



07th Asia-Pacific International Conference on Quality of Life

Wina Holiday Villa, Kuta, Bali, Indonesia, 30 Sep – 02 Oct 2023

**Mind Matters:
Exploring employees' mental health literacy in the hotel industry**

**Nurfatihah Mazlan^{1*}, Norzuwana Sumarjan¹, Khairun Najiah Ahmad²,
Nadia Hanin Nazlan¹, Dwi Suhartanto³**

** Corresponding Author*

¹ Department of Hotel Management, Faculty of Hotel and Tourism Management, Universiti Teknologi MARA Cawangan Selangor, Malaysia

² Department of Tourism Management, Faculty of Hotel and Tourism Management, Universiti Teknologi MARA Cawangan Selangor, Malaysia

³ Department of Business Administration, Commerce Administration, Politeknik Negeri Bandung, Bandung, Indonesia

fatihahmazlan@uitm.edu.my; norzu161@uitm.edu.my; khairun@uitm.edu.my; nadiyahhanin@uitm.edu.my; dwi.suhartanto@polban.ac.id
Tel: +60173234024

Abstract

One in five hospitality employees suffers from work-related mental health issues. Thus, promoting mental health literacy could better manage employees' mental health. This study aims to explore mental health literacy among hotel employees. Ten hotel employees from four- and five-star hotels in Malaysia were interviewed and thematic analysis was conducted. Findings show employees demonstrated sound mental health literacy manifested into four themes: function of mental health, mental illness contributors, implications of mental illness, and intervention techniques. Mental health literacy empowers employees to recognize signs of mental illness, promoting prompt help-seeking and preventing further deterioration of mental health.

Keywords: mental health; mental health literacy; hospitality

eISSN: 2398-4287 © 2023. The Authors. Published for AMER & cE-Bs by e-International Publishing House, Ltd., UK. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>). Peer-review under responsibility of AMER (Association of Malaysian Environment-Behaviour Researchers), and cE-Bs (Centre for Environment-Behaviour Studies), College of Built Environment, Universiti Teknologi MARA, Malaysia.
DOI: <https://doi.org/10.21834/e-bpi.v8i26.5126>

1.0 Introduction

Mental health is essential for an individual and community's wellbeing and effective functioning (WHO et al., 2004). The state of mental health depends on factors that may strain, maintain and improve mental health such as work, finances, family matters and relationships (National Institute of Occupational Safety and Health, 2019).

In the hospitality industry, it is claimed that one in five employees suffers from work-related mental health issues, commonly anxiety and depression (Aguar-Quintana, 2021; Park, 2020; Royal Society of Public Health, 2019). In Malaysia hospitality industry, there has been an increase of depression symptoms among employees during COVID-19, and the pandemic is expected to have a long-lasting impact on employees (Khan & Hashim, 2020). Mentally ill employees may influence their behaviour and impact customers' perception of the service quality (Castro-Casal et al., 2019), thus affecting Malaysia' tourism image. The occurrence of mental illness in the workplace can be prevented by promoting employee's mental health (Khan et al., 2021). This can be done by increasing mental health

eISSN: 2398-4287 © 2023. The Authors. Published for AMER & cE-Bs by e-International Publishing House, Ltd., UK. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>). Peer-review under responsibility of AMER (Association of Malaysian Environment-Behaviour Researchers), and cE-Bs (Centre for Environment-Behaviour Studies), College of Built Environment, Universiti Teknologi MARA, Malaysia.
DOI: <https://doi.org/10.21834/e-bpi.v8i26.5126>

literacy (MHL) (Munawar et al., 2021). A good level of MHL indicates high knowledge of mental health matters such as the risk of mental illness, help-seeking efficacy, and managing stigma (Kutcher et al., 2016; Munawar et al., 2021).

In Malaysia, mental health literacy is still low (Munawar et al., 2021). The topic is becoming taboo and minimally discussed, with some individuals might not even realize they are experiencing mental illness. Thus, this study aimed to explore the mental health literacy in the hotel industry. Specifically, the objective of the study is to investigate the literacy of hotel employees in mental hotel topics pertaining to knowledge, issues, and intervention techniques.

2.0 Literature Review

2.1 Mental health literacy

Mental health is defined as a state of well-being in which an individual understands his or her abilities, can manage the everyday daily stress, can work productively, and capable to contribute to his or her community (WHO, 2004). In maintaining positive mental health and managing mental and emotional struggles, mental health literacy (MHL) plays a vital role. MHL is known as “knowledge and beliefs about mental disorders which aid individual’s recognition, management or prevention” (Jorm et al., 1997). Past studies have found that mental health knowledge, help-seeking and stigma factors are incorporated together which makes up MHL (Kutcher et al., 2016; Munawar et al., 2021). Having adequate MHL will assist in the development of appropriate interventions to prevent and control mental illness (Hassan et al., 2018; Mohamed Hussain et al., 2020).

