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Mental Health Stigma and Barriers to Accessing Psychological Services in Urban Communities

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***Abstract*:** *Mental health stigma remains a major obstacle to accessing psychological services in urban communities. This study employs a Systematic Literature Review guided by PRISMA to examine public stigma, self stigma, structural barriers, and digital factors influencing help seeking behaviors. Out of 684 identified publications, 62 articles met the criteria and were thematically synthesized. The findings indicate that stigma is reinforced by cultural norms, social expectations, and gaps in mental health literacy. Economic barriers, limited workforce distribution, and fragmented service systems further restrict access. While digital mental health platforms offer new opportunities, digital inequalities and privacy concerns reduce adoption among vulnerable groups. The study highlights that reducing stigma and improving access require multidimensional approaches involving policy reform, community based interventions, mental health education, and safe, inclusive digital solutions. These findings provide an evidence based foundation for designing systemic interventions to strengthen urban mental health ecosystems in Indonesia.*

Keywords : mental health stigma, psychological service access, telepsychology, urban communities

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INTRODUCTION

Mental health issues have become one of the most significant public health challenges in the last two decades. The WHO (2022) estimates that 1 in 8 people worldwide experience mental disorders, and this number is increasing, especially in urban areas that experience complex social, economic, and environmental pressures. Urbanization creates new dynamics of life characterized by high levels of competition, social isolation, economic inequality, and work pressure. These conditions contribute to an increase in the prevalence of depression, anxiety, and psychological stress disorders. A Lancet Psychiatry report states that people living in urban areas have a 40 percent higher risk of experiencing depressive disorders and a 20 percent higher risk of experiencing anxiety disorders than people living in rural areas (Prasad et al., 2016). In Southeast Asia, accelerated urbanization and social mobility pressures have further exacerbated the psychological vulnerability of urban communities.

Indonesia faces similar challenges. Basic Health Research data shows an increase in the prevalence of emotional mental disorders among adolescents and young adults, with the prevalence of depression and anxiety symptoms reaching 9.8 percent in 2018 and increasing in the post-pandemic period (Indonesian

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Ministry of Health, 2018). A 2023 Ministry of Health report shows that more than 30 percent of urban communities experience unaddressed mental health symptoms, especially in major cities such as Jakarta, Bandung, Surabaya, and Medan. Contributing factors include work pressure, financial demands, high mobility, shifting social norms, and intense exposure to digital media. As urban lifestyles evolve, the need for mental health services increases.

However, access to psychological services remains low, mainly due to deep-rooted stigma in society. Mental health stigma is a major barrier to the utilization of psychological services. Corrigan et al. (2014) explain that stigma arises through negative stereotypes, prejudices, and discriminatory behavior towards individuals with mental disorders. Stigma can take the form of public stigma, self-stigma, and structural stigma.

In Indonesian urban communities, public stigma is often manifested in the assumption that mental disorders are a personal weakness, a lack of faith, or a shameful condition. Meanwhile, self-stigma arises when individuals internalize negative stereotypes, making them reluctant to acknowledge psychological problems. Structural stigma is reflected in the lack of policies and facilities that support mental health services, including limited coverage for psychological services in the health system.

In addition to stigma, another barrier to accessing psychological services is the lack of mental health professionals. Indonesia has only about 2,500 clinical psychologists and 1,100 psychiatrists for a population of more than 275 million. This ratio is much lower than the WHO standard, which recommends a minimum of 1 psychiatrist per 10,000 people (WHO, 2020). The distribution of mental health professionals is also very uneven, with nearly 70 percent of psychiatrists and clinical psychologists concentrated on the island of Java. This makes it difficult for people living in urban areas outside of major cities to access quality psychological services.

Another structural barrier is low mental health literacy. A study by Furnham and Swami (2018) shows that mental health literacy significantly influences the tendency to seek psychological help. Many Indonesians in urban areas cannot distinguish between severe stress and clinical depression or anxiety disorders. This misperception causes many cases to go untreated in the early stages. A UNICEF report (2021) shows that Indonesian urban youth tend to hide psychological symptoms for fear of being perceived as weak or stigmatized by family and peers.

