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Factors associated with the self-efficacy of private practice general practitioners in the diagnosis and management of mental disorders in Bali, Indonesia

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ABSTRACT

Background and purpose: General practitioners' self-efficacy plays a crucial role in the successful diagnosis and management of mental disorders in primary care settings. In Bali, there is limited data on the factors influencing the self-efficacy of private practice general practitioners in handling mental health disorders. This study aimed to identify the factors associated with the self-efficacy of private practice general practitioners in the diagnosis and management of mental disorders in Bali.

Methods: This was an analytical cross-sectional study involving 109 private practice general practitioners in Bali, conducted from September 2024 to March 2025. The sample included general practitioners who possessed a valid practice license, practicing either independently or at primary clinics in four cities/districts, selected using convenience sampling. Self-efficacy in this study was measured with the adapted General Self-Efficacy Scale (GSE). Data were collected through a structured self-administered questionnaire, which covered demographic characteristics, direct experience, vicarious experience, social persuasion, and emotional-physiological states. Data analysis was performed using Chi-square tests and multiple logistic regression.

Results: The results showed that 67.0% of respondents had low self-efficacy in diagnosing and managing mental disorders. Factors significantly associated with self-efficacy among private practice general practitioners included direct experience (aOR=4.39; 95%CI: 1.59-12.10; p=0.004), social persuasion (aOR=3.58; 95%CI: 1.36-9.46; p=0.010), and emotional-physiological state (aOR=2.90; 95%CI: 1.14-7.42; p=0.025). Meanwhile, age, gender, years of practice, and vicarious experience were not significantly associated with self-efficacy.

Conclusion: Direct experience, social persuasion, and emotional-physiological states were found to be factors associated with the self-efficacy of private practice general practitioners in diagnosing and managing mental disorders. It is recommended that the government develop

Keywords: *self-efficacy, general practitioners, mental disorders, diagnosis, management*

INTRODUCTION

Mental disorders represent a substantial and growing public health problem worldwide. Globally, mental and substance use disorders account for an estimated 183.9 million Disability Adjusted Life Years (DALYs), representing 7.4 % of total DALYs, and cause approximately 8.6 million Years of Life Lost (YLLs) due to premature mortality and 175.3 million Years Lived with Disability (YLDs), equivalent to 22.9 % of all YLDs. Depressive disorders are the most prevalent, contributing 40.5 % of mental health-related DALYs, followed by anxiety disorders at 14.6%.^{1,2} Despite this high burden, mental health problems are often underreported, largely due to stigma, cultural beliefs, and lack of awareness, which further complicate detection and treatment.

Globally and locally, challenges in mental health care persist. Treatment coverage remains low; for instance, only 11.1% of individuals with severe mental disorders in China and 10.4% in Nigeria received treatment in the previous 12 months.³ In Indonesia, the situation is similar: the 2023 Indonesia Health Survey reported that only 12.7% of adults aged ≥ 15 years experiencing depression had sought care in the preceding two weeks, with Bali showing an even lower figure of 10.4%.⁴ These gaps are exacerbated by limited access to mental health care, a shortage of trained professionals, and inadequate specialized mental health services, particularly in rural or underserved areas. In addition, there is often limited mental health awareness among healthcare providers themselves, which can result in underdiagnosis and undertreatment.⁵

In Indonesia's health system, primary health care (PHC) serves as the first contact point for patients, placing general practitioners (GPs) at the frontline of detecting and managing mental disorders. However, this critical role requires sufficient capability, including the ability to recognize, diagnose, and initiate management for patients with mental health conditions. Previous studies have shown that GPs often feel unprepared for this task due to gaps in training, limited exposure to mental health cases, and inadequate continuing professional education.⁵

Specifically in Bali, the need is pressing. National data indicate that Bali has the highest household prevalence of schizophrenia or psychosis nationwide (11.1 per 1,000), alongside point prevalences of depressive disorder and emotional mental disorder at 6.1 and 9.8 per 1,000, respectively.⁶ A provincial survey by Lesmana et al. (2022) revealed that 67.9% of GPs in Bali's community health centres doubted their ability to screen for and manage mental health conditions.⁷ Previous research also highlights other contributing gaps, including insufficient knowledge, limited confidence in diagnosis, and cultural factors that may hinder effective treatment.⁷

In this context, self-efficacy—defined as the belief in one's capability to successfully perform specific tasks—is an important factor influencing GPs' ability to deliver mental health care.⁸ Higher self-efficacy among GPs has been associated with improved diagnostic accuracy, better clinical decision-making, and higher quality of patient care.⁸ Yet, empirical evidence on the determinants of self-efficacy among GPs in private practice remains limited in Indonesia, especially in Bali.⁹

Therefore, this study aims to identify the factors associated with self-efficacy among private practice GPs in Bali in diagnosing and managing mental disorders. By exploring these factors, this study seeks to fill existing gaps in the literature and provide evidence that could inform targeted interventions and capacity-building

programs to strengthen mental health care delivery at the primary care level.

