

ORIGINAL ARTICLE 

# Attitude of university students on psychological help-seeking: A cross-sectional study from Perak, Malaysia

Sanathana Kumaran<sup>1\*</sup>, Sharvean Kumar<sup>2</sup>, Maleesha De Zoysa<sup>3</sup>, Yogashri Kumarasamy<sup>4</sup>, Liew Kok Wen<sup>5</sup>, Xin Yi Yek<sup>6</sup>, Yik Hoe Lai<sup>7</sup>

**\*Corresponding author:**

<sup>1</sup>Sanathana Kumaran, MBBS third year student,  
Email: sanathanankumarans.sankararaj@qiu.edu.my  
[\[ORCID\]](#)

<sup>2</sup>Sharvean Kumar [\[ORCID\]](#)

<sup>3</sup>Maleesha De Zoysa [\[ORCID\]](#)

<sup>4</sup>Yogashri Kumarasamy [\[ORCID\]](#)

<sup>5</sup>Liew Kok Wen [\[ORCID\]](#)

<sup>6</sup>Xin Yi Yek [\[ORCID\]](#)

<sup>7</sup>Yik Hoe Lai [\[ORCID\]](#)

<sup>1-7</sup>Third year MBBS student

All authors are affiliated to  
Faculty of Medicine, Quest International University (QIU),  
No. 227, Plaza Teh Teng Seng (Level 2), Jalan Raja  
Permaisuri Bainun, 30250 Ipoh, Perak Darul Ridzuan,  
Malaysia

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**ABSTRACT****Introduction:**

Students pursuing higher education frequently face psychological and emotional challenges. Anxiety, stress, and low self-esteem are commonly observed. In universities and colleges, students rarely ask for psychological support. This research aims to determine university students' attitudes toward psychological help-seeking to improve their mental health.

**Methods:**

This cross-sectional descriptive research was conducted at Quest International University, Ipoh, Malaysia. A total of 93 students participated. A validated, structured questionnaire was distributed among the students. SPSS v26 was used for statistical analysis.

**Results:**

Indians made up the majority of the participants (57.1%), with Chinese (22.1%), others (15.8%), and Malay (4.2%) following. A significant mean difference in attitude (stigma) scores was observed among Indian students ( $P=0.009$ ) compared to others. The attitude (privacy) score is significantly higher ( $P=0.025$ ) among Indian ethnicities than among Malay and other ethnicities.

**Conclusion:**

We conclude that appropriate and effective measures must be taken to protect young minds from major psychological issues. We must urge the pupils to come forward for early detection, fast treatment, early intervention, and recovery from mental health disorders. Special attention to psychological support services for the students and integrating them with academic programmes may improve the number of students asking for psychological help-seeking.

**Keywords**

Depression, gender, mental health, stigma, student

## Introduction

Universities and colleges are the place for the aspirations of students. Higher education has become vital for success with the rise of information. The continuous pressure to achieve the goal is rampant in universities and colleges. As a result, young minds always face a difficult and tumultuous time during their studies.

Emotional and psychological challenges in higher education are evident factors that emerge during adolescence and continue until students finish their studies. Mental health is a significant health concern among university students, which leads to depression, anxiety, stress, and low self-esteem. Past studies in Malaysia have shown that many students suffer from depression. [1-3] Depression plays a crucial role in poor academic performance and a decrease in a student's GPA, which may reduce job opportunities in the future. An increased incidence of depressive symptoms with academic tasks is also reported. Suicide ideations are increasing among students because of uncontrolled stress and depression. Dropping out of university, outrageous bullying or ragging also increased among university students. Isolation, discrimination, stigma, negative beliefs about help-seeking and difficulty accessing mental health services are a few causal factors of this behaviour that have already been identified. [4] Previous research at QIU showed that the prevalence rates of anxiety and depression were 31.7% and 15.7%, respectively, among university students. [2]

