

ORIGINAL ARTICLE

Mental Help-seeking Intention Among Rural Sarawak Bumiputera Adolescents: the Application and Extension of the Theory of Planned Behaviour

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ABSTRACT

Introduction: Mental health problem is part of the human life experience. Currently, 12% of Malaysian adolescents suffer from mental health problems. According to the National Health Morbidity Survey 2015, adolescents of rural Sarawak and Bumiputera ethnicity had the highest prevalence of mental illness among all other states; however, their help-seeking behaviour remains unknown. The study's purpose was to apply the new extended Theory of Planned Behaviour (TPB) and structural equation modelling to identify which were the strongest predictor in determining mental help-seeking intention among the Bumiputera ethnic adolescents in the rural area of Sarawak. **Materials and methods:** The research was conducted using a cross-sectional design, with a self-administered questionnaire using multistage cluster sampling. **Results:** The report will be based on the study conducted among 1267 Indigenous adolescents in the rural area of Sarawak, with a response rate of 84.5%. The partial mediation model of the extended Theory of Planned Behaviour, explained 19.2% of the variance in the study. The current model explained the rural Bumiputera Sarawak adolescent's help-seeking intention and indicated that attitude, subjective norm, and perceived behavioural control are the main predictors of adolescent help-seeking intentions. **Conclusion:** Any intervention planned for adolescents in rural areas of Sarawak concerning mental health should be based on the Theory of Planned Behaviour model, promote the positive benefit of mental health services, and create a supportive environment toward mental health in the community.

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INTRODUCTION

Mental health problems in the community have become a rising public health issue. Globally, mental health problems affect up to 14% of adolescents. As adolescence holds a significant period during the life cycle of an individual, every risk factor that happens during this stage of life will significantly affect their mental health in later life. Without treatment, the condition has been associated with poor academic performance, conduct disorder, substance abuse, suicide, and reduced quality of life. Adolescent mental health issues in Malaysia are worrying. One in five is depressed, two in five adolescents have anxiety, and one in ten is stressed. As one of the states in East Malaysia, Sarawak is no exception. In the latest survey, the prevalence of adolescents among Sarawak Bumiputera

or also known as Indigenous ethnic to have at least one mental health problem is 42.7%, which is very high(2). Sarawak recorded the highest prevalence of mental health problems among children under 16 years old compared to other states in Malaysia at 16%. In addition, rural children and adolescents prevalence is higher than urban children. Other Bumiputera, including Sarawak indigenous ethnic, have the highest prevalence among all the ethnicities, with 41.1% (3).

It is recommended that adolescents with mental health problems receive early intervention(1). Early intervention is closely related to the help-seeking intention and behaviour of the teenager. Help-seeking can be defined as an "effort to identify or get support to change a condition or problem" (4). Professional help-seeking for mental health among adolescent in Malaysia is still low (5) and similar finding has been replicated in multiple studies (6, 7, 8, 9). In Sarawak, the patterns and the factors of help-seeking intention among adolescents are still unknown. The Theory of Planned Behaviour (TPB) has been extensively utilised in prior research to examine

the help-seeking intention of adolescents (10, 11, 12). According to the TPB, the three major determinants related to human behaviour are (a) behavioural beliefs; (b) normative beliefs; and (c) control beliefs. It was also found that the barrier to help-seeking and cultural beliefs toward mental health is associated with the adolescent help-seeking intention(13).

The study's purpose was to apply the extended Theory of Planned Behaviour (TPB) and structural equation modelling to identify which were the strongest predictor in determining mental help-seeking intention among the Bumiputera ethnic adolescents aged 10 to 19 years old in Sarawak's rural area. The result of this study will help us understand the relevant factor that should be tackled to improve help-seeking among adolescents. This study's results will also serve as baseline data for relevant agencies for policy planning and strategies promoting healthy mental health among adolescents. This aligns with the Ministry of Health's aspiration to reduce mental health problems and Sustainable Development Goals for universal access to healthcare for all.

MATERIALS AND METHODS

Setting and participants

The study employed a cross-sectional design using a self-administered questionnaire with multiple variables in the model proposed: help-seeking intention, attitudes, subjective norm (SN) perceived barriers, perceived behavioural control (PBC), and cultural belief related to mental health. The study was conducted from February until December 2022. This study's population of interest is adolescents of Sarawak Indigenous ethnic aged between 10-19 years who live in rural areas of Sarawak.

