

The Role of the Animation Film “Kanca Cilik” in Increasing Student’s in Relation to Mental Health Help-Seeking Behaviour

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ABSTRACT

Background: Mental health problems in adolescents or grade school students saw an increased prevalence in 2018 compared to 2013. Some causes of such an increase were poor knowledge and low self-efficacy in relation to help-seeking behaviour in adolescents, especially those attending rural schools. Preventive and promotive efforts can be applied to increase knowledge and self-efficacy in relation to help-seeking behaviour in adolescents. Using a film for health promotion is highly suitable for altering the behaviour of adolescents. **Objective:** This study aims to analyse differences in the levels of mental health knowledge and self-efficacy among students in rural schools in relation to help-seeking behaviour using the animated film “Kanca Cilik.” **Methods:** This study used a quasi-experimental, time-series design and a control group. The population of this study consisted of 156 students aged 12-19 years who attended rural schools. Sampling was conducted using the purposive sampling technique. **Results:** The characteristics of respondents of the intervention and control groups had a p value > 0.05. The knowledge and self-efficacy of the intervention group in relation to help-seeking behaviour had a p value < 0.05. Meanwhile, the knowledge and self-efficacy of the control group in relation to help-seeking behaviour had a p value > 0.05. **Conclusion:** There was an equality of respondent characteristics in the intervention and control groups. There was a difference in the mean values before and after film screening intervention, but there was no difference in the control group.

Keywords: Film, Knowledge, Mental Health, Self-efficacy.

INTRODUCTION

Mental disorders and other health problems now affect all aspects of life. In a 2021 annual survey, nearly 29% of adults were projected to experience mental health problems. According to the survey, mental health problems make up the most common global health problems, with nearly 3.8% of the world’s population affected by depression. Currently, an estimated 280 million cases of depression have occurred globally. However, the majority of people with mental health problems do not use any professional health services for treatment (Risksedas, 2018).

The behaviour of seeking mental health services is called help-seeking behaviour (Mortal, 2018). In various developing countries, this behaviour is still minimally practiced (Prawira, 2020). In these countries, only one in five people with depression prefers to take modern medications, while the rest do not take any treatment at all (Umubyeyi et al,

2016). The planet-wide COVID-19 pandemic that took place in the years from 2020 to 2022 had resulted in an increase in mental health problems (Widnall et al, 2022). Forty-one studies on COVID-19-related mental health problems revealed that a person with mental health problems due to the COVID-19 pandemic experienced delays in finding mental health assistance (Mustikawati, 2021).

In Indonesia, the number of cases of mental disorders increased to 6.1% in 2018 among depressed 15-year-olds and older individuals. In that year, only 9% of the population received treatment from professionals, while the remaining 91% did not undergo any treatment⁶. The results of a survey at a tertiary institution in Indonesia revealed that out of 629 students who experienced mental health problems, 40.1% sought formal mental health assistance, 33.6% sought informal mental health assistance, and 26.3% did not seek any mental health assistance. In 2018, another survey was conducted on a

group of adolescents, and it was found out that 180 of them did not know that there were psychological or mental health services available, perceived a stigma towards mental health services, and lacked an understanding of campaigns regarding mental health services (Jung et al, 2017).

The help-seeking behaviour is an adaptive coping mechanism done by someone with mental health problems. One of the obstacles to this help-seeking behaviour is the stigma surrounding mental disorders and mental health services (Dal Bosco et al, 2021). Stigma, distinguished into self-stigma and public stigma, creates obstacles to gaining knowledge and developing self-efficacy in seeking mental health assistance. A lack of knowledge related to mental health problems may deter a person from behaving properly in seeking mental health assistance (Alfianto, 2019). Several studies in Indonesia unveiled that a person with mental health problems is seen as being possessed by a spirit. Thus, it is a public belief that they should seek mental health assistance from traditional leaders or "*orang pintar*" (people believed to possess supernatural powers), which constitutes an informal source of assistance. Some people in isolated places or rural areas even give up seeking mental health assistance altogether and, instead, resort to the use of *pasung* (physical confinement, usually with shackles, rope, etc.) (Guntur, 2022).

