

INVESTIGATING PARENTS' RECOGNITION OF THE NEED FOR ADOLESCENT MENTAL HEALTH SERVICES IN REMOTE AREAS

Khoiriyah Isni^{1*}, Firdha Yovianti Pratiwi², Ichtiarini Nurullita Santri³, Intan Wahyuni Tukiyo⁴

¹Department of Public Health, Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia

²Department of Public Health, Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia

³Department of Public Health, Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia

⁴Department of Public Health, Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia

Correspondence address: Khoiriyah Isni

Email: khoiriyah.isni@ikm.uad.ac.id

ABSTRACT

Introduction: The prevalence of depression among children under 15 in Kulon Progo Regency reaches 6%, while emotional and mental disorders affect 8%, with only 9% of affected individuals receiving adequate treatment. Parental behaviour influences the utilisation of mental health services for adolescents, shaping how service needs are assessed. Limited mental health resources and negative parental attitudes further exacerbate adolescent mental health conditions. **Aims:** This study aims to evaluate parental attitudes toward access to mental health services for adolescents. **Method:** Using a cross-sectional design, a total of 107 biological parents of adolescents aged 10 to 24 years were selected using purposive sampling. **Result:** This study finds that perceived severity, perceived threat, and cues to action significantly influence parental behaviour in seeking mental health services ($p < 0.05$). While 57% of parents reported inappropriate use of services and perceived no benefits from them, 51.4% acknowledged no access barriers. However, only 49.5% demonstrated strong self-efficacy, and 53.3% failed to take timely action. **Conclusion:** The findings underscore the need for interventions that equip parents with practical knowledge and skills to obtain appropriate mental health services for their adolescent.

Keywords: adolescents, access of mental health services, perceived threats, perceived severity, remote areas

INTRODUCTION

Approximately one billion individuals worldwide experience mental health issues, with one suicide occurring every 40 seconds (World Health Organization (WHO), 2020). Many mental disorders begin during adolescence and may develop into more severe conditions (Russell et al., 2023). In Indonesia, 34.9% of adolescents have shown symptoms of mental illness within the past 12 months without receiving a diagnosis, while 5.5% reported having mental health issues during the same period (Wahdi, Wilopo, & Erskine, 2023). In 2023, the national prevalence of depression in Indonesia reached 1.4%, with the highest rate found among youth aged 15–24, at 2% (Ministry of Health Republic of Indonesia, 2023). Specifically, 1% of adolescents experienced depression, 3.7% had anxiety disorders, 0.9% suffered from post-

traumatic stress disorder (PTSD), and 0.5% were diagnosed with attention-deficit/hyperactivity disorder (ADHD) (Central Bureau of Statistics (CBS), 2024).

In the Special Region of Yogyakarta, the prevalence of depression among individuals aged 15 and older is 1.5%, with the highest rate also occurring among those aged 15–24, at 2%. The likelihood of adolescents aged 15–24 with depressive disorders having contemplated suicide in the past month is 36 times higher than that of their non-depressed peers. Accordingly, depression is recognized as a major contributing factor to suicide (Health Office of The Special Region of Yogyakarta, 2024).

Kulon Progo Regency reports the highest incidence of mental health disorders in the Special Region of Yogyakarta. Suicide cases in Kulon Progo have shown fluctuating increases over the past four years, with seven cases in 2020,

five in 2021, eleven in 2022, and ten in 2023 (Kulon Progo Regency Government, n.d.). The highest concentration of mental health cases in the regency is found under the jurisdiction of the Pengasih 2 Health Centre, which reported 163 cases (Isni et al., 2024b).

A preliminary study revealed that only 24 adolescents aged 12–25 years sought mental health services for a depression diagnosis at the Pengasih 2 Primary Health Care (PHC) centre. Not all adolescents were accompanied by their parents when accessing these services. Some parents, upon learning of their child's mental health condition, chose to discontinue therapy, as they were unable to accept the diagnosis. They perceived mental illness as a sign of abnormality that could lead to social stigma. Parents tended to seek mental health assistance only when they believed their child's condition to be critically severe.

Another observation highlighted the inadequate dissemination of information about adolescent mental health, which had yet to reach the broader community effectively—particularly parents. Supporters of mental health initiatives acknowledged that limited resources negatively impacted the equitable distribution of mental health information in the community. As a result, both adolescents and their parents were often confused and reluctant to utilize available local mental health services.

The study further indicated that insufficient human resources and funding were considered key factors behind the lack of educational programs and the limited outreach of mental health services (Isni et al., 2024a; 2024c; 2024b). Some parents refrained from seeking help for their children due to the belief that their child's mental health problems were intentional (Alonso & Little, 2019). Others assumed that adolescents did not require professional intervention (Isni et al., 2024b). Additionally, parents often felt ashamed if it became known that they had

accessed mental health services or had a teenager diagnosed with a mental illness (Gudka et al., 2023). The absence of parental involvement in counselling sessions is a common issue in primary health services (Platell, Cook, & Martin, 2023).

