Perceptions of Mental Health Help-Seeking Among Christian Individuals in Indonesia

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Abstract. The prevalence of individuals seeking mental health support and undergoing treatment in Indonesia remains notably low. Religious contexts significantly influence an individual's understanding of mental health literacy, perceptions of mental well-being, and help-seeking behaviors. This study investigates the perceptions of mental health help-seeking, depression, and treatment among Christian individuals in Indonesia. The research participants consisted of 34 Christian individuals aged 18–25 years, representing the emerging adulthood stage. Data were collected using the story completion method and analyzed through reflexive thematic analysis. Member checking was employed as a credibility measure. The study identified nine main themes and seven sub-themes that encapsulate perceptions related to help-seeking, depression, and treatment. Furthermore, two themes emerged within one of the main themes concerning help-seeking perceptions.
Keywords: *Christianity; Depression; Mental health; Perception; Story completion*

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Introduction

Mental health is a critical issue that plays a significant role in ensuring a healthy and prosperous life, as well as achieving the Sustainable Development Goals (SDGs, 2023). Moreover, mental health interventions are essential in realizing universal health coverage (WHO, 2022). According to the Basic Health Research (Riskesdas, 2018), the prevalence of depressive disorders in Indonesia was reported at 6.1%, equivalent to approximately 706.589 individuals. However, only 9% of individuals aged 15 years and above who were diagnosed with depression sought and received treatment, which accounts for about 42.606 people (Riskesdas, 2018). This prevalence highlights the significant gap in addressing mental health issues and disorders within the Indonesian population.

Globally, depression is recognized as the most common mental health disorder (WHO, 2022). According to Beck (1967), depression is characterized by specific mood changes, such as sadness, loneliness, and apathy, which can result in a negative self-concept, including self-criticism and self-blame (Beck, 2009). The Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) classifies depression as a mood disorder termed Major Depressive Disorder (MDD), characterized by at least five symptoms that occur during a two-week period, with a marked deviation from previous functioning. Key symptoms include depressed mood and a loss of interest or pleasure (American Psychiatric Association, 2013).

Seeing that individual efforts to seek help for depression are still very low, this is due to negative perceptions towards mental health issues. Research on Indonesian college students shows, 51.29% of college students has a negative perception towards mental health disorders (Puspitasari et al., 2020). In addition, participants in the research of the Teluk Kenindai village community, Tambang District, Kampar Regency is classified as having a negative perception towards individuals who experience mental health disorders (Sari et al., 2018). Research on college students of the 2018 class of Sultan Agung Islamic University, Semarang, showed that 67.3% did not know where to access a psychologist, even hesitated or were unwilling to ask for help from a psychologist (Syafitri, 2021). Negative perceptions can have an impact on behavior that is reluctant to seek help or assistance as well as the risk of aggressive behavior such as suicide and inhibiting recovery in individuals who experience disorders (Nur Afifa et al., 2023).

Help-seeking is a form of individual active countermeasure behavior by focusing on problems and moving to seek and rely on external help from others (Rickwood et al., 2012). It is by understanding and knowing the supportive factors in seeking help such as finding awareness of problems, expressing symptoms and needs for support, identifying existing sources of help, having social support and a willingness to seek and express problems, can encourage individuals to seek help (Rickwood et al., 2005). According to Rickwood et al., (2012), there are five elements

of help-seeking, namely process, source, problem, help and time frame. The process element is a specific part of attitudes, intentions and behaviors that influence help-seeking, while the source element talks about sources of mental health assistance, such as formal, informal and self-supporting. The problem element refers to the mental health disorder or problem experienced by the individual and the help element explains the type of assistance or treatment provided, while the time element talks about the time period when the individual accesses help-seeking.

One of the social context that is important in influencing someone regarding mental health literacy, positive mental health perceptions and help-seeking is in a religious context. Religion is believed to function as a guide for humans in achieving mental health (Sulitianingsih et al., 2022). For example, previous study has found a relationship between high religiosity and increased psychological well-being (Winman & Soetjiningsih, 2022). Furthermore, religious involvement can provide benefits through the provision of social support from like-minded believers within a group (Sullivan, 2009). Religious life can provide an important social environment for its adherents to develop problem strategies and worldviews, which will provide better mental well-being (Hayward & Krause, 2014).