METHOD

This study is a quantitative study using an observational cross-sectional analytic approach. The study was conducted in four districts/cities in Bali: Badung and Denpasar, which represent urban areas, while the selected rural areas are Klungkung and Buleleng. This categorization is based on access to health facilities, including mental health services. The sample was taken using the Convenience Sampling method, with inclusion criteria including general practitioners in private practice, both those practicing independently or practicing in primary clinics, who practice in the selected cities/regencies and have a practice license SIP (in Indonesia: Surat Izin Praktik/SIP), registered in health department and are willing to participate in the study. Data collection was conducted in January-March 2025. The required sample size was determined using the formula for comparing two proportions, calculated via the Sample Size 2.0 application with the following parameters: $\alpha=0.05$, $\beta=0.20$ (power=80%), $P_1=0.68$, $P_2=0.23$, and an anticipated dropout rate of 10%, resulting in a minimum sample size of 97 respondents.⁷

Data were collected using a self-administered questionnaire that had been pretested on 12 respondents with similar characteristics to the study population. The 12 respondents came from Karangasem, Bangli, Tabanan, and Jembrana districts. The r-table distribution for $N=12$ and a significance level of 5% was 0.576. This r-table value was then compared with the known correlation coefficient value. All correlation coefficient values were greater than the r-table value of 0.576 and were declared valid. For reliability testing, all questionnaire items had a Cronbach's alpha value greater than 0.576, indicating that all instruments were reliable. The questionnaire included demographic information (age, gender, length of practice, and practice location), a self-efficacy assessment using the General Self-Efficacy Scale (GSE), which was translated and adapted to the local context, and several factors associated with self-efficacy, such as direct experience, vicarious experience, social persuasion, and emotional-physiological states. Data collection was conducted by distributing a Google Form link directly to the personal WhatsApp numbers of doctors listed in district health office registries. The message also included a brief explanation of the research's aims and objectives, as well as informed consent which obtained before completing the questionnaire. Access to the Google Form link was closed once the minimum sample size for this study had been reached. Of the 265 doctors contacted, 112 responded, and after applying inclusion and exclusion criteria and verifying completeness, 109 responses were included in the final analysis.

Once the data collection was completed, descriptive analysis was performed to obtain an overview of the characteristics of all variables studied. The dependent and independent variables in this study were categorized into two groups: self-efficacy, direct experience, vicarious experience, and social persuasion were classified as either high or low, while emotional and physiological states were categorized as good or poor. The cut-off point for the dependent variable was set at 75%, while the independent variables were categorized based on their median values.¹⁰ Subsequently, bivariate analysis using the Chi-Square test was conducted to examine the differences in self-efficacy among private practice general practitioners across the independent variables.

All independent variables with a $p\text{-value}\leq 0.25$ in the bivariate analysis were further analyzed to identify independent associations with the dependent variable using multiple logistic regression. In this stage, model

building was also performed through variable selection using the Backward Likelihood Ratio (Backward LR) method. The conclusions were drawn based on p-values, indicating a significant association between the independent and dependent variables, if $p \leq 0.05$.

This study received ethical approval from the Ethics Committee of the Faculty of Medicine, Udayana University (Approval No: 3012/UN14.2.2.VII.14/LT/2024) and the Bali Provincial Investment and One-Stop Integrated Services Office (Approval No: B.30.070/34/IZIN-E/DPMPSTP). All participants were given a written explanation about the purpose of the study, their rights as participants, and assurance of data confidentiality. Those who agreed to participate completed the online form by ticking the \surd (informed consent) mark.

RESULT

A total of 109 private general practitioners (GPs) in Bali Province participated in this study, representing 41.1% of the total 265 private general practitioners registered with the selected district/city health offices and invited to participate. The study area covered four districts/cities in Bali Province: Denpasar, Badung, Buleleng, and Klungkung. Respondent characteristics are presented in Table 1. The median age of participants was 38 years (IQR=14), with an age range of 25 to 67 years. Gender distribution was nearly balanced, with 50.5% female. Regarding professional experience, 50.5% had practiced for 10 years or less, while the remaining 49.5% had practiced for more than 10 years. Based on practice location, the largest proportion of respondents (42.2%) practiced in Badung, followed by Denpasar (27.5%), Buleleng (22.0%), and Klungkung (8.3%).

