THE PHENOMENON OF SELF-DIAGNOSIS OF MENTAL HEALTH IN THE ERA OF MENTAL HEALTH LITERACY

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Abstract: Awareness related to mental health literacy can lead to issues in the form of self-diagnosis, which is when a person diagnoses himself based on literature circulating on the internet, then identifies himself as having a mental condition without confirmation from a professional. Therefore, the purpose of this study is to be able to further examine the phenomenon of self-diagnosis of mental health in the era of mental health literacy using the sytematic literature study method. The systematic literature method is used to collect, identify, and analyze literature that has been found systematically. The results obtained are a correlation between self-diagnosed and mental health literacy, as well as the potential positive impact of self-diagnosed.

Keywords: self-diagnosed; mental health; mental health literacy

INTRODUCTION

The phenomenon of self-diagnosis is one of the issues that arise in the midst of the era of mental health literacy. The rapid flow of information in the era of mental health literacy has made it easier to access various information available on the internet and mass media. Although it contributes to increasing understanding of mental issues, mental health literacy can lead to the phenomenon of self-diagnosis. Self-diagnosis is important to study because it has the potential to affect an individual's mental health, especially if the diagnosis that an individual believes is based on literature that is not credible. A healthy mentality is a very substantial thing because with a healthy mentality, a person can live his life productively and optimally. WHO (2001) defines mental health as a state of well-being in which an individual is aware of his or her own abilities, can cope with normal life pressures, can work productively and fruitfully, and can contribute to his community. Health in this case can be interpreted as a state of balance created by an individual in himself and with his environment, so that in this definition health can be sought or measured despite disorders or diseases (Sartorius, 1990: 61). The definition of mental health clearly expands the boundaries of the concept of mental health which should not be defined in a limited way as the absence of disease (Herman &; Llopis,

2005). As an integral and essential part of overall health, an individual with good mental health will have strong feelings for themselves and others; they will be able and have the ability to form positive relationships and still feel comfortable in their association (Bhugra et al., 2013). This further builds the construction of the urgency of self-diagnosis on mental health, because the wrong diagnosis can actually have a bad impact on mental health. For example, if an individual diagnoses himself with a mental disorder when it is not necessarily the truth, the perception that the individual has a mental disorder can have an impact in the form of excessive anxiety (Maskanah, 2022). Furthermore, *self-diagnosed* behavior has an impact on errors in matching symptoms so that handling can also be mistaken (Komala et al., 2023). Therefore, an understanding related to self-diagnosis is needed to be able to know the implications for mental health, especially in the era of mental health literacy.

Etymologically, *self-diagnosed* comes from English which consists of the word "self" which means *self and* "diagnosed" *which means diagnosis. Self* or self is defined as an individual's belief in himself, including the attributes that the person has as well as 'who' and 'what' he is (Baumeister, 1999). Self-diagnosis is often done because of curiosity related to the symptoms of the disease experienced and compared with existing references (Gumara *et al.*, 2023). Meanwhile, according to the Directorate General of Health Services (2022), the reason someone *is self-diagnosed* is because of the amount of information that is not based on scientific foundations, curiosity, fear of visiting professionals, and the trend of mental health romanticism. Self-diagnosis *is* also one of the factors in the increase in mental health disorders due to the large amount of information that is easily found on the internet and other articles (Anindita *et al.,* 2023). *Self- diagnosed* due to increasingly accessible information is a factor in increasing mental disorders supported by the results of interviews conducted in proceedings entitled "The Impact of *Self-Diagnosed on* the Mental Health Conditions of Makassar State University Students" it was found that some adolescents interviewed knowingly had been *self-diagnosed* by assuming that they have anxiety based on articles that discuss *symptoms of anxiety* without thinking (Annury *et al.*, 2022). In a study conducted by Sadida (2021), it was found that 66.7% of a hundred adolescents felt they had a mental illness after getting information through the internet and social media. In adolescents, self-diagnosis is increasingly dangerous because childhood and adolescence are still close to development, making it difficult to diagnose and provide treatment (Remschmidt *et al.,* 2007 in Handayani, 2022: 111). Meanwhile, in early adulthood, research conducted by Rizkika *et al* (2023) in proceedings entitled "Analysis of Self-diagnosis In the Early Adult Age Range" found analysis results showing that in the early adult category self-diagnosed categories were 4.5% low, 77.3% medium, and 18.2% high.

