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**MENTAL HEALTH ISSUES AND HELP-SEEKING  
BEHAVIOUR AMONG MALAYSIAN ACADEMICS:  
A PRELIMINARY STUDY**

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**ABSTRACT**

The National Health and Morbidity Survey (NHMS) reported the number of mental health cases among Malaysian aged 16 years and above has shown an increment trend - 10.7% (1996), 11.2% (2006) and 29.2% (2015). In the year 2015 only, 1 in 3 Malaysians have mental health problems. NHMS report in 2019 showed that the occurrence of depression among Malaysian adults is about half a million people. These statistics obviously hinted that something is missing when dealing with mental health issues in Malaysia. Though many studies have been conducted in the past, most are focusing on the causes, and little attention has been given on the aspect of help-seeking in addressing mental health issues. Therefore, this study was done to explore factors that influence individuals to seek help when having mental health problem. To uncover these issues, input from 3 participants were gathered through an online semi-structured

interview. Through snowball sampling technique, the participants were invited and willingly to participate in this study. Specifically, 2 participants are the academics from private universities in Malaysia and 1 participant is an academic from a public university in Malaysia. As shared by the participants, the main factor that forces them to seek help is due to not able cope with the problems any longer. On the other hand, stigma from the society, job insecurity, and lack of management support and preservation of profession credibility were found to be among the factors that hinder a person to go and seek helps. Based on the findings, several suggestions and recommendations were put forward to encourage more people to go and seek professional help.

**Keywords:** Mental health, help-seeking behaviour, Malaysian academic, private university, public university.

## INTRODUCTION

Mental health issues are predicted to be the definitive cause of burden to the world in developed and developing nations by the year 2030 (WHO, 2008). Amid the COVID-19 pandemic worldwide, including in Malaysia, it is strongly believed that mental health problems are anticipated to increase more than expected. The pandemic and Movement Control Order (MCO) have led to emotional distress for many people, following the impact on the working environment, such as the instruction for workers to work from home. At the same time, others who have lost jobs and income elicit fear of uncertainty (Bernama, 2020). Further, the Ministry of Health Malaysia has recorded 465 attempted suicide cases between January and June 2020.

Understanding the causes of mental health problems per se would not be enough to curb the issue. The organization might have taken various initiatives to reduce mental health issues in the workplace. However, if the employees themselves are reluctant to seek professional help in helping them deal with mental health issues like depression and stress, the issues cannot be addressed thoroughly. Thus, managing mental health problems is crucial, and the initial handling of the matters could be by encouraging people to seek help. Help-seeking is beneficial behaviour and acts as one way for individuals to manage their mental health problems.

With the increasing number of mental health cases, help-seeking is essential in ensuring the effectiveness of mental health intervention.

Help-seeking for mental health problems is the initial stage for addressing the mental health condition, obtaining the appropriate diagnosis, and afterward undertaking proper mental health management and intervention from professionals (Ibrahim et al., 2019). Help-seeking is a pivotal and expedient mechanism as it triggers information and explanation. Help-seeking is also progressively intended as a social process whereby people need each other to get and give help. The goal to control mental health problems can only be done if there are active mutual process between help-recipient and help-provider. Having psychological help is valuable as it could decrease the cost and effect of mental health problems and permit more individuals to flourish, prosper and contribute positively to society (Happy, 2019). However, past studies showed that employees refuse to disclose mental health problems because of fearing losing their credibility, be abandoned, avoiding being the point of gossip at workplace, and the target of prejudice and discrimination (Dewa, 2014). According to Dewa (2014), majority of employees, 54.6% (n=392), tend not to tell their managers about their mental health problems as they fear that it would influence their job and career (Dewa, 2014). Furthermore, early presentation for encouraging help-seeking behaviour and treatment are related to the bettered impact on mental health problems (McGorry, 2008). However, many people with common mental health problems like anxiety or depression do not seek help early (Rones et al., 2005).

