Pathways to Get Help: Help-Seeking on College Students with Non-Suicidal Self-Injury

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Abstrak

Tujuan penelitian ini adalah untuk mengetahui dan mengeksplorasi aspek-aspek yang menjadi pendorong dan penghambat mahasiswa yang melakukan *non-suicidal self-injury* (NSSI) dalam proses pencarian bantuan. Metode penelitian yang dilakukan adalah penelitian kualitatif dengan pendekatan fenomenologi untuk mengetahui pengalaman subjektif partisipan. Peneliti melakukan *in-depth interview* pada partisipan, yaitu mahasiswa usia 20-21 tahun yang pernah melakukan NSSI. Teknik pemantapan kredibilitas data dilakukan dengan teknik *participant checking*. Hasil *interpretative phenomenological analysis* mengidentifikasi lima tema dalam pengalaman partisipan, antara lain: *self-awareness, self-disclosure*, literasi kesehatan mental, stigma, dan pengaruh sosial. Kesadaran mengenai masalah, harapan positif dari keterbukaan diri, serta pengetahuan dan keyakinan akan ketersediaan bantuan dapat menjadi pendorong untuk mencari bantuan. Aspek-aspek tersebut berinteraksi dengan adanya stigma dan pengaruh sosial, sehingga keputusan untuk mencari bantuan menjadi sebuah keputusan yang kompleks. Penelitian ini memberikan informasi mengenai pentingnya literasi kesehatan mental dan penguatan dalam menghadapi stigma negatif tentang orang dengan masalah kesehatan mental.

Kata Kunci: non-suicidal self-injury, help-seeking, pencarian bantuan, literasi kesehatan mental

Abstract

This study aimed to identify and explore the aspects that encourage and inhibit students who do non-suicidal self-injury (NSSI) in seeking help. The research method used is qualitative research with a phenomenological approach to determine participants' subjective experiences. Researchers conducted in-depth interviews with students aged 20-21 who had done NSSI. The participant-checking technique carries out the method of strengthening the credibility of the data. The results of the interpretive phenomenological analysis identified five themes in the participants' experiences, including self-awareness, self-disclosure, mental health literacy, stigma, and social influence. Awareness of the problem, positive expectations of self-disclosure, and knowledge and belief in the availability of help can be the impetus for seeking help. These aspects interact with stigma and social influence, so the decision to seek help becomes complex. This study provides information about the importance of mental health literacy and strengthening in dealing with negative stigma about people with mental health problems.

Keywords: *non-suicidal self-injury, help-seeking, mental health literacy*

Introduction

Individual mental health is defined as a state of mental well-being, where one of the indicators is being able to face and overcome problems and pressures in life (WHO, 2022). The mechanisms used by individuals in dealing with and overcoming problems (coping behavior) aim to reduce, eliminate, and avoid the negative impacts of the problems at hand. The focus of coping behaviors can lead to solving problems directly or by reinforcing emotions or feelings.

Mental health problems can occur in individuals at any stage of development, including adolescents and young adults. The age of 15 to 24 years is a critical period in the development of human life (WHO, 2018). This period is a bridge from early adolescence and adulthood, where individuals face developmental tasks and must meet the demands or expectations of their family, group, or community environment. Mental health or behavioral problems can occur when adolescents and young adults struggle and cannot meet these demands. According to WHO (2017), 10-20% of children and adolescents experience mental health problems. The prevalence of depression and anxiety increases in adolescents and early adulthood. The *RISKESDES* survey states that 1

in 10 Indonesians aged 15-24 years has non-specific emotional disorders (Willenberg et al., 2020).

Non-suicidal self-injury (NSSI) is one example of a behavioral problem, namely maladaptive coping behaviors to regulate unpleasant emotions or disturbing thoughts when individuals face problems (Czyz et al., 2019). NSSI is intentional physical self-injury without suicidal intent (Gullotta et al., 2015). These behaviors include slashing, burning, skinning, hitting oneself, and biting.

According to Gullotta et al. (2015), the purpose of someone doing NSSI can be divided into four categories. The first is automatic positive reinforcement, which aims to bring up the desired stimulus. On the other hand, a person performs NSSI for automatic negative reinforcement, i.e. removing the aversive stimulus. In addition, there is positive social reinforcement, such as to get attention, or negative social reinforcement, for example, to avoid personal responsibilities or demands.