Parents play a critical role in shaping the help-seeking behaviour of adolescents with mental health conditions (Mendenhall & Frauenholtz, 2015). A meta-analysis of parenting programs designed to prevent adolescent mental disorders found positive results, such as reduced stress and improved health outcomes (Yap et al., 2016; Dardas, Water, & Simmons, 2018). A Further studies revealed that family dynamics, including parental behaviour, are closely linked to adolescent mental health (Kaligis et al., 2021; Suryaputri et al., 2022).

Family serves as the primary support system for adolescent mental health, offering motivation and positive reinforcement to children (Hartati, Lutiya, & Hadiansyah, 2022). For adolescents experiencing mental health challenges, parental involvement is vital in facilitating access to mental health services. Parents play a central role in adolescents' pursuit of such services, and their active participation helps encourage adolescents to seek help more independently (Hassett, Green, & Zundel, 2018).

Conversely, parents may hinder the recognition of mental health issues and delay treatment due to limited awareness of their children's symptoms, insufficient knowledge, and a tendency to underestimate mental health concerns (Eigenhuis et al., 2021). Help-seeking behaviour for children and adolescents is often initiated by parents, driven by the child's psychological symptoms, parental misunderstanding, or minimization of the issue (Hansen et al., 2021). Parental perceptions of their children's mental health problems are closely associated with service utilization (Ryan et al., 2015; Reardon et al., 2018; Reardon, Harvey, &

Creswell, 2020). Therefore, identifying the barriers that parents perceive when seeking support for their children's mental health is essential for reducing the gap between the demand for treatment and the availability of services [15].

METHODS

Research Design

This study employed a quantitative cross-sectional design conducted in Pengasih District, Kulon Progo Regency, with a focus on rural areas reporting the highest incidence of mental health disorders and the greatest number of individuals accessing mental health services. Primary data were collected from December 2024 to January 2025.

Data Sources

A non-probability sampling method was used, specifically employing purposive sampling. The participants were parents (biological fathers or mothers) of adolescents aged 10–24 years who had resided in the research area for at least six months and had provided consent to participate. Parents were excluded if they did not complete the questionnaire thoroughly or declined to participate when approached by the researcher. The sample size was calculated using the one-sample problem formula by Lemeshow, which is appropriate for populations of unknown size. After including a 10% buffer to account for potential non-responses, the final sample consisted of 107 respondents—parents of adolescents aged 10–24 years.

Questionnaire

The instrument employed a questionnaire based on the Health Belief Model (HBM) theory developed by Rosenstock (1966) and later updated by Becker (2011, 2013). The dependent variable was parental behaviour in accessing adolescent mental health treatment. The study included seven

independent variables: parental perceived susceptibility to mental health disorders, parental perceived severity of mental health disorders, parental perceived threats in accessing mental health services, parental perceived barriers to mental health services, parental perceived benefits of such services, cues to action, and self-efficacy.

Both the Guttman Scale and the Likert Scale were used in this study. The Guttman Scale assessed parental behaviour in accessing adolescent mental health services, providing two response options—Yes and No—with a score of 0 assigned to incorrect answers and 1 to correct ones. The Likert Scale was applied to all independent variables, offering five response categories: strongly agree (score 5), agree (4), undecided (3), disagree (2), and strongly disagree (1) for favourable statements, and the reverse scoring for unfavourable statements.

An item was considered valid if the calculated r value exceeded the r table. The validity test results showed that none of the calculated r values fell below the r table for the variables of perceived threat, perceived vulnerability, and perceived barriers related to mental health disorders and services as experienced by parents. However, two items were found invalid for the variables of perceived benefits of mental health services, cues to action, and self-efficacy. In addition, one item was invalid for the variable of perceived severity of mental health conditions and parental behaviour in seeking access to adolescent mental health services. These invalid items were excluded from the final data collection instrument.

In addition to the validity test, the instrument underwent a reliability assessment. The questionnaire was considered reliable if the Cronbach's alpha (α) value exceeded 0.60. All variables reported α values above this threshold. Validity and reliability testing of the instrument was conducted on 30 parents of adolescents aged 10–24 years who met the

inclusion criteria and shared similar socio-demographic characteristics with the study respondents.

Data Analysis

Prior to analysis, the completeness of respondents' answers was verified. The responses were then reviewed, categorised, and entered into SPSS version 22.0 for analysis. All variables analysed were dichotomous. Data analysis involved three methods: univariate, bivariate, and multivariate analysis.

Univariate analysis was conducted to examine the frequency distribution of all variables under study. Bivariate analysis (cross-tabulation) was used to assess the correlation between independent and dependent variables, with significance determined at $p < 0.05$. Multivariate regression analysis was performed to predict the values of a variable based on other variables and to identify the most influential factors. Variables included in the logistic regression model were required to have a p -value of less than 0.25 in the bivariate analysis.

Ethical Statement

This study received approval from the Research Ethics Committee of Ahmad Dahlan University, under reference number 012408257, dated September 2, 2024. Participation in the study was voluntary, free from coercion, and conducted with full confidentiality. The researcher provided an explanation of the study's objectives and procedures, and respondents gave their informed consent prior to participation.

