

Determinants of intentions to seek formal mental health help among Palestinian adolescents in Israel

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Abstract

Background: Mental health challenges are widespread among adolescents undergoing significant physical, emotional, social, and academic changes. However, rates of formal help-seeking remain low, particularly among those from ethnic minorities.

Aims: This study investigated the determinants of intentions to seek formal mental health help among Palestinian adolescents in Israel, focusing on mental health literacy (MHL) and trust in formal sources of information.

Methods: A total of 178 adolescents (Mage = 16.24 ± 1.24 years, 61.8% female) completed measures assessing intention for formal help-seeking, psychological distress, MHL, trust in formal sources of information, sociodemographic, and clinical characteristics.

Results: Findings revealed low levels of intention to seek formal help and psychological distress, alongside average or above-average levels on all MHL dimensions and trust in formal sources for information. Our analysis identified socioeconomic status ($\beta = .17, p < .05$), psychological distress ($\beta = .18, p < .05$), trust in formal sources of information ($\beta = .28, p < .001$), and two MHL dimensions: knowledge of where to seek information ($\beta = .25, p < .01$) and attitudes that promote recognition or appropriate help-seeking behavior ($\beta = .16, p < .05$) – as the main determinants of intention for formal help-seeking.

Conclusions: This study underscores the critical role of trust in formal sources of information and MHL in seeking formal help among adolescents from ethnic minorities. Interventions aiming to improve access to mental health-related information, address and enhance attitudes, and foster trust in formal professionals and institutions may contribute to an increased tendency for formal mental health help-seeking among this population and others.

Keywords

Adolescents, mental health literacy, formal help-seeking, minorities, Palestinians, Arabs, Israel

Adolescence is a pivotal phase marked by significant physical, emotional, social, and academic changes. These transformations are crucial in exacerbating mental health issues and increasing susceptibility to the onset of mental disorders (Lee et al., 2014). According to the World Health Organization (WHO, 2021), it is estimated that 14% of adolescents worldwide deal with mental health conditions, constituting 13% of the global disease burden within this demographic (WHO, 2021). The concern for the mental well-being of young individuals, especially adolescents, has gained considerable attention, particularly during the COVID-19 pandemic. This heightened focus is a direct response to the noticeable upsurge in mental health challenges experienced by adolescents during and following this period (Nearchou et al., 2020; Thorisdottir et al., 2021).

Mental health challenges can exert profound adverse effects on the social, emotional, and academic development of adolescents, leading to issues such as learning difficulties,

school dropout, relationship problems, an elevated risk of substance misuse, and even suicidal behavior (Bentley et al., 2016; Hossain et al., 2022; Patel et al., 2018; Radez et al., 2021). Addressing mental health issues in adolescents is

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paramount for averting these negative consequences (Reynolds et al., 2012) and curbing enduring economic burdens in the long term (Mutymbizi-Mafunda et al., 2023). Nonetheless, many adolescents with mental health problems often go unrecognized and untreated (WHO, 2021). Over 50% of adolescents experiencing mental distress do not access the necessary treatment (Ghafari et al., 2022). This issue is even more pronounced among adolescents from marginalized backgrounds, particularly ethnic minority groups, including the Palestinian minority in Israel (U. Mansbach-Kleinfeld & Daeem, 2019; Marrast et al., 2016).

The largest ethnic minority in Israel is the Palestinian Arab community, constituting 21.1% of the total Israeli population, while the majority in Israel is the Jewish population (Central Bureau of Statistics, 2023; CBS). Members of the Palestinian minority are predominantly Muslim, comprising smaller Christian, and Druze communities (A'li, 2019). Unlike Palestinians in the West Bank and Gaza, they possess Israeli citizenship. Most reside in specific areas, exclusively Arab towns and villages, while approximately 8% live in mixed Jewish-Arab cities. According to the 2023 data from CBS, 40% of the Palestinian minority are children younger than 18 years of age, with approximately 200,000 adolescents falling within the 14 to 18 age group. A closer examination of the characteristics of Palestinian Adolescents in Israel, as per the 2021 Statistical Report on Arab Society in Israel, reveals significant disparities. Notably, 45.3% of them live below the poverty line, while this figure is markedly lower at 13.4% for Jewish minors. Furthermore, a substantial divide becomes evident in the annual budget allocated by the Ministry of Education to students, with a pronounced disparity, particularly in high schools. Arab schools face a shortfall of 2,416 classrooms, compounding the educational challenges. Though there has been a modest decrease in the school dropout rate among Palestinian students, currently at 2.2%, the concealed dropout rate remains notably higher at 6.4%. Positive trends are discernible in matriculation eligibility rates among Palestinian students; however, a gap persists when comparing them to their Jewish counterparts, with an eligibility rate of 63% (Haddad Haj-Yahya et al., 2022).