NSSI is an ineffective response to stress and is affected by stress tolerance and communication skills. Intrapersonal, family, and social or community factors can cause individuals to be more susceptible to NSSI. A supportive environment becomes a protective factor by encouraging more effective coping strategies, better interaction and communication with others regarding problems, and cohesive interpersonal relationships (Gullotta et al., 2015; Xin et al., 2020). Connectedness with parents is known to be a strong protective factor against self-harm. In addition, a sense of connection with other adults and a sense of security in the school environment for adolescents are additional factors that can reduce the risk of recurrent NSSI and suicidal ideation (Taliaferro & Muehlenkamp, 2017). In contrast, inappropriate parenting, childhood violence, lack of family and social support, and negative interactions increase the risk of NSSI (Gullotta et al., 2015; Muehlenkamp et al., 2013).

Support from others not only prevents individuals from engaging in NSSI but can also help overcome the behavior when it occurs. Sources of help can be obtained from family, friends, or professionals.

The intention to seek help in individuals with mental health problems, such as depressive symptoms, may differ depending on the duration of the symptoms. Symptoms that occur in the short term reduce motivation to seek help. On the other hand, prolonged symptoms make individuals feel distressed and motivate them to seek help in the long term (Nagai, 2015). In the context of NSSI, research (Muehlenkamp et al., 2013) shows that most young adult participants are willing to disclose their NSSI problems, but rarely with mental health professionals. Talking about NSSI with others is often considered unhelpful.

Research by Idham et al. (2019) shows that college students are more active in seeking help because late adolescence to young adulthood is a productive phase. Information about mental health assistance is sought after more through online media, family, and friends than health professionals. In addition, the research results by Arinda & Mansoer (2020) reveal that young adults who perform NSSI are more comfortable seeking professional help on their initiative than support from their families. However, the study participants also had beliefs that NSSI behaviors would be repeated, and these beliefs could be barriers to seeking help.

Based on these findings, researchers are interested in knowing the subjective experiences of students who do NSSI regarding help-seeking. This research will be conducted using a qualitative method to explore the facilitators and barriers felt by the participants in understanding needs and seeking help. This study aimed to determine the experience of help-seeking in students who did NSSI.

Research Methods

This study uses a qualitative method with an interpretative phenomenology analysis (IPA) approach. Researchers use qualitative methods because researchers want to explore data in depth about the experience of seeking help for individuals who do NSSI. The purpose of the interpretative phenomenology analysis (IPA) approach is to explore in detail how participants make sense of their personal and social world, and the primary key for science studies is the meaning of specific experiences, events, or circumstances experienced by participants

(Smith & Osborn, 2007). Therefore, this approach can be used to explore the themes studied in this study. As a way of collecting data, the researcher used in-depth interview techniques with previously prepared guidelines.

Procedure. At the implementation stage of the study, researchers conducted in-depth interviews for an average of 1 hour. The interview process begins with the participant's NSSI behavior. Participants were then asked to explain their need for help or support from family, friends, or professionals; and recount participants thought and feeling about seeking such support. Then researchers dig deeper into the challenges faced.

Analysis Technique. The interview transcripts were analyzed using Smith and Osborn's interpretative phenomenological analysis measures (2007). In the first step, the transcript of the first participant interview was read and reread to identify that the participant was the focus of the analysis. Second, record everything interesting in the interview transcript. At this stage, interpretive notes that help describe the search for help will be found. Third, the researcher develops themes by examining patterns from notes made in the previous stage. Fourth, look for the relationship between emerging themes by setting a set of themes and ordering them chronologically. After the four stages were completed, the researcher repeated steps 1-4 for the second participant interview transcript.

Result and Discussion

This research was conducted by interview involving 2 participants who had done NSSI and sought both informal and formal assistance. The following is table of research participants' background:

Table 1. Participants Background

Partici-pants	Age	Age of onset of doing NSSI	NSSI form
M	20	18	Punching hard objects, hitting and slapping themselves
K	21	17	Cutting, head banging

Both participants said they did NSSI when there were emotional triggers that they felt unable to express and burdened the mind. Participants do not regularly perform NSSI at a particular frequency. Triggers that encourage participants to do NSSI can appear at any time.

The first participant (M) did the NSSI for the first time at the age of 18 years. The problems that triggered at that time were not passing the college entrance test and family problems where both his parents were going through the divorce process. Even though M successfully passed the next test, he still felt angry over his previous failure. Besides, M's parents' separation made him angry and frustrated.

In the second participant (K), the trigger that pushed him to do NSSI was a relationship problem with her boyfriend.

From the results of interviews to explore the data found themes that describe the things that encourage and hinder participants from seeking help. These themes include 1.) self-awareness, 2.) self-disclosure; 3.) mental health literacy; 4.) stigma; and 5.) social influence.

