

Level of Psychological Stress and Help-Seeking Behaviour among University Students in Klang Valley, Malaysia

Syarifah Nurul Sofia Syed Kamal Ariffin & Hilwa Abdullah @
Mohd. Nor

Center for Research in Psychology and Human Well-Being, Faculty of Social Science and
Humanities, Universiti Kebangsaan Malaysia, 43600 Bangi, Selangor, Malaysia
Corresponding Author: hilwa@ukm.edu.my

To Link this Article: <http://dx.doi.org/10.6007/IJARPED/v11-i1/12218> DOI:10.6007/IJARPED/v11-i1/12218

Published Online: 26 January 2022

Abstract

Mental health problems are no longer uncommon among youth age group especially students. Knowledge and early detection of good mental health can help in effective mental health care as well as able to reduce stigma about mental illness. Therefore, the objective of this study is to measure the level of psychological stress and help-seeking behaviour. This study uses quantitative methods, which are a face-to-face questionnaire and Google Form to collect the required information. The study involved 152 university students in Klang Valley, Malaysia. The instrument used to measure psychological stress is the Depression Anxiety Stress Scale (DASS-21). The results showed that psychological stress levels were moderate. Therefore, efforts by the responsible parties should be made such as conducting preliminary assessment tests and screening programs for psychological stress among students, especially to facilitate early detection of any mental health problems to avoid more serious problems such as suicide ideation, suicide attempts and suicidal behaviour.

Keywords: Stress, Anxiety, Depression, DASS-21, Help-Seeking Behaviour

Introduction

Mental health is a vital part of every phase of human life as important as physical health. The level of mental health nowadays has increasingly worsening as a result of lifestyle as well as the advanced progress of the world which puts a lot of pressure on individuals. The National Health and Morbidity Survey 2015 found that 29.2% of Malaysians are dealing with psychological stress or mental health disorders, of which 3 out of 10 individuals aged 16 and above are suffering from mental health problems and women show a slightly higher rate than men. A research conducted by Jorm et al (2006) states that mental health disorders are not well recognized by the public, whereby a person may not be able to identify other individuals or themselves who may be dealing with mental health crisis. The results of previous research are limited in geographical scope but show an increase in public mental health literacy through the use of several interventions (Jorm et al., 2006).

Mental health problems that are common in the society such as depression, anxiety and the like that have become an everyday conversation refer to the sorrowful feelings experienced by an individual. But in fact, this word is difficult to interpret. This is because mental health problems can lead to many interpretations in different situations. According to (Dacey & Kenny, 1977) depression can be a word, a syndrome or a clinical disease. Every individual will experience feelings of sadness or gloomy at some point in his or her life. For most respondents, these emotional disorders are short-lived. However, in some cases this feeling of depression persists, leading to unwanted consequences such as suicide or more serious mental illness. It is undeniable that depression can affect various aspects of an individual's life in terms of cognitive, emotional, social or physical.

The phase between adolescence, early adulthood and middle adulthood is a very challenging and important process in a person's life where the individual experiences an erratic emotional cycle. According to Erikson (1956), the crisis of adolescent identity, which is the formation of identity and role confusion, is the most important crisis of adolescence. The fifth stage of Erik Erikson's theory of psychosocial development, adolescents experience sudden changes both psychologically and physically. Those who receive proper encouragement and reinforcement through personal exploration will emerge from this stage with a strong sense of self and feelings of independence and control. Those who remain unsure of their beliefs and desires will feel insecure and confused about themselves and the future. According to Erikson (1968) the level of intimacy and isolation in adolescence also plays a role in shaping a mentally and physically healthy individual. At this stage, individuals begin to realize feelings of love and responsibility towards the family and they are ready to have a closer or intimate relationship with the opposite age group and gender. Failure to establish relationships will make an individual feel isolated from others, lack of self-confidence, find it difficult to maintain self-appearance which then can degrade academic achievement. Their lives will be passive and some may even think of committing suicide.