Table 1. Characteristics of private practice general practitioners in Bali Province

Characteristics	Frequency (n=109)	Proportion (%)
Age, median (IQR); min-max	38 (14); 25-67	
≤ 38 years	58	53.2
> 38 years	51	46.8
Gender		
Male	54	49.5
Female	55	50.5
Years in practice, median (IQR); min-max	10 (10); 1-41	
≤ 10 years	55	50.5
> 10 years	54	49.5
Practice location		
Denpasar	30	27.5
Badung	46	42.2
Buleleng	24	22.0
Klungkung	9	8.3

Table 2 presents an overview of the self-efficacy of private practice general practitioners in diagnosing and managing mental disorders in Bali. A total of 67.9% of respondents (combining “Agree” and “Strongly Agree”) reported confidence in correctly identifying symptoms of mental disorders in patients. Similarly, 61.5% felt confident in making mental disorder diagnoses, while 57.8% believed they were capable of providing effective treatment for patients with mild mental disorders. In addition, 51.4% expressed confidence in combining various treatment methods—including pharmacotherapy, psychotherapy, and lifestyle modification—to achieve optimal outcomes. However, when faced with more complex or difficult mental disorder cases, only 39.5% of respondents reported maintaining their confidence, with the majority expressing uncertainty. On the other hand, 76.2% indicated that they could remain calm and manage pressure when treating patients with mental disorders. Furthermore, 79.8% felt confident in delivering clear and effective education to patients and their families regarding mental health conditions, and 75.2% believed they could make appropriate clinical decisions, including deciding on referrals when necessary. Despite the generally positive responses on several individual items, the overall analysis categorized the majority of respondents—67.0%—as having low self-efficacy in diagnosing and managing mental disorders, based on the total score calculated from all items. This apparent discrepancy can be explained by relatively lower levels of confidence reported in handling complex mental health cases and in integrating multiple treatment modalities, which lowered the cumulative self-efficacy scores.

Table 2. Self-efficacy (SE) of private practice general practitioners in diagnosing and managing mental disorders in Bali

No.	Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
		n (%)	n (%)	n (%)	n (%)
SE1	Confident in correctly identifying symptoms of mental disorders in patients	5 (4.6)	30 (27.5)	68 (62.4)	6 (5.5)
SE2	Confident in determining the diagnosis of mental disorders in patients	5 (4.6)	37 (33.9)	61 (56.0)	5 (5.5)
SE3	Feels capable of providing effective treatment for patients with mild mental disorders	7 (6.4)	39 (35.8)	59 (54.1)	4 (3.7)
SE4	Confident in combining treatment methods (pharmacotherapy, psychotherapy, lifestyle) to achieve optimal outcomes	10 (9.2)	43 (39.4)	51 (46.8)	5 (4.6)
SE5	Remains confident when faced with complex or difficult mental disorder cases	13 (11.9)	53 (48.6)	40 (36.7)	3 (2.8)
SE6	Remains calm and able to handle pressure when managing patients with mental disorders	2 (1.8)	24 (22.0)	66 (60.6)	17 (15.6)
SE7	Confident in providing clear and effective education to patients and their families regarding mental disorders	1 (0.9)	21 (19.3)	75 (68.8)	12 (11.0)
SE8	Confident in making appropriate clinical decisions for patients with mental disorders, including referrals	2 (1.8)	25 (22.9)	64 (58.7)	18 (16.5)
Overall self-efficacy					
	High ($\geq 75\%$)		36 (33.0)		
	Low ($< 75\%$)		73 (67.0)		

As shown in Table 3, 54.1% of private practice general practitioners reported having high levels of direct experience related to the diagnosis and management of mental disorders, while 61.5% reported high levels of vicarious experience. Additionally, 50.5% of respondents had high levels of social persuasion, and an equal proportion (50.5%) indicated having good emotional and physiological states when handling cases of mental disorders.