Past studies revealed inadequate and low level of MHL among Malaysian, especially among older adults (Munawar et al., 2021). Additionally, acceptance of mental health in middle-resource countries such as Malaysia is low (Ibrahim et al., 2019; Rathod et al., 2017; Semrau et al., 2019). Moreover, there is a lack of studies focusing on MHL and help-seeking behaviour in Malaysia (Midin et al., 2018). Nonetheless, the level of MHL and help-seeking behaviour has improved in recent years due to the trends of open sharing and discussion on this matter (Midin et al., 2018). Thus, it will be interesting to see if the MHL among employees has improved due to open sharing and discussion trends.

2.1 Challenges in the hospitality industry

Hospitality industry is unique compared to other industries (Tsaur & Tang, 2012). It is known as a very labour-intensive industry (Elshaer & Marzouk, 2019) with challenging job characteristics such as long working hours, irregular work schedules, physically demanding workload, and difficult stakeholders (Chiang et al., 2010; Mulvaney et al., 2007; Tepeci & Bartlett, 2002; Zhao & Ghiselli, 2016). Work environment particularly in the hospitality, have been associated with deleterious effects on physical and mental health (Varga et al., 2021). Hospitality employees also face the burden of emotional labour which contributes to burnout, stress and increases the risk factor for depression (Constanti & Gibbs, 2005; Gilmour & Patten, 2007; Kotera et al., 2018; Ma et al., 2021).

Therefore, it is vital to focus on improving employees’ mental health through leader support on MHL and reducing stigma in the workplace (British Safety Council, 2018; Jansson & Gunnarsson, 2018). Having adequate MHL will assist in the development of appropriate interventions to prevent and manage mental illness (Hassan et al., 2018; Mohamed Hussain et al., 2020). Thus, this study seeks to explore hotel employees’ MHL to assist them in navigating challenges in the hotel industry.

3.0 Methodology

This study employed a qualitative method through phenomenology approach to explore MHL from the employees’ perspective in Malaysia hotel industry. Purposive sampling was used, with ten permanent hotel employees with at least three years of industry experience from four- or five-star hotels in the central region of Malaysia chosen as participants. Purposive sampling is deemed suitable because the samples limited to the study can provide relevant and sufficient input regarding knowledge, experience and perspective. As qualitative study does not have specific sample size (Baker & Edwards, 2012; Marshall et al., 2013), long interviews with up to ten participants is considered sufficient to reach data saturation (Boyd; 2002; Creswell, 2007). Semi-structured interviews with open-ended questions were conducted to provide flexibility to the informants to answer and for the researchers to come up with potential probing questions. Interview questions were developed based on past studies (Khatib & Abo-Rass, 2021; Okello et al., 2014) and the requirement of research objectives. Familiarization interviews and interview protocols were developed to enhance trustworthiness and reliability. There is no sampling frame for the employees due to confidential policy of employee listings. Thus, the researchers listed all four- and five-star hotels as rated on Ministry of Tourism, Arts and Culture website. Then, the researchers contacted potential informants through the hotel's human resource department to seek cooperation. Once agreed, the informants were invited to face-to-face or virtual interviews. Data was collected, translated, transcribed and member-checking was conducted to ensure accuracy. Thematic analysis was employed to identify prominent themes within the data, which were then reviewed to ensure they aligned with the study's objectives. Atlas.Ti was used to organize and visualize the themes.

4.0 Findings

4.1 Demographic analysis

Ten informants from four- and five-star hotels in the central region of Malaysia participated in the study. The majority of informants were female (70%), aged twenty to thirty years old (50%), single (70%), held undergraduate certifications (80%) and earned MYR2,001 to

MYR3,000 monthly (70%). Informants worked in various departments in the hotel such as front office, food and beverage, maintenance, housekeeping, administration, financial, sales and human resources (HR). All the informants fulfilled at least three years of working experience in the hotel industry.

4.2 Themes and subthemes for mental health literacy

Based on the interviews, four (4) themes and twelve (12) subthemes emerged representing MHL. Interviews with the hotel employees found that all informants (n=10, 100%) have a sound mental health literacy based on Jorm’s components of mental health literacy. One informant (E5) said, “I try to see, majority on TikTok (social media). The ways to manage depression, anxiety attack, this is the ways, this the symptoms of anxious person or depression. Most on TikTok. Because there are a few Tiktokers who have depression also. Not just in TikTok. There are also in Facebook articles, websites.” Meanwhile, E3 mentioned, “Since HR gives counselling to staff, so I learnt a little bit (mental health) here and there. And from Google (internet search engine) as well.” The availability of online digital mental health services encourages more open dialogue and knowledge about mental health (Nealson, 2021). Most informants were aware of mental health issues and obtained information from social media platforms, electronic media, the internet, the workplace, and surrounding. Fig. 1 shows the four (4) themes and twelve (12) subthemes regarding MHL from the employees’ perspective.

