

RESEARCH ARTICLE / ARTIKEL PENELITIAN

Distress to Heal: Psychological Distress on Psychological Professional Help Seeking Attitudes in Emerging Adults

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ABSTRACT

As the prevalence of psychological distress continues to rise, this study aimed to explore the relationship between psychological distress and attitude towards seeking professional psychological help among emerging adults in Indonesia. Out of 180 participants, regression analyses revealed no significant relationships between psychological distress and attitudes towards seeking professional psychological help. Notably, 43.4% of participants had very high psychological distress, while 83.9% had positive attitudes towards seeking professional psychological help. These results highlight the intricate connections between psychological distress and attitudes towards seeking professional help, along with the influence of other factors. Covariate analyses indicated significant associations with gender, the perceived need for help, and stigma in others. The study emphasizes the need for further research to investigate the role of culture underlying this relationship.

Keywords: attitudes toward seeking professional psychological help, emerging adults, psychological distress

ABSTRAK

Seiring dengan prevalensi distres psikologis yang terus meningkat, penelitian ini bertujuan untuk mengeksplorasi hubungan antara tekanan psikologis dan sikap untuk mencari bantuan psikologis profesional di kalangan dewasa awal di Indonesia. Dari 180 partisipan, uji regresi menunjukkan tidak ada hubungan signifikan secara statistik antara tekanan psikologis dan sikap untuk mencari bantuan psikologis profesional. Sebanyak 43,4% partisipan memiliki tekanan psikologis yang sangat tinggi, sementara 83,9% memiliki sikap positif untuk mencari bantuan psikologis profesional. Hasil ini menunjukkan hubungan yang kompleks antara distres psikologis dan sikap untuk mencari bantuan profesional, bersama dengan pengaruh faktor lainnya. Analisis kovariat menunjukkan hubungan yang signifikan dengan jenis kelamin, kebutuhan yang dirasakan akan bantuan, dan stigma pada orang lain. Penelitian ini menekankan perlunya penelitian lebih lanjut untuk menyelidiki peran budaya yang mendasari hubungan ini.

Kata kunci: dewasa muda, distres psikologis, sikap terhadap pencarian bantuan profesional psikologis

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INTRODUCTION

World Health Organization stated that, globally, more than one billion people have mental health conditions (WHO, 2019), as many as 19 million people have mental health issues in Indonesia (Risikesdas, 2019). According to World Population Review (2023) there are 9.1 million cases of depression with a prevalence of 3.7%. The age range of 16-24 years has the highest prevalence of mental disorders in countries with high income, such as Germany, Australia, and others (Gulliver et al., 2010), while in Indonesia it is 10% (Arif, 2023). Within this broader age range, those aged 18 to 29 years fall into the developmental stage of emerging adulthood—the developmental period between adolescence and early adulthood. At this stage, there are changes in brain maturity and increased social skills (Hochberg & Konner, 2020), which may lead to instability, uncertainty, and high mental health risks (Arnett et al., 2014).

Emerging adulthood emphasizes the individual's psychological and subjective experience of identity exploration, the “in-between” feeling of no longer seeing oneself as an adolescent, but not yet fully mature, instability in various aspects of life, self-focus, and future possibilities (Tanner & Arnett, 2016). Individuals at this stage tend to face stressors and heavy demands on life transitions and changes in relationships, work, education, and housing that can lead to psychological vulnerability (Howland et al., 2017; Matud et al., 2020). It was found that social stressors are strongly associated with increased anxiety or depression, while financial stressors have a major impact on decreased life satisfaction (Graupensperger et al., 2022).

There are two types of stress: eustress and distress (Lazarus, 1993; Selye, 1974). Eustress is a type of stress with moderate levels of demand that feels challenging but manageable and leads to a positive sense of challenge, whereas distress refers to psychological stress or negative pressure (Li et al., 2016). Psychological stress is the result of the relationship between internal and external situations, which identified as overwhelming threats or demands that jeopardize their well-being (Lazarus & Folkman, 1984; Muzni & Wicaksono, 2015). Psychological distress is generally characterized by symptoms of depression and anxiety (Drapeau, 2012).

Mental health in emerging adulthood is vital as it is associated with the risk of developing more serious long-term mental disorders (Carver et al., 2015). Psychological distress has been found to have a significant impact on emerging adults (Matud et al., 2020). Various factors contribute to psychological distress in emerging adults, such as stress, anxiety, coping style, attachment style, rumination, sexual orientation uncertainty, perceived parental expectation, religiosity, and empathy (Borders et al., 2014; Huang & Yeh, 2022; Lace & Handal, 2017; Ma & Wang, 2021; Matud et al., 2020; Ningtias & Andriani, 2022). The wide range of factors and significant impact of psychological distress suggest the importance of tailoring interventions (Bania & Ortiz-Bance, 2023).

The high vulnerability to psychological disorders in emerging adulthood is exacerbated by individuals' unwillingness to seek professional help (Rickwood et al., 2007), with only 16% receiving mental health treatment (Auerbach et al., 2016). Individuals in this age range often avoid seeking professional help for fear of demonstrating emotional vulnerability and have negative attitudes towards seeking professional help (Koutra et al., 2023). Professional help-seeking attitudes refer to an individual's perspective on seeing mental health professionals when facing psychological difficulties (Fischer & Turner, 1970).

However, other studies have shown contrasting results. For instance, Alluhaibi and Awadalla (2022) found that individuals experiencing greater psychological distress were more likely to have positive attitudes toward professional help-seeking. Similarly, Seyfi et al. (2013) reported that those who are more favorable were significantly more likely to pursue professional assistance. These findings suggest that positive attitudes may serve as a key factor in facilitating early intervention and treatment, especially in emerging adults (Jelaidan et al., 2018).

Psychological and sociodemographic factors can result in unfulfilled needs, gaps in care, and delayed help-seeking (Picco et al., 2016). Negative attitudes towards help-seeking lead to reluctance (Jang et al., 2007), which may stem from concerns about cost, confidentiality, discomfort, a sense of self-reliance, or the belief that treatment will not help (Mojtabai et al., 2016). Stigma also plays a critical role in undermining help-seeking behaviors (Gulliver et al., 2010), combined with the belief that the problem will fade on its own (Sareen et al., 2007), or the tendency to handle issues independently (Wilson & Deane, 2012). In addition, several studies have explored how perceived risks and benefits, along with gender, can significantly influence individuals' help-seeking attitudes (Matud et al., 2020; Shaffer et al., 2006).

Indonesian culture plays an important role in this context. Kim and Omizo (2003) stated that adherence to Asian cultural values can predict help-seeking attitudes among Asian-American college students. The influence of religiosity was found to have a significant relationship with psychological distress among university students in Indonesia (Kusumadewi & Musabiq, 2018), as well as influencing individuals' preferences in seeking professional help among Indonesians (Syafitri & Rahmah, 2021). However, cultural values and norms about family dynamics and the characteristics of the surrounding community can also be a barrier to individuals seeking professional help (Hidayah et al., 2023). In certain cultural contexts, stigma around mental health as well as mistrust of mental health institutions due to incongruence with cultural values or experiences of discrimination can lead to negative attitudes towards seeking professional help (David, 2010; Shahid et al., 2021). In addition to the sociocultural context, high literacy in mental health has a positive effect on help-seeking in Indonesians (Maya, 2021; Setyaningrum & Asyanti, 2023). Increased mental health literacy in Indonesia may encourage proactive help-seeking behavior.

Based on the explanation above, this study assumes a relationship between psychological distress and attitudes towards seeking professional help, while acknowledging gap between previous findings and the conditions experienced by emerging adults in Indonesia. The hypothesis proposed is that psychological distress is positively associated with attitudes towards seeking professional help. The findings of this study are expected to enhance understanding of this relationship and contribute to the development of effective interventions that encourage individuals experiencing psychological distress to seek professional help.