Literature Review

Mastura et al (2007) in their study, analyzed the factors that cause stress among second year students who have participated in the Effective Learning Workshop (BPE), FPPSM. Findings found that students were vulnerable to stress in performing their responsibilities and roles in the university. All study subjects of 30 students were selected based on their Cumulative Grade Point Average (CGPA) of 3.00 and below. The findings showed that the level of students' stress was moderate. Career factors were identified as one of the major causes of stress among students, followed by academic and environmental factors. Meanwhile, stress management strategies that were commonly used by most students are behavioral strategies. In addition, the research by Akma et. al (2019) was conducted to assess the relationship between the level of depression, anxiety and stress with academic achievement among 2nd semester students at Masjid Tanah Community College (KKMT). A total of 113 students participated to take the DASS-21 test which had been translated and developed by a prominent academician in the country, namely Professor Dr. Ramli Musa. The findings showed that the level of depression and stress of KMMT students was low while the level of anxiety was moderately low. The results also showed that the relationship between depression, anxiety and stress with academic achievement was weak. However, this study was conducted at the beginning of the semester where students were still not properly involved in completing various assignments and practical works. The researchers suggested

that mental health tests should be administered at the beginning of the semester and during the assessment week to measure the actual level of mental health of the students.

The study of Mohamad et. al (2009) identified the causes and level of stress, stress symptoms and measures to deal with stress as well as differences in stress levels among undergraduate female students of engineering programs at Universiti Tun Hussein Onn Malaysia (UTHM). The study involved a total of 245 sample of final year female students randomly selected from three engineering faculties which are Faculty of Civil and Environmental Engineering (FKAAS), Faculty of Mechanical and Manufacturing Engineering (FKMP) and Faculty of Electrical and Electronic Engineering (FKEE). The results of the study found that the stress level of female engineering students at UTHM was at moderate level. One of the main causes of stress among these students were due to personal factors or interpersonal relationships (3.5034) such as "Worried about the future" and "Family's expectation to excel in studies". Meanwhile, the symptom experienced as a result of stress include fatigue and feeling drained out, and the steps to deal with stress that were commonly used by most female students were to get closer to God and sleep. The findings of the study showed that there were no significant differences in analyzing the differences in stress levels between the three engineering faculties at UTHM. There are several other previous studies that examined the level of mental health and suicidal tendencies among students. Amongst others, according to the study of Suhaimi & Rozita (2018), there were significant differences between male and female students in terms of psychological stress and mental health in general.

Methodology

This study is a quantitative survey study using convenience sampling Questionnaires were used to obtain information regarding the measurement of students' level of psychological stress and help-seeking behavior in addressing their mental health problems. This method was chosen because it involves cheaper costs and shorter allotted time compared to other methods. It is also more practical and effective for large populations. The respondents were obtained from university in Klang Valley, Malaysia. The study sample involved a total of 152 students in the age range from 21 to 25 years old. The DASS-21 questionnaire was used as the main research instrument which consists of 3 questionnaires. Part A is a demographic information section that covers information such as gender, age, race, religion and field of study. Part B contains a questionnaire to measure the level of psychological stress of students and Part C is the student's action on mental health problems. Information obtained through questionnaires was processed and analyzed. Data processing involves the activities of collecting, processing, analyzing, storing and extracting data into a computer. In data processing, the researcher used Statistical Packages For the Social Sciences (SPSS) version 22. The descriptive analysis method used was frequency and percentage to identify the level of psychological stress and help-seeking behavior of students.

Limitations of the Study

This study could not conducted in a wider scope and does not reflect data for the entire population. The respondents' answers are likely to be dishonest due to sensitive issues and this may affect the findings of the study. The study also only focused on three aspects, namely the level of family factors, environmental factors and social factors.

Results

Socio-Demographic Profiles

This study involved 152 respondents from a university in Klang Valley, Malaysia. The majority of respondents are females comprising 83 students (54.6%) while the rest are males comprising 69 students (45.4%).

Table 1

Socio-Demographic Distribution of Respondents

Demography	Category	Frequency (n)	Percentage (%)
Gender	Male	69	45.4
	Female	83	54.6
Age	20	5	3.3
	21	18	11.8
	22	116	76.3
	23	11	7.2
	24	1	0.7
	25	1	0.7
Race	Malay	121	79.6
	Chinese	21	13.8
	India	6	3.9
	Others	4	2.5
Religion	Islam	122	80.3
	Christian	6	3.9
	Buddha	18	11.8
	Hindu	5	3.3
	Others	1	0.7

Table 1 shows the demographic background of the respondents in this study. In terms of age range, majority of the respondents aged 22 years old representing 116 students (76.3%), followed by students aged 21 years old (N = 18; 11.8%), 23 years old (N = 11; 7.2%), 20 years old (N = 5; 3.3%) and students aged 24 and 25 years old respectively (N = 1; 0.7%). Race of the respondents are Malay (N=121; 79.6%), followed by Chinese (N = 21; 13.8%), Indian (N = 6; 3.9%) and from other races (N=14; 2.6%), namely from Sabah or Sarawak ethnicity. In terms of religious beliefs amongst the respondents, based on the data provided, majority of them are Muslims representing 122 students (80.3%), followed by Buddhism (N = 18; 11.8%), Christianity (N = 6; 3.9%), Hinduism (N = 5 ; 3.3%) and other religions (N = 1; 0.7%).