Health literacy is defined as the ability to gain access, understand, and use information in ways that promote and maintain good health (Nutbeam et al., 1993 *) While mental health literacy is defined as knowledge and beliefs about mental disorders that aid in their introduction, management, or prevention (Jorm* et al., 1997). Furthermore, Jorm *et al* (1997) suggest that mental health literacy includes the ability to: 1) recognize specific disorders, 2) know ways to seek mental health information, 3) knowledge of risks and risk factors and their causes, 4) about self-medication and professional help available, 5) attitudes that encourage counseling, and 6) seek appropriate help. Health literacy plays an important role both in the recognition of mental health problems and the search for help for these problems (Kim *et*

al., 2020). Low levels of mental health literacy are associated with worsening depression and health problems (Choi *et al.,* 2017). However, health literacy in Indonesia is still relatively low (Novianty, 2018). Basically, mental health literacy can increase self-awareness about mental health and can reduce self-diagnosis. However, it can be actualized only if an individual is educated and wise in understanding and sorting out credible mental-related information. This is in line with the statement of Benigeri & Pluye (2003) who state that for people who are educated and know how to find useful information on the internet about self-care and disease prevention and who know how to deal with the health care system, the internet is very promising, but beyond that, searching for health information can be dangerous. Therefore, this article will discuss the implications of self-diagnosis on mental health in the era of mental health literacy more comprehensively.

This section covers the background of the issues or problems and the urgency and the rationale of the study. The purpose of the study and the plan to solve the problems are stated in this section. Relevant literature reviews and hypotheses development (if any) are stated in this section. This part is closed by state of the art (the specification of the purpose of the study and the difference with the other studies). The maximum percentage of introduction in the article is 15%.

METHOD

The method used in writing this article is to use literature review. The five steps in the literature review process according to Cronin, Ryan, and Coughlan (2008) include: 1) choosing a review topic, 2) searching for relevant literature, 3) collecting, reading, and analyzing literature, 4) writing a review, and 5) including references. In the preparation of this article, the author uses literature from various sources, both primary and secondary sources such as scientific articles and books that are relevant to the implications of self-diagnosis on mental health in the era of mental health literacy. At the beginning, a literature search was conducted and determined the suitability of the content to be analyzed (Paré et al., 2015) related to topics relevant to the keywords "self diagnose", "self diagnosis", and "self diagnosed" then the author looked for the relevance of these keywords to mental health and mental health literacy. The literature that has been obtained is then read in its entirety and reviewed systematically. The data collection was carried out by searching various studies and literature related to self-diagnosed in the context of mental health, including looking for literature on mental health literacy published on Google Schoolar and the Publish or Perish application. The data used in this article has a time span of no less than ten years, namely 2017 to 2023 with the population including adolescents and early adults such as college students. The author then analyzes the literature and data that has been appropriate by compiling and concluding the findings systematically.

RESULT AND DISCUSSION

Self-Diagnosed

Based on the results of questionnaire data by Wahyuni (2020) contained in a final project entitled "Design of Stop Self-diagnosis Campaign to Reduce Mental Disorders with PA-DI Method" with 56 questionnaire respondents domiciled in Bandung from the age range of 15-24 years, results were obtained that showed that based on age, respondents who filled out the

most questionnaires were aged 19-22 years with a percentage (50%), 23-26 years old with percentage (33.9%), 27 years old and over with percentage (12.5%), and 15-18 years old with percentage (3.6%). As many as (87.5%) respondents answered "have experienced mental disorders" and as many as (12.5%) respondents answered "never experienced mental disorders". The results of the data analysis showed that almost all respondents had experienced mental disorders. However, only a few have seen psychiatrists or psychologists. It is understood that the most fundamental characteristic of self-diagnosed behavior is self-diagnosis without further confirmation by a professional such as a psychologist or psychiatrist. This is in line with the concept of self-diagnosed proposed by Ahmed & Stephen (2017) which states that self-diagnosis is a behavior when an individual identifies himself as experiencing a disease or disorder based on perceived symptoms. It should be understood that diagnosis is a process and classification scheme or a set of pre-existing categories that have been agreed upon by the medical profession to indicate certain conditions (Jutel, 2009).