In the religious context, there are various perceptions regarding seeking help. According to Karadzhov & White (2020), the role of the Christian church in the life of the congregation is to provide practical support, spiritual guidance and social support. In the church, the pastor is often viewed by the congregation as a doctor, counselor, financial advisor, mental health expert, and even a parenting expert. In addition, other recommendations, namely informal sources of support (family and church community), strengthening their faith through worship, prayer and meditation are also perceptions of help-seeking for individuals (Karadzhov & White, 2020). Some individuals even prefer to seek help from a pastor rather than seeking help from a doctor, because access is easier (Magliano et al., 2020).

In previous researches, help-seeking for mental health disorders in Christian individuals shows that social support (study groups) in religious environments and spiritual social support such as prayer and Bible reading, spiritual counselors, primary care physicians, psychiatrists, and health specialists are help-seeking activities carried out by individuals (Breland-Noble et al., 2015; Lloyd et al., 2022; Bonner et al., 2013). For Christian individuals, there is a perception of Christian beliefs or practices that have a positive impact on community responses to mental health, such as hope that comes from Christian faith that is centered on inner peace and joy (Tu et al., 2023). Furthermore, perceptions of treatment are often perceived through prayer, psychoreligious therapy, shackling, antidepressant drugs, psychotherapy, spiritual discipline, and CBT therapy (Lloyd et al., 2022; Pratiwi et al., 2022; Lestari et al., 2014; Boelens et al., 2012; Pearce et al., 2013; Kurniawan et al., 2018). However, on the other hand, the perception of depression by evangelicals

such as in the UK is described as having a spiritual deficit, shame, damage and a lack of self-confidence. (Lloyd et al., 2022).

Looking at the various perceptions of help-seeking, depression and treatment in several previous studies, researchers have not found any research that looks at how perceptions of depression, perceptions of help-seeking and its treatment in the specific context of Christianity in Indonesia. The prevalence of help-seeking in Indonesia is also still very low. It prompted this study to be conducted by referring to previous research from Lloyd et al., (2022) where researchers will focus on looking at perceptions of seeking mental health help, depression and the treatment provided according to individual Christian in Indonesia. Thus, the purpose of this study is to determine perceptions related to seeking mental health help, depression and the treatment provided according to individual Christian in Indonesia.

Methods

This study used a qualitative research approach. The type of this research is narrative research. The sample in this study were individual Christian in Indonesia, seen from various church denominations in Indonesia. The subjects of this study were 34 people with an age range of 18-25 years (emerging adulthood). The data collection method in this study used the story completion method. The data collection instrument in this study used an online questionnaire, using a google form.

Table 1.
Depression story stem

"Tom was very depressed and his life felt hopeless for several years. Tom visited his local church which…"

The story stem used in this study is a story stem developed by Lloyd et al., (2022) which has been translated from English to Indonesian by a sworn translator. Next, the story stem has gone through expert testing by 3 professional clinical psychologists who are actively practicing or have SIPP as a form of content validity for the story stem to be used. Researchers conducted pilot testing as a form of trial of the instructions given with the aim of showing that participants can answer instructions correctly and provide narrative data that can be coded (Adler et al., 2017).

To test data consistency and build data credibility, researchers use member checking. According to Lincoln & Guba in Birt et al., (2016), member checking is a means of member evaluation in research conducted to increase accuracy in qualitative research by emphasizing accurate descriptions or interpretations of phenomena. Member checking is carried out by researchers with the aim of validating the results by seeking feedback on the research results.

Researchers are open to reflective feedback on participants' personal experiences that are useful for adding data (Birt et al., 2016).

Data analysis in this study used reflexive thematic analysis. Thematic analysis is carried out with theoretical knowledge and transparency, which is applied consistently, coherently and transparently throughout the analysis process (Braun & Clarke, 2019). According to Braun & Clarke (2022), there are six phases that must be passed in reflexive thematic analysis, namely familiarizing yourself with the data, coding, creating initial themes, reviewing themes, clarifying and naming themes, and writing a research report.

