

## ORIGINAL ARTICLE

# Perceptions and Beliefs Towards Mental Health and Mental Illness: A Qualitative Study among University Students in Malaysia

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## ABSTRACT

**Introduction:** University students' perspectives on mental health issues remain scarce despite the growing prevalence of mental illness among this population. Therefore, this study aimed to explore university students' perceptions and beliefs about mental health and mental illness. **Methods:** Virtual in-depth interviews were conducted from December 2021 to March 2022. All interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis. **Results:** Sixteen informants from a Malaysian university were interviewed. Four major themes emerged: (1) understanding of mental health and mental illness; (2) perceived causes of mental illness; (3) attitudes towards mental illness; (4) strategies to maintain good mental health. Most informants related mental health to an individual's thoughts, emotions and behaviours, while a minority equated 'mental health' with 'mental illness'. The majority of informants cited socio-environmental factors as the primary cause of mental illness. Unexpectedly, informants did not view religious factors as a cause of mental illness, although it was thought to be deeply rooted in the older generation. Nearly all informants expressed positive attitudes and willingness to help people with mental illness. However, some informants decided to cover up their mental health problems to avoid the likelihood of experiencing negative emotions. Most informants believed that living a fulfilling and balanced life, staying optimistic and being religious could help them to maintain good mental health. **Conclusion:** To mitigate the deterioration of students' mental health, it is necessary to understand their perceptions and beliefs about mental health and mental illness as these may influence their help-seeking behaviours. The study findings showed that university students have a basic understanding of mental health and mental illness and most of them are supportive in handling people with mental illness. *Malaysian Journal of Medicine and Health Sciences* (2024) 20(1):70-77. doi:10.47836/mjmh.20.1.10

**Keywords:** Mental health, mental illness, university students

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## INTRODUCTION

The college years are a critical developmental stage that marks the transition from late adolescence to emerging adulthood (1). University students often face various challenges such as financial problems, academic pressure and lifestyle changes, leading to an increased incidence of mental health issues (2-5). In fact, most mental disorders are reported to manifest before the age of 24 (6).

A recent study in Italy revealed that 78.5% of university students suffered psychological distress, with 36.1%

reporting severe distress (7). In the United Kingdom, more than 50% of university students reported clinically high levels of depression and anxiety (8). Similarly in Malaysia, a study revealed that 34%, 27.5% and 18.6% of university students experienced anxiety, depression and stress, respectively (9). Most students with mental health issues experience negative impact on both their social lives and academic performance (10). Despite this, the help-seeking rate among university students remains low, with an estimation of 60% to 80% of students not seeking professional help (11, 12).

Previous studies showed that the perceptions, beliefs and attitudes regarding mental illness could be influenced by different aspects such as cultural background, personal knowledge, experience with mental illness and social media (13). Most university students perceived social-environmental factors such as substance misuse, stress,

trauma, childhood events, inherited traits and personal weakness as the common causes of mental illness (14, 15). Nonetheless, religious factors and supernatural beliefs were more prominent among university students in Asia and Africa regions (16-18), which may lead them to seek help from traditional healers (19). Furthermore, university students in the non-Western countries often had widespread misconceptions about people with mental illness, such as being dangerous, violent, incompetent and weak (16, 20). 34% of Qatari students in a study mentioned that they would feel ashamed to disclose their own or a family member's mental health conditions to others (16). Furthermore, university students in the United Kingdom did not want to seek help as they did not want to be labelled as 'crazy' (21).

As individuals' perceptions or beliefs about mental illness often affect their help-seeking behaviours, it is therefore necessary to explore students' beliefs and attitudes regarding mental illness to devise strategies in improving their help-seeking rates (14, 19, 21). To date, there is a paucity of studies on university students' perceptions and beliefs about mental illness in Malaysia. Therefore, the purpose of this study is to explore students' perceptions and beliefs regarding mental health and mental illness.

## **MATERIALS AND METHODS**

### **Study design and setting**

A qualitative study was conducted among university students attending a local public university in Northern Malaysia. Semi-structured interviews were used in this study due to the flexibility in modifying the orders of open-ended questions coupled with follow-up responses to acquire rich data (22). An interview guide was developed based on an extensive literature review and was available in two languages (English and Malay). Three researchers with experience in qualitative research reviewed both versions of the interview guide before data collection began.