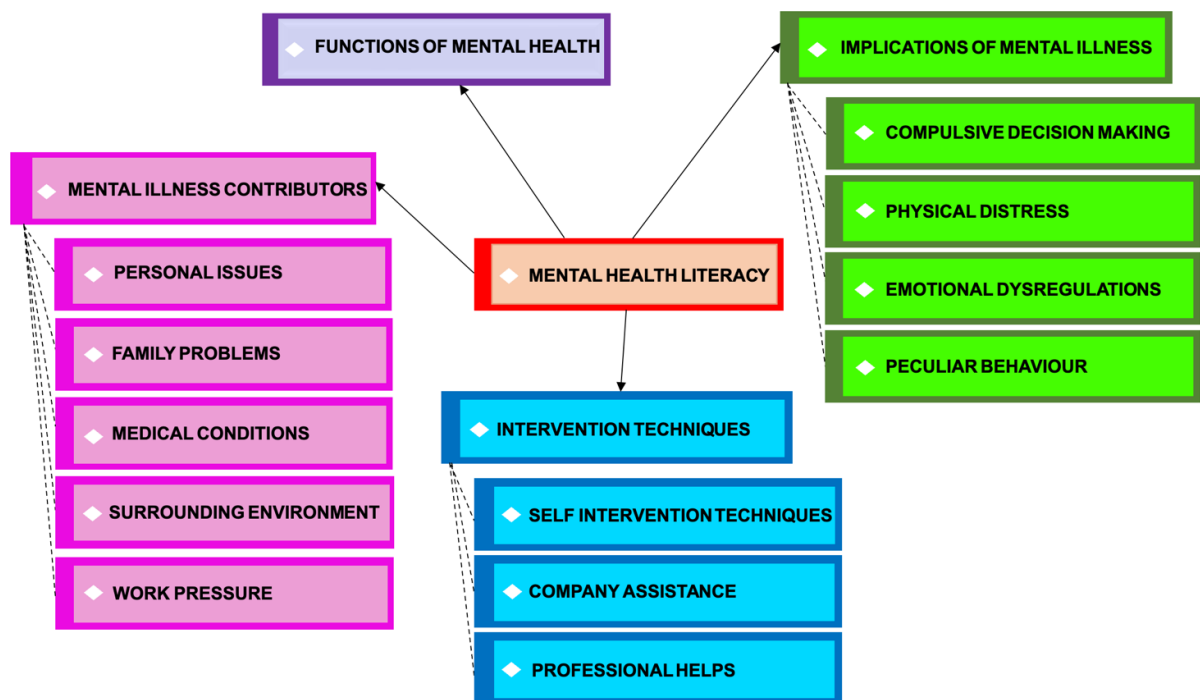


Fig. 1: Themes and subthemes of mental health literacy from employees’ perspective
(Source:) Researcher

4.2.1 Function of mental health

The first theme is the function of mental health. When asked to explain about mental health from their perspectives, most of informants described mental health’s functions to individuals. E7 answered, “Mental health if you ask me, I can say that it includes our emotional or psychological or social well-being. I think it connects with how we relate things to our personal life. And it affects how we think, how we feel.” Another informant (E10) explained, “Mental health... it is part of us, human beings. We need good mental health to make sound decisions. So that we can have a better life. Like reach our goals, have healthy relationships, overcoming challenges.” Possibly, employee’s knowledge of the function of mental health is the fruition of the Government’s initiatives in disseminating information through campaigns, assisting and funding non-government organization (NGOs) training programs to educate society, and modules by the Department of Occupational Safety and Health (UNICEF et al., 2022). Good mental health can assist individuals in daily life, such as making rational decisions and reaching life goals.

4.2.2 Mental illness contributors

Analysis of responses revealed that informants could explain factors that lead to mental illness. These factors are further categorized into five (5) subthemes: which are issues related to personal, family, medical, surrounding environment and work environment.

4.2.2.1 Personal issues

The first subthemes, personal issues highlighted the individual’s struggles with themselves. Some struggles involve managing own emotions such as loneliness, bottled-up feelings, trust issues and trauma. One informant (E1) expressed, “At the same time, even

though he has a few friends, but he does not know who to talk to. Maybe he has his own problem which he does not want to share. Maybe their relationship with the other people, they shut themselves and they just do not want to talk to others. He does not know whether to trust or not." Another informant (E4) holds a different view, "Mental illness... erm... maybe it's about trauma, or any unheal things in your heart or in your life. Which you cannot solve, so it will slowly eat you up." The informants' answers reflected self and social stigma, which causes individuals difficulty in expressing their emotions because of negative attitudes towards mental illness (Borenstein, 2020; Haddad & Haddad, 2015).