RESULT

Socio-Demographic Characteristics of Respondents

All 107 respondents completed the questionnaire, yielding a 100% response rate. All participants were parents residing in rural areas. Table 1 presents the univariate data on respondent

characteristics. All respondents were within the productive age group, defined as under 64 years (100%). Among them, 15% were male (biological fathers of adolescents), and 94.4% had low educational attainment. The majority (69.2%) were housewives, while 9.3% were employed in farming, labour, or entrepreneurship, resulting in 90.7% earning below the regional minimum wage. Among the respondents, 53.3% had one adolescent child, 31.2% had adolescents aged 14–17 years, and 46.3% had adolescents in the late teenage category (18–24 years).

Parental Perceived of Accessibility to Mental Health Services for Adolescents

Regarding parental perceptions of access to mental health services for adolescents, 57% of parents did not consider themselves susceptible to adolescent mental health disorders. In addition, 50.5% perceived no severity or threat and lacked self-efficacy regarding such disorders. A total of 57% saw no benefit in utilizing adolescent mental health services, while 48.6% identified barriers to access. Concerning cues to action, 53.3% reported the absence of such prompts; as a result, 56.1% demonstrated poor behaviour in utilizing health resources for their adolescents (Table 2).

This study also analysed the relationship between independent and dependent variables using bivariate analysis with the chi-square test (Table 3). Parental perceived severity (p -value = 0.001) and perceived threat (p -value = 0.015) regarding adolescent mental health disorders showed significant associations with parental behaviour in accessing mental health services.

Perceived severity refers to parents' views on the seriousness of mental health disorders in adolescents. Meanwhile, perceived threat reflects parents' perceptions of the likelihood and impact of adolescents experiencing such disorders.

Additionally, cues to action also showed a significant association with parental behaviour (p -value = 0.031). Among the variables examined, perceived

severity of mental health disorders in adolescents had the highest prevalence ratio (PR), at 3.962 (CI = 1.761–8.914).

Table 1. Socio-Demographic Characteristics of Respondents (n=107)

Variables	Responses	Freq.	Percent.
Age	Productive age (under 64 years)	107	100
	Non-productive age (65 years and older)	0	0
Sex	Male	16	15
	Female	91	85
Level of Education	Low (elementary – high school)	101	94,4
	High	6	5,6
Occupation	Laborer/Farmer	10	9,3
	Housewife	74	69,2
	Merchant	9	8,4
	Retiree	1	0,9
	Civil Servant	1	0,9
	Private Sector Employee	1	0,9
	Military/Police	1	0,9
	Self-Employed	10	9,3
Income per month	< IDR 2.202.737	97	90,7
	≥ IDR 2.202.737	10	9,3
The total of adolescents possessing	One	16	53,3
	Two	46	43,0
	Three	3	2,8
	Four	1	0,9
The age of adolescence that is possessed	Early Adolescents (10-13 years)	36	22,5
	Middle Adolescents (14-17 years)	50	31,2
	Late Adolescents (18-24 years)	74	46,3

The results indicated that parents who perceived mental health disorders as serious illnesses were 3.962 times more likely to exhibit positive help-seeking behaviour for their adolescents. Similarly,

parents who perceived a threat were 2.839 times more likely to seek mental health services for their adolescents (CI = 1.288–6.258).

Table 2. Parental Perceived of Accessibility to Mental Health Services for Adolescents

Variables	Responses	Freq.	Percent.
Perceived susceptibility concerning adolescent mental health illnesses	Susceptible	46	43,0
	Not susceptible	61	57,0
Perceived severity of adolescent mental health illnesses	Severity	53	49,5
	No severity	54	50,5
Perceived threats related to adolescent mental health conditions	Yes	53	49,5
	No	54	50,5
Perceived benefits of utilising teenage mental health services	Yes	46	43,0
	No	61	57,0

Variables	Responses	Freq.	Percent.
Perceived barriers to obtaining teen mental health services	Yes	52	48,6
	No	55	51,4
Cues to action	Yes	50	46,7
	No	57	53,3
Self-Efficacy	Yes	53	49,5
	No	54	50,5
Parental behaviour in accessing mental health services for adolescents	Good	47	43,9
	Poor	60	56,1

Parents who had cues to action and perceived susceptibility to adolescent mental health disorders were twice as likely to exhibit behaviour that hindered their access to mental health services for their adolescents. Another study found that parents who perceived barriers and showed

reluctance to seek treatment for their adolescents were more prevalent than those who, despite perceiving barriers, took proactive steps to access such services. Similar patterns were also observed in the variable of parental self-efficacy.

Table 3. Cross-tabulation of variables

Variables	Categories	Sig.	RP	95% CI	
				Lower	Upper
Perceived susceptibility concerning adolescent mental health illnesses	Susceptible	0.091	2.110	0.967	4.608
	Not susceptible				
Perceived of the severity of adolescent mental health illnesses	Severity	0.001	3.962	1.761	8.914
	No severity				
Perceived threats related to adolescent mental health conditions	Yes	0.015	2.839	1.288	6.258
	No				
Perceived benefits of utilizing teenage mental health services	Yes	1.000	0.969	0.448	2.095
	No				
Perceived barriers to obtaining teen mental health services	Yes	0.797	1.193	0.555	2.561
	No				
Cues to action	Yes	0.031	2.545	1.162	5.577
	No				
Self-Efficacy	Yes	0.761	0.823	0.383	1.768
	No				

The final model using logistic regression (Table 4) shows that the variable of perceived susceptibility does not significantly influence parental behaviour in seeking mental health services for adolescents ($p = 0.838$), with an odds ratio (OR) of 0.908 indicating a slight decrease in likelihood. Parental perceptions of adolescents' vulnerability to mental health conditions may still be considered potential risk factors. Similarly,

the variables of perceived threat ($p = 0.602$) and cues to action ($p = 0.230$) also do not significantly affect parental behaviour in seeking such services.

