

## **Stigma of mental illness and attitudes towards seeking mental health services among undergraduates in a public university in Malaysia**

Hong Sing Yee

University of Malaya

\*E-mail: [singyee.hong@hotmail.com](mailto:singyee.hong@hotmail.com)

### **Abstract**

Many people with mental illnesses have faced, or are facing the burdened impact the stigma has acted on them. Needless to say, mental health stigma held by society is playing its role as a barrier that prevents many people from actively seeking professional mental help (Corrigan, 2004). Researcher then sought to examine the current level of stigma. *Aims:* To investigate whether the level of stigma surrounding mental illness is significant and whether it affects their attitude towards seeking mental help significantly. *Methods:* Questionnaires were distributed to 100 participants from the age of 20 to 28 from different faculties and data obtained was analyzed using SPSS 24.0 using mean score, percentage, frequency, and Pearson correlation. *Conclusions:* The level of stigma towards mental illness is low and insignificant, and participants generally hold a positive attitude towards seeking mental health services. There is a significant positive correlation between the level of stigma and their attitude towards seeking mental health services.

*Keywords: personal stigma; public stigma; perceived public stigma; attitudes towards professional mental help-seeking.*

### **1. Introduction**

Haque (2005) described the ideas of mental illness and mental health in Malaysia based on the religious texts (as cited from Cheng et al, 2018). In Malay culture, it is seen that the strong influence of religion in the culture as one of the compasses which direct the conceptualization that mental disorders result from the act of deserting or neglecting Islamic values. Meanwhile, in Chinese culture, people are keen that any excessive, unbalanced, or undisciplined emotion is the cause of illnesses. For the Chinese, filial piety is the most prioritized value above all and one's self-worth is dignified by the physical and concrete achievements; things that can be seen and acknowledged that one brings to the family (i.e., education, occupation, and monetary gain). Then, the Christians say that true mental health is not attainable in the absence of a right relationship with God.

According to American College Health Association (2015), mental health issues are common and pervasive in college campuses and universities, with approximately 50% of adults who attend colleges having been diagnosed with mental disorders (Zivin, Eisenberg, Gollust, & Golberstein, 2009; as cited from Cheng et al, 2018). Nevertheless, it should also

be acknowledged that the help-seeking percentage among the students is alarmingly low. In Malaysia, The Ministry of Health Malaysia's statistics revealed a worsening state of mental health problems among Malaysian students, from one in 10 individuals in 2011 to one in five in 2016 (National Health and Morbidity Survey, 2015). Again, similar to the Americans, undergraduates are among the age group susceptible to the risk of developing mental illness, and thus, it should also be given much attention compared to other age groups and stages of life development. Even though the treatment, effectiveness and the knowledge regarding mental health have improved over the past 50 years, there are still a substantial number of people who refuse to seek for professional mental help given their dire circumstances (Corrigan, 2004).

Stigma, according to Corrigan (2004), has been identified as a major barrier to seeking help from mental health professionals. Aside from having to deal with public stigma, individuals who seek psychological help must also overcome self-stigma, which may play an even more crucial and influential role in help-seeking behaviours (Eisenberg et al., 2009; Vogel et al., 2006). Among samples of colleges' students, racially or ethnically diverse college students with a higher level of self-stigma

are less likely to seek mental help from professionals (Nam et al., 2013; Vogel, Wade, & Hackler, 2007; as cited from Cheng et al, 2018). Also, researchers have identified that college students who associate the act of seeking help with their self-stigma are more likely to experience anxiety and depression when they think of seeking help (Cheng, McDermott, & Lopez, 2015; as cited from Cheng et al, 2018).

*Public stigma* is one of the vital contributors that affect largely on people's attitudes toward seeking psychological help especially among those from Asian cultural backgrounds (Sue, 1994; Ting & Hwang, 2009; as cited in Nam, & Lee, 2015). Students seemed to be fearful of the stigma that related to mental health problems and worried that it would be perceived as a sign of shortcoming and deficiency, while also affecting their future career prospects if a mental health diagnosis were to appear on their medical descriptions (Quinn, Wilson, MacIntyre, & Tinklin, 2009).

