

Help Seeking Barriers of Malaysian Private University Students

Sew Kim Low, Yeong Yeong Lim, and Soon Aun Tan

Abstract—The prevalence of mental health among young Malaysians of 16-24 years is increasing. A commonly reported reason for not seeking professional help is stigmatization. This current study explores the possible barriers of help seeking behaviours among youths in Malaysian private universities. A total of 527 students from 5 private universities participated in this questionnaire-based survey. An 11 items questionnaire with open ended questions was used to explore the barrier of seeking professional help. Ethnically 37.4% of the respondents were Malay, while 37.4 % were also Chinese, Indian 23.2% and 2% from other ethnic minorities. The findings indicated that self-reliance was the most common barrier followed by lack of trust in the professional services, time and financial constraints, fear of having to change one's behaviour and stigmatization. Initiatives to increase health literacy coupled with self-help strategies, preventive out-reach programs, removal of logistical barriers and easy accessibility to user friendly mental health services might encourage youths to develop a more positive attitude and belief toward seeking professional health services.

Keywords—Help seeking barriers, self-reliance, Barrier to Adolescent Seeking help- revised (BASH-R), private universities.

I. INTRODUCTION

IN Malaysia, the prevalence of mental health problems increases nearly threefold from 10.7% in 1996 to 29.2% in 2015 [1]. The 2015 National Health morbidity survey for Malaysia recorded mental health prevalence of 29.2% among estimated Malaysian population aged 16 and above. Comparing within this age group, the 16 to 24 years old has the highest prevalence of mental health [1]. Among the youth age group, numbers of research indicated mental health problems are highly prevalent among youth in tertiary institution and appears to increase [2-5]. A research even shows that the rates of mental health problems and symptoms among the youth in tertiary education institution are significantly higher than general population [6]. Common mental health problems reported among this group of youth are depressive symptoms, anxiety related problems, eating disorders and psychotic symptoms. All these problems have tripled since the middle of 1990's [7].

The mental health services in Malaysia have developed much throughout the years. In the 1960's mental health services were deinstitutionalized formally for the first time with the establishment of community-based rehabilitation [8].

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Up until 2014, there are 79 inpatient care facilities and 1008 outpatient care facilities in the country with the number 0.8 psychiatrists, 0.9 psychologists and 0.8 social workers rate per 100, 000 populations [9]. This figure does not include other mental health support services provided by education institution which was also first established in the 1960's [10-11]. There are more than 6,300 registered counsellors in Malaysia excluding the para-professionals [12]. This statistic shows that mental health services are available, especially in education institution where such support services are provided free but only around one third of people with known mental health problems seek help globally [13]. Similar to the global population, majority of the tertiary institution students with mental health problem do not utilize the services provided [14-16].

In order to understand barriers of help seeking behaviours, the Heal Belief Model (HBM) can conceptualize the understanding of factors preventing the youth for seeking help. HBM is initially utilized to understand the domain of physical health, but can be applied to areas of mental health because the dimensions related to perceived benefits and barriers can also predict the help seeking behaviours in mental health related area [17; 14]. In HBM, the health behaviour or the help seeking behaviour in this case, is determined by the individual perception of threats (perceived susceptibility and severity), perceived benefits, and perceived physical, psychological and financial barriers [18]. At the meantime, the health seeking behaviour is also indirectly influenced by the cues for action and the demographic, socio psychological, and structural variables [18].

Following the HBM, youths from tertiary education facing mental health problems will be seeking professional help if they perceived they are at risk of having the problem (perceived susceptibility), believe that living this mental health condition unattended will lead to severe consequences (perceived severity), believe that mental health professionals would be able to improve their mental health conditions (perceived benefits), and believe that the benefits outweigh the cost or effort of seeking professional help (perceived barriers). The HBM illustrates the process of individual in engaging help seeking behaviours and highlights barriers which can potentially prevent them to seek help.

Looking into the barriers of help seeking behaviours, the World Health Organization [13] stated stigmatization, discrimination and negligence as the main reasons preventing individual from seeking treatment. Besides, Malaysian studies found that social, professional, and personal factors

constituted to barriers to seeking professional help. Personal desire for privacy, confidentiality, lack of awareness of signs and symptoms, pride and the self-belief of not being at risk are the main barriers to seeking professional help [19]. However despite studies has been conducted on identifying the barriers to help seeking behaviour in young people there is a lack of local studies to understand the reasons for not seeking professional help among Malaysian private university students. Ultimately, therefore this current study aims to explore the possible factors or barriers that are preventing youths in Malaysian private university from seeking professional help.