Research on mental health epidemiology within the Palestinian minority, primarily focusing on adolescents, remains notably limited (U. Mansbach-Kleinfeld & Daeem, 2019). However, insights from the Israel Survey of Mental Health among Adolescents suggest that Palestinians exhibit higher internalizing behavior problems and lower externalizing behavior problems than their Jewish counterparts (Farbstein et al., 2010). Furthermore, The Galilee Study found that Muslim Palestinian minority adolescents in Israel reported prevalence of any mental health disorder, internalizing disorders, and externalizing disorders at 19.2%, 15.8%, and 4.2%, respectively (Daeem, Mansbach-Kleinfeld, Farbstein, Goodman, et al., 2019).

The findings from the Israel Survey of Mental Health among Adolescents highlight a significant disparity in the utilization of mental health services, particularly between Jewish and Palestinian adolescents, with the latter group facing pronounced disadvantages (I. Mansbach-Kleinfeld et al., 2013). In 2011, 49.9% of Jewish adolescents needing mental health care received treatment at public mental health clinics, while only 19.8% of Palestinian children could access such services (I. Mansbach-Kleinfeld et al., 2013).

This disparity in help-seeking can be attributed to several factors, with the primary factor being the imbalance in the availability of public mental health clinics and professionals between the Palestinian and Jewish populations in Israel. As of 2013, only three Palestinian child and adolescent psychiatrists and 350 Palestinian clinical psychologists were registered and offered services in Israel (I. Mansbach-Kleinfeld et al., 2013). According to a study by Daeem, Mansbach-Kleinfeld, Farbstein, Goodman, et al. (2019), the foremost barriers to seeking help among Palestinian adolescents were related to accessibility and availability of culturally and linguistically appropriate services. Closely following were barriers associated with concerns that treatment could have detrimental consequences and fears of possible reprisals by authorities. Stigma was identified as a significant obstacle to seeking help taking the fourth position and was accompanied by apprehension and distrust in professionals (Daeem, Mansbach-Kleinfeld, Farbstein, Apter, et al., 2019).

A contributing factor to the gap between the need for mental health treatment and help-seeking behaviors among adolescents, which, to the best of our knowledge, has not been examined among Palestinians, is mental health literacy (Abo-Rass et al., 2023; Renwick et al., 2022; Seedaket et al., 2020). Mental health literacy (MHL) is defined as 'the knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention' (Jorm et al., 1997, p. 182). According to the conceptual framework of Jorm (2000), MHL comprises six dimensions: the ability to recognize disorders, knowledge of risk factors and causes, knowledge of self-treatment, knowledge of professional help available, knowledge of where to seek information, and attitudes that promote recognition or appropriate help-seeking behaviors.

Based on a systematic review conducted by Radez et al. (2021), encompassing 53 studies, it was determined that limited mental health knowledge, representing low MHL, and attitudes of help-seeking such as favoring self-reliance in problem-solving are the primary barriers to seeking professional help among adolescents (Radez et al., 2021). The evidence also suggests that high MHL can mitigate the adverse consequences of adolescent mental health issues (Wei & Kutcher, 2014; Yamaguchi et al., 2020). Additionally, positive MHL has been associated with increased well-being and reduced adolescent depression (Bjørnsen et al., 2019; Lam, 2014).

