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## Youth Mental Health Help-Seeking Behaviour: A Systematic Literature Review

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### Abstract

*Research shown that the prevalence of mental illness among youth is dramatically higher than other age groups but they have reported reluctance to seek help for mental illness and psychological suffering. The present review tends to provide an update of the literature and expand the understanding on facilitators and barriers of youth mental health help-seeking behavior as well as the influence of socio-demographic factors. The most mentioned facilitators are associated with mental health knowledge and attitude, while main barriers were stigma and shame. Gender difference, living areas and ethnic were the main socio-demographic influencing factors. The findings contribute to the current knowledge related to mental health help-seeking among youth. This has implications for psychology practitioners and schools in developing targeted interventions towards improving mental health literacy as well as organizing school or public awareness campaigns to diminish the stigma of mental health illness.*

**Keywords:** Mental Health, Help-Seeking Behaviour, Youth, Review, Facilitator, Barriers.

### Introduction

Young people represent a significant life transitions from childhood to adolescent that involves substantial mental and biological changes (Lee et al., 2023). They are faced with numerous challenges as they strive to develop a sense of autonomy and independence, as well as establish their own identity (Erikson, 1968). The significant biological, cognitive, social, emotional and interpersonal transitions that occur during this time make young people vulnerable to the development of mental health problems (Evans, et al., 2005; Stunden et al., 2020). Research also shown that the prevalence of mental illness among this age is dramatically higher than the general population (Pham et al., 2020). More importantly, mental health problems can have significant impact on health and social functioning in their adulthood (Kowadenko & Culjak, 2018) and may serve as significant contributors to mortality and lifelong disability (Heerde & Hemphill, 2017).

According to World Health Organization (WHO), mental health problems affecting 284 million people in the world and 17% of the affected population is aged between 10 and 19 years (WHO, 2021). A study in Malaysia reported that 1 in 5 adolescents (between 13 to 17 years old) in secondary school was found to be depressed, 2 in 5 were having anxiety, and 1 in 10 were stressed (IPH, 2017). The same survey also showed that 10% of students have suicidal thoughts, an increment from 7.9% in 2012 (Lee et al., 2023). These results indicated an alarming deterioration of mental health status among Malaysian youth.

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Having said so, mental health help-seeking is an adaptive way of combating stress by getting mental support to improve mental health (Kumaran et al., 2023). Help-seeking in the context of mental health is defined as an attempt to obtain external assistance to deal with a mental health concern in a positive way (Rickwood & Thomas, 2012). However, literature shows that most of the young people have reported reluctance to seek help for mental illness and psychological suffering (Divin et al., 2018; Pearson & Hyde, 2021). For example, Emerson et al. (2023) reported that only one-third of the adolescents in England who need assistance seek professional help; and a study by Chin et al. (2015) revealed that many students in higher learning institutions are reluctant to seek help from professional counsellors.

Hence, understanding the facilitators and challenges on mental health help-seeking behavior among youth is necessary to improving youth mental health in order to reduce the potential negative impacts of these issues in their later life. Nevertheless, most of the relevant reviews were conducted in Western and developed countries and focused on general adults or older adults as population (Alkholly et al., 2022; Roberts et al., 2018) whilst a number of review papers focused on interventions in improving help-seeking for mental illness without targeting on adolescent (Goodwin & Behan, 2023; Murphey et al., 2022;). Some reviews looked into very specific demographic such as patients at different stages of the journey for specific mental illness on help-seeking behavior (Hazli et al., 2022), or only focused on low income countries (van den Broek et al., 2023) whilst many of the reviews were based on publications before year 2020 (Gulliver et al., 2012; Xu et al., 2018).

Hence the present review tends to provide an update of the literature and expand the understanding on facilitators and barriers of youth mental health help-seeking behavior, including formal and informal sources of help and the influences of socio-demographic factors. Common mental health problems are referred and these include depression, anxiety, emotional distress, suicidal thoughts and self-harm. The following research questions were established to guide the exploration:

1. What are the facilitating factors and barriers in mental health help-seeking behavior?
2. What are the association of these factors with mental-health help-seeking behavior?
3. Are there any significant differences among socio-demographic factors?

Understanding the above issues will help young people access to timely and effective treatment in order to prevent the escalation of mental health problems in their later life.

