Original Research

SOCIAL SUPPORT IN ACCESSING ADOLESCENTS MENTAL HEALTH SERVICES

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ABSTRACT

Introduction: The survey reported that adolescents experienced severe depression (15.6%) and extreme stress (6.3%) in Warungboto, Yogyakarta, Indonesia. In fact, with this condition, they are reluctant to access mental health services. Adolescents' skills still lacking in problem-solving and inadequate social support are thought to be the triggering factors for low access to health services. **Aims:** to determine the social support for adolescents in accessing mental health services. **Methods:** This type of research is quantitative research with a cross-sectional approach. The unit of analysis is adolescents (15-24 years) who are identified as having stress and depression based on the results of early detection of mental health. The sample size is 36 teenagers, with a total sampling technique. The variables are family support, peer support, mental health status, problem-solving, and self-control measured in the questionnaire. Meanwhile, mental health status was assessed using DASS-21 and PSS-10. **Results:** There was a significant relationship between social support from family (p-value 0.001, 95% CI 1.581-76.551) and peers (p-value 0.018, 95% CI 1.108 – 2.608) with adolescent mental health status. Adolescents with depression and stress are very few who get good social support from their families in accessing mental health services. This study proves that family social support is a significant factor in accessing mental health services. **Conclusion:** Family involvement in overcoming adolescent mental health problems is crucial. However, health providers can also provide community-based mental health services with a peer approach.

Keywords: Mental health, Adolescents, Social support, Stress, Depression

INTRODUCTION

Nowadays, teenagers only focus on improving the physical without paying attention to the non-physical. In contrast, non-physical factors are also a determining factor for the success of adolescents in the future. Adolescent mental and emotional factors that are not considered cause adolescents to be physically healthy but psychologically vulnerable to stress and life pressures (Jakarta Health Polytechnic I Ministry of Health Republic of Indonesia, 2010). Disruption of mental health in adolescents will be associated with adverse educational, health and social outcomes (Nielsen et al., 2017). Globally, mental health has become one of the burdens of disease that has disturbed the health of adolescents in recent years. It is estimated that one in seven adolescents will experience a mental health disorder in 2019. The number can exceed 150 million adolescent boys and girls. This figure rose to nearly 4 million cases in 2000 (UNICEF, 2021a). A quick survey conducted around September 2021 provides an overview of how teenagers feel from the beginning of the pandemic until now. The data reported that 27% of adolescents felt stressed, and 15% felt depressed in the last seven days. Economic factors are thought to be the main factors that influence emotional conditions; this is recognized by 30% of adolescents. Meanwhile, 46% of adolescents reported being less interested in doing their hobbies and 36% less enthusiastic about doing routine work, such as school and homework. This situation is very

influential on the way teenagers view the future. Other data report that girls (43%) are more pessimistic about the future than boys (31%) (UNICEF, 2021b).

Based on World Health Organization (2010), the prevalence of suicide reaches 1.6 to 1.8% per 100,000 people in Indonesia. The Basic Health Research data in 2018 reports that out of a thousand households, seven households have family members with schizophrenia/ psychosis. Meanwhile, people aged 15 years and over are at high risk of developing mental and emotional disorders (19 million cases) and are estimated to have depression (12 million cases). (Ministry of Health Republic of Indonesia, 2018). Ages 15 years and over can be classified as teenagers. In addition, 2.39% of adolescents in Indonesia have attempted suicide once, 2.59% for boys and 2.20% for girls.

Meanwhile, adolescents who have attempted suicide more than once were 1.80% boys and 1.16% girls (Center for research and development of public health efforts, 2015). Teenagers feel very stressed during the pandemic, triggered by limited access and gathering with peers. Friends access only through social media. Teenagers consider social media negatively impacting and tend to emphasize virtual social. He feels that many falsehoods are shown on social media, which makes teenagers stressed (UNICEF Indonesia, n.d.).

There has been an increase in the prevalence of severe mental disorders (schizophrenia/psychosis) in the Special Region of Yogyakarta. In 2013, the number of cases was still at 2.3 per mile, but in 2018 there was an increase of 10 per mile. In every 1000 population, there is one person with a severe mental disorder. The Special Region of Yogyakarta ranks second with the highest prevalence of severe mental disorders (schizophrenia/ psychosis) after Bali (Health Office of Special Region of Yogyakarta, 2018). A preliminary survey conducted by researchers with several representatives of teenagers from Warungboto Village, Umbulharjo District, Yogyakarta City, found four cases of severe mental disorders. Screening of mental health status among adolescents in Warungboto shows 15.6% indicated severe depression. In addition, 6.3% indicated extreme stress.