METHOD

Research Design

This study employed a correlational and quantitative design, using a cross-sectional survey for data collection. It aimed to examine the relationship between the research variables, i.e., psychological distress as the independent variable, and attitudes towards seeking professional psychological help as the dependent variable. Data collection was carried out using a questionnaire via Google Form. Ethical approval was obtained from Research Ethics Committee of the Faculty of Psychology, University of Indonesia, based on decision letter 079/Fpsi.Ethics Committee/PDP.04.00/2024.

Participants

This study used non-probability sampling with a purposive sampling method. The inclusion criteria were: 1) Individuals in the emerging adulthood stage, defined as those aged 18-29 years (Arnett et al., 2014), and 2) Indonesian citizen. The required sample size was determined using G*Power 3.1 (Faul et al., 2007), employing the Linear Multiple Regression: Fixed model, R^2 deviation from zero. The parameters were set a power size of 0.95, a significance level of 0.5, and one predictor, with an assumed effect size of <.20 (Nam et al., 2013), resulting in a minimum required sample of 89 participants. After receiving an explanation about the study and providing informed consent, a total of 180 emerging adults participated, consisting of 138 women and 42 men.

Measurements

Psychological distress was measured using Kessler Psychological Distress Scale (K10), developed by Kessler et al. (2002) and adapted by Tran et al. (2019). K10 assesses symptoms of depression and anxiety through 10 questions rated on a 5-point Likert scale: 0 (never), 1 (rarely), 2 (sometimes), 3 (often), and 4 (all the time). A sample question is, "In the past 4 weeks, approximately how often have you felt nervous?". The total score indicates the level of psychological distress. K10 has an Alpha Cronbach reliability coefficient of 0.92 (95%CI: 0.9-0.93).

Attitudes toward seeking psychological help were measured using the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF; Fischer et al., 1970; Fischer & Farina, 1995), as adapted by Nurdyiyanto et al. (2021). The scale contains 10 items with 5 unfavorable items. A sample item is, "If I feel prolonged anxiety or sadness, I will seek professional help". Responses are rated on a 4-point Likert scale ranging from 0 (Disagree) to 3 (Agree). The total score indicates the level of attitude towards seeking psychological help. The scale demonstrated a reliability coefficient of 0.76 (95%CI: 0.7-0.81).

In addition to those two scales, a set of open-ended questions was included to gather information on participants' perceived need for professional help, prior experiences with professional services, barriers to accessing professionals support, available support systems, and perceived stigma associated with seeking professional help.

Data Analysis

The data were analyzed using the Rstudio and R Version 4.3.1. Descriptive statistics were used to summarize participants' levels of psychological distress and attitudes towards help-seeking. A linear regression analysis was conducted to test the research hypotheses. In addition, covariate variables derived from open-ended responses were categorized and analyzed using multiple linear regression.

RESULTS

Table 1 shows that the majority of participants were female. Participants ranged in age from 18-29 years old, with the largest proportion aged 25 and mean age of 24.52 (SD age = 2.37). Most participants were of Javanese origin, employed, and unmarried.

Table 1. Sociodemographic data

		<i>n</i>	<i>%</i>
Sex	Female	138	76.7%
	Male	42	23.3%
Age (years)	18	2	1.1%
	19	7	3.9%
	20	2	1.1%
	21	4	2.2%
	22	14	7.8%
	23	29	16.1%

	24	27	15.0%
	25	35	19.4%
	26	24	13.3%
	27	16	8.9%
	28	13	7.2%
	29	7	3.9%
Ethnicity	Javanese	82	45.6%
	Sundanese	34	18.9%
	Minangkabau	16	8.9%
	Batak	9	5.0%
	Others	39	21.7%
Employment	Employed	85	47.2%
	College students	39	21.7%
	Both	19	10.6%
	Neither	37	20.6%
Marital Status	Not married	165	91.7%
	Married	15	8.3%
Living Arrangement	Live alone	57	31.7%
	With parents	99	55.0%
	With extended family	19	10.6%
	With spouse	4	2.2%

Table 2. Descriptive Data of Research Variables

Variable	Min.	Max.	M	SD	Category
Psychological Distress	0.3	4	1.8	0.85	High
ATSPPH	0.1	3	1.9	0.42	Positive

Table 2 shows that most participants experienced high levels of psychological distress. The “very high” category had the highest percentage with 78 participants (43.3%), followed by “high” with 57 (31.7%), “moderate” with 34 (18.9%), and “low” 11 (6.1%). In terms of attitudes towards seeking professional help, the majority of participants demonstrated positive attitudes, with 151 participants (83.9%) categorized as having a positive attitude and only a small proportion showing negative attitudes toward help-seeking.

Table 3. Regression Model Summary

R ²	Adjusted- R ²	F	DF	P
0.003	-0.002	0.626	(1, 178)	0.4297

Table 4. Regression Coefficient

Predictor	b	SE	t	p
(Intercept)	2.006	0.073	27.366	<2e-16 ***
Psychological Distress	-0.029	0.036	-0.791	0.43

***p<0.001

The results of the Shapiro-Wilk normality test showed that both variables were not significantly normally distributed (psychological distress: $W=0.978$; $p=0.006$; professional help-seeking attitudes: $W=0.978$; $p=0.006$). Therefore, a nonparametric analysis was conducted to obtain more accurate results. Based on Table 3, the linear regression analysis between psychological distress and attitudes towards professional help-seeking yielded an $R^2 = 0.003$ and nonsignificant result, $F(1, 178)=0.626$; $p=0.4297$.

Table 4 further indicates that psychological distress had a nonsignificant negative effect on help-seeking attitudes ($b=-0.029$; $SE=0.036$; $p=0.43$). Further analysis was conducted on covariates, including gender, age, employment status, marital status, living arrangement, need for help, experience with professional help, barriers to seeking professional help, type of help from support system, stigma in others, and stigma from others. According to Table 5, only gender, perceived need for help, and stigma from others showed a significant effect on professional help-seeking attitudes. These findings indicate that personal and social factors may play a more substantial role in shaping help-seeking attitudes than the level of psychological distress itself.

Table 5. Covariate Analysis

Variable	Estimate	t	p
(Intercept)	1.7107	4.546	1.05e-05***
<i>Psychological Distress</i>	-0.0730	-1.979	0.0494
Sex	-0.2378	-3.423	0.0007**
Age	0.0142	1.087	0.2786
Employment	0.0244	0.941	0.3481
Marital Status	0.0321	0.269	0.7879
Tempat Tinggal	-0.0219	-0.507	0.6129
Need for help	0.2636	3.143	0.0019
Experience	0.0089	0.277	0.7819
Barriers	0.0055	0.080	0.9362
Support Type	0.0144	0.358	0.7205
Stigma on Others	-0.1802	-2.008	0.0462
Stigma from others	0.0127	0.524	0.6011

*** $p<0.001$, * $p<0.05$

Covariate variables beyond sociodemographic data were obtained from participants' responses to open-ended questions, which were subsequently categorized. One question assessed the perceived need for help: "Have you ever faced a psychological problem that made you feel the need to go to a professional?". A total of 136 participants (76%) reported having felt this need. Another question asked: "If you have sought professional help, how was your experience?". Responses were then categorized into five groups: no experience (52%), negative experience (4%), neutral experience (4%), positive experience (62%), and mixed experience (6%). Participants were also asked about barriers to seeking help: "If you have ever planned to seek professional help but have not realized it, what has prevented you?". Among the 60 participants (33%) reported cost, lack of time (21%), not feeling ready or brave (17%), lack of access to information (6%), belief in solving the problem independently (6%), concerns about prestige (5%), doubts about treatment effectiveness (3%), reliance on alternatives methods (2%), and discomfort with the idea of seeking help (2%).

