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Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia

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Abstract

Background: Mental illness rates among young people is high, yet the frequency of help-seeking is low, especially among those from lower socioeconomic backgrounds. Understanding factors influencing help-seeking, such as mental illness beliefs, stigma and literacy among B40 individuals is important, but past studies are sparse. Hence, we aimed to examine the factors associated with mental help-seeking attitude among students from the B40 income bracket. Differences in beliefs toward mental illness, stigma and help-seeking attitudes among university and secondary school students were also investigated.

Methods: University and secondary school students from low-income households ($N = 202$) were involved in this cross-sectional study. Participants completed the Depression Literacy Questionnaire (D-Lit), General Help Seeking Questionnaire (GHSQ), Mental Help Seeking Attitudes Scale (MHSAS), Self-Stigma of Seeking Help Scale (SSOSH), and Beliefs toward Mental Illness (BMI).

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Background

Mental disorders are estimated to affect up to 13.4% of children and adolescents [1]. However, the treatment rate is low. For example, a review on the use of psychiatric treatment found that only around 33% of students with mental health problems were treated [2]. This trend was also observed among young people who showed symptoms of depression and anxiety, of which only 18 to 24% sought professional help [3]. Those who did seek help preferred to obtain assistance from friends and family, rather than a professional [4]. In addition, individuals from lower socioeconomic background have a lower rate of mental health service utilization [5].

Seeking help for mental health issues is the first step toward assessing the mental state, getting the proper diagnosis and subsequently undergoing the intervention and management of mental health by professionals. However, the factors influencing mental help-seeking attitudes need to be explored further. Researchers have identified the barriers and listed several factors; a) technical problems such as financial burden incurred by mental health services [6] and difficult access to the care provider due to transportation or undersized and inadequate resources [7, 8]; b) Personal views such as the lack of perceived need for treatment [9] or perceived ineffectiveness of the therapy [2, 10] and c) stigma. In addition, cultural factors could also influence help-seeking intentions. For example, the practice of making a spiritual diagnosis and treatment among clergy in East Malaysia could delay medical help-seeking [11].

The stigma on mental illness is a concern for helpers, as well as the patients. Individuals with mental disorders are often labeled and stigmatized by society due to their behavior and appearance that are considered to deviate from the norms of society [12]. Stigma refers to an attribute which society considers as undesirable and which leads to the exclusion of an individual from society [13]. Negative stereotypes, prejudice, and discrimination from society could be internalized and generate feelings of incompetence and low self-esteem within an individual, defined as self-stigma [14]. Studies showed that stigma is one of the deterring factors for seeking mental help in various populations, such as among university students [15, 16], faith communities [17], veterans and military personnel [18, 19] and healthcare students and professionals [20]. In addition, mental illness stigma in Asian communities has been associated with the idea of 'losing face', especially for the family members of the mentally ill [21].

The mental health literacy of an individual with mental health problems is another factor that could predict his or her attitudes toward seeking help. Mental health literacy is a facet of the health literacy concept, defined as an individual's knowledge and beliefs regarding mental health which help to aid his or her recognition, management, and prevention of mental disorders [22]. Thus, mental health literacy means understanding the signs and symptoms of psychiatric disorders and the

residents of a hostel under a non-government organization which houses almost 200 poor students from all over Malaysia. University participants were recruited from one of the universities in the Klang Valley of Malaysia.

Data collection

Permission was obtained from the relevant authorities of the sites selected for this study. Participants were approached in their classrooms before the lesson commenced. Those who met the inclusion criterion (from the B40 population with household income <RM 3,900 per month) were selected. The participants who did not meet the B40 criterion were excluded from the study. Verbal consent from the caregivers of the younger participants was obtained, whilst the university participants verbally gave their consent. All of the participants were then asked to complete the self-rated questionnaires. Ethical approval was obtained from Universiti Kebangsaan Malaysia Research Ethics Committee.

Instruments

This study used questionnaires which were translated into Malay for the purpose of this study. A demographic question sheet obtained information on age, gender, and family income.

