

How Can Adolescents Get Mental Health Services Without the Availability of Professionals? A Lesson Learned from Rural Primary Health Care

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ABSTRACT

Background: The existence of a 'treatment gap' is indicated by the high frequency of individuals with mental health disorders and the low number of individuals obtaining formal treatment. It refers to the prevalence of mental problems and the proportion of people who are treated or the percentage of people who need but do not receive treatment. **Objective:** The study is aimed to determine the utilisation of mental health services (MHS). **Methods:** This study is qualitative, using a case study approach. The primary informants were six mental health workers and youth health program holders from three Primary Health Care (PHC) with the most significant number of mental health cases. Meanwhile, five youths receiving or actively undergoing treatment at the PHC served as supporting or triangulation informants. An in-depth interview guide is used in the instrument. **Results:** Health insurance, waiting time and duration of services, and accessibility to services play a supportive role in MHS utilization, while family and health worker support, facilities, and infrastructure do not. Adolescent and family ignorance, the presence of community stigma, the availability of human and financial resources, and health promotion media are all barriers to the utilization of MHS. **Conclusion:** The PHC in the Kulon Progo area is responsible for acquiring human resources, fostering collaboration across sectors, and creating health promotion media to fulfil its obligations.

Keyword: adolescents, health system access, human resources, mental health, treatment gap

INTRODUCTION

The global and national prevalence of mental health is considerable, yet less than 10% of individuals in lower-middle-income nations obtain professional care (Novianty, 2017). Approximately 12.5% of the population suffers from an adverse mental health condition, whereas a significant majority of about 71% do not have access to MHS. Indeed, on a global scale, there is a substantial need for mental health services. However, the provision of treatment is insufficient (WHO, 2022). Mental health continues to pose a considerable health concern globally, especially within Indonesia (Kemensos RI, 2020). According to the 2018 Basic Health Research findings, over

19 million individuals above the age of 15 encountered emotional and mental problems, while over 12 million individuals above the age of 15 suffered depression. Two years ago, the annual suicide data indicated a total of 1,800 individuals, which can be equivalently expressed as an average of five suicides per day. At 47% of individuals who die by suicide belong to the age group of 10-39 years, encompassing both teenagers and those in their productive years (Ministry of Health Republic of Indonesia, 2021). The condition is nearly identical to that in the Special Region of Yogyakarta (DIY).

Based on data from the Yogyakarta Provincial Health Office in 2021, the mental health status of adolescents aged 10 - 19 years was reported with a

diagnosis of phobic anxiety disorder (123 people), mixed anxiety and depression disorder (443 people), depressive disorder (recurrent) (261 people), anxiety disorders drug abuse (34 people), insomnia (317 people), suicide attempts (32 people), and personality and behavioural disorders (246 people) (Health Office of The Special Region of Yogyakarta, 2021). In 2018, Kulon Progo was the district with the highest mental disorder prevalence, namely Kulon Progo (Kulon Progo Regency Government, 2019). Half of all mental disorders begin at the age of 14 years; they are usually preceded by non-specific psychosocial disorders that have the potential to develop into major mental disorders and constitute 45% of the global burden of disease in the age range 0-25 years (Colizzi, Lasalvia and Ruggeri, 2020). Adolescents' poor mental health can occur for several reasons, such as a lack of knowledge or awareness about mental health among health professionals or stigma that prevents them from seeking help (Meisyalla, 2022). The preference to solve problems alone and being too embarrassed are obstacles that cause reduced intentions to seek treatment (Ebert *et al.*, 2019). Lack of perception of perceived need is a barrier to health service utilization (Horwitz *et al.*, 2020).

