

ORIGINAL ARTICLE

Help-seeking intentions in mental health services among Peruvian adolescents at a public university

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Keywords:

help-seeking behavior; adolescents; family cohesion; mental health; university students (source: MeSH-NLM).

ABSTRACT

Objective. To determine the intentions to seek help from mental health services among Peruvian adolescents at a public university, as well as the associated factors. **Methods.** A cross-sectional study was conducted among 316 students recruited through non-probabilistic sampling. The General Help-Seeking Questionnaire – Vignette Version (GHSQ-V) was used to assess help-seeking intentions. Descriptive statistics were followed by linear regression to identify factors associated with the dependent variable. Crude and adjusted coefficients (β), along with their 95% confidence intervals (95% CI), were reported. **Results.** The mean score for help-seeking intentions in mental health services was 3.75 ± 1.45 , while for informal sources it was 3.87 ± 1.24 . In the adjusted model, adolescents whose fathers had completed primary education scored higher on the GHSQ-V compared to those with no education ($\beta = 2.39$; 95% CI: 1.49 to 3.30, $p < 0.001$). Conversely, those whose mothers had completed primary education showed a negative association ($\beta = -2.56$; 95% CI: -3.28 to -1.83, $p < 0.001$). **Conclusions.** University adolescents exhibited lower intentions to seek help from mental health services compared to informal sources. Parental educational attainment demonstrated opposing associations with this behavior. Strategies to promote early access to mental health services in this population are essential for the prevention of psychological disorders.

Intención de búsqueda de ayuda en servicios de salud mental entre adolescentes peruanos de una universidad pública

Palabras clave:

conducta de búsqueda de ayuda; adolescentes; cohesión familiar; salud mental; universitarios (fuente: DeCS-BIREME).

RESUMEN

Objetivo. Determinar la intención de búsqueda de ayuda en servicios de salud mental entre adolescentes peruanos de una universidad pública, así como sus factores asociados. **Métodos.** Estudio de corte transversal con 316 estudiantes reclutados mediante un muestreo no probabilístico. Se empleó el Cuestionario General de Búsqueda de Ayuda Versión Viñeta (GHSQ-V) para evaluar la intención de búsqueda de ayuda. Se realizó un análisis descriptivo, seguido de una regresión lineal para identificar los factores asociados con la variable dependiente. Se reportaron los coeficientes crudos y ajustados (β) con sus respectivos intervalos de confianza del 95 % (IC 95 %). **Resultados.** La media de la intención de búsqueda de ayuda en servicios de salud mental fue de $3,75 \pm 1,45$ puntos, mientras que, para fuentes informales, $3,87 \pm 1,24$ puntos. En el modelo ajustado, los adolescentes cuyos padres tenían educación primaria obtuvieron puntajes más altos en el GHSQ-V en comparación con aquellos sin educación ($\beta = 2,39$; IC 95 %: 1,49 a 3,30, $p < 0,001$). Por el contrario, aquellos cuyas madres tenían educación primaria mostraron una asociación inversa ($\beta = -2,56$; IC 95 %: -3,28 a -1,83, $p < 0,001$). **Conclusiones.** Los adolescentes universitarios mostraron una menor intención de búsqueda de ayuda en servicios de salud mental en comparación con fuentes informales. El nivel educativo de los padres y madres mostró asociaciones opuestas con esta probabilidad. Es necesario implementar estrategias que promuevan el acceso temprano a los servicios de salud mental en esta población para la prevención de trastornos psicológicos.

Cite as: Barzola-Farfán WA, Maza-Olivares J, Baltazar-Chiclla S, Flores-Bermeo N. Help-seeking intentions in mental health services among Peruvian adolescents at a public university. Rev Peru Cienc Salud. 2025;7(2):113-20. doi: <https://doi.org/10.37711/rpcs.2025.7.2.8>

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INTRODUCTION

Adolescence, which encompasses ages 10 to 21, represents a crucial stage of human development characterized by significant changes that can affect the mental health of this population ⁽¹⁾. Globally, it is estimated that up to 20% of adolescents experience mental disorders ⁽²⁾. In Peru, data collected between 2003 and 2014 indicate that more than one-fifth of individuals aged 12 or older reported a psychiatric disorder ⁽³⁾. However, despite the high prevalence of mental health problems, nearly half of severe cases in Latin America remain undiagnosed ⁽⁴⁾.