## **Methodology**

### **Search Strategy**

Electronic databases were the main platform to do the search. Key search terms and combination of keywords were used to scour through related published literature on mental health help-seeking behavior among youth. Boolean operators such as “AND” and “OR” were utilized to capture more relevant and eligible studies. Table 1 shows the descriptive key search terms.

Search terms
“Mental health” AND
“help-seeking behavior” OR “help-seeking intention” AND
“young people” OR “youth” OR “adolescent” AND
“influences” OR “facilitators” OR “barriers”

Table1: Key search items used to elicit published articles

### Selection Criteria

Inclusion and exclusion criteria set as shown in Table 2 were created to ensure the comprehensiveness of the search. Studies published from 2020-2023 were included since there was a few previous review papers published before year 2020. The review was limited primarily to English-language studies in the mental health help-seeking arena within the age range of 15-29. All the studies have obtained ethical approval before approaching the targeted respondents.

Criterion	Inclusion	Exclusion
Time frame	2020-2023	Articles outside defined years
Language	English	Other languages
Type of article	Original research and peer-reviewed journals	Non-peer-reviewed articles
Ethics clearance	Studies that obtained ethics approval	Studies without ethics approval
Study focus	Help-seeking behavior or intention, including formal and informal sources	Other mental health issues not related to help-seeking behavior
Literature focus	Facilitators, barriers and social demographic factors that influence help-seeking	Out of defined focus
Population and sample	Age range of 15-29 in the study	Out of defined age range

Table 2: Inclusion and exclusion criteria.

Based on advanced search with Boolean operators, a total of 58 papers were identified from 9 databases: Complementary Index, CINAHL Complete, Education Source, MEDLINE, Directory of Open Access Journals, Communication & Mass Media Complete, Supplementary Index, Computers & Applied Sciences Complete and MAS Ultra – School Edition. In addition to this search, 10 relevant articles were also identified from manual Google search.

The review process is described in Figure 1. Of the 68 papers identified on screening, 23 did not meet the inclusion criteria and 13 full articles were retrieved. Of these, 7 original papers were identified as addressing the identified research questions and are included in this review.

