Mental health literacy among undergraduate students in selected universities in Malaysia

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ABSTRACT: This study examines general knowledge of mental health literacy among undergraduate students from selected public and private universities in Malaysia, differences between art stream and science stream of the undergraduate students on mental health literacy, their help-seeking intention and their stigmatising attitudes towards people with mental illness. A total of 80 undergraduate students had participated in this study. A questionnaire on "Attitudes and Beliefs about Mental Health Problems: Professional and Public Views" had been distributed to the participants through a snowball sampling technique. The result of the study showed that general knowledge of mental health literacy among undergraduate students was low-to-moderate. However, there was no significant difference between art stream and science stream undergraduate students. The findings of this study promoted understanding on mental health literacy among undergraduate students and could assist in developing counselling services that are more responsive to their need.

Keywords: mental health literacy; undergraduate student

1 INTRODUCTION

Health literacy has been the focus of research in the health sector but mental health literacy has only been specifically studied by a few researchers. Health literacy provides knowledge to the public on the prevention, diagnosis, and treatment of diseases. People can carry out early intervention when they detect early warning signs of a disease and get proper treatment for major physical diseases. On the contrary, most of the people were lacking of knowledge on proper prevention measures and management of mental disorders (Jorm, 2000). As a result, treatments are often being delayed, resisted or questioned with suspicion. The general public is also uncertain on how to assist those with mental disorders.

Jorm et al. (1997) observed this phenomenon and tried to draw attention to that area. Therefore, he and his colleagues created the term “mental health literacy” and defined it as “the knowledge and beliefs about mental disorders which aid recognition, management or prevention”. Mental health literacy is further divided into six components which are (a) the ability to recognize specific mental disorders or different types of psychological distress, (b) knowledge and beliefs about risk factors and causes, (c) knowledge and beliefs about self-help interventions, (d) knowledge and beliefs about professional help available, attitudes which promote appropriate help-seeking, and (e) recognition and knowledge of ways to obtain mental health information (Jorm, 2000).

Jorm recognised the importance of the ability of an individual to diagnose specific mental disorders in facilitating early treatment. Most people with mental disorder are having insufficient professional knowledge about it during their first attack and therefore unable to identify the early sign of mental disorder. They respond to the disorder according to their own judgement and beliefs about the causes of illness. For example, beliefs in supernatural causes will result in greater use of traditional healers and poorer compliance with medication, resulting in a delay of proper treatment (Jorm, 2000; Jorm, 2012).

In most situations, self-help skills are important especially for those who are unwilling to seek professional help during mental attack. Generally, the public rate professional help negatively. Most of them prefer ‘natural’ remedies to professional help. This will often lead to resistance to seek medical help and lack of compliance with any medication recommended. Knowledge on how to seek proper mental health information is important for an individual to learn where to get help as well as how
to do self-help intervention towards specific mental disorder. Sometimes, self-help strategies can be used under the guidance of healthcare professionals for better control of mental disorders (A. F. Jorm, 2000; Anthony F. Jorm, 2012).

Furthermore, public attitude can affect the treatment of mental disorders. Social support from family and friends is regarded as important in improving mental health conditions. However, if the person who suffers mental disorders is surrounded by friends and relatives that are having prejudice or reluctant to discuss about mental disorders, he or she will be unable to seek treatment for specific mental disorders (A. F. Jorm, 2000; Anthony F. Jorm, 2012). Supportive family and friends can help people with mental disorders to cope with their illness better.

The intent of this study was also to find out the way to bring up awareness among public on mental health literacy. The researcher wished to come out with some tips for public to learn the self-help skills on early symptoms of mental disorders, as well as being supportive to those who suffer from mental disorders.

1.1 Statement of problem

Mental health literacy is knowledge and beliefs about mental disorders which help an individual to recognize, manage or prevent from mental disorders. Because of high prevalence of mental disorders over human’s lifetime, it has been argued that everyone has the possibility of develop one of these disorders themselves or getting in contact with someone who has mental disorder. Early awareness on this potential can help us cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, August 2014).

Previous research related to mental health literacy focused on five perspectives: individual’s ability to recognize disorders in order to facilitate help seeking; knowledge of professional help and treatments available; knowledge of effective self-help strategies; knowledge and skills to give first aid; and support to others and knowledge of how to prevent mental disorders (Loureiro et al., 2013).

