The Role of Suicide Literacy and Suicide Stigma in Shaping Attitudes toward Seeking Professional Psychological Help among Indonesian Emerging Adults

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Abstract

Suicide is the fourth leading cause of premature death among emerging adults, with significant implications for public health. In Indonesia, the prevalence of suicide cases has reached 6,544, although this figure likely underrepresents the true extent of the issue. Alarmingly, only a small percentage of Indonesian adolescents, approximately 2.6%, seek psychological assistance despite the pressing need for mental health support. This study investigates the roles of suicide literacy and stigma in shaping attitudes toward seeking professional psychological help. Data were collected through an online survey involving 397 respondents. The analysis utilized multiple linear regression to assess the contributions of suicide literacy, stigma, and various demographic factors to attitudes towards seeking professional psychological help. Findings indicated that while suicide literacy, stigma, and demographic variables collectively contribute to attitudes toward seeking professional help, only suicide stigma and demographic factors (college major and family relation) significantly influenced these attitudes. This study underscores the critical need to address and reduce suicide stigma as a means of fostering positive attitudes toward seeking professional psychological help among emerging adults in Indonesia.

Keywords: *Suicide stigma, Suicide literacy, Attitudes, Help-seeking, Psychological.*

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Introduction

Suicide is a pressing global health issue. According to the World Health Organization (WHO), approximately 703,000 people worldwide died by suicide in 2019 (World Health Organization, 2020). This statistic highlights suicide as the fourth leading cause of death globally among individuals aged 19–24, surpassing deaths caused by malaria, HIV/AIDS, and war. In Indonesia, the prevalence of suicide in 2019 was reported as 6,544 cases, or approximately 2.4 per 100,000 people (WHO, 2020). However, this figure is classified as "class 4 data," indicating a low estimate due to the lack of reliable and high-quality death registration data in Indonesia. Consequently, the actual suicide prevalence may be significantly underreported.

If the ultimate goal of suicide prevention is to reduce premature deaths, a critical step is increasing the likelihood that individuals receive treatment (Klimes-Dougan et al., 2013). This involves encouraging individuals to seek appropriate and timely help to mitigate the risk of suicidal thoughts

and behaviors (Rickwood et al., 2005). Research shows that professional interventions and therapy can effectively reduce suicidal ideation (Diamond et al., 2010; Slee et al., 2008; Stewart et al., 2009) and prevent further suicide attempts among those with a history of suicide attempts (Brown et al., 2005; Linehan et al., 2006). Ideally, individuals experiencing suicidal thoughts or those with a history of attempts should seek professional psychological help.

Despite the importance of professional help, many individuals do not seek it. For example, the 2022 I-NAMHS survey revealed that 15.5 million adolescents in Indonesia experienced mental health issues in the past year, yet only 2.6% accessed supportive services or counseling (Wahdi et al., 2022). Similarly, data from Riskesdas (2018) showed that only about 9% of individuals with depression sought treatment (KEMENKES RI, 2018). Another survey by Populix (2022) indicated that 69% of people experiencing mental health symptoms had never accessed mental health services.

Several reasons contribute to this reluctance. Many individuals prefer to handle their problems independently, believing they will improve on their own (Wahdi et al., 2022). Populix (2022) reported that 45% of individuals with mental health issues did not feel the need for counseling, and 42% believed they could resolve their problems independently. Such attitudes of self-reliance can act as barriers to seeking professional help (Curtis, 2010). Additionally, individuals may perceive professional help as unnecessary, ineffective, or even counterproductive (Czyz et al., 2013). These perceptions highlight the role of attitudes in influencing help-seeking behavior. Attitudes toward seeking professional psychological help refer to an individual's subjective evaluation of whether to seek or reject professional assistance during a personal crisis or psychological distress (Nurdiyanto et al., 2021).

Negative views of professional psychological services often deter individuals from seeking help. Fear of judgment, societal stigma (Populix, 2022), and concern about others' opinions (Wahdi et al., 2022) are common barriers. Research by Wilson et al. (2008) found that individuals often feel embarrassed to discuss their problems or seek counseling, fearing that their friends might find out or ridicule them. This stigma, particularly regarding suicidal thoughts, can significantly hinder help-seeking behavior. Suicide stigma refers to negative societal attitudes toward individuals experiencing suicidal ideation, often leading to adverse outcomes (Batterham et al., 2013).