Help-seeking is an adaptive way of combating stress by getting help and mental support to alleviate stress and improve mental health. Unfortunately, the intention to seek psychological help is significantly lower. Past research has shown that only 1.32–3.72% of the students asked for help. [5] However, a study conducted in Queensland reported that the mean intention score was between 4.34 and 9.72, and another study from Sri Lanka reported psychiatric help-seeking at 7.3%. [6]

It is a sad and undeniable fact that students in universities and colleges vastly underutilize counselling services despite their high needs. Many students in higher learning institutions experience academic, personal, vocational, social, or psychological problems, but they are reluctant to seek help from professional counsellors. [7, 8]

Several reasons were identified, including limited knowledge of available services and a lack of awareness regarding the severity of problems. These factors, including gender [7], age [9], and the ability to recognize psychiatric disorders [10], can predict psychological help-seeking behaviour. Additional factors influencing are a family history of depression [5], dread of discussing their issue and anticipation of a negative response from experts [11], students' social support [12], cultural and social stigma. [13]

This research aims to find out the attitude of university students toward psychological help-seeking to improve their mental health in Perak state. We also examine any significant differences between gender, ethnicity,

nationality and field of study. Understanding the challenges around psychological help-seeking behaviours and facilitating effective treatment is necessary for preventing the intensification of mental health problems among university students.

## Methods

### Study period, study design, and participants

This cross-sectional descriptive study was conducted at Quest International University (QIU) from May 2022 To January 2023. A structured questionnaire was distributed among the students of different faculties. A total of 93 students participated in this research.

### Inclusion and exclusion criteria

All students who participated in this research were from the QIU foundation, diploma, degree, and postgraduate courses, were well-versed in English, and volunteered to participate. Students unwilling to participate and who did not provide informed consent were excluded.

### Sample size calculation

The selection of study participants was voluntary, and a convenient sampling method was used for this research. The sample size was calculated based on a previous study by Eisenberg *et al.* [14] The sample size was calculated as 334 for a confidence interval of 95 percent and an absolute precision of 5%.

### Collection of data and questionnaire

The questionnaire was adapted from Topkaya *et al.* entitled Barriers to Seeking Psychological Scale to determine the barriers influencing psychological help-seeking. A questionnaire was created in Google Forms and sent by email, including demographic details. The scale consisted of 17 items that assessed students' perceptions of barriers to psychological help-seeking along five dimensions: fear of stigma (4 items), trust in the mental health professional (4 items), perceived devaluation (3 items), difficulty in self-disclosure (3 items), and lack of knowledge (3 items). [15] Another item (My family will disapprove if I seek psychological help) was added to the Stigma subscale. The final questionnaire consisted of 21 items and six different types of barriers to psychological help-seeking, adopted from the study of Ramdass *et al.* [16] Each item was rated on a 5-point Likert scale, ranging from strongly disagreeing (1) to strongly agreeing (5). Higher scores indicated higher perceived barriers on the related sub-scale.

### Independent variables

Age, gender, ethnicity, nationality, and fields of study were independent variables.

### Dependent variables

Attitudes towards psychological help-seeking (stigma/access/privacy/trust etc.)

**Data management and statistical analysis**

Statistical analysis was done using Statistical Package for Social Sciences (SPSS v26). The Chi-square and Fisher exact tests were performed. p-value < 0.05 was considered statistically significant.

**Ethical committee approval**

Permission was obtained from the Joint Research Ethics Committee (JREC) at QIU. Confidentiality and anonymity were maintained throughout the project. All participants have given informed consent. Investigators declared that participation was voluntary, and participants were allowed to ask any questions and had the freedom to participate, decline, or stop participating at any moment.