Results

Through the reflexive thematic analysis process (Braun & Clarke, 2019), overall, this study shows 9 main themes, 7 subthemes and 2 other themes that show in one of the main themes in specifically in the perception of help-seeking section. The resulting themes in this study generally describe the perception of seeking mental health help as well as the perception of depression and treatment in individual Christian in Indonesia.
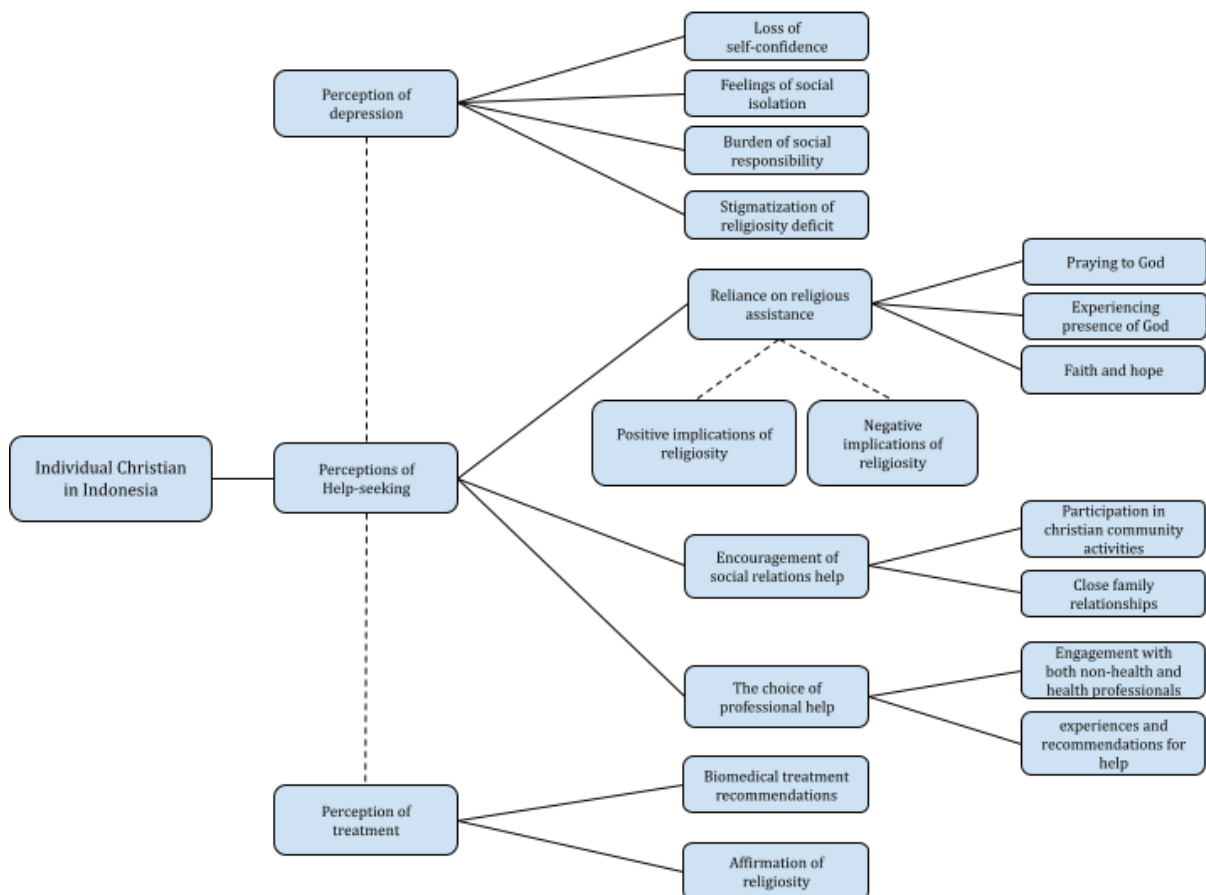

Figure 1. Visualization of the themes of perception of help-seeking, depression, treatment

Perceptions of Help-seeking

In the perception of help-seeking, 3 main themes and 7 sub-themes emerged, as well as 2 other themes that are within the main theme of religiosity help beliefs. The following is the researcher's explanation of the perception of help-seeking.

Reliance on religious assistance

Belief in religious assistance is often perceived as the main effort to seek mental health help. This means that the belief in seeking help carried out by individuals leads to subjective individual experiences of spiritual things and activities related to religious practices. Praying to God is one of the beliefs in religious help perceived by participants: "The pastor will definitely first advise Tom to pray to God and ask for God's Hand to make it easier for Tom to get out of every problem he is experiencing" (Je, 21 years). From the narrative, it seems that participants believe that when Tom visits the church and meets the pastor, Tom will be advised primarily to pray to God, ask for God's help and believe that by praying to God, Tom can experience ease in every path he takes.

Some other participants also believe that praying to God is one way for Tom to get help. This is as expressed by V:

"He prayed to God asking for forgiveness for all the sins he had committed, and Tom prayed asking God to continue to support his life, help him get out of a life that was always the same, he wanted to change for the better and wanted to always worship and glorify God's Name." (V, 19 years)

It seems that praying to God is considered by participants as a medium or place to tell stories. However, on the other hand, praying to God is believed to be a help for Tom to get out of his problems, such as the hope for God to continue to support his life and help him get out of a life that is always the same.

