

Mental Help-Seeking Barriers Among Young Adults in Tertiary Education in Malaysia

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Abstract

While depression is highly associated with adverse consequences, mental health professional services are still underutilised by young adults. Thus, this qualitative study aims to explore the barriers to professional mental help-seeking among young adults with depression symptoms while seeking help for their mental health concerns. Through reflexive thematic analysis of interview transcripts, the study found (1) expression problem; (2) attitude; (3) fear; (4) presence of alternative support; (5) mental health literacy (MHL); and (6) instrumental barrier as perceived barriers for young adults while seeking help from mental health professionals.

Keywords: : Young Adults; Professional Mental Health Services; Depressive Symptoms; Mental Help-Seeking

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1.0 Introduction

Depression is a global issue, and young adults represent a particularly vulnerable group due to developmental transitions, academic pressures, and social challenges. Meanwhile, in Malaysia, studies from the National Health and Morbidity survey (2023) showed a 2-fold increase or 1 million Malaysians aged 16 years old and above experiencing depression symptoms (Institute for Public Health, 2023). There are an estimated 30% to 50% young adults taking tertiary education in Malaysia experiencing depression symptoms (Ashraful Islam et al., 2018; Wong et al., 2022). This is a relatively high prevalence when compared to the general population. High prevalence of depression among young adults is suggested to be associated with higher stress levels among them while striving in the tertiary education system (Lu et al., 2022).

Depression is associated with adverse consequences that can impair the productivity of individuals during their prime ages, ultimately impacting the future labour force. These young adults with depressive symptoms are vulnerable to substance use (Y. Wang et al., 2022), functional impairment (Dhillon et al., 2020), and social relationship issues (Bulhões et al., 2021). More frightening,

depression was associated with the occurrence of suicidal behaviour. For example, comparative analysis revealed that an estimated 746000 deaths globally were caused by suicide (Davis Weaver et al., 2025).

One of the strategies adopted by adults struggling with difficulties is to mitigate their problems by seeking external support from trusted agencies. It is typically performed through help-seeking processes (Kim-Mozeleski et al., 2018). Early seeking professional intervention by mental health professionals can effectively reduce depression symptoms and prevent relapses (Musa et al., 2020). However, there are different preferences among young adults seeking help, with some opting for informal support rather than professional mental health services (Shi et al., 2020; Shumet et al., 2021). This gap in formal mental health utilisation highlights the critical role of perceiving barriers in mental health service utilisation (Eigenhuis et al., 2021). Considering the importance of promoting formal help-seeking from professionals' mental health services, this study aims to explore the perceived barriers among young adults attending tertiary education.

1.1 Literature review

Perceived barriers are among the reasons why individuals with depressive symptoms avoid seeking formal mental health support, such as from a counsellor, psychologist or psychiatrist (Radez et al., 2021; Shi et al., 2020). The differences in preference for help support between formal and informal support rely on the availability of support, level of closeness, reciprocity, communication style, and involvement of emotions (Lauzier-Jobin & Houle, 2022). For example, a qualitative study on young men reveals that when facing an emotional problem, the preference for help support sources is dependent upon their familiarity and closeness to support sources, and how they consider the consequences by reflecting cultural norms, associated stigma and the role of self-reliance (Burke et al., 2022).

Mental help-seeking is the process of self-identification of the problem, forming an intention to seek a mental health professional, and subsequently actual behaviour of help-seeking (McLaren et al., 2023a). Unlike physical illness, help-seeking from professionals for mental health concerns is a complex process requiring a positive individual attitude, perceived social approval and high self-efficacy in executing such behaviour (Adams et al., 2022). In the process of help seeking, forming intention is a critical stage which determines the subsequent actual behaviour of mental help seeking (McLaren et al., 2023a). This intention, however, is strongly influenced by an individual's awareness of their own symptoms, which is crucial in the earlier process of recognising a mental health problem (Rickwood et al., 2005). However, the subjective nature of mental health symptoms means that their interpretation often differs across individuals, which in turn affects how they perceive and appraise their own problems as actual or expected (Radez et al., 2021).

Stigma, low mental health literacy and lack of support are among factors which can influence the direction of mental help-seeking behaviour. Stigmas are well-known factors which interrupt the process of mental help-seeking by preventing young adult from acknowledging their emotional problem, devaluing the need for help and heightening the threat to their self-identity. Mental health literacy is an individual's internalised framework that can assist in recognising symptoms, making informed treatment choices, and acknowledging available mental health support (Yang et al., 2024). Lastly, self-perception of one's own ability to successfully execute the help-seeking behaviour plays an important role in determining the actual engagement of individuals in help-seeking behaviour. This self-efficacy not only reflects an individual's perceived ability, but it also encompasses their internal belief in the benefits of mental health support sources (Garrey et al., 2022). For this reason, it explains why individuals avoid help-seeking behaviour if this behaviour poses a threat to their self-identity, such as feeling judged by others as having a weak personality (Lynch et al., 2018).