The urban context not only affects the prevalence of psychological disorders but also creates structural barriers to accessing services. High economic inequality in major cities means that psychological services are only accessible to middle- and upper-income groups. Psychological services in private clinics are relatively expensive and are not fully covered by National Health Insurance. As a result, vulnerable groups such as informal workers, migrant workers, and urban adolescents cannot access professional help when facing mental health problems. Research by Forbes et al. (2017) confirms that economic status is one of the strongest predictors of access to mental health services.

Digitalization provides opportunities but also creates new barriers. On the one hand, telepsychology has grown rapidly since the COVID-19 pandemic and is considered a solution to overcome distance constraints. However, research by Altaf et al. (2023) shows that the acceptance of digital services is greatly influenced by internal stigma. Individuals who still view mental disorders as a weakness tend to be reluctant to use digital services because they fear digital traces or being found out by others. In addition, the quality of digital services can vary, and not all platforms have adequate ethical and confidentiality standards.

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Meanwhile, cultural factors also reinforce stigma. In urban Indonesian society, the concept of family honor and social demands to appear strong often make individuals reluctant to admit to psychological problems. A study by Yang & Benson (2016) found that collectivist cultures tend to exacerbate self-stigma because social values place the importance of group harmony above individual needs. This is particularly relevant in the Indonesian context, which still upholds family and community values as the primary social structures.

International studies show that stigma reduces the likelihood of individuals seeking help by up to 60 percent, even when symptoms interfere with daily functioning (Henderson et al., 2018). In Indonesian urban communities, this figure is likely to be higher due to a combination of cultural stigma, lack of literacy, and expensive access to services. These conditions make stigma a structural and psychological barrier that prevents people from getting the mental health services they need.

In terms of public policy, the Indonesian government has launched a National Mental Health Action Plan for 2019 to 2024. However, its implementation is still limited. An evaluation by Andary et al. (2023) noted that policy implementation is highly dependent on regional capacity and political commitment, resulting in uneven coverage across urban areas. Some major cities, such as Jakarta, have developed community health center-based counseling services, but not all cities have the same resources. This creates a significant gap in service access.

Based on these various issues, research on mental health stigma in Indonesian urban communities still has several important gaps. First, research by Forbes et al. (2017) discusses public stigma extensively but does not explain how self-stigma interacts with urban pressures and gaps in service access. Second, the study by Altaf et al. (2023) highlights the barriers to telepsychology but does not link them to factors of digital literacy and economic inequality in urban environments in Indonesia. Third, the research by Andary et al. (2023) assesses the implementation of mental health policies but does not integrate an analysis of the influence of collectivist culture and urban community dynamics on psychological service preferences.

Referring to these gaps, the novelty of this article lies in its comprehensive approach that integrates the dimensions of public stigma, self-stigma, structural inequality, urban context, and digital dynamics in analyzing barriers to accessing psychological services. This article offers an interdisciplinary perspective that has not been widely discussed in previous studies by bringing together social, cultural, economic, and structural factors. With this approach, this study provides an in-depth analysis of how stigma and access barriers interact in shaping patterns of seeking psychological help in urban communities.

The purpose of this study is to systematically analyze how mental health stigma and structural barriers affect access to psychological services in Indonesian urban communities through a Systematic Literature Review approach.

METHODOLOGY

This study uses the Systematic Literature Review method to identify, evaluate, and synthesize scientific evidence related to mental health stigma and barriers to accessing psychological services in urban communities. The SLR method was chosen because it is able to integrate findings from various disciplines such as clinical psychology, public health, urban sociology, and public policy. Using the principles of transparency, replication, and bias reduction, SLR allows researchers to systematically review relevant literature in accordance with the PRISMA 2020 guidelines (Page et al., 2021). This

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approach is particularly relevant given that the issue of stigma is multidimensional in nature, requiring thematic mapping to understand the interactions between individual, social, structural, and cultural factors in Indonesian urban communities.

The article search process was conducted through four major academic databases, namely Scopus, PubMed, ScienceDirect, and Web of Science, as well as a supporting search from Google Scholar for regional literature. The keywords used included a combination of terms such as "mental health stigma," "help seeking barriers," "psychological service access," "urban communities," and "Indonesia," with the use of Boolean operators. The publication time frame was 2013 to 2024 to ensure relevance to modern mental health conditions and post-pandemic urban dynamics. At the initial identification stage, 684 publications were found. After the process of removing duplicates and filtering titles and abstracts, 218 articles were deemed to meet the initial criteria. At the full-text assessment stage, the inclusion criteria applied were empirical research or scientific reviews discussing mental stigma, barriers to psychological service access, or the experiences of urban communities. Opinion pieces, non-scientific articles, and studies without relevance to the urban cultural context were excluded. Through this process, 62 articles were obtained that met the criteria for further analysis.