Another aspect not explored among Palestinian adolescents in Israel is their trust in formal sources of information and its association with help-seeking. This is noteworthy because the rapport with professionals and formal health-care institutions, including the level of trust in the information they provide, is a key factor affecting formal help-seeking behavior among adolescents (Radez et al., 2021). Trust in formal sources of information plays a crucial role in promoting healthy behaviors (Bonanno & Veselak, 2020; Faasse et al., 2020; Figueiras et al., 2021; Tan et al., 2022). However, this relationship can vary in different sociodemographic or sociocultural contexts (Figueiras et al., 2021), underscoring the importance of investigating it within the specific study population. Of note, Israel has a national health insurance system in which health care, including psychiatry, is freely available (with a marginal co-payment for medications). In addition, legislation adopted over a decade ago, ‘The Rehabilitation of Persons with Psychiatric Disabilities in the Community Act’, mandates avenues of inclusion for persons with mental disorders. Thus, Israel constitutes a suitable setting to examine the factors contributing to ethno-national differences in service utilization under relatively favorable and universal health service conditions (Levav & Grinshpoon, 2004; Nakash et al., 2014).

The current study

Based on the above literature review and to bridge the existing knowledge gap, the study aims to examine each MHL dimension among Palestinian adolescents, aligning with Jorm’s (2000) MHL framework and trust in formal sources of information as determinants of intentions to seek formal mental health help.

Method

Sample and procedure

This study involved 178 adolescents who met two specific criteria: being Palestinian-Arab citizens of Israel and between the ages of 14 and 18. Data collection took place between March 2023 and July 2023. Research assistants promoted the study through various social media parent groups to recruit participants. The promotional material provided information about the study, contact details for the researchers, and requested interested parents to contact the principal researcher (first author).

Parents who contacted the first author and consented to have their children participate in the study were sent a link. This link contained information about the study and the questionnaire. Parents were then asked to provide written informed consent for their children’s participation and were directed to share the questionnaire with their children, who were instructed to complete it independently. The questionnaire completed by the adolescents

consisted of several sections. Initially, it explained the study’s purpose and presented contact information for the researchers. A socio-demographic questionnaire, an intention for Formal Help-Seeking questionnaire, a psychological distress questionnaire, a trust in Formal Sources of Information questionnaire, and a mental health literacy questionnaire followed this. Before completing these questionnaires, all participants agreed to participate in the study by clicking the assent button on the questionnaire, confirming their parents’ consent, and affirming that they had received the survey link from their parents. Completing the questionnaire typically required approximately 20 min. The online survey was pretested for clarity with 18 participants, and minor revisions were made following their feedback. The Ethics Committee of Zefat Academic College approved the research protocol.

Measures

Intention for formal help-seeking. The General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005) was used to determine participants’ willingness to seek formal help. The GHSQ asked individuals to rate their likelihood of seeking help from various formal and informal sources if they were experiencing a personal or emotional problem. This study only evaluated the formal sources adolescents turn to for help, such as mental health professionals, teachers, phone helplines, and doctors/GPs. Participants were asked to rate their likelihood of seeking help from each source on a scale of 1 to 7, with 1 indicating ‘extremely unlikely’ and 7 indicating ‘extremely likely’. An overall index was created by averaging the scores of all items. Higher scores indicate a greater likelihood of seeking help from formal sources. In this study, the questionnaire was translated from English to Arabic using a back-and-forth method. The questionnaire demonstrated moderate internal consistency reliability, with a Cronbach’s α value of .68.

Psychological distress. The General Health Questionnaire (GHQ-12; Goldberg, 1972) was used to assess psychological distress. The questionnaire comprises 12 items rated on a 4-point Likert scale. For seven of these items, the scores were reversed. The questions ask respondents to report how they felt recently on a range of variables. Some examples of the items include ‘Have you felt capable of making decisions about things?’ and ‘Have you been able to enjoy your normal day-to-day activities?’. The scores of all items were summed to calculate the overall index using the original scoring method. This resulted in a scoring method of 0, 0, 1, and 1 instead of 1, 2, 3, and 4. The scores range from 0 to 12, with higher scores indicating higher levels of psychological distress. The questionnaire has been previously validated in Arabic (Daradkeh et al., 2001), and in our study, we found that the internal reliability of the scale was high ($\alpha = .79$).