Theme 1: Self and problem awareness

Both participants recognized their feelings and emotions and the conditions that triggered the emergence of these emotions. The beginning of seeking help is self-awareness, including awareness of the problem (Martínez-Hernáez et al., 2014). However, self-awareness and problems alone are not enough to motivate participants to take action to seek help.

Participant M did NSSI triggered by anger and frustration. However, participants had difficulty expressing these emotions assertively. Participants have an awareness that this is a problem. He also understands his limitations that he does not yet know and is capable of the proper behavior to regulate these emotions so as not to do self-harm. Awareness of problems, emotions, behaviors, and self-limitations leads to thoughts that he needs professional help.
"*I am usually angry, for example, the last time, my mom nagged me about something I forgot. Then I feel stifled. I want to talk to her, but I*

know she will get angry later. Then I just kept quiet, but I felt angry with myself. I do not know, Ma'am. I am confused. What is going on? Then I tell my friend, who is my senior. I want to go to a psychologist, but I am afraid I cannot tell about how I feel." (M)

Another participant (K) felt that NSSI behavior was a way to deal with distress quickly. Participants are aware of conditions that cause distress, recognize their physical reactions when experiencing distress, and feel that NSSI is a quick strategy to deal with distress. Participants also experienced denial that the problem was not severe enough to be resolved with professional help.

"*I do not want to think about that. I am tired but cannot sleep, so I keep thinking. I just thought of taking medicine for a large amount at once. I felt dizzy at the time. What is it... If it is like that (cutting), it makes me cry, I feel calm, after that, I can sleep, Ma'am.*" (K)

Theme 2: Self-disclosure

Self-disclosure is a participant disclosing himself and his problems to others seeking professional help. Participants perform self-disclosure, believing that the behavior will provide benefits (anticipated benefits) or create adverse risks (anticipated risk). Both anticipated benefit and anticipated risk are beliefs that impact individual attitudes regarding professional assistance, intentions, and decisions to seek professional assistance (Bathje et al., 2014).

Participants begin self-disclosure to friends to feel less burden on their minds. With this hope, participants can tell their problems and conditions openly. However, at certain times the participants did not describe their condition in sufficient detail because they felt that discussing the problem was tiring.

"*When I tell a friend, it's just like when there is a problem like this, for example, when I am confused about what to do with my boyfriend. When it comes to my seniors, I tell him that I did this, angry, just like before. Sometimes I tell details, sometimes I'm too lazy and get tired, I just randomly say like I want to cry.*" (M)

Participants' intention to seek professional help arises in the hope that participants will be able better to understand their behavior and the psychological dynamics behind that behavior. Participants think that understanding their thoughts, emotions, and behavior will provide clues to change NSSI behavior and solve problems better.

"*I just need a friend to talk to. Sometimes I ask why this, because I'm confused I don't know why I'm sad or irritated, it's just too much. It's cool though. The problem is that if you think about it, that's just how it is, but why is it like this.*" (M)

Other participants also have the willingness to share the problems they are facing. This openness was encouraged by interactions with doctors who asked about their condition and listened to participants' stories about their problems. Past experiences and interactions perceived as positive and helpful can change an individual's attitude about seeking professional help to a more positive one. This can encourage active help-seeking behavior.

"*Yes I know. I'll just say, the first incident happened when I broke up with my ex. Keep stressing college assignments. The doctor kept asking me.*" (K)

Theme 3: Mental Health Literacy

Participants know that the NSSI action taken is an emotional-focused coping strategy that is maladaptive when experiencing distress. Participants get information about mental health, especially NSSI, through lecture materials and educational content on social media. The information obtained includes the motivation of individuals, especially teenagers, to do NSSI and the phenomenon of teenagers doing NSSI.

Participants believe that the reasons for someone doing NSSI can be different from one another. In the case experienced by the participant, he needs professional help to gain a comprehensive understanding of the dynamics of his psychological aspects in order to be able to carry out a more adaptive coping strategy.

"*This is a way of channeling emotions. I can't do it alone, in my opinion. If you're like me, then I don't know why, how is the process like this, then how do I make it not like this. If for*

example I am angry or irritated, I can say it, but how do I say it so that it doesn't cause more problems, more fights." (M)

"*I once knew that in educational accounts like that on IG, there were people who said they were looking for attention, some people joined in. Maybe a junior high school teenager maybe yes. There was news that there were a lot of junior high school students, like that's trendy if I'm not mistaken.*" (M)

Lack of access to assistance can be an obstacle for individuals who do NSSI, so they tend only to reveal themselves (to social circles or social media) but do not seek help (Rowe et al., 2014). Both participants know and believe that professional help can be accessed nearby. However, the obstacles felt by both participants were in the form of concerns about an unpleasant assessment or treatment by health workers or family members and friends.