### **Study population**

Purposive and snowball sampling methods were used in this study. The study's inclusion criteria were: (1) Malaysian undergraduate or postgraduate students, (2) age ranging from 18 to 30 years old and (3) able to converse either in English or Malay. Initially, an email with research information was sent to all the students, and those interested in participating in the study contacted the first author SYY via email. To maximise the variability of the study population, informants were selected by considering their background information, including age, gender, ethnic group, field and year of study. Besides, SYY obtained recommendations from the informants for more potential participants.

### **Data collection**

Data collection was carried out from December 2021 to March 2022. SYY conducted all interviews via online

platforms (Zoom or Microsoft Teams), in either English or Malay based on the informants' preferences. Three pilot interviews were conducted, and the research team refined the interview guide before the rest of the data collection. Data from pilot interviews were included in the data analysis due to the richness of the content. All interviews lasted between 35 minutes to 1 hour 10 minutes and were audio-recorded for transcribing purposes. Data saturation was achieved at the 13th informant, and three additional interviews were performed to confirm data saturation. Each informant was provided with an RM50 honorarium.

### **Data analysis**

All interviews were transcribed verbatim by SYY and checked by another researcher (WYY). Later, all transcripts were imported to the data management software (NVivo 12). Thematic analysis was conducted to identify, organise and report repetitive themes or patterns throughout the transcripts (23). (SYY) conducted the initial coding, and the coding framework was further verified by other researchers independently (WYY, OGS). The research team conducted several discussions to determine the final overarching themes, and discrepancies were solved upon consensus.

### **Ethical considerations**

Ethics approval was granted by Human Research Ethics Committee USM (JEPeM) (Reference number: USM/JEPeM/21080544) prior to study commencement. SYY provided all informants with detailed study information and obtained their electronically signed informed consent before the interview began. Informants' identities remained anonymous, and only the research team members were allowed to access all data.

## **RESULTS**

### **Informants' demographic characteristics**

A total of 16 students were interviewed. The median age of informants was 22.5 years (Interquartile range (IQR) = 3). The majority of informants were female (62.5%) and were enrolled in their undergraduate studies (68.8%). Besides, most were still in their first year of study (37.5%), and more than half of them (62.5%) self-reported suffering from mental illness. The informants' demographic details are presented in Table 1.

### **Themes**

A total of four major themes were identified: (1) understanding of mental health and mental illness; (2) perceived causes of mental illness; (3) attitudes towards mental illness and (4) strategies to maintain good mental health.

#### ***Theme 1: Understanding of mental health and mental illness***

Most informants in this study acknowledged that mental health is related to an individual's thoughts, emotions

**Table 1: Informants' demographic information**

Characteristics	Number of participants, N (%)
<b>Gender</b>	
Male	6 (37.5)
Female	10 (62.5)
<b>Ethnic</b>	
Malay	6 (37.5)
Chinese	5 (31.3)
Indian	4 (25.0)
Others	1 (6.3)
<b>Course level</b>	
Undergraduate	11 (68.8)
Postgraduate	5 (31.3)
<b>Year of study</b>	
Year 1	6 (37.5)
Year 2	4 (25.0)
Year 3	3 (18.8)
Year 4	2 (12.5)
Year 5	1 (6.3)
<b>Field of study</b>	
Arts and social sciences	6 (37.5)
Sciences	5 (31.3)
Health Sciences	3 (18.8)
Engineering	2 (12.5)
<b>Self-reported history of mental illness</b>	
With mental illness (diagnosed or undiagnosed)	10 (62.5)
Without mental illness	6 (37.5)

and behaviours.

*It (mental health) is something that is portrayed by how we see things or how we think or how we act. (S10)*

*Mental health is about how you feel, how you bring yourself to function in your day. (S13).*

However, some informants linked 'mental health' with 'mental illness' and expressed that 'mental health' is a negative term that is strongly stigmatised and infrequently discussed in the society.

