

Pathways of adolescent intention for mental health help-seeking: Insights from the theory of planned behavior

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ABSTRACT

Adolescent mental health has emerged as a critical global issue influenced by social changes, technological advancements, and complex life demands. This study, conducted in Jember, East Java, Indonesia, aimed to explore psychosocial factors influencing adolescents' mental health help-seeking intention using the Theory of Planned Behavior (TPB). The research comprised two phases. Phase 1 included 72 students (mean age = 15.86 years, 87% female) from two junior high schools and three senior high schools. These students were interviewed to investigate their beliefs about mental health help-seeking intention through open-ended questions. Phase 2 involved 413 students (mean age = 15.3 years, 52.5% female) from three junior high schools and three senior high schools. This phase developed a model of mental health help-seeking intention based on attitudes, subjective norms, and perceived behavioral control. The study underscored the pivotal role of social support, positive attitudes, and accessible services in shaping adolescents' intentions to seek mental health assistance. These findings imply that strengthening social support networks, particularly within family and community contexts, promoting positive attitudes and enhancing service accessibility, could substantially increase adolescents' intention to seek help.

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Introduction

Adolescent mental health has become an increasingly urgent global health issue, driven by various factors such as social changes induced by the pandemic ([Amran, 2022](#); [Cooper & Sawaf, 1997](#)), technological advancements ([García-Gil et al., 2022](#); [Marciano et al., 2022](#)), and increasingly complex life demands ([Ortuño-Sierra et al., 2021](#)). It encompasses the psychological well-being of individuals aged 10-19, integrating emotional, psychological, and social dimensions that influence their cognition, emotions, and behaviors. According to the World Health Organization (WHO), over 700,000 people die by suicide annually, making it the fourth leading cause of death among individuals aged 15-29 years, with 77% of cases occurring in low- and middle-income countries ([Buli et al., 2024](#); [Kim et al., 2020](#); [World Health Organization, 2023](#)).

In Indonesia, adolescent mental health issues are similarly pressing. One in three adolescents has exhibited symptoms of mental disorders over the past 12 years, with anxiety being the most prevalent among those aged 10-17 years ([Wahdi et al., 2023](#)). A national survey by the Ministry of Women's Empowerment and Child Protection reveals alarming

statistics: 21% of female adolescents who experience violence express a desire to self-harm, 17% of those experiencing sexual violence have contemplated suicide, and eight out of 100 have attempted it ([Susilowati et al., 2021](#)). Furthermore, while 46.3% of adolescents reportedly have flourishing mental health, others exhibit moderate to languishing mental health ([Sulistiowati et al., 2019](#)).

Adolescents in rural areas face particularly pronounced barriers to accessing mental health services, including stigma, lack of awareness of resources, and limited service availability ([Oduola et al., 2024](#)). Rurality amplifies attitudinal barriers such as stoicism and distrust of formal systems, shaped by cultural and geographic factors ([Cheesmond et al., 2019](#)). On the other hand, facilitators like family involvement, school-based initiatives, and flexible, informal support settings have shown promise in encouraging help-seeking behaviors ([Oduola et al., 2024](#)). Flexible and informal meeting settings may also encourage help-seeking behaviors ([Cheesmond et al., 2020](#)). Situated in Jember, a rural district in East Java, Indonesia, this study seeks to explore how adolescents in this unique socio-geographic context perceive and navigate the mental health resources available to them.

Despite growing attention to adolescent mental health, significant knowledge gaps remain. Existing studies often focus on urban populations, overlooking the rural context where barriers and facilitators may differ substantially. Moreover, while individual-level models have been used to explain health-related behaviors, these approaches often neglect the broader social factors that shape such behaviors. By addressing these gaps, this study contributes to the literature by examining the psychosocial determinants of help-seeking behavior among rural adolescents and contextualizing them within the Theory of Planned Behavior (TPB).