"*You know, there was one in the puskesmas, and also at the hospital. If you have BPJS, it can be cheap. But I've read on Twitter that there are people who are treated like that by the community health center. Maybe they get underestimated. I think it's better to go straight to the person, to the bureau, but it is more expensive.*" (M)

"*I have cousin who is a psychologist. I sometimes ask, if you meet me, what kind of person am I? But it just a rant, not a serious talking. I am afraid of what it's like. I don't think I can handle it on my own. With mom or friends.*" (K)

Individuals' knowledge and beliefs about mental health or disorders are components of mental health literacy. Mental health literacy influences individual attitudes and decisions to seek professional help regarding mental health problems (Jung, t.t.; Rowe et al., 2014). By knowing, individuals can recognize their need for help and identify and decide what kind of help needs to be sought. The stigma that individuals internalize can also change so that their beliefs and attitudes regarding mental health problems and seeking professional help can change (Jung, t.t.).

Theme 4: Stigma

The stigma participants feel is perceived public stigma, where participants are aware of, feel worried, and afraid about the stigma of others towards people with mental health problems or disorders (Jung et al., 2017). Stigma and fear can be barriers to seeking mental health help. Such fears include fear of being judged as attention seekers or violating their confidentiality (Rowe et al., 2014). Public stigma can affect self-stigma, and then self-stigma affects individual attitudes towards seeking help. Self-stigma arises when a person internalizes public stigma and lowers self-esteem and self-efficacy. However, participants did not feel self-stigma. The perceived public stigma becomes an obstacle for participants to openly ask for the material support needed to get professional help.

"*My mother and my brothers said it, but not directly, but once said I was weird because I was stressed, angry, sometimes I just kept quiet when I was in a bad mood, even though I was a psychology student. I don't think it's weird, it's normal for people to be stressed. But I'm just too lazy to debate. I'm confused too. I want counseling, but I don't have the money, but if I ask for it, my family probably will never allow me to. So I've been thinking about it myself. The important thing is that I can still study, play, so I can just get used to it, so my daily activities just keep going.*" (M)

Theme 5: Social Influence

One thing that encourage participants to seek help despite feeling stigmatized is the influence of the participant's social environment. Social influence can be in the form of conformity; individuals tend to change their perceptions, opinions, and behavior to follow or be consistent with group norms (Suryanto et al., 2012). Perceived public stigma does not affect the participants' self-stigma because they have sufficient mental health literacy, and there is information that friends who work as psychologists or counsellors sometimes need the help of other psychologists. Participants perform conformity through informational influence. Through this influence, participants follow the

behavior of friends in their group because the decision is believed to be correct.

"*Because I told my friend, my senior, that he has a master's degree in psychology. Yes, he is a soon to be psychologist. Well, he was also like hitting his hand on something. He said he also went to a psychologist, to his lecturer. So I thought, well, he who is a psychologist goes to a psychologist too, right. Then I guess, why not*?" (M)

Conclusion

Based on the study results, it can be concluded that seeking help is a complex decision involving intrapersonal and interpersonal aspects and can be influenced by other individuals in the professional assistance system. The motivating and constraining aspects relate to each other and work in various ways to influence help-seeking.

Self-awareness is fundamental to the process of seeking help. Participants are not only aware of their condition but need to be aware that that condition is a problem. Participants carried out self-disclosure either on their initiative or because they were asked by the doctor who had treated the participants. Anticipated benefits of self-disclosure can arise from previous experiences considered positive and helpful. As students, participants also have sufficient access to information from teachers and seniors besides social media, so they have sufficient mental health literacy. Participants are aware of information about NSSI and know and believe there is access to professional help in the vicinity. On the other hand, stigma can hinder participants' seeking of help because it causes a lack of informal social support from the family. The social environment can also be a driving force through behavior and group norms that can change the attitudes and behavior of participants to seek help.

Qualitative research on student help-seeking was conducted for in-depth exploration. Research participants can be added with more diverse characteristics to enrich the data obtained. Further research can be done by developing interventions to improve students' mental health literacy when entering university. Interventions can include providing information about the availability of counselling services on campus and strengthening them to deal with the stigma still entrenched in the broader community.

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