



**Faculty of Cognitive Sciences and Human Development**

**MENTAL HEALTH STIGMA AND ITS IMPACT ON HELP-SEEKING  
BEHAVIOR AMONG UNDERGRADUATE STUDENTS IN MALAYSIA**

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**Bachelor of Psychology (Honours)**

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Final Year Project Report

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**MENTAL HEALTH STIGMA AND ITS IMPACT ON HELP-SEEKING BEHAVIOR  
AMONG UNDERGRADUATE STUDENTS IN MALAYSIA**

FATIN AMALIN BINTI CHE PA

This project is submitted  
in partial fulfilment of the requirements for a  
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Faculty of Cognitive Sciences and Human Development  
UNIVERSITI MALAYSIA SARAWAK  
(2022)

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## **ABSTRACT**

This study aimed to comprehend the relationship between mental health stigma and professional help-seeking attitudes among undergraduate students in Malaysia. The goal of this study is to prove that mental health stigma has a significant effect on help-seeking attitudes as well as improving the past findings relating to the correlation of stigma and help-seeking attitudes. A total of 142 participants which is undergraduate students from Malaysian University have been volunteered to take part in an online survey entitled “Mental Health Stigma and Its Impact on Help-seeking Attitudes”, for this quantitative method study. The questionnaire consists of demographic, students’ perceptions and attitudes towards mental health, stigma scale and mental health seeking attitudes scale in order to achieve the objectives of this study. After the data collection, data analysis was carried out by using Statistical Package for the Social Sciences (SPSS). Few statistical tests were carried out in order to check the validity and reliability of questionnaire as well as to test the hypotheses of this study. First and foremost, Cronbach’s Alpha has been carried out to assess the reliability of the questionnaire, and the result shows an excellent number revealing that the questionnaire is valid and reliable to be used in this study. Next, Pearson Correlation was carried out to investigate the relationship between mental health stigma as an independent variable and help-seeking attitudes as a dependent variable. Carrying out this test has made the null hypothesis being rejected. Last but not least, Multiple Regression was carried out to further comprehend the correlation of the variables. Carrying out this test has proven that the help-seeking attitudes can be predicted by students’ perceptions and attitudes towards mental health and mental health stigma.

*Keywords: Mental health stigma, Help-seeking attitudes*

## **ABSTRAK**

Kajian ini bertujuan untuk mengkaji hubungan antara stigma kesihatan mental dan kecenderungan mendapatkan rawatan professional di kalangan pelajar ijazah sarjana muda di universiti di Malaysia. Matlamat kajian adalah untuk membuktikan bahawa stigma kesihatan mental mempunyai kesan yg jelas terhadap kecenderungan mendapatkan rawatan. Sebanyak 142 pelajar bersuka rela untuk menyertai kajian ini dengan menjawab soalan soal selidik yang bertajuk “Stigma Kesihatan Mental dan Kesannya Terhadap Kecenderungan Mendapatkan Rawatan Professional”. Soalan soal selidik adalah mengenai demografik, persepsi serta sikap pelajar terhadap kesihatan mental, skala stigma dan skala kecenderungan mendapatkan rawatan. Selepas data dikumpul, kajian diteruskan dengan melakukan proses menganalisis data menggunakan SPSS. Beberapa ujian statistik telah dijalankan antaranya Cronbach’s Alpha yang bertujuan untuk mengira ketepatan serta kebolehpercayaan soalan soal selidik. Nilai Cronbach’s Alpha yang diperoleh ialah baik, menjadikan soalan soal selidik tersebut tepat dan boleh digunakan untuk menjalankan kajian ini. Seterusnya, ujian statistik Pearson Correlation telah dijalankan untuk mengkaji hubungan antara stigma kesihatan mental dan kecenderungan mendapatkan rawatan, dan melalui ujian ini, didapati bahawa hipotesis ditolak. Kemudian, ujian statistik Multiple Regression telah dijalankan untuk memahami lebih mendalam soal hubungan antara pemboleh ubah yang disebutkan. Dan didapati bahawa kecenderungan mendapatkan rawatan professional boleh diramal oleh persepsi dan sikap pelajar terhadap kesihatan mental dan stigma kesihatan mental.

*Kata kunci:* stigma kesihatan mental, kecenderungan mendapatkan rawatan.



# CHAPTER ONE

## INTRODUCTION

### 1.0 Introduction

The background of the title, which is the influence of mental health stigma on help-seeking behavior, will be examined in this section of the study. Without a doubt, this element of the section is just as significant as the rest of the research. This chapter provides a thorough overview of the research study, allowing a larger picture to be seen in order to deconstruct the problem. This component of the study has been divided into subsections, beginning with the study's context, followed by the problem statement, objectives, research questions, and so on. As a result, this study project will provide a basic grasp of the title.