Besides that, several informants mentioned financial constraints also contributed to mental illness. E6 stated, "First is money, of course. Money can drive people crazy." E9 also agreed, "Some (weak) financial, not enough to cover life expenses." The high cost of living in a capital city like Kuala Lumpur is one of the reasons for the high number of mental health cases in Malaysia, as mentioned by Minister of Health, Dr. Zaliha Mustafa (Calvalho et al., 2023).

Individuals with low resilient skills and knowledge related to managing mental health are also prone to mental illness. E4 expressed, "Perhaps they do not know the reason. They cannot detect the problem early because they do not know what or how. For those who are weak, cannot handle the stress, (they) will be severely affected. In actual, overall situation... you are just overthinking and suddenly you cannot breathe." E6 added, "We are the one who controls our body. If we drive ourselves to the negativity then we cannot blame it to elsewhere right? I have seen people go crazy at work because of this negative thinking. It is actually because of their failure to drive themselves to the positive things." Cognitive distortions that stem from lack of knowledge in managing thoughts such as internal mental bias increase individual misery and may evolve into severe depression and anxiety (Grinspoon, 2022).

4.2.2.2 Family problems

Second subtheme that emerged from factors contributing to mental illness is family problems. Several informants explained how toxic and broken families, poor understanding and treatment from family members can increase stress. One of the informants (E1) highlighted, "Surrounding like... your own family member, some toxic family member. Does not appreciate us, like to put us down." This is furthered supported by E7, who mentioned "I could say also like, broken family, you know. Like, a family who is not together or children who grow up watching their parents not in a proper... How to say, they do not really treat the kids like a proper child or broken family." Disruptions in family structure, such as abuse or maltreatment have negative consequences that may affect other family member's mental health (Behere et al., 2017; Yampolskaya et al., 2013).

4.2.2.3 Medical conditions

The third subtheme is medical conditions. A few informants highlighted medical conditions that resulted in mental illness. For example, E3 stated, "Even medical issues as well can cause mental illness. Meaning like... if a person has chronic diseases like cancer, suffer for a long time, then can cause mental illness." E5 also pinpointed, "For me, mental illness is originated from very high stress. Which is continuous." Individuals with poor physical health have higher rates of mental illness, while those suffering from more than one disease are the most vulnerable to symptoms of stress (Sayeed et al., 2020).

4.2.2.4 Surrounding environment

Another subtheme is the surrounding environment. Individual's surrounding in terms of social and environment were quoted from several informants. E10 stated, "Pressure from surrounding. I think social media can drive people to become mentally ill. The trends that are weird like cutting themselves. Then, people like to compare their lives with others. This thing can create unnecessary pressure. Because they feel like why my life is sucks, or I have to be like that person to look cool or successful." Meanwhile E4 expressed, "...our locality can become a root cause as well. Like in Kuala Lumpur is always jammed. Even if we go home on time, we reach home two hours after that, so we feel like.... Even if we live in the middle of Kuala Lumpur, to reach home it takes a long time. So, it can make us stress." Notably, social media exposure has been associated with the prevalence of mental illness (Pantic, 2014). Meanwhile, being stuck in a jam for a long time also lead to stress and anxiety (Nadrian et al., 2019).

4.2.2.5 Work pressure

The last subtheme is work pressure. Work pressure can be derived from co-workers, management, guests, and the work itself. Several informants expressed dissatisfaction with incompetent co-workers and poor management's treatment in terms of lack of understanding. E1 said, "At the age of 50, they are no longer fit to work in hotel line which has a lot of operation works and also long hours for them to work. Which is, some of them are also the cause for my stress. Involving staff who are 50 years old above. Maybe it is not suitable." Meanwhile, E8 stated, "Uh, sometimes, depression because of sometimes we are seeing different guests and then get complain so bad. Then some kind of guest behaviour. Uh, some guests, they are, they all understand what we are going to tell and still being rude." E10 pinpointed on management's treatment, "Like... erm take advantage of desperate staff. Like... not paying them as what they deserve. Sometimes, no respect to the staff like insults and harassment." Very stressful work conditions are proven to adversely effects the employees (Reichenberg, & MacCabe, 2007).

4.2.3 Implications of mental illness

All informants shared their views on the effect of having mental illness on individuals. Their answers are categorized into four (4) subthemes: compulsive decision-making, emotional dysregulation, physical distress and peculiar behaviours.