The TPB offers a comprehensive framework for understanding mental health help-seeking intentions and behaviors, addressing limitations in other models like the Health Belief Model (HBM) and the Transtheoretical Mode (TTM) ([Ajzen, 2012](#); [Ajzen et al., 2009](#)). The TPB has been widely applied to understand mental health help-seeking intentions and behaviors. It posits that behavior is determined by psychosocial aspects such as attitudes (assessments of benefits), subjective norms (perceptions of social support or hindrance), and perceived behavioral control (situational factors or resources that facilitate or impede behavior) ([Fishbein, 2008](#); [Fishbein & Ajzen, 2010](#)). While attitudes and perceived behavioral control are consistently significant predictors of help-seeking intentions, subjective norms have shown more variable influence ([Adams et al., 2022](#); [Bohon et al., 2016](#); [Tomczyk et al., 2020](#); [Zorrilla et al., 2019](#)). This study applies the TPB framework to examine the factors influencing adolescents' help-seeking behavior and to propose actionable recommendations tailored to the rural Indonesian context.

Method

This research was conducted in two sequential phases, guided by the structured framework of the Theory of Planned Behavior (TPB). The first phase focused on identifying and understanding the challenges that adolescents perceive as difficult or stressful and how these experiences influence their mental health and willingness to seek help. To achieve this, we identified situations that adolescents found challenging, aiming to uncover the types of experiences that significantly impact their mental health and help-seeking behaviors ([Weathers et al., 2013](#)). The participants in this study were students from two junior high schools and three senior high schools located across two districts in Jember Regency. Participants were asked whether they had personally experienced, witnessed, or learned about these events happening to a close family member or friend, providing valuable insights into the stressors that adolescents consider significant.

Next, we conducted a qualitative exploration of adolescents' beliefs regarding mental health help-seeking. Open-ended questions were used to examine the content and nature of these beliefs, addressing the research question, "What beliefs do adolescents hold regarding seeking mental health assistance, and how strong are these beliefs?" Additionally, we measured the strength of these beliefs to develop instruments assessing three core components of the TPB: attitudes, subjective norms, and perceived behavioral control (PBC). This step was guided by the question, "How can the strength of adolescents' beliefs about mental health help-seeking be measured to develop instruments for assessing attitudes, subjective norms, and perceived behavioral control?"

The second phase of the study applied a regression model to examine the influence of these predictors—attitudes, subjective norms, and PBC—on adolescents' intentions to seek mental health help. This phase addressed the research questions, "How do attitudes, subjective norms, and perceived behavioral control influence adolescents' intentions to seek mental health help?" and "To what extent can a regression model based on the TPB predict adolescents' mental health help-seeking intentions?" By testing the regression model, we sought to evaluate the predictive power of the TPB framework in explaining adolescents' intentions to seek help in the context of mental health challenges.

This research adheres to the ethical guidelines established by the Research Ethics Commission of the Faculty of Psychology, Universitas Muhammadiyah Jember, as outlined in document No. 03/ETK/II.3.AU/FPSI/F/2024. Consent for participation in this study was obtained directly from the students, with prior notification provided to the principals of each school. Participation was entirely voluntary, and students were informed of their right to decline involvement or withdraw from the study at any time without any repercussions. This ensured that their autonomy and willingness to participate were respected throughout the research process

Phase 1. Identification Perceived Stressful Situation and Exploration of Beliefs in Mental Health Help-Seeking Intention

Participants

Phase 1 involved 72 students ($M_{\text{age}} = 15.86$ years; $SD = 1.43$) from two junior high schools and three senior high schools across two districts in Jember Regency. The sample included 63 female adolescents (87%) and nine male adolescents (13%). The data showed that only 10% of the sample had sought professional mental health services, highlighting a low frequency of help-seeking behavior. The ethnic composition was predominantly Javanese (81%), with smaller representations of Madurese (11%) and other ethnic groups (8%).

Data Collection and Analysis Methods for Beliefs related to Mental Health Help Seeking Intentions

Participants were asked to respond to a series of open-ended questions regarding their beliefs about seeking mental health assistance. These questions aimed to uncover the perceived benefits and drawbacks, the influence of social support, and the control factors related to help-seeking. The researchers used open-ended questions to adolescents: 1) "What are the advantages and disadvantages of seeking mental health assistance from professionals?" 2) "Who are the individuals or groups that support or obstruct in seeking mental health assistance from professionals?" 3) "What situational factors or resources facilitate or hinder seeking mental health assistance?" Based on these three open-ended questions, the researcher conducted a content analysis and identified the five most frequent responses (Table 2).