2.0 Methodology

2.1 Study design

This qualitative exploration study employed a phenomenological research approach. This qualitative approach was chosen in view of its relevance to directly explore the information from those who experience perceived barriers when trying to access professional mental health services. Consequently, it is a commonly applied method in mental health-related research (Martinez et al., 2020; Shi et al., 2020). In fact, this approach is recommended as it offers a clear explanation and aligns with the study's objectives.

2.2 Setting

This research was conducted at a public university in Puncak Alam, Selangor, with a total student population of approximately 18,000.

2.3 Sampling

Non-probability sampling techniques using purposive sampling were used in this study. A total of 11 participants have been chosen for in-depth interviews in this qualitative study. The selected participants formed a homogeneous sample. It will be easier for researchers to identify everyday experiences, themes, and the essence of participants' experiences (Creswell & Poth, 2018). Participants are chosen to enrol in this study based on depression symptom screening, done before the study was conducted in phase one of the study. The participants who have a total score of 10 and above on the Patient Health Questionnaire (PHQ-9) are eligible to participate in this qualitative study. The participants in this study are young adults who are between 18 and 35 years old and study as full-time students. The participants also never sought a mental health professional one year before the study was conducted.

2.4 Data collection

The interviews were conducted between June 2024 and September 2024. The author conducted semi-structured interviews using the online Google Meet platform with each eligible participant at a time that was convenient for them. The interview was recorded using an online audio recorder, which took between 30 and 60 minutes of the interview session. The interview session was guided by a semi-

structured interview protocol, developed by the researcher and validated by the research team, which contained main questions such as "What is your barrier regarding seeking help from a mental health professional?". The data collection was stopped when saturated

Themes	Sub-Themes
Expression of the problem	Emotional validation Trust issue
Attitude	Perceived severity Self-Reliance MHP
Fear	Shame Future insecurity
Presence of alternative support	Close Relationship Convenient
Mental Health Literacy	Recognising Symptom Procedure
Instrumental Barrier	Time Restriction Difficult to access

sampling was achieved based on a new info threshold according to Guest et al. (2020), which was achieved with a total of 11 participants.

2.5 Data analysis

Transcript data from in-depth interviews were analysed using Braun & Clarke's (2006) and Naeem et al.'s (2023) guidelines by Reflective Thematic Analysis to identify themes and subthemes. Braun and Clark proposed that thematic analysis consists of six steps, which are familiarisation with data; generating initial codes; searching for themes; reviewing themes, naming the themes; and producing a report (Braun & Clarke, 2006). The audio recording was then transcribed into field notes by the authors. From the Malay verbatim notes, the emerging codes were created in NVivo Software version 14. The emerging themes and subthemes were discussed and reviewed to name the themes and produce the final report. The researcher then translated the code from Malay to English using forward translation and had it member-checked by the second author and the third author.

2.6 Ethical consideration

The University Teknologi MARA UiTM Research Ethics Committee has approved Ethical Considerations. Consent for participation in this study was obtained from each eligible participant.

3.0 Result

3.1 Demographic characteristics

Table 1. Socio-demographic of participant (n-11)

Participant	Gender	Age	Ethnic	Living arrangements	Marital status	Campus
A	Male	21	Malay	campus	Single	Education
B	Male	21	Malay	Campus	Single	Art and design
C	Female	21	Malay	With parent	Single	business
D	Female	21	Malay	With parent	Single	business
E	Female	25	Bumiputra Sabah	Rental House	Single	Health Sciences
F	Male	20	Malay	Campus	Single	accountancy
G	Male	21	Malay	campus	Single	education
H	Female	25	Malay	Campus	Single	Education
I	Female	23	Malay	Rental House	In relationship	Hotel Management
J	Female	22	Malay	campus	Single	Health sciences
K	Male	20	Malay	Campus	Single	pharmacy

3.2 Identified themes

From transcript reflective thematic analysis (RTA), six themes have been identified to meet the study objective, which are 1) Expression problem; 2) Attitude; 3) Fear; 4) Presence of Alternative support; 5) Mental health Literacy (MHL); and 6) Presence of instrumental barrier.