Help-seeking behavior refers to the act of requesting assistance from either formal sources, such as physicians, psychologists, or psychiatrists, or informal ones, including parents, relatives, or friends ⁽³⁾. This proactive behavior is influenced by individual perceptions, self-assessment of mental health status, and interpersonal relationships. It also facilitates early diagnosis and prevention of complications associated with mental disorders, contributing to overall well-being and higher life satisfaction ⁽⁵⁾. Nevertheless, several barriers hinder this behavior, including social stigma, family beliefs, and limited knowledge about mental health, particularly regarding access to care services ⁽⁶⁾.

Family influence plays a fundamental protective role during adolescence, serving as a buffer against the development of mental disorders ⁽¹⁾. Specifically, family cohesion, defined as the presence of healthy interactions and mutual support among family members, is a key factor in this context ⁽⁷⁾. Recent studies have shown that high family cohesion is associated with favorable mental health outcomes, such as lower rates of depression, higher self-esteem, and reduced suicide attempts among adolescents ^(8,9). Although family support networks and attachment styles influence help-seeking intentions, evidence on the determinants of this behavior toward formal sources remains limited and inconclusive ^(10,11).

Therefore, the objective of this study was to identify the intention to seek help from mental health services among Peruvian adolescents enrolled at a public university and to examine its associated factors.



METHODS

Study type and area

An observational, analytical, cross-sectional study was conducted at the Universidad Nacional Mayor de San Marcos (UNMSM) in Lima, Peru, in 2021.

Population and sample

The study population consisted of 1,713 adolescent university students. Participant selection was carried out in two stages. In the first stage, the university's five main academic clusters were identified. In the second stage, the program with the highest number of enrolled students within each cluster was selected: medicine, biology, industrial engineering, accounting, and law.

After obtaining authorization from the corresponding academic departments, access was granted to an institutional database containing information on 5,291 enrolled students. This record included personal data and institutional email addresses. From this database, students aged 18 to 21 were filtered, resulting in a preliminary sample of 1,713 individuals. These students were contacted by email between March and August 2021.

A total of 316 participants were included through non-probabilistic convenience sampling. Exclusion criteria included minors, students participating in academic exchange programs, and those without active enrollment during the data collection period.

Variables and data collection instruments

The dependent variable was the intention to seek help from formal sources, assessed using the General Help-Seeking Questionnaire – Vignette Version (GHSQ-V). This instrument presents seven hypothetical scenarios describing mental or physical health problems (stress, anxiety, depression, suicidal ideation, substance abuse, psychosis, and chronic illness) ⁽¹²⁾. Participants indicated the likelihood of seeking help in each situation on a seven-point Likert scale ranging from 1 (very unlikely) to 7 (very likely). Help could be sought from formal sources, such as psychologists, general practitioners, or psychiatrists, or from informal sources, such as partners, friends, parents, or other family members. Higher mean scores indicate a greater likelihood of help-seeking from the specified source. The GHSQ-V was culturally

adapted and validated among Chilean students aged 14-19, with Cronbach's alpha coefficients ranging from 0.74 to 0.87 for each health problem ⁽¹²⁾.

The personal history of perceived need for help was assessed with the question: "Have you felt the need to seek help in the past five years?" Actual help-seeking behavior was evaluated with: "Have you sought help from a psychologist, doctor, or psychiatrist in the past five years?" Family cohesion was measured using the Cohesion Subscale of the Family Environment Scale (FES), which includes 90 items across 10 subscales with true or false responses ⁽¹³⁾. The cohesion subscale consists of nine items assessing commitment, solidarity, and support among family members. A higher score indicates stronger perceived family cohesion. This instrument was translated and validated among adolescents and adults in Spain, showing an internal consistency of 0.78 for the cohesion subscale ⁽¹³⁾. Sociodemographic variables were also collected, including sex, age, marital status, academic program, employment status, course repetition history, home ownership, monthly income, and parental education levels.

