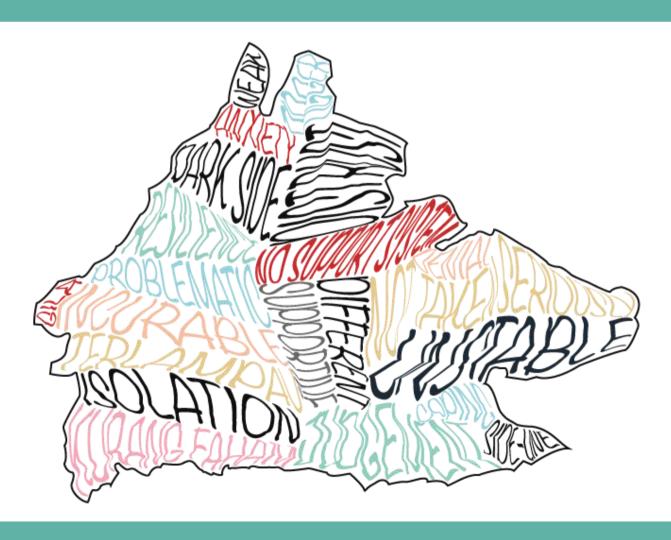


SURVEY REPORT

KNOWLEDGE, ATTITUDE AND PRACTICE ON MENTAL HEALTH AND WELL-BEING AMONG COLLEGE STUDENTS IN SABAH



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This illustration represents the outline of the map of Sabah. It contains the outcome of a mentimeter survey on "one word associated with mental health" which was participated by 75 students

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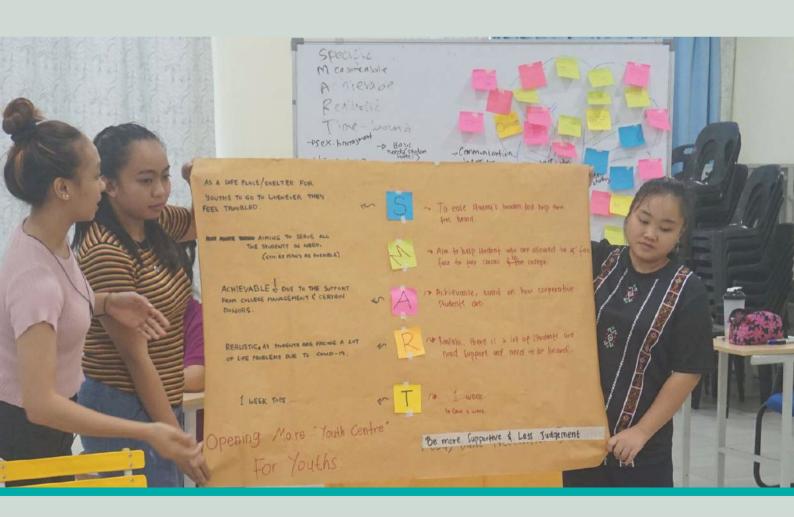
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Introduction

Mental health is integral to one's well-being. Yet among college students here in Sabah, it is an issue often masked with secrecy, stigma and prejudice. For many, there is a profound sense of loss and helplessness on how they can confidently support the mental health needs of their peers and family members. The need to deepen the conversations on mental health requires conscientious effort to promote mental health, not only as a talking point but as a cause for action for these students. Bringing the issue of mental health wellness out from its shadow requires a comprehensive intervention plan that necessitates further engagement of these students. The urgency to respond has now been accelerated and magnified due to the on-going unprecedented worsening COVID-19 situation in Sabah.





Background

Since the introduction of the Movement Control Order (MCO) in March 2020 due to the COVID-19 pandemic, mental health and well-being of college students in Sabah has emerged as an on-going concern for the Youth-PREP Centre (YPC). In April 2020, YPC conducted a survey to assess the well-being of students who were stranded in Kota Kinabalu, unable to return to their hometown due to the MCO. An online survey participated by 161 students revealed food aid and mental health support as the two most critical needs.

As part of a continuing effort normalise mental health and well-being issues among college students, YPC is in the midst of running a nine-month project entitled "Mind Matters: Supporting Youth Mental Health and Well-being during COVID-19" in five private colleges in Kota Kinabalu. The project started in May 2020. To date, a key outcome of this project has been the establishment "KAWAN BAH", a care line service for youth which can be accessed through call or WhatsApp.

Currently, there is scarcity of research on mental health among students in private colleges in Malaysia. In order to gain a deeper assessment on the perspectives of college students about mental health, this research adopted an assessment of existing Knowledge, Attitude and Practices or Behaviour (KAP/B). This method, used Communication for Development (C4D), facilitates information gathering about what is known and understood, existing motivations and practices on the issue of mental health and well-being among students from the five participating private colleges.