4.2.3.1 Compulsive decision-making

Mental illness usually causes individuals problems in decision-making, resulting in potential self-harm actions (Kesby, 2020). E9 highlighted, "Maybe he will take drastic actions. Actions which can harm him because of aaa... Problems which are unbearable anymore."

4.2.3.2 Emotional dysregulation

Additionally, mental illness leads to emotional dysregulation. Typically, poorly regulated emotions that do not fall within the traditionally accepted range of emotional reactions are due to brain-related symptoms (Sachdev, 2021). E7 mentioned, "Like, so if a person is suffering from this type of illness, I think they might get easily... Get angry. I mean like even a small issue that might be triggering for them, so erm... They might have difficulty in dealing with it. Maybe even mood swings."

4.2.3.3 Physical distress

Physical distress can also occur due to mental illness. As the mind and body cannot be separated, mental illness can cause aches in body parts, fatigue, digestive problems, respiratory difficulties, and restlessness (Ferguson, 2020). E4 stated, "It (mental illness) affects your work. When you are working, you can... suddenly shaking, suddenly difficult to breath and you don't know what is the reason."

4.2.3.4 Peculiar behaviour

Mentally ill individuals tend to conduct peculiar behaviour, such as violent and maladaptive behaviour (Citrome, 2022). E9 explained, "When our brain not stable, like cannot think properly. Then start doing crazy things like run amok."

4.2.4 Intervention techniques

The fourth theme of MHL that emerged was intervention techniques. This theme was broken down into three (3) subthemes: self-intervention, professional help, and company assistance. Out of three intervention techniques, self-intervention is the most common technique used by the hotel employees.

4.2.4.1 Self-intervention techniques

Most employees practiced controlling their emotion when feeling distress by staying positive. E2 expressed, "It's just now, how we can... we can avoid all that. Or how we going to take it positively." Besides that, the informants frequently mentioned that sharing problems by socializing as one of distress techniques. E3 highlighted, "I consult my favourite person like my family members. Usually speaking to them help me to be more positive and grateful." The informants also mentioned that they would take time off from work whenever they feel stressed about work. E1 explained, "I will have lunch outside. A bit far. And I will have a good lunch, then look at my surrounding, look at other people, just get out from area of workplace." In contrast, E8 stated, "Sometimes I will, after work, I will go to the beach and then sit alone over there thinking about everything." Meanwhile, E6 said, "So, one of the alternatives is to travel because you need to put a pause in your life, so you can get rid of that thing for a while, until you can get yourself some... mental health recovery, take a break and come back again."

4.2.4.2 Professional helps

All informants were aware of professional helps available, whether from public or private health institutions. Several informants highlighted types of professional mental health assistance. E6 answered "Non-government also we have. Those hotlines have people volunteer to listen to you. You know, to ensure that your mental health is good. You need someone who can listen to you." E4 highlighted, "Counsellors, many agencies which provide therapy service." Meanwhile, E5 stated, "Hospitals, they have specialists who can help on mental health."

4.2.4.3 Company assistance

Two informants mentioned that the company also provides mental health assistants to the employees. E9 pinpointed, "You can see a counsellor at the workplace." Meanwhile, E3 stated "At my workplace, if I have any issues with my assignment or any person, I usually refer to the HR manager. He gives counselling and help to all employees for any problems."

5.0 Discussion and conclusions

The study evidenced that hotel employees possess sound mental health literacy. Employee's knowledge of mental health functions, risk factors, implications of mental illness and intervention techniques are reflected on most of the components in Jorm's MHL framework. Moreover, it is safe to say that the employee's MHL stems from their awareness of current mental health issues and not from the hotel. Eventhough there is a strong urge to enhance mental health support in the workplace (Ganesh, 2022), it is still insufficient in Malaysia (Jenius, 2019).

The COVID-19 pandemic has sparked a positive momentum to increase mental health awareness (Nealon, 2021). The Communications and Multimedia Ministry has developed mental health programs in digital and printed media that educate the public about mental health and assistance available in Malaysia. Recognizing the spike in mental illness, MOH has also widened mental health assistance by establishing partnerships with 52 NGOs for community-based activities and advocacy, Mental Health Crisis Helpline, mental health services not just in government hospitals and clinics, but also Community Mental Health Centre and district health offices (Hakim, 2023). There is an increasing trend for open mental health discussions, which aims to educate the public about mental health

on social media platforms. The creative delivery of mental health content on these social media platforms has encourage the acceptance of mental health information. Thus, the positive development of mental health awareness and support in Malaysia has contributed to sound MHL among hotel employees.