### *Mental Health Issues in University*

In the higher education institution context, the suicide cases of professors from universities flagged the requirement for a greater understanding of the importance of mental health in the academic profession (Casselman & Tankersley, 2019; Flaherty, 2017). Schindler (2006) reported that junior academic staff was found to experience more emotional distress in contrast to senior academics. Additionally, almost 70 percent of 267 academics had no or inadequate knowledge of resources available that lend mental health support, and only 13 percent of them used the resources, mainly due to fear of professional risk and stigma (Price & Kerschbaum, 2017). Bira et al. (2019) argued that the universities continuously emphasize the scarcity of support, high demands, and competitive mindsets that place the basis for mental health drains. The other contributing factors to mental health problems could be the pressure of winning grants, earning tenure, publishing papers, and promotion (Bira et al., 2019).

### *The Importance of Help-Seeking Behaviour for Academics*

There could also be the dilemma of withdrawing from the workloads upon those with mental health problems or those that seek help, such as by the behaviour of seeking therapy or revealing symptoms. The consequences that occur may be personal or professional, leading to the complexity for them to address the issue in the first place. The reality of the consequences is whether the decision is by taking action or hiding the mental health problems (Price & Kerschbaum, 2017). According to Lashuel (2020), managing mental health problems by seeking help is crucial for academics to attain a work-life balance. If academics do not practically take care of themselves, they cannot then take care of their students (Lasheul, 2020). Therefore, help-seeking is a positive behaviour that could reinforce health and well-being. Despite the mental health problems being faced, help-seeking is a sign of courage and strength (Happy, 2019). Therefore, this study is interested to uncover the issues of individual intention to seek helps and exploring factors that may influence help-seeking behaviour.

### **PAST STUDIES ON HELP-SEEKING BEHAVIOR**

Reviewing the literature has shown that several factors influence help-seeking behavior. Job security and satisfaction were among the factors found to be significant in influencing help-seeking behavior. It is shown in a study conducted by Tynan et al. (2016) on 1457 Australian mining workers. Maekawa et al. (2016) also found that job security is an important determinant for the workers to seek help. In a study conducted on 650 full-time male Japanese workers, help-seeking behaviour depended on employee distress levels indirectly related to career (Maekawa et al., 2016). The study reported the difference in help-seeking for mental health problems involving low and high employee distress levels. Those who experience a low level of mental distress tend to seek treatment and have a firmer perceived belief in mental health services at the workplace. In contrast, the openness to seek mental health help is decreased for those who experienced a high level of mental distress as they tend to perceive risk for career disadvantage.

In another study, 33.4 percent of the 5001 United States civilian population stated that they would go for professional treatment if they

experience critical mental health problems. However, 20.7 percent of the participants informed the opposite (Mojtabai et al., 2016). Thus, the adverse values for help-seeking among highly distressed workers can only be decreased when the mental health services are perceived beneficial and have low career risk. The readiness to seek for professional help for critical mental health problems and comfortably to talk openly about personal problems with professionals was related with continuous treatment and future help-seeking.

Stigma is another factor that hinders people from going and seeking help. In a study conducted by Alhomaizi et al. (2018), they found that stigma and social support were among the factors that influence help-seeking behaviour among Muslims at various levels. The data were collected through semi-structured interviews involving seventeen individuals with ten Arab Muslim laypersons, five mental health professionals, and two imams staying in the United States. The study indicate that stigma do contribute to low help-seeking behaviour. In other writing, self-stigma was tested as a moderator in Beatie et al. (2016) study. The results showed that self-stigma moderates the relationships between help-seeking attitudes and help-seeking behaviours. Apart from self-stigma, Topkaya (2015) found that social stigma was also one of the inhibiting factors for help-seeking behaviour intention when tested on 10 participants through a semi-structured interview. Thus, continuous effort in promoting knowledge about mental health to the public is necessary to reduce stigma and increase the intention for people to seek help willingly.