In contrast, perceived severity exerts a significant influence ($p = 0.019$), indicating that it meaningfully affects parental behaviour in accessing adolescent mental health services, although it is not categorised as a risk factor. This finding is supported by a statistically significant

confidence interval (95% CI = 0.127– 0.831).

Table 4. Final Model Adjusted for Confounding Variables to Identify Independent Predictors of Parental Behaviour in Seeking Mental Health Services for Adolescents

Variabel	Sig.	OR (Exp.B)	CI 95%	
			Lower	Upper
Perceived susceptibility concerning adolescent mental health illnesses	0.838	0,908	0,361	2,286
Perceived severity of adolescent mental health illnesses	0.019	0,325	0,127	0,831
Perceived threats to adolescent mental health illnesses	0.602	0,762	0,274	2,120
Cues to action	0.230	0,561	0,218	1,443

DISCUSSION

This study demonstrates inadequate parental conduct in facilitating adolescents' access to mental health treatment. Findings from the behavioural questionnaire reveal that most parents have never participated in adolescent mental health socialization activities within primary healthcare facilities. Several parents admit to being unaware of their adolescent's mental health status and express no intention of following up on the initial assessments conducted by specialists. Nevertheless, most parents reported that they would permit their adolescents to use mental health services if needed. Prior studies confirm that parental behaviour directly affects adolescents' mental health, including aspects such as persuasion approaches, facilitation strategies, and control methods (Honey et al., 2013; Breslin et al., 2022).

Some parents believe their adolescents are not susceptible to mental health disorders and consider such disorders to be non-serious conditions that do not pose a threat to their adolescents' well-being. However, perceived susceptibility and perceived severity are essential dimensions closely linked to preventive health behaviours (Park & Oh, 2023). Perceived susceptibility refers to parents' beliefs about their adolescent's likelihood of developing mental health disorders, while perceived severity reflects

parents' evaluations of how serious the condition would be if it occurred.

This study finds that lack of parental attention and social connection does not increase adolescents' susceptibility to mental health disorders. Other research shows that parents with positive interaction styles may enhance adolescents' self-confidence, enabling them to manage mental health conditions more effectively (Ellenbogen et al., 2024). As such, no significant association is found between perceived susceptibility and parental behaviour regarding access to adolescent mental health services.

In contrast, different results emerge for the variables of perceived severity and perceived threat, both of which show a significant relationship with parental behaviour in seeking mental health services for adolescents. The multivariate analysis identifies perceived severity as the primary factor influencing parental behaviour. Parents who view mental health disorders as serious conditions are 0.325 times more likely to access mental health services for their adolescents. Notably, these parents tend to seek help only when severe symptoms are already present. Consequently, some remain unconcerned about the potential for mental health problems to escalate into self-harming or suicidal behaviours. Parents should instead experience feelings of concern, anxiety, and vigilance on this issue (Townsend et al., 2021; Qin et al., 2023).

Social media usage intensity is a major trigger for self-harming thoughts and behaviours among adolescents. Although this issue continues to receive public and academic attention, meta-analyses confirm a significant association between social media use and increased self-harming ideation and behaviours, including suicidal tendencies (Nesi et al., 2022; Spínola, Calaboça, & Carvalho, 2024). Unfortunately, the study participants hold contrasting views. Further research emphasizes the need for parents to take the lead in recognizing, addressing, and supporting adolescents experiencing self-harming thoughts and behaviours (Townsend et al., 2023).

This survey also reveals parental attitudes concerning the perceived benefits and barriers to accessing adolescent mental health services. Neither of these factors shows a statistically significant relationship with parental behaviour in utilizing such services. Similar findings emerge from the descriptive results, which indicate that many parents consider these services ineffective, while others identify various barriers to accessing them. There is a considerable degree of disagreement among parents regarding the positive impact of adolescent mental health services on their children's well-being. Some parents reported that these programs did not improve their understanding of their adolescents' mental health issues and deemed seeking such services an inappropriate course of action. The use of mental health services appears to be a reactive behaviour, often driven by necessity rather than perceived benefit, as supported by prior studies (Mubeen et al., 2024).

In contrast, other research shows that some parents acknowledge the substantial benefits of these services for adolescents but attribute prevailing negative perceptions to a lack of understanding (Horwitz et al., 2013; Schnyder et al., 2019). Participants in this study agreed that a lack of information about adolescent

mental health, coupled with the stigma associated with it, represents a major barrier to receiving treatment. These two factors are considered the most significant obstacles to accessing mental health services. However, perspectives on these barriers may differ between parents and adolescents (Schnyder et al., 2019). Both groups often report feelings of fear, guilt, and judgment when contemplating whether to seek help (Johnston & Burke, 2020). Perceptions of barriers are likely to intensify under unsupportive conditions, such as low motivation or negative self-image (Radez et al., 2021).