Feeling the presence of God becomes another sub-theme of belief in religious help that is perceived by individuals. This belief is described in the story of participant P that which Tom experienced could be overcome by Tom's feeling about the presence of God in the church, "Tom worshiped, Tom was able to feel the presence of the Holy Spirit enthroned in his heart and mind to calm the feeling of anxiety that Tom experienced, namely hopeless" (P, 20 years). For participants, it is important for Tom to be able to feel the presence of God in his life by actively carrying out religious activities. By feeling the presence of God, it is believed that Tom's problem and the pressures he had experienced for years would disappear. It is believed that with the presence of the Holy Spirit in his heart and mind and the presence of God, can bring Tom to receive a sense of calm in himself, and live in peace.

Another sub-theme described by participants is that by having full faith and hope in God and realizing that he is a child of God, Tom will feel and receive something good in his life, such as the story from P, "Tom was reminded that every child of God must have hope and need to place our hope completely before God so that with faith, our hope can become something real that we will get" (F, 20 years). The belief that with hope he came to God's house and listened to God's word and was active with other Christians would rekindle Tom's hope in God within him. Participants believed that this hope was important in Tom to bring him out of the problems he was experiencing.

Positive Implications of Religiosity

In the main theme of religious help belief, two other themes emerged that were nested in it, namely the positive implications of religiosity and the negative implications of religiosity - the failure of religious help. Several participants perceived that there were positive implications of religiosity that were described in the religious assistance. This means that there are positive impacts that are obtained and believed through religious help. Emotions such as feeling better are often described in the story of participant V, "After finishing worship at church he went home and he was better than before" (V, 19 years) and the story of S, "After the service was over, Tom felt that his heart was now relieved and felt the awesomeness of God's power" (S, 23 years).

The perceived belief of became better, relieved heart, and felt God's power, became a picture of the participants' perception of belief in the religious help when Tom actually carried out religious activities, namely by worshiping. However, other stories' descriptions were also complemented by the fact that when Tom received a sermon or message from God through His word, there were implications that were so positively described by the participants. This perceived belief fostered awareness that Tom was not alone and began to be actively involved in religious activities. Afterwards, Tom would receive peace and feel better, such as in V's story, "There, he heard a message about God's infinite love and His promise of restoration. Every time he prayed and listened to the word, Tom's heart began to feel a new peace" (V, 23 years).

Not only feeling better, the participants believed that there were other positive implications that could be accepted and this was so expected by the participants to happen in Tom's life, namely the problem disappeared, such as in F's story, "Tom entered the church environment, he felt the presence of God which made all of Tom's problems and pressures disappear" (F, 21 years). It was believed by the participants that by Tom entering the church and feeling the presence of God, Tom felt that all of his problems and pressures disappeared. In fact, it was described that Tom rediscovered his hope and purpose in life through faith, as in V's story, "Slowly, he rediscovered his hope and purpose in life through faith" (V, 23 years).

Negative Implications of Religiosity - Failure of Religious Help

Not only does it have positive implications for religious assistance, some participants describe that there are negative implications when participants perceive failure experienced in religious assistance. This means that there is a condition where individuals do not get help from religious activities and practices that are in accordance with what is expected in themselves. The failure of religious assistance is described by participant K with the story, "Tom has prayed but it seems like God never listens to him." (K, 24 years). This story is described as a form of their distrust of religious assistance, even though they have carried out religious activities but have not changed and believe that God never listens to them.

The feeling of failure was described by participant K who said, "So far, Tom has always told his problems to his youth leader, such as wanting to commit suicide. Tom has experienced many problems in his life so that Tom often feels like he can't survive anymore" (K, 24 years). The participant revealed that Tom's condition often led him to want to attempt suicide because he could no longer survive in his life. This illustrates Tom's deep disappointment with God, because he feels that God never listens to his complaints.

Other participants described a similar story, which was reflected in J's story, "Tom began to pray and worship often, but he felt that there was no change in his life. He was increasingly confused by his decision. He felt increasingly hopeless because even after he prayed, his problems were not resolved" (J, 22 years). J believed that Tom had carried out spiritual activities, such as worship and prayer, but Tom did not feel any difference in his life. Tom was believed to have not experienced any change, even from the feeling of failure, Tom actually felt more confused in himself, which ultimately made Tom feel unsure and hopeless. Confusion and hopelessness raised various questions for Tom and the people around him. However, Tom did not get a response that was in accordance with what was in his mind and reality at this time. This had implications for Tom no longer being a follower of Christ and choosing to become an atheist.