Table 3. Distribution of direct and vicarious experience, social persuasion, and emotional-physiological states related to the diagnosis and management of mental disorders

Variable	Frequency (n=109)	Proportion (%)
Direct experience		
High (\geq median)	59	54.1
Low ($<$ median)	50	45.9
Indirect experience		
High (\geq median)	67	61.5
Low ($<$ median)	42	38.5
Social persuasion		
High (\geq median)	55	50.5
Low ($<$ median)	54	49.5
Emotional and physiological state		
Good (\geq median)	55	50.5
Poor ($<$ median)	54	49.5

Table 4 further shows the results of a comparative proportion analysis to see the distribution of the proportion of self-efficacy in private practice general practitioners in diagnosing and managing mental health disorders based on several factors using a cross-tabulation (row percentage). It can be seen that general practitioners in private practice in the age group over 38 years have a slightly larger proportion of high self-efficacy, namely 33.3% in diagnosing and managing mental disorders compared to those aged less than or equal to 38 years and this is not statistically significant ($p=0.949$). When analyzed by gender, male general practitioners in private practice have a greater proportion of high self-efficacy (40.7%) in diagnosing and managing mental disorders compared to females, but this is not statistically significant ($p=0.090$). As many as 35.2% of general practitioners in private practice with a length of practice of more than 10 years have a higher proportion of high self-efficacy in diagnosing and managing mental disorders compared to general practitioners in private practice with a length of practice of less than or equal to 10 years and this is neither statistically significantly related ($p=0.635$).

Based on their experience, private general practitioners with high levels of direct experience had a greater proportion of high self-efficacy (49.2%) in diagnosing and managing mental disorders compared to private general practitioners with low levels of direct experience and this was statistically significant ($p<0.001$). Similarly, private general practitioners with high levels of indirect experience had a greater proportion of high self-efficacy (37.3%) in diagnosing and managing mental disorders compared to private general practitioners with high levels of indirect experience, but this was not statistically significant ($p=0.229$).

Private general practitioners with high social persuasion had a higher proportion of high self-efficacy (49.1%) in diagnosing and managing mental disorders compared to private general practitioners with low social

persuasion and this was statistically significant ($p < 0.001$). Private general practitioners with good emotional and physiological conditions had a higher proportion of high self-efficacy (43.6%) in diagnosing and managing mental disorders compared to private general practitioners with poor emotional and physiological conditions but this was statistically significant ($p = 0.017$).

Table 4. Factors associated with self-efficacy among private practice general practitioners in diagnosing and managing mental disorders in Bali

Variable (n=109)	Self-Efficacy		p
	High (%)	Low (%)	
Age (year)			0.949
≤38	19 (32.8)	39 (67.2)	
>38	17 (33.3)	34 (66.7)	
Sex			0.090
Male	22 (40.7)	32 (59.3)	
Female	14 (25.5)	41 (74.5)	
Length of practice (year)			0.635
≤10	17 (30.9)	38 (69.1)	
>10	19 (35.2)	35 (64.8)	
Direct experience			<0.001
High	29 (49.2)	30 (50.8)	
Low	7 (14.0)	43 (86.0)	
Indirect experience			0.229
High	25 (37.3)	42 (62.7)	
Low	11 (26.2)	31 (73.8)	
Social persuasian			<0.001
High	27 (49.1)	28 (50.9)	
Low	9 (16.7)	45 (83.3)	
Emotional and physiological state			0.017
Good	24 (43.6)	31 (56.4)	
Poor	12 (22.2)	42 (77.8)	

Subsequently, further analysis was conducted using Multiple Logistic Regression accompanied by model development through the Backward LR method. The variables of gender, direct experience, indirect experience, social persuasion, and emotional and physiological states were reanalyzed to determine their independent associations by controlling for other variables. The results of this analysis are presented in Table 5.

Based on the analysis presented in Table 5, the final model revealed that the variables of direct experience, social persuasion, and emotional and physiological state were significantly associated with general practitioners' self-efficacy in diagnosing and managing mental disorders in private practice settings. General practitioners with a high level of direct experience were 4.39 times more likely to have high self-efficacy in diagnosing and managing mental disorders compared to those with low direct experience (aOR=4.39; 95%CI: 1.59–12.10; $p = 0.004$). Likewise, those with high levels of social persuasion were 3.58 times more likely to have high self-efficacy compared to those with low social persuasion (aOR=3.58; 95%CI: 1.36–9.46; $p = 0.010$). Furthermore, general practitioners with good emotional and physiological states were 2.90 times more likely to exhibit high self-efficacy compared to those with poorer emotional and physiological conditions (aOR=2.90;

95%CI: 1.14–7.42; $p=0.025$).