The study came with several limitations. This study was limited to four- and five-star hotel employees in the central region of Malaysia. There could be factors associated with the informants' geographical area and social demographic, which could influenced the level of employees' mental health awareness. Therefore, future studies could look at other geographical areas, hotel types and level of service. The study explored MHL from employees' perspective. Future studies may measure MHL objectively through quantitative approach.

Acknowledgements

This work was funded and supported by Universiti Teknologi MARA (UiTM) through MyRA grant [600-RMC/GPM SS 5/3 (102/2021)].

Paper Contribution to Related Field of Study

This study stands as a significant contribution to the literature in the hospitality and tourism domain, where employees' perspectives on mental health are often overlooked. Mental health support in the workplace is more crucial than ever (Kwan, 2022), as employees in Asian region experience higher levels of poor mental health than global norms (Carmichael et al, 2022). Hotel managers should enforce a supportive and healthier working environment to protect employee's wellbeing.

References

- Aguilar-Quintana, T., Nguyen, T. H., Araujo-Cabrera, Y., & Sanabria-Díaz, J. M. (2021) Do job insecurity, anxiety and depression caused by the COVID-19 pandemic influence hotel employees' self-rated task performance? The moderating role of employee resilience. *International Journal of Hospitality Management*, 94, 1-10. <https://doi.org/10.1016/j.ijhm.2021.102868>
- Behere, A. P., Basnet, P., & Campbell, P. (2017). Effects of family structure on mental health of children: A preliminary study. *Indian Journal of Psychological Medicine*, 39(4), 457-463. <https://doi.org/10.4103/0253-7176.211767>
- Borenstein, J. (2020). *Stigma and discrimination*. American Psychiatric Association. <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
- Boyd, C. O. (2001). *Phenomenology the method*. In *nursing research: A qualitative perspective* (3rd ed., pp. 93-122). Jones & Bartlett Learning.
- British Safety Council. (2018). *Workplace wellbeing – Is it working?* <https://www.britsafe.org/about-us/press-releases/2018/workplace-wellbeing-is-it-working/>
- Calvalho, M., Rahim, R., & Tan, T. (2023). *KL has highest number of depression, anxiety cases, says Dr Zaliha*. The Star. <https://www.thestar.com.my/news/nation/2023/03/08/kl-has-highest-number-of-depression-anxiety-cases-says-dr-zaliha>
- Carmichael, A., Coe, E. H., & Dewhurst, M. (2022). *Employee mental health and burnout in Asia: A time to act*. McKinsey & Company. <https://www.mckinsey.com/featured-insights/future-of-asia/employee-mental-health-and-burnout-in-asia-a-time-to-act>
- Castro-Casal, C., Vila-Vázquez, G., & Pardo-Gayoso, Á. (2019). Sustaining affective commitment and extra-role service among hospitality employees: Interactive effect of empowerment and service training. *Sustainability*, 11(15), 4092. <https://doi.org/10.3390/su11154092>
- Chiang, F. F., Birch, T. A., & Kwan, H. K. (2010). The moderating roles of job control and work-life balance practices on employee stress in the hotel and catering industry. *International Journal of Hospitality Management*, 29(1), 25-32. <https://doi.org/10.1016/j.ijhm.2009.04.005>
- Citrome, L. L. (2022). Aggression: Overview, epidemiology, assessment and differential diagnosis. *Medscape*. <https://emedicine.medscape.com/article/288689-overview?form=fpf>
- Constanti, P., & Gibbs, P. (2005). Emotional labour and surplus value: The case of holiday 'reps'. *The Service Industries Journal*, 25(1), 103-116. <https://doi.org/10.1080/0264206042000302432>
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). SAGE.
- Elshaer, A. M. (2019). *Labor in the tourism and hospitality industry: Skills, ethics, issues, and rights* (1st ed.). Apple Academic Press.
- Ferguson, S. (2020). Yes, mental illness can cause physical symptoms — Here's why. Healthline. <https://www.healthline.com/health/mental-health/mental-illness-can-cause-physical-symptoms>
- Ganesh, V. S. (2022). *Mental health awareness and screening should be conducted at workplace to address suicides*. New Straits Time. <https://www.nst.com.my/news/nation/2022/06/801635/mental-health-awareness-and-screening-should-be-conducted-workplace>
- Gilmour, H., & Patten, S.B. (2007). Depression and work impairment. *Health reports*, 18(1), 9-22.
- Grinspoon, P. (2022). *How to recognize and tame your cognitive distortions*. Harvard Health. <https://www.health.harvard.edu/blog/how-to-recognize-and-tame-your-cognitive-distortions-202205042738>
- Haddad, P., & Haddad, I. (2015). *Mental health stigma*. The British Association for Psychopharmacology. <https://www.bap.org.uk/articles/mental-health-stigma/>