### 1.1 Background

World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. World Health Organization (WHO) has underlined that mental health is important just as much as physical health. According to Diagnostic Statistical Manual of Mental Disorders Fifth Edition (DSM-5), a mental disorder is a syndrome marked by clinically significant disruptions in an individual's cognition, emotion control, or behavior, as a result of a malfunction in the psychological, biological, or developmental processes that underpin mental functioning. Most of the research implies that biological mechanisms are to blame for significant mental diseases. In utero injury (such as sickness or substance use and addiction during important developmental times of pregnancy) or obstetric difficulties have been identified as causal agents, as have genetic or nongenetic risk factors.

They're usually described as vulnerability signs that, when combined with environmental conditions, lead to illness. Stress, which includes trauma, is a prevalent environmental component that can lead to mental disease in persons who are predisposed to certain disorders. Mental illnesses are frequently linked to significant distress or impairment in social, occupational, or other crucial tasks. Distress and dysfunction lead to impairments, which are sickness manifestations that prohibit a person from reaching age- and culture-appropriate goals.

However, global statistics had shown that 792 million people lived with mental disorders and over time, the increment of this number is expected (Dattani, Richie & Roser, 2018). This huge number is alarming since serious mental illnesses can cause significant distress and disability which will undermine the quality of life. Fortunately, the number of mental health institution has built up too with researchers, service providers, and people with lived experience have joined forces to generate evidence-based interventions that help individuals attain life goals. Despite this growing number of mental health institutions, many people with serious mental illness do not seek out professional help or treatment when in need or fully participate once interventions have begun. One of the main reasons for the discrepancy between effective therapies and care seeking is the stigma of mental illness, which is rooted by prejudice and discrimination. The stigmatization of mental disorder by the general public is considered as a major factor in underdiagnosis and undertreatment of mental illness. Only 8% of the population is identified and treated for mental illness, despite the fact that it affects 28% of the population. Expanding research to better understand the variables that underpin the stigmatization of people with mental illness is one of the National Institute of Mental Health's goals for the treatment and prevention of mental illness.

## 1.2 Problem Statement

The notion that a person is flawed is known as stigma and this damning flaw are frequently exaggerated and misunderstood. Stigma is defined as a socially discrediting characteristic that causes people to be unfairly rejected. When the public associates mental illness with negative labels and generalizes them, this is referred to as stigma. Respective labelling is frequently followed by unfavorable emotional reactions and behavior toward the people who have been labelled. The terms dangerous, blameworthy, unpredictable, incompetent, dependent, difficult to treat, and not curable are frequently used to describe mental illness. When a person accepts unfavorable stereotypes and identifies with a group of mentally ill people, this is referred to as self-stigma. The person then reacts negatively to oneself emotionally and behaviorally, for example, by having lower self-esteem, self-efficacy, and hope. Overall, mental health stigma places a heavy burden on those who are affected, leading to major personal effects such as increased suicidality. These days, stigmatization of mental illnesses is devastatingly commonplace and destructive. Stereotypes are negative and derogatory assumptions about a group of people. Stereotypes are unavoidable, hence, they are instilled as part of a culture's upbringing, such as the idea that all Irish men are alcoholics.

Prejudice is defined as agreeing with a stereotype, which has emotional and evaluative implications such as hating the Irish because they are all alcoholics. Prejudice leads to discrimination such as not hiring the Irish people because they are alcoholics. In simple words, stigmatization can lead to discrimination which is undesirable. Link et al. (2004) further described that, individual rights are promoted by Americans as a nation, and discrimination is mainly tolerated. Social protest, informal social pressure, and formal law have all been used to combat discrimination. The Americans With Disabilities Act (1990) protects people with physical or

mental disabilities from discrimination in the workplace. This federal duty applies to people with disabilities that impede their ability to participate in key life activities. Individuals suffering from mental illnesses, commonly depression, are frequently stuck in a legal grey area, and are subjected to segregation and discrimination, because it is difficult to define what constitutes a "major" life activity. Moreover, unlike physical sickness, mental illnesses are more difficult to detect, and is frequently confused with "bad behavior". People with mental illnesses fear retribution and harassment as a result of widespread stereotypes, which makes them reluctant to seek professional care and often suffer in silence. Besides, many people who begin mental health treatment do not complete it. Caddell (2020) described that approximately one-fifth of patients drop out of treatment before the end of the first or second appointment, with over 70% of all dropouts occurring after the first or second visit. Despite the availability of evidence-based services, epidemiological data indicates that many people who would benefit from treatment do not receive it. This is because stigma, in all of its forms, is frequently a barrier to seeking help.