According to previous research, mental health literacy level is associated with a higher level of depression symptoms (Lam, 25 September 2014). Severe depression will also lead to complete suicide (Andrew, 5 August 2014). The suicide rate in Malaysia is about 1.3 for every 100000 people from 2007 to 2010, without including the unreported suicide cases (Joseph Sipalan, 29 May 2013). This situation shows the importance of examine the mental health literacy among Malaysians. I choose young adult who are undergraduates as my research target because they are in the transition state from adolescence to adult, and hence they are having challenges from being independent from family, to earn academic qualification, and to build up their social status. However, the mental health literacy is not being emphasized and instilled in their study, and thus mental health literacy among undergraduates in Malaysia will be low.

Overview the Malaysian education system, we are more academic based and less emphasize on mental health literacy. Students can only gain very little knowledge on mental health in some of the course subjects. As we know, Malaysian education system consists of two major academic streams which are art stream and science stream. Science stream students have higher opportunity exposed to courses that promote information on mental health literacy, such as Biology. Thus, science stream undergraduates will present better mental health literacy than art stream students.

According to a Malaysian research, the outcome expectation of an individual will influence his willingness to seek counselling (Ibrahi & Ahmad, 2013). Thus, help-seeking intention among Malaysians is also important for this study since it may influence the readiness of Malaysians to gain help in mental health aspect. According to a study, Asians were having more negative counselling attitudes which hindered their willingness in seeking help from counsellor (Yakunina, 2012). In accordance with this, the undergraduates’ help-seeking intention may be low.

1.2 Research objectives

This research attempts to identify the mental health literacy among undergraduate students in a public university in Malaysia. Specifically the study is aimed at:

a. Identifying their mental health literacy.
b. Determining whether there are significant differences in mental health literacy among undergraduate students enrolled in different academic stream.
c. Finding out the undergraduate students’ intention in seeking help from professionals on mental health issues.

2 LITERATURE REVIEW

2.1 Concept of mental health literacy

According to Jorm et.al. (1997) defined mental health literacy as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”. This definition had been widely used in many researches until now. Mental
health literacy comprises several components which are (a) knowledge on how to prevent mental disorders; (b) knowledge about the diagnosis of mental disorders; (c) knowledge of help-seeking options and treatments available; (d) knowledge of effective self-help strategies for milder problems, and (e) first aid skills to support others who are developing a mental disorder or are in a mental health crisis.

Many people have insufficient knowledge of the major risk factors of mental health disorders. Some risk factors are traumatic life events, association between cannabis use and risk of psychosis, and the role of parenting. In addition, there is also a lack of research which examines community beliefs about prevention measures. Both experts and communities agree on a number of activities that can help to prevent mental disorders such as physical activity, keeping in contact with family and friends, avoiding use of substances, and making time for relaxing activities. Additionally, the professionals suggest that avoiding stressful situations is important to prevent mental disorders.

Many people have delayed or failed to get professional help when they have mental disorders. One of the reasons for this situation is the lack of recognition about mental health literacy. This will worsen the conditions of those who suffered from mental disorders. Moreover, most of the people have their first onset of mental disorders during adolescence or early adulthood. At that period of age, people are usually underdeveloped in terms of their knowledge and experience. As a result, young people need the guidance of their parents or other supportive adults to provide them with information about their disorders and professional help available. Parental guidance can greatly increase the chance of getting early treatment and prevent the conditions of the patients from getting worse.

Moreover, self-help strategies can be used under the guidance of health professionals. People often view self-help as a better strategy than professional mental disorder treatments. Some of the strategies can help an individual to decrease their levels of anxiety and depression whereas some strategies are less helpful in certain situations. Most of the people will choose to apply self-help strategies when their level of depression is low and prefer professional help only when their depressions become more severe.

Furthermore, people should equip themselves with knowledge and first-aid skills to help those with mental disorders. Most of the people who experience mental disorder will not be able to draft out what is happening to them and thus fail to seek help from appropriate sources. In this situation, family members play an important role in providing social support to an individual who is suspected to have mental disorder. The patients will be more likely to seek professional help if someone close to them suggests it to them. However, there are not much strategies available to improve mental health first aid skills and educate the public about this kind of knowledge. Therefore, it is necessary to increase the mental first aid knowledge and skills of the public so that they can assist an individual with mental health disorders.