This means that a diagnosis requires professionals in the process of identifying that it is true that an individual has a disorder or disease. However, in the context of self-diagnosis, as in the results showing that (87.5%) respondents had experienced a mental disorder, the diagnosis has not been validated by psychologists or experts. Furthermore, Cortez (2023) revealed that self-diagnosis is also difficult to determine at the individual level because most diagnoses are undocumented and rely on the individual to say that he 'has' a mental disorder, but is not professionally diagnosed. So it can be understood that there is still a bias and tendency to self- diagnose without confirmation from experts which is characteristic of self-diagnosed behavior.

Self-diagnosed is influenced by internal factors, namely schematic thinking or schemas owned by an individual. A schema is a cognitive structure, a network of associations that organize and guide individuals that serves as an anticipatory structure, readiness to seek, and assimilate incoming information in terms relevant to the schema. In the context of self-diagnosed, a schematic mindset allows an individual to adapt the information received to his personal scheme, as well as discard information that does not fit into the scheme owned by an individual. For example, one of the subjects in Ahmed & Stephen's (2017) research stated that he did not consult his teacher regarding the validity of his diagnosis because the subject considered that his teacher would deny his diagnosis. This assumption can occur due to a discrepancy with the scheme of diagnosis by the subject of himself. In addition, schematic mindset is concerned with how an individual interprets the experiences or symptoms he or she has with a particular mental disorder. For example, one can interpret fatigue symptoms with depressive symptoms because that interpretation relies on schematic mindsets regarding the individual's understanding of depression. This schematic mindset can lead to self-fulfilling prophecy which refers to what a person believes about himself (or what others believe about him) will affect positively or negatively, depending on expectations of the individual (Vanderlaan, 2011).

The diagnosis of an individual, both positive and negative, is influenced by the self-concept that a person has of himself. Self-concept is a general term used to refer to the way a person thinks about himself (Rashid et al., 2015). Self-concept can be defined as an individual's beliefs about himself, including the attributes of that person and who and what that self is

(Baumeister, 1999), and what a person believes to be true about himself or herself (Forgas & Williams, 2002). More comprehensively, Pudjigjoyanti (1988) states that self-concept is formed from two components, namely the cognitive component and the affective component. The cognitive component is an individual's knowledge of his or her state of state, for example, in the context of self-diagnosed thinking that "I have a mental disorder" is considered a state of self. Thus, the cognitive component is an explanation of "who I am" that will give an individual a picture of himself. While the affective component is an individual's assessment of himself, the assessment will then form self-acceptance and self-esteem in individuals. In this case, self-diagnosis can affect a person's perspective or judgment about himself, while self- concept can also affect how a person understands the diagnosis and the information he receives related to mental states both positively and negatively. If the cognitive component that is formed is "I have a mental disorder" due to self-diagnosed, the individual will form a self- concept that he really has a mental disorder. Meanwhile, self-assessment as an affective component can also be influenced by self-diagnosis carried out by an individual. It should be understood that a person's perception of himself can influence the ways of acting and his actions can affect the way a person views himself (Shavelson et al., 1976). Therefore, the fundamental problem with self-diagnosed behavior is that the possibility of a diagnosis without the professional resources given to the individual is invalid. However, the diagnosis is understood as something that actually happened. In addition, another concept that correlates with self-diagnosis can be internalized by an individual is the concept of self-labeling. In self-diagnosed, the most visible characteristic is labeling oneself as having a mental disorder based on the information obtained. The labeling process can occur through self-diagnosis due to self-awareness efforts where individuals more easily label themselves as people who have mental health problems (Foulkes &; Andrews, 2023). Self-labeling involves inappropriate mental health-related concerns based on symptoms that indicate a serious mental health condition and consider oneself to have it (Balakrishnan &; Akshaya, 2023). The internalization that an individual has a mental disorder due to self-diagnosed tends to be the influence of labeling that constructs that the individual is affected by a mental disorder, even though its validity still needs to be questioned.