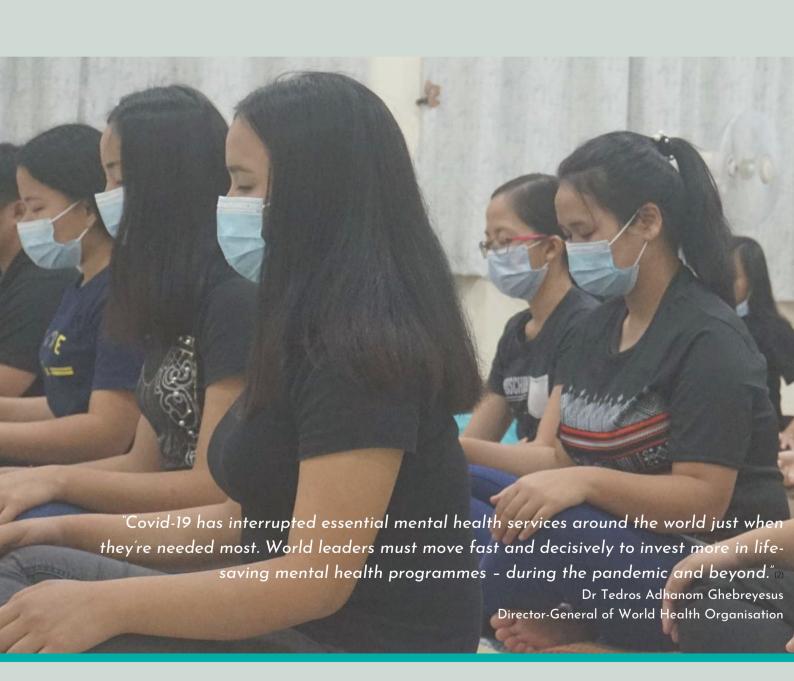
The information presented in this report also attempts to triangulate an analysis of focus-group discussions conducted as part of this study and that of the questionnaire survey(1) to determine if there are similarities in the analysis of the responses.

This research which contributes to our on-going understanding on mental health and well-being among youths in Sabah was conducted in collaboration with the UMS-UNICEF C4D Research Unit in September 2020.



Objective

- 1) To provide a baseline on the understanding of mental health among students from five private college institutions in Kota Kinabalu based on their level of knowledge, attitude and practice/behaviour.
- 2) To design effective interventions and strategies to inculcate positive social and behavioural changes for improved mental health well-being among students.











Questionnaire Survey 2. Respondents



Focus Group Discussion

16 Participants



Total

420 students were involved in this study

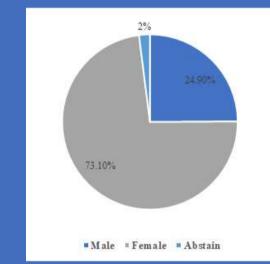


Figure 1: 73% are female

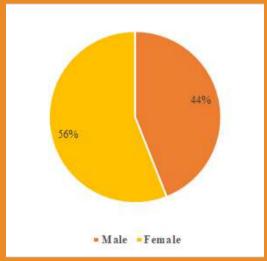
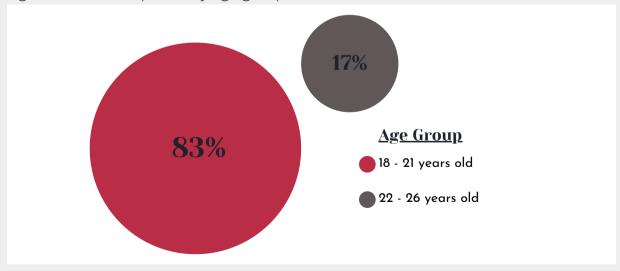
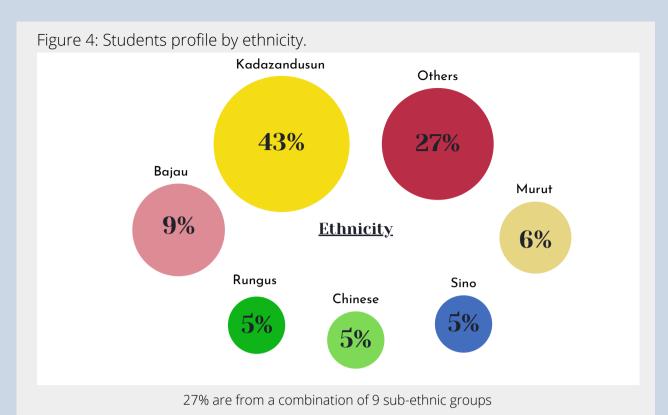