Pilot Study and Exploratory factor analysis

The questionnaire was piloted with all the items having appropriate Cronbach's alpha. EFA was conducted to examine the item's loading patterns of the extended TPB model. EFA resulted in five factors explaining 69.84% of the variance after a few items were removed. All items have sufficient communalities, having primary loadings over 0.5 and no cross-loading. In the end, the subjective norm domain has three items, PBC has three items, the attitude has five items, cultural belief with four items, and the perceived barrier has five items, which remained in the EFA.

Sample size and sampling procedure

The sample size of the respondents needed in the study is calculated based on the single proportion formula and design effect 1.5. A total of 1500 adolescents were approached, with 1267 included to participate in this study, giving the total average response rate of 84.5%. Data was collected using multistage stratified cluster random sampling. Sarawak was stratified into 3 zones, the Southern Zone, Central Zone, and Northern Zone. From each zone, four rural districts were chosen. From

each district, one national secondary school were selected randomly. Four classes in each school were chosen using simple random sampling as the cluster unit. All students in the class were approached to participate in the study.

Data collection procedure

Before data collection, permission to conduct research in the school facility was acquired from the Ministry of Education Malaysia and the Sarawak Education Department. An introduction meeting with the school's principal and representative was conducted before every data collection in the facilities. After obtaining permission, the consent and assent form was given to the homeroom teacher. The teacher distributed the form to students and returned the consent form before data collection. Data was collected through the self-administered questionnaire and completed in around 30 minutes per person.

Data collection instrument

Instruments used in the data collection are self-administered using structured questionnaires. The questionnaires consist of four components:

- A. Sociodemographic characteristics; includes age, gender, number of siblings, monthly family incomes, and family history of mental disorder.
- B. TPB domain: The help-seeking intention, subjective norm, perceived behavioural control, and attitude toward help-seeking adapted from (14). Responses were rated on 5 points Likert scale, with a higher score indicating a higher level of intention, subjective norm, good PBC and a good attitude (15, 16).
- C. Barriers: Measurement for help-seeking barriers is adapted from the Barriers to Adolescents Seeking Help scale-Brief version (BASH-B) (17, 18). Responses were rated on a 5-point scale (1 = Strongly Disagree to 5 = Strongly Agree).
- D. Cultural belief on mental health: The cultural belief questionnaire is developed based on a finding of meta-synthesis by Choudhry, Mani (13). The questionnaire consisted of cultural beliefs on the causes of mental health problems. Participants will respond to a 5-point Likert scale (1 = Strongly disagree and 5 = Strongly Agree).

Data entry and analysis

All data collected was checked and verified upon reception. Any incomplete data was discarded before data entry. The remaining data were entered into Microsoft Excel. It was coded and analysed using IBM SPSS version 25 and SmartPLS version 4. A p-value of less than 0.05 with a 95% Confident Interval is taken as statistically significant.

Ethical considerations

The study received ethical clearance from the Medical Research Ethics Committee (MREC) of UNIMAS (References No.: FME/21/64) and approval from the

Educational Research Application System (ERAS) Ministry of Education Malaysia to conduct the study in their facility. All consent respondents under 18 years old were obtained from their parents or guardians before the study. All data obtained from the study are confidential.

RESULTS

Sociodemographic characteristic

Table I shows the socio-demography characteristic of the respondents involved in the study. A total of 1267 respondents participated in the study. The response rate for this study is 84.5%. Table I summarises the sociodemographic characteristic of the adolescent who took part in this study including their gender, age group, ethnicity and family income status.

Table I: Sociodemographic characteristic

Sociodemographic Characteristic	n	%
Age group		
11-14 years old	212	16.7
15-17 years old	848	66.9
18-19 years old	207	16.3
Gender		
Male	570	45.0
Female	697	55.0
Ethnicity		
Sarawak Malay	384	30.3
Iban	422	33.3
Melanau	160	12.6
Bidayuh	152	12.0
Orang ulu	86	6.8
Kedayan	63	5.0
Family Income Status		
B40 (RM4850 and below)	1212	95.7
M40 (RM4851-10970)	49	3.9
T20 (More than RM10 971)	6	0.5

Measurement Model

The first step before estimating the structural model is to evaluate and refine the measurement model. For the measurement model, evaluation was conducted by checking the convergent validity and discriminant validity (19).