Data collection techniques and procedures

Participants completed the questionnaires through an online Google Forms survey sent to their institutional email addresses. The collected data were coded and managed using Microsoft Excel 365 to ensure anonymity and confidentiality.

Data analysis

A descriptive analysis was conducted using frequencies and percentages for categorical variables. For numerical variables with a normal distribution, the mean \pm standard deviation was used, while for those with a non-normal distribution, the median and interquartile range (IQR) were applied. A bivariate analysis was performed using the Student's t-test or ANOVA to evaluate the association between independent variables and the intention to seek formal help. When the assumptions of normality were not met, non-parametric tests such as the Mann-Whitney U or Kruskal-Wallis test were applied, as appropriate. For numerical independent variables, Spearman's rho correlation was used.

A multivariate analysis was then conducted using multiple linear regression to identify factors associated with the intention to seek help from mental health services. Variables with a significance level of $p < 0.20$

in the crude model were included in the adjusted linear regression model. Regression coefficients (β) with their corresponding 95% confidence intervals were reported for each model. Each linear regression model was evaluated for compliance with assumptions, and when residuals did not meet normality assumptions, the bootstrapping resampling technique was applied using the command: *bootstrap, bca reps(1000): regress [dependent variable] [independent variable]*. A statistical significance level of $p < 0.05$ was considered. All analyses were performed using Stata v.17.0 (Stata Corporation, College Station, Texas, USA).

Ethical considerations

The study was approved by the Institutional Research Ethics Committee of the Faculty of Medicine, Universidad Nacional Mayor de San Marcos, under study code 0025-2021. Participants voluntarily took part in the study after providing informed consent. The study procedures adhered to the principles established in the Declaration of Helsinki.

RESULTS

A total of 316 university adolescents aged 18 to 21 years participated in the study and completed the questionnaires distributed through their institutional email addresses. Of these, 59.5% ($n = 188$) were female, 82.6% ($n = 261$) resided in Metropolitan Lima, and 98.7% ($n = 312$) reported being single. Additionally, 78.2% ($n = 247$) indicated they had never repeated a course, 86.1% ($n = 272$) were unemployed, 59.8% ($n = 189$) reported owning their homes, and 34.5% ($n = 109$) stated that their household income ranged between 1,300 and 2,479 Peruvian soles per month.

Regarding parental education, 57.6% ($n = 182$) of students reported that their fathers had attained higher education, while 54.8% ($n = 173$) indicated the same for their mothers. The median score for family cohesion was 7 (IQR: 5-9). Concerning the intention to seek formal help from mental health services, the mean score was 3.75 ± 1.45 , whereas for informal sources, the mean was 3.87 ± 1.24 points. The perception of needing to seek help in the past five years was reported by 211 participants (66.7%), while 152 (48.1%) reported having effectively sought help during that period (see Table 1).

Table 1. Sociodemographic, mental health, family cohesion, and help-seeking intention characteristics among adolescent university students

Variables	n = 316	
	fi	%
Sex		
Male	128	40.5
Female	188	59.5
Degree program		
Medicine	37	11.7
Biology	18	5.7
Industrial engineering	30	9.5
Accounting	98	31.0
Law	133	42.1
Residence		
Metropolitan Lima	261	82.6
Lima Provinces	11	3.5
Callao	24	7.6
Other	20	6.3
Course repetition		
Yes	69	21.8
No	247	78.2
Currently employed		
Yes	44	13.9
No	272	86.1
Home ownership		
Own home	189	59.8
No own home	127	40.2
Father's education level		
No formal education	2	0.6
Primary	18	5.7
Secondary	114	36.1
Higher education	182	57.6
Mother's education level		
No formal education	3	1.0
Primary	20	6.3
Secondary	120	38.0
Higher education	173	54.8
*Monthly household income (PEN)		
<1300	73	23.1
1300–2479	109	34.5
2480–3969	70	22.2
3970–7019	46	14.6
7020–12559	12	3.8
> 12600	6	1.9
Marital status		
Single	312	98.7
Married	4	1.3
Perceived need to seek help from mental health services (past five years)		
Yes	211	66.8
No	105	33.2
Help-seeking behavior from mental health services (past five years)		
Yes	152	48.1
No	164	51.9
Family cohesion, median (IQR)	7 (5-9)	
Help-seeking intention from informal sources^{##}, mean ± SD	3.87 ± 1.24	
Help-seeking intention from formal sources^{##} †, mean ± SD	3.75 ± 1.45	