Encouragement of Social Relations Help

Another theme in perception of help-seeking is encouragement of social relation help. It is one form of encouragement of help or seeking help obtained from informal social networks, such as friends, family, community or others. Participants perceived seeking help in social relation help as a big encouragement for Tom to experience recovery. Social relation help begins with the activeness of the Christian community itself, where there is an attitude of acceptance shown by the church and the community within it, such as in K's story, "Tom found his love when he entered the church. Tom felt very accepted, cared for, and loved. The church was a reference point for Tom to seek help and assistance" (K, 24 years).

The Christian community in the church is described as a medium or place for Tom to tell stories and pour out his heart, as in the following story, "It allows him to tell stories about what he has been experiencing for several years and get peace through the people in the church, maybe a pastor or spiritual mentor or even his friends who can strengthen him when he is stressed in his daily life" (H, 24 years). Hope in the activeness of the Christian community becomes the strength and comfort for Tom to find and express every problem to the community or people Tom trusts in the church.

The Christian community is described as a medium or place for Tom to tell stories and pour out his heart. For Tom, this creates a sense of calm and acceptance in the community. The help of this community is a perception that is mostly referred to in every story. Likewise, with other participants, as conveyed by S, "Providing classes that can help and direct to be able to live in a community, in the community this helps Tom to be able to be open and experience recovery" (S, 24 years). This participant encouraged Tom to visit a church that provides learning or classes that encourage Tom to be able to live openly and experience recovery in the community. Not only in the Christian community, but social relations also found in terms of those who have close relationships with Tom, such as family and friends. They are references for perceptions from participants, such as U's story "Talking to friends or family members you trust" (U, 20 years).

The Choice of Professional Help

The last theme in perception of help-seeking is the choice of professional help. Professional help is one of the help obtained from legitimate and recognized professionals in providing relevant advice, support or treatment. Participants perceived the search for help by choosing non-health and health professionals. Most participants believed that non-health professional help, such as religious leaders, pastors and pastoral counselors were the closest primary references that could help Tom to overcome the problems he was experiencing, such as the following story by J, "Tom can first consult with the pastor who serves in the church" (J, 21 years). In this story, Tom can receive help from non-health professionals first, namely the pastor.

Several participants described in their stories that the help from non- health professionals was believed to be able to help Tom because of the acceptance shown by non- health professionals. In addition, participants described the existence of experience and recommendation factors that were the driving force for Tom to decide to receive help from health professionals, such as the story from J, "However, it is possible that the pastor will suggest that Tom seek help from a professional such as a psychologist" (J, 21 years). This happened as described by participants when Tom might have had experience with previous help, but did not experience any changes and there were recommendations from non- health help, such as the story of S, "Tom was advised to

go to a psychologist clinic to continue the session. This was based on the pastoral counselor's consideration that Tom could more effectively meet his needs" (S, 20 years).

Perception of Depression

This study also looks at how the perception of mental health problems, namely depression, in Tom's story. In the perception of depression, 4 main themes emerged that were perceived by individual Christian in Indonesia regarding the story description conveyed. The following is the explanation of these themes.

Loss of Self- Confidence

Losing self-confidence is a condition where an individual experiences a feeling that something is slowly moving away from him, thus causing doubts about his abilities or feeling inferior. The description of the participants perceiving loss of self- confidence in Tom's story, when Tom thought that his current condition was not good, like V's story, "Which he thought might help him to be better" (V. 19 years). Another condition is also described that Tom is in a state of despair, with the story from J, "Tom was previously confused and desperate because the scholarship he had hoped for and tried for a long time could not be obtained" (J, 20 years). Feeling that his condition is not good, confused and desperate is a picture of the perception of depression experienced by Tom.

Feelings of Social isolation

Feelings of social isolation are conditions that involve feelings where individuals feel separated or alienated from their social environment. Various participant stories describe how Tom's condition is socially isolated, such as in N's story, "Tom chose a chair in the back corner for himself to sit" (N, 20 years). This can also be seen in J's story, "At first Tom thought he would not be accepted in the church" (J, 20 years). From these stories, participants describe feelings socially isolated by depicting Tom sitting alone and choosing the back corner in the church as a picture of Tom wanting to be free from social contact or interaction. Therefore, the psychological condition that Tom is experiencing, this socially isolated process is certainly influenced by the internalization process of Tom's own thoughts and his surroundings. In the end, as described by the participants, Tom thought that he would not be accepted in the church environment.

