

**MENTAL HEALTH HELP-SEEKING INTENTION  
AMONG HEALTH WORKFORCE IN PAHANG:  
VALIDATION OF MBACE, BARRIERS,  
ASSOCIATED FACTORS, AND THE  
DEVELOPMENT OF PSYHELP POCKET GUIDE**

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**UNIVERSITI SAINS MALAYSIA**

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## **DECLARATION**

I, Muhammad Syafiq Bin Kunyahamu, declare that this dissertation has been composed by myself in the manuscript-based thesis writing as an alternative format approved by the School of Medical Sciences, Universiti Sains Malaysia. The information obtained from outside sources is explicitly indicated in this dissertation. I certify that the intellectual content of this dissertation is the product of my own work and that all the assistance received in preparing this dissertation and sources have been acknowledged.

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1. Translation, Adaptation, and Validation of the Malay Version of the Barriers to Access to Care Questionnaire for Assessing the Barriers to Seeking Mental Health Care Among the Health Workforce in the East Coast Region of Peninsular Malaysia

Muhammad Syafiq Kunyahamu <sup>1</sup>, Aziah Daud\* <sup>1</sup>, Tengku Alina Tengku Ismail<sup>1</sup> and Mohd Faiz Md Tahir <sup>2</sup>

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2. Mental Health Help-Seeking Intentions Among the Health Workforce in the East Coast of Peninsular Malaysia: Perceived Barriers and Associated Factors

Muhammad Syafiq Kunyahamu <sup>1</sup>, Aziah Daud\* <sup>1</sup>, Tengku Alina Tengku Ismail<sup>1</sup> and Mohd Faiz Md Tahir <sup>2</sup>

3. PsyHELP Pocket Guide: Development of an Educational Tool to Promote Professional Mental Health Help-Seeking Among the Health Workforce

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## LIST OF SYMBOLS

$>$	More than
$<$	Less than
$=$	Equal to
$\geq$	More than and equal to
$\leq$	Less than and equal to
$\alpha$	Alpha
$\beta$	Beta
$\Delta$	Delta
$\%$	Percentage
$Z$	Z score
$n$	Number of samples



## **LIST OF ABBREVIATIONS**

BACE-3	Barriers to Access to Care Evaluation
CFA	Confirmatory Factor Analysis
CVI	Content Validity Index
MHSIS	Mental Health Help-Seeking Intention Scale
MBACE	Malay Version of the BACE-3
MOH	Ministry of Health
NHMS	National Health and Morbidity Survey
NMRR	National Medical Research Registry
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization

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## **ABSTRAK**

# **NIAT UNTUK Mencari Bantuan Kesehatan Mental dalam Kalangan Tenaga Kerja Kesehatan di Pahang: Halangan, Faktor Berkaitan dan Pembangunan Panduan Poket PsyHELP**

**Pengenalan:** Kesejahteraan mental tenaga kerja kesehatan adalah penting bagi kelestarian sistem kesehatan. Walaupun diketahui bahawa tenaga kerja kesehatan, disebabkan oleh sifat pekerjaan mereka menyebabkan mereka terdedah kepada tekanan kerja yang tinggi dan situasi yang menuntut, sesetengah daripada mereka tidak mencari bantuan profesional ketika menghadapi cabaran kesehatan mental. Meskipun kepentingan untuk memastikan individu ini menerima sokongan kesehatan mental yang adalah jelas terbukti, terdapat beberapa faktor yang mempengaruhi keputusan mereka untuk mencari bantuan profesional. Interaksi yang rumit ini memerlukan pemeriksaan yang komprehensif, bukan sahaja untuk mendapatkan strategi dan intervensi yang berkesan tetapi juga untuk memupuk pemahaman yang lebih mendalam tentang kerumitan yang terlibat.

**Objektif:** Matlamat utama adalah untuk: (1) menterjemah, menyesuaikan, dan mengesahkan soal selidik Barriers to Access to Care Evaluation (BACE-3) untuk populasi yang bertutur bahasa Melayu, (2) menentukan skor bagi niat untuk mencari bantuan professional bagi isu kesehatan mental, halangan-halangan, dan faktor berkaitan di kalangan tenaga kerja kesehatan di Pahang, dan (3) membangunkan panduan PsyHELP untuk meningkatkan keinginan mencari bantuan professional bagi isu kesehatan mental di kalangan tenaga kerja kesehatan.