**Results**

**Table 1: Sociodemographic characteristics of Participants (n=93)**

Demographic profile	n	(%)
<b>Gender</b>		
Male	27	(28.4)
Female	66	(69.5)
Prefer not to say	2	(2.1)
<b>Ethnicity</b>		
Malay	4	(4.2)
Chinese	21	(22.1)
Indian	55	(57.9)
others	15	(15.8)
<b>Nationality</b>		
Malaysian	75	(78.9)
Non Malaysian	20	(21.1)
<b>Course</b>		
Science	18	(18.9)
Medicine	47	(49.5)
Arts	18	(18.9)
Business and accounting	12	(12.6)
<b>Year of Study</b>		
1	42	(44.2)
2	29	(30.5)
3	17	(17.9)
4	5	(5.3)
5	2	(2.1)

Table 1 describes the demography of the participants (n=93), with 69.5% female and 28.4% male. The majority of the participants were Indian (57.9%), followed by Chinese (22.1%), others (15.8%), and Malay (4.2%). The majority (78.9%) of the study participants were Malaysians. According to the courses pursued, 49.5% of the students were from the Faculty of Medicine and Health Sciences, and the least (12.6%) were from the Faculty of Business and Accounting. In contrast, science and arts stream students were (18.9%) respectively.

Table 2 shows a significant mean difference in attitude (stigma) scores observed among Indian students (P=0.009), when compared to others. The attitude (privacy) score is significantly higher (P=0.025) among Indian ethnicities than Malay and other ethnicities. Meanwhile, there is no

significant mean difference in attitude scores (Stigma, access, trust, and privacy) observed between age, gender, and nationality in this study.

**Table 2: Association between Sociodemographic factors and attitude of students towards psychological help seeking (n=93)**

	mean	(SD)	t	(df)	P value
<b>Stigma</b>					
Age (years)	21.3	(2.3)	-0.11		0.291*
<b>Gender</b>					
Male	16.0	(5.1)	0.02	(2,92)	0.982*
Female	16.2	(4.9)			
Prefer not to say	16.0	(7.1)			
<b>Ethnicity</b>					
Malay	12.8	(5.4)	4.05	(3,91)	0.009*
Chinese	15.8	(3.5)			
Indian	17.4	(4.9)			
others	13.1	(5.4)			
<b>Nationality</b>					
Malaysian	14.5	(5.9)	-1.69	93	0.095*
Non-Malaysian	16.6	(4.6)			
<b>Access</b>					
Age (years)	21.3	2.3	0.128		0.216*
<b>Gender</b>					
male	10.6	3.8	0.55	(2,92)	0.579*
female	10.6	3.9			
prefer not to say	13.5	0.7			
<b>Ethnicity</b>					
Malay	9.5	4.5	0.64	(3,91)	0.591*
Chinese	10.3	2.9			
Indian	11.1	4.2			
Others	9.9	3.7			
<b>Nationality</b>					
Malaysian	10.8	4.0	0.67	93	0.506*
Non-Malaysian	10.2	3.2			
<b>Trust</b>					
Age (years)	21.3	2.3	-0.145		0.161*
<b>Gender</b>					
Male	11.0	3.9	1.013	(2,92)	0.367*
Female	9.8	3.8			
Prefer not to say	10.0	1.4			
<b>Ethnicity</b>					
Malay	8.3	5.7	0.633	-3.91	0.596*
Chinese	9.8	2.7			
Indian	10.5	3.8			
Others	9.7	4.6			
<b>Nationality</b>					
Malaysian	10.2	3.8	0.152	93	0.880*
Non-Malaysian	10.0	4.1			
<b>Privacy</b>					
Age (years)	21.3	2.3	-0.177		0.085*
<b>Gender</b>					
Male	8.9	3.5	0.150	(2,92)	0.861*
Female	9.2	3.2			
Prefer not to say	10.0	5.7			
<b>Ethnicity</b>					
Malay	5.3	4.1	3.271	(3,91)	0.025*
Chinese	9.3	2.8			
Indian	9.7	3.3			
others	7.9	2.8			
<b>Nationality</b>					
Malaysian	9.3	3.2	0.950	93	0.345*
Non Malaysian	8.5	3.3			