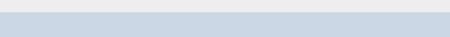
Figure 2: 56% are female

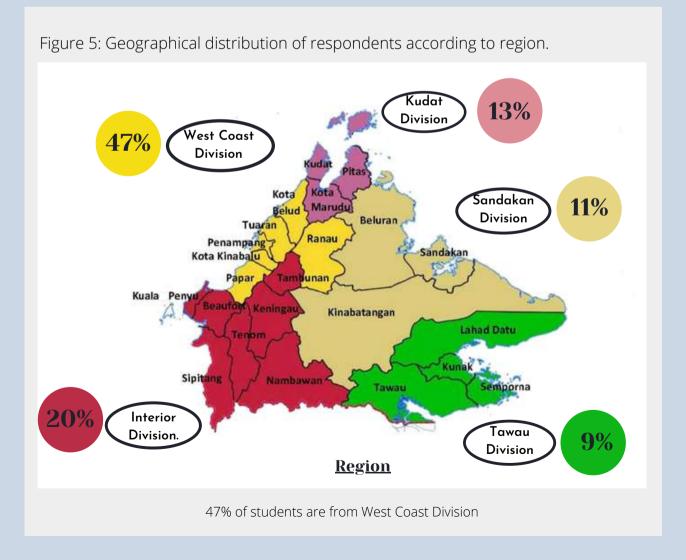
Figure 3: Students profile by age group.



83% are in the age group of 18-21 years old





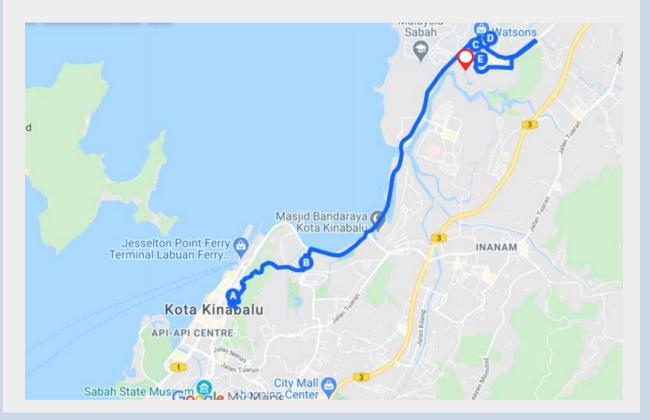


Participants are from the following colleges located in Kota Kinabalu:

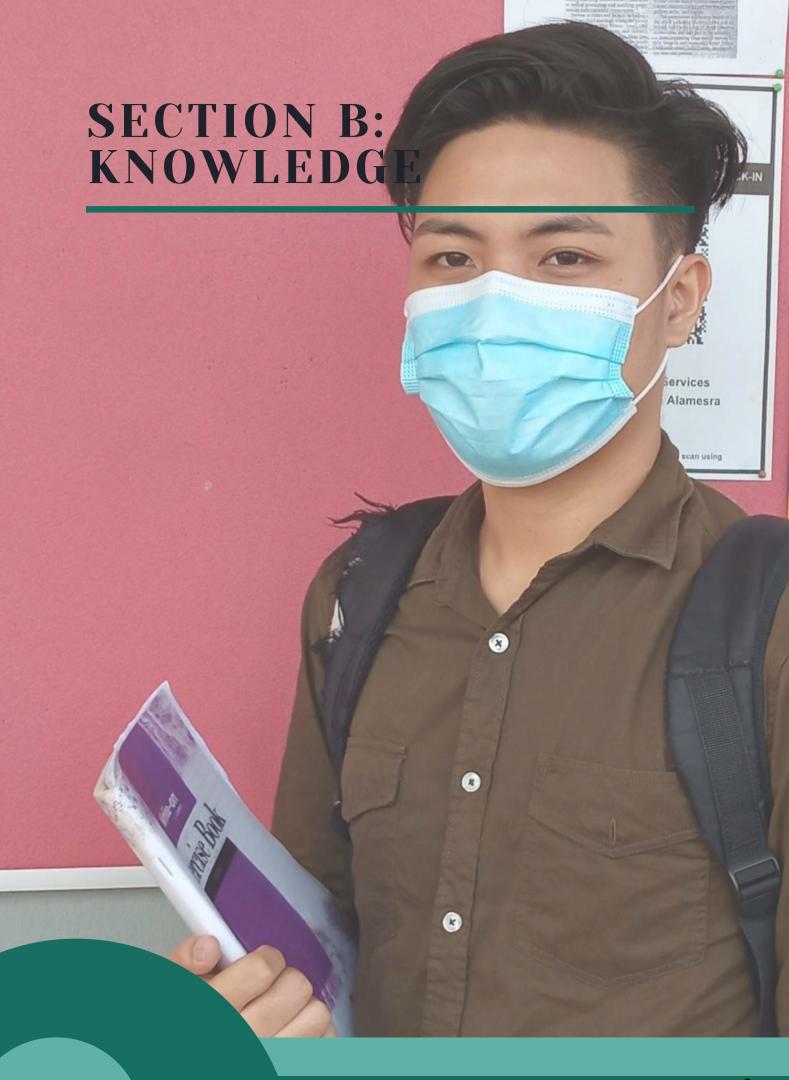
- A ASIAN TOURISM INTERNATIONAL COLLEGE
- B ASIA METROPOLITAN COLLEGE
- C NORTH BORNEO UNIVERSITY COLLEGE
- D MAHSA COLLEGE
- E COSMOPOINT COLLEGE
- YOUTH-PREP CENTRE (YPC)



Figure 6: Location of colleges participating in this study in relation to YPC's location.