Participants were then asked to answer the question "Who are your current support systems?". Family (30%) and best friends (28%) were the most dominant support systems, followed by friends (17%), spouse (12%), and pets (8%). Other answers (5%) included religiosity, hobbies, colleagues, and miscellaneous sources. Types of support were categorized into three forms: emotional support, tangible support, and informational support. Emotional support was the most commonly reported. Specifically, 83% of participants reported receiving only emotional support (83%), 1% reported only tangible support, 6% reported both emotional support and informational support, 7% reported emotional and tangible support, 1% reported receiving all three types of support, and 3% gave responses that did not fit into any of these categories.

The last two open-ended questions explored participants' perception of stigma, i.e., 1) stigma toward others who seek professional help, and 2) stigma perceived from others. The answers were categorized as positive, neutral, and negative. For stigma towards others, the majority of participants expressed

positive views (96%), while 2% were neutral, and 1% expressed negative views. In contrast, responses regarding stigma from others were more varied: 29% reported positive perceptions, 26% gave mixed responses, 23% were neutral, and 20% reported negative perceptions.

DISCUSSION

The results of data analysis showed that the majority of participants fell into the high category of psychological distress. This may be attributed to the significant demands during emerging adulthood, such as increased independence, identity exploration, and role transition (Matud et al., 2020; Tanner & Arnett, 2016). A study of 210 undergraduate and graduate students—emerging adults—found that most of them experienced moderate levels of psychological distress (Condinata et al., 2021), reflecting the common emotional challenges during this transitional period. This finding is consistent with previous research indicating that this age group is among those most at risk for experiencing high level of distress (Cao et al., 2020; Czeisler et al., 2020; Mboya et al., 2020; McGinty et al., 2020; Rotenstein et al., 2016).

This study emphasizes the need for psychological support during emerging adulthood. The results showed no significant relationship between psychological distress and attitudes towards seeking professional help, consistent with the study by Shanti and Tandias (2024). Several studies have highlighted that the relationship between psychological distress and help-seeking is not linear and may be moderated by other factors. For example, a study conducted in China found that mental health literacy influenced professional help-seeking attitudes through the mediating roles of help-seeking stigma and self-disclosure of distress (Yang et al., 2023). Similarly, Nelson et al. (2022) found a negative relationship and showed that prior experience with professional help moderated the effects of depressive symptoms on both help-seeking tendencies and indifference to stigma. This weak correlation underscores the complex interactions between psychological distress and professional help-seeking attitudes. It suggests the important role of other factors in determining professional help-seeking attitudes, such as stigma, mental health literacy, self-disclosure, and professional help experience.

Our findings indicate a positive attitude towards seeking professional help. This is consistent with the study by Dewi & Puspita (2024), which examined emerging adults among K-pop fan community and found that most participants had a positive attitude and were open to getting psychological professional help. Several studies have similarly shown that emerging adults tend to be more open in discussing emotional issues and more receptive to the idea of seeking professional help, which may encourage service utilization (Huang & Yeh, 2022; Pumprang et al., 2018; Seyfi et al., 2013; Widyatmiko & Surjaningrum, 2022).

However, these positive attitudes are not necessarily manifested into actual help-seeking behavior, as proven by the non-significant correlation between psychological distress and help-seeking attitudes in this study. This is in line with previous findings (Nelson et al., 2022; Shanti & Tandias, 2024; Yang et al., 2023). In contrast, other studies have suggested that psychological distress may serve as a motivating factor for individuals to be more open to getting professional help (Alluhaibi & Awadalla, 2022; Komiya et al., 2000; Sun et al., 2017). The non-significant correlation may be attributed to individuals who recognize their distress but do not consider it severe enough to warrant professional intervention (Adams et al., 2022; Gagnon et al., 2015).

Based on the covariate analysis, gender had a significant correlation with both psychological distress and attitudes towards professional help-seeking. This finding is consistent with previous research highlighting the demographic factors (Çebi & Demir, 2020; Nam et al., 2013; Picco et al., 2016; Thikeo et al., 2015; Qiu et al., 2024). Other studies have also shown that women tend to have more positive attitudes (Ang et al., 2004; Cheang & Davis, 2014; Seyfi et al., 2013). This difference may be related to women's tendency to recognize the need for emotional support, especially during times of distress. In this context, the need for help when facing distress was also found to be significantly associated with

individuals' decision to seek professional support. Individuals experiencing higher levels of psychological distress tend to be more open to therapy as they perceive its benefits as urgent and relevant (Ho et al., 2024; McLaughlin et al., 2022; Wadman et al., 2019; Yamauchi et al., 2020). In contrast, those with lower levels of distress are less likely to feel the need for professional help (Lee et al., 2015). These findings confirm the importance of perceived need as a key factor in help-seeking process.

Cost was found to be one of the dominant barriers, consistent with previous research identifying financial constraints as a common reason for not accessing mental health services (Salaheddin & Mason, 2016; Wuthrich & Frei, 2015). Abdelmonaem et al. (2024) found that financial concerns were prevalent among students. However, these financial situations do not stand alone. Despite increasing awareness of the mental health importance among Indonesian emerging adults (Cipta & Saputra, 2022), many of them remain reluctant to seek professional help. This reluctance may stem from a preference to resolve problems independently, reinforcing the avoidance of professional services (Radez et al., 2021; Sapiro et al., 2023; Shabrina et al., 2022). The basic need for autonomy and independence during emerging adulthood may also hinder the help-seeking process (Fernet et al., 2022; Ishikawa et al., 2023). These findings suggest that financial and psychosocial barriers are closely intertwined and should be considered jointly when examining the factors contributing to low rates of professional help-seeking.

Another covariate analysis result showed that stigma towards help-seeking played a significant role in shaping individuals' attitudes. This supports the findings of Dagani et al. (2023), who emphasized that psychological distress, stigma towards getting help, and coping strategies are interconnected factors in the decision to seek help. In the context of a collective society such as Indonesia, cultural values play a crucial role in shaping perceptions of professional help. Previous cross-cultural studies have emphasized the importance of considering cultural background when examining help-seeking behavior (Allen et al., 2016). Asian cultural values encompass factors such as recognition of the need for help, tolerance of stigma, interpersonal openness, trust, and experience in receiving professional help (Cuevas et al., 2014; Kim, 2007). In addition, negative experiences—such as feeling unhelpful, a discrepancy between expectations and interactions with professionals, and feeling uncomfortable or not being understood during counseling sessions—may leave a negative impression that hinder help-seeking (Munira et al., 2023; Putri et al., 2021; Sari & Yuliastuti, 2018; Tristiana et al., 2018). These findings emphasize the importance of the quality of interactions between clients and professionals. Cultural sensitivity and attentiveness to individual beliefs are essential in promoting sustained engagement with psychological services.

Mental health-related stigma, shaped by cultural values and societal norms, plays an important role in shaping help-seeking attitudes (Abdelmonaem et al., 2024; Aljuhnie et al., 2024; Yang et al., 2023). Cross-cultural studies conducted in societies with strong traditional values, such as in Saudi Arabia, suggest cultural values and societal norms contribute to stigma, which can ultimately discourage individuals from seeking help (Alghamdi et al., 2023; Alhumaidan et al., 2024).

Further analysis of covariates in this study revealed non-significant results regarding perceived stigma. Although the majority of participants reported positive perception of psychological professional help, their responses to stigma were more varied. Beliefs, cultural orientation, and ethnic background can influence individuals' point of view on stigma and shape how they respond to mental health challenges (Found, 2016). Research in Indonesia has highlighted cultural factors as a key influence on mental health stigma, emphasizing the impact of negative views from family, friends, society, and mass media (Alyousef & Alhamidi, 2019). Therefore, culturally sensitive intervention strategies that aim to shift collective perceptions—rather than focusing solely on individuals—are essential in addressing mental health stigma effectively.