A lack of knowledge also influences attitudes toward seeking professional help. Many individuals are uncertain about whether they need help or where to find it (Wahdi et al., 2022), are unaware of available services (Populix, 2022), or do not know what to expect during consultations (Rickwood et al., 2005). Research has shown that inadequate suicide literacy—knowledge of the signs, causes, risk factors, and treatment of suicide—can act as a barrier to help-seeking (Han et al., 2018; Hom et al., 2015). Misconceptions, such as believing that all suicidal individuals are depressed or psychotic, may prevent people from seeking help if they do not identify with these conditions (Calear et al., 2022).

Suicide is also the fourth leading cause of death among individuals aged 18–24 (WHO, 2020). This developmental phase, known as emerging adulthood, is characterized by significant transitions as individuals navigate the period between adolescence and full adulthood (Arnett, 2000). Emerging adults often explore identity (Arnett, 1994), experience instability (Arnett, 2006), and face numerous life choices. This phase also tends to be self-focused (Arnett, 2007), with individuals feeling "in between"—not fully adolescent yet not entirely adult (Arnett, 2012). These factors can exacerbate psychological vulnerability, making emerging adulthood a critical period for intervention.

Previous studies on suicide literacy, suicide stigma, and attitudes toward seeking professional psychological help have yielded mixed findings. Some research has identified significant relationships between suicide literacy and help-seeking attitudes (Al-Shannaq & Aldalaykeh, 2023; Calear et al., 2014) and between suicide stigma and help-seeking attitudes (Burke et al., 2023; Calear et al., 2014; Prawira & Sukmaningrum, 2020). However, other studies found no significant contributions of these variables (Chan et al., 2014; Fekih-Romdhane et al., 2022; Han et al., 2018).

Given these conflicting findings, this study aims to explore the contributions of suicide literacy and suicide stigma to attitudes toward seeking professional psychological help. Theoretically, this research can advance the psychological literature on mental health and suicide prevention. Practically, it can inform the design of suicide prevention and intervention programs, including psychoeducation efforts to address literacy and stigma among high-risk populations.

Method

Design

This study employed a quantitative research method to examine the contribution of predictor variables—suicide literacy and suicide stigma—to the dependent variable: attitudes toward seeking professional psychological help. Data were collected using convenience sampling, a non-random method that may introduce bias and limit the generalizability of the findings to the broader population. Based on a Raosoft calculation with a 95% confidence interval, the minimum required sample size for this study was 385 respondents.

Participants

Participants were emerging adults aged 18–25 years, as defined by Arnett (2000), and were Indonesian. This age group is particularly relevant given the high global suicide rates reported for this demographic (WHO, 2020). In the Indonesian context, suicide is more prevalent among college students and individuals in early to mid-career stages (Onie et al., 2024).

Before participating, individuals provided informed consent by checking a box on the consent form, which explained the study's purpose, confirmed that participation was voluntary, and clarified that they could withdraw at any time without penalty. Surveys were distributed via email, WhatsApp, and social media platforms such as X (formerly Twitter) and Instagram. Data collection resulted in responses from 397 participants.

Measurement

Attitudes Toward Seeking Professional Psychological Help (ATSPPH)

Attitudes were measured using the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), originally developed by Fischer & Farina (1995) and adapted into Indonesian by Nurdiyanto et al. (2021). This 10-item scale uses a 4-point Likert scale: strongly disagree (0), disagree (1), agree (2), and strongly agree (3). Higher total scores indicate more positive attitudes toward seeking help. The ATSPPH-SF was validated through face validity and corrected item-total correlation analyses, meeting parametric criteria. Its reliability in this study was $\alpha = 0.73$.

Suicide Literacy

Suicide literacy was measured using the Literacy of Suicide Scale-Short Form (LOSS-SF), developed by Calear et al. (2022) and translated into Indonesian using forward and backward translation by a certified translator. Content validity was ensured through expert judgment in two iterative stages.

The LOSS-SF consists of 12 items across four dimensions, with responses scored as true (1), false, or I don't know (0). Higher scores indicate higher suicide literacy. The LOSS-SF demonstrated face validity and item-total correlation meeting parametric criteria. Its reliability in this study was α = 0.72.

Suicide Stigma

The stigma variable was assessed using the Stigma of Suicide Scale-Stigma Subscale (SOSS-SS), developed by Batterham et al. (2013) and adapted to Indonesian by Prawira & Sukmaningrum (2020). This subscale contains 30 items rated on a 5-point Likert scale, with higher scores reflecting higher levels of suicide stigma. The SOSS-SS was validated using face validity and item-total correlation analyses, meeting parametric criteria. Its reliability in this study was α = 0.96.