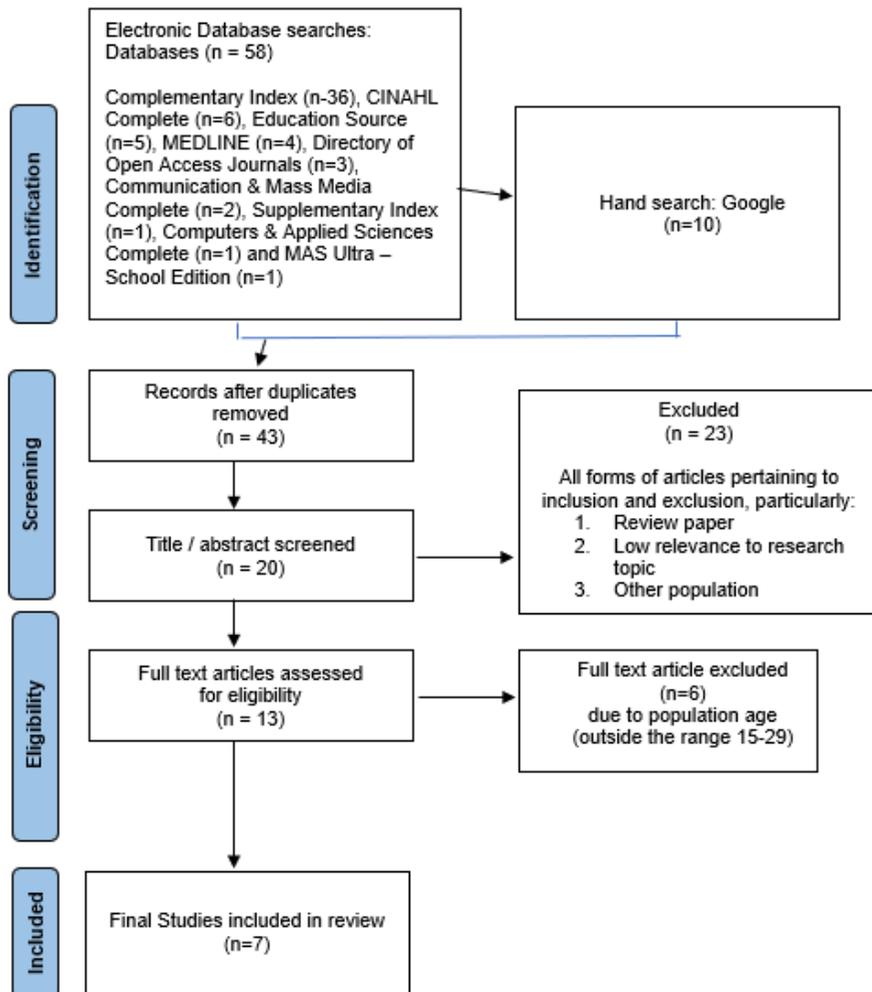


Figure 1: PRISMA flow diagram for article selection

## Data Extraction

A summary of the 7 eligible studies and their characteristics is shown in Table 3. The studies were conducted in 7 different countries, i.e. Australia, Malaysia and Vietnam as Asian countries, Canada and Netherlands as Europe countries, Egypt and Oman. All studies focused on young people, aged 15-29, with mean around age 21. The study settings were conducted in secondary schools (article 1 & 2), universities / colleges (article 3 -6) and one at educational and mental health care institutions (article 7). 4 studies (article 1, 2, 5 & 6) applied convenient sampling design whilst one study used snowball sampling (article 3), one study targeted all medical students (article 4) and one used purposive sampling that targeted young adults with depressive symptoms (article 7).

5 studies (articles 1-5) used quantitative approach and cross-sectional designs as online questionnaires were the main instrument for data collections. 3 out of these (article 1-3) have respective frameworks with help-seeking as the dependent variables whilst 2 studies (article 4 & 5) used posthumanism.co.uk

5) only focused on descriptive study (mean differences on social-demographic factors). 2 studies (article 6 & 7) used qualitative approach as both used semi-structured interviews and focus group (article 6) for data collections. SPSS software and relevant statistical analysis (such as ANOVA, independent t test, correlation and multiple regression) were used for all the quantitative studies while thematic analysis (Nvivo) was used for qualitative studies. Article 2 also applied content analysis for its 2 open ended questions in the questionnaire.

Different measurement tools adopted from previous literature were used to develop the respective questionnaires (see Table 3). None of the studies used the same measurement tools. 4 of the 7 studies investigated on help-seeking behavior (article 2, 4, 6 & 7) while 1 study focused on help-seeking intention (article 3), 1 study focused on both intention and behavior (article 1) and one study (article 5) did not specify clearly. 3 studies focused on both formal and informal help-seeking sources (article 1, 4 & 6) while 4 studies focused only on formal help-seeking source (article 2, 3, 5 & 7). All the 7 studies have obtained the informed consent from the participants and received Research Ethics Board approval from the respective institutions.

(Study Number ) Author details	Location & settings	Sample size	Sampling	Research methods	Research designs	Tools / Measures	Analysis
(1) Pearson & Hyde, 2021	Australia, 3 schools that have well-being support staff (Grade 10,11,12)	N=172 Females: 111 Males: 61	Convenient sampling  Respondents: with and without mental health problems	Quantitative study	Cross-sectional design  Variables: Knowledge, Attitudes (mediator), Help-seeking intention, Help seeking behaviors, Service accessibility (moderator)	4 online questionnaires hosted by Qualtrics: (include formal & informal help-seeking sources) 1.Mental health literacy scale (knowledge and attitude) 2.Service accessibility questionnaire help seeking questionnaire 4.Actual help seeking questionnaire	Descriptive analysis (gender and type/ source of service) 1.ANOVA 2.Independent sample t tests  Inferential analysis 1.Pearson correlation 2. Regression analysis
(2) Omari et al., 2022	Oman, 14 public schools (Grade 9-12)	N=424 Females: 188 Males: 236	Convenient sampling  Respondents: with and without mental health problems	Quantitative study, and 2 open-ended questions on perceived facilitators and barriers	Cross-sectional design (Oct 2020-Feb 2021)  Variables: Knowledge, Attitudes, Mental health seeking attitudes, Mental health seeking intention, Help-seeker stereotype	4 online questionnaires: (formal help-seeking source) 1.Mental help-seeking attitudes scale (MHSAS) 2.Mental help-seeking intention scale (MHSIS) 3.Help-seeker stereotype scale (HSSS) 4. Attitudes and knowledge related to mental illness questionnaire	Descriptive analysis (gender, father's employment, experience in visiting professional help, family income, and grades) 1.ANOVA 2.Independent sample t tests  Inferential analysis