Mental health literacy. The Mental Health Literacy Scale (MHLS; O'Connor & Casey, 2015) was used to assess the participants' mental health literacy. This self-report measure includes 35 items across six dimensions: (1) Ability to recognize disorders (an example item, 'To what extent do you think it is likely that Dysthymia are a category of mental illness'); (2) Knowledge of risk factors and causes (an example item, 'To what extent do you think it is likely that in general in Israel, men are MORE likely to experience an anxiety disorder compared to women'); (3) Knowledge of self-treatment (an example item, 'To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions'); (4) Knowledge of professional help available (an example item, 'To what extent do you think it is likely that **Cognitive Behavior Therapy (CBT)** is a therapy based on challenging negative thoughts and increasing helpful behaviors'); (5) Knowledge of where to seek information (an example item, 'I am confident that I know where to seek information about mental illness'); and (6) Attitudes that promote recognition or appropriate help-seeking behavior (an example item, A mental illness is a sign of personal weakness'). All items related to dimensions (1), (2), and (4) were rated on a four-point Likert scale: from 1 (*very unlikely*) to 4 (*very likely*). The items in the third dimension were also rated on a 4-point Likert scale: from 1 (*very unhelpful*) to 4 (*very helpful*). Finally, items in dimensions (5) and (6) were rated on a 5-point Likert scale: from 1 (*strongly disagree*) to 5 (*strongly agree*). For the present study, the items in each dimension were summed, with a higher score in each of the six representing a higher level of that aspect of MHL. The scale was translated into Arabic using back translation, and the Arabic version demonstrated high internal consistency reliability for dimensions (1), (4), (5), and (6), (Cronbach's $\alpha = .82, .64, .80, \text{ and } .72$ respectively). In dimensions (2) and (3), a significant correlation was found between the two items of each ($r_s = -.27$ and $-.46$, respectively; $p < .001$).

Trust in formal sources of information. Two questions from the Health Information National Trends Survey (HINTS; Nelson et al., 2004) were used to assess trust in formal sources of information. These questions measured how much participants trusted information from formal health institutions and professionals. Responses were rated on a scale from 1 (no trust at all) to 4 (complete trust). An average score of the items was calculated to determine the overall index, with higher scores indicating greater trust in formal sources of information. The scale was translated to Arabic through a back-and-forth method, and a significant correlation was found between the two items ($r_s = .57$; $p < .001$).

Sociodemographic and clinical characteristics. The sociodemographic and clinical questionnaire referred to age, gender, residence area (North, Central, South), subjective socioeconomic status (one item: 'Please rate your assessment of your and your family's socio-economic situation on a scale from 1 to 10, where 1 represents the lowest and 10 represents the highest'), and Hebrew proficiency (Don't know/poor, average, excellent). In addition, participants reported whether they had a current or past diagnosis of mental illness (Yes, No), or participated in mental health treatment (Yes, No).

Statistical analysis

All data were coded and analyzed using SPSS-25. Descriptive statistics were used to depict the participants' characteristics and main variables. Pearson correlations and *t*-tests were used to examine associations between the sociodemographic variables, trust in Formal Sources of Information and MHL variables, and between intention for formal help-seeking. A hierarchical multiple regression analysis was used to examine the determinants of intention for formal help-seeking. To assess for multicollinearity, we examined correlations between all covariates and found no strong associations (i.e. $r < .29$).

Results

Description of the sample

The sociodemographic and clinical characteristics of the participants are presented in Table 1. The mean age of the participants was 16 years ($SD = 1.24$). A majority of the participants were female (61.8%) and resided in the Central area of Israel (51.7%). Additionally, a significant proportion of the participants indicated that they had not been diagnosed with any mental illness (92.1%) or received any prior mental health treatment (87.1%). They did report a mean score of 3.55 in psychological distress ($SD = 2.71$; Range 0–12). Nearly half of the participants had an average level of proficiency in Hebrew (46.3%) and reported moderate to high levels of socioeconomic status.

Intention for formal help-seeking, mental health literacy, and levels of trust in formal sources of information

Table 2 lists the mean, standard deviation, and possible range of Intention for Formal Help-Seeking, MHL dimensions, and Trust in Formal Sources of Information. Participants reported a slightly lower-than-average intention to seek formal help. Specifically, the intention to seek help from mental health professionals received the highest

Table 1. Participants' sociodemographic and clinical characteristics.