If mild mental health disorders are not treated immediately, they will lead to more severe problems, such as severe mental disorders (Ayuningtyas, Misnaniarti and Rayhani, 2018). In Indonesia, the issues faced are still around the poor behavior of adolescents in seeking legal assistance or mental health services. The results of The Basic Health Research data in 2018 showed that depression sufferers who take medication or undergo medical treatment are still deficient, only 9%. In addition, 68.3% of adolescents have never had experience with psychologists or mental health services (Rasyida, 2019). People assume that the religious approach is believed to provide support in overcoming the stress and mental disorders they experience. Social support from the immediate environment is very influential in taking individual action to prevent mental health disorders (Novianty and Hadjam, 2017).

Social support is predicted as a protective factor against stressors. The previous studies state a strong correlation between social support and the treatment of depression risk in adolescents (Mirdad, 2018). Social consent is obtained from two sources, namely from the informal environment (family, friends, co-workers, and superiors) and the formal assistance environment (health workers and humanitarian services workers) (Glanz, Rimer and Viswanath, 2008). In addition to social support from family, adolescents also receive social support from peers. Adolescents are closer to peers and spend more time with peers, so peers can help reduce the risk of emotional problems (Sulaiman and Mansoer, 2019). Another study states that it is necessary to

strengthen the support system for adolescents to overcome mental health problems. Adolescents must also have skills in dealing with and solving a problem (Sulistiowati et al., 2019).

This study aimed to analyze social support in accessing mental health services for adolescents. In particular, this research aims to look at the form of social support and the impact of social support for adolescents in preventing mental health disorders, especially during the COVID-19 pandemic. This study examines social support in accessing adolescent mental services from the point of view of social support theory and the results of early detection of adolescent mental health. Early detection of mental health is categorized into stress and depression using the standard instrument Perceived Stress Scale (PSS-10) and Depression Anxiety Stress Scale (DASS-21).

METHODS
Research Design

This study is quantitative with a cross-sectional approach. It was conducted in September 2020 in the Warungboto Village, Umbulharjo District, Yogyakarta, Indonesia.

Data Sources

This study uses non-probability sampling with total sampling to explain the conclusions (Figure 1). The sample of this study was adolescents who met the inclusion criteria, namely adolescents aged 15-24 years, domiciled in Warungboto Village, Umbulharjo District, Yogyakarta City, for a minimum of six months. Then, it filled out an early detection survey of adolescents and was included in the category of stress and depression.

The instruments used for early detection of adolescent mental health are DASS-21 and PSS-10. Of the total 64 teenagers who have filled out the mental health early detection survey, only 36 teenagers were able to become participants

in this study, who has categories of stress and depression.

Questionnaire

Primary data collection through interviews using a several questionnaire below:

First, Interpersonal Support Evaluation List (ISEL) on social support variables in accessing adolescent mental health services.

Second, Perceived Stress Scale (PSS-10). Classic stress assessment instrument to determine the level of stressor on the respondent. consists of ten question items, and has four answer choices with a score range of 0-4. A score of 0 means never, a score of 1 almost never; score 2 means sometimes, score 3 means often, and score 4 means very often. These scores are reversed to answer positive questions, so a score of 0 = 4, a score of 1 = 3, a score of 2 = 2 and so on. Positive questions in this questionnaire are in question numbers 4, 5, 7 and 8. The total score of 13 shows the average value or is still said to be within normal limits. A score of 20 or more indicates a high level of stress.
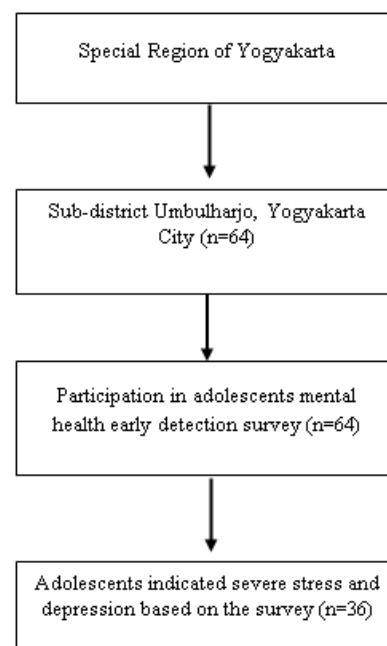