2.2 Knowledge on mental health literacy

There were some researches which had been done on young people and proved that young people had insufficient knowledge on mental health literacy. For instance, a survey was carried out on 4938 Portuguese youths to evaluate their mental literacy about depression. This survey involved questions about recognition of the disorder, knowledge of professional help and treatments available, knowledge of effective self-help strategies, knowledge and skills to five first aid methods and support to others, and knowledge on the prevention of mental disorders. The results showed that mental health literacy among Portuguese youth was unsatisfactory and thus, program related to mental health literacy is needed (Loureiro et al., 2013).

Another study applied population-based cross-sectional health survey. This kind of survey utilise a two-stage random cluster sampling design. It was done in China on 1678 high school children aged between 13–17 years. The results showed that the students failed to identify depression. The researchers also suggested that an inadequate mental health literacy level is associated with a higher level of depression symptoms (Lam, 25 September 2014).

In the United States, a study was done on 193 students from four middle schools in different parts of the United States. A self-report questionnaires concerning knowledge, attitudes and social distance related to mental illness was used in this study. The results showed that the recognition of mental health disorder among middle school students was low. However, the results showed some inconsistency and thus may vary with different types of disorders (Wahl, Susin, Lax, Kaplan, & Zatina, July 2012).

Apart from that, gender is also one of the factors which can cause an impact on mental health literacy. A cluster-controlled trial research had been done in Norwegian. Pre-test on both control and intervention group had been done and followed by three-day intervention. Two months after the pre-test, follow-up study was performed in both intervention and control schools. This study involved 1070 students from secondary schools with the age of 13–15 years old. The results showed that girls and older
adolescents scored higher in recognising the symptom profile of mental disorders and also had lower levels of prejudiced beliefs (Skre et al., 2013).

Moreover, another study was carried out in United Kingdom to examine the extent to which mental health literacy of depression is influenced by individual psychological differences. This study was conducted by surveying 1218 general public of age 18–78. The results showed that respondents were indicated that a female was easier suffer from mental health disorder compared to male (Swami, November 2012).

Furthermore, a study was done on 400 university students from four British universities. The results proved that females who were emotionally intelligent, open-to-experience, and studied relevant academic subjects were better informed in mental illness. This study was carried out by using survey and other sources such as NEO Personality Inventory ad Trait Emotional Intelligence (Furnham, Cook, Martin, & Batey, 2011).

2.3 Community attitudes towards people with mental illness

Although sometimes community will accept people with mental disorders, they may still holding stereotyping beliefs and attitudes. A cross-sectional mental health literacy survey had been done in late 2007 on 240 systematically-sampled community members and 60 purposively-sampled village health workers. The results showed that there exists some false beliefs and negative attitudes of community towards those with mental disorder (Kermode, Bowen, Arole, Pathare, & Jorm, 2009).

Another cross-sectional descriptive design was carried out in India to compare the attitudes towards mental illness among undergraduate students. 268 undergraduate students enrolled in nursing courses and Bachelor of Business Management courses were asked to complete Attitude Scale for Mental Illness (ASI) and the Opinions about Mental Illness in the Chinese Community (OMICC) questionnaires. The results showed that their attitudes towards those with mental illness were significantly depending on the course that they enrolled (Vijayalakshmi, Reddy, Math, & Thimmaiah, 2013).

2.4 Other researches in Malaysia

There are some researches done in Malaysia which are related to mental health literacy. There were two researches which examined public knowledge and beliefs about depression among urban and rural Malays and Chinese in Malaysia. Questionnaire which presented two cases of depression and a series of items about the causes and best treatments for depression had been delivered to 153 urban and 189 rural Malays participants. The results of the study showed that urban participants use psychiatric labels (depression) whereas rural participants used generic terms (emotional distress) to describe the two vignettes (Swami, Loo, & Furnham, 2010).

In another study, 409 participants were requested to fulfil the same task like what was done in the study mentioned above. The results showed that Chinese Malaysians presented moderate depression literacy (Loo & Furnham, 2012). These two study provided some information about the mental health literacy among Malaysians.