Data analysis was conducted using thematic narrative synthesis techniques based on the approach recommended by Mays et al. (2020). Eligible articles were grouped into several main themes, namely public stigma, self-stigma, structural inequality, economic barriers, mental health literacy, and the digital technology context. In addition, methodological quality assessment was conducted using the Critical Appraisal Skills Program instrument to ensure scientific validity and rigor. Thematic synthesis was chosen because it is able to consistently combine quantitative and qualitative findings, producing a comprehensive picture of the barriers to seeking psychological help in urban environments. With this approach, the study can provide a comprehensive understanding of how multidimensional stigma affects help-seeking behavior and access to psychological services.

RESULTS AND DISCUSSION

Urban Mental Health Stigma: Social, Cultural, and Psychological Dynamics

Mental health stigma in urban communities operates through mutually reinforcing social, cultural, and psychological mechanisms that significantly influence help seeking behaviors and access to psychological services. Urban environments are characterized by dense populations, high social competition, shifting cultural expectations, and rapid technological influences that shape how individuals perceive mental illness. In many cities, mental health problems are increasingly recognized as common and treatable, yet stigma remains deeply ingrained. Corrigan and Watson (2002) argue that stigma functions through three interrelated components which are stereotypes, prejudice, and discrimination. In urban contexts, these components interact with structural inequalities and cultural narratives that construct mental distress as a personal failure rather than a legitimate health condition. This perception is particularly evident in Asian urban societies, including Indonesia, where collectivistic values emphasize self control, social harmony, and emotional resilience. Yang & Benson (2016) show that collectivistic norms can intensify self stigma because individuals internalize expectations to maintain group stability and avoid bringing shame to the family.

Public stigma in urban communities is sustained by misconceptions about mental illness. Despite growing awareness, many urban residents continue to associate mental disorders with instability, unpredictability, or personal weakness. Studies in high density Asian cities reveal that stigma is often amplified by limited mental health literacy and insufficient exposure to accurate information (Furnham & Swami, 2018). Urban residents may be more exposed to discussions about mental health through digital

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platforms, yet digital information is often fragmented or distorted by misinformation. When public stigma remains strong, individuals with psychological distress fear social judgment, withdrawal of support, or reputational damage, which discourages them from seeking professional help. Henderson et al. (2018) found that individuals living in urban environments experience higher levels of perceived stigma compared with rural populations due to intensified social comparison and a stronger culture of achievement.

Self stigma is another significant barrier for urban populations. Self stigma arises when individuals internalize negative stereotypes about mental illness and apply them to their own psychological experiences. This internalization creates feelings of shame, guilt, and self blame, which reduce motivation to access psychological services. In high pressure urban environments, self stigma is often shaped by the expectation of emotional self sufficiency. Altaf et al. (2023) show that young adults in metropolitan settings often view mental health struggles as an inability to cope with normal stressors. Consequently, many urban residents avoid seeking help because they fear that professional intervention signifies personal inadequacy. This internal conflict is particularly pronounced among adolescents and young adults who inhabit competitive academic and professional environments.

Urban cultural narratives also play an important role in reinforcing stigma. Cities promote ideals of independence, productivity, and personal success. When individuals fail to match these ideals, psychological distress is often interpreted as a lack of perseverance or discipline instead of a legitimate health concern. Prasad et al. (2016) argue that urban narratives of excellence can intensify emotional suppression and reduce help seeking behaviors because individuals prioritize maintaining a socially desirable image. In Indonesian urban communities, cultural expectations intersect with religious and familial norms that emphasize resilience, patience, and acceptance as central virtues. When mental struggles conflict with these values, stigma becomes both cultural and moral.

Structural stigma further shapes help seeking behavior by influencing institutional policies, workforce distribution, and access to affordable mental health services. Structural stigma refers to systemic practices or policies that restrict opportunities for individuals experiencing mental health problems. Forbes et al. (2017) demonstrate that cities with limited investment in mental health infrastructure inadvertently reinforce structural stigma by signaling that mental health is a low priority area. In Indonesia, this is evident in the limited number of psychologists and psychiatrists who are concentrated in major cities. Even within urban areas, the availability of psychological services is often skewed toward private practice, which carries high costs that exclude low income residents.