Meanwhile, based on another study related to self-diagnosis conducted by Maskanah (2022) in a journal entitled "The Phenomenon of Self-Diagnosis in the Covid-19 Pandemic era and its impact on Mental Health" with respondents, namely four respondents of psychology students of UIN Sunan Gunung Djati Bandung, details of the results were found which were divided into several aspects as follows:

1. Background of *self-diagnosed*

Respondents were self-diagnosed after seeing references obtained from social media and the internet such as Google search pages. The mental health disorders behind self-diagnosis are: insomnia, bipolar, typhus, personal distress, and Covid-19. The increasing access to information and the development of social media are highly correlated with the phenomenon of self- diagnosed. This can happen because the large number of online sources of information related to diseases and health disorders opens up much greater access for an individual to self-diagnose (Lupton &; Jutel, 2015). A self-diagnosed individual can use the internet as a reference to find out or diagnose mental health problems he or she is experiencing. Accessing

information through the internet can be based on feelings of pressure or anxiety related to health conditions, therefore internet access is the answer for the purpose of diagnosing yourself or getting certainty (White &; Horvitz, 2009). Health concerns, which in this context constitute mental health, make people tend to rely on the internet for certainty, but there is no guarantee regarding their response and perception of it because web-based results are not designed to offer certainty to users (Hullur et al., 2020). This uncertainty can encourage self-diagnosed behavior, because an individual does not get accurate validation of the problem. Another thing that becomes a problem in searches related to mental health disorders on the internet is the credibility of information and diagnoses that are not based on professionals such as psychologists, psychiatrists, and doctors. Internet searches related to medical or health problems if it is a severe stage are called cyberchondria. Cyberchondria is a pattern of excessive internet searches for medical or health-related information characterized by searches that are compulsive, difficult to resist, and have the goal of seeking reassurance and initial help, if obtained, through online searches that last only a short time and anxiety or distress usually worsens during this search and continues thereafter (Vismara et al.,   2020: 7) However, searching for symptoms of mental disorders on the internet does not entirely have negative connotations if done wisely and supported by good mental health literacy. Easy accessibility in the use of the internet allows individuals to get information about the symptoms they experience, thus helping early detection of mental health diseases (Ryan &; Wilson, 2008). This relates to help-seeking behavior that can be done by seeking help through the internet related to disorders or mental symptoms experienced by a person. Help seeking behavior is a form of seeking help to deal with mental health problems (Rickwood et al., 2012). The internet as a source of information provides another alternative to access treatment and assistance related to mental problems, facilitates the process of seeking help to the next stage, and can influence the way individuals form attitudes to seek help (Pretorius et al., 2019). The process in help- seeking proposed by Rickwood et al (2005) includes: 1) Awareness: being aware of symptoms and making judgments that help may be needed, 2) Expressions: expressing symptoms experienced and needing help or support, 3) Availability: knowing the available and accessible sources of help, and 4) Willingness: the willingness to express their difficulties to selected and available sources is the final step. However, help-seeking behavior can only occur if accompanied by good mental health literacy. If this can be achieved, then self-diagnosis can motivate more people to seek help (Atlas, 2018).

2. Reasons for self-diagnosis

Respondents were self-diagnosed because they felt curious about their condition, felt confused, a lot of pressure, could not contain negative emotions, and because they felt the same or similar symptoms. Curiosity as a reason or factor that influences self-diagnosis is in accordance with the statement of Gumara et al (2023) which states that curiosity is one of the factors that drive self-diagnosed behavior. This is done to match the symptoms owned with existing references. Curiosity is defined by George Loewenstein (1994) as a deficiency caused by cognitive that arises from the perception of gaps in knowledge and understanding. This curiosity or curiosity is a form of intrinsic motivation or drive (Oudeyer et al., 2016). The intrinsic drive or intrinsic motivation is defined as the drive to do something because the activity provides satisfaction or reward for oneself (Deci, 1975). So it can be understood that

self-diagnosed behavior due to curiosity forms the construction that an individual lacks understanding related to the disorder or mental symptoms he feels. This is in line with research conducted by Ismail et al (2023) which shows that knowledge related to mental disorders is a risk factor for self-diagnosed behavior. Respondents who feel curious about their condition, have an inner urge to find out about their mental condition due to lack of understanding or knowledge. Meanwhile, confusion is an indication that an individual does not have the knowledge needed to be able to understand the feelings or symptoms felt. This makes one of the driving factors for self-diagnosis and search for symptoms on the internet is due to a lack of understanding related to mental health issues. While another driving factor is the increasing self-awareness which is characterized by the fact that respondents have realized that they are experiencing pressure and negative emotions. Foulkes & Andrews (2023) state that as self-awareness increases and awareness-raising efforts increase, the rate of self-diagnosis will also increase. Self-awareness is self-awareness that represents a person's capacity to make himself an object of attention by actively identifying, processing, and storing information about himself (Morin, 2012). Self-awareness helps a person identify symptoms or feelings that are owned related to mental health issues, but because of this a person is encouraged to find out about the disorder he is experiencing.