Preliminary studies report that no primary health care (PHC) in the Kulon Progo Regency area have MHS or professional psychologists. Each PHC only has health services for adolescents with human resource (HR) competencies that are not suitable for handling mental health cases, especially adolescent. This fact shows a gap between the need and availability of MHS in the Kulon Progo area. Such conditions do not support achieving the third point of the Sustainable Development Goals (SDGs), namely ensuring a healthy life and improving the welfare of the entire population of all ages. The third goal of the SDGs includes increasing access to the health system, including mental health in the adolescent age group (United Nation, 2022). Adolescents, as the age group most in need of these services, are becoming increasingly reluctant to seek help (Aguirre Velasco *et al.*, 2020). Also, around 80% of youth with mental health needs do not receive professional help,

and the remainder often receive inadequate care (Schleidera *et al.*, 2020).

Providing effective services for adolescents and young adults with mental health issues has long been inadequate (Abba Aji *et al.*, 2019). Availability of services and human resources (HR), as well as structural factors such as costs, transportation and waiting times, are barriers to seeking help (Aguirre Velasco *et al.*, 2020). The need for more quality human resources is one of the challenges and obstacles in providing health services. Moreover, the availability of psychologists and psychiatrists has not yet reached WHO standards for mental health service processes (Wijaya, 2019). The lack of qualified health workers in the field of mental health is an obstacle to the maximum implementation of Minimum Service Standards for mental health in PHC (Monika, 2021). A lack of understanding about how to access services is the most prominent barrier to seeking help among adolescents (Byrow *et al.*, 2020).

The finding of a high prevalence of individuals with mental disorders and the minimal number of individuals receiving formal treatment indicates the existence of a 'treatment gap'. The treatment gap refers to the prevalence of mental disorders and the proportion of individuals treated, or in other words, the percentage of individuals who require treatment but do not receive treatment. External obstacles can be one of the causes of this high gap. This can be seen from the fact that access covering geographic areas, transportation and costs to mental health services is not well distributed (Harvey and Gumpert, 2015). This concept is explained in Andersen's theory regarding the use of health services.

According to Andersen's theory, the utilisation of health services is influenced by three factors: predisposing factors, support factors, and need factors. Predisposing factors include demographics, social structure, and health beliefs. Meanwhile, support factors are obtained from family and community support. Need factors include individual perceptions and evaluations of the health services accessed (Andersen, 1995). Based on this theory, adolescents' use of health services at the PHC in the Kulon Progo Regency area can be studied.

METHODS

Study Design and Participant

This study is a qualitative that employs a phenomenological approach to provide a detailed description of the implementation of MHS in the Kulon Progo, particularly focusing on the absence of professional staff at the PHC level. The investigation was conducted at the three health centers with the greatest prevalence of adolescent mental health cases. The primary sources for this study consisted of individuals enrolled in the mental health program and the Youth Care Health Program at the PHC, with a total of six participants. Moreover, the supporting informants, also known as triangulants, consisted of five youngsters aged between 17 and 24 years. The selected youths were those who had previously or were presently undergoing treatment for mental health concerns. The selection of all informants was done using purposive procedures.

Procedure

Primary data was collected through in-depth interviews with all informants with an average duration of 45 minutes. In-depth interviews with the primary informants were conducted at their respective PHC. However, data collection with supporting informants was carried out using home visits with the leading informant facilitator.

The instrument is an in-depth interview guide that refers to Andersen's theory, including using MHS, predisposing factors, reinforcing factors, and need factors. The predisposing factors that are the focus of this study are demographic characteristics (sex and age), social structure (level of education and employment), and knowledge about adolescent mental health. Meanwhile, reinforcing factors include family support (income, knowledge, and health insurance) and provider support (availability of health facilities and personnel, waiting time for services, and accessibility). Then, the needs factors studied in this research are the subject's perception of adolescent mental health disorders and the evaluation of mental health status in adolescents. Validation of data was carried out using the source triangulation method. Triangulation informants are teenagers who have or are currently accessing, mental health

services at the PHC selected as the research location.

Ethical Clearance

The Research Ethics Committee of Universitas Ahmad Dahlan has approved this research protocol on Number 012207090. Submission of the protocol is carried out before primary data collection. The study is an anonymous and voluntary survey, and all information from informants is confidential.