Exchange rate at the time of study: 1 USD = 3.87 PEN. ^{##} Help-seeking intention based on the average score of the General Help-Seeking Questionnaire. [†] Mental health services. SD: standard deviation. IQR: interquartile range

The bivariate analysis did not identify significant associations between independent variables and the intention to seek help from mental health services (see Table 2). However, a very low positive correlation was observed between family cohesion and the dependent variable ($\rho = 0.122$).

Table 2. Bivariate analysis between independent variables and help-seeking intention from mental health services among adolescent university students (n = 316)

Variable	Help-seeking intention from mental health services	
	Median (IQR)	p-value *
Sex		
Male	3.88 (2.76- 4.90)	0.254
Female	3.55 (2.62- 4.79)	
Residence		0.767
Metropolitan Lima	3.71 (2.62- 4.81)	
Lima Provinces	3.76 (2.24- 4.90)	
Callao	3.64 (2.67- 4.79)	
Other	4.26 (3.00- 5.57)	
Course repetition		0.133
Yes	3.38 (2.57- 4.48)	
No	3.86 (2.71- 4.90)	
Currently employed		0.052
Yes	3.27 (2.12- 4.33)	
No	3.86 (2.69- 4.90)	
Home ownership		0.880
Own home	3.76 (2.62- 4.81)	
No own home	3.71 (2.67- 4.81)	
Father's education level		0.180
No formal education	3.26 (2.62- 3.90)	
Primary	3.19 (2.43- 4.05)	
Secondary	3.43 (2.38- 4.67)	
Higher education	3.90 (3.00- 4.90)	
Mother's education level		0.081
No formal education	3.90 (2.62- 5.71)	
Primary	2.79 (2.03- 3.88)	
Secondary	4.15 (2.74- 5.17)	
Higher education	3.62 (2.67- 4.71)	
*Monthly household income (PEN)		0.954
< 1300	3.67 (2.71- 5.10)	
1300–2479	3.71 (2.52- 4.71)	
2480–3969	3.83 (2.62- 4.76)	
3970–7019	3.43 (2.62- 4.67)	
7020–12559	4.41 (2.65- 5.24)	
> 12600	3.72 (3.19- 4.29)	
Marital status		0.592
Single	3.76 (2.62- 4.81)	
Married	4.14 (2.86- 5.46)	
Perceived need to seek help (past 5 years)		0.552
Yes	3.57 (2.62- 4.81)	
No	3.90 (2.62- 4.90)	
Actual help-seeking behavior (past 5 years)		0.582
Yes	3.57 (2.60- 4.65)	
No	3.79 (2.72- 4.96)	
Family cohesion **, (rho)	0.122	0.030

*Nonparametric analysis performed using Mann–Whitney U or Kruskal–Wallis tests, as appropriate. ^{##} Spearman's rho correlation. Statistically significant p-values ($p < 0.05$) are shown in bold. IQR: interquartile range.

Finally, due to the non-normal distribution of residuals in the linear regression model, a nonparametric resampling procedure was applied through bootstrapping for the entire model. It was found that university adolescents whose fathers had completed primary education scored, on average, 2.39 points higher in the intention to seek formal help (95% CI: 1.49–3.30, $p < 0.001$) compared to those whose fathers had no formal education. This pattern remained consistent for secondary and

higher education levels. Conversely, an inverse association was observed regarding the mother’s education level. Students whose mothers had completed primary education scored, on average, 2.56 points lower in their intention to seek help from mental health services (95% CI: –3.28 to –1.83, $p < 0.001$) compared with those whose mothers had no formal education. The same trend was observed for maternal secondary and higher education levels (see Table 3).