							1.Pearson correlation  Content analysis for 2 open ended questions
(3) Pham et al., 2020	Vietnam, 2 business courses from a major university in Hi Chi Minh City	N=108 Females: 70 Males:38	Snowball sampling  Respondents: with and without mental health problems	Quantitative study	Cross-sectional design  Variables: Psychological openness , Indifference to stigma, Help-seeking propensity, Help-seeking behavioral intention	Online questionnaire: (formal help-seeking source) Inventory of Attitudes toward seeking mental health services (IASMHS)	Inferential analysis 1.Correlations and AVE 2.Multiple regression
(4) Kamel et al., 2021	Egypt, Tanta University , Faculty of Medicine	N=707 Females: 428 Males: 279	All medical students  Respondents: with and without mental health problems	Quantitative study	Cross-sectional descriptive design (Oct 2019)	Online questionnaire: (include formal & informal help-seeking sources) 1.Mental health experience 2.Help-seeking behavior and barriers 3. Reasons for not seeking help 4.Satisfaction with existing mental health care system	Descriptive analysis (gender, sources of help, living region, experience in mental distress) 1.Chi-square 2.ANOVA
(5) Kumaran et al., 2023	Malaysia, Quest International University , Ipoh	N=93 Females: 66 Males:27	Convenient sampling  Respondents: with and without mental health problems	Quantitative study	Cross-sectional descriptive design (May 2022-Jan 2023)  Variables: Stigma, Access, Trust, Privacy	Online questionnaire: (formal help-seeking source) 1.Barriers to seeking psychological scale	Descriptive analysis (gender, age, race, nationality) 1.Chi-square 2.Fisher exact tests
(6) Stunden et al., 2020	Canada , Universities and colleges	N=73 Females: 53 Males: 20	Convenient sampling  Respondents: with and without mental health problems	Qualitative study	12 focus group (with 10 participants in one group; allowed to engage more than one focus group)  (July 2016-Aug 2018)	Semi structured interviews with audio recorded (include formal & informal help-seeking sources) 1. Help-seeking questions on facilitators and barriers	Thematic content analysis – 6 phases (NVivo)

(7) Eigenhuis et al., 2021	Netherlands, Educational and mental health care institutions	N=32 No info on gender	Purposive sampling  Respondents: sought and eventually received professional help for depressive symptoms	Qualitative study	Inductive approach (March 2017- Oct 2018)	Semi-structured interview with audio recorded (formal help- seeking source) 1. Quick Inventory Depressive Symptoms (min score of 6) 2. Barriers and facilitators for help-seeking	Thematic content analysis (NVivo)
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Table 3: Methodology of included studies

## Results

A total of 7 articles were systematically reviewed in this study, retrieved from 7 countries, including Western, Asian and Middle East countries. This section reports on findings obtained based on the research questions identified earlier. The selected articles discussed the facilitating factors and barriers (all 7 articles), the association with mental health help-seeking behavior (3 articles with frameworks), and the influence of socio-demographic factors on the help-seeking behavior (4 articles). Summary of findings can be seen in Table 4.

(Study Number) Author details	Items Examined	Outcomes on mental health seeking intention or behavior
(1) Pearson & Hyde, 2021 (Australia)	1.Mental health literacy (mental health knowledge and help-seeking attitudes) 2.Service accessibility (as moderators) 3.Gender differences in help seeking determinants 4.Preferences on formal or informal sources of help	1.Mental health knowledge influences help-seeking intention 2.Females prefer to seek help from friends and professional for personal and emotional problems ; 3.Males prefer to seek help from a general practitioner for suicidal ideation 4.Strong preference for informal sources of help (parents or friends)
(2) Omari et al., 2022 (Oman)	1.knowledge related to mental illness 2.Attitudes related to mental illness 3.Mental help-seeking attitudes 4.Help-seeker stereotype 5.Demographic differences on the above. 6. Perceived facilitators 7. Perceived barriers	1.Mean score for help-seeking attitudes was significantly higher among male, among those who has previously received psychological help. 2.Help seeking intention was significantly associated with male, having an employed father, not having a chronic illness, and having a high family income 3.Mean score for help seeker stereotypes was significantly higher among students in 11 <sup>th</sup> grade, compared with 10 <sup>th</sup> and 12 <sup>th</sup>