Studies regarding adolescents' knowledge of mental disorders or mental health problems are scarce. Many adolescents do not think of mental health problems as important (O'Reilly et al, 2018). They assign more importance to physical health than to mental health. This has set an obstacle to the search of mental health assistance. A study in 2019 showed that adolescents prefer talking to their peers to seeking mental health services (van de Toren et al, 2020). They do not seek formal mental health services to address mental health problems. In addition, a study with 538 adolescent respondents regarding help-seeking behavior that was conducted in 2022 stated knowledge/literacy and awareness or self-efficacy factors hinder adolescents from seeking help (Siddique, 2022). School-age adolescents tend to choose formal services such as seeing a doctor or

professional staff. Therefore, knowledge and self-efficacy play an important role in changing help-seeking behavior (Sanghvi, 2022).

Someone who has good knowledge and self-efficacy will be able to improve his health status (Alfianto, 2015). Therefore, it is necessary to make some efforts to conduct health promotion, whose types and methods currently vary. Health promotion is able to influence a person into behaving better (Wijayanti, 2022). One of the health promotion methods currently on the rise and well-liked by adolescents is to use content such as films. Research findings showed that health promotion media greatly influence the prevention of reproductive health problems in adolescents. There are a diversity of film types that can be used as media for health promotion (Susanto et al, 2020) one of which is animated films that are useful and suitable for all age groups. It is expected that the use of an animated film for health promotion will improve literacy about the prevention of health problems (Botchway & Simpson, 2018).

The animated film "*Kanca Cilik*" is a film containing education about help-seeking behavior that uses the peer education approach (Ramadhani, 2023). This approach is highly appropriate for youth, especially as some adolescents in a country also show strong social behavior in preventing mental health problems through peer relationships. This animated film has a philosophy about peers telling each other stories of their own (Harianti, 2021). This behavioral education film tells adolescents to seek mental health assistance through formal and informal approaches. This study attempted to analyze the effectiveness of the health promotion intervention using the animated film "*Kanca Cilik*" on self-efficacy in seeking mental health assistance among adolescents attending rural schools. The problem formulated for this study was how the animated film "*Kanca Cilik*" affected self-efficacy in seeking mental health assistance among adolescents attending rural schools. This research is a promotive and preventive effort of health promotion on the importance of seeking mental health assistance in the school environment.

METHODS

This study uses a quasi-experimental time-series design with a control group. The population in this study consisted of 156 adolescents who were attending rural schools in Bantur District, Malang Regency, and 87 of them were used as sample. Sampling was conducted using the purposive sampling technique. The inclusion criteria in this study were adolescents aged 13-19 years, attending rural schools, living with or without mental health problems, and participating in the intervention activity until the end. The research was conducted at the location of one of the Islamic education foundations in Bantur District from January to February 2023.

The measuring instruments used in this research were the Mental Health Knowledge Questionnaire (MHKQ) and the General Self-Efficacy Scale (GSE). These instruments were translated into the Indonesian language by English language and mental health experts. The MHKQ has 20 close-ended questions with answers including true, false, and don't know. Each question item is added up to a total score between 0 and 20, with higher results indicating higher knowledge of mental health. The first indicator of the MHKQ is the characteristics of mental health and mental disorders (1, 2, 3, 4, 7, 8, 11, 12, 15, and 16), the second indicator is belief in the epidemiology of mental disorders (4, 5, 6, 9, 10, 13, and 14), and the third indicator is the awareness of mental health promotion activities (17 to 20) (Yin et al, 2020). The MHKQ was tested for validity and reliability, with a Cronbach's alpha of 0.912. The second instrument, the GSE, consists of 10 statement items on a Likert scale (1 = not true at all, 2 = hardly true, 3 = almost untrue, and 4 = exactly true). The GSE indicators include emotion, optimism, and satisfaction with a performance. The total score of 10-40 is obtained by adding up all statement

items (Schwarzer & Jerusalem, 1995). The higher the value the better the efficacy. The GSE was tested for validity and reliability, with a Cronbach's alpha of 0.872.

This research measured knowledge and self-efficacy twice for each episode of the film. The intervention group was taken to screen the first episode of the film that focused on the behaviour of seeking mental health assistance from peers, the second episode that focused on the behaviour of seeking mental health assistance from parents, and the third episode that focused on the behaviour of seeking mental health assistance from professionals/doctors. At the end of each episode, the respondents' knowledge and self-efficacy were measured. The control group was measured twice before and after the screening of the three episodes. After the intervention was administered, a data analysis was carried out using the t-test, given that the data on knowledge and self-efficacy were normally distributed (with values of 0.619 and 0.505). A homogeneity test was conducted using the Levene's test, with values of 0.800 (> 0.05) and 0.682 (> 0.05) for knowledge and self-efficacy, respectively, indicating that the sample was homogeneous. Additionally, a chi-square test was also carried out. This research received an ethical approval from the Chakra Brahmanda Lentera Institute, with approval letter No. 0170/028/II/EC/KEP/LCBL/2023.