Analysis of Discussion on Mental Health

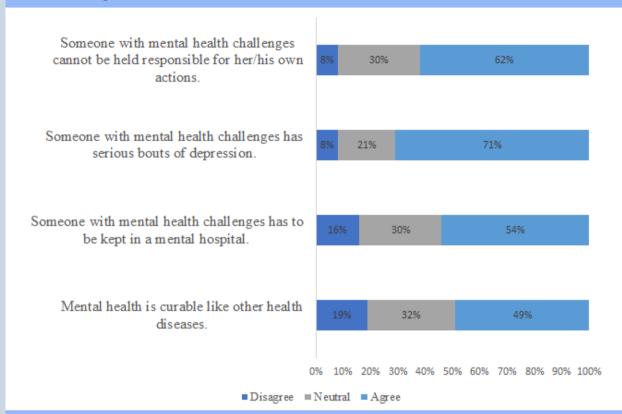
The key theme emerging from the focus group discussion relates to the way through which the participants construct their understanding of mental health. For a majority of participants, mental health is "...something to do with the mind", "..ability to control the mind..", "taking care of your thoughts..", "..about emotions that affect the mind and behaviour.." and "....what is happening inside our brains.. ..not easy to control...".

The participants closely relate their understanding of mental health to personal experiences and that of family members or peers who experience mental health challenges. Such understanding is defined by abnormal behaviour which include "cannot control myself", "confused", "depress", "emotionally distress", "madness" "keep wanting to hurt myself..." and "...keep thinking of suicide". Such experiences provide a grounding in framing their understanding of mental health.

A majority of the participants hold the perspective that "stress", "trauma", "anxiety", "lack of will power", "lack of support", "low self-esteem" and "inability to accept failure" are the main challenges seen in mental health. Some expressed that they themselves were "triggered" when confronted with such situations. The inclination towards self-help using "Google", "Internet", "online" and "website" is evident and describes the primary source of reference for participants when seeking information about mental health.

"The state of our mental health affects our overall motivation and affects how we manage our lives. Mental health is not just about mental illness. It's about taking care of what is inside us so that we are able to function well outwardly." (Olive, focus group 2)

1.1 Statements that describe that someone is having mental health challenges.



- More than 70% of the respondents associate serious bouts of depression with mental health challenges.
- More than half of the respondents agree that someone with mental health challenges cannot be held responsible for their own action.

Analysis on FGD:

The knowledge about mental health challenges is drawn from their personal experiences or their family members or peers. They link the challenges of mental health to the physical aspects of mental disorders described as 'bipolar', 'crazy',' panic disorder', 'depression', 'psychiatric ward' and 'hyperventilating'. Common factors contributing to the mental health challenges include "family and peer pressure", "stress", "lack of confidence", "no support", "financial problems" and "pandemic". The importance of self-awareness to overcome mental health challenges is emphasised through "need to be in touch with my own feelings", "know myself", "a balanced life", "positive thoughts" and "know our limits".

One participant summarised mental health as follows:

We need to know what's happening inside us . Take the same care as we do of our physical health and sometimes, we must find help to heal" (Ashley, focus group 1)

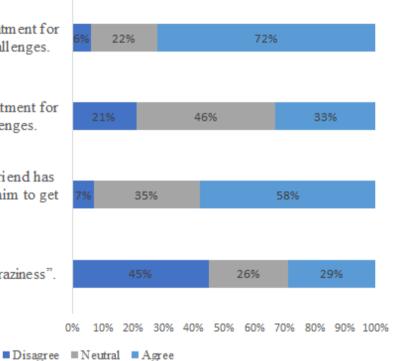
1.2 Stigma-related mental health knowledge

Counselling is an effective treatment for people with mental health challenges.

Medication can be an effective treatment for people with mental health challenges.

I know what advice to give if a friend has mental health challenges for her/him to get professional help.

Mental health is related to "craziness".



- More than 70% of the respondents—view counselling as an effective intervention for people with mental health challenges.
- About 58% of the respondents know what advice to give if a friend has mental health challenges.

Analysis on FGD:

The stigma on mental health was not prevalent. Instead they showed strong sense of empathy and understanding as illustrated by the following statements:

- must be frustrating for them
- they didn't choose to be this way
- we need to understand how they're feeling
- feel sorry for them
- try my best to help them
- why make them feel worse?
- listen to them
- don't judge

It was emphasised "Nobody wants to be mentally unwell... I myself find it difficult to cope at times... even though the situation can really stress us sometimes, we can still try to do something" (Juinah, focus group 1).

