other male in their social networks to belittle the process. This is especially the case if (a) other male are said to have a unanimous attitude, (b) a large number of male express similar attitudes, (c) male find themselves are quite similar to their group members, and (d) male reference group members are important to them.

The interplay of variations within each of these grouping traits clearly shows how male's help-seeking can be influenced by shared norms of masculinity and vary widely across contexts. difference. Consider the case of a male who was considering seeking help for his depression. The majority of the male he works with have never addressed the issue and have frequently made statements about the importance of staying strong, being your own man, not falling, etc. If this is a male's only social network, maybe he will keep his depression private and not seek professional help. However, if he also belongs to a large religious group in which male are encouraged to share their problems with friends, family members, and clergy, he may seek help. In this context, seeking help is facilitated by both normalizing life problems and the act of asking for help. (Addis & Mahalik, 2003).

The three subjects then sought help from professionals (in this case psychologists and psychiatrists) to relieve the condition felt by the subject. This is in line with research which states that the attitude of seeking help is a consistent and strong predictor of the intention to seek psychological help. In addition, help seeking and psychological distress have been shown to influence help seeking intentions in several studies (Mackenzie, Gekoski and Knox 2006).

After visiting professionals, in this study it was found that the three subjects developed various coping mechanisms (problem-focused coping and emotion-focused coping) that were good for them if they experienced a relapse or when they faced a problem. In line with research from Grover et al. (2020) that the role of mental health professionals does not only focus on the disorders experienced by their patients but also teaches self-care skills and the necessary behavior changes. So that by visiting a professional, the three subjects can gain new knowledge and good coping mechanisms for the subject themselves.

Factors Affecting Mental Health Help-Seeking Behavior in Early Adult Male

This study found that the subjects were driven by self-awareness (internal factors) to seek help. This awareness is part of the recognition in Cauce et al. (2002) mental health help-seeking model in which there is a perception of the need that he needs help. In addition, it is very possible that this is influenced by the educational background of the subject which is at least at the bachelor level. This is in accordance with the results of research by Reavley, McCann and Jorm (2012) which shows that a high level of education affects a person's health literacy. In addition, based on the results of research by Frenk, Sautter, Woodring and Kramarow (2017), it shows that male with several college degrees is more likely to visit mental health professionals compared to male who only have a high school degree.

The subjects in this study were also very selective in expressing their condition to others. Only trusted people are contacted when experiencing problems. This could be influenced by toxic masculinity in which a male should not appear weak in front of others. In line with research from Harris (2001) on the components of emotional detachment, expressing emotions is a sign of weakness while being "hard" is a sign of strength. So that male is not free to express what they feel (especially on emotions that show weakness).

The limitations of this study are that the interviews were conducted through an online platform due to the pandemic regulation of social distancing. This might cause unsatisfactorily observation of the subjects during the interview. The use of screenshot mode in accessing the evidence of the subjects' registration to mental health professionals was the next obstacle in viewing the original documents due to social distancing. The involvement of only three subjects in this study is the next limitation, as the coverage of experiences of young adulthood males in Indonesia is far from achieved. More subjects involved from different urban settings will improve the saturation of qualitative data. However, the use of multiple data sources of interview,

observation and achieve study have increased the credibility of the results since the research question can be captured from different angles. Further, triangulation in investigators/researchers (with different disciplinary backgrounds) in the analysis and interpretation further strengthened the credibility of the study results.

Conclusion

Five descriptions of mental health help-seeking behavior were identified in early adulthood males and the factors that influence these behaviors, are described as follows: 1) In the early stages before seeking help, males realize that they have problems; 2) After realizing, male looks for information about the problems being faced by looking for information through the internet about his condition; 3) Male have a priority form of people/parties to reach when seeking help before going to professionals; 4) After feeling that help from people around them was not helpful, male visited a professional (psychologist/psychiatrist/therapist); 5) In the end, male developed a good coping mechanism after visiting professionals and the coping mechanism helped male in dealing with the problems at hand. In this study, only one factor was found that influenced the behavior of seeking help, namely the awareness that they needed help. Male realized that they needed help because the subject experienced things that interfered with male's daily life. Suggestions for future researchers to do better rapport building with the male subject so that they can gain trust and feel comfortable telling their stories.

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