Data Analysis

Data were analyzed using multiple linear regression to examine the relationships between predictor variables (suicide literacy and stigma) and the dependent variable (attitudes toward seeking help). Demographic factors were also included in the analysis. Assumptions of normality, linearity, and multicollinearity were tested and met the required parametric criteria. The analysis was conducted using Jamovi 2.3.11, a statistical analysis application.

Result

Descriptive and Demographics Data

The total number of respondents collected was 397. Participants ranged in age from 18-25 years old with a mean age of 21.3 (SD=2.00). The majority of the respondents were female (n=257, 64.7%). Respondents were predominantly Muslim (n=195, 49.1%) and Protestant Christian (n=126, 31.7%). The majority of respondents lived with their families at home (n=238, 59.9%). Almost all of the respondents were university students (n=327, 82.4%) with 55.9% being students from non-health majors. The majority of respondents were not in a romantic relationship such as dating, engaged or married (n=229, 57.7%). The combined family income of the respondents was mostly in the range of 5-10 million rupiah per month (n=185, 46.6%). The majority of respondents had never accessed professional psychological help (n=215, 54.2. The majority of respondents had good relationships with family (n=327, 82.4) and friends (n=347, 87.4%). Table 1 present the demographics data.

Table 1
Descriptive demographic

Descriptive Demographics	***N (%)***
Age	
18-19	80 (20.2%)
20-21	122 (30.7%)
22-23	131 (33%)
24-25	64 (16.1%)
Gender	
Male	140 (35.3%)
Female	257 (64.7%)
Religion	
Islam	195 (49.1%)
Protestant	126 (31.7%)
Catholic	48 (12.1%)
Buddhism	19 (4.8%)
Confucianism	5 (1.3%)
Unaffiliated	4 (1%)
Living Arrangement	
Live alone (boarding house, dormitory, apartment)	159 (40.1%)
With family (home)	238 (59.9%)

Descriptive Demographics	N (%)
College Status	
Non-college	63 (15.9%)
Non-health major	222 (55.9%)
Health major	112 (28.2%)
Relationship Status	
None	229 (58.7%)
Dating	168 (42.3%)
Married	0
Family Income	
<5 mio	116 (29.2%)
5-10 mio	185 (46.6%)
10-15 mio	64 (16.1%)
>15 mio	32 (8.1%)
History to a psychologist/psychiatrist	
Never	215 (54.2%)
Ever	182 (45.8%)
Relationship with family	
Not good	70 (17.6%)
Good	327 (82.4%)
Relationships with friends	
Not good	50 (12.6%)
Good	347 (87.4%)

The total number of respondents collected was 397. Participants ranged in age from 18-25 years old with a mean age of 21.3 (SD=2.00). The majority of the respondents were female (n=257, 64.7%). Respondents were predominantly Muslim (n=195, 49.1%) and Protestant Christian (n=126, 31.7%). The majority of respondents lived with their families at home (n=238, 59.9%). Almost all of the respondents were university students (n=327, 82.4%) with 55.9% being students from non-health majors. The majority of respondents were not in a romantic relationship such as dating, engaged or married (n=229, 57.7%). The combined family income of the respondents was mostly in the range of 5-10 million rupiah per month (n=185, 46.6%). The majority of respondents had never accessed professional psychological help (n=215, 54.2. The majority of respondents had good relationships with family (n=327, 82.4) and friends (n=347, 87.4%).

Summary of Respondent Response

In this study, data categorization was conducted using the reference categorization formula proposed by Azwar (2017). The findings indicated that the majority of participants exhibited a moderate or neutral attitude towards seeking professional psychological assistance, with 60.7% falling into this category. Similarly, the overall level of suicide literacy among participants was also classified as moderate, at 60.5%. Furthermore, the analysis revealed that suicide stigma within the sample was categorized as moderate, with 55.4% of respondents exhibiting such attitudes (See table 2).