The methods section contains a clear description of the instruments and the research scheme and methods used, which can be useful for other researchers in the case that they intend to replicate and check for validity if necessary. Additionally, references should be given to the methods used. Studies using animal or human subjects must include research ethical approval.

RESULTS AND DISCUSSION

Table 1. Respondents' characteristics (n=87)

Characteristics	Intervention	Control	<i>p</i>
Age			
12-15 Years	21 (48.8%)	16 (36.4%)	0.562
16-19 Years	22 (51.2%)	28 (63.6%)	
Gender			

Male	12 (27.9%)	14 (31.8%)	0.461
Female	31 (72.1%)	30 (68.2%)	
Level of Education			0.671
Junior High School	17 (39.5%)	13 (29.5%)	
Vocational High School	26 (60.5%)	31 (70.5%)	
Mental Health Experience in the Past Three Months			0.710
None	12 (27.9%)	15 (34.1%)	
Anxiety	11 (25.6%)	15 (34.1%)	
Smoking	4 (9.3%)	7 (15.9%)	
Stress	2 (4.7%)	1 (2.3%)	
Difficulty Concentrating	4 (9.3%)	2 (4.5%)	
Gaming	1 (2.3%)	1 (2.3%)	
Anger	2 (4.7%)	1 (2.3%)	
Difficulty Sleeping	7 (16.3%)	2 (4.5%)	
Experience Seeking Mental Health Assistance			0.414
Don't Know	15 (34.9%)	20 (45.5%)	
Never	26 (60.5%)	21 (47.7%)	
Once	2 (4.7%)	3 (6.8%)	
Mental Health Information Source			0.390
Mass Media	4 (9.3%)	11 (25%)	
Internet	31 (72.1%)	32 (72.7%)	
A Certain Person	8 (18.6%)	1 (2.3%)	

Table 1 provides data on the characteristics of the respondents who received the animated film "Kanca Cilik" intervention and the control group respondents. Based on the table, most of the respondents were aged 16-19 years, female, and with the latest education level of vocational high school. Most of the respondents experienced no health

problems in the last 3 months, never sought mental health assistance, and gained mental health information from the Internet. The overall characteristics of the respondents in both the intervention and control groups were evenly distributed as evidenced by p values > 0.05.

Table 2. Differences in the levels of knowledge and self-efficacy of the intervention and control groups before and after intervention (n=87)

Variable	Mean ± SD	t	p
Knowledge of the intervention group (n=43)			
Pretest	11.23 ± 5.042	4.567	0.000
Posttest	13.79 ± 4.554		
Self-efficacy of the intervention group (n=43)			
Pretest	23.91 ± 6.233	6.929	0.000
Posttest	29.60 ± 4.676		
Knowledge of the control group (n=44)			
Pretest	15.70 ± 3.377	0.142	0.391
Posttest	15.81 ± 4.565		
Self-efficacy of the control group (n=44)			
Pretest	28.67 ± 6.007	2.079	0.337
Posttest	31.19 ± 4.344		

Table 2 shows that the average levels of knowledge and self-efficacy of the intervention group increased before and after intervention. The same was also true to the control group, but the two groups had different p values.

Mental health is important for every individual. It should be managed from

pre-marriage to old age. It is important to maintain the quality of health, especially mental health, during these phases of life (Keliat, 2019). In some cases, the onset of psychiatric problems appears in adolescence, which is often where the prodromal phase starts. This phase will continue into early adulthood. Someone who is not able to carry out mental health management properly in his/her

adolescence will experience a symptom called early psychosis. It is an early symptom indicating the development of schizophrenia (Damanik, 2019).