**Metodologi:** Kajian ini dilaksanakan dalam tiga fasa. Fasa pertama melibatkan proses terjemahan dan penyesuaian soal selidik BACE-3 ke versi Bahasa Melayu (MBACE).

Versi ini kemudiannya disahkan menggunakan Analisis Faktor Pengesahan (CFA) dalam sebuah kajian hirisan lintang melibatkan 188 peserta dari pelbagai kategori tenaga kerja kesihatan. Fasa kedua menggunakan reka bentuk kajian hirisan lintang, dengan menggunakan set soal selidik melibatkan 470 peserta untuk menilai niat mencari bantuan kesihatan mental, halangan yang dirasakan, dan mengenalpasti faktor berkaitan. Dalam fasa ketiga, panduan PsyHELP telah dibangunkan, berdasarkan Model Kepercayaan Kesihatan (HBM). Panduan ini berfungsi sebagai alat pendidikan yang disesuaikan khusus untuk tenaga kerja kesihatan, bertujuan memperkukuhkan tingkah laku mencari bantuan professional kesihatan mental.

**Keputusan:** Soal selidik MBACE yang mengandungi 28 item terbukti menjadi instrumen yang boleh dipercayai dan sah untuk populasi tenaga kesihatan berbahasa Melayu, dengan nilai Cronbach Alpha antara 0.92 dan 0.94. Dalam Fasa 2, purata skor bagi niat mencari bantuan kesihatan mental dicatatkan pada 4.9 (SD=1.2). Dua faktor berkaitan yang signifikan yang dikenalpasti adalah 'kesedaran keperluan untuk bantuan' ( $B = 0.532, p < 0.001$ ) dan 'halangan stigma yang dirasakan' ( $B = -0.588, p < 0.001$ ). Dalam fasa terakhir, panduan PsyHELP telah diperkenalkan, menggabungkan maklumat dari fasa-fasa sebelumnya dan menyajikan sumber praktikal untuk tenaga kerja kesihatan. Panduan ini mengintegrasikan konsep kesihatan mental yang komprehensif dan strategi yang disesuaikan untuk tenaga kerja kesihatan, menonjolkan kepentingan bantuan profesional, bertujuan untuk mengurangkan stigma, dan menawarkan langkah-langkah yang boleh dilakukan ker arah mencapai kesejahteraan mental.

**Kesimpulan:** Kajian komprehensif ini menunjukkan kerumitan tingkah laku mencari bantuan kesihatan mental di kalangan tenaga kerja kesihatan di Pahang. Ia memberikan kefahaman yang lebih mendalam tentang tahap niat mencari bantuan kesihatan mental,

halangan-halangan serta faktor berkaitan dalam mencari bantuan kesihatan mental di kalangan tenaga kerja kesihatan di Malaysia, menunjukkan peranan ‘kesedaran keperluan untuk bantuan’ dan ‘halangan stigma yang dirasakan’ yang berkaitan secara signifikan dengan niat mencari bantuan kesihatan mental professional. Soal selidik MBACE yang telah disahkan menawarkan alat kajian yang efektif untuk menilai halangan-halangan, manakala panduan PsyHELP boleh dijadikan sebagai panduan bagi tenaga kerja kesihatan untuk menngemudi kesejahteraan mental mereka. Walaupun PsyHELP kelihatan seperti intervensi yang meyakinkan, potensi dan impak penuhnya memerlukan pengesahan dan penyelidikan lanjut.