II. METHOD

A. Participants

A total of 527 Malaysian undergraduates from 5 private institutions of higher learning participated in the study. (156 males, 371 females, aged 18-25 years, $M = 21.57$; $SD = 1.81$). With respect to ethnicity, the participants were Malay (37.4%), Chinese (37.4%) and Indians (23.2%). The remaining 2% of students classified themselves as "others". The students were recruited via convenient sampling method. It was estimated that 375 participants were required for this study to obtain a confidence level of .95 and power of 0.8. Thus the sample size for this current study is considered adequate. The students completed a set of self-reported questionnaire measuring their reasons for not seeking professional help for psychological problems. Open-ended questions were used to elicit participants' views for not seeking professional mental health services.

B. Procedure

Ethical clearance for the research was obtained from Universiti Tunku Abdul Rahman Scientific and Ethical Review Committee. Data were collected using paper-and-pencil surveys. The survey was conducted over a three month period. Questionnaires were distributed to students in classroom. The questionnaire consisted of participant information cover page that detailed research objectives and informing participants of their rights to withdraw from the research at any time and also requested their consent. The survey questionnaire comprised two sections. Section A consisted of the participant demographic data and section B consisted of both structured and open-ended questions. The structured questions comprised of items from the Barrier to Adolescent Seeking Help-Revised (BASH-R) Inventory while the open-ended questions seek to elicit the views of the participants. The enumerators provided confidentiality assurance to the participants and only consented participants were provided the anonymous self-administered questionnaire. It took between 15-20 minutes to complete the questionnaire.

C. Measures

The barriers of seeking professional help were assessed with the Barrier to Adolescent Seeking Help revised (BASH-

R) Inventory by Wilson, Deane, Ciarrochi & Rickwood [20]. The inventory is an 11 items scale that measures the reasons for not seeking professional help. The scale contains reasons such as solve it myself, time and financial constraints stigmatization, lack of trust, embarrassment and betrayal of confidentiality. For each item participants were required to rate on a scale from 1 (strongly disagree) to 5 (strongly agree) The Cronbach Alpha of the instrument for this current study was .747 indicating a strong reliability. To elicit the participants' views for not seeking professional services the following open-ended questions were used:

- (i) Why do you not wish to seek professional help for your personal psychological problems?
- (ii) How do you normally solve your emotional problems?

There was no limit on the number of reasons the students wished to provide. Students were encouraged to express their views freely.

D. Data Analysis

The structured questioned data was analyzed using IBM version 22 while the open-ended questions were analyzed via NVIVO 10 to identify emerging themes and patterns. The thematic analysis process followed the principles proposed by Miles & Huberman [21] where emergent themes were extracted and constant comparison was performed across all the cases to derive common themes. Quotes were selected to best represent the themes discussed.

III. FINDINGS

Generally most of the students reported the unwillingness to seek professional mental health services ($M = 3.18$; $S.D. = 1.06$). The most frequently reported reason was the perception that the problems were minor and they preferred to solve themselves. 77.2% of the participants perceived that they were able to solve their own problems ($M = 3.94$; $S.D. = 0.89$) followed by 76.5% felt that they should work out their own personal problems ($M = 3.92$; $S.D. = 0.88$). Fear of having to change one behaviour was the second most frequently barrier with 52.9% of the students reporting they may have to do something which they do not wish to. Further 45.5% of the participant expressed time constraints and 41.1% mentioned finance as the problem of seeking mental health services. Surprisingly only 10.4 % students mentioned stigmatization as barrier for not seeking professional help. Other barriers for not seeking professional help include lack of trust, embarrassment and anxiety.

Of the demographic variables ethnicity was found to differentiate students' self-reported reasons for not seeking professional help. There was significant difference between the Malays, Indians and Chinese with regard to the lack of trust ($F(2,524) = 16.823$, $p < .001$), stigmatization ($F(2,524) = 10.984$, $p < .001$) and embarrassment as reasons for not seeking professional help ($F(2,524) = 10.005$, $p < .001$). Further analysis with Post-hoc Tukey HSC demonstrated Malay ($M = 3.39$) and Indian ($M = 3.11$) score significant higher mean than Chinese ($M = 2.76$) for the item lack of

trust. For stigmatization, Malay (M= 2.59) and Indian (M= 2.52) exhibit significant higher mean as compared to Chinese (M= 2.11), however no significant difference was found between Malay and Indian samples. When comparing with Chinese (M= 2.77) and Indian (M=2.80), Malay (M=3.21) tend to feel embarrassment to seek for professional help. Generally all the participant have preference for reliance on self-help where they preferred to solve their problem by themselves (F (2,524) = 10.519, p< .001) with the strongest by Malay (Mean= 3.32) followed by Indian (Mean = 3.14) and Chinese (Mean =3.07).