RESULTS AND DISCUSSION

“No Health Without Mental Health” is a slogan which means that a healthy state cannot be achieved without a healthy mental state. Even though mental health does not directly cause death, it has an impact on a person's productivity (Widodo, 2021). To foster a society that is both physically and mentally well, the PHC, a community health center at the primary level, offers a range of MHS that are readily accessible to the community. The objective of this study is to assess the usage of MHS among teenagers at the Kulon Progo District Health Center. The teenage population at PHC has not yet achieved optimal utilization of MHS due to several factors. Andersen's hypothesis suggests that certain elements, such as demographic traits (gender, age), social structure (degree of education, occupation), and knowledge, can influence individuals' inclination to utilize health care. Predisposing traits are crucial factors. (Zeng *et al.*, 2019).

Characteristics of an Informant

This study involves two categories of informants: primary informants and supporting informants, sometimes known as triangle informants. The primary informant is the individual responsible for both holding and executing the mental health programme. Another primary source of information is an individual who holds a Youth Care Health Programme. Out of the six main sources of information, five have educational backgrounds that qualify them as Youth Care Health Programme holders with midwife competency, while the last informant has nurse competency education and is a mental health programme holder. The duration of service varies significantly, with a

minimum requirement of three years and a maximum limit of 26 years (Table 1).

Table 1. Characteristics of a Primary Informant

Informant Code	Age (years)	Sex	Level of Education	Length of Work in PHC (years)	Position	PHC Name
IU 01	30	Female	Diploma 3	4	Ners and Coordinator of Mental Health Programme	PHC A
IU 02	29	Female	Diploma 3	3	Ners and Coordinator of Mental Health Programme	PHC B
IU 03	56	Male	Diploma 3	12	Coordinator of Mental Health Programme	PHC C
IU 04	47	Female	Diploma 3	14	Midwifery and Coordinator of Youth Care Health Programme	PHC A
IU 05	38	Female	Diploma 4	9	Midwifery and Coordinator of Youth Care Health Programme	PHC B
IU 06	47	Female	Diploma 3	26	Midwifery and Coordinator of Youth Care Health Programme	PHC C

The informants were five teens who were either presently getting or had previously received mental health treatment at the PHC. These informants had a supportive or triangulated role in the study. The informants' ages ranged from 18 to 22, with the youngest being 18 and the oldest being 22. Elementary

school represents the lowest tier of education, while high school graduation signifies the greatest level. Out of the five informants, two are not employed at that location. The remaining informants are students, and all of them reside with their parents. (Table 2).

Table 2. Characteristics of an Triangulant Informant

Informant Code	Age (years)	Sex	Level of Education	Occupation	Residence Status	PHC Name
IT 01	21	Male	Senior High School	Unemployment	With parents	PHC A
IT 02	19	Male	Elementary School	Unemployment	With parents	PHC A
IT 03	18	Female	Senior High School	Student	With parents	PHC B
IT 04	18	Female	Senior High School	Student	With parents	PHC B
IT 05	22	Female	Senior High School	Student	With parents	PHC C

The findings indicate that the demographic profile of teenagers seeking MHS at PHC primarily consists of female individuals aged between 18 and 22 years. Females exhibit markedly elevated rates of sadness, anxiety, and stress. (Gurvich *et al.*, 2021; Syafitri, Falasifah and Hakim, 2021). The predominant mental health issue observed in teenagers during the previous year is emotional problems, including depression and stress, resulting in social disengagement. There is a general deficiency in the ability to handle

issues related to adolescence, and not all individuals between the ages of 16 and 24 possess sufficient or suitable ways for managing stress and challenges (Hellström and Beckman, 2021). Study indicates that as time progresses, adolescents develop a familiarity with challenging circumstances, so rendering them more manageable in the long run (Stapley *et al.*, 2023) and reduces symptoms of mental disorders (Rodrigues, Morouço and Santos, 2023). Conversely, it was elucidated that certain ailments, such as

mental health conditions, are intricately linked to the societal framework, contingent upon an individual's aptitude in coping with the affliction (Conrad and Barker, 2010).