Table 5. Multiple logistic regression analysis of factors associated with general practitioners' self-efficacy in the diagnosis and management of mental disorders in private practice settings in Bali

Variable (n=108)	Initial Model			Final Model		
	aOR	95%CI	p	aOR	95%CI	p
Gender						
Male	Ref	0.61-4.11	0.347			
Female	1.58					
Direct experience						
High	4.58	1.65-12.75	0.004	4.39	1.59-12.10	0.004*
Low	Ref			Ref		
Indirect experience						
High	0.66	0.21-2.02	0.462			
Low	Ref					
Social persuasion						
High	3.84	1.25-11.82	0.019	3.58	1.36-9.46	0.010*
Low	Ref			Ref		
Emotional and physiological state						
Good						
Poor	3.04	1.18-7.86	0.022	2.90	1.14-7.42	0.025*
	Ref			Ref		

Note: *indicates statistically significant association ($p<0.05$)

DISCUSSION

The ability of general practitioners (GPs) to detect, diagnose, and provide appropriate interventions for patients with mental disorders is significantly influenced by their level of self-efficacy. This study found that a substantial proportion—67.0%—of private practice GPs in Bali demonstrated low self-efficacy in diagnosing and managing mental health conditions. One possible contributing factor is the limited mental health training received during medical education. Mata et al. (2021) noted that many GPs reported feeling unprepared to diagnose and treat mental disorders, largely due to insufficient exposure during their formative training years. In many medical curricula, the study of mental disorders tends to receive less attention than physical illnesses, resulting in a superficial understanding of how to assess and manage these conditions effectively.¹¹ This lack of depth in mental health education can hinder the development of the necessary skills and confidence required for effective clinical practice.¹²

Despite the overall low levels of self-efficacy, the study revealed that many GPs felt confident in certain specific aspects of mental health care. Approximately 67.9% believed they could accurately identify symptoms of mental disorders, and 61.5% expressed confidence in making a diagnosis. This initial confidence is a crucial first step in managing mental disorders, particularly given that many patients present with physical symptoms that are actually manifestations of underlying psychological conditions such as anxiety or depression. Early identification by GPs plays a pivotal role in facilitating timely referrals to appropriate specialists, thereby

enabling earlier intervention and improving patient outcomes.

Multivariable analysis in this study further identified a significant association between direct clinical experience and GP self-efficacy in the diagnosis and management of mental disorders. GPs with extensive direct experience were 4.39 times more likely to possess high self-efficacy compared to their less experienced counterparts. This finding emphasizes the value of practical clinical exposure in shaping a physician's confidence and competence in addressing mental health issues. To address this, one strategic approach could involve reassessing the allocation of continuing professional development (CPD) credits — referred to as *Satuan Kredit Profesi (SKP)*, within the physician relicensing framework. Increasing the proportion of CPD awarded for clinical experience could serve as a critical mechanism for enhancing GP competence and self-efficacy in mental health care. By placing greater emphasis on experiential learning in the CPD system, regulatory bodies and professional associations may encourage more active engagement of GPs in mental health services at the primary care level.

According to Bandura's theory, direct experience is considered the most influential source of self-efficacy information, as it provides the most authentic evidence of an individual's capability to exert effort and achieve success.¹³ Successful experiences in dealing with specific situations can enhance an individual's self-efficacy, while repeated failures may diminish it.¹⁴ In the context of mental health care, general practitioners who are frequently involved in diagnosing and managing mental disorders are more likely to develop confidence in their own abilities.

This study also revealed a significant association between social persuasion and self-efficacy among private practice general practitioners in the diagnosis and management of mental health disorders. GPs with high levels of social persuasion were 3.58 times more likely to exhibit high self-efficacy compared to those with low social persuasion. This finding aligns with Bandura's self-efficacy theory, which posits that social persuasion, through verbal encouragement, professional validation, or reinforcement from peers, supervisors, or mentors, can strengthen an individual's belief in their ability to perform a given task.⁸ In clinical practice, such support may take the form of direct consultations, telephone guidance, collaborative referrals, or supervisory visits from psychiatrists to primary care settings. Collaboration with mental health nurses also plays a key role, offering support in collecting patient data, conducting home-based care, and providing consistent follow-up.¹⁵⁻¹⁷