	Entire sample (N = 178)
Age M (SD)	16.24 (1.24)
Gender n (%)	
Male	68 (38.2)
Female	110 (61.8)
Residence area n (%)	
North	72 (40.4)
Central	92 (51.7)
South	14 (7.9)
Subjective socioeconomic status	6.54 (1.91)
Hebrew proficiency n (%)	
Don't know/poor	67 (37.6)
Average	86 (46.3)
Excellent	25 (14)
Mental illness n (%)	
Yes	14 (7.9)
No	164 (92.1)
Mental health treatment n (%)	
Yes	23 (12.9)
No	155 (87.1)
Psychological distress M (SD)	3.55 (2.71)

average score (Mean [*SD*]=4.34 [2.18], Range: 1–7), followed by phone helplines (Mean [*SD*]=3.16 [2.11], Range: 1–7), and teachers (Mean [*SD*]=2.24 [1.74], Range: 1–7), and finally, the family doctor (Mean [*SD*]=1.88 [1.63], Range: 1–7). Furthermore, participants reported medium or above-medium levels in all MHL dimensions and in Trust in formal sources for information.

Determinants of Intention for Formal Help-Seeking

The results of hierarchical multiple regression analysis predicting Intention for Formal Help-Seeking are shown in Table 3. In the first step, sociodemographic and clinical variables found significantly related to formal help-seeking at the bivariate level were included as control variables. These variables were subjective socioeconomic status ($r=.24$, $p<.001$), psychological distress ($r=-.24$,

$p<.001$), and mental illness diagnosis ($r=-.18$, $p<.05$). As can be observed, sociodemographic and clinical characteristics explained 9% of the variance in formal help-seeking. The second step included trust in Formal Sources of Information, which was significantly related to formal help-seeking ($r=.37$, $p<.001$). This step explained an additional 7% of the variance in intention for formal help-seeking. Lastly, the third step included all MHL dimensions found significantly related to formal help-seeking, which were the Knowledge of where to seek information ($r=.39$, $p<.001$) and Attitudes that promote recognition or appropriate help-seeking behavior ($r=.25$, $p<.001$). With the addition of the two significant dimensions of MHL, Cox R^2 was .25, indicating that the estimated model explained 25% of the variation of intention for formal help-seeking. The full regression model was significant ($F[6,159]=10.18$, $p<.001$), indicating that having higher socioeconomic status ($\beta=.17$, $p<.05$), lower psychological distress ($\beta=.18$, $p<.05$), higher trust in Formal Sources of Information ($\beta=.28$, $p<.001$), higher Knowledge of where to seek information ($\beta=.25$, $p<.01$), and higher attitudes that promote recognition or appropriate help-seeking behavior ($\beta=.16$, $p<.05$) were the most important determinants of intention for formal help-seeking.

Discussion

In this study, we explored the determinants of intention for formal help-seeking among Palestinian adolescents in Israel, specifically focusing on MHL and trust in formal sources of information. The findings shed light on several noteworthy aspects.

First, despite the expectation of higher psychological distress among Palestinian adolescents due to their status as an ethnic minority, our study participants reported low levels of psychological distress. This aligns with previous studies (Berger et al., 2020; Madjar et al., 2021) and prompts consideration of the tools employed. It is plausible that the tools, such as the GHQ-12, may lack cultural validity to effectively capture the nuances of psychological distress within the Palestinian minority context. While the GHQ-12 is widely used (Gelaye et al., 2015), concerns

Table 2. Intention for formal help-seeking, mental health literacy, and levels of trust in formal sources of information.

	Mean (SD)	Possible range
Intention for formal help-seeking	2.90 (1.36)	1–7
Trust in formal sources of information	2.94 (0.80)	1–4
Ability to recognize disorders	20.74 (5.82)	8–32
Knowledge of risk factors and causes	5.33 (1.30)	2–8
Knowledge of professional help available	7.74 (1.89)	3–12
Knowledge of self-treatment	5.32 (1.18)	2–8
Knowledge of where to seek information	12.69 (3.87)	4–20
Attitudes that promote recognition or appropriate help-seeking behavior	55.24 (8.92)	16–80

Table 3. Regression analysis for intention for formal help-seeking (N= 178).