Burden of Social Responsibility

The burden of social responsibility is a condition that needs to be fulfilled by individuals from various parties in their environment, such as family, work and others. Participants describe in their stories that Tom's problem is a symptom of the burden of social responsibility that Tom

faces in his life. The burden of social responsibility is described through the pressure of life from work, family and other life responsibilities, such as in C's story, "as we get older, the pressure of life often increases, the responsibilities of work, family and social life increase, and burden Tom emotionally which triggers feelings of stress, anxiety and depression, all of which can make Tom more vulnerable to crying" (C, 24 years).

Stigmatization of Religiosity Deficit

The stigmatization of religiosity deficit is a condition in which the existence of an individual who is believed to experience negative attitudes or prejudices. It was obtained from the environment towards him regarding the condition of the individual's religiosity. Participants perceived that Tom is experiencing a condition of less holy and less faithful. This is shown in K's story, "Tom was considered strange in his church and was dismissed from his ministry because he was considered less holy and less faithful" (K, 24 years). The story illustrates that Tom's psychological condition was considered strange by his church environment, even to the point of causing Tom to be dismissed from his ministry. This stigmatization experience had a huge impact on Tom's life. Tom's psychological condition was associated with his religiosity, namely that Tom was said to be less holy and less faithful. Thus, the participant's believed that there was an experience of stigmatization from the church environment related to "strangeness, less holy and less faithful" and this became a driving force of belief that influenced the picture of Tom's psychological condition.

Perception of Treatment

This study also found perceptions of mental health treatment that could be given to Tom. In the perception of treatment, 2 main themes emerged from the description of the stories conveyed by the participants. The following is the explanation of these themes.

Biomedical Treatment Recommendations

Biomedical treatment recommendations are treatment recommendations given by health professionals, such as doctors, psychiatrists, and others using medication aimed at alleviating pathological conditions. The participants of this study described Tom as someone who needed to receive biomedical treatment, as explained by J:

> *"Tom can explain in detail what Tom feels, what Tom experiences during his life, what are the signs that his psychology is disturbed. In the end, the psychologist was able to diagnose what Tom was experiencing and give Tom medication to take to help relieve the disorder that Tom was experiencing" (J, 21 years)*

From that story, it is described that the psychological condition experienced by Tom is a pathological condition that needs to be diagnosed and medicated that can be taken by Tom to relieve the disorders experienced by Tom. Participants provide this description through recommendations or referrals from non-health professionals. It is believed that when Tom comes to a non-health professional but does not experience any changes, thus Tom needs to come to a health professional to receive biomedical treatment.

Affirmation of Religiosity

Religious affirmation is a statement of truth conveyed in a religious scope to be absorbed in human life based on belief and encouragement of religious activities. Various participants described that one of the treatments which is given to Tom was religious affirmation. This is illustrated from N's story, "The priest prayed for Tom and gave Tom encouragement or positive affirmation that Lord Jesus will definitely help Tom. After being prayed for and given encouragement by the priest" (N, 21 years), For participants, Tom not only received religious activity treatment, namely prayer, but also positive affirmation with religious beliefs in it. This finding showed the perception of treatment of religious affirmation along with religious activities.

Another participant described the perception of religious affirmation, which was told by K, "When Tom found a good community in the church, servants of God who were able to pray and be a place to tell stories for Tom" (K, 21 years) described the perception of treatment given in Tom's condition was through prayer. In addition, the affirmation of suggestions shown in the story of H, "And it is our duty as fellow human beings, especially as children of God who help each other to advise, encourage and even become witnesses so that those who live under pressure can be strengthened so that they can live their lives" (H, 24 years). This shows Tom was encouraged to live a life full of hope. With this story, it can be seen that religious affirmation is a belief in treatment that can be provided for Tom's condition. Other stories also showed that positive affirmation in the spiritual scope is an obligation for those around Tom to help him gain the strength to live his life again.

Belief in treatment through religious affirmation is described as always coming from non-health professionals and in social relations within the church environment that Tom visits. Another story from K, "The church should be able to provide assistance and also see that or need help that God is able to restore his life" (K, 21 years). Participants described that treatment can also be done by providing Tom with religious counseling. This perception was described by participants as being able to be provided by the church. This is very much hoped by participants to be able to restore Tom's condition.

Discussion

In this study, the perception of help-seeking in this study was found as a belief in religious help, where the form of help perceived by participants was praying to God, feeling the presence of God and through faith and hope. This finding is in line with Lloyd et al., (2022) which shows that healing through religiosity, such as repentance, church attendance, and religious practices are often described as the main means of healing. In addition, according to Lloyd & Hutchinson (2022), faith is perceived as a means to relieve suffering. Other studies explain that prayer is often described as a primary belief in healing (Clifton, 2014). Other findings from Bwanika et al., (2022) show that religious help solutions are often recommended in mental health problems.