		<p>grade.</p> <p>4. Significant positive relationship between mental health seeking attitudes, knowledge related to mental illness; attitudes related to mental illness, and mental help-seeking intention.</p> <p>5. Significant negative relationship between help-seeker stereotype and attitudes related to mental illness.</p> <p>6. Perceived facilitators are: having an adequate support system; being positive and knowledgeable about mental illness; and the reputation of the mental health care system</p> <p>7. Perceived barriers are: fear (feeling of anxiety, stigma, shame and mistrust), lack of family support and time consuming.</p>
(3) Pham et al., 2020 (Vietnam)	<p>1. Psychological openness (attitude)</p> <p>2. Indifference to stigma</p> <p>3. Help-seeking propensity</p>	<p>1. The model explained 6.8% of the variation in help-seeking intention</p> <p>2. Help-seeking propensity significantly influence intention.</p>
(4) Kamel et al., 2021 (Egypt)	<p>1. Socio-demographic variables (cultural background, age, gender, living region)</p> <p>2. Experience with psychological crisis or psychiatric illness</p> <p>3. Help-seeking behaviors and barriers</p> <p>4. Online mental health strategies</p>	<p>1. Searching the internet, using social media and consulting peers and friends and family members are ranked as most likely help-seeking behavior</p> <p>2. Seeking professional help was ranked last</p> <p>3. Male and those live in rural areas were more likely to speak to peers and friends;</p> <p>4. Females more likely to family members due to stigma</p> <p>5. Those in urban area more likely to use internet and social media</p> <p>6. Significant differences in perceived barriers between those who had been impacted by mental health problems compared to those who had not - Infrastructure barriers (services didn't offer what was needed, inconvenient time, too far away from home, long waiting times)</p> <p>7. Those never experienced issue preferred to handle on their own</p>
(5)	1. Socio-demographic (age,	1. Significant mean difference in stigma

Kumaran et al., 2023 (Malaysia)	gender, ethnicity, nationality, and fields of study) 2.Stigma 3.Trust in the mental health professional 4.Access 5.Privacy	scores observed among Indian students. 2.Privacy score is significantly higher among Indian 3.No significant mean difference in stigma, access, trust, and privacy scores observed between age, gender, and nationality.
(6) Stunden et al., 2020 (Canada)	1.formal services and providers 2.Social factors 3.Health literacy 4.Self-help-low-intensity sources of support	1.Wait times, financial burden, ease of access and experiences affect access to formal services 2.Social support (friends, family and informal support) affects help-seeking 3. Stigma reported as major deterrent to seeking help from formal and informal support (feelings of shame, and embarrassment, and being in denial about their situation) 4.Health literacy (including recognizing symptoms, acting on symptoms, learning about mental health through web-based sources or awareness campaigns, and finding out what services are available) affect help-seeking 5.Self-awareness did not always lead to action 6. Health literacy is affected by digital health tools and the Internet, and mental health campaigns 7.Self-help via digital mental health resources and wellness apps is considered as primary source of support
(7) Eigenhuis et al., 2021 (Netherlands)	1.Individual functioning and well-being 2.Health literacy 3.Attitudinal aspects 4.Surroundings 5.Accessibility	1.Poor academic performance, physical symptoms accompanying depression, and experiencing mental distress facilitated help-seeking 2.Knowledge about depression serves as facilitator 3. Being ashamed of symptoms and dysfunction hindered help-seeking 4.Being positive attitude and openness facilitates help-seeking 5. School professionals, friends and parents noticing symptoms facilitates help-

		seeking 6. Expected or perceived stigma across all cultural backgrounds hinders 7. Direct access to treatment and Effectuation of referral 8. Embarrassment, stigma and the belief that the general practitioner is only for physical symptoms and long waiting time serve as barriers
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Table 4: Summary of findings

## Discussions

This section discusses the descriptive and the thematic results of facilitating and barriers in help-seeking together with the associations of the significant influencing factors on help-seeking behaviors, followed by the discussion of significant of socio-demographic factors.