Table 3. Multiple linear regression analysis with intention to seek help from mental health services as the dependent variable

Variables	Crude regression			Adjusted regression*		
	β	95% CI	<i>p</i> -value	β	95% CI	<i>p</i> -value
Sex						
Male		Ref.				
Female	-0.18	[-0.50 to 0.14]	0.279	-	-	-
Residence						
Metropolitan Lima		Ref.				
Lima Provinces	0.16	[-0.84 to 1.17]	0.755	-	-	-
Callao	0.07	[-0.48 to 0.61]	0.814	-	-	-
Other	0.32	[-0.39 to 1.03]	0.401	-	-	-
Course repetition						
Yes		Ref.				
No	0.28	[-0.11 to 0.67]	0.162	0.22	[-0.14 to 0.59]	0.233
Currently employed						
Yes		Ref.				
No	0.45	[-0.02 to 0.92]	0.061	0.38	[-0.10 to 0.85]	0.122
Home ownership						
Own home		Ref.				
No own home	-0.03	[-0.36 to 0.29]	0.840	-	-	-
Father’s education level						
No formal education		Ref.				
Primary	0.29	[-0.85 to 1.43]	0.480	2.39	[1.49 to 3.30]	<0.001
Secondary	0.31	[-0.66 to 1.27]	0.600	2.43	[1.31 to 3.55]	<0.001
Higher education	0.64	[-0.32 to 1.60]	0.199	2.83	[1.68 to 3.99]	<0.001
Mother’s education level						
No formal education		Ref.				
Primary	-1.00	[-2.72 to 0.72]	0.255	-2.56	[-3.28 to -1.83]	<0.001
Secondary	-0.14	[-1.80 to 1.51]	0.865	-1.87	[-2.56 to -1.17]	<0.001
Higher education	-0.38	[-2.02 to 1.27]	0.645	-2.22	[-2.98 to -1.47]	<0.001
Monthly household income (PEN)						
<1300		Ref.				
1300–2479	-0.11	[-0.56 to 0.34]	0.639	-	-	-
2480–3969	-0.06	[-0.53 to 0.41]	0.808	-	-	-
3970–7019	-0.12	[-0.69 to 0.45]	0.670	-	-	-
7020–12559	0.31	[-0.57 to 1.19]	0.509	-	-	-
>12600	-0.28	[-1.15 to 0.59]	0.534	-	-	-
Marital status						
Single		Ref.				
Married	0.40	[-1.21 to 2.02]	0.624	-	-	-
Perceived need to seek help (past five years)						
Yes		Ref.				
No	0.09	[-0.26 to 0.43]	0.618	-	-	-
Actual help-seeking behavior (past five years)						
Yes		Ref.				
No	-0.09	[-0.40 to 0.22]	0.571	-	-	-
Family cohesion						
	0.06	[-0.01 to 0.12]	0.069	0.06	[-0.01 to 0.12]	0.085

* Adjusted for course repetition, employment status, father’s education level, mother’s education level, and family cohesion. Statistically significant *p*-values ($p < 0.05$) are shown in bold. β : regression coefficient; 95% CI: 95% confidence interval; PEN: Peruvian soles; Ref.: reference value.

DISCUSSION

In this study, university adolescents showed a lower intention to seek help from formal mental health services compared with informal sources, according to the scores obtained with the GHSQ-V. These results are consistent with previous findings among Australian adolescents, who showed a similar trend ⁽¹⁴⁾. The low intention to use formal services could be attributed to limited mental health literacy, which may hinder the recognition of symptoms and mental disorders ⁽¹⁵⁾. In addition, barriers such as social stigma, negative perceptions of help-seeking, and restricted access to mental health services may have contributed to this pattern ^(14,16).

Although nearly 70% of students perceived a need for psychological support, fewer than 50% actually sought professional help. This finding is in line with research conducted in Australia, where about half of the adolescents acknowledged needing help, but only around one-third accessed mental health services ⁽¹⁷⁾. It is possible that factors such as low mental health literacy, social stigma, personal beliefs, and economic or geographic barriers influence this discrepancy ^(16,18). Furthermore, as many adolescents are financially dependent on their parents, the decision to seek help may be conditioned by parental recognition and evaluation of mental health symptoms ^(19,20).