Figure 1. Procedure for selection of respondent

Third, Depression Anxiety and Stress Scale (DASS-21), is a questionnaire to assess depression, anxiety and stress. It consists of 21 short question items, with four possible answers: never, sometimes, often, and very often. Each question is assigned a score of 0 to 3, then scores in each category are summed and carried out normal, mild, moderate, severe and very heavy interpretation. However, in this study only respondents with depressed and non-depressed (normal) results were selected. This category was selected based on the highest number of results that emerged after the DASS-21 data analysis Fourth, The variables of problem-solving ability and self-control of adolescents in overcoming health problems have developed a questionnaire based on the literature review results.

Data Analysis

Social support in accessing health services means the support provided by the surrounding environment to adolescents accessing mental health services. Environment circles come from family, friends, and health workers. Meanwhile, the forms of social support studied in this study include emotional, informational, instrumental, and assessment support.

The independent variables studied included the ability of adolescents to solve problems, self-control in solving issues, stress levels of adolescents, and mental health status based on previous surveys.

All variables analyzed were dichotomous, so the chi-square test was conducted to see a relationship between social support for adolescents accessing mental health services in Yogyakarta. Data analysis was carried out in two ways: univariate and bivariate. Univariate to see the frequency distribution of all the variables studied. Then, bivariate analysis (cross-tabulation) was performed to see the correlation among variables (p-value < 0.25). The whole process of data analysis is assisted by SPSS version 22.0.

There are four variables in this study. First, Problem Solving Ability is an adolescent's effort to overcome problems by seeking social support and accessing mental health services. Second, adolescent control in solving problems, which means the ability of adolescents to control their thoughts and behaviour in solving problems. Measurements were made using a Likert scale of four alternative answer choices along with their scores. Answer never = 0, sometimes = 1, often = 2, and always = 3. The categorized based on the median value because the data are not normally distributed. The median value for the problem-solving ability variable is 8, and 7 for the second variable. Categories are divided into two types, namely, good and bad. Good category if the average value is equal to the median value and vice versa.

The third variable, the stressor, is a factor that influences the stress level of the respondents. The stressor assessment is based on the Perceived Stress Scale (PSS-10) results. Respondents are considered to have a mild stressor if the PSS-10 results show a number less than equal to 20, and vice versa for the high stressor category. Meanwhile, the mental health status variable refers to symptoms or state of mind to detect the respondent's mental health within the past week. This condition is based on the results of the Depression Anxiety Stress Scale (DASS-21). Respondents are categorized as not experiencing mental health disorders or depression if the assessment results are less than equal to number 9.

The dependent variable is the social support that comes from family, peers, and health workers. The definition of social support in this study is providing support to respondents, such as emotional support, namely giving attention, and concrete support, namely being willing to take them to mental health services. Then, informational support provides information about mental health services, and assessment support offers helpful

information for self-evaluation. Question items refer to the Interpersonal Support Evaluation List (ISEL)(Cohen and Hoberman, 2020). Measurement and scoring are the same as the variables of problem solving ability, and self-control. The categorization depends on the median value; that is, there is family support if the median value is more than equal to 9. There is peer support if the median value is more than equal to 7, and the median value is more than equal to 1.5 if there is support from health workers.

In addition to the four main variables, this study also provides data on the characteristics of the respondents, including age, gender, level of formal education, daily activities and participation in community activities. are all closed questions. Age was categorized into two based on the mean value as the cut of point. Education level is only categorized into two; secondary education and higher education. This categorization refers to Law Number 12 of 2012 concerning higher education. Higher Education is the level of education after secondary education which includes programs diploma, bachelor program, master program, doctoral programs, and professional programs, as well as programs specialists, organized by the college based on Indonesian culture (Law of the Republic of Indonesia Number 12/2012 concerning Higher Education). So that the level of education below it is categorized as middle, especially based on the results of the questionnaire there were no respondents who had basic education, namely elementary school. Then, the respondent's participation in community activities is divided into two answers, yes and no. Likewise for daily activities differentiated based on workers or students.