Questionnaire Development

The purpose of developing the Belief Strength Questionnaire (BSQ) was to systematically quantify these beliefs and understand their strength in predicting help-seeking intentions. This questionnaire was crucial for identifying the specific beliefs that influence adolescents' decisions to seek help, thereby informing the development of interventions targeted at increasing help-seeking behavior. The six constructs—behavioral belief, outcome evaluation, normative belief, motivation to comply, control belief, and power—are derived from the content analysis conducted during Phase 1. Open-ended questions were analyzed to identify key themes and categories that represent adolescents' perceptions and experiences related to seeking mental health assistance. These findings were then used to create structured items for the Belief Strength Questionnaire (BSQ), allowing for the systematic measurement of these beliefs in Phase 2.

The BSQ is a single tool designed to measure all six constructs as part of a comprehensive assessment. While each construct has its own subscale, with unique items and response scales tailored to capture specific dimensions, they collectively form one unified instrument. Differences in scoring and reliability across constructs arise naturally due to the diversity of beliefs being measured.

Behavioral Belief. This refers to the adolescents' beliefs about the consequences or outcomes of seeking mental health assistance. The construct consists of six items ($\alpha = 0.57$). For example, one item states, "The outcome I will achieve when seeking assistance from a psychologist/psychiatrist in difficult situations is that my mental burden will be reduced because I will receive solutions to the problems I am facing." Responses are measured on a scale from 1 (Impossible for me to obtain) to 7 (Possible for me to obtain).

Outcome Evaluation. This assesses adolescents' evaluations of the likely consequences of seeking mental health assistance. It consists of six items ($\alpha = 0.72$), such as "Experiencing greater tranquillity due to the ability to express emotions." Responses range from -3 (Something of little importance/value to me) to +3 (Something important/valuable to me).

Normative Belief. This measures the beliefs about the support or hindrance provided by individuals or groups regarding seeking mental health assistance. This construct comprises five items ($\alpha = 0.68$), such as "The parties that determine when to seek assistance from a psychologist/psychiatrist when facing a difficult situation are friends, parents, relatives, partners, or teachers." Responses are rated on a scale from 1 (Less supportive/Less agreeable) to 7 (Supportive/Agreeable).

Motivation to Comply. This refers to the tendency to follow the advice of influential individuals. The construct includes five items ($\alpha = 0.65$), with responses ranging from -3 (I will not act on/follow the advice from this party) to +3 (I will act on/follow the advice from this party).

Control Belief. This assesses the perceived availability of resources or situations that facilitate or obstruct help-seeking. It consists of five items ($\alpha = 0.84$), such as "Easily accessible information regarding the availability of psychologists/psychiatrists, costs, and service hours provided." Responses are measured on a scale from 1 (Not available/Not possessed) to 7 (Available/Possessed).

Power. This refers to the perceived strength of the factors that enable or impede seeking mental health assistance. It includes five items ($\alpha = 0.89$), with responses ranging from -3 (Hindering) to +3 (Facilitating).

Data Analysis

Data from Phase 1 were analyzed using content analysis to identify key themes from the open-ended questions, followed by descriptive analysis of the BSQ data to assess the strength and impact of each belief on help-seeking intentions

Phase 2: Regression Model of Adolescent Mental Health Help-Seeking Intention Participants.

Phase 2 involved 413 students ($M_{age} = 15.3$ years; $SD = 1.66$) from three junior high schools and three senior high schools across three districts in Jember Regency. The sample included 196 males (47.5%) and 217 females (52.5%), with an ethnic composition predominantly Javanese (80%), followed by Madurese (12%) and other ethnic groups (8%).

Data Collection

The instruments used in Phase 2 were developed based on the constructs (Attitude, Subjective Norms and PBC) identified in Phase 1. The instruments are four separate scales, each designed to measure a distinct variable within the context of the Theory of Planned Behavior (TPB): attitude towards mental health help-seeking intentions, subjective norms, perceived behavioral control, and mental health help-seeking intentions. Each scale operates independently, as these variables are analyzed separately to explore their individual contributions to adolescents' help-seeking behavior. These instruments included:

Attitude Towards Mental Health Help-Seeking Intention Scale (Three items, $\alpha = 0.79$). This scale assesses adolescents' overall disposition towards seeking mental health assistance, encompassing both positive and negative evaluations of potential outcomes.