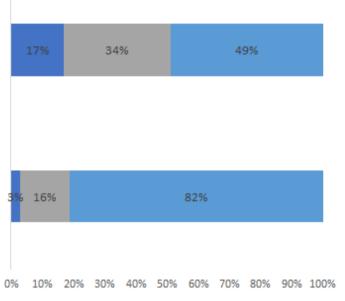
SECTION C: ATTITUDE





2.1 Fear about mental health challenges.

I would live next door to someone who has mental health challenges.



I am willing to help friends with mental health challenges.

Only 17% disagree that they would live next door to someone who has mental health challenges.

■Disagree ■Neutral ■Agree

More than 80% of the respondents are willing to help friends with mental health challenges.

Analysis on FGD:

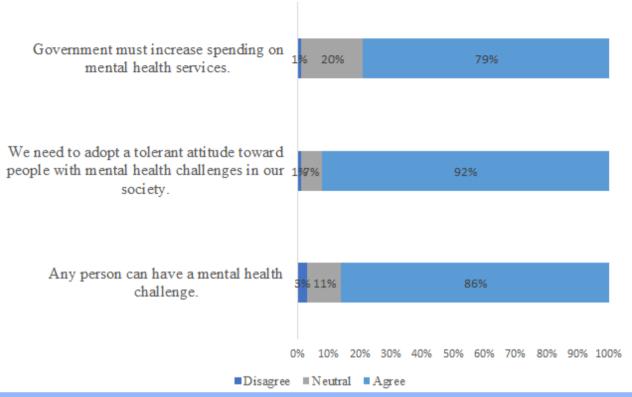
The participants reflect a positive attitude towards mental health. They expressed that:



-the heart of person more important
- ...can count on me
- ...nice to have a variety of friends
- ...will try to help
- ...see how she's doing
- ...buy him a meal and just talk
- ...willing to help as I know how difficult it can be

However, the participants expressed some reservations in their ability to assist those with mental health challenges as "..we ourselves face many different challenges ...also am not sure how it will turn out... if we're making it better or worse for the person" (Shapika, focus group 3)

2.2 Understanding & tolerance of mental health challenges.



- More than 90% of the respondents agree that we need to adopt a tolerant attitude toward people with mental health challenges in our society.
- About 86% of the respondents believe that anyone can have a mental health challenge.

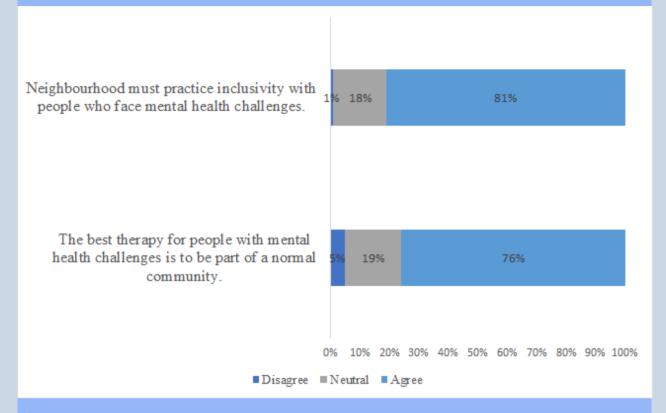
Analysis on FGD:

Adopting a more tolerant attitude towards those experiencing mental health challenges is important for the participants as "...we all face different challenges in life and move on ...but mental health challenges tend to stay on for a long long time ..much more support is required" (Pei Ling, focus group 3).

The participants were unfamiliar with the issue of public spending on mental health and the frequently expressed "don't know", "not sure if there is an allocation just for mental health" and "would think it's a low priority". When informed of the allocation, a key justification cited for the increase in the government budget on mental health support services is the COVID-19 pandemic which has "...increased uncertainty about the future", " ...created more financial problem..." and "..made life more burdensome".

"Since we do have a Mental Health Act 2001, and with COVID-19, it would be expected for the government to increase budget as challenges are increasing daily and it is affecting our mental health." (Bryan, focus group 2)

2.3 Integrating people with mental illness into the community.



- More than 80% of the respondents agree that we need to practice inclusivity with people who face mental health challenges in our neighbourhood.
- > 76% of the respondents agree that being part of the normal community is the best therapy for people with mental health challenges.

Analysis on FGD:

Consistent with their attitude, the participants indicate an inclusive acceptance and see this as "normal", "why not?", "accept" "embrace differences", "be concern about others", "part of the family" and "a member of our society". Although the participants were receptive to being inclusive they did express reservation as it "requires effort", "busy with other things", "other responsibilities", "don't know what to do", "requires patience" and "tension".

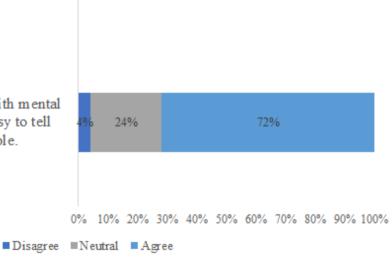
"It would be better for those who are facing severe mental health challenges to be hospitalised for their own safety and receive the care they require and that their family members are not stressed" (Milka, focus group 1).