- Hakim, L. (2023). *RM34.5m boost for mental healthcare, support services*. New Straits Times. <https://www.nst.com.my/news/nation/2023/08/938692/rm345m-boost-mental-healthcare-support-services>
- Hassan, M. F., Hassan, N. M., Kassim, E. S., & Hamzah, M. I. (2018). Issues and challenges of mental health in Malaysia. *International Journal of Academic Research in Business and Social Sciences*, 8(12), 1685–1696. <https://doi.org/10.6007/ijarbs/v8-i12/5288>
- Ibrahim, N., Amit, N., Shahar, S., Wee, L., Ismail, R., Khairuddin, R., Siau, C. S., & Safien, A. M. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC Public Health*, 19(S4). <https://doi.org/10.1186/s12889-019-6862-6>
- Jansson, I., & Gunnarsson, A. B. (2018). Employers' views of the impact of mental health problems on the ability to work. *Work*, 59(4), 585-598. <https://doi.org/10.3233/wor-182700>
- Jenius. (2019). *Mental health for employees*. Sehat Malaysia. <https://sihatmalaysia.my/mental-health-for-employees/>
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). Mental health literacy: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166(4), 182-186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
- Kesby, J. (2020). *How do mental disorders impact our decision-making?* The University of Queensland Australia. <https://qbi.uq.edu.au/blog/2020/10/how-do-mental-disorders-impact-our-decision-making#:~:text=But%20mental%20disorders%20often%20cause,longer%20as%20valuable%20as%20B>
- Khan, M. A., & Hashim, H. (2020). The effect of COVID-19 on tourism and hospitality industry in Malaysia, resurgence in the post-pandemic era: A conceptual criterion. *International Journal of Tourism & Hospitality Reviews*, 7(2), 54-62. <https://doi.org/10.18510/ijthr.2020.726>
- Khan, K. I., Niazi, A., Nasir, A., Hussain, M., & Khan, M. I. (2021). The effect of COVID-19 on the hospitality industry: The implication for open innovation. *Journal of Open Innovation: Technology, Market, and Complexity*, 7(1), 30. <https://doi.org/10.3390/joitmc7010030>
- Khatib, A., & Abo-Rass, F. (2021). Mental health literacy among Arab university students in Israel: A qualitative study. *International Journal of Social Psychiatry*, 1-8. <https://doi.org/10.1177/00207640211036167>
- Kotera, Y., Adhikari, P., & Van Gordon, W. (2018). Motivation types and mental health of UK hospitality workers. *International Journal of Mental Health and Addiction*, 16(3), 751-763. <https://doi.org/10.1007/s11469-018-9874-z>
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy. *The Canadian Journal of Psychiatry*, 61(3), 154-158. <https://doi.org/10.1177/0706743715616609>
- Kwan, F. (2022). *How can workplaces effectively support employees' mental health?* Astro Awani. <https://www.astroawani.com/berita-malaysia/how-can-workplaces-effectively-support-employees-mental-health-385224>
- Ma, C., Ren, L., & Zhao, J. (2021). Coping with stress: How hotel employees fight to work. *Sustainability*, 13(19), 10887. <https://doi.org/10.3390/su131910887>
- Midin, M., Zainal, N. Z., Toh, C. L., & Ibrahim, N. (2018). Mental health services in Malaysia. *Taiwanese Journal of Psychiatry*, 32(4), 281-292.
- Mohamed Hussain, S. N., Husna, H., Azfar, M. A., Ismail, S., & Mohd Nazan, A. I. (2020). Sociodemographic factors of mental health literacy among housewives living in low-cost apartments in Puchong, Selangor, Malaysia. *Malaysian Journal of Medicine and Health Sciences*, 16(1), 121-125.
- Mulvaney, R. H., O'Neill, J. W., Cleveland, J. N., & Crouter, A. C. (2007). A model of work-family dynamics of hotel managers. *Annals of Tourism Research*, 34(1), 66-87.
- Munawar, K., Mukhtar, F., Choudhry, F. R., & Ng, A. L. (2021). Mental health literacy: A systematic review of knowledge and beliefs about mental disorders in Malaysia. *Asia-Pacific Psychiatry*, 14(1), 1-11. <https://doi.org/10.1111/appy.12475>
- Nadrian, H., Taghdisi, M. H., Pouyesh, K., Khazaee-Pool, M., & Babazadeh, T. (2019). "I am sick and tired of this congestion": Perceptions of Sanandaj inhabitants on the family mental health impacts of urban traffic jam. *Journal of Transport & Health*, 14, 100587. <https://doi.org/10.1016/j.jth.2019.100587>
- Nealon, M. (2021). *The pandemic accelerant: How COVID-19 advanced our mental health priorities*. United Nations. <https://www.un.org/en/un-chronicle/pandemic-accelerant-how-covid-19-advanced-our-mental-health-priorities>
- Okello, E. S., Abbo, C., Muhwezi, W. W., Akello, G., & Ovuga, E. (2014). Mental health literacy among secondary school students in North and Central Uganda: A qualitative study. *World Cultural Psychiatry Research Review: Official Journal of World Association of Cultural Psychiatry*, 9(3), 70–80.
- Park, E., Kim, W., & Kim, S. (2020). Tracking tourism and hospitality employees' real-time perceptions and emotions in an online community during the COVID-19 pandemic. *Current Issues in Tourism*, 1-5. <https://doi.org/10.1080/13683500.2020.1823336>
- Pantic, I. (2014). Online social networking and mental health. *Cyberpsychology, Behavior, and Social Networking*, 17(10), 652-657. <https://doi.org/10.1089/cyber.2014.0070>
- Reichenberg, A., & MacCabe J. H.. (2007). Feeling the pressure: Work stress and mental health. *Psychological Medicine*, 37(8), 1073-1074. [doi:10.1017/S0033291707000888](https://doi.org/10.1017/S0033291707000888)
- Rathod, S., Pinninti, N., Irfan, M., Gorczyński, P., Rathod, P., Gega, L., & Naeem, F. (2017). Mental health service provision in low- and middle-income countries. *Health Services Insights*, 10, 117863291769435. <https://doi.org/10.1177/1178632917694350>
- Royal Society for Public Health. (2019). *Service with(out) a smile*. Royal Society for Public Health UK. <https://www.rsph.org.uk/about-us/news/one-in-five-hospitality-workers-suffer-from-work-related-severe-mental-health-issues.html>