Ethical Statement

The Research Ethics Committee of Ahmad Dahlan University approved this protocol, Number: 012107048, on September 28, 2021. Participants received an explanation of the study and made written consent before taking the study data.

RESULT

Figure 1 shows the flow of participants. Of 64 adolescents in Warungboto Village, sub-district Umbulharjo, and The City of Yogyakarta, only 36 met the study's inclusion criteria. This number represents the total sampling of adolescents indicated to have mental health disorders when the early detection survey was conducted.

Socio-demographics of respondents

Table 1 shows the characteristics of the participants. Factors of respondents include age, gender, level of education, occupation, and the community followed. Meanwhile, the variables studied included problem-solving abilities, self-control in overcoming problems, stressors, and mental health status. In addition, other variables are studied, namely family support, peer support, and support from health workers in accessing mental health services.

Social support is one of the critical factors in adolescent mental health. Table 1 shows that only half of the respondents feel they get social support from family, peers, and health workers. The rest of the respondents think they do not get social help to access mental health services. On the other hand, adolescents have good problem-solving skills. Adolescents who do not get social support tend to have poor problem-solving skills. However, Table 2 explains that there was no relationship between social support in accessing adolescent mental health services and problem-solving abilities.

Meanwhile, found an excellent ability to control themselves when facing problems in nineteen respondents. Similar to problem-solving skills, adolescents who feel there is social support in accessing mental health services tend to have the

ability to control themselves well. Family is the type of social support most expected of teenagers. To minimize bias in the research results, we assessed adolescent mental health disorders' triggering factors (Table 4).

Table 1. Characteristics of participants

Variable	Responses	Freq.	Per cent.
Age	15-18 years old	12	33
	19-24 years old	24	67
Sex	Male	19	53
	Female	17	47
Education level	Basic (Elementary – Senior High School)	18	50
	High (Diploma - graduate)	18	50
Daily activity	Worker	12	33.3
	Student	24	66.7
Participation in community	Yes	16	44
	No	20	56
Problem-solving ability	Bad	16	44.4
	Good	20	55.6
Self-control in problem-solving	Bad	17	47
	Good	19	53
Stressor	Moderate	24	67
	Mild	12	33
Mental health status	Depression	27	75
	No Depression	9	25
Families support	No	17	47
	Yes	19	53
Peer support	No	18	50
	Yes	18	50
Health provider support	No	18	50
	Yes	18	50

Social Support in Accessing Mental Health among Adolescents

Table 2. Bivariate analysis between problem-solving ability, self-control, level of stressor, mental health status, and social support in accessing mental health among adolescents

Variable	Social support in accessing mental health services								
	Families			Peers			Health providers		
	PR	95% CI	Sign.	PR	95% CI	Sign.	PR	95% CI	Sign.
Problem-solving ability Bad Good	**1.863**	[0.861-4.032]	0.101	1.286	[0.613-2.697]	0.502	1.286	[0.613-2.697]	0.502
Self-control Bad Good	**2.682**	[1.190-6.045]	**0.008**	1.833	[0.866-3.882]	0.095	0.889	[0.445-1.777]	0.738

| Variable | Social support in accessing mental health services | | | | | | | | |
| | Families | | | Peers | | | Health providers | | |
	PR	95% CI	Sign.	PR	95% CI	Sign.	PR	95% CI	Sign.
Level of stressor Moderate Mild	**1.863**	[1.124-3.086]	**0.009**	1.400	[0.865-2.266]	0.157	1.182	[0.741-1.885]	0.480
Mental health status Depression No Depression	**1.900**	[1.240-2.911]	**0.001**	1.700	[1.108-2.608]	**0.018**	1.250	[0.849-1.840]	0.443

*statistically significant (p>0.05)

This study explains that depression is more common in adolescents who do not feel social support from family, friends, and health workers. Table 2 presents a relationship between family's social support (*p*-value 0.001, 95 % CI 1.240 – 2.911) and peers (*p*-value 0.018, 95% CI 1.108 – 2.608) with adolescent mental health status. Teenagers admit that their stressful condition is due to pressure from their parents. Their parents always compare their children's conditions with other teenagers, both in terms of academics and behaviour (Table 3). Adolescents with depression and stress are very few found in adolescents with social support from the family.