**Kata Kunci:** Kesihatan Mental, Niat bagi Mencari Bantuan, Halangan, Aksesibiliti Perkhidmatan Kesihatan, Tenaga Kerja Kesihatan, Penilaian Halangan untuk Akses kepada Penjagaan, PsyHELP, Model Kepercayaan Kesihatan

## ABSTRACT

### MENTAL HEALTH HELP-SEEKING INTENTION AMONG HEALTH WORKFORCE IN PAHANG: BARRIERS, ASSOCIATED FACTORS AND DEVELOPMENT OF PSYHELP POCKET GUIDE

**Introduction:** The health workforce's mental well-being is crucial for healthcare systems' sustainability. While it is recognised that the health workforce are exposed to high-stress and demanding situations due to the nature of their roles, some of them do not seek professional help when facing mental health challenges. Although the importance of ensuring that these individuals receive adequate mental health support is evident, numerous factors influence their decisions in seeking professional help. This intricate interplay requires a comprehensive examination, not just to inform effective strategies and interventions but also to foster a deeper understanding of the underlying complexities.

**Objectives:** The primary aims were to: (1) translate, adapt, and validate the Barriers to Access to Care Evaluation (BACE-3) questionnaire for the Malay-speaking population, (2) determine the mental health help-seeking intention score, barriers, and associated factors among the health workforce in Pahang, and (3) develop the PsyHELP pocket guide to encourage the health workforce to seek help from mental health professionals.

**Methodology:** The research was conducted in three phases. Phase 1 involved a detailed process of translating and adapting the BACE-3 questionnaire into the Malay version (MBACE). This version was then validated using Confirmatory Factor Analysis (CFA) in a cross-sectional study with 188 participants from diverse health workforce categories. The second phase employed a cross-sectional study design, utilising a set of self-administered questionnaires with 470 participants to gauge mental health help-seeking intentions, perceived barriers, and their associated factors.

In the third phase, the PsyHELP pocket guide was developed, grounded in the Health Belief Model. This guide serves as an educational tool tailored specifically for the health workforce, aimed at bolstering mental health help-seeking behaviours.

**Results:** The 28-item MBACE questionnaire was proven as a reliable and valid tool for the Malay-speaking health workforce, with Cronbach's alpha values between 0.92 and 0.94. In Phase 2, the mean mental health help-seeking intention score was noted at 4.9 (SD=1.2). Significant factors associated with this intention were 'perceived need for help' ( $B = 0.532, p < 0.001$ ) and 'perceived stigma barriers' ( $B = -0.588, p < 0.001$ ). In the final phase, the PsyHELP pocket guide was introduced, incorporating insights from the earlier phases and presenting a practical resource for the health workforce. This guide integrates comprehensive mental health concepts and strategies tailored to the health workforce, highlights the importance of professional help, aims to mitigate stigma, and offers actionable steps towards achieving mental well-being.

**Conclusion:** This comprehensive study underscores the complexities of mental health help-seeking behaviours among the health workforce in Pahang. It gives more insights into the mental health help-seeking intention score, as well as the barriers and associated factors within the Malaysian health workforce, highlighting the roles of perceived need for help and perceived stigma-related barriers that are significantly associated with professional mental health help-seeking intention. The validated MBACE questionnaire offers an effective tool to assess barriers, while the PsyHELP pocket guide emerges as a beacon for the health workforce to navigate their mental well-being. While PsyHELP looks like a promising intervention, its full potential and impact require further validation and research.

**Keywords:** Mental Health, Help-Seeking Intention, Barriers, Health Services Accessibility, Health Workforce, Barrier to Access to Care Evaluation, PsyHELP, Health Belief Model

# CHAPTER 1: INTRODUCTION

## 1.1 Overview of Mental Health

The significance of mental health should not be understated as it plays a crucial role in the overall well-being of an individual, impacting both their personal and professional lives. The World Health Organization (WHO) defines mental health as more than the mere absence of mental disorders; it is “a state of well-being in which an individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community” (WHO, 2022a). This holistic perspective encompasses emotional, psychological, and social well-being, acknowledging that every facet of our lives is intertwined with our mental state (WHO, 2022b).