Subjective Norm Scale (Four items, $\alpha = 0.68$). This scale measures the influence of social norms on adolescents' help-seeking intentions, categorized into vertical (injunctive norms) and horizontal (descriptive norms) relationships.

Perceived Behavioral Control Scale (Four items, $\alpha = 0.73$). This scale evaluates adolescents' perceptions of the ease or difficulty of seeking mental health assistance, influenced by factors such as accessibility of information, communication resources, and logistical concerns.

Mental Health Help-Seeking Intention Scale (Five items, $\alpha = 0.66$). This scale measures the adolescents' willingness to seek mental health assistance, reflected in behaviors such as researching services, contacting a psychologist, and attending appointments.

The number of items in each scale is intentionally limited to ensure the instruments remain concise and focused, reducing the response burden on adolescent participants. However, we acknowledge that the relatively small number of items can contribute to moderate reliability scores, such as $\alpha = 0.66$ for the Mental Health Help-Seeking Intention Scale. This is a limitation of the study, and future research should consider expanding the number of items in each scale to improve internal consistency and reliability.

Despite this limitation, the reliability scores obtained are acceptable for exploratory research and provide meaningful insights into the relationships between these variables. The findings contribute to understanding adolescents' help-seeking behaviors and offer a foundation for refining these instruments in subsequent studies to enhance their robustness and reliability.

Data Analysis

Data from Phase 2 were analyzed using regression analysis, conducted with JAMOVI software version 1.6.18.0, to determine the model fit and identify the most significant predictors of mental health help-seeking intention.

Results

Table 1 illustrates the various challenging events and situations that adolescents reported as impacting their lives, their families, or others around them. Bullying emerged as a common issue, affecting individuals, families, and others equally. Conflicts with friends and teachers were primarily personal struggles, with some impact extending to others but rarely involving family members. Similarly, conflicts with romantic partners and siblings were mostly personal matters, with less effect on the broader family or community. Transportation accidents and natural disasters had a more widespread impact, affecting not just the individuals involved but also their families and others in their community. On the other hand, feelings of inadequacy in academic tasks and fear of future failure were mainly internal challenges faced by the adolescents themselves, with little to no reported impact on their families or others. This overview highlights how certain stressful events are more likely to affect only the individual, while others have broader implications for families and communities.

Table 1

Frequency of Adolescent-Reported Events and Situations Affecting Individuals, Families, and Others

Event or Situation	Number of Responds		
	Happened to Me	Happened to My Family	Happened to Other
Bullying (physical, verbal, and psychological)	7	7	7
Conflict with friends	12	1	3
Conflict with parents	7	5	2
Conflict with teachers	12	0	4
Conflict with a romantic partner	6	5	1
Conflict with siblings	8	2	0
Transportation accidents (e.g., car accident, shipwreck, train accident, plane crash)	4	5	3
Natural disasters (floods, earthquakes, landslides, disease outbreaks, etc.)	9	0	7
Feeling inadequate in academic tasks	3	0	2
Fear of future failure	3	0	0

Phase 1

The study explored the various factors influencing adolescents' mental health help-seeking intentions by examining attitudes, subjective norms, and perceived behavioral control. The findings are summarized in Table 2, which outlines the relationships between specific beliefs, evaluations, and the resulting components of intention. Column 1 in Table 2 contains the most frequent responses from participants to the open-ended questions asked by the researchers: 1) "What are the advantages and disadvantages of seeking mental health assistance from professionals?" 2) "Who are the individuals or groups that support or obstruct in seeking mental health assistance from professionals?" 3) "What situational factors or resources facilitate or hinder seeking mental health assistance?" Based on these three open-ended

questions, the researchers conducted a content analysis and identified the five most frequent responses.