Table 3. Stress Triggers

Stress Triggers	Per cent. (%)
Parents who always compare with other people	41
Parents always demand their own accord regardless of the child's abilities	37
Teens are not confident because their peers often bully them	22
Teens feel that they often hurt by their loved ones or close friends	16

DISCUSSION

This study assessed the type of social support perceived by adolescents in accessing mental health services. In particular, we evaluated social support from the immediate environment of adolescents regarding problem-solving abilities, self-control in problem-solving, and frequency of exposure to stressors. Furthermore, this study also aims to determine the relationship between various types of social support in accessing health services and the mental health status of adolescents. It obtained an assessment of stressors and mental health status from previous studies. The categorization of stressors is divided into two, namely, moderate stress and mild stress, obtained from an assessment using the standard instrument of the Perceived Stress Scale (PSS-10) questionnaire. The PSS-10 contains ten questions to assess the stress perception scale developed by Cohen, Kamark and Mermelstein. This questionnaire is a self-evaluation measure widely used to determine the scale or level of an individual's life to be called experiencing stress. Measurements are made by recalling events during the past month so that various events can be seen as unpredictable, uncontrollable, or living overload (Cohen, Kamarck and Mermelstein, 1983; Cohen and Williamson, 1988).

Meanwhile, mental health status in adolescents was obtained from an assessment using the standard instrument Depression Anxiety Stress Scale (DASS-21). Lovibond and Lovibond developed

DASS. It is used to assess complaints of depression and anxiety in individuals subjectively. Besides, it evaluates the severity of the individual's perceived depression, anxiety, and stress (Lovibond, n.d.; Lovibond and Lovibond, 1995). The two instruments are used to describe the mental health status of adolescents on the social support provided by the surrounding environment. Optimal mental health is influenced by social support (Cheng et al., 2014).

The type of social support studied in this study is support from family, friends, and health workers, which refers to the theory of social support and social networks. The idea says that social support is divided into supportive behavior or actions: emotional support, instrumental support, information support, and self-assessment support. It was further explained, including emotional support in the form of empathy, sympathy, concern, and trust (Heaney and Israel, 2002). Emotional support from families to adolescents is shown through family attitudes that help solve problems (36.1%) and always care about the psychological condition of adolescents (30.6%). However, most teenagers' families rarely motivate or advise them to access mental health services (80.6%). Then, it reported similar emotional support from peers and health workers.

Nevertheless, respondents admitted that they often get attention from close friends regarding their mental condition (44.4%). Another form of support is instrumental support. The form of this support is to provide tangible assistance that others can access in need (Heaney and Israel, 2002). The youth acknowledges this type of support that they never get from family, friends, or health workers. In addition to emotional support and instrumental support, adolescents are entitled to informational support. This support provides advice, suggestions, and helpful information for others to overcome their problems (Heaney and Israel, 2002).

The study found that most adolescents never received this type of support from family, friends, and health workers to access mental health services when facing problems.

The informational support included receiving education or counselling on mental health issues, suggestions for visiting mental health services and understanding that Primary Health Care is the right place to access mental health services. The purpose of providing such information is for self-evaluation, or in other words, constructive feedback, which is included in the type of assessment support (Heaney and Israel, 2002). The form of assessment support examined in this study is giving appreciation to adolescents for accessing health services. Adolescents who have accessed mental health services admit that they sometimes get this support from family, friends, and health workers. However, there are only a few (13.9 - 25%). Family and friends' confidence shows the same result, and health workers in adolescents regularly visit mental health services if they are in a mental condition requiring professional assistance (22.2%).

The study reports that adolescents' problem-solving abilities are better when they get social support from the surrounding environment, namely family, friends, and health workers. Although statistically, the relationship does not show significance. However, it can see from the value of the prevalence ratio (Table 2) that social support in accessing mental health services is a risk factor that can affect adolescent skills in solving a problem that is being faced. Often asking for advice from close friends when facing problems compared to parents is one of the abilities shown by teenagers in solving problems. The attitude of ignoring the problem and not going to a psychologist or professional health worker is chosen by teenagers to deal with problems. Another study reported that teenagers need problem-solving skills, which are essential in life.