Mental health problems, however, disrupt this state of well-being. These are conditions characterised by alterations in thinking, mood, or behaviour that cause distress, dysfunction, or impairment in one or more areas of life. They emerge from a complex interplay of genetic, biological, personality, and environmental factors, making it impossible to attribute them to a single cause (Ahn *et al.*, 2009; Bhandari, 2020). The spectrum of mental health problems is broad, ranging from mild stress or anxiety to severe conditions like schizophrenia and bipolar disorder (WHO, 2022b). The impact of mental health problems on individuals shall not be underestimated, as they can interfere with individuals’ daily routines and ability to function properly. If left unaddressed, these issues can negatively impact individuals’ quality of life, potentially leading to disability, social exclusion, or even suicide (Chintala, 2020; Dutheil *et al.*, 2019; Yeh *et al.*, 2019).



Mental health-related problems are a significant public health concern worldwide. It is one of the major health issues plaguing societies around the world. In 2020, the WHO estimated that nearly one billion people worldwide have mental health problems (WHO, 2020). Unfortunately, the situation worsened after the first year of the COVID-19 pandemic. The global prevalence increased by 25% (WHO, 2022b). The sheer scale of this issue demonstrates its global significance and the pressing need for robust public health strategies and interventions to address it.

In Malaysia, the situation is equally concerning. The National Health and Morbidity Survey (NHMS) reported a significant rise in mental health issues over two decades. The prevalence of mental health problems among Malaysians aged 16 and above increased from 10.7% in 1996 to 29.2% in 2015 (Institute for Public Health Malaysia, 2015). More recently, the 2019 NHMS revealed that almost half a million of Malaysian population experienced depression (Institute for Public Health Malaysia, 2020). These statistics signal an urgent call to action to address mental health as a national health priority.

## **1.2 The Health Workforce and Mental Health**

According to WHO, the term “health workforce” refers to those directly involved in providing health services and those contributing to the administration and support of healthcare facilities. These include workers who are directly involved in clinical services, such as doctors, nurses, pharmacists, and psychologists, and workers who do not directly deliver the services but are crucial to the operation of the healthcare systems, such as those in administration and support workers like accountants and ambulance drivers (WHO, 2010).

Mental health, an important aspect of people's health and well-being, holds significant importance for this health workforce. Good mental health enables these individuals to deal effectively with the daily challenges and high levels of stress associated with their work, thereby fostering productivity, informed decision-making, and a positive self-image. Beyond the implications at the workplace, poor mental health can also negatively affect their self-esteem, relationships, and overall life satisfaction.

A positive mental state not only facilitates resilience and confidence but also optimises job performance. Health workforce with good mental health are typically more focused on their tasks, communicate with patients more effectively, and build better relationships with their patients. They are usually able to show more empathy to patients and take various factors into account when making decisions related to their patient care. As a result, patients tend to be more satisfied, and treatment outcomes are better.

Furthermore, the mental well-being of the health workforce also affects their interactions with colleagues, supervisors, and subordinates. Good mental health contributes to a positive work environment, effective communication, and collaborative teamwork, all of which are essential for efficient healthcare delivery (European Commission, 2021). Conversely, poor mental health can adversely affect an individual's job performance, making it challenging to concentrate on work and make the right decisions. This, in turn, can lead to a decline in the quality of care provided to patients.

Despite their role in fostering community health, the health workforce is prone to mental health problems, largely due to the stressors and challenges associated with

their profession. Several studies have explored the reasons why those in the healthcare industry are at a higher risk for mental health problems compared to other industries. Contributing factors include high workloads, long working hours, resource limitations, workplace conflicts and the responsibility of managing numerous tasks (Kim *et al.*, 2018; Portoghese *et al.*, 2014; Søvold *et al.*, 2021; Wong *et al.*, 2019). These challenges can lead to mental and physical exhaustion, adversely affecting their work-life balance.

Moreover, in some countries, healthcare systems are already overburdened, with limited capacity and workforce resources to provide optimal healthcare to the population. For example, the emergence of the COVID-19 pandemic in 2019 added an extra burden to the healthcare system, resulting in increased workloads for workers. This, in turn, worsened the mental health challenges faced by those within the health workforce (Saragih *et al.*, 2021; Søvold *et al.*, 2021). This situation undoubtedly causes more stress and feelings of helplessness among them.