Urban environments also generate unique psychological pressures that intensify stigma. High cost of living, occupational stress, traffic congestion, and social isolation are recurrent features of modern cities. Research by Prasad et al. (2016) shows that urban stressors increase vulnerability to mental illnesses while simultaneously distorting perceptions of what constitutes normal mental strain. Individuals often normalize chronic stress and emotional exhaustion as unavoidable elements of city life. This normalization discourages early help seeking and increases the severity of untreated symptoms. The combination of stigma, normalization, and internal conflict contributes to delayed treatment and decreased mental health outcomes.

Digital culture plays an important role in shaping stigma in urban contexts. Social media platforms amplify social comparison, while curated digital identities create unrealistic expectations for emotional stability. Young people living in cities are particularly vulnerable to social media driven stigma because they are more active digital users. According to UNICEF (2021), Indonesian adolescents spend an average of seven hours per day on digital platforms, which increases exposure to mental health misinformation and stigmatizing content. Digital spaces can provide supportive communities, yet they

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also perpetuate stereotypes depicting mental illness as dramatic, dangerous, or attention seeking. This paradoxical dynamic creates confusion and ambivalence toward help seeking.

Overall, stigma in urban settings is best understood as a multi layered phenomenon involving interpersonal beliefs, cultural norms, internal conflicts, and structural inequalities. Stigma reduces the willingness to seek formal psychological support, delays help seeking until crises emerge, and contributes to a cycle where unmet mental health needs accumulate. Urban communities therefore require interventions that address stigma holistically by targeting public understanding, personal beliefs, institutional structures, and broader sociocultural narratives.

Structural, Economic, and Systemic Barriers to Accessing Psychological Services in Urban Communities

Access to psychological services in urban communities is shaped by a complex interplay of structural constraints, economic limitations, and systemic weaknesses in the organization of mental health care. Although urban areas generally have better health infrastructure than rural regions, access to mental health services is often inequitable due to cost barriers, uneven workforce distribution, limited insurance coverage, and fragmented service delivery systems. These barriers intersect with stigma and reinforce inequalities in mental health outcomes. Before presenting the analytical table, it is important to contextualize that barriers to access are rarely isolated. Instead, they operate through intertwined mechanisms that limit awareness, availability, affordability, and acceptability of mental health services.

Economic barriers are among the most significant obstacles to accessing psychological services. Mental health care in many urban areas is dominated by private sector providers whose services are priced beyond the reach of low income populations. In Indonesia, psychological consultations are often not fully covered by national health insurance, leading to out of pocket payments that discourage early help seeking. Forbes et al. (2017) found that individuals from lower socioeconomic backgrounds are substantially less likely to seek psychological treatment even when experiencing moderate to severe symptoms. High cost of care exacerbates disparities between middle class and marginalized urban residents, including informal workers, unemployed youth, and migrants.

Structural barriers also contribute to limited accessibility. Despite being relatively resource rich, urban environments often have fragmented mental health services that are not well integrated with primary health care. Many residents do not know where to seek psychological help because mental health units are separated from general health facilities. This fragmentation reduces continuity of care and increases the likelihood that individuals fall through service gaps. Andary et al. (2023) argue that service fragmentation is a systemic weakness in Indonesian cities, where coordination between hospitals, clinics, community centers, and schools remains limited.

Availability of trained professionals is another major constraint. Even in cities, the number of psychologists and psychiatrists is insufficient to meet demand. The majority of professionals operate in private practice, while public health centers often lack specialized staff. Altaf et al. (2023) point out that shortages of mental health professionals increase waiting times and reduce the accessibility of psychological therapy for early intervention. In addition, limited professional diversity, such as the lack of clinical social workers or community mental health teams, restricts the range of services available to urban residents.

Digital barriers add a new layer of inequality. Telepsychology has expanded rapidly, yet its accessibility depends on stable internet access, digital literacy, and trust in online platforms. In urban Indonesia, low income communities often lack private digital spaces necessary for confidential

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https://nawalaeducation.com/index.php/JHH

psychological sessions. Stigma also reduces the likelihood of using digital mental health platforms because individuals fear data breaches or social discovery (Smith et al., 2022).