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The content analysis employed in this study involved transforming qualitative responses into quantitative data to facilitate statistical analysis. Participants' responses to questions about their beliefs, evaluations, and motivations were coded using a Likert scale (e.g., 1 = strongly disagree to 5 = strongly agree). The mean values calculated represent the average response across all participants, providing an overview of the trends and relative strength of each factor. This approach allowed us to quantify subjective perceptions, such as the strength of behavioral beliefs and the importance of specific outcomes, ensuring that the findings were both systematic and interpretable.

In line with the Theory of Planned Behavior (TPB), the study multiplied belief strength by outcome evaluation ($b \times e$) to calculate attitudes, normative belief by motivation to comply ($n \times m$) to determine subjective norms, and control belief by power ($c \times p$) to assess perceived behavioral control. This multiplication reflects the interactive nature of these constructs, where both components must be considered together to capture their combined effect. For instance, a strong belief about the benefits of seeking help would contribute less to attitudes if the associated outcome were deemed unimportant. Similarly, the influence of social expectations depends not only on the perceived strength of those expectations but also on the individual's willingness to comply. By employing this approach, the study aligns with the TPB framework to evaluate the predictors of help-seeking intentions comprehensively and meaningfully.

Based on the findings from Phase 1 (Table 2), adolescents' attitudes towards seeking psychological help reveals that the most significant factor influencing a positive attitude is enhanced calmness through attentive listening, with the highest attitude score (mean = 9.85), supported by strong behavioral belief (mean = 4.9) and high outcome evaluation (mean = 1.46). Additionally, emotional expression that leads to calmness also contributes significantly to a positive attitude (mean = 8.40). The belief that psychological help can alleviate mental burden is viewed positively as well (mean = 6.93), though slightly less so. On the other hand, the financial cost is the most substantial deterrent, resulting in a low attitude score (mean = 0.26), followed by significant time investment (mean = 3.53) and feelings of awkwardness or discomfort (mean = 3.18), which have a more moderate impact.

The influence of significant others on adolescents' intentions to seek mental health help shows that parents have the strongest impact, with the highest subjective norm score (mean = 6.56), driven by a significant normative belief (mean = 4.06) and motivation to comply (mean = 1.04). This highlights the crucial role of parental expectations in encouraging help-seeking behavior. Teachers and school counselors also exert considerable influence, with a subjective norm score of 4.36, underscoring their authority in guiding adolescents towards seeking help. Friends and siblings have a moderate influence, with mean of subjective norm are 2.68 and 3.14, respectively, indicating that while their opinions matter, they are less impactful compared to parents and teachers. Interestingly, the influence of a partner or close friend is relatively low, with a subjective norm score of 1.69 and even a negative motivation

to comply (mean = -0.25), suggesting that some adolescents may not prioritize the opinions of close friends when deciding to seek psychological help. These findings demonstrate that parental and teacher expectations are the most influential factors, while peer influence is more moderate.

The results of Phase 1 also explore perceived behavioral control reveals that the availability of online mental health services is the most influential factor, with a high perceived behavioral control (mean = 3.49), indicating that adolescents find online resources highly accessible and motivating for seeking help. School-issued permission, while notable, has a moderate impact (mean = 2.25), suggesting that obtaining school permission plays a role but is not a major barrier. The proximity of services to home presents a lower influence (mean = 0.89), indicating that geographical distance may be a barrier, though less significant than online accessibility. Lastly, the availability of information about services shows the least influence (mean = 0.42), suggesting that while information is accessible, it is not a strong motivator for adolescents to seek help. These findings highlight that online accessibility is the most empowering factor, while geographical proximity and information availability are less influential in adolescents' help-seeking behavior.