In Indonesian culture, religion plays a central role in life, including how individuals cope with psychological distress (Abdel-Khalek & Lester, 2013; Kusumadewi & Musabiq, 2018). Our findings indicate that many participants relied on religious and spiritual resources as their initial response before considering professional help. This aligns with previous research showing that Indonesian often turn to religious practices as a primary coping mechanism for psychological distress (Misran et al., 2021; Syafitri & Rahmah, 2021). In addition to religious coping, emerging adults commonly seek informal support from family or friends (Brown et al., 2014; Crumb et al., 2021; Shabrina et al., 2022). In this study, family and friends were identified as the primary support system for most participants. This suggests that emotional attachment within one's immediate social circle may delay or even substitute for the decision to seek professional help.

The high levels of psychological distress that are not directly associated with positive attitudes towards seeking professional help can be understood through the Theory of Planned Behavior framework (Ajzen, 1991; Bosnjak et al., 2020). This theory suggests that the intention to perform a behavior is influenced by three main factors: (1) attitudes toward the behavior, (2) subjective norms, and (3) perceived behavioral control. Attitudes toward the behavior refers to an individual's evaluation of the benefits of professional help. Although participants have high mental health literacy and understand the importance of professional help, other factors such as negative experiences, culture, and doubts about the effectiveness of services can undermine these positive attitudes. Subjective norms relate to the extent to which individuals perceive support from significant others in seeking help. In the Indonesian context, social norms and stigma surrounding mental health remain influential barriers, even when individuals are aware of their need for support (Alyousef & Alhamidi, 2019). Perceived behavioral control relates to the extent to which individuals are able to seek professional help. Factors such as accessibility, financial constraints, and lack of information may hinder actual decision-making.

This study also acknowledges its limitations in terms of participant diversity. A more varied demographic distribution is needed to fully capture the influence of cultural factors across different group in Indonesia. Future research should address this limitation by incorporating a broader demographic scope to deepen understanding of cultural dimensions shaping the relationship between psychological distress and attitudes towards seeking professional help among emerging adults.

CONCLUSION

This study found that, on average, emerging adults in Indonesia experience high levels of psychological distress and hold positive attitudes towards seeking professional help. However, no significant correlation was identified between psychological distress and attitudes towards seeking professional help. This finding suggests that although individuals may experience high levels of distress, it does not necessarily translate into more favorable attitudes towards seeking professional help. Covariate analyses revealed that gender, perceived need for help, and stigma towards others who seek help significantly influenced the relationship between psychological distress and help seeking attitudes. In addition, while participants generally expressed positive views towards professional help, financial constraints were reported as a major barrier to accessing services. Cultural values related to societal stigma in Indonesia also contributed to this dynamic. These findings underscore the need for interventions strategies that address not only individual attitudes but also broader financial, cultural, and perceived stigma in the community that may inhibit help-seeking behavior.

Distress to Heal: Psychological Distress terhadap Sikap Pencarian Bantuan Profesional Psikologis pada Emerging Adult

Data Organisasi Kesehatan Dunia menyatakan bahwa lebih dari satu miliar orang di dunia memiliki masalah kesehatan mental (WHO, 2019). Di Indonesia, tercatat 19 juta penduduk yang memiliki permasalahan kesehatan mental (Risksdas, 2019) dan berdasarkan *World Population Review* (2023) ditemukan 9,1 juta kasus depresi dengan prevalensi sebesar 3,7%. Rentang usia 16 – 24 tahun memiliki prevalensi gangguan mental terbesar di negara dengan penghasilan tinggi, seperti Jerman, Australia, dan lainnya (Gulliver dkk., 2010), sedangkan di Indonesia sebesar 10% (Arif, 2023). Dalam rentang usia tersebut, individu berusia 18 hingga 29 tahun berada pada tahap perkembangan dewasa muda—periode perkembangan antara masa remaja dan dewasa awal. Pada tahap ini terdapat perubahan kematangan otak dan peningkatan keterampilan sosial (Hochberg & Konner, 2020), hal ini dapat menimbulkan ketidakstabilan, ketidakpastian, dan risiko kesehatan mental yang tinggi (Arnett dkk., 2014).

Emerging adulthood menekankan pada pengalaman psikologis dan subjektif individu akan eksplorasi identitas, perasaan "in-between" karena tidak lagi melihat diri sebagai remaja, namun belum sepenuhnya dewasa, ketidakstabilan pada berbagai aspek hidup, fokus pada diri sendiri, dan berbagai kemungkinan di masa depan (Tanner & Arnett, 2016). Individu pada tahap ini cenderung menghadapi pemicu stres dan tuntutan yang tinggi terkait transisi kehidupan dan perubahan dalam hubungan, pekerjaan, pendidikan, hingga tempat tinggal yang dapat menimbulkan kerentanan terhadap stres atau masalah psikologis (Howland dkk., 2017; Matud dkk., 2020). Ditemukan bahwa pemicu stres secara sosial berkaitan erat dengan peningkatan kecemasan atau depresi, sedangkan pemicu stres finansial berdampak besar terhadap penurunan kepuasan hidup (Graupensperger dkk., 2022).

Terdapat dua tipe stres: *eustress* dan *distress* (Lazarus, 1993; Selye, 1974). *Eustress* merupakan tipe stres dengan tingkat tuntutan moderat yang terasa menantang namun dapat dikelola dan mengarah pada rasa tantangan positif, sedangkan *distress* mengacu pada stres psikologis berupa tekanan negatif (Li dkk., 2016). Stres psikologis merupakan hasil dari hubungan antara situasi internal maupun eksternal, yang diidentifikasi sebagai ancaman atau tuntutan yang luar biasa dan membahayakan kesejahteraan (Lazarus & Folkman, 1984; Muzni & Wicaksono, 2015). Distres psikologis umumnya ditandai dengan gejala depresi dan kecemasan (Drapeau, 2012).

Kesehatan mental pada masa *emerging adulthood* penting untuk diperhatikan karena berkaitan dengan risiko munculnya gangguan mental jangka panjang yang lebih serius (Carver dkk., 2015). Distres psikologis ditemukan memiliki dampak yang signifikan pada individu dewasa awal (Matud dkk., 2020). Berbagai faktor turut berperan terhadap distres psikologis pada individu dewasa awal, seperti stres, kecemasan, gaya coping, *attachment style*, ruminasi, ketidakpastian orientasi seksual, *perceived parental expectation*, religiusitas, dan empati (Borders dkk., 2014; Huang & Yeh, 2022; Lace & Handal, 2017; Ma & Wang, 2021; Matud dkk., 2020; Ningtias & Andriani, 2022). Beragamnya faktor serta dampak yang signifikan dari distres psikologis menunjukkan pentingnya penyesuaian pada intervensi (Bania & Ortiz-Bance, 2023).

Kerentanan yang tinggi terhadap gangguan psikologis pada *emerging adulthood* turut diperburuk dengan ketidakmauan individu untuk mencari bantuan profesional (Rickwood dkk., 2007), hanya sekitar 16% individu dewasa awal yang menerima perawatan kesehatan mental (Auerbach dkk., 2016). Individu pada rentang usia ini sering kali menghindari pencarian bantuan profesional karena khawatir akan menunjukkan kerentanan emosional dan memiliki sikap negatif atau antipati terhadap pencarian bantuan profesional (Koutra dkk., 2023). Sikap pencarian bantuan profesional merujuk pada pandangan

individu dalam mencari bantuan profesional bidang kesehatan mental ketika menghadapi masalah psikologis (Fischer & Turner, 1970).

Namun, penelitian lain menunjukkan hasil yang berbeda. Alluhaibi dan Awadalla (2022) menemukan bahwa individu yang mengalami tekanan psikologis atau distres lebih besar cenderung memiliki sikap positif terhadap pencarian bantuan profesional. Didukung oleh Seyfi dkk. (2013) yang melaporkan bahwa individu yang memiliki sikap lebih positif secara signifikan lebih mungkin untuk mencari bantuan profesional. Temuan ini menunjukkan bahwa sikap positif dapat berperan sebagai faktor kunci dalam memfasilitasi intervensi dini dan penanganan, khususnya pada dewasa muda (Jelaidan dkk., 2018).