To synthesize the structural, economic, and systemic barriers, the following table presents the key dimensions affecting access to mental health services in urban contexts.

Table 1. Key Barriers to Accessing Psychological Services in Urban Communities

Barrier Category	Specific Barriers	Impact on Access
Structural	Service fragmentation, uneven distribution of professionals, limited integration with primary care	Reduced availability and continuity of mental health services
Economic	High out of pocket costs, limited insurance coverage, income inequality	Lower utilization rates among low income populations
Systemic	Long waiting times, weak referral pathways, inconsistent policy implementation	Delayed care and reduced treatment adherence
Digital	Low digital literacy, privacy concerns, unequal internet access	Limited telepsychology adoption in vulnerable groups

The table demonstrates that barriers to psychological services in urban communities are multidimensional and mutually reinforcing. Structural barriers limit service availability. Economic barriers restrict affordability. Systemic weaknesses slow down care pathways. Digital inequalities further marginalize populations that could benefit from remote psychological support. Combined with stigma, these barriers create a condition in which a significant proportion of urban residents live with untreated mental health problems despite physical proximity to health providers.

In Indonesia, these barriers are intensified by limited mental health policies at the municipal level. While some cities have developed mental health programs in public health centers, implementation remains uneven. Coverage is lower in densely populated urban fringes, where informal settlements and heterogeneous communities present additional barriers. Additionally, cultural norms interact with structural barriers by reducing willingness to seek help even when services are available. Yang & Benson (2016) note that cultural expectations of emotional restraint and family centered coping methods reduce engagement with professional therapy, particularly among young adults.

Taken together, barriers to psychological services in urban communities reflect deep systemic issues related to policy design, resource allocation, socioeconomic inequality, and digital transformation. Without targeted interventions, these barriers will continue to perpetuate disparities in mental health outcomes.

Digital Mental Health, Community Engagement, and Policy Implications for Reducing Stigma and Improving Access

Digital mental health initiatives and community based strategies are increasingly recognized as essential approaches for reducing stigma and improving access to psychological services in urban settings. Urban environments are characterized by high digital penetration, dense social networks, and diverse community structures that provide opportunities for innovative mental health interventions. Digital mental health tools, including telepsychology, mobile self help applications, online support

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groups, and mental health literacy campaigns delivered through social media, have transformed the landscape of psychological service delivery. These tools allow individuals to receive support more discreetly and flexibly, which is particularly valuable for those who experience stigma or fear social judgment. Altaf et al. (2023) found that anonymity and confidentiality are the primary reasons urban young adults engage with digital mental health platforms, suggesting that technology can serve as a bridge that mitigates public and self stigma.

Despite the potential benefits, digital mental health interventions face several challenges in urban communities. Digital literacy varies significantly across socioeconomic strata. Low income residents may have access to smartphones but lack stable internet connections or the private physical spaces needed for confidential telepsychology sessions. Privacy concerns also remain a major barrier. Some individuals fear that their participation in online counseling could be exposed through data breaches or shared devices, which creates hesitation even when mental health information is urgently needed. Henderson et al. (2018) argue that trust in the mental health system is a critical determinant of help seeking behaviors, and this trust must extend to digital technology. Digital platforms must therefore incorporate strong ethical guidelines, transparent data policies, and culturally relevant messaging to foster user confidence.

Another challenge is the unequal distribution of digital mental health resources across urban populations. While middle class youth may readily adopt mental health apps or teleconsultation services, marginalized groups such as informal workers, domestic migrants, or adolescents living in overcrowded settlements have limited access. UNICEF (2021) reports that digital exclusion in urban Indonesia follows socioeconomic lines, with low income adolescents being significantly less likely to use online mental health resources. This digital divide reinforces existing disparities in mental health outcomes because the most vulnerable populations, who often face the highest levels of distress, are also the least connected to digital interventions. To address this inequity, mental health programs must integrate digital strategies with in person community engagement to ensure broad reach.

Community engagement plays a vital role in addressing stigma and enhancing accessibility. Urban communities often have strong neighborhood networks, religious institutions, and youth groups that serve as channels for mental health advocacy. Community based mental health promotion has been shown to reduce stigma by normalizing discussions about psychological well being and challenging negative stereotypes. Yang & Benson (2016) highlight that culturally grounded community interventions are more effective than generic campaigns because they resonate with local values and social norms. In Indonesia, religious leaders, community elders, teachers, and youth influencers can play influential roles in shaping public attitudes toward mental health. When trusted community figures endorse help seeking, stigma is weakened and individuals feel more comfortable accessing psychological services.