From the reviewed literature, mental health literacy, including both knowledge and attitude, was one of the pivotal aspects in mental health help-seeking behavior from the youth perspective. This finding is consistent with the previous research in which youth were reported as having poor knowledge about resources and the inability to articulate the need for help (McCann et al., 2016; Martinez-Hernaez et al., 2014). These include the ability to recognize mental health disorders, identify risk factors, know how to seek and obtain mental health information, obtain knowledge of prevention, and identify the best treatments and resources available as well as how to access the support (Jorm, 2015). Additionally, positive knowledge among parents is important too and this is consistent with the previous literature that indicated youth identified their parents as a primary source of support and are more likely to seek and receive professional help for mental health disorders if parents have adequate knowledge about mental health issues (Honey et al., 2014; Jorm & Wright, 2007). Correspondingly, the awareness campaign and the learning through web-based sources to enhance knowledge were found consistent with previous literature. For example, Wright et al. (2006) indicated positive effects of a mental health awareness campaign for young people, leading to increased mental health literacy; and Hui et al. (2015) provided evidence in their online randomized controlled experiment in Hong Kong that online mental health campaigns and distribution of educational materials through emails were able to enhance mental health literacy.

From the perspective of associations with help-seeking behavior, knowledge was again found as a significant predictor and this provides further support for the importance in mental health knowledge in improving help-seeking intentions (Hart et al., 2018; Lubman et al., 2017). However, there was mix findings on the attitudes, both as significant and insignificant predictor as reported in this review. Significant result is consistent with past research that has linked negative help-seeking attitudes with low help-seeking intentions (Andrews et al., 2001; Harding & Fox, 2015). On the other hand, this review always found that attitude did not significantly predict help-seeking intentions, nor mediate the relationship between knowledge and intentions (paper 1). This result is consistent with researches conducted among students with moderate to severe symptoms of distress in a Australian university and among 778 youth in New South Wales

that reported negative attitudes did not significantly account for variation in help-seeking intentions (Rughani et al., 2011; Vogel & Wester, 2003). However, the perceived benefits of help-seeking were significantly associated with help-seeking intentions in these studies. This may suggest that attitudes towards the usefulness of professional help play a more important role than attitudes towards mental health in predicting intentions (Hammer et al., 2018; Rughani et al., 2011). This is consistent with the result observed in this review (paper 3) in which help-seeking propensity, defined as willingness and perceived ability to seek help for psychological problems when need arise, was reported as most significant predictor in help-seeking intention.

In addition, the adequate support system, direct access and reputation of mental health care services were also found as important facilitators in help-seeking behavior. This is consistent with findings reported by Waid and Kelly (2020) in which family and peer support were perceived as a central facilitator of help-seeking behavior. However, the perceived need for professional help may also be hindered by skepticism around the effectiveness of professional help (Eisenberg et al., 2007; Garrido et al., 2009). For example, students who did seek professional help reported negative and unsatisfying engagement with the mental health care system, challenged by unavailability of appropriate resource, lack of infrastructure and scarcity of available psychiatrists (Saeed, 2018). These negative experiences and fear of similar experiences in the future deterred help seeking. Nevertheless, this review also reported that past positive experiences that were empathetic and instilled trust encouraged future help-seeking, which are similar with past findings (Boerema et al., 2016; McCann et al., 2016). The positive experience with sources of help may reduce fears about the unknown and encourage young people to seek further help. In fact, past positive experience was the most commonly reported facilitator as reported in 15% of studies by Radez et al. (2021) in their systematic review studies.

Consistent with previous findings, , stigma and shame or embarrassment were consistently emerged in the literature as prominent barriers (Gulliver et al., 2010; Rickwood et al., 2005, Valesco et al., 2020) and consistent with conclusions from previous reviews in help-seeking in the same age group (Rickwood et al., 2005; Barker et al., 2005). In addition, most of these were concerns about what others, including the source of help itself, might think of them if they were to seek help. The fear of stigma, especially the public stigma and the risk of compromising their social status were feelings described by young people in the current and previous studies as preventing them from seeking mental help (Clark et al., 2018; Kamimura et al., 2018). In fact, mental health concerns are commonly viewed as a breakdown in an individual's religious faith, which may reflect the stigma associated with seeking professional help especially in non-Western culture and lead to a reluctance in seeking mental health care (Merhej, 2019; Zolezzi et al., 2018).