*(When I hear about mental health) The first thing came to my mind were depression, anxiety and maybe committing suicide...It is not a good phrase for me, because it feels like a sickness for me. (S1)*

*I feel like it (mental health) is something that is not talked about a lot in our country...And it's always stigmatised as something bad. (S5)*

Informants stated that good mental health is characterised as a state of well-being that allow an individual to function productively, manage and control emotions, as well as form and maintain good relationships with others.

*For people without (mental illness), they probably can handle their life better. They can handle their emotions better, they can do their work. (S5)*

*I think people (with good mental health) have a good social life. (S1)*

Informants described mental illness as a disease of mind that affects individuals both mentally and physically. Most of them could list common types of mental illness such as anxiety, depression, schizophrenia and bipolar disorder.

*I think mental illness is a disease that involves the brain. For example, depression, anxiety... (S3)*

In general, informants were able to recognise the symptoms commonly portrayed by someone with mental illness. These symptoms could be divided into three categories: behavioural, emotional and physical symptoms.

*They (people with mental illness) try to isolate themselves from the community and start doing things that might scare you...They start to hurt themselves. You can see them isolating, crying alone at night, attempting to take their own life. (S2)*

*Common symptoms (of mental illness) will be like, you lose appetite...you will be tired...you can't sleep peacefully at night...You'll be thinking about it over and over again. (S7)*

The majority of informants agreed that mental illness has a negative impact on people. For instance, disrupted daily living functions, reduced productivity and poor relationships with others. On the other hand, several informants acknowledged that people with mental illness can lead a normal life despite struggling with mental health issues.

*It (mental illness) would affect their life...It would affect their relationship...At the same time (it) would also affect their productivity. (S10)*

*I don't think so there's much differences (between people with and without mental illness). Like people with mental illnesses, they have their struggles in a different way. But usually, when you get medicated, you can go on with a normal life. (S12)*

### **Theme 2: Perceived causes of mental illness**

Informants in this study listed several causes of mental illness, including biological, economic, socio-environmental, religious and personal factors. All informants highlighted socio-environmental factors as the most significant causes of mental health issues.

*It (mental illness) could be due to the environment...(or it) could be (due to) adverse events in life. (S10)*

*Many of my friends already get married. They have their cars, their first child...The society (societal) pressure affects my mental health. (S11)*

The belief that biological factors as a cause of mental illness was mainly derived from informants with a health sciences background or from those diagnosed with mental illness.

*The doctor told me that (I'm having depression) because the serotonin in my brain is low...Those people who have depression, their serotonin in the brain is low. (S5)*

Several informants elaborated on the widespread belief among older generations that religious factors are responsible for mental illness. The older generation believed that a lack of connection to God or not praying enough could lead to mental illness, which discouraged young people from discussing mental illness with their elders.

*The older generation, parents, grandparents, or even certain doctors do not view mental illness as something that is important. So, these people believe that religion is everything. Once you are deep seeded, you are spiritual, you are pious, you shouldn't have any issue... Whenever you feel depressed, you are just lacking your connection to God. So, when you go forward to them, they will definitely dismiss your feeling and they will tell you go to God...'Oh, I was like this when I was young.' (S16)*

### **Theme 3: Attitudes towards mental illness**

The majority of informants showed positive attitudes towards people with mental illness. Many stated that they are willing to provide help to people suffering from mental illness, such as listening and offering neutral advice.

*If I have to help someone who has mental illness, I think the best thing to do is just listen...And then let them say whatever they want to say...And if they ask for advice, then you try to give the best neutral advice. (S5)*

Only one informant expressed concern about the potential aggressiveness of people with mental illness and avoided interacting with them.

*To be honest if someone's mental health is too bad, sometimes we feel like we want to stay away from him (her). Maybe s(he) will act something bad or aggressive. (S3)*

Informants shared mixed opinions when they were being asked about their feeling if people surrounding them discovered their mental illness. Some informants

revealed that they would not mind sharing their condition with others as they were eager to discuss mental health issues with people in a similar situation.

*For those who don't know (my mental health issues) and then they just find out, I'm not really worried about what they think. (S5)*

*When I experience mental problems, I become more interested in knowing the mental problems that I face...I want to know the experiences of people like me and tips on how to deal with mental problems. (S6)*

In contrast, several informants decided to cover up their problems to avoid experiencing negative emotions. They did not want to appear weak in front of the others.