In addition, the health workforce also has to deal with emotional problems related to their patients, especially among chronic and terminally ill patients. Sometimes, they have to face emotionally challenging situations, such as dealing with a patient's death and being required to inform the patient's relatives about their losses (Funk *et al.*, 2017; Kostka *et al.*, 2021). These demanding situations, alongside other workplace stressors like insufficient social support and workplace violence, can cumulatively lead to a decrease in their quality of life and work-life balance (Muller *et al.*, 2020; Søvold *et al.*, 2021; Vizheh *et al.*, 2020). Maintaining good mental health becomes important for the health workforce in these circumstances, as it allows them to cope with emotionally demanding situations. Failure to deal with or cope with these emotionally

demanding situations can cause more stress to workers and, over time, can increase their risk of developing more serious mental health problems.

Mental health problems have emerged as a growing concern among the health workforce worldwide, with the prevalence of such problems increasing over the years. Stress, anxiety, depression, and burnout are some of the common mental health problems that have been observed among the health workforce (Eyu Zhen *et al.*, 2020; Pala *et al.*, 2022; Roslan *et al.*, 2021; Spoorthy *et al.*, 2020; Woon and Tiong, 2020). This trend is consistent within Malaysian context, where several studies have shown a relatively high prevalence of mental health problems among Malaysian health workforces. Even though the prevalence might vary depending on where the study was performed and how it was conducted, most of the studies showed that a significant number of Malaysian health workforce experienced psychological stress, anxiety, depression, or burnout (Mohd Noor *et al.*, 2021; Nordin *et al.*, 2022; Roslan *et al.*, 2021). The variation in prevalence across different studies suggests the potential influence of various factors, such as workplace environment and organizational culture, on mental health outcomes (European Commission, 2021; Monteiro and Joseph, 2023; WHO, 2022c).

### **1.3 Help-Seeking and Help-Seeking Intention**

In the context of mental health study, help-seeking, help-seeking behaviour and help-seeking intention are closely related concepts. Help-seeking is defined as the action of actively pursuing support, guidance, or treatment for mental health concerns from others, including both informal networks (such as family or friends) and formal healthcare services (such as mental health professionals). Help-seeking behaviours refer to the observable actions undertaken in which individuals actively seek help, support, or guidance from others to help them with their personal, emotional, or mental

health problems. On the other hand, help-seeking intention refers to the cognitive process preceding these behaviours, an individual's plan or willingness to seek out help or support when needed.

The intention to seek help is an important aspect of overcoming mental health problems, especially among the health workforce. This intention affects the likelihood that individuals will seek help to deal with their mental health problems. The connection between these concepts lies in the fact that help-seeking intention serves as a crucial predictor of actual help-seeking behaviour (Ajzen, 1991; Armitage and Conner, 2001; Li *et al.*, 2022). In other words, the stronger the intention to seek help, the more likely the person will actually engage in help-seeking behaviours such as reaching out to mental health professionals, discussing concerns with a counsellor or therapist, or seeking support from peers or colleagues.

The importance of help-seeking for mental health cannot be underestimated. Active engagement in help-seeking is vital for promoting and maintaining optimal mental health and well-being. On top of that, appropriately seeking help for mental health problems is often considered as a protective factor that may reduce the detrimental consequences of mental health problems and enable individuals to thrive, flourish, and contribute to a more positive society (Henderson *et al.*, 2013; Mental Health First Aid USA, 2021).

When individuals actively seek help for their mental health issues, they are more likely to receive the necessary support, resources, and interventions to cope with and manage their mental health concerns. Furthermore, it is also acknowledged that obtaining assistance from professional services is more effective in preventing and managing mental health problems. Mental health professionals possess the necessary

expertise to accurately assess, diagnose, and manage various mental health concerns effectively. As such, the involvement of mental health professionals ensures that individuals receive the appropriate support and interventions tailored to their specific needs (National Institutes of Health (US), 2007; Rickwood and Thomas, 2012).

Help-seeking intentions among the health workforce are particularly crucial, given the unique stressors and challenges they face in their line of work. Ideally, individuals who suffer from mental problems should have the intention to seek help. However, mental health help-seeking encompasses various influencing factors. Understanding these determinants is vital for encouraging and promoting mental health help-seeking. The availability of mental health support services is just one aspect of this complex issue. However, it does not automatically ensure that individuals will seek the help they need.