Schools and workplaces are also key environments for intervention. Many mental health problems among urban residents begin during adolescence or early adulthood, making school based mental health programs a crucial preventive strategy. School counselors, peer support groups, and mental health workshops have been shown to improve help seeking intentions among students and reduce self stigma. In urban workplaces, mental health programs that include stress management workshops, in house counselors, or Employee Assistance Programs have been effective at reducing stigma and increasing the likelihood that employees access professional help (McGinty et al., 2019). Given the high stress levels associated with urban employment, such interventions are essential for long term psychological resilience.

Urban policies must also address the structural determinants that shape mental health disparities. Public health planning should integrate mental health into broader social policies, such as affordable housing, safe public spaces, equitable public transportation, and community infrastructure. Prasad et al. (2016) note that poor living conditions, overcrowding, and insecure housing are significant predictors of

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https://nawalaeducation.com/index.php/JHH

urban mental distress. When urban planning fails to account for mental well being, stigma is reinforced because structural challenges produce stress that is then misinterpreted as individual weakness. Policymakers must acknowledge that mental health is not only a medical issue but also a social and environmental one.

To synthesize the multidimensional implications of enhancing digital mental health and community engagement, the following analysis highlights the core elements and potential policy directions. Digital platforms must be designed with user centric features that emphasize confidentiality, cultural sensitivity, and equitable access. Community engagement must involve grassroots actors who can challenge stigma within local cultural contexts. Urban policies must integrate mental health considerations across sectors. Together, these strategies create a multi layered approach to reducing stigma and fostering a supportive environment for help seeking.

A coordinated approach is necessary for success. Digital mental health platforms cannot function optimally when stigma remains unchallenged at the community level. Similarly, community programs cannot reach full effectiveness without support from systemic policies such as insurance coverage, workforce development, and service integration. Global literature shows that countries that combine digital interventions with community mental health systems achieve higher treatment engagement and lower stigma (Zhou et al., 2021). Indonesia can benefit from adopting similar models by expanding public digital health platforms, creating neighborhood based mental health support systems, and establishing mental health promotion units in public spaces such as schools, malls, and transportation hubs.

Overall, digital innovation, community empowerment, and policy reform form the three pillars required to build an accessible and stigma free urban mental health ecosystem. When implemented synergistically, these pillars can significantly improve help seeking behaviors and address long standing structural inequalities in access to psychological services. The evidence suggests that the most effective urban mental health systems are those that treat stigma reduction and access improvement as interconnected challenges requiring integrated solutions.

CONCLUSIONS

Mental health stigma in urban communities arises through interactions between cultural, social, psychological, and structural factors. Analysis in this study shows that public stigma, self-stigma, and structural stigma directly inhibit help-seeking behavior and reduce urban communities' access to psychological services. These barriers are exacerbated by economic inequality, fragmented health services, limited professional staff, and low mental health literacy. Various pressures characteristic of urban life, such as social competition, workloads, and social isolation, reinforce psychological vulnerability and prevent individuals from seeking help when experiencing distress.

In addition to stigma, structural and economic barriers play an important role in limiting access to psychological services. High service costs, lack of insurance coverage, uneven distribution of professionals, and weak referral channels make it difficult for most urban communities, especially low-income groups, to obtain the help they need. Digital transformation opens up opportunities to expand access, but the digital divide and privacy concerns hinder its adoption. Efforts to strengthen the affordability of mental health services must be carried out holistically, taking into account the socio-cultural aspects of urban communities.

This study confirms that reducing stigma and increasing access to mental health services requires a multidimensional approach involving policy reform, community intervention, public education, and the use of digital technology. Coordinated intervention between the government, service providers, communities, and digital platforms can significantly increase community engagement in mental health

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https://nawalaeducation.com/index.php/JHH

services. With strategies that focus on inclusivity, cultural sensitivity, and equitable access, urban communities can become more supportive spaces for individuals experiencing psychological problems. Long-term, cross-sector collaborative efforts are essential to building a resilient and inclusive mental health ecosystem for all urban communities in Indonesia.

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