Faktor psikologis dan sosiodemografis dapat mengakibatkan kebutuhan yang tidak terpenuhi, kesenjangan dalam perawatan, dan tertundanya pencarian bantuan (Picco dkk., 2016). Sikap negatif terhadap pencarian bantuan menyebabkan keengganan (Jang dkk., 2007), yang mungkin berasal dari kekhawatiran tentang biaya, kerahasiaan, ketidaknyamanan, perasaan mandiri, atau keyakinan bahwa pengobatan tidak akan membantu (Mojtabai dkk., 2016). Stigma turut memainkan peran kritis dalam menghambat perilaku mencari bantuan profesional (Gulliver dkk., 2010), ditambah dengan keyakinan bahwa masalah akan berlalu dengan sendirinya (Sareen dkk., 2007), atau kecenderungan untuk menghadapi masalah secara mandiri (Wilson & Deane, 2012). Adapun, beberapa penelitian telah mengeksplorasi bagaimana persepsi risiko dan manfaat, serta gender, dapat secara signifikan memengaruhi sikap pencarian bantuan individu (Matud dkk., 2020; Shaffer dkk., 2006).

Budaya di Indonesia berperan penting dalam konteks ini. Kim dan Omizo (2003) menyatakan bahwa kepatuhan terhadap nilai-nilai budaya Asia dapat memprediksi sikap untuk mencari bantuan di kalangan mahasiswa Asia-Amerika. Pengaruh religiositas ditemukan memiliki hubungan signifikan dengan distres psikologis pada kalangan mahasiswa di Indonesia (Kusumadewi & Musabiq, 2018), serta memengaruhi preferensi individu dalam mencari bantuan profesional di kalangan masyarakat Indonesia (Syafitri & Rahmah, 2021). Namun, nilai dan norma budaya tentang dinamika keluarga dan karakteristik masyarakat sekitar juga dapat menjadi penghalang individu dalam mencari bantuan profesional (Hidayah dkk., 2023). Dalam konteks budaya tertentu, stigma seputar kesehatan mental serta ketidakpercayaan terhadap institusi kesehatan mental karena ketidaksesuaian dengan nilai budaya atau pengalaman diskriminasi dapat menyebabkan sikap negatif terhadap pencarian bantuan profesional (David, 2010; Shahid dkk., 2021). Di samping konteks sosiokultural, literasi kesehatan mental yang tinggi juga berpengaruh positif terhadap pencarian bantuan pada masyarakat Indonesia (Maya, 2021; Setyaningrum & Asyanti, 2023). Peningkatan literasi kesehatan mental di Indonesia dapat mendorong perilaku proaktif dalam mencari bantuan.

Berdasarkan penjelasan di atas, penelitian ini mengasumsikan adanya hubungan antara distres psikologis dan sikap terhadap pencarian bantuan profesional, dengan mempertimbangkan kesenjangan antara temuan sebelumnya dan kondisi yang dialami oleh dewasa muda di Indonesia. Hipotesis yang diajukan adalah distres psikologis berhubungan positif dengan sikap terhadap pencarian bantuan profesional. Temuan penelitian ini diharapkan dapat meningkatkan pemahaman tentang hubungan tersebut dan berkontribusi pada pengembangan intervensi yang efektif untuk mendorong individu yang mengalami distres psikologis untuk mencari bantuan profesional.

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METODE

Desain Penelitian

Penelitian ini menggunakan desain korelasional dan kuantitatif, dengan metode pengumpulan data survei cross-sectional. Penelitian ini bertujuan untuk menguji hubungan antara variabel penelitian, yaitu distress psikologis sebagai variabel independen dan sikap terhadap pencarian bantuan profesional sebagai variabel dependen. Pengumpulan data dilakukan dengan menggunakan kuesioner melalui google form. Persetujuan etika diperoleh dari Komite Etika Penelitian Fakultas Psikologi Universitas Indonesia, berdasarkan surat keputusan nomor 079/Fpsi.Ethics Committee/PDP.04.00/2024.

Partisipan

Pada penelitian ini digunakan *non-probability sampling* dengan metode *purposive sampling*. Kriteria partisipan penelitian ini yaitu: 1) Individu dalam periode *emerging adulthood*, dengan rentang usia 18-29 tahun (Arnett dkk., 2014), dan 2) Warga Negara Indonesia (WNI). Ukuran sampel ditentukan dengan menggunakan aplikasi G*Power Versi 3.1 (Faul dkk., 2007). Analisis statistik yang digunakan melalui aplikasi G*Power merupakan *Linear Multiple Regression: Fixed model, R² deviation from zero* dengan *power size* yang ditentukan adalah 0,95, tingkat signifikansi 0,5, dan satu prediktor. Jumlah sampel yang dibutuhkan dengan *effect size* <0,20 (Nam dkk., 2013) adalah sebesar 89 partisipan. Setelah diberikan penjelasan terkait penelitian dan *informed consent*, terdapat 180 partisipan; 138 perempuan dan 42 laki-laki.

Pengukuran

Psychological distress diukur menggunakan *Kessler Psychological Distress Scale* (K10; Kessler dkk., 2002) yang telah diadaptasi oleh Tran dkk. (2019). K10 mencakup depresi dan kecemasan. Kuesioner terdiri dari 10 pertanyaan dengan 5 poin skala likert: 0 (tidak pernah), 1 (jarang), 2 (kadang-kadang), 3 (sering), dan 4 (selalu). Contoh pertanyaan adalah, "Dalam 4 minggu terakhir, seberapa sering Anda merasa cemas?". Skor total menunjukkan tingkat gangguan psikologis. Contoh pertanyaan: "Dalam 4 minggu terakhir, kira-kira seberapa sering Anda merasa gugup?". Total skor menentukan tingkat distres psikologis. K10 memiliki koefisien reliabilitas Alpha Cronbach sebesar 0,92 (95%CI:0,9–0,93).

Sikap pencarian bantuan psikologis diukur menggunakan *Attitude Toward Seeking Professional Psychological Help Scale-Short Form* (ATSPPHS-SF; Fischer dkk., 1970; Fischer & Farina, 1995) versi adaptasi oleh Nurdyanto dkk. (2021). Skala ini berisi 10 *item* dengan 5 *unfavorable item*. Contoh *item*: "Jika saya merasa cemas atau sedih berkepanjangan, saya akan mencari bantuan profesional." Respons diukur dengan skala likert 4 poin dari rentang 0 (Tidak Setuju) hingga 3 (Setuju). Skor total menunjukkan tingkat sikap terhadap pencarian bantuan psikologis. Skala ini memiliki koefisien reliabilitas sebesar 0,76 (95%CI: 0,7–0,81).

Di samping kedua skala tersebut, serangkaian pertanyaan terbuka juga disertakan untuk mengumpulkan informasi mengenai persepsi partisipan tentang kebutuhan akan bantuan profesional, pengalaman saat mendapat bantuan profesional, hambatan dalam mengakses dukungan profesional, *support system* yang dimiliki, dan persepsi stigma terkait pencarian bantuan profesional.

Analisis Data

Data dianalisis menggunakan R studio dan R Versi 4.3.1. Uji statistik deskriptif dilakukan untuk mengukur gambaran distres psikologis dan sikap terhadap pencarian bantuan partisipan. Analisis regresi linier dilakukan untuk menguji hipotesis penelitian. Selain itu, variabel kovariat yang diperoleh dari jawaban terbuka dikategorikan dan dianalisis menggunakan regresi linier berganda.

HASIL PENELITIAN

Tabel 1 menunjukkan bahwa mayoritas partisipan merupakan perempuan. Partisipan memiliki rentang usia 18 – 29 tahun, didominasi usia 25 tahun dengan rata-rata 24,52 (SD usia = 2,37). Mayoritas partisipan berasal dari suku Jawa, bekerja, dan belum menikah.