Studies suggest that social structure can influence patterns of health service use (Notoatmodjo, 2014). Adolescents seeking MHS are students who are currently unemployed. Contrary to other studies, there is no correlation found between work and the utilisation of health care (Z. A. Basith and Prameswari, 2020). Nevertheless, there are also findings that assert that those with upper secondary to higher education levels tend to utilise health services more frequently. Highly educated persons prioritise their health and are more inclined to seek medical treatment, while those with lower levels of education typically only utilise health facilities when they are severely ill (Raghupathi and Raghupathi, 2020; Mardiana, Chotimah and Dwimawati, 2021).

Utilization of MHS

The investigation was conducted at PHC facilities, albeit these facilities were not specifically targeted towards teenagers. Users can access various types of Mental Health Services (MHS), including the examination and treatment of mental health disorders, mental health education, home visits for individuals with mental disorders, screening for mental and emotional disorders, the Strengths and Difficulties Questionnaire (SDQ), and mental health consultation or counselling, as well as referrals to secondary or tertiary mental health service facilities.

"There is no difference for teenagers" (IU 02)

"The earliest access is just a consultation at counselling with us. There is a filling in of the SDQ questionnaire form" (IU 01)

According to the statistics on teenage visits to MHS in the last year, it can be concluded that the number of visits is relatively low compared to the number of identified cases. Specifically, the report indicated that there were seven teenage visits at Puskesmas A, ten visits at Puskesmas B, and seven visits at Puskesmas C. Subsequently, the informant

elucidated the diverse scenarios and circumstances that transpired in the field pertaining to the frequency of teenage visits to mental health services. Initially, there exists a prevailing negative perception among the general public toward mental health issues and those who experience them. Consequently, individuals tend to isolate themselves and restrict their utilization of MHS. Furthermore, it is worth noting that the prevailing condition among the youth seeking MHS at the research site was moderate to severe mental health issues. They required recommendations from the PHC. Additionally, it has been shown that adolescents afflicted with modest mental health illnesses exhibit a tendency to discontinue their therapy prematurely, prior to its completion. Furthermore, there is an absence of familial social support during the course of treatment, particularly in terms of consistent adherence to medicine. This disease is precipitated by adverse familial and self-perceptions, wherein the individual harbors a belief that their ailment is not improving despite consistent pharmaceutical usage over a specific duration. Furthermore, the lack of qualified mental health professionals, namely psychologists, has resulted in a significant increase in the number of individuals discontinuing their treatment.

The main informant said that not all teenagers who come for MHS need to be referred; some only need behaviour change therapy with a psychologist. However, the absence of a psychologist requires referral to a secondary or tertiary health facility. Some of them do not continue to the referred service facilities for various reasons, from personal and social to economic factors. Field findings report that several administrative fees are charged to obtain MHS at secondary or tertiary health service facilities. Fifth, there is no coverage target in implementing mental health services.

"Talking about mental disorders, it is probably a shame, sis, so what is the stigma like? You are ashamed if it is known to the public" (IU 03)

"For teenagers, it is more because the people who come are already deep. "Yes, the condition is sick; it's

not that they just had the first symptoms or felt different just coming here, isn't it... so it is because they were caught when there was already a complaint" (IU 01)

"The patient is having a hard time, so what do we want to do to force it? We are also having a hard time; for example, if we drop the medicine, we do not necessarily take the medicine like that, so we also support the family; sometimes, they continue to talk like that with the mental disorders patient. Patients who have been told to take medication but their condition does not improve like that, so they end up giving up medication and mostly quitting medication" (IU 02)