The existence of stigma towards mental illness is unavoidable in most cultures. However, it is even more notable in Asians and Asians Americans as compared to White Europeans and Americans (Kleinman, 2004; Fogel & Ford, 2005; Yang et al., 2007; Hsu et al, 2008). The term 'stigma' is defined by several different uses. '*Public stigma*' is known as the negative stereotypes and prejudices that general community and public held about mental illness and individuals diagnosed with mental illness (Corrigan, 2004). '*Personal stigma*' is how an individual, by themselves, would see and treat others who may or may not be stigmatized (Pedersen & Paves, 2014). '*Perceived public stigma*' is the beliefs of members of a society about others' perceptions and attitudes toward people with a certain stigmatized group (Reavley & Jorm, 2011). This stigma towards mental illness has been putting on a prominent barrier against seeking mental health services from professionals and thus, neglecting the treatment beneficial to the patients (Sartorius, 2007; Schomerus & Angermeyer, 2008).

In a study done by Ilic et al. (2013), they found that some participants reported how they felt as though they were evaluated and judged through the lens and interpretation as someone "mentally ill". Participants also reported experiences of being the topic of gossips, having their friends or dating partners withdrawing and distancing themselves as a reaction to what has been shared about their mental issues, hurtful remarks, and bad jokes about mental illness or psychiatric treatment. The majority of respondents claimed that they experienced the withdrawal from friends, neighbors, and even

relatives. Many people with mental health issues never seem to pursue treatment, while with those who did go for professional mental help did not adhere to the course or completing the whole treatment (Corrigan, 2004). According to previous research, this is due to the stigma that is attached to mental illness and people who tried to seek help for their mental issues.

This research examines both *personal stigma* and *perceived public stigma* of the participants rather than self-stigma since both the stigma applies to everyone, with or without the participants having mental health problem (Eisenberg et al., 2009) and whether these two stigmas would significantly affect their *attitudes towards professional mental help-seeking* (one's inclination to reach out for professional mental help if one is having personal crisis or extended mental and psychological distress) (Soorkia, Snelgar, & Swami, 2011). Positive attitudes towards professional mental help-seeking mean they are more inclined to seek psychological aids from professionals while negative attitudes towards professional mental help-seeking are when a person is unlikely to reach out for psychological help even in the midst of having psychological issues or discomfort (Soorkia, Snelgar, & Swami, 2011).

There may be other different factors that are halting the people from pursuing mental health services. As yet, few researchers have taken the initiative to investigate the current perceived stigma of undergraduates towards mental illness, their acceptance towards people with mental illness or a history of mental illness, and their attitudes towards seeking mental health services. Also, most of the previous researches that were done focused on barriers to mental health care in Western countries and it is not yet seen on research in Malaysia, and thus, it is not known if the results can be generalized to Malaysia. It is crucial for the level of stigmatization among undergraduates to be clarified because the stigmatization reflects the inner thoughts of themselves on mental illness and also for the people around them. In knowing the current level of stigmatization among the students, the mental health professionals would be able to improvise on what should be done and what had improved this stigmatization phenomenon. Therefore, this current study sought to answer the following questions:

- a) Is the level of stigma towards mental illness significant among the participants?
- b) What is their attitude (negative/positive) towards seeking mental health services?
- c) Do they accept the people with mental illness as

normal functioning members of society?

- d) Is there a significant correlation between the level of stigma towards mental illness and their attitudes towards seeking mental health services?

## 2. Methods

**Participants.** This research is done in the form of descriptive study. The subjects for the study consisted of a number of 100 undergraduates from a public university in Malaysia from the age of 20 to 28 years old. The subjects were picked randomly from different faculties and were given a brief instruction on how to complete the questionnaires. All of the respondents ( $n = 100$ , response rate = 100%) completed the questionnaires independently and the questionnaires were returned to the researcher. Each of the questionnaires consists of three parts and the data obtained was analyzed using SPSS version 24.0.