Table 2

Attitude, Subjective Norm and Perceived Behavioral Control Based on Beliefs

Attitude Based on Behavioral Belief and Outcome Evaluation	Behavioral Belief Strength (b)	Outcome Evaluation (e)	Attitude (bx e)
	mean	mean	mean
Alleviated mental burden	4.35	1.18	6.93
Enhanced calmness through emotional expression	4.89	1.19	8.40
Enhanced calmness from attentive listening	4.86	1.46	9.85
High financial cost	3.44	-0.43	0.26
Significant time investment	4.07	0.49	3.53
Experiencing awkwardness, embarrassment, or discomfort	4.32	0.15	3.18
Subjective Norm Based on Normative Belief and Motivation to Comply	Normative Belief (n)	Motivation to Comply (m)	Subjective Norm (nxm)
	mean	mean	mean
Friends	4.58	0.21	2.68
Parents	4.06	1.04	6.56
Siblings	3.94	0.24	3.14
Partner/close friend	3.85	-0.25	1.69
Teachers/School Counselors	4.07	0.44	4.36
Perceived Behavioral Control Based on Control Belief and Power	Control Belief (c)	Power (p)	Perceived Behavioral Control (c x p)
	mean	mean	mean
Readily accessible information	2.79	-0.15	0.42
Comprehensive information on obtaining services	2.90	0.26	2.17
Proximity of services to the home	2.81	-0.26	0.89
Availability of online mental health services	3.68	0.60	3.49
School-issued permission	3.29	0.19	2.25

Phase 2

The overall intention to seek mental health assistance integrates the key predictors: attitude, subjective norm, and perceived behavioral control ($F_{(4,41)} = 44.7$; $p < 0.01$). The analysis revealed that these three factors significantly influence adolescents' mental health help-seeking intentions, with a determination coefficient ($R^2 = 0.30$; $p < 0.01$). This indicates that 30.4% of the variance in mental health help-seeking intention can be explained by the combination of these predictors. Attitudes toward seeking assistance demonstrated a significant positive influence ($\beta = 0.24$; $p < 0.01$), indicating that adolescents with more favorable views of mental health services are more inclined to seek help when required. Subjective norm demonstrated the most significant influence ($\beta = 0.44$; $p < 0.01$), indicating that the social expectations and pressures from significant others, such as parents and peers, play a crucial role in shaping adolescents' intentions to seek help. Perceived behavioral control also played a significant role ($\beta = 0.25$; $p < 0.01$), reflecting that adolescents' confidence in their ability to access mental health services—considering factors like the availability of services and perceived ease of access—strongly impacts their intention to seek help. Interestingly, gender did not significantly influence the intention to seek help in this regression model ($\beta = -1.19$; $p > 0.05$), suggesting that, within this context, gender differences do not play a crucial role in determining help-seeking intentions.

Discussion

This study explored the psychosocial factors influencing adolescents' mental health help-seeking intentions using the Theory of Planned Behavior (TPB) framework. By examining attitudes, subjective norms, and perceived behavioral control, Phase 1 and Phase 2 provided comprehensive and sequential insights into these factors and their interconnections, demonstrating the importance of this dual-phase approach in yielding significant findings.

Phase 1 focused on identifying and understanding adolescents' beliefs and perceptions regarding mental health help-seeking. The qualitative exploration revealed that positive attitudes toward seeking psychological help were primarily influenced by benefits such as enhanced calmness and reduced mental burden ([Aras & Peker, 2024](#)). However, financial costs, time investment, and embarrassment were notable deterrents. Subjective norms, especially parental and teacher influence, emerged as significant motivators for help-seeking intentions ([Digal & Gagnon, 2020](#); [Hassett et al., 2018](#)), while peer influence played a moderate role ([Sears & MacIntyre, 2023](#)). Perceived behavioral control highlighted the availability of online mental health services as a critical enabler, with geographical proximity and information accessibility being less influential ([Sweeney et al., 2019](#)). These findings provided a foundation for developing the instruments used in Phase 2, underscoring the sequential nature of this research.

Phase 2 built upon these foundational insights by analyzing how attitudes, subjective norms, and perceived behavioral control predicted adolescents' intentions to seek help. These results affirm the importance of social expectations and the perceived ease of accessing services in shaping help-seeking intentions. Interestingly, gender did not significantly impact help-seeking intentions, suggesting that cultural or societal norms within the study context may encourage equitable perceptions of mental health services. This phase confirmed the interconnectedness of the findings from both phases and reinforced the predictive power of the TPB model ([Fishbein, 2008](#); [Fishbein & Ajzen, 2010](#)).