Multivariable analysis also demonstrated a significant association between emotional and physiological states and self-efficacy among private-practice general practitioners in the diagnosis and management of mental health disorders. GPs who reported good emotional and physiological well-being were 2.90 times more likely to exhibit high self-efficacy than those with poorer well-being. This finding highlights the importance of emotional and physiological well-being in shaping self-efficacy among GPs in the context of mental health care. Emotional conditions, such as stress or fatigue, can negatively impact a physician's confidence. GPs experiencing anxiety or exhaustion may feel less assured of their ability to deliver effective care to patients with mental health conditions.⁸

In contrast, this study found no significant association between gender and self-efficacy in diagnosing and managing mental disorders. A study by Winkel et al. (2021) suggests that gender differences are often more evident in certain interpersonal roles or patient interactions, but do not necessarily influence a physician's

confidence or effectiveness in performing technical, knowledge-based medical tasks, such as diagnosing or treating mental disorders.¹⁸ In the medical profession, particularly in general practice, the responsibilities encountered are typically grounded in technical skills and clinical knowledge. Thus, although gender may influence other aspects, such as communication or patient perceptions, it does not appear to directly affect the physician's self-efficacy in executing technical medical tasks.

Additionally, this study did not find a significant association between indirect experience and self-efficacy in managing mental health conditions among private practice GPs. One possible explanation is that indirect experiences related to mental health diagnosis and management, such as observing others or learning from secondary sources—are not yet common practice among GPs in private settings. In this context, self-efficacy may be more strongly influenced by direct clinical experience, which allows physicians to engage with real-world challenges and build their skills through hands-on practice. This is consistent with the findings of Lestari, Yusuf, and Tristiana (2020), who reported that direct experience plays a dominant role in enhancing both competence and self-efficacy among mental health professionals in the early detection of mental disorders.¹⁹

The results of this study can be used as input and insight for policymakers in designing more effective strategies to improve the self-efficacy of private general practitioners in diagnosing and managing mental disorders. Training programs and interventions that aim to improve doctors' self-efficacy in this aspect should focus more on experiential approaches, such as case-based clinical training, patient simulation, and hands-on practice in a controlled environment. Constructive social support also needs to be increased, as it can strengthen private-practice GPs' confidence in their ability to treat mental illness cases. Clinic leaders, colleagues, and professional mentors are expected to actively provide positive reinforcement, praise, or recognition of doctors' ability to manage mental disorder cases. In addition, aspects of emotion regulation and stress management should be considered, as a stable physiological emotional state can increase doctors' confidence in making clinical decisions. These findings may also encourage similar studies in the future to emphasize more diverse methodological approaches, such as qualitative approaches, to explore psychosocial factors that may play a role but have not been identified quantitatively.

The limitation of this study is that data collection was carried out by distributing online questionnaires to general practitioners in private practice and was filled out in a self-administered manner. This method has the potential to cause research bias, namely, respondents can provide answers that are not entirely honest or less accurate because there is no direct supervision from the researcher. Another limitation is the risk of self-selection bias, where participation in filling out this questionnaire was done voluntarily and not through a random selection process. This allows only certain doctors who are interested or feel they have the time and personal interest in the research topic to finally decide to participate, so that the characteristics of respondents cannot represent the population as a whole. To overcome this potential bias, the researcher took several steps, such as giving respondents the opportunity to clarify parts of the question that were considered unclear or ambiguous to the researcher directly through the contacts listed in the informed consent section. In addition, the researcher conducted a pilot test before distributing the questionnaire widely to research respondents to identify and correct potential bias before data collection was carried out. These steps were taken by the researcher to increase the validity and reliability of the data obtained from online questionnaires that were filled out independently by respondents.

CONCLUSION

The proportion of private general practitioners with low self-efficacy in diagnosing and managing patients with mental disorders in Bali was 67.0%. The factors associated with the self-efficacy of private general practitioners in diagnosing and managing mental disorders in Bali are direct experience, social persuasion, and physiological emotional state. Private-practice general practitioners should be more active in directly treating mental disorders by expanding the scope of mental health services at their practice sites and encouraging a culture of appreciation. Positive feedback through discussion and mentoring is also needed to increase doctors' motivation and confidence in treating mental illness. The government should develop and provide regular skills-based training and increase access to clinical guidelines to improve doctors' ability to make decisions related to the treatment of mental disorders. Future researchers should modify the research methodology and explore more variables that have not been studied.

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AUTHOR CONTRIBUTION

IKW conceptualized and designed the study, analyzed and interpreted the data, prepared the manuscript, and was responsible for the entire research. NMSN and CBJL provided guidance, input, and corrections related to research design, research implementation, presentation of results and discussion, and preparation of manuscripts.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest that affect the conduct or results of this study.

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