This study found a nested themes, namely the positive implications of religiosity within the main theme of religiosity helping beliefs, which were described as feeling better, being aware, relieved, problems disappearing, growing hope and gaining peace. This finding is in accordance with previous research that religiosity has a positive impact on individual mental health (Lloyd et al., 2022 & Tu et al., 2023). This study also found negative implications of religious help. This implication is described as a form of failure of religious help, where individuals increasingly blame themselves and God for unanswered prayers, suicidal thoughts, inability to survive, no hope, to becoming atheists. The negative impact of the failure of religious help was also found in the research of Lloyd et al. (2022) and Clifton (2014), namely pressuring individuals to increasingly problematize themselves.

The failure of religious help in this study can be described from psychological and religiosity factors that influence each other, where inappropriate expectations can be a pressure for individuals and even give rise to feelings of anxiety, disappointment, guilt and so on. Religiously, individuals are encouraged to continue religious activities that are believed to be able to help them. On the other hand, other studies showed that when individuals have religious activities and believe they will receive healing but do not immediately receive healing within some time, the individual has feelings of anxiety, guilt, loneliness, and depressive symptoms that get worse and this is considered a failure of healing (Lloyd et al., 2022).

The perception of help-seeking is also perceived as an encouragement in social relational help, such as the activeness of the Christian community and close relationships with family relations to experience recovery. This finding is in line with the research of Karadzhov & White (2020), where individuals perceive that the role of the church provides spiritual guidance and social support. For example, bible study groups in a religious environment are one of the social supports needed (Breland-Noble et al., 2015). The importance of social connection and support has also been found to alleviate symptoms of depression, namely by developing relationships with the Christian community and interpersonal relationships, so that it can encourage providing

social, emotional and spiritual support (Lloyd et al., 2022). Other research from Bwanika et al., (2022) shows that individuals prefer to seek mental health advice from someone they know in their family or community.

In this study, researchers also found perceptions about choosing professional help, namely accessing help from health and non-health professionals. This is in line with several previous studies. Research by Bonner et al., (2013) showed that the source of help can vary from spiritual counselors, such as pastors to primary care physicians and psychiatrists. Another study by Breland- Noble et al., (2015) found that if someone experiences depression, he or she can seek help from several religious leaders (non-health professionals), and also to doctors (health professionals). In the Christian community of the charismatic Pentecostal church in KwaZulu-Natal Africa showed preference for seeking mental health help to hospitals or medical professionals (Hlongwane et al., 2023)

The perception of depression in this study was found in four main themes, namely the problem of loss of self-confidence, feelings of social alienation, the burden of social responsibility, and the stigmatization of spiritual deficits. This was also found in previous studies, that individuals who experience depression are often perceived as problematic people, thus giving rise to external and internal stigmas that affect social interactions (Lloyd et al., 2022). Lloyd et al., (2022) also shows that individuals perceived depression to occur due to spiritual deficits, problematic theological beliefs, and internalization of self-stigma. Other studies also reveal that individuals with depression problems are often described as isolated and disconnected (Lloyd & Hutchinson, 2022).

Regarding perceptions of treatment, this study found perceptions of treatment through biomedical treatment recommendations, such as doctors and psychiatrists, in addition to other perceptions regarding the affirmation of religiosity. This finding is similar to other studies, for example studies that found Cognitive Behavior Therapy is an effective treatment or medication for depression (Pearce & Koenig, 2013; Kurniawan et al., 2018). Treatment through modalities such as interpersonal relationships, psychotherapy, and religious practices in the form of spiritual disciplines of reading the Bible, meditation and prayer (Boelens et al., 2012). The study by Lefevor et al., (2021) also indicates that religious belief factors influence an individual's intention to seek mental health assistance.

Furthermore, the researchers discuss the findings of this study based on the elements of help-seeking from Rickwood et al., (2012), namely the elements of process, source, problem, assistance and time frame. The elements of the process of Rickwood et al., (2012) in this study are described by how Tom's attitude, intention and behavior to obtain help are influenced by beliefs about religious help. This is what makes Tom visit the church, meet with pastors, build

communities, consult, receive help, and even receive recommendations for other help. Another study has demonstrated that a high level of religiosity enhances attitudes, intentions, and behaviors toward help-seeking from religious leaders (Boateng et al., 2023). Similarly, research by Lefevor et al., (2021) revealed that religious belief factors influence individuals intentions to seek mental health support.