If stigma was found to hinder people from seeking help, mental health literacy increased the intention to seek help. According to Waldmann et al. (2019), individuals with more mental health literacy are significantly related to increase help-seeking intentions and behaviours. In one online survey by Beatie et al. (2016) on 486 undergraduate students at a large central Canadian university, they found that understanding of mental health problems and acuity symptoms moderate the relationships between help-seeking attitudes and help-seeking behaviours. In another study, Ratnayake and Hyde (2019) examined gender differences in the relationship between mental health literacy and help-seeking intention. The study was conducted on 32 senior high school students (10 males and 22 females) from a co-educational independent school in southeast Melbourne aged between 16 to 18 years old. Interestingly, the study reported that male students were

more likely to seek help than female students. However, in Arora et al. (2016) study, the findings indicate no significant difference across genders among 160 university students from the southern United States when testing the attitudes toward seeking help from the mental health service.

Another factor highlighted in the literature is related to mental health services, including trust on the mental health professionals. For example, Topkaya (2015) argued that lack of knowledge about mental health service and the issue of trust in mental health professionals were among the factors that influence help-seeking behaviour intention. Having a similar view like Topkaya, Wang et al. (2019) also agreed that people tend to refuse to seek help because of a lack of knowledge about the source of help and dissatisfaction with medical services. These findings were found when they tested on 72, 999 individuals from 123 districts of Hunan region of China.

Apart from knowledge of mental health services and trust in the mental health professionals, Umubyeyi et al. (2016) look at the issue of accessibility and acceptability of health services that become the primary barriers to help-seeking behaviour concerning mental health problems. Through their cross-sectional study on 247 mental health sufferers of current depression and suicidality in Rwanda, they found that self-efficacy is the factor that can lower people's confidence to access mental health care. However, it also can increase confidence in participants' ability to communicate with healthcare workers and adapt to the consequences of seeking care.

Finally, in a study conducted by Buttigieg et al. (2016) involving 494 adolescents in Malta, they found that 65 percent of the participants regarded the need for autonomy and 53.7 percent of participants regarded feeling of embarrassment as the barriers to seek for professional help. Interestingly, Mojtabai et al. (2016) found that embarrassment was not related to future help-seeking or service use when tested among the 5001 United States civilian population.

## **METHOD**

The study utilized an online semi-structured interview as the data collection method to uncover participants' perspectives on help-seeking issues. Respondents were asked to elaborate on their experiences and

perceptions about help-seeking in mental health. Interviews allowed for flexibility and openness. As Strauss and Corbin (1998) suggested, exploratory and discovery-oriented question allowing the participants to express issues of help-seeking within their frame of references. The one-to-one online interview lasted for an average of one hour.

Three participants (a male and two females) have participated in this study. The first participant is female, in her 30s, single, a master's degree holder, and currently working with a private university. The second participant is male, age 44 years old, divorced, a master's degree holder, and currently not working after the contract with a private university ended. The last participant is female, age 34 years old, married with two children, a Ph.D. holder, and currently working with a public university. Two of the participants are currently seeking help from professional sources. The data were collected through snowball sampling technique. Snowball sampling is used when samples with the target characteristics are not easily reachable (Naderifar et al., 2017). In this technique, the potential respondents that fulfil the criteria of Malaysian academics that work in public or private universities in Malaysia were identified and invited to participate. The potential respondents also were asked to share the invitation to participate in this study to other potential respondent. In short, after the series of invitations, 3 respondents were volunteered and willingly to participate in this study. They were informed on the anonymity and privacy matters.

The experts from qualitative study argue that there is no direct respond to the inquiry of sample size requirement that is corresponded on several determinants in relation to the issues of epistemological, methodological and practical (Bakers & Edwards, 2012). Sandelowski (1995) explained that small sample in qualitative study can allow 'deep, case-oriented analysis'. In addition, Morse (2000) suggests that the more useable data are gained from every individual, the fewer respondents are required. Morse (2000) also proposed the researchers to consider the nature of the topic such as its accessibility and complexity, the study design, the scope of study and the quality of data. Certainly, the questions' structure in qualitative interviewing has been identified to impact the richness of data collected (Ogden & Cornwell, 2010). Vaileiou et al. (2018) justified that empirical study reveals that open questions incline to generate richer data. Thus, 3 respondents are appropriate for preliminary study. For instance, Abdul Majid et al. (2017) conducted pilot interviews to 2 participants and