3. Impact of self-diagnosis

One respondent stated that self-diagnosis did not have a bad impact on his mental health, while the other three respondents stated that self-diagnosis had a bad impact on his mental health. The adverse effects on mental health include stress and stress due to self-diagnosis, excessive anxiety, and feeling afraid if the diagnosis becomes a reality even with the awareness that the results of the diagnosis are not necessarily correct. The adverse impact of self-diagnosis on an individual is the onset of anxiety. This relates to the schematic mindset in self-diagnosed individuals. Salkovskis & Warwick (1986) state that an individual may develop schemes related to health threats that make them see symptoms or bodily sensations in a more negative light. This factor is one of the factors that contribute intricately to the tendency to self-diagnose, as well as amplify anxiety in self-diagnosed individuals, leading to a cycle of negative thoughts and behaviors (Alfayez, 2023). Furthermore, anxiety can occur because self- diagnosis does not provide certainty for the disorder that the individual is experiencing. This is because self-diagnosis is still a diagnosis taken not based on validation from professionals. This cycle of anxiety then develops into anxiety about the realization of a diagnosis perceived by an individual. Anxiety if the diagnosis can become a reality is a form of anxiety about self- fulfilling prophecy. Self-fulfilling prophecy is a phenomenon in which inaccurate beliefs about an individual either by oneself or others can cause those beliefs to come true (Biggs, 2011).

The research conducted by Ahmed & Stephen (2017) "Self-diagnosis in Psychology Students" found that self-diagnosis has an impact, especially on students majoring in Psychology in several aspects, including:

1. Cognitive Impact

The main impact in this aspect is to create a state of confusion characterized by the subject feeling unsure whether he really has a mental disorder. The subject showed concern and

confusion because the condition did not meet all the diagnostic criteria. When this happens on an ongoing basis, it creates a state of excessive alertness so that an individual begins to make more or extra efforts not to behave in a way that shows symptoms in a disorder. There is another dominant cognitive impact, namely the inability to focus or concentrate. This makes the subject unable to focus academically which then impacts his academic life. Another cognitive impact is the perception of morbidity which refers to the perception that the subject has an incurable disorder. Such perceptions bring feelings of hopelessness and distress.

2. Affective Impact

Based on the results of the data obtained, a very clear and easily obtained impact is the physical and emotional stress caused by self-diagnosed. The process was acknowledged to cause distress by half the subjects in the interview. The subject explained that in the process, self-diagnosis drains energy and emotions and causes anxiety to some degree accompanied by a sense of distress. Another impact caused by self-diagnosis is distress due to worries about the future, because self-diagnosed is very future-oriented. Subjects worry about future disruptions that are believed to affect them, i.e. related to academic prospects. The subject also stated that in activities that are usually enjoyed there is an inability to focus. This according to the subject's confession is the result of the tendency to "dissect, reconstruct and relate to" with himself.

3. Behavioral Impact

Based on almost all sample results, there is one negative effect related to behavior, namely social maladaptation. One of the subjects with the initials R.G in a social context explained that when people are in a state of stress due to exam results, subjects worry about behaving the same (stress due to exam results) because it can cause negative thought patterns in themselves. This prompted the opposite reaction, "forced optimism" and was done consciously in an attempt to prevent him from behaving the same as those around him. The optimism imposed according to the subject causes social repercussions, that is, friends who feel resentful at the subject and make it look like a person who behaves falsely. Other impacts include doubts about social interactions due to self-diagnosis that shape these perceptions, as well as the development of unhealthy behaviors such as smoking, overeating, and drinking alcohol to reduce feelings of distress due to self-diagnosed.