The source elements in this study is described that sources of help can be accessed through formal and informal help, namely pastors, pastoral counselors (formal non health professionals), doctors, psychologists and psychiatrists (formal health). Next the source of help can also come from social relations (informal). Other studies also show that seeking mental health help can be obtained through informal and formal help (Sari & Sokang, 2024). Research by Syakarofath & Widyasari (2023), shows that adolescents tend to seek help through formal and informal channels to deal with mental health problems.

In this study, we found the problem elements in what Tom experienced as a condition of loss of self-confidence, feelings of social alienation, the burden of social responsibility, and stigmatization of religiosity deficit. This is in line with research that perceives depression as internalization of self- stigma and alienation socially (Lloyd et al., 2022, Lloyd & Hutchinson, 2022). Elements of assistance Rickwood et al., (2012) in this study perceived by receiving help from religious activities, such as praying, feeling the presence of God, faith and hope, religious affirmations, study groups, spiritual guidance and recommendations for biomedical treatment, such as drugs and therapy. Other studies showed mental health assistance by carrying out spiritual/religious activities, such as praying, meditating, reading the Bible, and being active in the church community (Saleleubaja & Santoso, 2024). Treatment through CBT therapy also found as an effective treatment assistance (Pearce & Koenig, 2013)

The time frame element of Rickwood et al., (2012) in this study is described in participants stories, where various stories tend to show Tom precede access to non- health professional help, then if there is no change, Tom accesses professional health help. Research by Hlongwane et al., (2023), explains that when individuals have a high level of knowledge about mental health problems, individuals tend to seek help from health professionals. However, to complement each other, it is possible that individuals will go to non-health professionals for help (Lauzier-Jobin & Houle., 2021)

Through reflexive thematic analysis, researchers are able to explore and explain individual perceptions of help-seeking, depression and treatment from Christians in Indonesia. This study was able to identify broad and recurring themes and patterns of meaning reflectively across the data set, both from the semantic level to the latent level (Braun & Clarke, 2019). This study was specifically able to find nested themes in the main theme of religiosity help beliefs,

namely the positive and negative implications of religiosity help. These themes are the themes perceived by participants in religiosity help beliefs. This finding differs from previous studies that identified themes separately and did not explain the implications of positive and negative in reliance of the religious help. In addition, this study can complement the research literature for research on perceptions of help-seeking, depression and treatment from Christians in Indonesia or Eastern cultures, while many previous studies found by researchers were conducted on Christian samples in the UK, United States, and Africa.

This study provides important implications for all readers to view mental health by considering the involvement of religion or religiosity in it. So many studies have shown that religious involvement often functions as a source of information for professionals and resources in preventing and improving mental health and accelerating the achievement of individuals to experience these changes (Koenig et al., 2020). In this study, one of the practical implications that can be developed is the optimizing Christian communities to improve mental health literacy and provide social support for individuals. However, one of the limitations in this study is the sample used in this study consists of individuals who are in the emerging adulthood age group. Therefore, it does not represent individuals of different ages. Another limitation is that the research sample denominations do not represent all Christian church denominations in Indonesia. Further studies require representative participants form a variety of different ages and representing each Christian church denomination in Indonesia.

Conclusion

Research on the perception of mental health help-seeking among Christian individuals in Indonesia identified three main themes: Reliance on religious assistance, encouragement of social relationship help, and the choice of professional help. Additionally, seven sub-themes emerged: Praying to God, experiencing the presence of God, faith and hope, participation in Christian community activities, close family relationships, engagement with both non-health and health professionals, and experiences and recommendations for help. Within the theme of reliance on religious assistance, two additional themes were highlighted: The positive implications of religiosity and the negative implications of religiosity, specifically the perceived failure of religious help. Regarding the perception of depression, four primary themes were identified: Loss of self-confidence, feelings of social isolation, the burden of social responsibility, and stigmatization of religiosity deficit. In terms of treatment perception, two main themes emerged: Recommendations for biomedical treatment and affirmation of religiosity.

Based on the findings, the study recommends enhancing mental health literacy among Christians. For participants, it is essential to increase knowledge about mental health literacy,

including seeking help, through educational initiatives and mental health campaign programs within churches in Indonesia. For advocates of mental health literacy, it is critical to provide and improve education on the accessibility of mental health assistance within the Christian community. For future researchers, it is suggested to replicate the study while exploring potential differences in perceptions across denominations and age such as teens and older adult, as well as developing alternative frameworks to study the mental health literacy of Christians in Indonesia.

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