"The problem is that after we find cases like this, not all of them go to a mental specialist; usually, they only need counselling or a psychiatrist, which we do not have in Kulon Progo. Even if there is one at the Regional Public Hospital, it is also paid; you cannot use the Health insurance facilities from the government. That is it. 300 thousand per meeting. Yes, it is not bad that if they have to control it again, they have to prepare this money, heh, what is more, these are teenagers, in this area, not everyone is financially capable" (IU 01)

"Specifically regarding mental health, I think it is lacking, sis. "Because here, trained nurses for mental health are still limited to only one person, we do not have a psychologist either" (IU 02)

"There is no target, sis" (IU 03)

This study discovered the presence of social disapproval towards persons or families who have relatives with mental health conditions. Families with a member who has a mental health illness often exhibit an attitude of secrecy and isolation by not openly discussing their health condition. This scenario presents significant challenges for service providers in implementing health interventions and may induce non-adherence to medication. The stigma

represents the most crucial obstacle in comparison to other barriers when it comes to seeking assistance (Boardman, Kidd and Said, 2021; Dewi, 2021) therefore rendering the acquisition of social support challenging (Kaligis *et al.*, 2021). Concurrently, these attributes of teenagers significantly impact their motivation to seek MHS. Nevertheless, 20% of the endorsing informants expressed a requirement for this service. The predominant mental problems observed among teenagers in the previous year were emotional disorders, depression, stress, and detachment from the environment.

"It is uncommon for individuals to proactively take action on their own accord. There are very few, sister." (IU 02)

"I desire that access because I feel it is necessary"(IT 04)

"They are experiencing emotional disturbances." Perhaps it is depression. Indeed, we have come across two instances of it on many occasions. Typically, that is the situation" (IU 02)

Predisposing Factors

The findings indicate that the variable of predisposing factors is associated with knowledge. The level of understanding among adolescents regarding mental health issues and their ability to obtain MHS is still relatively insufficient. The absence of expertise poses a barrier to assisting informants in accessing treatment. Furthermore, a deficiency in adeptly handling diverse issues has a direct influence on the process of making decisions.

According to the primary source, teenagers are more likely to address their difficulties based on their capabilities due to a lack of knowledge about mental health concerns and the availability of mental health treatments at PHC. Frequently, the choices made by adolescents have an impact on their overall well-being, particularly when it comes to difficulties in obtaining healthcare services and receiving appropriate treatment despite the presence of indicators and manifestations of mental health conditions.

Consequently, according to one of the primary sources, teenagers require support.

"No, not truly. They need more comprehension of the issue" (IU 04)

"If factors contribute to issues, individuals may also experience confusion regarding where to investigate and what actions to take. Consequently, they may find themselves uncertain and unsure about how to proceed, resulting in the resolution of many matters through individual efforts" (IU 02)

"Regarding mental health, it appears insufficient upon closer examination. While one may understand what needs to be done by reading about it, implementing those actions proves to be quite challenging" (IU 05)

"Frequently, individuals must not only conquer it but also comprehend that it poses a challenge for them." Conquering it necessitates aid as well" (IU 04)

Knowledge is crucial in shaping an individual's decision-making process regarding their health (Zajacova and Lawrence, 2018; Zi. A. Basith and Prameswari, 2020). Knowledge can also serve as a barrier for individuals seeking access to health services (Anisah, 2020; Grace, Tandra and Mary, 2020). The study revealed that all participants exhibited a dearth of information, encompassing both understanding of mental health and familiarity with mental health treatments in primary healthcare settings. This lack of comprehension adversely affects teenagers' abilities to address problems and make informed decisions regarding their health, including seeking treatment and other related actions. More information is needed to include more than just youth but also extends to parents or families. According to the findings from interviews with essential sources, it was indicated that there was also a lack of sufficient awareness within families addressing mental health matters. Family and community perceptions regarding mental health issues and services are still limited

to people with mental disorders or crazy people and are considered a disgrace. Studies show that families who have good knowledge about mental health and mental health posts and have family members with mental health disorders have a greater chance of utilizing health services compared to families who have low knowledge about mental health and mental health posts. The primary consequence of a deficiency in knowledge and unfavourable perceptions is the development of stigma and prejudice within society.