Malmqvist et al. (2019) conducted pilot interviews to 3 participants. After each data collection session, data were analysed using thematic analysis to identify and generate significant themes and sub-themes. The study adopted the basic descriptive thematic analysis Braun and Clarke (2006) suggested. The aim was to provide overarching descriptive themes from the data collected and propose how these themes influence help-seeking behaviours. Transcripts were read first to gain an overall understanding. This was followed by initial coding and theme identification. Themes were constructed by comparing and contrasting the initial codes. The study involved reading the data repeatedly to familiarize with the data and manually generating codes. The codes were then reviewed, re-categorized, and rearranged to define a theme clearly. Data analysis was done manually.

## **FINDINGS AND DISCUSSIONS**

This section discussed the responses gathered from the three participants regarding help-seeking issues. During the interview, participants were asked to share their experiences with their mental health problems and reasons for seeking help. In addition, participants were asked to share the causes of their mental health problems, the impact of the problems on their daily life and relationship with others, and how they cope with the problems.

### **Mental Health Problems: Causes**

When participants were asked about the causes of their mental health problems, the first participant related the high workload as the cause of her depression and anxiety disorder. At first, she did not realize that she had a mental health problem. She has been experiencing severe migraines and depends on the pain killer. She thought that the high workload contributed to her migraine problem until she had frequent suicidal thoughts. Then, she knew that it was not normal and she needed to do something.

*“... earlier stage, did not realize that I have this depression and anxiety... first sign...severe migraine.... Doctor provides me with pain killer...I been dependent on that... the situation become worst... rapid heartbeat... can't think straight when having so much work...*

[R1]



Unlike the first participants, the unemployment issue was the leading cause of the second participant's depression. He has been out of a job since 2018.

*“... I lost my job and being unemployed since 2018... I have my own personal problems too... that make difficult to handle ...*

[R2]

The third participant was unsure about what triggered her anxiety. She is aware of her problems long before joining her current university. She has sought advice from the doctor regarding her problems, but the doctor said she is okay.

### **Mental Health Problems: Impact on Daily Life and Coping Mechanism**

The unemployment issue has led to other personal problems, such as his relationship with his wife, in-laws, and family. During the interview, he shared that his marriage ended in divorce, and his own family left him to cope with the problems. He is all alone to cope with his problem and has nobody to turn to. His coping with his problem during the initial stage is just by crying and keeping to himself. Even though he has a close friend, he is preferred not to bother him with his problems. In his own words:

*“... yes only once I share with my closest friend... he has his own family... I don't want to bother him... when he asks if I am ok... I always say ok...”*

[R2]

For the second participant, she is also a bit reluctant to share her problems with her friend because of a trust issue, and she also could not find suitable people to talk. Even though she has family, they do not understand what she is going through. So, when her anxiety attacks her most of the time, she will cope by crying herself out. In her case, her problems did not interfere with her relationship with peers and students. As shared by her,

*“... hmmmm.... sharing with whom? ... Seriously, I do not have anybody to share... sometimes I cry till 2 or 3 in the morning... to share with my parent, they will get angry with me...don't want to share with my husband... don't want to involve in fight...”*

[R3]

All the participants agreed that the lack of management support had worsened the situation. Even though they have tried to share their problems with their bosses, their bosses do not understand what they have gone through and do not know how to handle the situations. As shared by the participants,

*“...the employer does not understand... only understands on the surface... I don't know about other university... at my university, the employer really doesn't understand the mental health issue... the employer doesn't even tackle it... in fact, more and more work is given ... the management team doesn't care... if we share, they will give their own reasons why it is necessary to give more work ... they don't understand, they actually don't understand... they don't understand OCD is one of the mental health issues.. Bipolar is one of the mental health issues ... depression is one of the mental health issues... they don't really understand ...”*

[R1]

*“... management team does not understand ... my boss just said... go and get treatment... that was in the beginning... when I am battling with the depression and share with my boss ... he become angry and starts being sarcastic... it makes things worst”*