2.4 Causes of mental health challenges.

One of the causes of mental health challenges is lack of willpower to seek help.



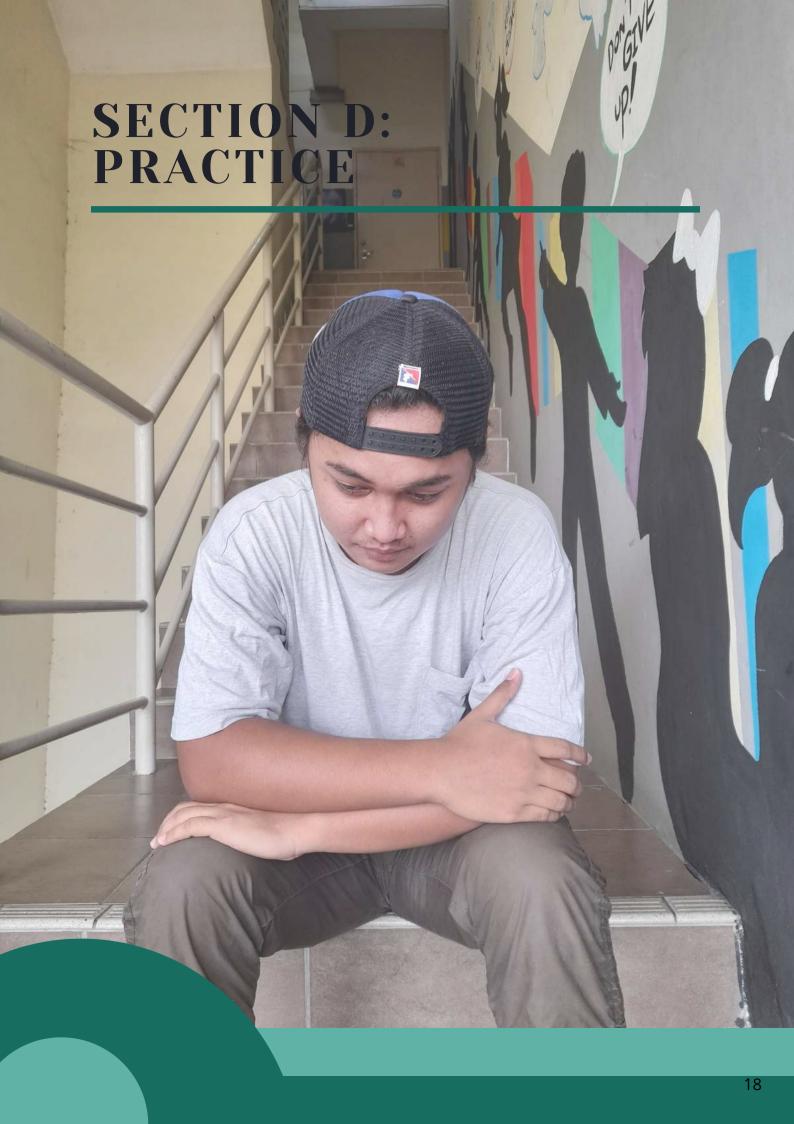
There is something about people with mental health challenges that makes it easy to tell them apart from normal people.



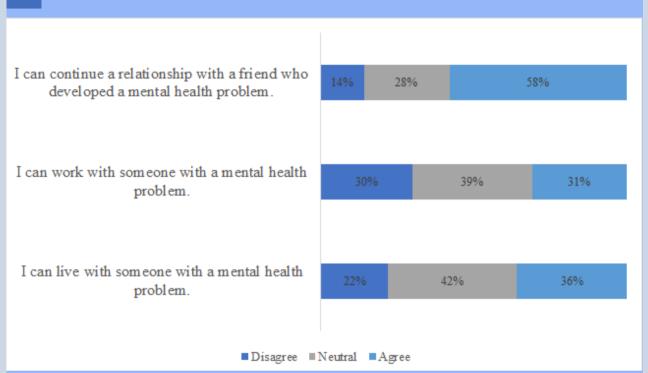
- More than 60% respondents agree that lack of willpower to seek help is one of the causes of mental health challenges.
- > 72% of the respondents agree that people with mental health challenges have characteristics that make it easier to tell them apart from normal people.

Analysis on FGD:

A key theme that emerged from the discussion on this topic is the lack of trust. Based on their personal experiences, the participants expressed that those with mental health challenges "..tend to think that they're ok and everyone else is not', and 'have a tendency to keep their challenges to themselves for fear of rejection, stigmatisation and being labelled as attention-seeking" (Andrew, focus group 3).







- > 58% of the respondents agree that they can continue having a relationship with a friend who developed a mental health problem.
- About 36% agree that they can live with someone facing a mental health problem.