Reinforcing Factors

The findings indicate that social support is the primary determinant in facilitating adolescents' access to MHS. The identified forms of social support included emotional, instrumental, and informational help from family members and service providers. Five of the six primary sources indicated that the patient's family showed high support throughout treatment. The support is provided by the act of following and assisting patients in accessing services, ensuring regular medication intake, and encouraging their participation in mental health educational programs.

"The parents are generally supportive. So, if a parent knows that they need treatment, they will get it; they want to get medicine for their child for routine control, yes. Take medication regularly, never be late, and take good care of it so it does not recur" (IU 01)

Additional support is acquired from health service providers through convenient health funding, infrastructure, and service flow. Adolescents employ social health insurance facilities from the government to obtain services. All corroborating sources verified that the existing facilities and infrastructure were sufficient. Similar concerns were expressed regarding the service flow, encompassing the registration procedure, completion of the health insurance facilities from the government form, screening, queue length, counselling duration, and the distance between the PHC and the patient's residence. The PHC has disseminated information about the distribution of MHS, strategically placing

it in inaccessible locations for public perusal. Nevertheless, there has been no implementation of targeted efforts to provide mental health treatments specifically to adolescents or schools. Meanwhile, the duration varies from five to ten minutes, except for counselling sessions tailored to the individual patient's requirements and issues.

"So far no one has paid, sis; there are those who do not have guarantees to use health insurance from the government still, it is still free" (IU 01)

"The facilities are good, sis. The facilities are quite adequate, such as distance, waiting time, duration of counselling, and it is free" (IT 01, IT 02, IT 04)

"Not yet; we continue to convey that we have mental counselling and so on, right?" (IU 01)

"Well, if you wait, it will not be too long, sis. Approximately 10 minutes" (IT 04)

"Oh, yesterday because we also listened, right? So it took longer than the other patients. I needed counselling yesterday for two hours. Almost two hours from 10 am to 12 am, just listening to stories." (IU 01)

The study found at least three types of social support: emotional support, instrumental or concrete support, and information support that adolescents received from family and health workers. Sarafino explained that *emotional support* expresses empathy, care and attention from family or other related parties. Meanwhile, instrumental support means direct assistance in the form of services from family and friends or the provision of facilities and infrastructure that support individuals in achieving better health. Then, information support, namely providing advice, suggestions, and feedback, can play a role in taking action as a solution to the problems being faced by the individual (Sarafino Edward P, 2006). Study indicates that while there is still a perceived lack of awareness about mental health concerns, individuals

nevertheless offer emotional, instrumental, and informational support to those who provide help. The family supports teenagers through consistent transportation and accompaniment to obtain necessary treatments, conducting frequent check-ups and administering medication, and encouraging participation in mental health education programs. Family involvement in the lives of teenagers is a contributing element that impacts their utilization of MHS. The involvement and assistance of healthcare practitioners are crucial, alongside the participation and support of family members (Coombs, Campbell and Caringi, 2022). Adolescents recognize ease of health financing, infrastructure and easy flow of services as supporting factors for health service providers (Dassah *et al.*, 2018).

Health insurance facilitates from the government the acquisition of health care by teens, hence enhancing their access to such services (Djunawan, 2019; Oktarianita, Sartika and Wati, 2021; Prihartanti, Parinduri and Arsyati, 2021). All participants in this study utilized health insurance to access MHS. In addition to health financing, service providers also support facilities and infrastructural issues, which patients also consider. The study includes assessing service waiting time, counselling duration, and the distance between the house and the PHC as facilities and infrastructure support components. All informants unanimously reported no issues with this matter, indicating that the waiting time for services was satisfactory or prompt, the duration of counselling was tailored to the patient's specific needs and concerns, and the distance to the PHC remained easily accessible. The study indicates that the duration of waiting time, the efficiency of service, and the perceived ease of access for patients are significant considerations when deciding to utilize healthcare services and evaluating patient contentment (Arifa, 2018; Zi. A. Basith and Prameswari, 2020; Usman, Basri and Mansur, 2021). Another criterion to consider is the range of amenities provided in healthcare facilities. The availability of comprehensive service facilities at the PHC directly influences the utilization of its health services. Conversely, the need for more health