Convergent Validity

A summary of convergent validity is shown in Table II. Convergent validity was examined in three ways, outer loading examination, composite reliability and AVE. Indicators with statistically insignificant outer loadings were dropped from the analysis as these would not correlate well with the underlying constructs. Almost all the outer loadings of the selected items are above 0.708 (19). The composite reliability values are presented in Table II, with most score values ranging from 0.7 to 0.9, exceeding the acceptable threshold of 0.6. Construct reliability has therefore been established for both models. The next step is to assess the convergent validity of the

measurement models. The results of the AVE analysis are presented in Table II below. All of the measurement model's constructs have AVE values ranging from 0.51 to 0.83, more than the cut-off value of 0.50 (19).

Table II: Convergent Validity Table for The Measurement Model

Model construct	Measurement items	Loading	CR	AVE	Cronbach alpha
Attitude	ATT1	0.89	0.932	0.765	0.922
	ATT2	0.908			
	ATT3	0.911			
	ATT4	0.892			
	ATT5	0.761			
Perceived Barrier	Barrier1	0.669	0.714	0.511	0.685
	Barrier2	0.798			
	Barrier3	0.725			
	Barrier4	0.657			
Perceived Behavioral Control	PBC1	0.857	0.844	0.761	0.843
	PBC2	0.885			
	PBC3	0.875			
Subjective Norm	SN1	0.888	0.724	0.783	0.724
	SN2	0.883			
Cultural Belief Help-seeking intention	culture1	0.751	0.855	0.664	0.837
	culture2	0.82			
	culture3	0.861			
	culture4	0.823			
Help-seeking intention	intention_1	0.906	0.905	0.837	0.902
	intention_2	0.933			
	intention_3	0.905			

Discriminant Validity

The discriminate validity of the measurement models was next assessed in Table III. The Heterotrait and Monotrait (HTMT) ratios were calculated to test the discriminant validity of the constructs. All the HTMT table values are less than 0.85, showing discriminant validity between the constructs (20). So we can conclude that there is good discriminant validity.

Table III: Discriminant Validity: Heterotrait-Monotrait Ratio Table (HTMT)

	Attitude	Barrier	PBC	SN	CB	Intention
Attitude						
Barrier	0.158					
PBC	0.46	0.306				
SN	0.44	0.137	0.518			
CB	0.055	0.162	0.052	0.111		
Intention	0.343	0.196	0.381	0.417	0.112	

*PBC=Perceived behavioral control, SN=Subjective norm, CB=Cultural Belief

Structural Model and Hypothesis Testing

The most important result to be examined for the reflective model is the collinearity assessment of the inner model. All VIF values in the model are below the minimum threshold of 5. Therefore, collinearity among predictor and indicator constructs is not a problem in the structural model. Figure 1 below shows the path coefficients and P-value for the direct relationship between the variable. The R² for the intention construct measured 0.192 for the model, exceeding the acceptable threshold of 0.1. The direct effect of the Subjective Norm, Attitude, PBC, Cultural Belief, and Perceived Barrier constructs accounted for 19 per cent of the variance of the Intention construct for the Model (19). The F² effect size ranges from 0.01 (negligible) for CB to PBC to 0.099 (small) for Sn to PBC. Four exogenous constructs, Attitude, SN, CB, and Barrier for explaining the PBC as an endogenous latent variable, have f² effect sizes of 0.097, 0.099, 0.001, and 0.040, respectively. Hence, the effect size of the Attitude and SN construct on the PBC is small, and the effect size of the CB and Barrier construct on the PBC is negligible.

Mediation analysis

The mediation analysis result in Table IV shows the PBC has no mediation effect on the relationship between cultural belief and help-seeking intention since there is no significant indirect effect between cultural belief and help-seeking intention (p-value = 0.399). However,