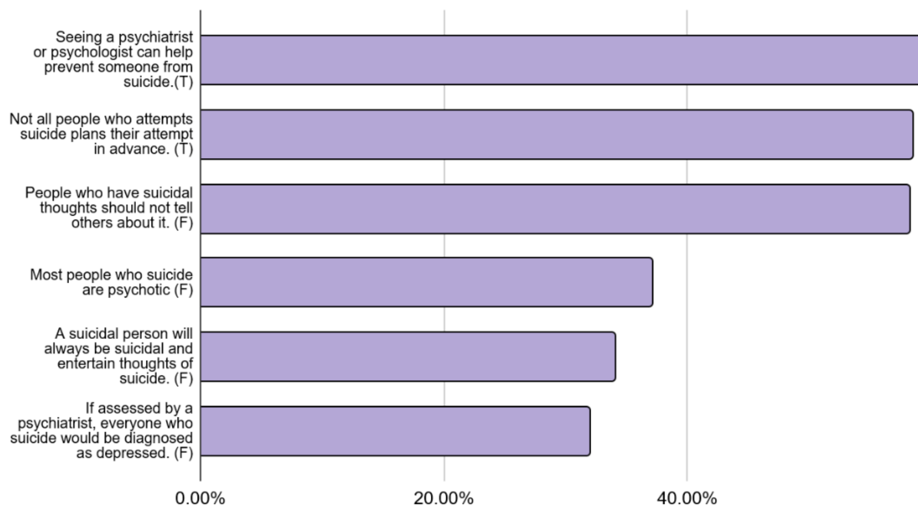
Table 2

Variable Categorization

Variables	Category	Criteria	Number (n)	Percentage
Attitudes towards seeking professional psychological help	Negative	X ≤12.8	67	16.9%
	Neutral	12.8 ≤ X <22.83	241	60.7%
	Positive	22.83 ≤ X	89	22.4%
Literacy of Suicide	Low	X ≤2.22	77	19.4%
	Medium	2.22 ≤ X <7.75	240	60.5%
	High	7.75 ≤ X	80	20.2%
Stigma of Suicide	Low	X ≤54.83	86	21.7%
	Medium	54.83 ≤ X <111.66	220	55.4%
	High	111.66 ≤ X	91	22.9%

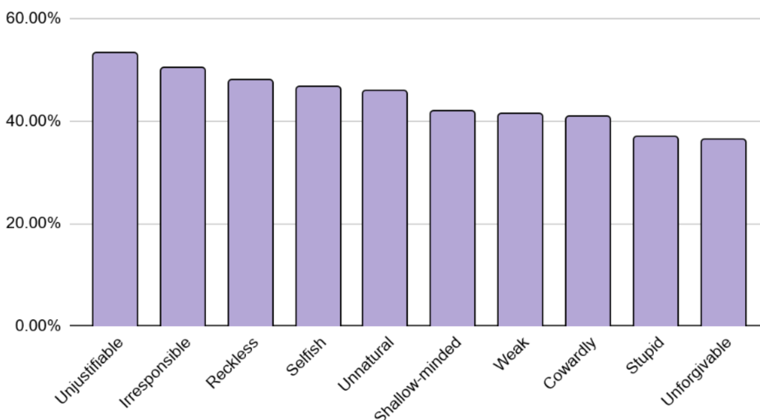
An overview of the percentage of correct and incorrect answers in answering the suicide literacy items. The highest 3 items that received the highest percentages of correct answers by participants were seeing a psychiatrist or psychologist can help prevent someone from suicide, not all people who attempts suicide plans their attempt in advance, and people who have suicidal thoughts should not tell others about it. The highest 3 items that received the highest percentages of incorrect answers by participants were If assessed by a psychiatrist, all people who commit suicide will be diagnosed as depressed, a suicidal person will always be suicidal and entertain thoughts of suicide and most people who suicide are psychotic. This indicates that there are many misconceptions or wrong answers around these items (See chart 1).

Chart 1
Top 3 Correct and Incorrect Answer in Suicide Literacy



An overview of the 10 highest items that received agree/strongly agree responses from participants. Items such as unjustified, irresponsible, reckless, selfish, unnatural received a lot of support or agreement from participants. This indicates the form of stigma held by participants towards the issue of suicide (See chart 2).

Chart 2
Top 10 Most Endorsed Items on Suicide Stigma



Main Findings

The results of multiple regression analysis found that suicide literacy and suicide stigma simultaneously along with various factors have a significant contribution of 11.5% to attitudes towards seeking professional psychological help (R^2 = 0.115, F = 2.91, p = <0.001). The results of the analysis showed a contribution rate of 11.5% to the variable attitude towards seeking professional psychological help and 88.5% was predicted by other factors (See table 3).