service facilities at the PHC leads to fewer individuals seeking its health services (Tunnizha *et al.*, 2023). All interviewees unanimously affirmed that the MHS facilities were sufficient, mirroring the findings from interviews on facilities and infrastructure. Conversely, MHS providers reported that the facilities and infrastructure, such as human resources, counselling rooms, and health promotion media, needed to meet the required standards. Despite the insufficient facilities and infrastructure, service providers can still utilise these insights to enhance the experience of those using their services.

Need Factors

The findings elucidate that in addition to the necessity of human resources, mental health services at the Kulon Progo Regional Health Centre necessitate collaboration among health programs, financial backing, and health promotion media.

"I prefer collaborating, such as participating in Youth Programme" (IU 01)

"Yes, we have a restricted budget for the community, sister, so we only select a small number of cadres, specifically those who distribute information to the community" (IU 02)

"What can be accessed is limited to leaflets, sister" (IU 03)"

The lack of sufficient funds has led to the nonexistence of mental health outreach and education initiatives within the community and the creation of creative media for health promotion. Service providers have developed a solution through cross-program collaboration, such as partnering with the Youth program and deploying health cadres. Consequently, the sole source of information about mental health treatments is limited to Health cadres and booklets available at the PHC. Currently, digital needs to be more motion-based, but there is a lack of media specifically designed for teenagers. Furthermore, some community health clinics do not possess any health promotion media.

This study reveals that the resources available for MHS at PHC are

well below the established level. A prime illustration is the absence of proficient mental health practitioners or psychologists. None of the Kulon Progo Regency's health centres have psychologists, which poses a significant challenge in delivering MHS. Nurses or midwives who lack sufficient educational backgrounds are often the implementers or holders of mental health programs. Despite receiving specialized training in mental health, the primary informants continue to fulfil their responsibilities as nurses or midwives, leading to a dual workload. Ensuring the availability of skilled and competent personnel is a significant obstacle in delivering healthcare services (Sophiarany *et al.*, 2021). Another study asserts that the execution of mental health initiatives at PHC is impeded, primarily due to the lack of mental health specialists and the dual burden, resulting in inadequate and inefficient treatment delivery (Hasanah, 2021; Subekti, 2021). MHS providers require competent health human resources to administer services effectively. The presence of skilled and high-quality human resources is crucial for successfully implementing a health system, as it directly contributes to attaining health development objectives (Prilly, Sari and Aprilia, 2020).

Mental health providers require competent human resources to administer their services effectively. The presence of skilled and high-quality human resources is crucial for successfully implementing a health system, as it directly contributes to attaining health development objectives (Hasanah, 2021). Many patients need more access to health services due to insufficient awareness of the availability of these services, including the various programs and types of health care offered. (Aptindika, Dewanto and Sulakosno, 2019; Al-Shorbaji, 2021). As the rate of reported mental health problems and illnesses continues to increase, health leaders need to recognize the changes necessary to modernize mental health systems to improve mental health outcomes through efficient value-based solutions, as well as to advocate for financial investment and share best practices (Moroz, Moroz and D'Angelo, 2020).

CONCLUSION

The use of MHS by teenagers in the Kulon Progo District Health Center is influenced by knowledge factors, community stigma regarding mental health issues and access to services, availability of human resources and financial resources, as well as health promotion media. Support from family and health workers, facilities and infrastructure, and ease of flow of services and facilities support teenagers in utilizing health services. Cross-program and cross-sectoral collaboration, as well as advocacy to policyholders regarding the provision of professional human and financial resources, is very necessary to support the optimization of mental health services in Kulon Progo Regency.

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