Table 2 shows the scores of students' psychological stress level which are divided into three categories, namely stress, anxiety and depression with 5 levels, namely normal, mild, moderate, severe and extremely severe. Based on the scores of students' psychological stress level using the DASS-21 instrument for stress, a total of 47 respondents (30.9%) were at normal stress level, 54 respondents (35.5%) at mild level, 37 respondents (24.3%) at moderate level, 13 respondents (8.6%) at severe level and 1 person (0.7%) at extremely severe level. As for the anxiety category, a total of 49 respondents had normal anxiety level (32.2%), 14

respondents (9.2%) at mild level, 31 respondents (20.4%) at moderate level, 23 respondents (15.1%) at severe level and 35 respondents (23.0%) at extremely severe level. Finally, for the depressive psychological stress level score, 72 students (47.4%) had a normal level of depression, 16 respondents (10.5%) at mild level, 40 respondents (26.3%) at moderate level, 18 respondents (11.8%) at severe level and 6 respondents (3.9%) at extremely severe level. From here, it can be observed that students who are at moderate level have the potential to experience severe level of psychological stress if not controlled. The results of the study showed that the overall students' stress level is at mild level and the level of anxiety is at extremely severe level based on the feedback from 35 respondents (23.0%). As for the level of depression, the second highest level is at the moderate level of 40 respondents (26.3%), a percentage that is equally worrying.

Table 2

Stress level, anxiety and depression of students

	Category	Frequency (n)	Percentage (%)
Stress	Normal	47	30.9
	Mild	54	35.5
	Moderate	37	24.3
	Severe	13	8.6
	Extremely Severe	1	0.7
Anxiety	Normal	49	32.2
	Mild	14	9.2
	Moderate	31	20.4
	Severe	23	15.1
	Extremely Severe	35	23.0
Depression	Normal	72	47.4
	Mild	16	10.5
	Moderate	40	26.3
	Severe	18	11.8
	Extremely Severe	6	3.9

Help-Seeking Behaviour

Table 3 shows the total frequency and percentage of help-seeking behaviours that is the action of students in dealing with mental health problems which include reverting to religion, seeking help from others or experts, relieving stress, sharing problems and asking for help from family or friends and so on.

Table 3:

The total frequency and percentage of help seeking behaviour of students by gender.

Action	Frequency (n)	Percentage (%)	Male (%)	Female (%)
1. Revert to religion (i.e praying, recite Al-Quran).	31	20.4	9.2	11.2
2. Seek help from others and psychologists, psychiatrists or counsellors.	22	14.5	6.6	7.9
3. Relieve stress and divert attention to other things / activities.	26	17.1	9.2	8.6
4. Express problems and ask for help from family members.	17	11.2	4.6	6.6
5. Share problems and ask a friend for help.	8	5.3	2.0	3.3
6. Try to solve the problem.	1	0.7	0.7	0
7. Self-reflection.	4	2.6	2.0	0.7
8. Be alone and get enough rest to control oneself.	11	7.2	2.0	5.3
9. Calm down by thinking positive.	11	7.2	3.3	4.0
10. Do not think about problems and keep self busy with other things.	3	2.0	0	2.0
11. Sleep	14	9.2	4.0	5.3
12. Do not know what to do or do nothing.	4	2.6	0.7	2.0

Discussion and Summary

Student Psychological Stress Level

This study was conducted to measure and identify the level of psychological stress of students and actions in addressing their mental health problems. The results of Table 2 showed that a total of 54 students (35.5%) have mild level of stress, 35 students (23.0%) have extremely severe level of anxiety and 40 students (26.3%) have moderate level of depression. Mental health problems are no stranger to youth, especially students, according to several data sources. The study of Justin Hunt et al. in 2010 found that 17% of students from 26 different colleges and universities had positive results for depression using the Patient Health Questionnaire-9 instrument including 9% had severe depression and 10% of students had positive results for anxiety (panic or generalized anxiety disorder). Based on the study of Mastura et. al (2007), the cause of psychological stress such as stress due to lack of knowledge on career preparation, challenges in the learning and career process such as life and career needs and uncertain future career opportunities.