\*p<0.05, >p>0.05

## Discussion

In this study, the mean age of the students was 21.3 years, which may be a significant factor in their repulsive behaviour toward psychological help-seeking. Earlier research showed a significant association between age and the intention to seek help for depression. A study in Turkey reported that with increasing age, professional help-seeking intention increases. [17]

We observed no significant mean difference in attitude (stigma) scores between genders. These findings contradict a survey among university students, where females experienced more symptoms of severe mental distress when compared with males. [18] Some research found men are less likely to seek mental help than women, which significantly negatively affects individuals' relationships, physical and mental health, and finances. [19] Some studies pointed out that the gender issue, lack of availability of the infrastructure, and associated monetary involvement hinder psychological help-seeking. [20, 21]

Regarding the attitude (stigma), most students mentioned trust issues and seeking psychological help is not expected in the culture, which refrains from seeking help. An earlier study also stated that Malaysian students in higher institutions are generally not ready to seek psychological services. Some other important worries for students could also be trust issues and privacy/self-disclosure issues. [22] This may result from university students' plans to deal with their emotional issues independently or look for online support. [23]

We observed a significantly higher ( $P=0.025$ ) attitude (privacy) score among Indians than Malay and other ethnicities. A previous study at QIU showed a significant association between ethnicity and depression, with 7.3% of Indian students having the highest level of depression, followed by Malay (6.9%), and Chinese students (1.5%). These two findings can be correlated, as Indian students do not come forward for help-seeking, which leads to depressive behaviour. [2]

In the privacy section, students reported that sharing problems with a stranger is difficult. This restriction may cause youth to prefer getting help from other sources like friends, family members, and close relatives over medical professionals. [24] Most students in the "strongly agree" category opted for the option "refuse to provide information about personal issues" Findings indicate that students are wary of asking for help because they feel uncomfortable discussing personal issues with an unfamiliar person. This aligns with previous research that has also found the same outcomes. According to the research, interview data from college students, concerns over confidentiality and "invasion of privacy", as well as a propensity for self-management, were the biggest obstacles to obtaining help. [25] The possibility of unfavourable consequences lies at the heart of trust concerns. A further obstacle can be that students lack faith in the confidentiality of their personal

information since they don't comprehend the counselling process and the counsellor's purpose.

However, studies investigating the relationships between help-seeking characteristics revealed a strong positive association between concerns with trust and privacy and the stigma associated with obtaining psychiatric assistance. According to Komiya *et al.*, students who find it challenging to communicate intense emotions may blame social stigma for their reluctance to seek assistance rather than fear of emotions. They revealed a direct link between the stigma of seeking psychological assistance and the fear of emotions. [26]

## Conclusion

We conclude that adequate and effective action should be taken to protect young minds from serious psychological problems. We must encourage the students to come forward for early detection, prompt treatment, early intervention, and recovery from mental health issues. Special care for psychological support services and integration with academic programs will help health policymakers and university authorities reduce the inhibition associated with psychological help-seeking.

## Limitation and future scope

Our study has some restrictions. The study's results cannot be extrapolated to a broader context due to several factors, including potential selection bias and the fact that we only included participants from one university in the state of Perak. Second, the cross-sectional study cannot establish a link between the variables and participants' behaviours in seeking psychological assistance.

## Abbreviations

Quest International University (QIU), Statistical Package for Social Sciences (SPSS)

## Relevance of the study

In this article, we investigated the issue's numerous facets and went further into the root of it. The current study is important because it stresses the need for prompt assistance for students who refuse assistance which negatively affects their psychological well-being.

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## Authors' contribution

All authors contributed equally to study planning, data collection, data analysis/ interpretation, manuscript

writing, manuscript revision, All authors finally approved the manuscript. Agreement to be accountable for all aspects of the work was also accepted by all authors.

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### Availability of data and materials

All data underlying the results is available as part of the article, and no additional source data is required.

### Competing interests

None declared.

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