Research indicates that even in areas where healthcare services are widely available, some individuals with mental health issues are still unwilling to seek help from mental health professionals (Andrews *et al.*, 2001; Rickwood and Thomas, 2012; She *et al.*, 2021). Therefore, this demonstrates that the availability of services alone is insufficient to make people utilise the services provided. This highlights the necessity of considering people's intent to seek help and the various factors that influence it when determining whether they will seek professional assistance for psychological problems.

#### **1.4 Problem Statement**

Starting in September 2015, with the rise of mental health problems worldwide, mental health became a part of the Sustainable Development Goals (SDGs), specifically under SDG target 3.4. This target aims to reduce premature mortality from

noncommunicable diseases through prevention and treatment and to promote mental health and well-being. As the burden of mental health issues among the health workforce increases globally, their mental health needs are receiving more attention that need to be prioritised and addressed properly (European Commission, 2021; Sjøvold *et al.*, 2021; United Nations, 2020; WHO, 2022b; WHO, 2022c).

In relation to Malaysian health workforce, a press statement by the Ministry of Health in September 2021 mentioned that around 14% of the Malaysian health workforce suffered from severe mental health problems (Adnan, 2021). Furthermore, recent studies in Malaysia also highlight the significant prevalence of mental health problems among the health workforce in Malaysia (Dadar Singh *et al.*, 2022; Eyu Zhen *et al.*, 2020; Nordin *et al.*, 2022). These data indicate that issues with mental health are a matter of concern among the Malaysian health workforce.

However, the reluctance of people to seek professional mental health services is among the most significant obstacles for public health to make early interventions effectively to prevent and treat mental health problems (Schnyder *et al.*, 2017; WHO, 2022b). Even though workers in healthcare facilities suffer from significant levels of work-related stress, research findings indicated that some of them were reluctant to seek professional assistance for their mental health issues (Abbey *et al.*, 2011; Edwards and Crisp, 2017; She *et al.*, 2021; Wulf, 2022). This reluctance is particularly concerning given that these workers typically have more direct access to mental health services due to their working environment, where such services should be readily available. As highlighted by Yu *et al.* (2015), the availability of services does not guarantee their use. Yu *et al.* (2015) mentioned that people will not utilise mental health services if they have no intention to seek mental health assistance.

Overall, the lack of intention to seek help for mental health issues is a complex issue that can be influenced by various factors. Often, there is a sense of shame or embarrassment associated with mental health problems. Some workers may fear that acknowledging these issues could negatively impact their professional reputation. In view of the fact that many health workforces suffer from mental health problems and some are reluctant to seek help, it highlights the urgent need to understand their intention to seek help and the potential barrier. This understanding will enable the development of effective interventions to support their mental well-being.

Health workforce often works under high-stress conditions and deals with life-and-death situations, which can lead to mental health problems such as anxiety, depression, and burnout. Unaddressed mental health problems among the health workforce can result in a variety of negative outcomes. The decision not to seek professional help for mental health problems could have a negative impact on the workers themselves. For example, if workers suffer from depressive problems without proper help and support, they will always be sad, tired, and hopeless. As a result, they may experience a decrease in their ability to perform daily tasks and their ability to interact with others socially. In the long term, it can lead to more serious problems such as severe depression, substance abuse, and suicidal thoughts.

More importantly, unaddressed mental health problems among the health workforce not only affect the workers themselves but will also affect the overall healthcare system and the quality of healthcare services provided. Workers who suffer from mental health problems are usually unable to maintain their usual performance and productivity. Inability to focus and poor decision-making abilities are among the consequences often faced by workers who are affected by mental health problems, and



these issues can then have a negative impact on the quality of care they provide to patients (Alexandrova-Karamanova *et al.*, 2016; Im *et al.*, 2023; Kar *et al.*, 2022)