Table 3

Result of regression analysis (f-test)

				Overall Model Test			
Model	**R**	**R²**	**RMSE**	**F**	**df1**	**df2**	**P**
1	0.340	0.115	3.94	2.91	17	379	<0.001

Table 4

Result of regression analysis (t-test)

Predictor	**Estimate**	**SE**	**T**	**p**
Intercept	25.4257	1.87280	13.5763	< .001
Stigma of Suicide	**-0.0217**	**0.00753**	**-2.8850**	**0.004**
Literacy of Suicide	-0.0285	0.07266	-0.3925	0.695
Religion:				
Islam	0.8585	1.41352	0.6073	0.544
Protestant	-0.0189	1.43248	-0.0132	0.989
Catholic	-0.4977	1.48719	-0.3346	0.738
Buddhism	-0.6850	1.66028	-0.4126	0.680
Confucianism	-0.3066	2.83086	-0.1083	0.914
Residence:				
Family home - Own boarding house/dormitory/apartment	-0.1286	0.42546	-0.3022	0.763
College major:				
Non-health	-0.2161	0.59164	-0.3653	0.715
Health	**-1.8700**	**0.66335**	**-2.8190**	**0.005**
Relationship status:				
Dating/engaged – None	0.5279	0.42242	1.2498	0.212
Family income				
<5 mio	-0.6135	0.82122	-0.7470	0.456
5-10 mio	-0.2809	0.79004	-0.3556	0.722
10-15 mio	-0.1516	0.88611	-0.1711	0.864
Psychologist/psychiatrist access history				
Ever – Never	0.2624	0.45446	0.5775	0.564
Friend relations:				
Good - Not good	0.7884	0.64805	1.2165	0.225
Family relations:				
Good - Not good	**1.6570**	**0.56257**	**2.9455**	**0.003**

*Bold = Significant

Based on the results of the t-test, there was a significant contribution between suicide stigma and STPPPP (β= -0.0217, t=-2.8850, p<0.05), while suicide literacy was not found to have a significant

contribution to STPPP (β=-0.0286, t=-3.25, p>0.05). Apart from covariates consisting of 2 predictor variables (LBD & SBD), there were several descriptive factors that were included in the multiple linear regression test. Some of the factors that were found to have a significant contribution were health college major (β= -1.87, p<0.05) and family relationship (β= 1.65, p<0.05)(See table 4).

Discussion

Until now, it is still a question how the variable conditions regarding suicide and its contribution to psychological help-seeking attitudes in countries in Southeast Asia such as Indonesia. This study was conducted to investigate the contribution of suicide literacy and suicide stigma on attitudes towards seeking professional psychological help. The results of this study suggest that there is a urgency to reduce stigma towards suicide in order to create more positive attitudes towards seeking professional psychological help.

The results indicated that this study sample had a moderate level of suicide literacy (M=7.5). The level of suicide literacy in this sample was found to be lower than several other studies that have been conducted previously (Burke et al., 2023; Calear et al., 2014; Han et al., 2018). The 3 items of suicide literacy that had the lowest scores were items number 5, 8, and 10. Item number 5 reads "If examined by a psychiatrist, all people who commit suicide will be diagnosed as depressed" with a low correct answer score indicating that this research sample still has an assumption that people who commit suicide are depressed. In fact, there are many other factors besides depression that can make someone commit suicide such as socio-economic issues, relationship problems, and so on. Item number 8 reads "a suicidal person will always have suicidal tendencies and thoughts that dwell on suicide" if you look at the results of the low correct answer score, it indicates that in this research sample still has an assumption that a suicidal person will always have suicidal thoughts. In reality this is certainly not the case, suicidal ideation in some contexts is not persistent or permanent, but can take the form of a momentary desire, or an episode in life (Onie, 2021).

Item number 10 reads "most people who commit suicide are people with psychosis" if look at the results of the low correct answer score, it shows that in this research sample that someone who commits suicide experiences psychosis. In a study conducted by Prawira & Sukmaningrum (2020) it was stated that in the Indonesian context, people who experience psychosis are translated as "crazy people". In fact, it is not necessarily that people who commit suicide experience a psychosis such as hallucinations or delusions, many factors can occur that influence individuals to commit suicide without the occurrence of psychosis.

The multiple linear regression test in this study found that suicide literacy did not contribute to attitudes towards seeking professional psychological help (β= 0.0102, p= 0.892). This finding is in line with the findings of previous studies (Burke et al., 2023; Chan et al., 2014; Fekih-Romdhane et al., 2022; Han et al., 2018). From various previous studies that have been carried out, the findings of the study indicate that suicide literacy does not significantly contribute to attitudes towards seeking professional psychological help.

The results of this study corroborate previous studies that suicide literacy does not significantly contribute to attitudes towards seeking professional psychological help. However, in the f-test it was found in the model that if literacy is together with stigma then the model has a significant contribution to attitude. The implication is that if want to form a more positive attitude for someone to seek professional psychological help then can not just give suicide literacy alone. It can be interpreted that educating about signs/symptoms, causes/triggers, risk factors,

treatment/prevention is not enough to make someone more open and seek professional psychological help. Another variable is needed, namely efforts to reduce suicide stigma. The discussion on suicide stigma is continued in the next sub-chapter. Overall, the findings from the various studies that have been conducted mostly show that suicide literacy does not have a significant contribution to one's attitude towards seeking professional psychological help. This means that one's attitude will not change to positive or negative by being given more literacy on the issue of suicide.