A cross sectional and descriptive population-based survey used questionnaires with 21 items validated to explore the perception among Malaysians about the causes of depression. 1037 respondents from Pulau Penang, Malaysia had been approached for research purpose. 843 completed questionnaires were analyzed and the results showed that most of the participants neglected the biological reasons of depression. This would hinder their ability to seek help at the early stage of depression (Khan, Sulaiman, & Hassali, 2009).

Research on caregivers had also been carried out in Malaysia. In 2008, 24 family caregivers were involved in a study through semi-structured interviews. This study had listed out the benefits of using mental health services and barriers to access these services. Through this study, it was shown that mental health services in Malaysia can help to provide mental health literacy to the caregivers. The health services allowed the caregivers to gain information and practical knowledge on mental health literacy. Besides, they also received emotional support through counselling service (Mohamad et al., 2011).

3 METHODOLOGY

3.1 Research site and participants

Participants whom had been selected are undergraduate students from University of Malaya. A total of 80 undergraduate students had been randomly chosen as samples, with 34 females and 46 males. Snowball sampling had been used in this study.

3.2 Instrumentation

A cover letter was attached to the survey to explain the purpose of the study, its relevance and obtain their agreement to participate in this study. The survey used in this study was divided into Part A: background questionnaire and Part B: Attitudes
and Beliefs about Mental Health Problems: Professional and Public Views.

In Part A, the information which had been collected are participants’ age, gender, ethnicity, residential area, father’s and mother’s occupation and educational level, participants’ year of study, faculty and their bachelor degree which they were currently enrolled in.

In Part B, it is a questionnaire which Prof. Anthony Jorm used for the 2011 National Survey of Mental Health Literacy and Stigma. The questions which had been listed in the questionnaire are the self-completed questionnaires that Prof. Anthony Jorm and his group used for parallel postal survey of mental health professionals in Australia. The questionnaire had been further translated, adapted and validated for Malaysia population.

The questionnaire had been divided into 6 sections. Question 1 is to examine the ability of participants in recognised the mental health disorder which related to the situation given. Question 2 and 3 are about the help-seeking beliefs and intentions. Question 4 is about first aid intentions and beliefs/self-help strategies. Question 5 and 6 are examining participants’ beliefs about outcomes, causes and prevention.

3.3 Research design

A cross-sectional quantitative study had been carried out through delivery of the questionnaire through social media. The questionnaire is a self-completion version of the interview schedule used for the national survey of Australian adults in 2011. With the permission of Prof Anthony Jorm, we used the questionnaire as our measurement in examining the mental health literacy among undergraduate students in a public university in Malaysia. The questionnaire had been transferred to google questionnaire and send to the undergraduate students from a public university.

3.4 Data collection procedures

The link of the google questionnaire was shared to undergraduate students from a public university by using social media. Undergraduate students had been requested to fill in the questionnaires voluntarily. The result of the study had been assigned with numerical values and transferred to Microsoft Excel 2013 and SPSS (Statistical Package for the Social Sciences) for data analysis.

3.5 Data analysis procedures

Analysis of the questionnaire had been done by using Microsoft Excel 2013 and SPSS version 22 (SPSS, 2013). The frequencies and percentages of nominal variables such as gender, race/ethnicity, and years of study of the participants will be calculated. After that, the analysis of the questionnaire had been calculated by using frequencies and percentages. The general knowledge of mental health literacy among art stream students and science stream students had been compared in SPSS by using t-test.

4 RESULTS

The findings are divided into several parts: (a) demographic variables, (b) ability of undergraduate students in recognising specific mental illness, (c) comparison of the ability in recognising specific mental illness among art stream and science stream undergraduate students, (d) general help-seeking intention among undergraduate students.

4.1 Demographic variables

There were 80 undergraduate students from University of Malaya participated in this study. The sample included 46 males (57.5%) and 34 females (42.5%). The age range of the participants was 20 to 25 with a mean of age 22.46 (SD = 1.23). There were 72 Chinese (90.00%), 5 Malays (6.25%) and 3 Indians (3.75%) involved in this study. Among the participants, it was found that 34 participants (42.50%) are studying art stream courses whereas 46 participants (57.50%) studying science stream courses. There were 8 first year undergraduate students (10.00%), 15 second year undergraduate students (18.75%), 30 third year undergraduate students (37.50%) and 27 final year undergraduate students (33.75%) participated in this study. Table 1 showed the frequencies and percentages for these demographic variables.