	Formal help-seeking	
	β	Δ adj. R^2
Step 1		.09***
Subjective socioeconomic status	.17*	
Psychological distress	-.18*	
Mental illness diagnosis	-.11	
Step 2		.07***
Trust in formal sources of information	.28***	
Step 3		.09***
Knowledge of where to seek information	.25**	
Attitudes that promote recognition or appropriate help-seeking behavior	.16*	
Total Adj. R^2		.25

* $p < .05$. ** $p < .01$. *** $p < .001$.

persist regarding its cultural utility, especially among minority populations, potentially leading to lower scores (Romppel et al., 2017). In addition, the tendency to somatize distress within Palestinian society further complicates the assessment, emphasizing the need for culturally sensitive approaches in clinical assessments to improve the accuracy of mental health problem identification (Abu-Kaf, 2019; Abu-Kaf & Shahar, 2017; Kang et al., 2018). Moreover, the study participants reported moderate to high levels of parental socioeconomic status rather than low ones, which may account for the sample's observed low levels of psychological distress. This is consistent with existing literature, suggesting that higher socioeconomic status among adolescents is associated with fewer mental problems and better mental well-being (Afroz et al., 2022; Islam et al., 2021; Weinberg et al., 2019).

The moderate to high socioeconomic status observed in the sample, coupled with the fact that over half of the participants are girls, further explains the relatively high levels attained across all MHL dimensions (Attygalle et al., 2017; Bjørnsen et al., 2019). While a recent literature review indicates low MHL among adolescents from low-middle-income countries and marginalized groups (Renwick et al., 2022), our study's findings align with the trend observed among both the public and students in Palestinian society in Israel, demonstrating a medium-to-high level of MHL (Abo-Rass & Abu-Kaf, 2023; Abo-Rass et al., Under review). The high levels of MHL obtained in the sample are encouraging findings, and it may be a result of the fact that half of the workers in the Israeli health system are Palestinians (Association of Public Health Physicians in Israel, 2021) However, efforts should still be directed toward enhancement, as adolescents possess the potential to act as change agencies in mental health within their societies (Attygalle et al., 2017). This becomes especially significant considering the challenges posed by institutional discrimination in accessing

mental health services by Palestinian society in Israel, like their availability and accessibility.

Second, the study found that participants had a lower tendency to seek formal help. Mental health professionals were the most preferred source of help, followed by phone helplines, teachers, and family doctors. These findings indicate that while there is some willingness to seek formal help, there are different preferences for various sources. Developing effective interventions and support systems for Palestinian adolescents in Israel requires a comprehensive understanding of their preferences and needs, as outlined in this study. Most importantly, it highlights the urgent need to increase the number of mental health professionals in Palestinian society, as currently there are few, and the services available are insufficient and lack cultural and social adaptation (Daem, Mansbach-Kleinfeld, Farbstein, Apter, et al., 2019; I. Mansbach-Kleinfeld et al., 2013).

Third, concerning the determinants of intention to seek formal mental health assistance, subjective socio-economic status and psychological distress were found to be significant determinants. While this aligns with Lu et al.'s (2021) conclusion in their systematic review that minority adolescents with higher socio-economic status are more likely to seek formal help, it was unexpected to find that elevated psychological distress is associated with a decreased intention to seek formal help. However, it may be that Palestinian adolescents, like other Palestinian minority groups in Israel, tend to rely on informal support, particularly from family, when experiencing mental health issues (Abo-Rass et al., 2023; Ayalon et al., 2015; Haj-Yahia, 2019). In addition, like other adolescents and Arab groups (Figueiras et al., 2021; Radez et al., 2021; Tan et al., 2022), trust in formal sources of information is a significant determinant of the intention for formal help-seeking among Palestinian adolescents in Israel. This underscores that even among minority groups, trust in

formal sources plays a crucial role in shaping the attitudes and behaviors of adolescents. Therefore, prioritizing efforts to increase trust in formal professionals and institutions as sources of information is essential. This includes respecting their cultural background, ensuring information is presented in their language, and enhancing the visibility and availability of these sources.