- Sachdev, P. (2021). *What is emotional dysregulation?* WebMD. <https://www.webmd.com/mental-health/what-is-emotional-dysregulation>
- UNICEF, National Institutes of Health Malaysia, & Burnet Institute. (2022). *Strengthening mental health and psychosocial support systems and services for children and adolescents in East Asia and Pacific Region: Malaysia country report*. UNICEF.
- Sayeed, A., Kundu, S., Banna, H. A., Christopher, E., Hasan, M. T., Begum, M. R., Chowdhury, S., & Khan, S. I. (2020). Mental health outcomes of adults with comorbidity and chronic diseases during the COVID-19 pandemic: A matched case-control study. *Psychiatry Danubina*, 32(3-4), 491-498. <https://doi.org/10.31234/osf.io/qh6b5><https://www.unicef.org/eap/media/11811/file/Malaysia%20Country%20Report.pdf>
- Semrau, M., Alem, A., Ayuso-Mateos, J. L., Chisholm, D., Gureje, O., Hanlon, C., Jordans, M., Kigozi, F., Lund, C., Petersen, I., Shidhaye, R., & Thornicroft, G. (2019). Strengthening mental health systems in low- and middle-income countries: Recommendations from the Emerald programme. *BJPsych Open*, 5(5), 112. <https://doi.org/10.1192/bjo.2018.90>
- Tepeci, M., & Bartlett, A. (2002). The hospitality industry culture profile: A measure of individual values, organizational culture, and person-organization fit as predictors of job satisfaction and behavioral intentions. *International Journal of Hospitality Management*, 21(2), 151-170. [https://doi.org/10.1016/s0278-4319\(01\)00035-4](https://doi.org/10.1016/s0278-4319(01)00035-4)
- Tsaur, S., & Tang, Y. (2012). Job stress and well-being of female employees in hospitality: The role of regulatory leisure coping styles. *International Journal of Hospitality Management*, 31(4), 1038-1044. <https://doi.org/10.1016/j.ijhm.2011.12.009>
- Yampolskaya, S., Mowery, D., & Dollard, N. (2013). Predictors for readmission into children's inpatient mental health treatment. *Community Mental Health Journal*, 49(6), 781-786. <https://doi.org/10.1007/s10597-013-9592-8>
- Varga, S., Mistry, T. G., Ali, F., & Cobanoglu, C. (2021). Employee perceptions of wellness programs in the hospitality industry. *International Journal of Contemporary Hospitality Management*, 33(10), 3331-3354. <https://doi.org/10.1108/ijchm-12-2020-1417>
- World Health Organization (2004). *Promoting mental health: Concepts, emerging evidence, practice: Summary report*. World Health Organization. https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf
- Zhao, X., & Ghiselli, R. (2016). Why do you feel stressed in a "smile factory"? *International Journal of Contemporary Hospitality Management*, 28(2), 305-326. <https://doi.org/10.1108/ijchm-08-2014-0385>