On top of that, these situations can increase the risk of medical errors, which can endanger the safety and well-being of patients. Research in various medical fields, including studies among surgeons, nurses, and physicians, has consistently found a relationship between burnout and medical errors that an increase in burnout symptoms such as depersonalisation or emotional exhaustion is significantly associated with a higher likelihood of reporting medical errors (Crijns *et al.*, 2020; Im *et al.*, 2023; Li *et al.*, 2023; Shanafelt *et al.*, 2010). Unfortunately, these errors not only cause serious consequences to the patient but also negatively affect healthcare institutions' reputations. Furthermore, when the health workforce does not deal with their own mental health problems, it will not only cause problems at work but also affect their personal life, such as their personal relationships and overall quality of life. This highlights the importance of addressing mental health challenges within the health workforce and understanding the factors influencing their help-seeking intentions.

The European Commission has highlighted that evidence gaps regarding the mental health of the health workforce present significant challenges. These gaps make it difficult to effectively address mental health issues among the health workforce and hinder the development of comprehensive policies and targeted intervention plans (European Commission, 2021). Although there is growing evidence-based knowledge on the prevalence of mental health problems among the health workforce and an increased global awareness of the importance of mental health among the health workforce compared to a few years ago, there remains a significant gap in understanding their help-seeking intentions, the barriers they can face, and the factors that are associated with their likelihood of seeking professional help. This knowledge

gap is particularly concerning given the potential consequences of unaddressed mental health problems within the health workforce, which can lead to decreased job satisfaction, increased turnover, and affect patient care.

Addressing mental health problems among the health workforce requires appropriate and effective intervention. To develop targeted interventions that meet their needs, understanding the health workforce's intentions to seek help for mental health concerns and the factors influencing these decisions is crucial. By identifying and implementing effective strategies, it is possible to encourage mental health help-seeking and promote the well-being of the health workforce (Søvold *et al.*, 2021). This proactive approach can notably enhance the quality of care provided. Furthermore, such actions can transform the workplace into a more supportive and productive environment. Over time, these actions can significantly enhance the overall effectiveness and efficiency of the healthcare system.

### **1.5 Rationale of the Study**

One of the main reasons for conducting this study was to overcome the existing knowledge gap regarding mental health help-seeking intentions, perceived barriers, and associated factors among the Malaysian health workforce, particularly in Pahang. Despite the availability of professional mental health services in Malaysia that are readily accessible to everyone, information on the level of mental health help-seeking intention and barriers to professional mental health help-seeking among the Malaysian health workforce are still limited.

Although many new guidelines and policies have been created to enhance mental health services, the utilisation of psychological services by affected workers is complex. There are many factors that could influence every individual's intention to

seek help, which may lead to delays in accessing qualified professional care or even restrict access altogether. While much mental health research focuses on basic research, addressing practical issues in the field is also essential. According to the WHO, most mental health research focuses on basic aspects, such as examining the prevalence of mental health problems, and focuses less on clinical or applied aspects (WHO, 2022b). This highlights the need for studying the area of practical aspects related to mental health problems, such as studying the intentions and barriers to seeking help for mental health problems, especially among the health workforce.

In light of the rising prevalence of mental health problems among the health workforce and the detrimental effect of poor mental health, it is of the utmost importance to develop a clear picture of their help-seeking intention, challenges they may encounter, and factors associated with these intentions. The growing evidence of an increasing prevalence of mental health issues in this group over the years further highlights the importance of this understanding. Therefore, this study aimed to better understand mental health help-seeking intention among the health workforce in Pahang, including identifying factors that inhibit their intention to seek professional help. Investigating the health workforce's intentions and barriers to mental health help-seeking is crucial to seeking is vital to fill the gaps in understanding why they continue to suffer in silence (Mehta and Edwards, 2018; Sahib, 2018).

Moreover, although some studies have been done on mental health professional help-seeking among the health workforce, most of them have been conducted in Western countries and larger Asian countries such as China and Japan. Therefore, such information is insufficient to provide an accurate picture of the current situation in ASEAN countries as there are disparities in term of behaviour, cultural norms, and the organisational structure of the healthcare setting. To the best of the authors'

knowledge, there is limited research specifically focusing on mental health help-seeking intention, barriers, and factors associated with mental health help-seeking intention within Malaysian health workforce. Therefore, this study will contribute to the existing body of evidence, offering insights specific to the context of Malaysia.