Adverse self-perceptions are closely associated with cues to action and self-efficacy. This study demonstrates a significant correlation between cues to action and parental behaviour in utilizing mental health services. In the context of the Health Belief Model, cues to action refer to factors that motivate parents to seek mental health services for their adolescents, including media information, familial or social support, personal experiences, healthcare professional recommendations, and mental health service campaigns. Descriptive analysis shows that most parents agreed their support significantly facilitated the treatment process and reflected a sense of parental duty. However, most participants acknowledged a lack of understanding regarding the management of adolescent mental health disorders and emphasized the need for professional assistance.

Mental health issues in Kulon Progo Regency extend beyond the high incidence rate, stigma, and limited awareness of available services. A shortage of qualified human resources also persists. The region lacks mental health professionals at the primary healthcare level, and most personnel have only received basic mental health training without relevant educational backgrounds. Then, the vast geographical area and difficult natural conditions—such as mountainous terrain—often impede healthcare workers from

reaching patients at home. Parental engagement in understanding adolescent mental health can strengthen the ability of professionals to provide appropriate treatment referrals (Radez et al., 2021).

Furthermore, the family plays a critical role in fostering emotional bonds and creating a supportive environment. Families must provide a safe space where adolescents can express their emotions and concerns freely, without fear or pressure, while also offering practical solutions and companionship. Accordingly, parents serve as the primary guardians of their children's well-being and act as key cues to action. For example, gathering knowledge from various sources—such as the internet or the experiences of others—can help families better understand effective strategies for maintaining adolescent mental health (Gondek et al., 2017). To adopt such behaviour, parents need a high level of self-efficacy. However, the findings of this study revealed no significant correlation in that regard. Self-efficacy refers to parents' confidence in their ability to obtain mental health services for their adolescents. Many parents believe that their children can maintain mental well-being without professional assistance. Participants generally agreed that mental health services are primarily intended for adolescents with moderate to severe mental health issues.

Nonetheless, parental self-efficacy is instrumental in alleviating adolescent health issues, and higher levels of self-efficacy in parents are associated with improved overall family well-being (Jones & Prinz, 2005; Glatz & Buchanan, 2015; Hsieh et al., 2020). Previous studies suggest that negative perceptions of mental health services—compounded by poor help-seeking behaviour—can worsen adolescents' conditions when mental health issues arise (Dhonnacha et al., 2024). Adolescents experiencing severe depression may avoid seeking help for personal matters, particularly from their

parents (Moen & Hall-Lord, 2019). Parental involvement includes facilitating open and communicative interactions between parents and adolescents (Moen, Hall-Lord, & Hedelin, 2014; Moen & Hall-Lord, 2019). Access to services also plays a pivotal role in reducing the incidence of mental health problems among adolescents (Finnerty, 2023; Dhonnacha et al., 2024). In addition, parents are involved in assessing appropriate treatment and support for their adolescent children (Radovic et al., 2015). Thus, parents' personal experiences in navigating mental health services can help counteract negative perceptions about such care (Drent et al., 2022). This study, for instance, explored perceived severity, perceived threat, and cues to action.

The strength of this study lies in its large sample size, which comprises biological parents of adolescents. The sample was selected based on specific criteria to ensure representativeness and to allow the results to reflect the actual circumstances of the population. This study explores a range of complex perceptions that may influence individual behaviour. In contrast to previous research, which tended to focus on a single aspect—such as barriers, needs, or self-efficacy related to health-seeking behaviour—this study examines the interplay among variables and identifies the factors that most significantly influence parental behaviour in seeking mental health services for adolescents. Nonetheless, this study does not offer a comprehensive analysis of the various perceptions under investigation, resulting in findings that provide only a general overview. Although the sample is large, it is limited to biological parents and does not include adoptive parents or other guardians of minors, which presents a limitation. However, this limitation may also present an opportunity for further exploration. Future studies may focus on intervention programs aimed at enhancing parents' attitudes, knowledge, skills, and self-

efficacy in addressing adolescent mental health challenges

CONCLUSIONS

This study concludes that parental attitudes influence adolescents' access to mental health services. Specifically, perceptions of severity, threat, and cues to action are significantly correlated. Among these, perceptions of severity are found to hinder parental behaviour in seeking mental health services for adolescents. The findings also show that parents perceive numerous barriers and limited benefits in accessing such services. Broad-based interventions are needed to change parental perceptions and improve their understanding of adolescent mental health issues. In addition, it is essential to foster openness and create a communicative environment within families. Service providers should increase the availability of trained professionals and collaborate with schools and other community-based programs.