In the findings of this study it was found that the level of suicide stigma in this study sample was in the moderate to high. Some of the suicide stigma items that had high scores were "unjustified", "irresponsible", "reckless", "selfish", "against nature". This findings are rooted in cultural and religious belief which shape individual's views on suicide behavior.

The high level of stigma scores on the items "unjustified" and "against nature" is often related to a person's religious beliefs that have the view that suicide is a sinful act against the will of God who regulates human life and death where suicide is recognised as a major sin in a religious teaching and can get "hell" (Marthoenis, 2024). This is in line with the sample in this study, the majority of participants identified as religious. It is known that religious teachings can shape the paradigm or attitude towards someone who wants to commit suicide (Evans & Abrahamson, 2020).

Cultural factor also play a significant role in shaping suicide stigma. The perception of suicide as "selfish" may indicate the familial nature of Indonesia society where behavior are seen as having impact on family's reputation by means someone who commit suicide are people who do not think about others. Similiar values are found in cultures that look alike to Indonesia "kekeluargaan" values, for example Mexico has "familismo" and Filipina has "kapwa" culture which emphasize the collective importance over individual interest (Hoffman et al., 2024; Tuliao, 2014). Items "irresponsible" or "reckless" often come from the perspective of mentally ill suicides, where mentally ill people are often referred to as irresponsible and reckless or careless (WHO, 2020). This align with the findings by Pompili et al. (2007) which described suicide as irresponsible, sullen, senseless, attention-seeking, a sign of weakness, and thoughtless.

In the implementation of the multiple linear regression test, it was found that suicide stigma had a significantly negative contribution to the variable attitude towards seeking professional psychological help (β= -0.017, $p<0.05$). The results of this study are in line with the findings of previous studies (Burke et al., 2023; Calear et al., 2014). The meaning of this finding is that suicide stigma contributes negatively to a person's attitude towards seeking professional psychological help. The more people have high suicide stigma the more people are closed or refuse to seek help from psychologists and psychiatrists fearing judgement or societal bad label.

Suicide stigma can happen to everyone, from individuals who are suicidal, have attempted suicide, and even to families who are grieving the loss of someone due to suicide. In Tadros & Jolley (2001) research, it was found that suicide stigma can make someone close themselves and prevent someone from talking about it. As a result of the stigma, a person is afraid of being labelled weak, lacking faith, coming from a troubled family, or being considered crazy so that early prevention of suicide is hampered (Tadros & Jolley, 2001). Suicide stigma can indirectly make someone ashamed, feel miserable, lower self-esteem, and be a barrier to someone seeking help (Czyz et al., 2013). It is known that 55% of people who committed suicide had not contacted a doctor in the past month, and 68% of people with suicidal tendencies had no contact with mental health services in the past year (Luoma et al., 2002). Similarly, Bruffaerts et al. (2011) found that stigma greatly reduces help-

seeking behaviour. Only about 39% of people at risk of suicide sought help due to fear of stigma. Negative judgement from others and fear of negative impact on career are factors that prevent opening up. Shame and negative impact on self-image are also important considerations for a person (Mahgoub et al., 2022).

In Asian culture, stigma against mental health issues exacerbates the issues. A survey of Asian-American women with a history of depression and suicidal tendencies showed that low utilisation of mental health services was clearly related to cultural factors, such as stigmatising attitudes of Asian families and the Asian community's contribution to mental health stigma (Augsberger et al., 2015). In contrast, countries like the Netherlands where suicide rates are low, there is an openness to calls for help in cases of psychological problems, as well as a decrease in shame and fear of stigma (Reynders et al., 2014). These findings indicate cultural values can attribute to whether people will search for help or not.