[R2]

*“...the superiors need to give support... not just for work... but emotional support... understand what the staff is going through... with the current situation ... either they have small children or not (to be handled at home)... they should consider that... It's not just giving task without asking... there's really no mental health support...”*

[R3]

### **Reasons for Seeking Help**

During the interview, participants were further asked to share reasons that motivate them to seek help or hinder them. As mentioned earlier, two of the participants are currently receiving treatment from a psychiatrist. One participant chose not to seek help even though she

was known that she was having a problem. As for the first participant, the main reason for her to seek help is she fears that she will do something stupid like commit suicide. When the suicidal thoughts become intense and occur more frequently, she knows that she needs to seek help. Besides, she believed that committing suicide is not allowed being a Muslim. Thus, she willingly wants to seek help. In her own words,

*“...I’m scared that one day...I will do stupid thing, I kill myself, so I think I have to go to see a psychiatrist...”*

[R1]

*“... thank God we have our religion, when we really want to commit suicide... I can’t, I have to meet...I have to seek help...”*

[R1]

The second participant went to seek help on the advised of his friend’s wife, who happen to be a medical doctor. He has been hiding his problems from others for an extended time as he is sceptical about seeking help from the doctor. He believed that being a Muslim, he needed to pray or recite Quran, and the bad feelings would disappear. Thus, he tried to solve his problems until he could not cope with them anymore. It took him about two to three months to decide whether to go and seek help or not. As shared by the participant,

*“...I’ve been hiding my feelings for too long... I’m a kind of too sceptical, no need to see a doctor, its all just my mind... this is all devil’s... I still carry out my responsibility as a Muslim, praying...but I still feel hurts... I realize it is not a common problem... I take 2 to 3 months... tried... fight with myself... until I cannot cope with it anymore...then I go to seek help... because I cannot cry anymore...”*

[R2]

The third participant has decided not to go and seek help. She is scared of what other people might think of her if she goes and seek help from the psychiatrist. She is afraid of the stigma that she will receive from the people around her. People might label her as having a mental illness if she sees a psychiatrist. In her own words,

*“... I think it is the stigma of society. Society’s stigma... when we go to get help...later he says...this person is problematic...can’t do work...so...in the end it’s like... its okay...keep it (mental health problem) to yourself... crying during your prayer... That’s how it feel...”*

[R3]

She also shared how her credibility as an academic will be tarnished if people know that she is seeking help from a psychiatrist. Being an academic who always gives lectures to others and gives students advice, she is expected to be mentally healthy. If not, people will not respect or trust her. Speaking of trust, the main reason she feels reluctant to share her problems with others, including the counsellor at her workplace, is due to the issue of trust. She is scared that her friends or counsellor might spread her problems to others. As shared by the participant,

*“... because we are in a position where we (frequently giving) talks... we tell people...we tell students things like this and like that...but we end up getting help... seek help. So, how can people want to believe in us... while the stigma that Malaysians (have upon those with mental health problems)... ‘she is crazy’... ‘mentally ill’... so, things like this make us really depressed... so, that kind of thing ...we have that stigma... we just want to get help right... we have our emotions... we feel angry... tired... depressed... but no one wants to acknowledge our emotional state...”*

[R3]

During the interview, she also highlighted job security as one reason for not seeking help. She is afraid that she might lose her job if she had a record with the psychiatrist. As shared by her during the interview,

*“... what kind of employer we had (in Malaysia) ... right?... a person has a medical history of having seen a psychiatrist and compare with a healthy, fit candidate... for sure, the employer will choose the person who is healthy, fit, and got no medical problem... right? So, people with mentally health problem will be left behind... we have that kind of stigma... we’re not going to seek help).*

[R3]