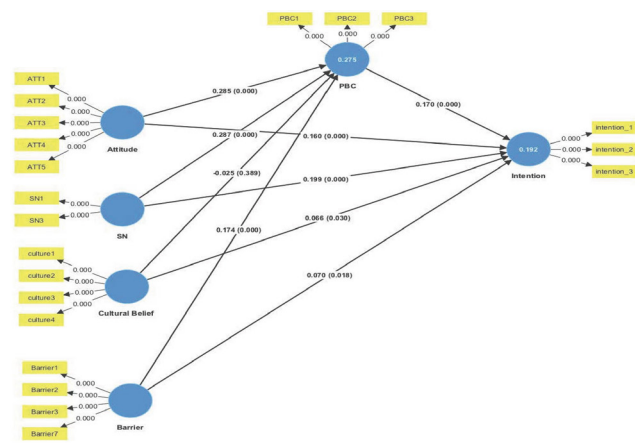


Figure 1: Structural Model of Extended Theory of Planned Behaviour for Mental Help-Seeking Intention Among Rural Sarawak Bumiputera Adolescents. A model was computed to explain the relationships between SN, PBC, attitude, perceived barrier and cultural belief with help-seeking intention. A resampling technique using bootstrap with 5,000 sub-samples was executed in smart-PLS for the given sample. The results of the PLS bootstrapping analysis are elaborated and illustrated through the figures provided and displays the final Regression Path Coefficients outcomes among the constructs.

PBC had a partial mediation effect on the relationship between SN, attitude and perceived barrier toward mental health help-seeking intention since there was a significant direct and indirect effect between all these factors.

Table IV: The Direct, Indirect And Total Effect Of The Mediation Analysis

Mediation	Total effect			Direct effect			Indirect effect			VAF	Type of Mediation
	Coefficient	T-value	P-value	Coefficient	T-value	P-value	Coefficient	T-Value	P-value		
SN -> PBC -> intention	0.248	8.485	***	0.199	6.453	***	0.049	4.534	***	20%	Partial mediation
Attitude -> PBC -> intention	0.208	7.443	***	0.16	5.368	***	0.048	4.787	***	23%	Partial mediation
Cultural Belief -> PBC -> intention	0.062	2.141	**	0.066	2.17	**	-0.004	0.843	0.399	7%	No mediation
Barrier -> PBC -> intention	0.099	3.45	**	0.07	2.37	**	0.03	4.158	***	30%	Partial mediation

***p<0.001, **p<0.05, VAF= variance accounted for

DISCUSSION

The study aimed to apply the new extended TPB and structural equation modelling to identify which were the strongest predictor in determining mental help-seeking intention among rural adolescents in Sarawak. The findings suggest that subjective norm, attitude, perceived behavioural control, and the barrier to help-seeking is the predictor of mental health help-seeking intention. In explaining the intention for help-seeking for this study, the extended TPB, which includes the barrier and cultural belief domain in the model, explained 19.2% of the variance in the study. It is almost on par with the previous Ajzen TPB model, which could explain 9%

to 56% of the variance in multiple other studies using classic and extended models (10, 21).

According to TPB, individuals' subjective norm will directly affect their intention. Subjective Norms can be referred to as perceived social pressure to perform or not to perform a specific behaviour (22). In the study, the positive subjective norms were the strongest predictors for help-seeking intention among adolescents in rural Sarawak. It was identified as a strong predictor in the previous TPB model of help-seeking conducted in China by Mo and Mak (14) and in later research by Mak and Davis(12) among the Macao community. The outcome is also consistent with the result obtained from

the model developed by Aldalaykah et al. (10). This research demonstrates that it is vital for us to enhance the social environment of teenager in order to improve their behaviour toward mental health help-seeking. Reducing negative beliefs and perceptions toward mental health services, especially in their surrounding social circle might improve the overall help-seeking.

The study's findings also show that positive attitudes towards mental health are one of the predictor of good mental help-seeking intention rural adolescent. It is consistent with recent studies on mental health help-seeking (10, 12, 23, 24). There are also a few contrasting findings, such as those by Pearson et al. (25) which suggest that adolescents' attitudes do not significantly predict mental health-seeking intentions. The finding might differ due to the attitude measured toward mental health problems instead of the usefulness of seeking help. This indicates that to promote help-seeking among adolescents, we should focus on the benefit of the intervention for them. A positive attitude is a crucial cognitive component of optimism. Although optimism in teenagers' health has been extensively examined, little is known about the social and behavioural factors that influence their optimistic attitude. Good communication and sufficient information about the matter affect a teenager's positive attitude toward behaviour or activity (26). Therefore, if our goal is to improve a teenager's attitude towards mental health services, the important thing we need to do is deliver accurate information and effective communication to teenagers about mental health services.