**Measures. Part A: Demography.** Part A in the questionnaires includes the items related to the background of the respondents: their age, gender, ethnicity, and faculty of their studies. There are four options related to age: (1) 17 – 20 years old, (2) 21 – 24 years old, (3) 25 – 28 years old, and (4) 29 years old and above. Next, there are four options regarding their ethnicity: (a) Malay, (b) Chinese, (c) Indian, and (d) others. Meanwhile, there are no options of the faculty of studies given since the respondents are to fill it on their own accord.

**Part B: The Perceived Stigma Questionnaire (PSQ).** In this study, only the modified version of the *Discrimination- Devaluation (D-D) Scale* containing 12 questions statement from the original PSQ developed by Link in 1989 was used. Only the *devaluation-discrimination scale* is used since this research is principally concentrated on assessing the attitudes and perceptions of participants toward people who had and are receiving mental health services. In the modified version, the items were rewritten to inquire the participants' thoughts and opinions on what they themselves would do as opposed to what most people out there would do.

To measure people's *personal stigma*, which is their own stigmatizing attitudes about seeking mental health treatment from professionals, 10 items with "Most people" are replaced with "I." For instance, the original item 'Most people would willingly accept a mental health consumer as a close friend' was changed to 'I would willingly accept a person who receives mental health services as a close friend'. Also, to measure the participants' *perceived public stigma*, 2 items that start with "Most people think . . .", and then followed by a stereotype or a

form of discrimination, or a kind of accepting perception or attitude towards people with mental illness diagnosis) were asked.

Participants are asked the extent to which they agree with statements about individuals with mental illness, rated on a six-point Likert scale: *strongly disagree=1, disagree=2, somewhat disagree=3, somewhat agree=4, agree=5, and strongly agree=6*. Some of the items are reverse scored (i.e. 5, 6, 7, 9, 11, 12), and scores for all the items are added to obtain a total score ranging from 12 to 72. Lower scores on the scale indicate more devaluation-discrimination toward the mentally ill.

**Table 1**  
**Reliability and validity of PSQ**

Instrument	Cronbach's alpha	Reliability coefficients
PSQ	0.85	0.78 – 0.87

**Part C: The Inventory of Attitudes toward Seeking Mental Health Services (IASMHS).** IASMHS was first developed by Mackenzie, Knox, Gekoski, and Macaulay in 2004. The 24-item scale is created to determine the attitudinal factors that influence the act of seeking mental health services. This scale was developed based on Fisher and Turner's (1970) *Attitudes toward Seeking Professional Psychological Help Scale*. Results showed that the 24-item scale could be explained and understood in terms of three correlated factors, which makes up for 43% of variance (8 items for each subscale): (a) Psychological openness (PO), (b) Help-seeking propensity (HSP), and (c) Indifference to stigma (IS).

Firstly, psychological openness (PO) refers to the degree to which an individual is open to acknowledging the presence of a psychological problem and to seek professional care for such a problem. Question 1, 4, 7, 9, 12, 14, 18, and 21 belongs to this subscale. Next, the help-seeking propensity (HSP) subscale reflects one's willingness and perceived ability to seek help for psychological problems and comprises question 2, 5, 8, 10, 13, 15, 19, and 22. Meanwhile, another 8 questions: 3, 11, 16, 17, 20, 23, and 24 belongs to the subscale indifference to stigma (IS), where this subscale refers to how concerned an individual would feel if significant others were to discover that they were receiving psychological care (Hyland et al., 2015). Each factor is proposed to be measured via 8 items and each item is measured using a five-point Likert-scale ranging from 0 ("disagree") to 4 ("agree"). The following items are reverse scored: 1, 3, 4, 6, 7, 9, 11, 12, 14, 16, 17, 18, 20, 21, 23, and 24.

**Table 2**  
**Reliability and validity of IASMHS**

Subscales	Cronbach's alphas	Test-retest Reliability
PO	0.82	0.86
HSP	0.76	0.64
IS	0.79	0.91

*PO = Psychological openness, HSP = Help-seeking propensity, IS = Indifference to stigma*

**3. Results**

**Participants' demographic characteristics**

Among 100 respondents involved in this study, more than half of the sample is made up of female respondents (70%, n = 70), while male respondents consist of 30 of them (30%, n = 30). Age wise, respondents aged 21 to 24 makes up the largest number of the sample, which is 81 (81%), then 17 to 20, which is 10 of them (10%), and 9% participants from ages 25 to 28. Then, regarding the ethnicity, a majority of the respondents is made up of Malay undergraduates, which is 44 of them (44%), followed by Chinese with 36 of them (36%), the second least number of respondents are the Indians respondents, 17 of them (17%), and the least number of the respondents are in the 'others', where 2 of them are from Brunei while another female respondent does not specify her ethnicity in the questionnaire.