REFERENCES

- Alonso, J. and Emma Little, 2019. Parent Help-Seeking Behaviour: Examining the Impact of Parent Beliefs on Professional Help-Seeking for Child Emotional and Behavioural Difficulties. *The Educational and Developmental Psychologist*, 36(2), pp.60–67. <https://doi.org/10.1017/edp.2019.8>
- Amy N. Mendenhall and Frauenholtz, S., 2015. Predictors of mental health literacy among parents of youth diagnosed with mood disorders. *Child and Family Social Work*, [online] 20(3), pp.300–209. <https://doi.org/10.1111/cfs.12078>
- B.H.Yap, M., Morgan, A.J., Cairns, K., Jorm, A.F., Hetrick, S. and Merry, S., 2016. Parents in prevention: A meta-analysis of randomized controlled trials of parenting interventions to prevent internalizing problems in children from birth to age 18. *Clinical Psychology Review*, [online] 50, pp.138–158. <https://doi.org/10.1016/j.cpr.2016.10.003>
- Breslin, G., Shannon, S., Prentice, G., Rosato, M. and Leavey, G., 2022. Adolescent Mental Health Help-Seeking from Family and Doctors: Applying the Theory of Planned Behaviour to the Northern Ireland Schools and Wellbeing Study. *Child Care in Practice*, [online] 28(4), pp.522–535. <https://doi.org/10.1080/13575279.2021.1918639>
- Central Bureau of Statistics (CBS), 2024. *Indonesian Health Survey (IHS) 2023 on Numbers*. [online] Health Development Policy Agency, Ministry of Health of the Republic of Indonesia. Jakarta.
- Dardas, L.A., Water, B. van de and Simmons, L.A., 2018. Parental involvement in adolescent depression interventions: A systematic review of randomized clinical trials. *International Journal of Mental Health Nursing*, [online] 27(2), pp.555–570. <https://doi.org/10.1111/inm.12429>
- Drent, H.M., van den Hoofdakker, B., Buitelaar, J.K., Hoekstra, P.J. and Dietrich, A., 2022. Factors Related to Perceived Stigma in Parents of Children and Adolescents in Outpatient Mental Healthcare. *International Journal of Environmental Research and Public Health*, 19(19). <https://doi.org/10.3390/ijerph191912767>
- Eigenhuis, E., Waumans, R.C., Muntingh, A.D.T., Westerman, M.J., van Meijel, M., Batelaan, N.M. and van Balkom, A.J.L.M., 2021. Facilitating factors and barriers in help-seeking behaviour in

- adolescents and young adults with depressive symptoms: A qualitative study. *PLoS ONE*, [online] 16(3 March 2021), pp.1–20. <https://doi.org/10.1371/journal.pone.0247516>
- Ellenbogen, S., Power, K.B., Hair, H.J., Kirkland Smith, J. and Hynes Brothers, K., 2024. Contrasting the Treatment-Related Perceptions of Parents and Their Children: Using Data from Child and Adolescent Brief Mental Health Services Recipients in Canada. *European Journal of Mental Health*, 19, pp.1–14. <https://doi.org/10.5708/EJMH.19.2.024.0020>
- Finnerty, S., 2023. *Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services July 2023 Promoting Quality, Safety and Human Rights in Mental Health Recommendations*.
- Glatz, T. and Buchanan, C.M., 2015. Over-time associations among parental self-efficacy, promotive parenting practices, and adolescents' externalizing behaviors. *Journal of Family Psychology*, 29(3), pp.427–437. <https://doi.org/10.1037/fam0000076>
- Gondek, D., Edbrooke-Childs, J., Velikonja, T., Chapman, L., Saunders, F., Hayes, D. and Wolpert, M., 2017. Facilitators and Barriers to Person-centred Care in Child and Young People Mental Health Services: A Systematic Review. *Clin Psychol Psychother*, 24(4), pp.870–886. <https://doi.org/10.1002/cpp.2052>
- Gudka, R., Kelman, C., Bryant, E., Farooq, B., Berry, V., Bjornstad, G., Martin, F., Glover, S. Lou and Russell, A., 2023. Parent-carer experiences using a peer support network: a qualitative study. *BMC Public Health*, [online] 23(1), pp.1–14. <https://doi.org/10.1186/s12889-023-16666-9>
- Hansen, A.S., Tell  us, G.K., Mohr-Jensen, C. and Lauritsen, M.B., 2021. Parent-perceived barriers to accessing services for their child's mental health problems. *Child and Adolescent Psychiatry and Mental Health*, [online] 15(1), pp.1–11. <https://doi.org/10.1186/s13034-021-00357-7>
- Hartati, S., Lutiya, L. and Hadiansyah, T., 2022. Parental Health Education Regarding Covid-19 and Its Impact on Adolescent Mental Health. *Jurnal Ilmu Keperawatan Anak*, 5(1), pp.59–64. <https://doi.org/10.32584/jika.v5i1.1449>
- Hassett, A., Green, C. and Zundel, T., 2018. Parental Involvement: A Grounded Theory of the Role of Parents in Adolescent Help Seeking for Mental Health Problems. *SAGE Open*, 8(4), pp.1–15. <https://doi.org/10.1177/2158244018807786>
- Health Office of The Special Region of Yogyakarta, 2024. *Orientation on Screening and Intervention of Mental Health and Substance Abuse Screening Outcomes by Cadres and Counselling Officers for Mental Health Managers in Districts and Cities*. [online] Health Office of The Special Region of Yogyakarta.
- Honey, A., Fraser, V., Llewellyn, G., Hazell, P. and Clarke, S., 2013. Parental influence on the mental health-related behaviour of young people with mental illness: Young people's perceptions. *Advances in Mental Health*, 12(1), pp.63–74. <https://doi.org/10.5172/jamh.2013.12.1.63>
- Horwitz, S.M., Demeter, C., Hayden, M.,