4.2 Ability of undergraduate students in recognising specific mental illness

The ability of undergraduate students in recognising the mental illness was calculated. There were 28 participants (35.00%) successfully recognised the vignette which presented as depression, followed by medical diagnosis such as stress, insomnia and Anorexia Nervosa (28, 35.00%), non-medical diagnosis such as family problem, love problem, sick and ‘emo’ (18, 22.50%) and unsure (6, 7.50%).

4.3 Comparison of the ability in recognising specific mental illness among art stream and science stream undergraduate students

The recognition level among art stream undergraduate students (34, 42.50%) and science stream undergraduate students (46, 57.50%) was compared
in this study by using t-test. The result showed that there was no significant difference in the scores for art stream students (M = 1.7059, SD = 0.4625) and science stream students (M = 1.6087, SD = 0.49344); t (0.894) = 78, p = 0.374.

4.4 General help-seeking intention among undergraduate students

General help-seeking intention among undergraduate students was calculated by using frequencies data. Health professional which considered as helpful were counsellor (72.8%), followed by psychologist (64.2%) and psychiatric (51.9%). Informal supportive systems chosen by participants were help from their close family (69.1%) and help from some close friends (63.0%). Besides that, the medicine which rated as most harmful was antibiotics (34.6%), followed by sedatives/hypnotics (28.4%), analgesics and antipsychotics (27.2%). The results of the study are shown in the Table 4.

Table 1. Frequencies and percentages of responses to demographic variables.

<table>
<thead>
<tr>
<th>Descriptive Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>46</td>
<td>57.50</td>
</tr>
<tr>
<td>Female</td>
<td>34</td>
<td>42.50</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td>5</td>
<td>6.25</td>
</tr>
<tr>
<td>Chinese</td>
<td>72</td>
<td>90.00</td>
</tr>
<tr>
<td>Indian</td>
<td>3</td>
<td>3.75</td>
</tr>
<tr>
<td>Course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art Stream</td>
<td>34</td>
<td>42.50</td>
</tr>
<tr>
<td>Science Stream</td>
<td>46</td>
<td>57.50</td>
</tr>
<tr>
<td>Years of Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Year</td>
<td>8</td>
<td>10.00</td>
</tr>
<tr>
<td>Second Year</td>
<td>15</td>
<td>18.75</td>
</tr>
<tr>
<td>Third Year</td>
<td>30</td>
<td>37.50</td>
</tr>
<tr>
<td>Final Year</td>
<td>27</td>
<td>33.75</td>
</tr>
</tbody>
</table>

Note: n = 80.

Table 2. Frequencies data about general knowledge of mental health among undergraduate students.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression/Depressed/MDD</td>
<td>28</td>
<td>35.00</td>
</tr>
<tr>
<td>Medical Diagnosis</td>
<td>28</td>
<td>35.00</td>
</tr>
<tr>
<td>Non-medical Diagnosis</td>
<td>18</td>
<td>22.50</td>
</tr>
<tr>
<td>Not sure</td>
<td>6</td>
<td>7.50</td>
</tr>
</tbody>
</table>

Table 3. Comparison among art stream and science stream undergraduate students on recognising specific disorder.

<table>
<thead>
<tr>
<th>Course</th>
<th>Art Stream</th>
<th>Science Stream</th>
<th>T</th>
<th>Df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>1.7059</td>
<td>1.6087</td>
<td>0.894</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>(0.46250)</td>
<td>(0.49344)</td>
<td>0.903</td>
<td>73.654</td>
</tr>
</tbody>
</table>

Table 4. Percentage of respondent endorsing potential types of help from other resources (N = 80).