Another concern is the privacy issue with respect to the potential source of help. This issue has been identified as a barrier in previous studies (Kambouropoulos, 2015; Rickwood et al, 2005) which report that fear of a breach in confidentiality stems from the fear of stigma and embarrassment should peers and family find out that the young people had sought help. The possibility of unfavorable consequences lies at the heart of trust concerns (Kumaran et al., 2023). A further obstacle can be that young people lack faith in the confidentiality of their personal information since they do not comprehend the help-seeking process and purpose.

There are structural barriers affecting the help-seeking process such as costs, waiting times and transportation as reported in this review. These findings are also consistent with many previous studies that show mental health care is largely inaccessible because of these barriers that include

distance, cost and wait time (Gibson, 2019; Moore & Gammie, 2018). Specifically, seeking help was seen as a time-consuming activity and time investment is a concern for youth (Clark et al., 2018). This could be compounded by other factors such as poor health literacy and lack of social support which lead to avoidance of mental-help seeking among them (Stunden et al., 2020). On the other hand, service accessibility was found not moderating the relationship between help-seeking intentions and actual behavior. Unfortunately, there were very limited studies in measuring accessibility as a moderator but nevertheless it was recognized as an important direct predictor to help-seeking behavior as reported in previous studies (Tomczyk et al., 2020; Chekroud et al., 2018). The insignificant result as moderator could be due to the perceived accessibility rather than actual accessibility was referred by participants.

The current review also observed that intention to seek help did not predict formal help-seeking behavior (paper 1). While there is limited research on actual help-seeking behavior within young adults populations, such result is in contrast to past research with adults that has consistently indicated that intentions are a significant predictor of actual help-seeking behaviors. (Armitage & Conner, 2001; Bitman-Heinrichs, 2017).

From the socio-demographic analysis, this review generally observed both males and females indicated preference for informal sources of help. This result is similar to several broad-scale studies among the early teenage years (Australia Institute of Family studies, 2017; Mission Australia & Black Dog Institute, 2017). This could be due to the familiarity and accessibility of parents, family members and friends as well as the negative attitudes towards seeking professional help (Prince, 2015; Zolezzi et al., 2018). They feel uncomfortable discussing personal issues with an unfamiliar person. This is further supported by findings represented rural areas that showed an increase reliance on family and friends (Fawzy & Hamed, 2017; Okasha, 2005).

However, this result contradicts with a study in which 65% of Australian aged 12-17 with mental disorders sought formal help (Lawrence et al., 2016). This could be reasoned that this current review did not measure the actual mental health status that may necessitate medical help or high levels of informal help-seeking and school-based resources and structures in place may have reduced the need for formal help-seeking within this population.

In addition, this review shows mix finding on gender differences in the attitudes towards seeking professional help. Male students showed more positive attitudes and greater intentions towards help-seeking than females. This contradicts previous findings of the masculine norms and ideals that inhibit seeking professional help among males (Clark et al., 2020; Ramaecker & Petrie, 2019). Expression of emotion may be viewed as inappropriate and weak for male. Moreover, males were observed greater intentions to seek help from doctor. This is consistent with a recent study that indicated male preference for medical practitioner among Australian high school students (Ratnayake & Hyde, 2019) and is consistent with the Mission Australia and Black Dog Institute (2017) report. On the other hand, consistent with the broad-scale studies, females were more likely to seek help from friends and family. However, some studies failed to show significant gender differences in these attitudes towards seeking professional help (Watsford & Rickwood, 2014).

Having said so, cultural norms play a larger part in gender differences as these norms continue to adversely affect women's mental health and well-being especially in Arabic countries (Ghuloum, 2013). The findings from Arabic countries in this review indicated males were more

likely to speak to peers and friends while female sought help from family members or did not seek help. This result is consistent with literature from Arabic countries (Al-Darmaki et al., 2016) as seeking help was perceived as shameful or even dangerous among women. For many women in Arabic countries, experiences of self-worth, competencies, autonomy, and a sense of physical, sexual and psychological safety are systematically denied and disregarded which contributes to the growing burden of poor mental health (Afifi, 2007).