Tabel 1. Data Sosiodemografis

	Keterangan	<i>n</i>	%
Jenis Kelamin	Perempuan	138	76,7%
	Laki-Laki	42	23,3%
Usia (tahun)	18	2	1,1%
	19	7	3,9%
	20	2	1,1%
	21	4	2,2%
	22	14	7,8%
	23	29	16,1%
	24	27	15,0%
	25	35	19,4%
	26	24	13,3%
	27	16	8,9%
	28	13	7,2%
	29	7	3,9%
Suku	Jawa	82	45,6%
	Sunda	34	18,9%
	Minangkabau	16	8,9%
	Batak	9	5,0%
	Lain-lain	39	21,7%
Status Pekerjaan	Bekerja	85	47,2%
	Mahasiswa	39	21,7%
	Keduanya	19	10,6%
	Tidak Bekerja dan Bukan Mahasiswa	37	20,6%
Status Pernikahan	Belum Menikah	165	91,7%
	Sudah Menikah	15	8,3%
Kondisi Tinggal	Tinggal Sendiri	57	31,7%
	Bersama Orang Tua	99	55,0%
	Bersama Keluarga Lain	19	10,6%
	Bersama Pasangan	4	2,2%

Tabel 2. Data Deskriptif Variabel Penelitian

Variabel	Min.	Max.	M	SD	Kategori
Psychological Distress	0,3	4	1,8	0,85	Tinggi
ATSPPH	0,1	3	1,9	0,42	Positif

Pada tabel 2 terlihat bahwa partisipan penelitian ini sebagian besar mengalami distres psikologis yang tinggi. Kategori distres psikologis “sangat tinggi” memiliki persentase tertinggi dengan 78 partisipan (43,3%), “tinggi” 57 (31,7%), “sedang” 34 (18,9%), dan “rendah” 11 (6,1%). Dalam hal sikap terhadap pencarian bantuan profesional, mayoritas partisipan menunjukkan sikap positif, dengan 151 partisipan (83,9%) dikategorikan memiliki sikap positif dan hanya sebagian kecil yang menunjukkan sikap negatif.

Tabel 3. Ringkasan Model Regresi

R²	Adjusted- R²	F	DF	P
0,003	-0,002	0,626	(1,178)	0,4297

Tabel 4. Koefisien Regresi

Prediktor	b	SE	t	p
(Intercept)	2,006	0,073	27,366	<2e-16 ***
<i>Psychological Distress</i>	-0,029	0,036	-0,791	0,43

***p < 0,001

Hasil uji normalitas Shapiro-Wilk menunjukkan bahwa kedua variabel tidak berdistribusi normal secara signifikan (distres psikologis: $W=0,978$, $p=0,006$; sikap pencarian bantuan profesional: $W=0,978$, $p=0,006$). Oleh karena itu, dilakukan analisis nonparametrik untuk memperoleh hasil yang lebih akurat. Berdasarkan tabel 3, uji regresi linear antara distres psikologis dan sikap terhadap pencarian bantuan profesional menghasilkan $R^2=0,003$ dan hasil yang tidak signifikan, $F(1,178) = 0,626$, $p=0,4297$. Tabel 4 menunjukkan pula bahwa distres psikologis memiliki pengaruh negatif yang tidak signifikan terhadap sikap pencarian bantuan ($b=-0,029$, $SE=0,036$, $p=0,43$). Analisis lanjutan kovariat dilakukan pada variabel jenis kelamin, usia, status pekerjaan, status pernikahan, kondisi tinggal, kebutuhan akan bantuan, pengalaman mendapatkan bantuan profesional, hambatan pencarian bantuan profesional, jenis bantuan dari *support system*, stigma pada orang lain, serta stigma dari orang lain. Berdasarkan tabel 5, hanya jenis kelamin, kebutuhan akan bantuan, serta stigma pada orang lain yang berpengaruh signifikan terhadap sikap pencarian bantuan profesional. Temuan ini mengindikasikan bahwa faktor-faktor personal dan sosial mungkin berperan lebih besar dalam membentuk sikap pencarian bantuan daripada tingkat distres psikologis itu sendiri.

Tabel 5. Analisis Kovariat

Variabel	Estimate	t	p
(Intercept)	1,7107	4,546	1,05e-05***
<i>Psychological Distress</i>	-0,0730	-1,979	0,0494
Jenis Kelamin	-0,2378	-3,423	0,0007**
Usia	0,0142	1,087	0,2786
Status Pekerjaan	0,0244	0,941	0,3481
Status Pernikahan	0,0321	0,269	0,7879
Tempat Tinggal	-0,0219	-0,507	0,6129
Kebutuhan Akan Bantuan	0,2636	3,143	0,0019
Pengalaman	0,0089	0,277	0,7819
Hambatan	0,0055	0,080	0,9362
Tipe Bantuan	0,0144	0,358	0,7205
Stigma Pada Orang Lain	-0,1802	-2,008	0,0462
Stigma Dari Orang Lain	0,0127	0,524	0,6011

***p < 0,001, *p < 0,05

Variabel kovariat di luar data sosiodemografi diperoleh dari jawaban partisipan atas pertanyaan terbuka yang kemudian dikategorikan. Salah satu pertanyaan yang mengukur persepsi kebutuhan akan bantuan: "Apakah Anda pernah menghadapi masalah psikologis yang membuat Anda merasa perlu mencari bantuan profesional?". Sebanyak 136 partisipan (76%) melaporkan pernah merasakannya. Pertanyaan lain yang diajukan adalah: "Jika Anda pernah mencari bantuan profesional, bagaimana pengalaman Anda?". Jawaban kemudian dikategorikan menjadi lima kelompok: tidak ada pengalaman (52%), pengalaman negatif (4%), pengalaman netral (4%), pengalaman positif (62%), dan pengalaman campuran (6%). Partisipan juga ditanya tentang hambatan dalam mencari bantuan: "Jika Anda pernah

berencana mencari bantuan profesional tetapi belum merealisasikannya, apa yang menghalangi Anda?”. Sebanyak 60 partisipan (33%) menjawab biaya, kurangnya waktu (21%), merasa belum siap atau tidak berani (17%), kurangnya akses informasi (6%), keyakinan dapat menyelesaikan masalah secara mandiri (6%), gengsi (5%), keraguan tentang efektivitas pengobatan (3%), ketergantungan pada metode alternatif (2%), dan ketidaknyamanan dengan ide mencari bantuan (2%).

Partisipan kemudian diminta untuk menjawab pertanyaan “Siapa saja *support system* Anda saat ini?”. Keluarga (30%) dan teman dekat (28%) merupakan *support system* paling dominan, diikuti oleh teman (17%), pasangan (12%), dan hewan peliharaan (8%). Jawaban lain (5%) meliputi keagamaan, hobi, rekan kerja, dan sumber lain yang beragam. Jenis dukungan dikategorikan menjadi tiga bentuk: *emotional*, *tangible*, dan *informational support*. Dukungan emosional merupakan jenis dukungan paling dominan, tepatnya 83%. Sebanyak 1% melaporkan hanya menerima *tangible support*, 6% melaporkan menerima *emotional* dan *informational support*, 7% melaporkan menerima *emotional* dan *tangible support*, 1% melaporkan menerima ketiga jenis dukungan tersebut, dan 3% memberikan jawaban yang tidak termasuk dalam kategori mana pun.

Dua pertanyaan terbuka terakhir menggali persepsi partisipan tentang stigma, yaitu 1) stigma terhadap orang lain yang mencari bantuan profesional, dan 2) stigma yang dirasakan dari orang lain. Jawaban dikategorikan menjadi positif, netral, dan negatif. Terkait stigma terhadap orang lain, mayoritas partisipan memiliki pandangan positif (96%), netral (2%), dan negatif (1%). Di sisi lain, respons terkait stigma dari orang lain lebih bervariasi: 29% melaporkan persepsi positif, 26% beragam, 23% netral, dan 20% negatif.