Table 2. Themes and sub-themes emerged from data analysis

Themes	Sub-Themes
Expression of problem	Emotional validation Trust issue
Attitude	Perceived severity Self-Reliance MHP
Fear	Shame Future insecurity
Presence of alternative support	Close Relationship Convenient
Mental Health Literacy	Recognizing Symptom Procedure
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3.2.1 Expression of the problem

Participants expressed that they received a lack of support, especially from close acquaintances such as family and friends. They report that they do not receive emotional support in the form of emotional validation, which makes it difficult for them to recognise their symptom as acceptable in order to seek help from a mental health professional.

"If I really had to see a professional, I would want to know that it is not just my decision alone, but that the people around me also see it as the right thing to do. It is not that they disagree, but I just need... I do not know the right word... not exactly a 'backup', but more like reassurance... Just something that makes me feel like I'm not just overthinking—that what I'm feeling is real and valid." (Participant J).

And some participants are doubtful or distrustful about their feelings/problem, whether it might be a mental health problem or just a normal concern:

"Because I feel like this problem is just ordinary... it feels like just feelings, not really a condition... sometimes I am in a good mood, like everything is fine for a week... then the next week I feel like I cannot handle it... something like that." (Participant F).

3.2.2 Attitude

Young adults' evaluations of seeking help from professional services influence their decision to seek professional services. They realised that their problems were not severe enough to warrant professional attention.

"I am not really sure... I do not think I need professional help. I feel like I can still... um, calm myself down. So far, I have not considered doing anything harmful. So, I do not feel like I need help" (Participant H).

Some of them tried to normalise the symptom of depression by comparing their symptom with those of others, such as their friends:

"For me, I feel like you can only go for a counsellor when the problem gets really overwhelming...like you cannot handle it anymore. Struggling with school and study is just part of life, right? It is not something too serious. My friends think the same way... I do not think any of them would suggest going to counselling because we are all dealing with the same pressure. So, we just talk to each other, let it out, and then move on. That is just how we deal with it." (Participant I).

3.2.3 Fear

The decision to see a mental health professional may be accompanied by the feeling of fear regarding their consequences, such as future insecurity and felt shame.

"For me, my privacy can affect job opportunities. For example, if a student has social issues and that information gets leaked, it might impact how they're accepted by me as an employer" (Participant B)

"... honestly, it feels embarrassing, you know? If people found out that our family member has something like a mental illness... Mental health issues are not something you can see, right? So sometimes it might feel like people think you are just making it up." (participant J).

3.2.4 Alternative support

When young adults experience emotional difficulties and plan to externalise their problems to external sources, there is always a choice. They prefer to see someone with whom they have a close relationship first, rather than reaching out to professional services.

"Maybe it is because I have not really needed it... at least for now. So far, I have only contacted my mother. Besides her, I have also reached out to my personal advisor. As for the other options mentioned earlier, I feel like I do not need them... at least not at this point."(participant E).

3.2.5 Mental Health Literacy

Confusion about the symptoms of depression and the process to see a professional is also mentioned by some participants in this study, which was perceived as a barrier.

"There were times I felt like seeing a professional... but then I'd start thinking, like... did I really suppose to go? Do I really have a problem? Like... is it really a mental health issue? That is what makes me unsure. And honestly, I do not even know where to go... that is another thing. I do not know who to turn to or where exactly I should go."(participant C).

3.2.6 Instrumental Barrier

Participants report instrumental barriers such as time restrictions. They have problems with mental health professionals' scheduling, which may affect their academic course.

"It might mess up with my study schedule... but if they can adjust it around my class time, then I think that is okay. However, if I end up having to skip class frequently... I feel like—at least for me—that is probably not a good thing"(participant I).

4.0 Discussion

In our findings, the barrier which impedes professional help was ingrained in 6 themes found within this qualitative study, which are (1) expression problem; (2) attitudes; (3) Fear; (4) Presence of alternative support; (5) mental health literacy and (6) Instrumental Barrier. The findings of our study suggest that mental help-seeking is a complex process that affects multiple levels of help-seeking processes. During the process of seeking professional mental help support, (1) self-identification and (2) perceived self-efficacy emerge as critical stages for young adults while seeking help for their emotional problems. This aligns with the McLaren Seeking Mental Health-Care Model, which emphasises earlier symptom identification and feeling confident as important steps in forming a help-seeking intention and subsequently engaging in help-seeking behaviour. The poor self-identification of depressive symptoms will contribute to delayed or avoided help-seeking intention (McLaren et al., 2023). According to this theory, the process of mental help seeking was affected by internalised social stigma, a lack of mental health literacy and the absence of appropriate support.