Analysis on FGD:

Participants expressed that they do feel challenged when having to live with family members who are experiencing mental-health challenges and describe it as "creates tension and strains", "..fear and scared", ".... stay in my room", "helpless" and "... always arguing". Although having friends facing mental health challenges is considered as "normal", the majority of participants expressed that they feel "inadequate", "burdened", "not sure", "don't want to be responsible" "may be the wrong advice" and "inexperience" in helping their peers.

In addressing their mental health challenges, participants expressed that they would be inclined to seek counselling advice from lecturers or others whom they have a close rapport with. However, "I would try and find a way to resolve it first myself" as expressed by Vincent (focus group 3) would be the first plan of action for all participants.



This study is aimed at providing a baseline in the understanding of the knowledge, attitude and practice or behaviour (KAP/B) on mental health and well-being among colleges students in five colleges in Kota Kinabalu, Sabah. The insights gained from this research will contribute towards the development of strategies and activities that can support and promote the overall well-being of these college students in Kota Kinabalu, particularly in this rapidly changing landscape caused by the COVID-19 pandemic.

The findings of the study suggest that students have some awareness and knowledge about mental health and its challenges. As reflected by the participants of the focus group, much of this knowledge is derived from their own personal experiences which include themselves, family members and friends.

These personal experiences though formative in developing their knowledge about mental health needs to be expanded beyond the symptomatic aspects of mental illness. It has been observed that other than personal experiences, knowledge about mental health, students reflect a desire to seek for more information when confronted with issues about mental health.

Their primary source of information is through online sources. While peers also form an important source of support and information, many participants expressed that they themselves tend to be "triggered", "disturbed", "troubled" and "helpless" when their friends confide in them. An attributing reason for this is due to their "...lack of knowledge and skills.." which make them "feel inadequate" to provide any interventions.



The understanding of mental health as defined by WHO needs to be further emphasised for comprehensive knowledge building. This is necessary to enable young adults to adopt a more holistic perspective towards mental health and to care for this state of well-being as they would for their physical health.

The predominant belief that "all of us have experienced mental health challenges but it's only express differently" (Shirlen, focus group 3) evident among the participants reflect that their recognition that mental health affects behaviour. It is observed that those who have had personal mental health challenges are inclined to assume a non-stigmatising stance and show empathy.

However, common expressions such as 'mental case', 'ill', 'needy', 'troublesome', 'nuisance', 'mad', 'stupid', 'help yourself' and 'just get over it' during the focus group imply that there is still some aspects of stigma and discrimination among the behaviour of young adults.

0_____0

"all of us have experienced mental health challenges but it's only express differently"
(Shirlen, focus group 3)

However, the general reluctance among participants to speak openly about mental health and the tendency to keep such challenges under wraps or seek professional help is indicative that the stigma, be it self-perceived or public, on mental health, exists.

An interesting perspective shared by Fadzilah (focus group 1) is that "I feel that having to provide sustained family/peer support has unconsciously lead to the stigmatisation of others experiencing mental health challenges". As indicated by the results of the questionnaire survey, the majority of the respondents are aware that anyone can experience mental health challenges.

They also adopt a tolerant attitude and support the integration of those with mental health challenges as part of their community. However, such a perspective is challenged as more than half of the respondents agree that those with mental health challenges should institutionalised. One of the contributing reasons for such a response expressed by Fedzreon (focus group 3) is because "...the mental health support system in Sabah is not extensive and we know that there are not many options.... it's about medication and/or admission into the mental hospital".

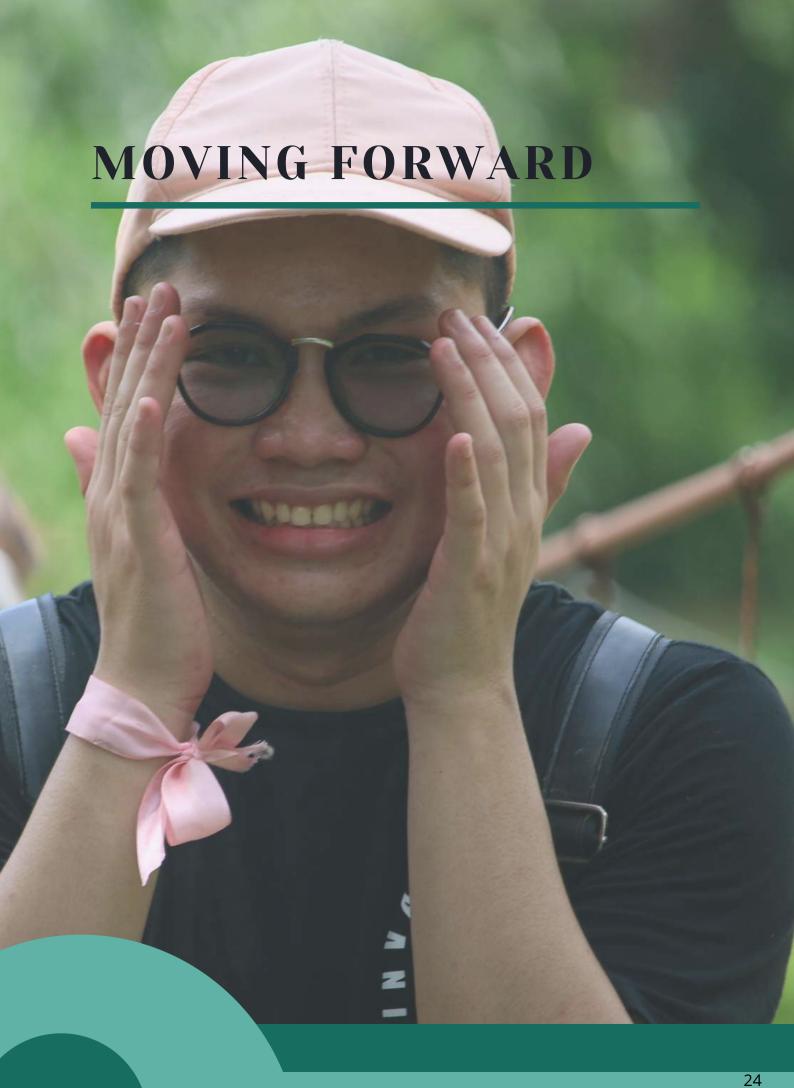
While participants promote inclusivity, through the focus group discussion they expressed doubts on their ability to assist them attributing this to their own mental health challenges, commitments and insecurities. Majority view mental health challenges as a long term commitment where protracted support is required. This is also viewed as 'time consuming', 'challenging' and 'unrewarding'.