Thus, the implication of this study, interventions to reduce suicide stigma are urgently needed. Suicide remained a taboo topic to talk about, even many misconceptions such as a form of attention seeking or personal weakness, this taboo makes suicide seem trivialised (Lagunes-Cordoba et al., 2021). Especially in Indonesia, families sometimes do not want suicide to be recorded as the cause of death for their loved ones due to the stigma it places on the bereaved leading to underreporting of suicide statistic (Onie et al., 2024). Instead of being viewed as an individual crying for help or in need of support, suicide is often perceived as reckless, unnatural, shallow-minded, unjustified, and tend to look down upon those who are struggling with suicide issues (Prawira et al., 2022), while those seeking professional help are stigmatized as crazy, wayward, or a family disgrace (Gunawan et al., 2023)

To adress this, efforts to reduce stigma must include: (a) changing the narratives around suicide such as challenging the stereotyping, prejudicing, and discriminating attitudes toward individuals struggling with suicide intentions. (b) Reframing suicide as a public health issue that requires systemic intervention rather than as individual's failure to cope. (c) Create a disparities between suicide and notions of family disgrace or a lack of religious/moral values. (d) Restricting media and news to potraying person died by suicide as an mentally ill or weak person, and instead highlight it's broader societal and systemic contexts. (e) Cultivating safe environment for open dialogue about suicide along with promoting professional psychological help as a normal and effective option for everyone. Seeking help from a psychologist or psychiatrist should not be associated with being crazy or problematic, but recognized as a step toward preventing suicide.

In addition to the two main predictor variables, this study has included various factors that can predict the dependent variable. It was found that there were two descriptive demographic factors that contributed to attitudes towards seeking professional psychological help in this study: college major in health (β= -2.1969, $p<0.01$) and good family relationship ($\beta = 1.8049$, $p<0.001$).

Findings regarding the demographics of students majoring in health such as psychology, medicine, and nursing have a negative contribution to STPPPP. This finding is a unique finding that needs to be further investigated in a more structured variable control. When looking at the findings of other studies, such as research by Rayan & Jaradat (2016) and Jahanbakhsh et al. (2024) found students who came from medical-related majors had a significant positive contribution to attitudes towards seeking professional psychological help.

However, there are several other studies that indirectly support the findings in this study that people from health, medical or medical majors who are exposed to health issues have more negative attitudes towards psychological help. For example, a study conducted on a Chinese medical sample had lower or more negative attitude scores than a general community sample (Qiu et al., 2024). Medical and nursing students showed negative attitudes towards mental illness to some degree, particularly in the view that people with mental illness are considered more inferior (Meng et al., 2022). Mental health stigma was found to be higher with higher level of medical education in Bangladeshi medical students (Giasuddin et al., 2015). In a study at the College of Medicine at Qatar University by Mahgoub et al. (2022) the calculation and categorisation of stigma scores in university students showed that 31.9% (95% CI 25-39) of them showed signs of high stigma towards mental disorders.

From the research of Siau et al. (2017), it is known that health care workers have a negative attitude towards someone who committed suicide and consider it "irritating". This is corroborated by the findings from Nazli et al. (2022) that 70% of the study sample of doctors and nurses had a negative attitude towards suicide. This is surprising because doctors and nurses should have a positive attitude towards suicide so that they can empathise and take the issue seriously. Treated suicide attempters also feel stigmatised by medical staff (Kučukalić & Kučukalić, 2017). In the treatment environment, patients heard that suicide attempts were perceived as a form of manipulation "to get attention," that they "didn't really want to die" which ultimately led patients to refuse to receive mental health treatment (Rimkeviciene et al., 2015). Participants felt that clinicians were "not interested" in suicide attempters and were only interested in patients with medical complaints. Some patients perceived psychiatric clinicians to have an "uncaring" attitude and described receiving inadequate help after a suicide attempt (Rimkeviciene et al., 2015).

In Sheehan et al. (2017) study, participants described personal experiences of prejudice and discrimination, including those from health professionals. In Winkler et al. (2016) study, medical doctors were more positive in their views of people with mental illness, but stigma from the medical doctor group remained in the high category. Research by Lagunes-Cordoba et al. (2021) found participants perceived that psychiatrists can have negative attitudes towards people with mental illness, which can be a barrier to them getting optimal quality of care. This research suggests that, like members of the general public, psychiatrists are also perceived as a source of stigma by people with mental illness in Mexico.

This is an interesting additional analysis for this study. There are hidden factors that occur not in general participants, but participants who have experience studying in the health field itself such as psychology, medicine and nursing. It was found that it was not only lay people who had negative attitudes towards seeking psychological help or had stigmatisation related to suicide or mental health. Participants who also came from health majors had these factors, namely negative attitudes or stigmatisation. Thus, the implication is the need for intervention and more attention to individuals who are in health majors. People in education leading to health care should have more positive attitudes towards help-seeking, but this is not necessarily the case. Thus, education in health majors is not only about how to handle a health issue, but must be more holistic and complete such as forms of help-seeking, stigma, and other health issues that are not interventional but preventive or educational in nature.