The TPB model (22) also suggests that behavioural control is one factor that directly determines the help-seeking intention. Perceive behavioural control is another predictor of help-seeking intention in this model. Behavioural control is the individual perception of whether they can do particular specific behaviour; in this context, we apply it to help-seeking mental health services. Contrary to our finding, in the previous finding by Mo and Mak (14), the PBC was not a significant predictor for help-seeking. However, later research supports our finding that PBC is a predictor of help-seeking intention (10, 12). Different eras and populations might differ in terms of social culture, and perception of self-efficacy which might impact their PBC of help-seeking. In addition, PBC serves as a significant mediator for SNs, attitudes and perceived barriers. In this study, PBC was observed to mediate the relationship between subjective norms, attitudes, cultural beliefs, perceived barriers and help-seeking intention. PBC partially mediated the relationship between SN, attitude, and perceived barrier since there was a significant direct and indirect effect between all these factors. The previous finding showed PBC is proven to have partial mediation between SN and intention (27). Our findings also indicate that, with good PBC, an adolescent might overcome the barrier in order to get mental health help. This showed the importance of

improving the PBC among rural adolescents of Sarawak to improve their overall help-seeking.

Another main finding in the study is the significant association between cultural beliefs and perceived barriers with intention. Even though there is a significant association between these two variables, it is argued that when assessing the PLS-SEM results for the structural model, there are two things that are important which are the significance and the relevance of coefficients (28). Our finding reveals that cultural belief and perceived barrier association with help-seeking intention has a low coefficient. Hence, we concluded that it is not the key construct to explain the endogenous latent variable in our structural model, and a weak predictor for intention. Even though adolescent has high negative cultural beliefs toward mental health, it weakly influences them to seek professional help. This contradicts the findings from a qualitative study in Sabah that show how the participant would opt for a more traditional medicine approach to their belief in mental health (29). The reasons may be because teenagers believe that treatment and assistance to mental health, regardless of the cause, which might be due to traditional or mystical causes, can be treated by modern medicine. This also shows that adolescents in the Sarawak interior are more confident in modern medicine than traditional treatment services. Compared to other variables, the perceived barrier is one of the weak predictors of help-seeking intention. This partially supported the finding of previous studies, which shows that the perceived barrier is a weaker determinant in association with the intention (16, 30).

Implication and future research

The result of this study has several implications. First, programs on mental health should promote the positive benefit of mental health services and create a positive, supportive environment toward mental health in the community. This includes awareness, improving mental health knowledge and promoting normalising talking about mental health problems. The result shows that good PBC among adolescents might improve intention. As we know, rural areas have limited access to mental health services because most of the service caters to urban areas. Improving the service availability for mental health, where it is near for them to access, is crucial in enhancing the actual help-seeking.

Future research should explore the cause and strategies to improve these three factors (PBC, SN, and attitude) among rural adolescents in Sarawak. Qualitative, mixed methods or intervention studies could provide a detailed understanding of these issues. Future researchers can consider measuring other factors that can cause help-seeking intention, such as knowledge, awareness of mental health, and perceived benefit of help-seeking.

Strength and Limitation

The current study has several strengths. Firstly, the

findings may add to the knowledge base of TPB studies, especially help-seeking intentions for mental health among adolescents in the rural area of Sarawak. Another strength is the inclusion of cultural belief as one of the variables examined in the study. To our knowledge, this may be the first TPB study in Sarawak to test cultural belief as a variable. The third strength includes a large sample of adolescents in a rural setting and the use of random sampling, which allow us to generalise the study findings. Limitations of this study include its cross-sectional design; therefore, we cannot determine causality. Furthermore, using the quantitative method might limit the knowledge collected from the study.

CONCLUSION

Good subjective norms, positive attitudes toward help-seeking, and good perceived behavioural control eventually effectively increased the help-seeking intention among indigenous adolescents living in rural Sarawak. There is a role of PBC as a mediator for SNs, attitudes, and perceived barriers towards improving mental health help-seeking intention among adolescents in Sarawak. The current study revealed that help-seeking intention among adolescents in rural Sarawak areas was still unsatisfactory and related to many other factors. Government should invest in developing intervention programs that can improve attitude, subjective norms, and perceived behavioural control, which prove beneficial in improving mental health help-seeking.

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