- Storfer-Isser, A., Frazier, T.W., Fristad, M.A., Arnold, L.E., Youngstrom, E.A., Birmaher, B., Axelson, D. and Findling, R.L., 2013. Parents' Perceptions of Benefit of Children's Mental Health Treatment and Continued Use of Services. *Psychiatr Serv.*, 63(8), pp.793–801. <https://doi.org/10.1176/appi.ps.201100460a>
- Hsieh, Y.P., Wu, C.F., Chou, W.J. and Yen, C.F., 2020. Multidimensional correlates of parental self-efficacy in managing adolescent internet use among parents of adolescents with attention-deficit/hyperactivity disorder. *International Journal of Environmental Research and Public Health*, 17(16), pp.1–13. <https://doi.org/10.3390/ijerph17165768>.
- Isni, K., Fitri, M., Jatmika, S.E.D., De Leon, J.M.G., Qomariyah, N., Sulistyawati, S. and Rachmayanti, R.D., 2024a. The implementation of adolescent mental health services: opportunities and challenges. *International Journal of Public Health Science (IJPHS)*, 13(2), p.810. <https://doi.org/10.11591/ijphs.v13i2.23597>
- Isni, K., Lugiana, N.A., Trisnowati, H., Santri, N. and Qomariyah, N., 2024b. How Can Adolescents Get Mental Health Services Without the Availability of Professionals? A Lesson Learned from Rural Primary Health Care. 12(1), pp.133–145. <https://doi.org/10.20473/jpk.V12.IS11.2024.133-145>
- Isni, K., Nisa, K., Nurfatona, W.Y. and Santri, I.N., 2024c. Association Between Adolescents Perceived for Behaviour In Accessing Mental Health Services. *Kemas*, 19(4), pp.490–498. <https://doi.org/10.15294/kemas.v19i4.44758>
- Johnston, O.G. and Burke, J.D., 2020. Parental Problem Recognition and Help-Seeking for Disruptive Behavior Disorders. *Journal of Behavioral Health Services and Research*, 47(1), pp.146–163. <https://doi.org/10.1007/s11414-018-09648-y>
- Jones, T.L. and Prinz, R.J., 2005. Potential roles of parental self-efficacy in parent and child adjustment: a review. *Clin Psychol Rev*, [online] 25(3), pp.341–63. <https://doi.org/10.1016/j.cpr.2004.12.004>
- Kaligis, F., Ismail, R.I., Wiguna, T., Prasetyo, S., Indriatmi, W., Gunardi, H., Pandia, V. and Magdalena, C.C., 2021. Mental Health Problems and Needs among Transitional-Age Youth in Indonesia. *International Journal Of Environmental Research and Public Health*, 18(8), p.4046. <https://doi.org/10.3390/ijerph18084046>
- Kulon Progo Regency Government, n.d. *Mental Disorders in Kulon Progo Highest in The Special Region of Yogyakarta*. [online] Kulon Progo Regency Government.
- Ministry of Health Republic of Indonesia, 2023. *Indonesia Health Survey 2023*. [online] Jakarta.
- Moen, Ø.L. and Hall-Lord, M.L., 2019. Adolescents' mental health, help seeking and service use and parents' perception of family functioning. *Nordic Journal of Nursing Research*, 39(1), pp.1–8. <https://doi.org/10.1177/2057158518764036>
- Moen, Ø.L., Hall-Lord, M.L. and Hedelin, B., 2014. Living in a family with a child with attention deficit hyperactivity disorder: a phenomenographic study. *J Clin Nurs*, 23(21–22), pp.3166–76. <https://doi.org/10.1111/jocn.12559>