Amir (1983) states that students who have clear career information will be able to achieve excellence and skills in the field of career pursued later. Thus, students will feel depressed if they do not have a comprehensive career preparation. Academic factors are also seen as the main cause of stress as well as indicated in the study of Ross et al (1999) who found intrapersonal factors as the main cause of students' psychological stress. For example, causal factors such as too much workload in a short period of time can also lead to stress (Atkinson, 1998). Furthermore, interpersonal factors involving relationships with peers, lecturers and academic advisors where the results of the study have shown that relationships with peers are found to contribute more stress than relationships with lecturers and academic advisors.

This is likely due to more interactions of the respondents with their peers (Mastura et al., 2007).

Behaviour Seeking Psychological Help

The results of table 3 showed the actions of students in dealing with mental health problems by gender. Among the most common actions chose by the students are by reverting to religion (N=31; 20.4%) followed by the act of relieving stress and diverting attention to other things or activities (N = 26; 17.1%), seeking help from others or psychologists, psychiatrists or counsellors (N = 22; 14.5%), expressing problems and asking for help from family members (N = 17; 11.2%) and sleeping (N = 14; 9.2%). Among the other actions taken by students are sharing problems and asking for help from friends, trying to solve the problems, self-reflection, being alone and getting enough rest to control oneself, calming down by thinking positive and not knowing what to do or do nothing. Action of reverting to religion such as "praying", "reciting the Qur'an", "deepening the knowledge of religion", "*Istighfar*", "getting closer to God", "asking for help to God who gives life because He is the one who gives sorrow and only He can remove this sadness" and "having good perception of God's actions" were taken by students when dealing with their mental health problems. As based on the word of Allah which means "Remember, only by remembering Allah, the heart will be at peace" (Surah Ar-Ra'ad; verse 28).

Seeking help from others and psychologists, psychiatrists or counsellors have also been identified as a method used by individuals experiencing psychological stress. These depressed respondents willingly sought advice from the professionals to help them deal with suicidal ideation as well as discuss personal problems (Carlton & Deane, 2000; Deane & Todd, 1996; Suradi, 2011). Next, the action of relieving stress and diverting attention with other things or activities were used by 26 students (17.1%). Examples of diverting activities practiced by students are playing video games, doing exercise, listening to songs, practicing a healthy eating lifestyle and the like. Students who used this method are found to be more likely to ignore or forget the problems they face for a while and take quick alternatives by turning their attention to things that are fun and satisfying. The same goes for those who shared problems and asked for help from family members or close friends. Some students stated the actions of "expressing emotions to close friends and individuals that understand them" and "sharing problems with someone closest to them" have helped them to overcome their mental health problems.

In the "be alone and get enough rest to control oneself and calm down by thinking positive" group, the students stated "isolate yourself and be in a place where we feel comfortable, from there we can learn that everything is in our control", "Always oppose negative assumptions with positive assumptions" and "self- love". Ellis (2002) states that this action is effective in managing psychological stress by controlling rational and logical thinking. Positive-minded individuals are able to function normally in their daily lives, especially when dealing with stress. However, the data shows that a total of 4 students (2.6%) do not take any actions by not thinking about the problems and keeping themselves busy with other things and 3 students (2.0%) do not know what to do or do nothing, in dealing with the mental health problems faced. Finally, the results of the study found that the majority of female students (N = 17; 11.2%) took action by reverting to religion when dealing with their mental health problems. Meanwhile, 28 male students (18.4%) took action by reverting to religion and

diverting attention to other things or activities to relieve stress. Therefore, there are significant differences in the actions taken by students in dealing with mental health problems faced based on gender. However, both genders are found to have more or less the same strategies or approaches when faced with mental health problems.

Conclusion

In conclusion, the overall scores of students' psychological stress are at mild level of stress (35.5%), extremely severe level of anxiety (23.0%) and moderate level of depression (26.3%), great attention and efforts must be made by the parties responsible with students welfare in the university to provide the necessary assistance to the students in facing and managing their mental health issues as well as ensuring that the learning process and student achievement in studies is more productive and effective. Besides that, there are significant differences in the actions taken by students in dealing with mental health problems faced based on gender. However, both genders were found to have more or less the same strategies or approaches when dealing with mental health problems. Based on the findings of this study, it can be concluded that everyone in the society regardless of gender, race or religion need to care more about mental health in line with the increasingly complex lifestyle today. In addition, mental health awareness programs, preliminary assessment tests and screening programs for psychological stress needs to be carried out among students, especially to facilitate the early detection of any mental health problems so that appropriate support can be provided to prevent a more serious mental health problems in the future as well as to educate the community to not have negative stigma towards the mentally-ill patients.