<table>
<thead>
<tr>
<th>Helpful/Harmful/Neither depends or don’t know</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different people who could possibly help</td>
<td></td>
</tr>
<tr>
<td>A typical GP or doctor</td>
<td>25.6</td>
</tr>
<tr>
<td>A typical chemist (pharmacist)</td>
<td>6.2</td>
</tr>
<tr>
<td>A counsellor</td>
<td>72.8</td>
</tr>
<tr>
<td>A social worker</td>
<td>32.1</td>
</tr>
<tr>
<td>Telephone counselling service e.g. Lifeline</td>
<td>44.4</td>
</tr>
<tr>
<td>A psychiatrist</td>
<td>51.9</td>
</tr>
<tr>
<td>A psychologist</td>
<td>64.2</td>
</tr>
<tr>
<td>Help from his close family</td>
<td>69.1</td>
</tr>
<tr>
<td>Help from some close friends</td>
<td>63.0</td>
</tr>
<tr>
<td>A naturopath or herbalist</td>
<td>13.6</td>
</tr>
<tr>
<td>The clergy, a minister or a priest</td>
<td>21.0</td>
</tr>
<tr>
<td>Amirul tries to deal with his problems on his own</td>
<td>13.6</td>
</tr>
<tr>
<td>Medicines</td>
<td></td>
</tr>
<tr>
<td>Vitamins and minerals, tonics or herbal medicines</td>
<td>30.5</td>
</tr>
<tr>
<td>Analgesics</td>
<td>4.9</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>33</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>4.9</td>
</tr>
<tr>
<td>Sedatives/hypnotics</td>
<td>7.4</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>7.4</td>
</tr>
<tr>
<td>Tranquilisers such as Valium</td>
<td>7.4</td>
</tr>
<tr>
<td></td>
<td>27.2</td>
</tr>
</tbody>
</table>

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The result of question 10 is presented in the Table 5. The result shows that most of the participants are willing to accept the behaviour which had been presented in the question except “have Amirul married into your family”. There were only 22.0% of respondents willing to accept Amirul into their family, whereas 53.6% of the respondents are unwilling to do so and 22.0% of the respondents remained don’t know.

5 DISCUSSION OF THE RESULT

Hypothesis 1: Mental health literacy among undergraduate students is low.

Through the result which gained from this study, it shows that only 35% of the participants successfully recognised the specific disorder which provided in the vignette. This is congruent with the previous studies which presented that public, especially young people had deficient knowledge in mental health literacy (Lam, 25 September 2014; Loureiro et al., 2013; Skre et al., 2013; Wahl et al., July 2012). In view of the mental health literacy among undergraduate students is low, future interventions need to be taken to improve the mental health literacy among undergraduate students.

As a part of health professional, counselor could play their role in planning some programme like mental health awareness campaign and talks that promote mental health in order to facilitate mental health literacy among undergraduate students. Besides that, publication of newsletters and bulletin is another way to raise undergraduate students’ awareness on mental disorder. New updates on statistics and research regarding mental disorders can be published to undergraduate students so that they can have better insight on mental health literacy. All the interventions listed above can help to increase the mental health literacy among undergraduate students and promote mental health among them.

Hypothesis 2: Science stream students will have better mental health literacy than art stream students.

Malaysia’s education system was generally divided into two main streams which are art stream and science stream. Art stream students are studying courses such as art and language, whereas science stream students are studying about scientific field such as Biology, Chemistry and Physics. Thus, it was assumed that science stream students have higher mental health literacy than art stream students. However, the result of the study does not support the hypothesis. This might be due to most of the science stream students do not gain sufficient information and practical knowledge on mental health literacy in their study. Mental health education does not occupy a specific topic in all the major courses offered in their study, other than the mental health care subject. However, students are also not taking subjects related with mental health as major or minor courses unless they are interested in it. Since that is not their field of study, they would not present well in mental health literacy.

Another factor that might affect the research outcome is the overall awareness on mental health literacy of the participants. A previous study, which done in Malaysia also showed that the general knowledge of mental health literacy among Chinese was moderate (Loo & Furnham, 2012). As the majority of the samples for this study are Chinese, the possibility for them to know more about mental health literacy is high.

The outcome of this study shows that there is no significant different on the courses which enrolled by the undergraduate students. This situation allow mental health profession reconsider about the alternatives which can help in promoting mental health literacy in different courses.