The main prevention effort from an early age is to carry out health promotion about mental health in schools (Källmén & Hallgren, 2021). Schools are attended by teenagers, who are at high risk for psychiatric problems such as depression, which may lead to suicide (Källmén & Hallgren, 2021). Some of the factors that cause mental health problems in adolescents are knowledge and environmental factors such as support from peers, family, and teachers. Cases of bullying, sexual violence, and physical violence are currently the biggest factor in a teenager's experience of psychiatric problems (Richter et al, 2022). Besides, nowadays, there is a stigma developing in society surrounding psychiatric problems or mental disorders, which we often experience and encounter. The stigma that arises in these cases can hinder accelerated healing or the maintenance of positive coping mechanisms for survivors of mental problems or disorders (Abuhammad & Al-Natour, 2021).

The stigma held in society about mental disorders or increased psychiatric problems can also discourage someone from seeking mental health assistance from either professionals or non-professionals (Stangl, 2018). This phenomenon is still frequent in urban areas. We still encounter cases such as people believing in shamans or *orang pintar* on family members who have mental disorders or the confinement of people with mental disorders in *pasung* in urban areas (Doll, 2021). The main factor in this problem is that the family or caregiver feels ashamed or unable to care for the family member who has mental disorders²⁹. It is for this reason that stigma often arises in society against someone who consults a psychiatrist for having a mental disorder. This is a common occurrence in developing countries (Kohrt, 2020).

These cases reflect that there is a lack of knowledge and self-efficacy in relation to help-seeking among adolescents. A person's lack of knowledge is closely related to his/her inability to show a response, a change, or a pattern of human dysfunction. Adolescents' low knowledge of mental health problems and

especially efforts to prevent mental health problems will have an impact on their self-management throughout their lives (Sezgin & Punamäki, 2020). Self-management itself is also influenced by how they regard the importance of help-seeking behaviour. It is true that very few among adolescents in rural areas care about mental health problems. Many people in the village think that people who experience mental problems acquire the mental problems from spirits, predecessors by hereditary means, or other people who have evil intentions against them. This results in adolescents in the village not having a clear understanding of mental health and lacking help-seeking behavior (Ayuwatini, 2018).

The lack of knowledge in adolescents also affects their self-efficacy in seeking mental health assistance (Kumboyono & Alfianto, 2020). Self-efficacy itself means a person's ability to carry out a responsibility or task to achieve a goal. If self-efficacy is changed for the better by knowledge, confidence will arise in the person's abilities to produce something optimally. Self-efficacy is also important in encouraging the person to act in preventing health problems³⁴. With clear beliefs and goals, the person will have good self-efficacy. Conversely, if the person has insufficient knowledge of his/her help-seeking behavior, then his/her self-efficacy will not be maximized or optimal. This will result in the behavior of seeking mental health assistance continuously being considered unattractive or not a priority in his/her life.

A variety of methods can be applied to improve a person's behavior in seeking mental health assistance. One such method that is currently liked by or appealing to some teenagers and children is to use a film (Sowa, 2018). In many cases today, health education is carried out using audio-visual media to optimize the prevention of health problems, as in the COVID-19 pandemic last year. Health promotion is often carried out using audio-visual media, such as films or public service advertisements. The use of films as health promotion media is considered a novelty widely accepted by society. A number of health institutions currently provide education through films or digital posters. Now, people on nearly all levels

of society, both in villages and cities, are able to easily access health services via smartphone applications (Nastiti, 2021).

Animated films can be enjoyed by people of all ages. They used to be primarily enjoyed by children only, but now they are also preferred by teenagers. They have a significant impact, especially on the level of knowledge of someone who is especially good with imaginations. Many people think that watching animated films will give a child-like impression to a person. However, in reality, animated films are often regarded as futuristic, making them well-liked by teenagers and even adults (Sri Nurani et al, 2022). Through this animated film intervention, respondents experienced changes in both their level of knowledge and self-efficacy in seeking mental health assistance. Therefore, it is concluded that the animated film intervention used in this study was highly effective as a medium for health promotion for the intervention group.

CONCLUSION

There is a similarity in respondents between the intervention group who screened the animated film "Kanca Cilik" and the control group. Both groups experienced increased knowledge and self-efficacy in seeking mental health assistance, but there were differences in the value of knowledge and self-efficacy between them. It was concluded that the animated film "Kanca Cilik" was effective in increasing the knowledge and self-efficacy of village students in seeking mental health assistance. In other words, animated films offer an alternative method of health promotion in the prevention of mental health problems in schools and communities. So that the method of health promotion through an animated film is an alternative choice in preventing mental health problems at school or in the community. Therefore, through health promotion the film can be used as a mental health school health program in improving life skills and preventing mental health problems in schools.

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