Depression literacy scale [34]

The Depression Literacy Scale or D-Lit was developed by Griffiths et al. [34] to assess mental health literacy specific to depression. It consists of 22 items which can be answered either "true", "false" or "don't know" by the participants. Each correct response receives one point and higher scores indicate higher literacy of depression in the participants. It has an internal consistency of Cronbach's alpha = 0.77 and 0.74 when tested among a Bangladesh population and healthcare professional students in India respectively [35, 36], which reflect a good reliability. For the present study, five items were deleted leaving only 17 items, to achieve the acceptable KR20's value of Cronbach's alpha = 0.55. The Cronbach's alpha value of 0.60 is considered acceptable in social sciences [37].

General help seeking questionnaire (GHSQ) [38]

GHSQ has been developed to measure intentions to seek help from different sources and for different problems (personal or emotional problems and suicidal emotion) [38]. The instrument consists of 10 items repeated twice for both problems, with a total of 20 questions, measured with a 7-point Likert scale ranging from "extremely unlikely" to "extremely likely" to find help from different sources such as intimate partner, friend, parent, mental health professional and others. One question is stated as "I would not seek help from anyone"

Data analysis

This study used the IBM SPSS Statistics for Windows, version 22.0 (IBM Corp., Armonk, N.Y., USA) to analyze the data. Descriptive analysis was conducted for the description of the mean and standard deviation of all the variables. The Pearson's correlation test was used to test the correlation between help-seeking domain, self-stigma, negative belief toward mental illness and depression literacy with mental help-seeking. In order to compare all variables based on academic level, t-test analysis was chosen. Lastly, multivariate linear regression was used to test the effect of multiple independent variables (self-help seeking domain, self-stigma, negative belief, and depression literacy) on the dependent variable (mental help-seeking attitude).

Results

Most of the participants (= 202; age = 17.03 ± 3.36) in this study were females (67.8%), and from the second group of B40 household income which is within the range of RM1000-RM3000 (57.9%) (Table 1).

As shown in Table 2, the mean of depression literacy was 5.01 ± 1.93 out of a total score of 21. For the rest of the scales, out of a total score of 140, the mean for

Self-stigma on seeking help hinders an individual from getting treatment for their problems, either through psychiatric management or counselling therapy. Previous studies [46, 47] reported that those with psychological concerns hide their problems and avoid treatment to limit the harmful consequences they may experience from psychological services. One harmful aftereffect is the sabotaging of their self-esteem. Seeking professional psychological help is perceived as a threat to self-esteem [48], and a sign of weakness and acceptance of failure [40]. Those who consider seeking help for mental health problems for the first time are likely to be labeled as a mentally ill patient, and to be discriminated by society [49]. Scheff's (1966, cited in Corrigan) [50] Labelling Theory asserted that the label "mentally ill" leads society to treat the labeled individual abnormally and differently. Individuals who get treatment for depression are considered less emotionally consistent, less interesting and with lower self-esteem compared to people who get treatment for physical diseases. An experimental study by Sibicky and Dovidi [51] found that individuals who attended psychological counseling and psychotherapy faced more negative attitudes compared to those who did not undergo such therapy.

In this study, general help-seeking attitude was positively and significantly related to mental help-seeking attitude. Higher readiness and likeliness to get help from different people, professionals and non-professionals, indicates their favorability on seeking help for mental problems. Previous studies, such as in Horwitz [52] showed that people will talk to at least four members of

means more access to health information and a better understanding of such information to help them utilize it for the benefit of their mental health state. The negative belief and stigma toward mental illness were more likely to occur among those with lower education [57, 58]. It is interesting to note that although educational level influences these variables in the present study, it does not affect the mental help seeking attitude of the participants. This may be partly due to the equal availability of mental health services in both settings (i.e. secondary and tertiary education) in Malaysia.

This study has a few limitations. As this is a

Competing interests

The authors declare that they have no competing interests.

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