4. Positive Impact of *Self-diagnosed*

Self-diagnosis is usually correlated with a negative outlook. However, the results in the study found that self-diagnosis also has a positive impact. More than half of the subjects stated that self-diagnosis was beneficial in certain academic aspects. One of the subjects with the initials CJ revealed that self-diagnosed put him in the position of experiencing certain symptoms, so that learning diagnostic criteria becomes easier. This is because CJ can reevaluate himself who has been in the position of the individual who experienced the disorder. Self-diagnosed is also a learning technique by comparing symptoms with behavioral characteristics experienced by each individual. In addition, self-diagnosis motivates the NG subject to learn more about the disorder, as well as arousing curiosity about himself. However, there is a role for personal factors related to the positive impact of being diagnosed for academic aspects where the positive impact remains dependent on how an individual

perceives self- diagnosed. Because, in the results of the study there are also subjects who consider self-diagnosis detrimental to academics. Furthermore, subjects with the initials MB consider that the process of self-diagnosis and knowledge related to mental disorders is academically beneficial. Once the symptoms of a particular disorder have been understood and compared with diagnostic criteria, it will not cause as much stress as individuals who do not have such reflective knowledge. However, this can happen if the disorder is really experienced.

The Relationship of Mental Health Literacy with Self-Diagnosed

Based on research by Komala et al (2023) in a journal entitled "The Relationship of Mental Health Literacy with the Trend of Self-Diagnosis in Late Adolescents", with respondents of Nursing study program students of Universitas Pendidikan Indonesia level 2 in a population of 165 students through questionnaires, it shows the results that respondents are in the age range between 18-21 years. Based on gender, women obtained a percentage of (82.9%) while men as much as (17.1%). Mental health literacy in most respondents showed a good category of (74.4%) and at least in the very bad category of (1.7%). In self-diagnosed, most are in the strong category (58.1%) and at least in the very low category (5.1%), which means that a small percentage of students know the right mental treatment and avoid self-diagnosed. It can be concluded that most mental health literacy variables are mostly (74.4%) in the "good" category and in the self- diagnosed variable most (58.1%) are in the "strong" category. It shows that there is still a tendency for students to self-diagnose even when mental health literacy is already in the good category. This can be interpreted that good mental health literacy does not guarantee an individual to be self-diagnosed.

There is still a phenomenon of self-diagnosis even though the level of health literacy shows at a good level, showing that mental health literacy has not been interpreted as an effort to prevent and recognize mental health and disorders that can come to it. Mental health literacy emphasizes knowledge, recognition, and efforts to seek help in dealing with problems that affect mental health, not to diagnose personally without awareness to seek professional help. This is supported by the statement of Jorm (2012) which affirms that mental health literacy is not just having knowledge such as knowledge related to abnormal psychology (mental disorders), but knowledge related to possible actions to benefit one's own mental health or the mental health of others. The outline of mental health literacy that needs to be understood is that mental health literacy refers to knowledge and beliefs about mental disorders with respect to the introduction, management, and prevention where individuals with high mental health literacy, know where to go for help and information, and understand that mental health problems can and should be treated (Tambling et al., 2021). The evolving definition of mental health literacy in the field of health should include four components: 1) understand how to obtain and maintain positive mental health, 2) understand mental disorders and their treatment, 3) reduce stigma associated with mental disorders, and 4) increase the search for help (Kutcher et al., 2016). By paying attention to the components and understanding related to good mental health literacy, self-diagnosed praxis behavior can be reduced by mental health literacy wisely. This is because self-diagnosing individuals often have inaccurate or incomplete knowledge of mental health conditions. Therefore, in an effort to prevent self-diagnosed behaviors that can be potentially bad for mental health, it is necessary to integrate

understanding related to good mental health literacy. Good mental health literacy parameters are not enough just to recognize disorders alone without a component of awareness to manage problems (Lam, 2014). In addition, individuals with high levels of literacy related to mental health tend to have better attitudes towards other individuals with psychological disorders (Hartini et al., 2018).