The students' reasons for not seeking professional mental help services were also reflected in their self- initiated written activity responses which were categorized into themes. Participants were identified by ethnicity, gender and number (i.e. ML= Malay, C= Chinese, I= Indian and F= female, M=Male). Three themes emerged from the qualitative data analysis: (i) self-reliance (ii) lack of trust and (iii) time and financial constraints.

A. Self-Reliance

One of the strongest themes to emerge was the issue of self-reliance. All the participants perceived that their problems being minor and that they could solve their own problems. The following were some of their comments:

CF 8, 194: *I think my personal problems are just small problems which I can handle myself and I do not need to seek professional help.*

IF 424, 402: *I want to find my own solution and I feel more confident with myself rather than depending on others' help.*

MLF 307, 300: *I don't need professional help because I am wise to think for solutions. I am perfectly capable to solve my own problems.*

Most of the students preferred to solve their problems themselves for they felt embarrassed, uncomfortable and awkward talking to strangers or unknown people.

IF 381: *I prefer to solve my problem by myself as I would feel uncomfortable to share my problems with unknown people.*

CM 57: *I am afraid of sharing problem with people that I don't know.*

MLM 266: *Because I have to tell everything to these helpers I become embarrassed.*

Besides feeling shy and uncomfortable to share their problems with professional, some students believed that these problems provide them the opportunities to learn problem solving skills thus preferring to rely on themselves. A few students commented:

CM 137: *I prefer to solve the problem myself so that I know how to cope when facing the similar situations.*

CM 141: *Problems provide me the chance to let me discover my own capabilities.*

IF 364: *I believe somehow I could work toward resolution by myself figuring out the solution by myself.*

B. Lack of Trust in the professional services

Interestingly another commonly reported barrier was the lack of trust in the professional services. Students questioned the competency and sincerity of the professional helper and the confidentiality of the services. The students commented:

CF 73: *Professional helpers usually don't really provide useful help and things shared wouldn't be kept secret and confidential.*

MLF 474: *I was traumatized by my last counselling experience.*

MLM 259: *Most professional helpers in our country would end up sharing our problems unconsciously with other people.*

This lack of confidence and trust of professional mental help services resulted in students seeking help from non-professional sources such as parents, family members and friends whom they felt can be trusted and are able to understand them better. The following were some of the students' comments:

CM143 & IF 380: *Professional helpers are not close to me. I rather shared my problem with friends and parents.*

MLF 310: *Because it is personal problems and I don't trust stranger. I rather seek help from my parents or siblings.*

MLF 298 & IF 330: *Family knows me better and they can help and advise me the way to solve my problems rather than professional helper who don't really know me.*

C. Time and Financial constraints

Students also reported that seeking professional services involved time and financial cost as they have to make arrangement and take time to meet the professional helpers. Financially they will not be able to pay the treatment fees. As seeking the help of counsellors from their institutions they have to wait for their appointment and sometimes they need to solve their problems urgently. Some of the students commented:

CF 46: *Sometimes the counsellors are too difficult to approach. When you need someone to talk to immediately but you still need to make an appointment with them and have to wait for few days and weeks, it doesn't help at all. Besides sometimes you see them, their personality makes you feel like you do not wish to talk to them.*

CF 178 & CM 20: *The professional service fee is my main concern.*

IF 341 & IM 435: *I don't seek professional help because I don't have the time and money*

MLF 260 & MLM 476: *I could not afford to get professional help as it I need to pay a fee and I would not have the time.*

Besides, the commonly mentioned barriers of self-reliance, lack of trust in the professional services, stigmatization, time and financial constraints other reported barriers include denial of problems, fear and anxiety of discovering themselves and the reluctance to make changes in their life style. It appears that students will only seek professional help if they accept having a problem and their perceived benefits of the services must outweigh the cost and the time involved.