This review also observed significant difference on stigma and privacy among Indian compared to other races in Malaysia, but not on age and gender. This result is consistent with another study in Malaysia that indicated a significant association between ethnicity and depression in which 7.3% of Indian students having the highest level of depression as they did not come forward for help-seeking (Abdul Halim Anuar et al., 2020); and they may believe that psychological problem mainly caused by supernatural power (Hirai, 1999) and they are more prefer to seek help from Shaman rather than helping professionals (Wong et al., 2015). Other Malaysian studies have shown different significant results. For example, Chinese had displayed the highest willingness to seek help from professionals as compared to Indian and Malay as they believe those helping professionals have greater knowledge regarding emotional or psychological issues than non-professionals (Xie, 2007). They also believe that they will only seek psychological helps when their problems encountered are beyond their controls (Goh et al., 2007). In contrary, Malay viewed psychological disorder as a sin and hence to avoid from social pressure, those who are having psychological disorder most likely would not seek help from professionals (Swami et al., 2008).

Lastly, this review also reflects that help-seeking intention was significantly higher in the group with employed fathers and those with a higher family income. These findings are similar to previous studies conducted in similar populations (Watsford & Rickwood, 2014; Suka et al., 2016). The father's employment status may influence monthly incomes and limit the anxiety related to health care service costs, which young people already identified as barrier.

### **Implications**

Overall, these findings contribute to the current knowledge on the facilitator and barriers in mental health help-seeking and the relationship between key variables and the influence of socio-demographic on young people help-seeking intentions and behavior. This has implications for psychology practitioners and schools in developing targeted interventions towards improving mental health literacy specifically knowledge, with the aim of improving help-seeking intentions and hopefully behaviors. School or public awareness campaigns could be organized to improve health literacy and diminish the stigma of mental health illness. It would be advisable for school to review their wellbeing policies and practices to ensure that mental health literacy is embedded in wellbeing curriculum, given the identified link between knowledge and positive help-seeking behavior. In addition, exposure to experiences shared by formal patients or peers can be useful as this may influence young people stereotyping positively and encourage them to seek help. It is crucial to raise the awareness about mental illness, the availability of the mental health services, the effectiveness of the services provided, the autonomous nature of attending and using these services, as well as confidentiality of the patients' information.

It is important to get parents, peers, and school personnel to made aware of their crucial role in helping to identify mental illness symptoms in young adults and consider discussing their concerns with them. For example, peer leading interventions have been developed previously

and shown a positive effect (Wyman et al., 2010) on referring suicidal peers for adult support. School personnel or counsellor should be aware of signs of academic malfunctioning and be encouraged to discuss the student's wellbeing when school results are worsening. A monitored platform could be created for young people or parents to meet, either online (anonymously) or in person to share their experiences, thoughts and views of mental help-seeking. More importantly, these interventions could encourage young men and women to easily contact possible gatekeepers, i.e. the general practitioners or school counselors, to help assess their symptoms and the need for treatment. In addition, the unique sociocultural context must also be considered in order to develop safe, accessible, and trustworthy resources that address their barriers to service mental help utilization.

From the structural perspective, mental health care institutions and therapists are encouraged to improve accessibility of care, such as online registration or easy telephone or chat contact, or actively reaching out to referred young adult patients. Online support or e-health, with its proven cost-effectiveness, availability, and proximity to the daily internet behaviors of youth, might be a beneficial alternative or complement to existing programs to enhance help-seeking behavior among young people (Pretorius et al., 2020). As such, it is important for policy makers or governments to look into the improvement and expansion of these treatment resources for young people. Basic mental health care or wellbeing in schools becomes a necessary form of primary support to encourage help-seeking behavior among distressed students.

## Conclusion

In conclusion, this review provides a summary of both qualitative and quantitative literature on facilitating and barriers in mental health help-seeking behavior, together with the influence of socio-demographic from 7 different articles. Many young people with mental health problems fails to seek professional help and they prefer to seek help from informal sources such as friends and family members due to a variety of barriers such as poor mental health literacy, stigma, privacy and structural issues. However, there are some evidences that positive past experiences, which may increase mental health literacy, as well as social support and encouragement from others, which may reduce the stigma of help-seeking, are facilitators of help-seeking for young people. Socio-demographic factors such as gender differences, ethnic, place of staying, cultural backgrounds and family structure also influence the help-seeking behavior among young people.

These findings have various implications for schools, parents, practitioners as well as government in highlighting the importance of upskilling informal help sources such as friend and parents to respond to young people with concerns, as well as educating gatekeepers like teachers on mental health resources, and the development of effective interventions and infrastructures aimed at encouraging help-seeking behavior, with the ultimate aim to improve mental health outcomes and reducing the prevalence of mental disorders among young people.

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