No significant association was observed between the degree of family cohesion and the intention to seek formal help from mental health services. This finding contrasts with previous studies among Canadian adolescents, which found that lower perceived family support was associated with a greater reluctance to access such services ^(20,21). Family plays a crucial role in adolescent mental health, providing ongoing support from the recognition of symptoms to accessing professional care ⁽²¹⁾. In this sense, high family cohesion could promote an environment of open communication among family members ⁽²⁰⁾, which may also help reduce barriers such as social stigma associated with mental health diagnoses or professional help-seeking ⁽²²⁻²⁴⁾.

The multivariate analysis identified a negative association between maternal education level and adolescents' intention to seek professional help. This finding contrasts with a qualitative study conducted in Canada, in which mothers with higher education level perceived their education as a facilitator of access to mental health services ⁽²⁴⁾. This discrepancy could be explained by increased work responsibilities among

mothers with higher education, which may reduce the quality of emotional bonding with their children and negatively influence adolescents' help-seeking behavior in response to mental health problems ⁽²⁵⁾.

In contrast, a higher paternal education level was positively associated with adolescents' intention to seek professional help. This finding is consistent with a study conducted among Middle Eastern students, which reported a similar association between the father's education and employment status and help-seeking intention ⁽²²⁾. Nevertheless, a study in China found an inverse association between these variables ⁽²⁶⁾. This phenomenon may be explained by the fact that higher education levels among fathers often translate into better job opportunities and higher socioeconomic status, facilitating access to mental health services ⁽²²⁾. Fathers with higher education levels may also possess greater mental health literacy, enabling them to identify psychopathological signs in their children and initiate the process of professional help-seeking in a timely manner. Moreover, higher paternal education has been associated with better mental health knowledge among children ⁽²⁷⁾, which could positively influence their attitudes toward the use of specialized services.

This study, however, presents several limitations. First, the exclusion of minors restricts the generalizability of the findings to the entire adolescent university population. Second, the use of non-probabilistic sampling may introduce selection bias and limit the representativeness of the sample relative to the target population. Third, the cross-sectional design limits the ability to assess changes in variables over time, including potential effects of the COVID-19 pandemic, an important context in which this study was conducted. This design also constrains the ability to establish causal relationships due to the lack of temporality. Fourth, potentially relevant variables were not included, such as health insurance type, characteristics of online education, attachment style, parenting practices, parent-specific perceptions of family cohesion, or history of mental or psychosocial problems, which could have enriched the analysis. Lastly, reliance on self-reported data may have introduced reporting or social desirability biases.

Despite these limitations, this study stands out as one of the few investigations in the region addressing the intention to seek help from mental health services—a key protective factor against negative mental health outcomes. The findings highlight the need to implement interventions aimed at promoting

the intention to seek formal help, a crucial aspect for the prevention and early management of mental disorders among university adolescents.

Future research should explore contextual and sociocultural factors that influence help-seeking behaviors in this population, as well as develop strategies to strengthen access to and responsiveness of mental health services for university adolescents.

Conclusions

This study found that university adolescents showed a lower intention to seek help from formal mental health services compared with informal sources. Among the analyzed factors, higher paternal education was associated with a greater willingness among adolescents to seek professional help, whereas maternal education level showed an inverse relationship with this intention.



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Contribución de los autores

WAB-F: Conceptualization, methodology, software, validation, formal analysis, investigation, resources, data curation, writing – original draft, writing – review & editing, supervision, project administration, and funding acquisition.

JM-O: Conceptualization, methodology, validation, investigation, resources, data curation, writing – original draft, project administration, and funding acquisition.

SB-C: Conceptualization, methodology, investigation, writing – original draft, writing – review & editing, and visualization.

NF-B: Conceptualization, methodology, formal analysis, writing – original draft, and writing – review & editing.

Funding sources

The study was self-funded.

Conflict of interest statement

The authors declare no conflicts of interest.