*I would feel a little bit triggered and taken aback because I do not want to seem weak, I don't want to seem like someone who has given into this mental illness or feeling down. (S16)*

The majority of informants highlighted the need to improve mental health awareness in the society. Even though stigmatisation of mental illness is still pervasive, informants believed that it is reducing gradually as the younger generation has more knowledge about mental illness and recognises the importance of maintaining good mental health.

*The current mental health situation in Malaysia is, the younger generation tend to look better towards mental health. They recognise what are anxiety, what are panic disorders, depression and so on. They also realise the need for mental health interventions and so on. (S10)*

*I see the stigma of mental health issues, the negative stuff is slowly disappearing. (S8)*

### **Theme 4: Strategies to maintain good mental health**

Most informants agreed that living a fulfilling and balanced life is a helpful way to maintain good mental health. They believed that having a healthy lifestyle, starting new hobbies and staying connected with others would improve their mental health.

*I feel exercising is really good...It makes you step outside...You get to move your body and then you get to sweat. So, it not only helps you physically, but it also helps you mentally. (S5)*

*Right now I'm doing meditation...It helps me a lot. I feel that I have fewer negative thoughts...I feel less criticising about myself. (S11)*

Besides, informants mentioned that staying optimistic and trying to avoid negative triggers could help them to maintain good mental health.

*I've tried to talk to myself to be positive... (S16)*

*I did try to figure out what are the things that make me more triggered, like things that make me sad or angry, and I tried to avoid them. (S12)*

Some informants emphasised the role of religion in mental health. They explained that religion provides guidance and hope in life, as well as prohibits them from self-harm. They also deemed praying to God is beneficial to their mental health.

*Religion helps me (to) have faith I supposed....As a Muslim, we are forbidden to do some (harmful) stuff...so it helps me avoid those things like I don't harm myself... It helps me (by) having something to believe in and have something better to look forward to. (S8)*

*Every week we do have our church services... So, it does help with my mental health when you pray to God. And then sometimes if you have no one to talk to, you can just talk to God...So for me, it does help. (S5)*

## DISCUSSION

This study helps us to understand Malaysian university students' perceptions and beliefs on mental health and mental illness. Our findings show that students recognised mental health as a state of well-being in which an individual can control emotions, behaviours and thinking. They acknowledged that individuals with good mental health are capable of pursuing and achieving goals in different aspects of their lives. On the other hand, several informants in this study have associated 'mental health' with 'mental illness'. This finding echoed a prior study that students often struggle to differentiate between mental health and mental illness (24).

Informants in this study had a rudimentary understanding of mental illness, as reflected by their ability to name common types of mental illness and symptoms. While for the perceived causes of mental illness, only students majoring in health sciences or those with mental illness could elicit biological causes of mental illness, possibly due to their previous experience with mental healthcare professionals or exposure from educational programmes (21, 25-26). Most students related socio-environmental factors as the primary cause of mental illness, which is consistent with prior literature that reported it as the most common determinant of mental illness perceived by university students (15, 27). Besides, most informants strongly believed that mental illness has long-term detrimental consequences, whereas only a minority argued that mentally ill people might live normally if they receive appropriate treatments. Although there is no cure for most types of mental illness, effective treatments and social support can alleviate symptoms and keep the disease under-control, allowing people with mental

illness to live a normal life (28). Thus, it is essential to educate students about available mental health services so that they will utilise them as needed. In Malaysia, free counselling services provided by certified counsellors are available in most tertiary institutions (29). Besides, students may also seek mental health services through public or private hospitals, as well as non-governmental organisations such as Than Hsiang Mitra Welfare, Agape Counselling Centre and Buddhist Gem Fellowship (30, 31).

A previous study elicited that religious or cultural aetiologies are prominent among the Malaysian population (32), students in this study did not perceive religious factors as a cause of mental illness. However, according to the informants in this study, the older generation held a strong belief that religious factors cause mental illness. Numerous studies have revealed that students prefer to seek help from trusted individuals, particularly family members or parents. Young people were less likely to seek help if they had experienced stigma or discrimination from their family (33, 34). Therefore, we should be aware that the lack of understanding of the older generation may discourage young people from discussing mental health issues. Mental health awareness should be raised among the general public in order to bridge the gap between the older and younger generations.