Students are inclined to use self-help techniques as a coping mechanism for mental health. Such activities include "playing computer games", "singing", "physical exercise", "meditation" and "cooking". Other than the online information and their close peers or family members, they are only inclined to seek assistance from their external parties such as their college counsellors when they have run out of options. "I am not comfortable to my feelings....it's not a norm....won't know what to say or how to even approach them" expressed Edmar (focus group2).

In the public domain, mental health is often viewed with less legitimacy compared to physical health. In the public forum, it tends to draw momentary sensationalised attention whenever a case involving a serious mental disorder or suicide incident is publicised. However with the COVID-19 pandemic,

mental health is gaining focus and becoming part of a broader public discussion. The impact of social isolation and increased fear, anxiety and uncertainty experienced due to COVID-19 impacts the mental health of students who grapple with an assortment of challenges that include boredom, loneliness and financial constraints.

In the Malaysian Budget for 2020, slightly more than 1% was allocated for mental health. Despite the worsening COVID-19 situation in Malaysia, in the proposed 2021 Budget, the allocation for mental health fell to 0.98%. This abysmal budget does not augur well for a nation that has been battered by the pandemic and is increased mental health facing vulnerability and risks. The under funding of mental health needs to be addressed to promote a more timely and equitable mental health system that provides comprehensive support services interventions for the well-being of all, particularly young adults who are transitioning into adulthood.



Moving forward...

This study contributes to our on-going knowledge building about mental health and is aimed at enabling us to design interventions to promote well-being as well as to reduce stigmatisation about mental health among students.

Good Shepherd Services calls upon all interested parties and stakeholders to:



Contribute to the pool of knowledge on mental health and well being of young adults through on-going research and studies.



Continue to fully engage with college students in the development, design and implementation of interventions that can meaningfully address their mental health needs and inculcate positive attitude.



Explore the development of an appropriate self-help app or other online platforms that are context and culture appropriate which can provide easy access as channels for communication with counsellors and also provide initial support for self-monitoring which may include identifying mood patterns and stress levels.



Strengthen existing informal peer support system by conducting mental health capacity building programmes for college students which promotes more comprehensive knowledge and skills as well as enhances their ability to support their peers.



Collaborate with colleges to systemically promote an environment of awareness and support for mental health well-being for students. Targeted training focusing on mental health among young adults for faculty members to increase awareness and knowledge.



Advocate for the Federal Ministry of Health and the Sabah Ministry of Community Development and People's Well-being to develop a five-year blueprint action plan for youths that emphasises the promotion of positive mental health practices towards equity, encourages early interventions, provides easy accessibility to a support system structure and reduces stigmatisation and discrimination.

With the above actions in place, it is hoped that students will be better supported and empowered to contribute towards the promotion of mental health as a state of well-being that will enable them to cope with the challenges of transitioning into adulthood and importantly as students, succeed in attaining their academic goals and personal aspirations.





ANDA PERLUKAN KAWAN UNTUK MELUAHKAN PERASAAN?

Hubungi Kawan BAH untuk Sokongan Emosi

Talian Kawan BAH:

- Beroperasi setiap hari & setiap masa
- Sokongan emosi kepada para belia
- Boleh dicapai melalui panggilan,
 WhatsApp dan SMS

Dianjurkan oleh:

Projek oleh:



∩ Good C Shepherd Services



Conducted by:



Project of:



in collaboration with:

UMS-UNICEF Communication for Development (C4D) Research Unit