DISKUSI

Hasil analisis data menunjukkan bahwa mayoritas partisipan berada dalam distres psikologis tingkat tinggi. Hal ini mungkin disebabkan oleh tuntutan signifikan yang dihadapi selama masa dewasa awal, seperti peningkatan kemandirian, eksplorasi identitas, dan perubahan peran hidup (Matud dkk., 2020; Tanner & Arnett, 2016). Sebuah penelitian terhadap 210 mahasiswa sarjana dan pascasarjana—dewasa muda—menemukan bahwa mayoritas partisipan mengalami tingkat distres psikologis sedang (Condinata dkk., 2021), yang mana mencerminkan tantangan emosional umum selama masa transisi ini. Temuan ini sejalan dengan penelitian sebelumnya yang menunjukkan bahwa kelompok usia ini termasuk yang paling berisiko mengalami tingkat distres tinggi (Cao dkk., 2020; Czeisler dkk., 2020; Mboya dkk., 2020; McGinty dkk., 2020; Rotenstein dkk., 2016). Studi ini menekankan pada pentingnya dukungan psikologis yang tepat sasaran selama tahap dewasa muda.

Hasil analisis menunjukkan tidak adanya hubungan antara distres psikologis dengan sikap terhadap pencarian bantuan profesional. Temuan ini selaras dengan hasil penelitian Shanti dan Tandias (2024). Beberapa studi telah menggarisbawahi bahwa hubungan antara distres psikologis dan pencarian bantuan tidak bersifat linier dan dapat dimoderasi berbagai faktor lain. Penelitian di Tiongkok menemukan bahwa literasi kesehatan mental memengaruhi sikap pencarian bantuan profesional melalui peran mediasi stigma terhadap pencarian bantuan psikologis dan keterbukaan diri terhadap distres (Yang dkk., 2023). Nelson dkk. (2022) menemukan hubungan yang negatif serta menunjukkan bahwa pengalaman mendapatkan bantuan profesional memoderasi hubungan antara gejala depresi dan kecenderungan untuk mencari bantuan, serta ketidakpedulian terhadap stigma. Lemahnya korelasi ini menggarisbawahi interaksi kompleks antara distres psikologis dan sikap pencarian bantuan profesional, serta menunjukkan peran penting dari faktor-faktor lain dalam menentukan sikap pencarian bantuan profesional, seperti stigma, tingkat literasi, pengungkapan diri, serta pengalaman mendapatkan bantuan profesional tampak memiliki peran penting dalam menentukan sikap pencarian bantuan profesional.

Hasil analisis menunjukkan adanya sikap positif terhadap pencarian bantuan profesional. Sejalan dengan penelitian Dewi dan Puspita (2024) pada komunitas penggemar K-pop dewasa muda yang menemukan bahwa sebagian besar partisipan memiliki sikap positif dan terbuka untuk mendapatkan bantuan profesional terkait masalah psikologis. Hasil serupa dapat dilihat pada sejumlah studi yang menunjukkan bahwa kelompok dewasa muda cenderung lebih terbuka terkait isu emosional dan bersedia menerima ide untuk mencari bantuan profesional, yang dapat mendorong mereka untuk mengakses layanan tersebut (Huang & Yeh, 2022; Pumpuang dkk., 2018; Seyfi dkk., 2013; Widyatmiko & Surjaningrum, 2022). Meskipun demikian, sikap positif ini belum tentu terwujud sebagai perilaku nyata untuk mencari bantuan, sebagaimana temuan penelitian ini yang menunjukkan korelasi nonsignifikan dengan distres psikologis.

Penelitian ini menemukan korelasi tidak signifikan antara distres psikologis dan sikap terhadap pencarian bantuan profesional pada dewasa muda di Indonesia. Temuan ini sejalan dengan penelitian sebelumnya (Nelson dkk., 2022; Shanti & Tandias, 2024; Yang dkk., 2023). Sebaliknya, penelitian lain menunjukkan bahwa distres psikologis dapat menjadi faktor pendorong bagi individu untuk lebih terbuka terhadap bantuan profesional (Alluhaibi & Awadalla, 2022; Komiya dkk., 2000; Sun dkk., 2017). Korelasi tidak signifikan dalam studi ini mungkin disebabkan oleh individu yang menyadari distres mereka, tetapi tidak menganggapnya cukup parah untuk memerlukan intervensi profesional (Adams dkk., 2022; Gagnon dkk., 2015).

Berdasarkan analisis kovariat, jenis kelamin ditemukan memiliki hubungan signifikan pada distres psikologis dan sikap terhadap pencarian bantuan profesional. Temuan ini sejalan dengan penelitian terdahulu yang menyoroti pengaruh faktor demografis terhadap sikap pencarian bantuan (Çebi & Demir, 2020; Nam dkk., 2013; Picco dkk., 2016; Thikeo dkk., 2015; Qiu dkk., 2024). Studi lain menunjukkan bahwa perempuan cenderung memiliki sikap yang lebih positif terhadap layanan psikologis (Ang dkk., 2004; Cheang & Davis, 2014; Seyfi dkk., 2013). Perbedaan ini kemungkinan terkait dengan kecenderungan perempuan untuk mengakui perlunya bantuan—yang kerap kali muncul dari distres psikologis—juga ditemukan berhubungan signifikan dengan keputusan individu untuk mencari pertolongan. Individu yang mengalami distres psikologis tinggi cenderung lebih terbuka terhadap terapi karena mereka menilai manfaatnya sebagai sesuatu yang mendesak dan relevan (Ho dkk., 2024; McLaughlin dkk., 2022; Wadman dkk., 2019; Yamauchi dkk., 2020). Sebaliknya, individu dengan tingkat distres yang lebih rendah cenderung tidak merasa perlu mencari bantuan profesional (Lee dkk., 2015). Temuan ini menegaskan pentingnya persepsi terhadap kebutuhan sebagai salah satu pendorong utama dalam proses pencarian bantuan psikologis.

Biaya merupakan salah satu hambatan dominan, mendukung temuan sebelumnya tentang keterbatasan finansial sebagai alasan umum untuk tidak mengakses layanan kesehatan mental (Salahuddin & Mason, 2016; Wuthrich & Frei, 2015). Abdelmonaem dkk. (2024) juga menemukan bahwa hambatan finansial umum dialami oleh siswa. Namun, hambatan ekonomi ini tidak berdiri sendiri. Meski kesadaran akan pentingnya kesehatan mental di kalangan *emerging adults* Indonesia semakin meningkat (Cipta & Saputra, 2022), banyak individu tetap enggan mencari bantuan. Kesenjangan ini dapat disebabkan oleh pilihan untuk menyelesaikan masalah secara mandiri, yang pada akhirnya memperkuat penghindaran terhadap layanan profesional (Radez dkk., 2021; Sapiro dkk., 2023; Shabrina dkk., 2022). Kebutuhan dasar akan otonomi dan kemandirian pada tahap perkembangan *emerging adulthood* turut menjadi penghalang dalam proses pencarian bantuan (Fernet dkk., 2022; Ishikawa dkk., 2023). Temuan ini menunjukkan bahwa hambatan finansial dan psikososial saling berkelindan, dan keduanya perlu dipertimbangkan secara bersamaan dalam memahami rendahnya pencarian bantuan profesional.