Lastly, this study not only confirms the existing findings that MHL is associated with mental health help-seeking among adolescents (Radez et al., 2021; Renwick et al., 2022), but also extends these findings to include racial/ethnic minorities. Two significant MHL determinants of formal help-seeking have been identified. Knowing where to seek information emerges as a crucial factor. This finding is particularly noteworthy as this specific dimension has received less attention in studies involving children and adolescents from marginalized groups compared to the broader global literature (Renwick et al., 2022). Previous studies among the Palestinian general public and Palestinian students in Israel have also indicated a connection between knowledge of where to seek information and formal help-seeking (Abo-Rass & Abu-Kaf, 2023; Abo-Rass et al., Under review). This suggests that the availability of knowledge sources may pose a substantial challenge among Palestinians of all ages, emphasizing the need for action to improve access to mental health-related information. Enhancing the ability to find mental health-related information plays a pivotal role in providing mental health first aid and in reducing disparities in mental health treatment (Jorm, 2012). In addition, the finding regarding attitudes being significantly associated with intention for formal help-seeking behaviors was expected as also found among other groups within the Palestinian minority and other adolescent groups (Aguirre Velasco et al., 2020; Radez et al., 2021). However, our findings underscore the significance of this association, especially within this specific group with its affiliation to the Arab population, where high levels of stigma toward mental health were identified (Zolezzi et al., 2018). This highlights the need for targeted efforts to address and improve attitudes within this group. Although we acknowledge the importance of attitudes, there is a dearth of evidence among adolescents that helps us understand the indirect role of attitudes in help-seeking behaviors (Renwick et al., 2022). Future studies, both among adolescents in general and within our specific study population, should explore the possible pathways between attitudes, beliefs, and mental health help-seeking to better inform interventions and support mechanisms.

Limitations

The study has several limitations that need to be considered. Using a culturally homogeneous sample may limit the generalizability of our findings. The sample comprises

only 7.9% of Palestinian Bedouin adolescents from southern Israel. It is crucial to note that the percentage of Palestinian Bedouin adolescents requiring treatment but not accessing it is alarmingly high at 95.7% (I. Mansbach-Kleinfeld et al., 2013). Consequently, the limited representation of this demographic in the sample may not accurately depict the true extent of the circumstances or conditions related to the mental health or well-being of the study's population. Furthermore, using convenience samples introduces the risk of selection bias, potentially constraining the applicability of the study's findings and conclusions. Specifically, participants in this study may lean toward individuals with a heightened interest and greater knowledge of mental health issues. Given that the data collection took place online, there's also the possibility of preselecting individuals who are frequent Internet users, further influencing the sample composition. Our study design is observational and cross-sectional in nature. Therefore, we cannot establish causal relationships based on our findings. Finally, this study focused on exploring the intention to seek formal help rather than the actual act of help-seeking. As Ajzen (1991) noted, the intention-behavior gap underscores the disparities between individuals' intentions to adopt healthful behaviors and their subsequent actions. Recognizing this concept is vital for comprehending potential gaps between intended and realized health behaviors within minority populations. Future research should delve into the factors influencing the determinants identified in this study concerning the concrete act of formal help-seeking.

Conclusion and implications

Like adolescents from ethnic minorities in other Western countries, Palestinian adolescents in Israel also demonstrated a lower tendency to seek formal help, with mental health professionals being the most preferred source. This study highlights the significance of comprehending adolescents' preferences and underscores the imperative to augment the presence of mental health professionals in Palestinian society. Currently, there is a shortage of such professionals, and the existing services fall short, lacking cultural, and social adaptation – a concern that extends to other minority communities globally.

Our findings contribute to the existing knowledge of the factors influencing adolescents' intention to seek formal help. This is particularly relevant for adolescents from ethnic minorities, emphasizing that sociodemographic and clinical characteristics do not solely determine this intention. Instead, trust in formal sources of information and the MHL dimensions, especially knowledge of where to seek information and attitudes that promote recognition or appropriate help-seeking behavior, emerged as significant determinants of the intention for formal help-seeking. These findings provide valuable insights for professionals


and policymakers, highlighting the imperative for initiatives to enhance access to mental health-related information and targeted efforts to address and improve attitudes, particularly in populations with identified stigma toward mental health. Furthermore, these findings underscore the need to increase trust in formal professionals and institutions. All these actions should be approached with a focus on cultural sensitivity.

While this study contributes to the current understanding of the intention for formal help-seeking, MHL, and trust among adolescents, especially those from non-Western ethnic minorities, we recommend that future studies delve into the indirect role of MHL, attitudes, and trust in shaping help-seeking behaviors. A more nuanced exploration of indirect associations can inform interventions to increase formal help-seeking. Also, future studies specific to our current study population should consider the diversity within the Palestinian minority in Israel. A more focused investigation should be conducted, considering factors such as religious affiliation, area of residence, and socioeconomic status.

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