**Level of stigma towards mental illness among the participants**

12 questions from Part B of the questionnaires were analyzed using SPSS 24.0 by utilizing the means score, frequency, and percentage.

From the percentage and means obtained, it can be seen that for the respondents, the level of the stigma towards mental illness and also towards the people who have the mental illness is low and not significant. Besides, it is also seen that the participants generally hold a positive and non-stigmatizing attitude towards people with mental illness, and those who had, or are receiving mental health services. Also, it shows that most of the participants are generally inclined towards acceptance of the people with mental illness as normal functioning members of society. *Perceived public stigma* seems to hold a higher percentage and greater level of stigmatizing attitudes as compared to *personal stigma*. This means that the participants may have overestimated the negativity of the stigma that they perceive the public may hold against people with mental illness diagnosis as compared to their own personal stigma attitudes.

**Table 3**  
**Perceptions of respondents towards people with mental illness (percentage, frequency, means and standard deviation)**

Item	Some-what agree (%)	Agree (%)	Strongly agree (%)	Means	SD
1	37(37%)	34(34%)	17(17%)	4.54	0.968
2	25(25%)	30(30%)	14(14%)	4.18	1.209
3	33(33%)	28(28%)	1(1%)	4.13	1.143
4	38(38%)	29(29%)	9(9%)	4.08	1.203
5	11(11%)	8(8%)	2(2%)	4.46	1.298
6	22(22%)	19(19%)	9(9%)	3.43	1.394
7	32(32%)	8(8%)	5(5%)	3.83	1.349
8	42(42%)	24(24%)	10(10%)	4.09	1.129
9	27(27%)	13(13%)	1(1%)	3.76	1.147
10	34(34%)	12(12%)	8(8%)	3.57	1.273
11	30(30%)	19(19%)	10(10%)	3.16	1.212
2	22(22%)	8(8%)	3(3%)	4.09	1.295

*1 = Accept one as close friend; 2 = One is as intelligent as average person; 3 = One is as trustworthy as average person; 4 = Accept one as teacher for young children in public school; 5 = Entering mental hospital is a personal failure; 6 = Refusal of allowing one to take care of their children even if he/she has been well; 7 = Being in a mental hospital makes one lesser than an average person; 8 = Acceptance of hiring one to work if qualified; 9 = Refusal of consideration the application of one and prefer another applicant; 10 = Most people treat person who receives mental health services as anyone else; 11 = Reluctance of young people to date one; 12 = One's opinion will be taken less seriously.*

**Attitude (negative/positive) towards seeking mental health services**

24 questions from Part C of the questionnaires were analyzed using SPSS 24.0 by utilizing the means score, frequency, and percentage.

**Table 4**  
**Mean and Standard Deviation for subscale Help-Seeking Propensity (HSP)**

Item	Mean	SD	Sequences among 12 questions
2	2.73	0.983	3
5	2.92	0.813	2
8	2.71	0.988	4
10	3.00	0.865	1
13	2.36	1.133	8
15	2.66	0.966	5
19	2.46	0.937	7
22	2.66	0.945	6
<b>Total</b>	<b>21.5</b>	<b>7.63</b>	

*2 = Knowing of what to do and talk if decided to seek help for psychological problems; 5 = Would recommend good friends to seek mental services if they ask; 8 = Is confident to find relief in psychotherapy; 10 = Could get professional help if wanted to; 13 = It is easy to find the time to see professional for mental services; 15 = Would want to get professional help if were worried or upset for some time; 19 = Inclined to get professional attention if having mental breakdown; 22 = Willingly confide intimate matters to person if one might help*

From Table 4 above, it can be seen that the total mean for the subscale of Help-Seeking Propensity is 21.5 over the total mean for three subscales, 51.03. (Psychological openness (PO) = 12.84; Indifference to stigma (IS) = 16.69). This shows that the respondents have a positive attitude towards seeking mental health services since the help-seeking propensity (HSP) subscale reflects one’s willingness and perceived ability to seek help for psychological problems.