This study revealed that young adults have some difficulty externalising their problem to others, which is similar to a previous study (Lynch et al., 2018). There are challenges for participants in this study to recognise their depressive symptoms as actual mental health problems in order to resonate with their need for professional help. It may be due to the nature of mental illness representation, which is subjective to the participant. It also worsens in the absence of physical symptoms, which act as an important "prompt" for seeking professional help (Eigenhuis et al., 2021). They try to express feelings in order to get emotional validation, as their problems are truly acceptable to be seen by mental health professionals. However, instead, they encounter distrust and minimisation of symptoms by others, especially from their friends. This unclear clue of illness, such as a lack of physical clues, complicates the recognition and legitimisation of symptoms, which are explained by Leventhal's Common-Sense Model of Illness Representation theory (Leventhal et al., 2016).

Even when symptoms are recognised, young adults often face barriers in translating this self-recognition into actual behaviour, reflecting a perceived lack of efficacy to carry out the behaviour. This barrier includes negative evaluation of help-seeking behaviour, anticipated consequences of the behaviour, the presence of an instrumental barrier, and the presence of alternative support. The attitudinal factors, such as a higher value placed on self-reliance compared to help-seeking preference, are common barriers to seeking professional mental help (Shi et al., 2020). This self-reliance is influenced by a perceived higher sense of autonomy (Ishikawa et al., 2022) and higher trust in oneself (Meadley et al., 2024). Self-reliance refers to the ability to depend on oneself for emotional, psychological, or physical support. It is the capacity to trust one's own thoughts, resources, and abilities without reliance on external assistance (Ishikawa et al., 2023). It also signifies the belief that they may distrust toward external help, either formal or informal sources, which is related to perceived stigma from others, beliefs about their own self-solving strategies and perceived how other thinks about their problem (Meadley et al., 2024; Radez et al., 2021; Shi et al., 2020). Although self-reliance is typically a positive trait within resilience, it can indirectly serve as a significant obstacle to seeking essential help for mental health concerns (Meadley et al., 2024).

Moreover, studies have shown that young adults are more inclined to seek informal support rather than formal support, which highlights the role of alternative social support as a supportive source for young adults during emotional crises. The presence of these informal sources of support may serve as a double-edged sword, posing both risks and benefits as professional help pathway agents, while also acting as a barrier to professional help. This informal support may introduce obstacles and intensify depressive symptoms by giving inadequate support, exacerbating stigma, exposing confidentiality, lacking mental literacy and obstructing formal help-seeking (Lynch et al., 2023). The presence of informal support was the first choice of support because it is closer to the participant, and it was perceived as more easily accessible to them compared to formal help. The informal support also offers more emotional closeness, social compatibility, and greater accessibility (Lauzier-Jobin & Houle, 2022).

Others, the presence of an instrumental barrier, the participant in this study also perceived as a barrier toward accessing mental health professionals. The instrumental barrier includes time constraints and difficulty accessing the support system, which is an obstacle for young adults to access mental health services (Kasam et al., 2020). Research has shown that university students are

stressed and burdened with academic workload, resource constraints, social pressure, and examinations (Barbayannis et al., 2022; Wang et al., 2025). Meanwhile, meeting with mental health professionals requires time-consuming efforts that cannot be done with a single session. Time-consuming tasks include setting appointments, waiting for sessions, and meeting requirements for multiple sessions, which disrupt their regular academic hours. This explains why young adults in tertiary education often avoid seeking help from a mental health professional (Kasam et al., 2020).

5.0 Conclusion and recommendation

This finding highlights the role of self-recognition of depression symptoms and self-efficacy, which involve mental appraisal considering related consequences and perceived availability of support in the decision to see a mental health professional among young adults attending tertiary education in Malaysia. Social stigma, MHL and perceived social support are among the factors which influence help-seeking behaviour for professional help.

Results from this study recommend that interventions promoting professional mental health services should be implemented by increasing the MHL program. This study also suggested non-medicalisation of the term associated with interventions. Instead of using direct medical terms such as depression, stress, anxiety or mental health problems, the intervention should be used in non-stigmatised jargon such as "wellness program". Participants in this study also recognised that informal support such as friends as their major help seeker. The intervention can also be done through forming a shared experience peer group intervention, which aims to promote normalisation of problem expression, increase peer-friends encouragement and support, reduce stigma, disseminate mental health-related literacy, and thus promote professional mental help-seeking.

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Paper Contribution to Related Field of Study

This finding from a qualitative study provides new evidence on help-seeking behaviour among young adults in tertiary education.

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