This study shares similarities with prior research, such as the consistent finding that subjective norms significantly influence mental health help-seeking intentions ([Bohon et al., 2016](#); [Kam et al., 2022](#)). Like these studies, the present research highlights the critical role of social support systems, particularly from parents and teachers, in motivating adolescents to seek help. Similarly, the emphasis on perceived behavioral control aligns with existing literature, underscoring the importance of adolescents' confidence in their ability to access mental health services and navigate logistical barriers ([Adams et al., 2022](#)).

However, differences were also observed. Unlike some studies that reported significant gender differences in help-seeking behaviors ([Syakarofath & Widyasari, 2023](#)), this research found no such disparities. This discrepancy may be attributed to cultural or societal norms in the study's context, which appear to promote more equitable attitudes toward mental health services across genders. Additionally, while earlier studies emphasized the challenges posed by stigma and confidentiality concerns ([Boyd et al., 2011](#); [Cramer, 2016](#)), this research identified online mental health services as a particularly empowering factor, reflecting a shift toward digital solutions in adolescent health behavior.

The findings also extend prior research by integrating a sequential mixed-methods approach, combining qualitative insights with quantitative validation. This design enabled a deeper understanding of the interplay between attitudes, subjective norms, and perceived behavioral control, offering a more nuanced perspective than studies that relied solely on one methodological approach. The study's integration of qualitative and quantitative approaches provides a robust understanding of adolescent mental health help-seeking behaviors. By adopting a sequential design, the research effectively bridged the gap between exploratory and confirmatory analyses, enabling a deeper examination of the predictors of help-seeking intentions. The findings underscore the relevance of the TPB framework in predicting health-related intentions ([Bohon et al., 2016](#); [Tomczyk et al., 2020](#)).

The study's strengths lie in its dual-phase design and emphasis on cultural and social contexts, which offer valuable insights for tailored interventions. One of the primary strengths of this study lies in its mixed-method approach, which allowed for a nuanced exploration of the psychosocial factors influencing mental health help-seeking intentions. The sequential design effectively combined qualitative findings from Phase 1 with quantitative validation in Phase 2, providing a comprehensive understanding of the predictors of help-seeking behavior. The application of the TPB framework further added a structured lens for analyzing these intentions, with findings aligning closely with established literature ([Guo et al., 2024](#)). Moreover, the study's emphasis on cultural and social contexts enriched its relevance, highlighting how societal norms and support systems influence adolescents' behaviors ([Kam et al., 2022](#); [Tomczyk et al., 2020](#)).

However, certain limitations should be noted. First, the sample predominantly consisted of adolescents from a rural area, which may limit the applicability of the findings to urban or more diverse demographic contexts, so it may limit the generalizability of the findings to urban populations. Second, while Phase 1 provided rich qualitative data, the reliance on self-reported measures, while practical, introduces the possibility of response biases, particularly in a study focusing on sensitive issues like mental health ([Boyd et al., 2011](#); [Cramer, 2016](#)). These limitations underscore the need for future research to include a broader range of participants and to consider alternative data collection methods to mitigate potential biases.

Conclusion

This study highlights the critical roles of attitudes, subjective norms, and perceived behavioral control in shaping adolescents' mental health help-seeking intentions. Positive attitudes toward mental health services, significant social influences from parents and teachers, and confidence in accessing services emerged as key factors. The sequential design of Phase 1 and Phase 2 demonstrated the importance of understanding both qualitative beliefs and quantitative predictors, reinforcing the utility of the TPB framework in this context. The findings suggest that interventions should focus on fostering positive attitudes, strengthening supportive social norms, and enhancing perceived control over accessing mental health resources. Addressing barriers such as stigma and financial costs while leveraging facilitators like online mental health services is essential for improving help-seeking behaviors. Future research should consider diverse cultural and urban contexts to further validate these findings and develop targeted intervention strategies.

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Declarations

Author contribution. Author 1 was the principal investigator, responsible for leading the research project, including the development of the research design, overseeing data collection, and conducting the analysis. Author 2 contributed as a co-investigator, supporting the data collection process, assisting with the analysis, and helping interpret the findings. Both authors were actively involved in the drafting and critical revision of the manuscript, contributing to its intellectual content and ensuring the integrity of the study.

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