**Table 5**  
**Overall Mean Score and Standard Deviation for three subscales of IASMHS**

Subscales	Mean	SD
HSP	21.5	7.63
PO	12.84	9.26
IS	16.69	9.213
<b>Total</b>	<b>51.03</b>	<b>26.103</b>

*PO = Psychological openness, HSP = Help-seeking propensity, IS = Indifference to stigma*

**Correlation between the Level of Stigma Towards Mental Illness and Attitudes Towards Seeking Mental Health Services**

To analyze the relationship between the level of stigma towards mental illness and their attitudes towards seeking mental health services, Pearson R correlation is used.

**Table 6**  
**Correlation between the Level of Stigma Towards Mental Illness and Attitudes Towards Seeking Mental Health Services**

		Level of Stigma Towards Mental Illness	Attitudes Towards Seeking Mental Health Services
Level of Stigma Towards Mental Illness	Pearson Correlation	1	0.419
	Sig (2-tailed)		0.000
	N	100	100
Attitudes Towards Seeking Mental Health Services	Pearson Correlation	0.419	1
	Sig (2-tailed)	0.000	
	N	100	100

The correlation between perceived stigmatization towards mental illness and attitudes towards seeking mental health services is  $r = 0.419$  ( $p < 0.05$ ). It is concluded that there is a significant positive

correlation between perceived stigmatization towards mental illness and attitudes towards seeking mental health services among the participants. Hence, the hypothesis is accepted.

**4. Discussion and Conclusion**

The present study revealed that the level of stigma is low among the participants and it significantly affects their positive attitudes towards seeking mental health services. Contrary to expectation and comparison with previous research, the finding in this study shows that the respondents are showing a positive attitude towards seeking mental health services (one’s willingness and perceived ability to seek help for psychological problems). However, it is similar to a study done by Chen and Chang (2016) on the staffs in a psychiatric hospital in Taiwan which shows that they do have a positive attitude towards people with mental illness in general situation. Besides, in a study done by Gateshill, Kucharska-Pietura, and Wattis in 2010, they found that the attitudes of both mental health professionals and non-mental health professionals towards people with eating disorders were deemed positive, in which also reported them feeling sympathy towards individuals with eating disorders.

Nevertheless, there are also limitations to the study. First, the researcher examined the participants' personal stigma by obtaining the data from questionnaires on how one would hypothetically treat or view someone with mental illness diagnosis. The researcher has no means of knowing if the participants would actually react in such a way that is being examined in the questionnaires when they meet individuals with mental illness diagnosis. While this option gives participants the freedom to express an option where they may not have a firm opinion, it somewhat limits our understanding of how individuals would genuinely and realistically view others (or perceive to be viewed by others).

The participants may consciously or unconsciously understate their explicit and implicit levels of personal stigma because they were more inclined to show a pleasant and socially favorable attitude towards individuals with mental illness diagnosis. Secondly, since there are only 100 participants in this study, and not to mention that they have a similar educational background, which in this context means they are pursuing tertiary education in a public university in Malaysia, the findings obtained from this study may not adequately generalize the result to other sociodemographic groups. Therefore, a comparison between previous studies from other countries, populations, and sociodemographic factors may not be sufficiently discussed.

## Acknowledgements

First and foremost, I am utmost thankful to my supervisor, Dr. Noor Aishah binti Rosli for guiding me throughout the process of completing my thesis and giving her time discussing the progress despite of her busy schedule. My parents, Hong Tek Yong and Wong Siew Kee for offering a great support and encouragement during the period of completing my thesis, and definitely, in the past, present and the future to come. Finally, to the friends who have been sharing their advice and opinions on how to progress with my thesis: Wan Jing Mun, Farhana Nabila binti Fakarrudin, Chong Pei Ying, Jennifer Ung, and Hoi Kah Mun. I am deeply thankful and words are never enough.

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