Table 5. Behaviour of participants towards character in the vignette.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Definitely Willing</th>
<th>Probably Willing</th>
<th>Probably unwilling</th>
<th>Definitely Unwilling</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move nextdoor to Amirul</td>
<td>11</td>
<td>35.4</td>
<td>20.7</td>
<td>9.8</td>
<td>20.7</td>
</tr>
<tr>
<td>Spend an evening socialising with Amirul</td>
<td>26.8</td>
<td>56.1</td>
<td>11</td>
<td>1.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Make friends with Amirul</td>
<td>36.6</td>
<td>53.7</td>
<td>6.1</td>
<td>0.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Have Amirul start working closely with you on a job</td>
<td>12.2</td>
<td>48.8</td>
<td>19.5</td>
<td>4.9</td>
<td>12.2</td>
</tr>
<tr>
<td>Have Amirul marry into your family</td>
<td>6.1</td>
<td>15.9</td>
<td>26.8</td>
<td>26.8</td>
<td>22</td>
</tr>
</tbody>
</table>
Hypothesis 3: Help-seeking intention among Malaysians was low

The general help-seeking among undergraduate students in public university is satisfied according to the result of the study. Previous studies suggested that young adult had low help-seeking intention (Rowe et al., 2014). There was study presented that higher level of mental health literacy would trigger greater intention to seek help from professional sources (Smith & Shoshet, 2011). However, this study shows that samples had lower mental health literacy, but they would like to seek for professional helps. The result of the study does not support the previous research.

The deviate of the result may because of the sample which has been used in this study is different with the previous research. The research which had been used in previous research was psychology students (Smith & Shoshet, 2011) whereas the samples for this study were combination of art stream and science stream undergraduate students. Besides that, another research was comparing self-harm behaviour with help-seeking intention (Rowe et al., 2014). However, in this study, it was only examine help-seeking behaviour and thus, the participants may not link the help-seeking intention to self-harm behaviour. As a result, they would not consider about the stigmatising attitudes which the previous research considered in their study.

This study shows that help-seeking intention of undergraduate students is high. In accordance with this, counselling organisations should play their role in providing more information about help-seeking resources. This can help the undergraduate students to have a better knowledge on where to seek for appropriate help according to their needs.

Hypothesis 4: Undergraduate students holding stigma towards those with mental illness

Previous studies showed that most of the people would hold false beliefs and stigmatising attitudes towards those with mental illness (Kermode et al., 2009; Vijayalakshmi et al., 2013). The result of this study partially support the previous research in which some stigmatising attitudes were supported by the participants, especially their viewed on public stigmatising attitudes towards those with mental illness.

The difference of the result may because of the study which showed that most of the people holding negative beliefs and stigmatising attitudes was carried out in India (Kermode et al., 2009; Vijayalakshmi et al., 2013). The different culture in India and Malaysia may develop different levels of stigmatising attitudes towards those with mental illness.

5.1 Limitation

There are several limitations in this study which need to be addressed. First and foremost, the majority of the respondents in this study are Chinese (90.00%). Therefore, this may not be able to represent the undergraduate students in public universities. In addition, the small sample sizes which only taken from a university also lower the generalisability of the findings.

Moreover, the reliability and validity of the questionnaire used in this study are not found. It is an Australian survey which was used in the 2011 National Survey of Mental Health Literacy and Stigma. Although some justification had been done on it, there is no pilot test done towards the questionnaire. Therefore, the suitability for the application of questionnaire in Malaysia context remains unclear.

This study is a self-report study and thus, some of the answers which responded by the participants in the study may not be able to represent the real situation. Participants may provide socially desirable answer in this study.

5.2 Recommendations and implications

In the future, researchers can examine the mental health literacy by including more participants from different cultures and races such as Indians, Malays, Ibans, Kadazans, and others as Malaysia is a multicultural country. This would provide a better view on the general knowledge of mental health literacy among undergraduate students as well as Malaysians.

Furthermore, pilot test should be done on the questionnaire in order to investigate the reliability and validity in applying the questionnaire in Malaysia context. This will help the researchers to get more reliable results in future studies which examine mental health literacy among Malaysians.

6 CONCLUSION

This study examined the general knowledge of mental health literacy among undergraduate students in a public university. The result of the study proved that undergraduate students have low mental health literacy. The courses which they enrolled in does not have significant impact for them to gain knowledge in mental health literacy.

Finding from this study also shows that general help seeking intention among undergraduate students is high. Most of them will prefer mental health professionals when they are facing mental health problems. Lastly, stigmatising attitudes among undergraduate students show moderate results from this study.
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