References

- Aini, O. (2001). *A study of attempted suicide among female youths*. Tesis Sarjana Pendidikan, Universiti Malaya, Kuala Lumpur.
- Arria, A. M., O' Grady, K. E., Caldeira, K. M., Vincent, K. B., Wilcox, H. C., & Wish, E. D. (2009). *Suicide Ideation Among College Students: A Multivariate Analysis*. International Academy for Suicide Research: Bruner Routledge.
- Abdul, G. H. M. (2008). Stress and depression among medical students: A cross sectional study at a medical college in Saudi Arabia. *Pak J Med Sci* 24, 12–17.
- Blumenthal, S. J. (1990). *Youth Suicide: Risk Factors, Assessment, and Treatment of Adolescents and Young Adults Suicidal Patients*. Boston: Taylor and Francis.
- Drapeau, A., Marchand, A., Beaulieu-Prévost, D. (2012). Epidemiology of psychological distress. In *Mental Illnesses - Understanding, Prediction and Control*. Retrieved from, http://www.intechopen.com/books/mental-illnesses-understandingprediction-and-control/e_pidemiology-ofpsychological-distress [10 Mac 2020].
- Dacey, J., & Kenney, M. (1997). *Adolencent development*. USA: Brown & Benchmark Publishers.
- Desrosiers, A., Miller, L. (2007). Relational spirituality and depression in adolescent girls. *Inc J Clin Psychol*, 63(10), 1021–37.
- Eisenberg, D., Golberstein, E., Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Med Care* 45(7), 594-601.
- Ibrahim, A. K., Kelly, S. J., Adams, C. E., & Glazebrook, C. (2013). A systematic review of studies of depression prevalence in university students. *Journal of Psychiatric Research*, 47(3), 391-400.

- Intan, N. M. S., Norlija, K., Nur, F. I., Haazik, M. M., Yusof, M. A. (2011). *Tahap Pengetahuan mengenai Kesehatan Mental dalam Kalangan Pelajar Institut Pengajian Tinggi Awam (IPTA): Kajian kes di UKM Bangi*. Universiti Kebangsaan Malaysia.
- Jafari, N., Loghmani, A., & Montazeri, A. (2012). Mental health of medical student in different levels of training. *International Journal of Preventative Medicine, 1*, 107-112.
- Jorm, A. F., Barney, L. J., Christensen, H., Highet, N. J., Kelly, C. M., & Kitchener, B. A. (2006). Research on mental health literacy: what we know and what we still need to know. *Australian & New Zealand Journal of Psychiatry, 40*(1), 3-5.
- Kiwamuddin, O. (1991). *Tinjauan Tahap dan Punca Stres di Kalangan Pelajar Ijazah Sarjana Muda Teknologi Serta Pendidikan. Satu Kajian Kes di Universiti Teknologi Malaysia*. Universiti Teknologi Malaysia.
- Kidwell, J. S., Dunham, R. M., Bacho, R. A., Pastorino, E., & Portes, P. R. (1995). Adolescent identity exploration: A test of Erikson's theory of transitional crisis. *Adolescence, 30*(120), 785-794.
- Mahfar, M., Zaini, F., & Nordin, N. A. (2007). Analisis faktor penyebab stres di kalangan pelajar. *Jurnal Kemanusiaan, 5* (1).
- Martínez-Pérez, B., De La Torre-Díez, I., & López-Coronado, M. (2013). Mobile health applications for the most prevalent conditions by the World Health Organization: review and analysis. *Journal of medical Internet research, 15*(6), e120.
- Ooi, Y. P. (2002). *Stress and Anxiety Among Engineering Students and Non-Engineering Students at UTM*. UTM: Tesis Sarjana.
- Ramli, M., Ariff, M. F., Zaini, Z. (2007). Translation, validation and psychometric properties of Bahasa Malaysia version of the depression anxiety and stress scales (DASS). *ASEAN Journal of Psychiatry, 8*(2): 82-9.
- Simons, R. L., & Murphy, P. I. (1985). Sex different in the causes of adolescent suicide ideation. *Journal of Youth and Adolescence 14*, 423-434.
- Shamsuddin, K., Fadzil, F., Ismail, W. S., Shah, S. A., Omar, K., Muhammad, N. A., Jaffar, A., Ismail, A., Mahadevan, R. (2013). Correlates of depression, anxiety and stress among Malaysian university students. *Asian J Psychiatr 6*(4), 318- 23.
- Yusoff, M. S., Abdul Rahim, A. F., Baba, A. A., Ismail, S. B., Mat Pa, M. N., Esa, A. R. (2013). Prevalence and associated factors of stress, anxiety and depression among prospective medical students. *Asian J Psychiatr 6* (2), 128-133.