These skills can be started from the parenting style at home through reasoning, and logical thinking carried out between parents and adolescents (Kaur and Gera, 2016). Another study explains that these skills will arise when getting support from the family, for example, in the form of comfort, affection, and positive interactions between parents and adolescents (Leme, Del Prette and Coimbra, 2015).

Most teenagers do not always tell their parents about their problems and are less comfortable discussing their issues with their parents. In contrast, parents prefer to provide social support in the form of motivation when talking about their children's problems. Moreover, sharing it on social media is typical of teenagers in today's digital era. Whereas social support in the form of assessments from friends can affect the psychological condition of adolescents. One source of emotional support for adolescents is peers. They usually share experiences and feelings and face conflicts together. (Leme, Del Prette and Coimbra, 2015). Respondents in this study have understood that social media is not a way to get social support. Social media use, activity, and addiction to social media are closely related to adolescent mental health statuses, such as depression and other psychological disorders (Keles, McCrae and Grealish, 2020). Although social media can provide social support, it is only temporary. Social permission obtained from social media is only limited to coping with stress. Studies report that social media negatively affects self-control in dealing with adolescent problems (Kim, 2014).

Another finding from this study is that teenagers never consider going to a mental health professional when facing a problem. Various factors can cause adolescents not to access mental health services, including poor knowledge about mental health and learning about adolescent mental health services. In addition, there is a strong stigma regarding someone who accesses mental health services in the community. Other factors are concerns about the fees paid when accessing mental health services and youth's distrust of health workers who are considered new people and cannot understand the problems faced by adolescents (Radez et al., 2021). This statement is agreed with the findings of other studies.

Facilitators or health workers must take an approach to eliminate adolescents' stigma and negative perceptions about mental health services. Systems can include education on mental health, providing peer counselling training, and education on using mental health early detection instruments (Aguirre Velasco et al., 2020). Friends can be a stressor if they are in a toxic relationship and vice versa.

The study results stated that while they were involved in social interactions in friendship relationships, respondents admitted that they had never received threats or bullying. Lack of self-confidence also sometimes still appears in friendships under certain conditions. Bad companies are predicted to trigger psychological stress that can affect mental health (Cleary, Lees and Sayers, 2018). Although problems are found in the social interactions of adolescents, it does not necessarily make them go to mental health services for help. Stigma is strongly suspected as a factor inhibiting adolescents from accessing mental health services (Oke, 2019). Furthermore, in dating relationships, it was acknowledged by 26 respondents that they had never received adverse treatment that triggered mental health disorders.

An unexpected finding (Table 3), parents are a stressor because they often compare themselves with others, especially in achievement. Then, teenagers also acknowledged that they often feel pressured because their parents demand a lot to be good children in all things. Adolescents admitted that they often feel happy at home because of the social support provided by their parents. The

results of the bivariate analysis support these results. Table 2 shows a relationship between the family's social support and stress exposure in adolescents with a proportion of 1,863 (*p*-value 0.009, 95 % CI 1.124 – 3.086). The social support from peers and health workers is not statistically significant, but it does not exceed one when viewed from the prevalence ratio value. This variable is a risk factor for the level of exposure to the stress felt by adolescents. Adolescents with low social support are more prone to depression (Qi et al., 2020). All forms of support are intended to assist others in solving problems, not to provide non-constructive criticism (Heaney and Israel, 2002). Social support can increase self-confidence, eliminate negative stigma, and foster a sense of belonging in accessing mental health services in adolescents (Sheridan et al., 2018). Health policy support is urgently needed to approach and create youth-friendly mental health services (Luz et al., 2018).

The weaknesses of this research include not exploring the causes of adolescents feeling stressed and depressed and not getting support from family, friends and health workers. Future studies can examine from the perspective of parents and health workers related to access to adolescent mental health services.

CONCLUSIONS

In short, social support is needed by adolescents to access mental health services. The forms of permission required by adolescents include emotional support, concrete or instrumental support, informational support, and assessment support. However, study findings report that adolescents do not get instrumental help. Adolescents have never obtained genuine assistance accessing adolescent mental health services from family, friends, and health workers. In addition, adolescents have good skills and self-

control when solving problems at hand. Meanwhile, respondents who experienced moderate stress and depression were more common in adolescents who did not get social support. Policy support is needed to create youth-friendly mental health services.

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