Low mental health literacy is also correlated with the phenomenon of self-diagnosed. In a study conducted by Ismail et al (2023) found that mental health literacy plays an important role, because self-diagnosis is a significant risk factor for poor knowledge, bad attitudes towards people with mental disorders, and stereotypes and stigma caused by self-diagnosis . Low mental health literacy is caused by an individual's lack of knowledge regarding the ability to understand or read information about mental health and appropriate handling (Mardliyyah &; Asyanti, 2022). Furthermore, low mental health literacy not only means that an individual has little or no evidence-based knowledge about mental illness or its treatment, but also means that the knowledge and beliefs possessed may come from other sources such as cultural beliefs and personal beliefs (Ganasen et al., 2008). With regard to self-diagnosed, an individual who is self-diagnosed may use information that is not necessarily accurate due to incomplete knowledge related to his mental condition. This can occur due to a lack of mental health literacy, so that the information used is not chosen or understood wisely. It should also be understood that poor mental health literacy is a substantial barrier to health care-seeking behavior and correlates with barriers to knowledge, fear and distrust of treatment services, and stigma against mental health (Hurley et al., 2019). Therefore, it can be understood that the role of good mental health literacy can reduce the risk of ignorance related to mental health and mental disorders, but also increase good behavior towards individuals with mental disorders obtained due to self-diagnosed. Meanwhile, low mental health literacy is associated with lack of knowledge and search for appropriate information related to mental health and disorders. Mental health literacy can also improve help-seeking behavior, so the potential for mismanagement due to self-diagnosis can be minimized.

Efforts to Improve Mental Health Literacy

Based on a series of results that have been obtained from various sources, mental health literacy plays an important role in the context of self-diagnosis, namely increasing betterunderstanding in order to manage existing information without self-diagnosing. If people want to eradicate the self-diagnosed phenomenon, they need to be more aware of mental health issues and improve mental health literacy (Gobel et al., 2023). Therefore, efforts to increase mental health literacy really need to be done. This is supported by the opinion of Jorm (2012) who states that mental health literacy interventions are focused on increasing understanding of mental health and promoting positive mental health behaviors, such as seeking help, as well as reducing negative attitudes towards mental illness. As for being able to improve mental health literacy according to Kelly, Jorm, & Wright (2007) as follows:

1. Intervention by the Whole Community (Society)

Conducting public awareness campaigns to increase public knowledge and attitudes related to mental disorders such as depression and related conditions. This activity is also supported by the distribution of posters, pamphlets, postcards, websites containing

information, television advertisements, advertisements in print media, and educational videos related to issues of mental disorders such as depression. Furthermore, the public needs to be educated to increase knowledge related to mental health disorders and reduce stigma against mental disorders. This can be done by conducting information sessions about mental illness as well as providing a personal perspective.

2. Community Interventions Targeted at Young People

Conduct activities to improve mental health literacy and help-seeking behavior or seek help related to mental disorders such as depression and psychosis in young children. This can be done by means of awareness-raising campaigns through cinema (film) facilities, radio and newspaper advertisements, websites and information telephone lines, as well as close relationships with community service providers.

3. School-Based Interventions

Improve mental health literacy and reduce social distancing in schools by conducting mental resilience improvement programs, mental health literacy curriculum, and mental health information counseling for communities in schools. As for reducing stigmatizing attitudes towards mental issues and increasing help-seeking behavior, sessions that provide information and awareness can be carried out at school.

4. Individual Training Program

Conduct activities on mental health first aid to raise awareness about mental health issues, teach to offer help and support to people with mental health problems, and increase the search for help through facilitation by relevant individuals. It is actualized through courses that teach the introduction, causes, risk factors, and treatments for mental disorders such as depression, anxiety disorders, psychosis, substance use disorders, and related crises. Other activities that can be done are suicide intervention projects to train peer support, especially in the University environment to be able to recognize emotional distress in fellow students, become friends who can make others comfortable talking about their feelings, and know when to suggest using services.

CONCLUSION

Self-diagnosed is a phenomenon motivated by internal factors such as low levels of mental health literacy, levels of self-awareness, self-concept, and self-labeling that occur in the self-diagnosed process. Self-diagnosis not only has a negative impact, but has positive impacts such as academic improvement and seeking help. While self-diagnosed external factors include increasingly rapid information. Self-diagnosed has a correlation with mental health literacy where mental health literacy can reduce self-diagnosed behavior by providing knowledge related to mental health issues. However, this can happen if mental health literacy is done wisely and effectively. As the results show that good levels of mental health literacy alone are not enough to eradicate self-diagnosed behavior. Therefore, interventions related to wise and effective mental health literacy still need to be carried out. The literature related to self- diagnosed mental health issues is still limited and there is a gap in research related to whether self- diagnosis primarily online has a negative or positive impact on an individual.

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