The demographic description factor that reported that participants had a good relationship with their family had a significant positive contribution to the attitude towards seeking professional psychological help ($\beta = 1.804$, $p<0.001$). This finding means that the better the family relationship,

the more positive one's attitude towards seeking psychological help. This is in line with research by Qiu et al. (2024) that poor family relations characterised by family dysfunction have a significant negative contribution to attitudes towards seeking professional psychological help. In addition, in the research of Batterham et al. (2022) it was found that openness to the family contributed significantly positively to attitudes towards seeking professional psychological help.

Family is known to be a protective factor for someone who wants to commit suicide such as providing support and bonding relationships, providing a sense of togetherness or communalism and a sense of collective, and can be a place of expression of feelings (El Halabi et al., 2020). However, at the same time the family can also be an exacerbating factor in the context of suicide, such as fear of judgement, shame or family disgrace, fear of stigmatisation (El Halabi et al., 2020). Family values are influenced by the cultural and community context of a family. For example, in the Philippines, there is a strong value of "hiya" or family honour, which can be tarnished if there is something that is considered a deviation from societal normality such as mental illness or suicide (Tuliao et al., 2016). Family support and collective nature can be good but it can also be bad if in the context of one's personal problems, one can shut down what is going on within oneself so as not to bring shame upon the family (Tuliao, 2014). Any personal problems will be internalised or kept to themselves because they do not want to cause talk and problems for their family or community (Tuliao et al., 2016). A person is also afraid to accept shame related to social norms in Asian values that make people close themselves, afraid of "losing face" because an abnormality is still considered unacceptable in the context of society (Martinez et al., 2020; Tuliao et al., 2016). Koschorke et al. (2021) revealed that participants often received discrimination and stigma from their families and communities. In Mexico, there is also one of the complex values "familismo" which means that family is an important support factor but ultimately makes people not seek help because all problems can be solved in the family (Hoffman et al., 2024).

The implication of this finding is that good family relationships can contribute to shaping a positive or open attitude towards seeking professional psychological help such as to a psychologist or psychiatrist. Family factors can be a support and protective factor for someone who wants to commit suicide. But on the other hand, families with poor relationships and families who adhere to traditional values that are still not open to mental health issues and suicide can be an exacerbating factor or an aggravating factor. Families that are not open, still stigmatize suicide, consider it a disgrace to the family and the result will become more closed to help-seeking. This can be an important consideration for interventions on attitudes towards seeking psychological help from both literacy and stigma variables to not centre on individuals alone, but can be focused in the family context to all family members. This can shape positive perceptions and attitudes towards help-seeking. Simply, if there is a family member who is experiencing personal difficulties or even suicidal, it is no longer covered up, not taboo to talk about, not considered a disgrace, but the family member can be accepted and even supported to seek professional psychological help.

Research Limitations

The prediction model in multiple linear regression has a fairly low predictive value of around 11.5% of the overall prediction of the dependent variable. This indicates that there are many other predictor factors not included in this study that can contribute to the dependent variable. This could indicate the need to add predictor variables or various descriptive factors from the demographics of research participants. Another limitation of the study is also related to the nature of cross-sectional and sampling technique that uses non-random sampling. In a sense, the results of this study cannot be generalised to the general study population by means the results of this study are only a description of what happened in this research sample. Furthermore, from the age group,

it is known that the participants in this study only came from one age group, namely 18-25 years or emerging adulthood. The research will be broader when the age group is not heterogeneous such as coming from various age groups, from adolescents, adults, to late adults.

Conclusion

Reducing suicide stigma is the key to improving positive attitudes toward seeking psychological professional help, as this research highlights it's significant negative contribution. Efforts must focus on reframing suicide as public health issue, challenging the shameful stereotypes or harmful prejudice and discrimination. Dissociating suicide and notions of family disgrace or lack of religious values. Restricting media from portraying suicide as weak or mentally ill. Cultivating open dialogue and normalizing psychological help as an effective step. Lastly, attention should be given to students in health majors, who show more negative help seeking attitudes, while promoting healthy family relationship to improving positive help seeking attitudes. Collectively, these initiatives create stigma free and positive attitudes for seeking professional psychological help.

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Conflict of Interest

The researchers declare that this paper has no conflicts of interest.

Author Contribution

All authors have contributed equally to the study's conceptualization, interpreting data, reviewing, and editing the manuscript.

Data Availability

Data can be provided upon request to the author.

Declarations Ethical Statement

The study followed the guidelines of the Declaration of Helsinki.

Informed Consent Statement

Informed consent was obtained from all persons involved in the study.

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