Temuan dari uji kovariat menunjukkan bahwa stigma terhadap pencarian bantuan profesional berperan signifikan dalam memengaruhi sikap individu. Hal ini mendukung temuan Dagani dkk. (2023) yang menyatakan distres psikologis, stigma yang diterima dalam mendapatkan bantuan, dan strategi

koping, menjadi faktor yang saling berhubungan dalam membuat keputusan untuk mencari bantuan profesional. Pada konteks masyarakat kolektivis seperti Indonesia, peran nilai budaya sangatlah penting dalam membentuk persepsi terhadap bantuan profesional. Tudi lintas budaya terdahulu menekankan pentingnya mempertimbangkan latar belakang budaya dalam memahami perilaku mencari bantuan (Allen dkk., 2016). Nilai-nilai budaya Asia mencakup faktor-faktor seperti pengakuan akan kebutuhan terhadap bantuan, toleransi terhadap stigma, keterbukaan interpersonal, kepercayaan, serta pengalaman mendapatkan bantuan profesional (Cuevas dkk., 2014; Kim, 2007). Selain itu, pengalaman negatif, seperti merasa tidak terbantu, ketidaksesuaian antara harapan dan interaksi dengan profesional, serta perasaan tidak nyaman atau tidak dipahami saat sesi konseling, dapat meninggalkan kesan buruk yang menghambat seseorang untuk mencari bantuan profesional (Munira dkk., 2023; Putri dkk., 2021; Sari & Yuliastuti, 2018; Tristiana dkk., 2018). Temuan-temuan tersebut menekankan kualitas interaksi antara klien dan profesional. Kepekaan terhadap nilai-nilai budaya dan kepercayaan menjadi kunci penting dalam mendorong keberlanjutan akses layanan psikologis.

Stigma terkait kesehatan mental, yang dibentuk oleh nilai budaya dan norma sosial, turut menjadi rintangan yang berperan penting dalam membentuk sikap untuk mencari bantuan profesional (Abdelmonaem dkk., 2024; Aljuhnie dkk., 2024; Yang dkk., 2023). Studi lintas budaya pada masyarakat dengan nilai tradisional yang kuat, seperti di Arab Saudi, menunjukkan nilai budaya dan norma masyarakat berkontribusi pada stigma yang kemudian dapat menjadi rintangan bagi individu dalam mencari bantuan (Alghamdi dkk., 2023; Alhumaidan dkk., 2024).

Analisis lanjutan terhadap kovariat mengindikasikan hasil yang tidak signifikan terkait stigma yang dirasakan individu. Meskipun mayoritas partisipan memiliki pandangan positif terkait bantuan profesional psikologis, tanggapan partisipan menunjukkan keragaman terkait stigma. Kepercayaan, budaya, dan latar belakang etnis memengaruhi sudut pandang seseorang terkait stigma serta bagaimana mereka merespons (Found, 2016). Penelitian di Indonesia telah menyoroti faktor budaya sebagai pengaruh utama terhadap stigma kesehatan mental, yang menekankan dampak pandangan negatif terkait kesehatan jiwa dari keluarga, teman, masyarakat, dan media massa (Alyousef & Alhamidi, 2019). Oleh karena itu, penting untuk mempertimbangkan pendekatan intervensi yang sensitif secara budaya yang berfokus pada perubahan persepsi kolektif, bukan hanya individu.

Dalam konteks budaya Indonesia, agama memegang peranan sentral dalam kehidupan masyarakat, termasuk dalam menghadapi distres psikologis (Abdel-Khalek & Lester, 2013; Kusumadewi & Musabiq, 2018). Temuan tersebut menunjukkan bahwa banyak partisipan memilih untuk mengandalkan kekuatan religius dan spiritual sebagai mekanisme bantuan pertama sebelum mempertimbangkan bantuan profesional. Peran penting agama dalam masyarakat Indonesia, menyebabkan individu lebih mengandalkan praktik agama untuk mengatasi distres psikologis (Misran dkk., 2021; Syafitri & Rahmah, 2021). Selain keagamaan, individu dewasa muda cenderung mencari bantuan informal seperti keluarga atau teman (Brown dkk., 2014; Crumb dkk., 2021; Shabrina dkk., 2022). Berdasarkan hasil, keluarga dan sahabat merupakan *support system* bagi mayoritas partisipan. Hal ini menunjukkan bahwa keterikatan emosional terhadap lingkar sosial terdekat dapat menunda atau mengantikan pencarian bantuan profesional.

Tingkat distres yang tinggi tidak secara langsung berhubungan dengan sikap positif untuk mencari bantuan profesional dapat dijelaskan melalui kerangka *Theory of Planned Behavior* (Ajzen, 1991; Bosnjak dkk., 2020) yang membahas niat untuk melakukan suatu perilaku dipengaruhi oleh tiga faktor utama: (1) sikap terhadap perilaku, (2) norma subjektif, dan (3) persepsi kontrol perilaku. Sikap terhadap perilaku mengacu pada penilaian individu terhadap kebermanfaatan bantuan profesional. Meskipun partisipan memiliki literasi kesehatan mental yang tinggi serta memahami pentingnya bantuan profesional, faktor lain seperti pengalaman negatif, budaya, serta keraguan terhadap efektivitas layanan dapat melemahkan sikap positif tersebut. Norma subjektif berkaitan dengan sejauh mana individu merasakan dukungan orang terdekat dalam mencari bantuan. Di Indonesia, norma sosial dan

stigma terkait kesehatan mental turut andil dalam menghambat pencarian bantuan profesional, meskipun individu sadar akan kebutuhan tersebut (Alyousef & Alhamidi, 2019). Persepsi kontrol perilaku berkaitan dengan sejauh mana individu mampu untuk benar-benar mencari bantuan profesional. Faktor-faktor terkait keterbatasanakses layanan, biaya, serta informasi turut memengaruhi pembuatan keputusan individu.

Dalam penelitian ini, terdapat keterbatasan dalam hal keragaman partisipan. Diperlukan distribusi demografis yang lebih bervariasi untuk dapat menangkap secara menyeluruh pengaruh faktor budaya di berbagai kelompok di Indonesia. Penelitian selanjutnya sebaiknya mengatasi keterbatasan ini dengan memasukkan cakupan demografis yang lebih luas untuk memperdalam pemahaman tentang dimensi budaya yang membentuk hubungan antara distres psikologis dan sikap terhadap pencarian bantuan profesional di kalangan dewasa muda.

SIMPULAN

Penelitian ini menemukan bahwa umumnya individu dewasa muda di Indonesia mengalami tingkat distres psikologis yang tinggi dan memiliki sikap positif terhadap pencarian bantuan profesional psikologis. Meskipun demikian, tidak ditemukan hubungan yang signifikan antara distres psikologis dan sikap terhadap pencarian bantuan profesional. Temuan ini menunjukkan bahwa meskipun individu mengalami tingkat distres yang tinggi, hal ini tidak serta merta membuat mereka memiliki sikap yang lebih positif terhadap pencarian bantuan profesional. Analisis kovariat mengungkapkan bahwa gender, persepsi kebutuhan akan bantuan, dan stigma terhadap orang lain yang mencari bantuan secara signifikan memengaruhi hubungan antara distres psikologis dan sikap pencarian bantuan. Selain itu, meskipun partisipan umumnya mengungkapkan pandangan positif terhadap bantuan profesional, kendala finansial dilaporkan sebagai hambatan utama dalam mengakses layanan. Nilai-nilai budaya tentang stigma sosial di Indonesia juga berkontribusi pada dinamika ini. Temuan ini menunjukkan perlunya strategi intervensi yang tidak hanya membahas sikap individu, tetapi juga kondisi ekonomi, budaya, dan persepsi stigma di masyarakat yang dapat menghambat perilaku pencarian bantuan.

DECLARATION OF POTENTIAL CONFLICTS OF INTEREST / DEKLARASI POTENSI TERJADINYA KONFLIK KEPENTINGAN

Pinkan Fadhilah does not work for, consult, own shares in, or receive funding from any company or organization that might profit from the publication of this manuscript. / *Pinkan Fadhilah tidak bekerja, menjadi konsultan, memiliki saham, atau menerima dana dari perusahaan atau organisasi manapun yang mungkin akan mengambil untung dari diterbitkannya naskah ini.*

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