In conclusion, the findings indicate that many are not aware that they are experiencing mental health problems until it has been too late. In many cases, people only go and seek help when they cannot cope with the situations anymore. Most of them think they can handle the problem independently, and some feel sceptical about seeking help from professionals. These findings supported a previous study conducted by Mojtabai et al. (2016). They found that 33.4 percent of the 5001 United States civilian population stated that they would go for professional treatment if they experience critical mental health problems. Cornally and McCarthy (2011) argued that help-seeking behaviour is considered a complicated decision-making process brought on by a problem that undertakes an individual's abilities. The decision-making process is described by attributes such as problem-focused, intentional action, and interpersonal interaction. Hence, help-seeking behaviour for a health problem can be defined as a problem-focused, planned behaviour comprising interpersonal intercourse with a selected health-care professional or anybody that is strongly believed by the person involve to help ease the health problem. Means et al. (2013) also argued that a person has to identify that there is a problem first before considering professional help. Some mechanical devices or metrics are generally applied to discover the sickness for physical health problems, such as a thermometer to detect fever and others. However, it is complex for a mental health problem to be identified. A different individual might get different approach to tackling their mental health problems by considering many factors such as the situation of the problem, demographic background and severity.

Trusting others with their problems was another main reason in this study that explains why many are reluctant to share. Topkaya (2015) argued that lack of knowledge about mental health services and the issue of trust in mental health professionals would influence help-seeking behaviour intention. Having a similar view like Topkaya, Wang et al. (2019) also agreed that people tend to refuse to seek help because of a lack of knowledge about the source of help and dissatisfaction with medical services. These findings were found when they tested on 72, 999 individuals from 123 districts of the Hunan region of China.

Finally, similar to past studies, stigma from society, preserving professional credibility, and job security were also found among the factors that hindered participant to go and seek help in this

study. Topkaya (2015) found that social stigma was also one of the inhibiting factors for help-seeking behaviour intention when tested on 10 participants through a semi-structured interview. Alhomaizi et al. (2018) found that stigma and social support were among the factors that will influence help-seeking behaviour among Muslims at various levels. The study indicates that stigma did contribute to the low help-seeking behaviour. In addition, afraid of losing a job if they seek help is another factor that stops many from seeking professional help, which is consistent with studies conducted by Tynan et al. (2016) and Maekawa et al. (2016). Supporting previous studies such as Dewa (2014), the current findings also indicate how employees are rejecting to disclose mental health problems because of fearing losing their credibility, being abandoned, avoiding being the point of gossip at workplace, and being the target of prejudice and discrimination many are fearful of telling their bosses about their mental health problem as it would influence their job and career. Thus, continuous effort in promoting knowledge about mental health to the public is necessary to reduce stigma and increase the intention for people to seek help willingly.

## **CONCLUSIONS AND RECOMMENDATIONS**

In short, the present findings indicate that stigma from society, job insecurity, lack of management support, and preservation of professional credibility are among the factors that might hinder individuals from seeking help. Many of those who go and seek help when their conditions have become worst. Therefore, mental health awareness programs should be actively continued in the community and workplace to spread knowledge about mental health and reduce stigma. It is best to encourage people to seek help earliest possible before reaching a later state. Early detection of mental health problems could help lessen the impact of any potentially serious health condition like mental illness. Besides, an early diagnosis from the professional could stimulate future care plans and treatment. Various agencies should combine efforts to encourage people to seek help if they have nowhere to go to fix their mental health problems to have open access to mental health care and treatments without prejudice.

Though knowledge about mental health may have increased in this digital era, there is still a need for robust implementation and

enforcement through specific policies from the government. In addition, it is to tackle the discrimination issues in the workplace towards employees with mental health problems so that mental health can be treated and perceived with equal important as physical health. The organization also needs to play a role by providing support in encouraging their employees who have mental health problems to seek help and by providing access to information about professional resources.

Specifically, the mental health problems occur among academics should be addressed and managed so that the environment that involves lecturer and student relationships does not much affect. Though mental health support is provided inside the university, most of the psychological services are focusing on students. Thus, it would be best if the university could form separate psychological support to the university's staffs that also includes academics; and students so that the concentration on the right approach to manage the mental health issues in academia can be implemented between these two groups. Mental health problems can be addressed effectively when everybody plays their roles by accepting those with mental health problems and supporting them by encouraging for help-seeking.

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