IV. DISCUSSION

This present study aimed to explore the professional mental health service seeking barrier among undergraduate students in Malaysia. Three main themes, namely self – reliance, lack of trust, as well as time and financial constraints had emerged to be the main themes. More than two third of students had expressed their preference of not seeking professional help, but solving their own problems. A systematic review has noted that self-reliance is a common theme of help-seeking barrier that emerged among young people [22]. Although self-reliance is generally being recognized as a protective factor of mental health [23-25] a recent study had reported that young people who are extremely self-reliance are more likely to be depressed, and having suicidal thoughts and less likely to receive treatment [26]. In this context, students who needed professional help the most, were least likely to reach out. Given the high prevalence of extreme self-reliance attitudes in our participants, self-reliance may have been employed as a defense mechanism that denying need of professional help, with the belief that they should address their own difficulties without external assistance, which may prohibit them from receiving proper treatment.

Furthermore, negative attitudes towards professional help have been evident in the current study too. Consistent with previous studies in Malaysia [27] and outside of Malaysia [28-29], low confidence of young people towards confidentiality remains a major barrier to help seeking. Ensuring confidentiality is of paramount importance in delivering mental health services to young people. Continuously clear explanation and commitment towards confidentiality will allow young people to build trusting relationship with service providers.

Consistent with recent review of young people's attitudes towards mental health services [30], our study also noted that many youths are still holding the negative attitudes towards professional service providers, not trusting that their challenges can be effectively addressed by professionals, and they rather turned to their micro ecological system, such as parents, siblings and friends for support. This result is consistent with previous findings whereby lacking of trust towards a stranger inhibit professional help-seeking [20]. Unlike informal source of help, accessing to professional mental health services often involves sharing personal

experience and concerns with a stranger, where trust is frequently a concern of young people.

Lacking of time and costs to access to mental health services is also a theme that commonly reported among students [29&22]. While all higher learning institutions in Malaysia are providing free psychological counselling service to students, limited operating hours may be an obstacle for undergraduate students who are usually having tight schedule. On the other hand, visiting a private practice psychiatrist or psychologist outside the campus may costs students about RM100 – 200 (USD 25 – 50) per hour. Students without income are unlikely to be able to afford such fees.

A. Implication to practices

The main barrier theme of self-reliance may have reflected the developmental conflicts of the need of autonomy in late adolescence and young adulthood. Thus, empowering students with mental health literacy program coupling with self-help strategies may suits the needs of young people. A recent large scale randomized controlled trial has suggested that mental health awareness program for youth is superior than gatekeeper training and professional screening in preventing suicide among young people [31]. In order to make mental health services more accessible, campus-wide mental health literacy program should be implemented, in addition to office-based counselling service. In addition, establishing trusted and supportive relationship between campus-based mental health professionals and students may also increase the utilization of mental health services [20]. Preventive outreach programs and activities that increased the contact between professionals and students in the campus may reduce the relational gap. As such, when the need of professional services arises, trusted and supportive relationships with professionals are readily available, and increase the likelihood of help seeking by students. Furthermore, there is also a need of up-scaling evidence-based practice in mental health services for students. Evidence-based practice is likely to empower students, because they can enquire for the source of treatment and recommendations provided, or even research it themselves before enrolling to therapy. In turn, evidence-based mental health services may increase students' confidence to towards psychological treatments, and mental health professionals who employed empirically proven strategies in addressing students' problems. Logistical barriers (time and cost) have to be removed by providing extended counselling service hours till late evening or weekends, with affordable cost of treatment.

Given the reluctance of young people in seeking professional help, service provided to young people has to be easy accessible and user friendly. Costs remain a major concern of young people who may need the service. There is an urgent need to provide affordable mental health services through healthcare insurance coverage or other means of supports. As this involved the country's healthcare economic policy, this will not be materialized without strong political

will of policy makers.

V. CONCLUSION

Three main barriers to professional help were identified in this study, namely self-reliance, lack of trust towards professionals and time and cost constraints. While professional mental health resources were underutilized by young people, there is an urgent need for professionals to offer their services in more accessible and people friendly manners. It is therefore suggested that tertiary institutions need to conduct more health literacy programs and activities which strongly promote the benefits of mental health services. Through these activities these young people may have more positive attitude and belief of the benefits seeking professional help.

ACKNOWLEDGMENT

This study was supported by Universiti Tunku Abdul Rahman Research Fund. The contents of the manuscript are solely the responsibility of the authors.

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