This study shows an encouraging finding that nearly all informants showed positive attitudes towards people with mental illness, with only one informant raising concern about the aggressiveness of people with mental illness. Our finding is contrary to previous studies, which revealed that university students from non-Western countries generally held negative and stigmatising attitudes towards individuals with mental illness (16, 20, 35). The positive attitudes towards mental illness might be due to increased mental health knowledge among university students nowadays, as attitudes towards mental illness was found to be significantly correlated with mental health knowledge (36). Additionally, the higher prevalence of self-reported mental illness among the informants in this study could contribute to their more positive attitudes towards mental illness. Unlike participants in earlier studies who had no history of mental illness reported, these students might possess greater firsthand experience and comprehension of mental health issues, which may influence their perspectives positively. Students exhibited strong willingness in helping those with mental illness, most often by listening, providing guidance and encouraging them to seek professional help. These forms of social support have been demonstrated to be beneficial in dealing with those with mental illness (34). Since students have shown a strong desire to assist individuals with mental illness, they should be encouraged to undergo proper mental health support training so that they can recognise mental health problems early and

offer help to their counterparts.

In this study, there were conflicting opinions on the disclosure of mental health issues among students. The possible explanation might be that self-stigma is still prominent among university students, leading to a low acceptance of mental illness. Self-stigma is a condition in which people with mental illness perceive themselves as socially unacceptable (36), and the low acceptance of mental illness may impact patients' recovery, disease management and quality of life (37). Furthermore, in Asian countries, mental illness is frequently associated with 'weakness' (15), which also explains why several informants were unwilling to disclose their mental health issues. Although some informants recognised that the public's mental health awareness has improved in recent years, acceptance of mental illness among university students remains low, implying that strategies to reduce stigma in Malaysia remain insufficient and more interventions should be implemented.

Participants in this study suggested that living a fulfilling and balanced life (e.g., adopting a healthy lifestyle, getting new hobbies and maintaining social connections) could help them to maintain good mental health. This is consistent with previous findings that university students would actively engage in physical and social activities to improve their mental health (33, 38). Moreover, participants adopted positive thinking to maintain good mental health, which is a helpful strategy for coping with difficulties (39, 40). Optimism can significantly reduce anxiety, stress and depressive symptoms among students, allowing them to survive better in difficult situations (41). Furthermore, some of the informants in this study believed that prayer is beneficial for their mental health, and prior research has suggested that a high level of religious involvement positively impacts an individual's psychological well-being (35, 42). Religions provide individuals with a code of conduct, ethics and social values that enable them to develop coping mechanisms and prevent harmful behaviours in response to challenging circumstances (43, 44).

Since this study was carried out at a single public institution in Malaysia, it might not accurately represent students' perspectives from other universities. Nonetheless, this study aims to explore students' perceptions and beliefs about mental health and mental illness rather than generalising the findings. Thus, in-depth interviews are ideal for achieving the study's objectives. Additionally, participants' background information was considered during the sampling process to achieve maximal variation. Factors such as age, gender, ethnicity, academic field and year of study were considered before selecting the sample.

## CONCLUSION

This study has provided valuable information regarding

the university students' perceptions and beliefs about mental health and mental illness, which could be useful to the development of a student-centred mental health programme in the future. The university students have demonstrated a basic understanding of mental health and mental illness. Even though most of them show positive attitudes towards people with mental illness, stigma is still prominent as some students are reluctant to disclose their mental health issues. This suggests that additional efforts are required to eliminate stigmatisation. Since most students demonstrate a willingness to assist people with mental illness, they should be empowered and trained to offer help to their peers and the community.

## ACKNOWLEDGEMENTS

We are grateful to all informants who were willing to participate in this study. Besides, we thank the university administration for helping us in recruiting participants. Lastly, we would like to express our gratitude to Ministry of Higher Education for channelling financial support via the Fundamental Research Grant Scheme (FRGS): FRGS/1/2021/SS02/USM/02/5.

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