Mental health professionals will benefit from a better awareness of the scope of the problem and its origins in order to combat the stigmatization of mental illnesses. While it is widely acknowledged that mental disorders and its treatments are stigmatized, it is unclear whether there are any individual-level variables or demographic features that are linked to stigmatizing behaviors. Identifying these indicators will aid in identifying groups that are less likely to seek assistance. Interventions to enhance mental health care within these categories can be designed once these groups have been identified. Furthermore, understanding how stigma affects attitudes toward seeking help helps lay the framework for future research and intervention. Mental diseases are debilitating, and treatment and sickness can be life threatening. Stigma may be a hindrance. There have been just few studies that link stigma with attitudes about seeking care for mental

illness. In attempt to address this issue, researchers looked at how mental illness is stigmatized and how that stigma is linked to seeking help and receiving treatment. In order to better understand at-risk individuals or groups, person-level characteristics were explored. The target audience was the potential consumer, which was defined as any adult who might suffer from mental illness.

### **1.3 Research Objectives**

To study the relationship between stigma and help-seeking behavior among undergraduate students in Malaysia.

### **1.4 Research Questions**

What is the relationship between mental health stigma and professional psychological help-seeking attitudes?

### **1.5 Research Hypotheses**

Null hypothesis: There is no significant effect of mental health stigma on help-seeking behavior.

Alternative hypothesis: There is a significant effect of mental health stigma on help-seeking behavior.

### **1.6 Conceptual Framework**

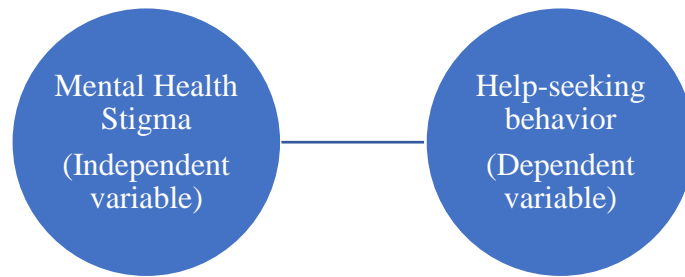


Figure 1: *Conceptual Framework*

Figure 1 illustrates the expected outcome of the research as how the mental health stigma can affect help-seeking behavior. Mental health stigma is the independent variable meanwhile, help-seeking behavior is the dependent variable. In this study, the hypothesis is that help-seeking behavior is determined by the stigmatization of mental illnesses. This would be discussed more detail in the next chapter.

### **1.7 Significance of Study**

In the United States, mental health specialists make up a sizable group of healthcare providers. The total number of certified mental health practitioners was expected to reach 577000 in March 2000 (U.S. Department of Health and Human Services, 2001). In terms of honesty and ethical norms, the public rated mental health professionals quite well. Because of this, their potential impact on the public's perceptions of mental diseases and treatments, both in professional and personal relationships, is notable. Furthermore, economic pressures and consumer demand will encourage mental health experts to provide more direct care to the mentally ill, putting them in an even stronger position of advocacy.

The establishment of a knowledge base about the stigma of mental illness outside of the acute-care/hospital context might benefit mental health professionals who are increasingly community-oriented. Stigma has hampered research and programmatic assistance for the mentally ill's health promotion and prevention, resulting in premature death and high rates of medical comorbidity. Understanding the individual-level factors that determine the likelihood of seeking help could improve in identifying and intervening with at-risk populations.

## **1.8 Definition of Terms**

### **1.8.1 Help-seeking behavior**

#### **Conceptual Definition:**

A willingness to seek professional help for psychological issues.

#### **Operational Definition:**

Tendency of students to receive psychological treatments for mental health issues which can be measured by Mental Health Seeking Attitudes Scale (MHSAS).

### **1.8.2 Mental health stigma**

#### **Conceptual Definition:**

Social rejection, or when society places shame on those who seek treatment for emotional pain such anxiety, depression, bipolar disorder, or PTSD or live with a mental disease. (Corrigan & Perlick, 2014).

**Operational Definition:**

When a person is labelled or denigrated in some way, or when they are reduced from being a whole person to a stereotype, or when they are described as a group of symptoms or a diagnosis and this can be measured by Stigma Scale.

**1.9 Summary**

This chapter has explained the background of study, statement of problems, objectives, hypothesis and conceptual framework followed by the definition of terms, significance of study and limitations of study that are discussed at the end of this chapter. The following chapter will elaborate on the review of literature.