- Mubeen, Z., Fatmi, Z., Hameed, W. and Asim, M., 2024. Barriers and facilitators to accessing adolescents' mental health services in Karachi: users and providers perspectives. *BMC Health Services Research*, 24(1), pp.1–11. <https://doi.org/10.1186/s12913-024-10593-0>
- Nesi, J., Burke, T.A., Bettis, A.H., Kudinova, A.Y., Thompson, E.C., Macpherson, H.A., Fox, K.A., Lawrence, H.R., Thomas, S.A., Wolff, J.C., Altemus, M.K., Soriano, S. and Richard, T., 2022. Social Media Use and Self-Injurious Thoughts and Behaviors: A Systematic Review and Meta-Analysis. *Clin Psychol Rev*, 87(102038), pp.1–36. <https://doi.org/10.1016/j.cpr.2021.102038>
- Nic Dhonnacha, S., Kerr, L., McCague, Y. and Cawley, D., 2024. Parents' Experiences of Accessing Mental Health Services for Their Adolescents With Mental Health Challenges: A Scoping Review. *Journal of Clinical Nursing*, pp.4602–4617. <https://doi.org/10.1111/jocn.17469>
- Park, S. and Oh, S., 2023. The relationships of perceived susceptibility, perceived severity, and subjective norms with COVID-19 preventive behaviors: a secondary data analysis comparing adolescents and emerging adults in South Korea. *Child Health Nursing Research*, 29(2), pp.149–160. <https://doi.org/10.4094/chnr.2023.29.2.149>
- Platell, M., Cook, A. and Martin, K., 2023. How parents can help or hinder access to mental health services for young people. *Children and Youth Services Review*, [online] 145. <https://doi.org/10.1016/j.childyouth.2022.106760>
- Qin, Y., Wu, D., Liu, J., Peng, J. and Li, C., 2023. Perspectives of parents of adolescents with repeated non-suicidal self-injury on sharing their caretaking experiences with peers: a qualitative study. *Frontiers in Psychiatry*, 14(December), pp.1–10. <https://doi.org/10.3389/fpsy.2023.1237436>
- Radez, J., Reardon, T., Creswell, C., Orchard, F. and Waite, P., 2021. Adolescents' perceived barriers and facilitators to seeking and accessing professional help for anxiety and depressive disorders: a qualitative interview study. *European Child and Adolescent Psychiatry*. [online] <https://doi.org/10.1007/s00787-020-01707-0>
- Radovic, A., Reynolds, K., McCauley, H.L., Sucato, G.S., Stein, B.D. and Miller, E., 2015. Parents' Role in Adolescent Depression Care: Primary Care Provider Perspective. *The Journal of Pediatrics*, [online] 167(4), pp.911–918. <https://doi.org/10.1016/j.jpeds.2015.05.049>
- Reardon, T., Harvey, K. and Creswell, C., 2020. Seeking and accessing professional support for child anxiety in a community sample. *European Child and Adolescent Psychiatry*, [online] 29(5), pp.649–664. <https://doi.org/10.1007/s00787-019-01388-4>
- Reardon, T., Harvey, K., Young, B., O'Brien, D. and Creswell, C., 2018. Barriers and facilitators to parents seeking and accessing professional support for anxiety disorders in children: qualitative interview study. *European Child and Adolescent Psychiatry*, [online] 27(8), pp.1023–1031. <https://doi.org/10.1007/s00787-018-1107-2>
- Russell, A.E., Curtin, E., Widnall, E., Dodd, S., Limmer, M., Simmonds,

- R. and Kidger, J., 2023. Assessing the Feasibility of a Peer Education Project to Improve Mental Health Literacy in Adolescents in the UK. *Community Mental Health Journal*, [online] 59(4), pp.784–796. <https://doi.org/10.1007/s10597-022-01059-w>
- Ryan, S.M., Jorm, A.F., Toumbourou, J.W. and Lubman, D.I., 2015. Parent and family factors associated with service use by young people with mental health problems: a systematic review. *Early Interv Psychiatry.*, 9(6), pp.433–446. <https://doi.org/10.1111/eip.12211>
- Schnyder, N., Lawrence, D., Panczak, R., Sawyer, M.G., Whiteford, H.A., Burgess, P.M. and Harris, M.G., 2019. Perceived need and barriers to adolescent mental health care: Agreement between adolescents and their parents. *Epidemiology and Psychiatric Sciences*, 29(e60). <https://doi.org/10.1017/S2045796019000568>
- Spínola, L.G., Calaboiça, C. and Carvalho, I.P., 2024. The use of social networking sites and its association with non-suicidal self-injury among children and adolescents: A systematic review. *Journal of Affective Disorders Reports*, 16(March). <https://doi.org/10.1016/j.jadr.2024.100781>
- Suryaputri, I.Y., Mubasyiroh, R., Idaiani, S. and Indrawati, L., 2022. Determinants of Depression in Indonesian Youth: Findings from a Community-based Survey. *Journal of Preventive Medicine and Public Health*, 55(1), pp.88–97. <https://doi.org/10.3961/jpmph.21.113>
- Townsend, M.L., Matthews, E.L., Miller, C.E. and Grenyer, B.F., 2023. Adolescent self-harm: Parents' experiences of supporting their child and help-seeking. *J Child Health Care*, 27(4), pp.516–530. <https://doi.org/10.1177/13674935211062334>
- Townsend, M.L., Miller, C.E., Matthews, E.L. and Grenyer, B.F.S., 2021. Parental response style to adolescent self-harm: Psychological, social and functional impacts. *International Journal of Environmental Research and Public Health*, 18(24). <https://doi.org/10.3390/ijerph182413407>
- Wahdi, A.E., Wilopo, S.A. and Erskine, H.E., 2023. The Prevalence of Adolescent Mental Disorders in Indonesia: An Analysis of Indonesia – National Mental Health Survey (I-NAMHS). *Journal of Adolescent Health*, [online] 72(3), p.S70. <https://doi.org/10.1016/j.jadohealth.2022.11.143>
- World Health Organization (WHO), 2020. *World Mental Health Day: an opportunity to kick-start a massive scale-up in investment in mental health*. [online] World Health Organization (WHO).