Improving the quality and effectiveness of patient care is a vital concern on the global healthcare agenda (WHO, 2018). However, mental health problems among health workforce can compromise the quality and effectiveness of healthcare services provided to the community. Therefore, it is of utmost importance to prioritise their mental well-being in order to deliver such high-quality service to the community (Sjøvold *et al.*, 2021). Since mental health problems within the health workforce potentially lead to detrimental effects on both these individuals and the healthcare system, it is important to study and understand more about their mental health help-seeking intention. Investigating these aspects will contribute to the development of targeted interventions and support systems to address the mental health needs of the health workforce. This will benefit not only the health workforce but the healthcare system as a whole.

While there is a growing recognition of mental health issues among health workforces globally, a localised understanding, particularly in Pahang, Malaysia, remains limited. This lack of knowledge makes it challenging to develop effective interventions and mental health support systems. Moreover, recent nonpublished data from annual health screenings by the state health department indicated a rising trend in mental health concerns among the health workforce in Pahang over the past few years, underscoring the need and relevance of this research (Pahang State Health Department, 2022). Therefore, the information obtained from this study can serve as a guide to designing more effective interventions and programs related to the mental

health of the local health workforce. Additionally, the research will lead to the creation of the PsyHELP pocket guide, an educational tool specifically designed for the health workforce. This guide aims to enhance mental health awareness, prioritise mental well-being, and foster an environment where seeking professional help is both encouraged and normalised.

Findings obtained from this study will also provide additional new evidence that can be used by policymakers and practitioners in planning and implementing better mental health interventions for the health workforce. By understanding the factors that influence help-seeking intentions, we can incorporate this information into policy and practice to provide better support to the health workforce facing mental health problems. Furthermore, the findings obtained and the pocket guide constructed in this study can be utilised to help initiate and implement mental health programmes at a workplace that aims to encourage professional mental health help-seeking targeted at the health workforce and reduce the barriers to seeking professional help. This aligns with the WHO's recommendations, which target a workplace culture that improves the mental health of all staff and supports those with poor mental health (WHO, 2022c). It is also hoped that this study can yield results that can be used as input to aid local authorities in initiating new policies or programmes pertaining to mental health and strengthen existing initiatives to benefit the health workforce, making them healthier and more productive.

In summary, the rationale of this study is to overcome existing knowledge gaps and provide a deeper understanding of mental health help-seeking intentions, perceived barriers, associated factors, and expansion of the PsyHELP pocket guide among the health workforce. The results of this study will make an important contribution to existing knowledge, help improve mental health support, and provide

a foundation for public health interventions, especially among the health workforce in Malaysia.

## **1.6 Research Questions**

### Phase 1

- 1) Is the Malay version of the Barriers Access to Care Evaluation (BACE-3) questionnaire a valid tool for assessing barriers to professional mental health help-seeking among the health workforce in Pahang?

### Phase 2

- 2) What is the intention score to seek help from mental health professionals among the health workforce in Pahang?
- 3) What are the potential barriers to seeking professional mental health help among the health workforce in Pahang?
- 4) What are the factors associated with professional mental health help-seeking intention among the health workforce in Pahang?

## **1.7 Research Objectives**

### **General Objective:**

To study mental health help-seeking intention, barriers, and factors associated with professional mental health help-seeking intention, including the translation, adaptation, and validation of the Barriers Access to Care Evaluation (BACE-3) questionnaire and to develop a PsyHELP pocket guide.

## **Specific Objectives:**

### **Phase 1**

- 1) To translate, adapt and validate the questionnaire [Barriers Access to Care Evaluation (BACE-3)] to assess barriers to professional mental health help-seeking.

### **Phase 2**

- 2) To determine the health workforce's intention score to seek help from mental health professionals.
- 3) To identify potential perceived barriers to professional mental health help-seeking among the health workforce in Pahang.
- 4) To determine the factors associated with professional mental health help-seeking intention score among the health workforce in Pahang.

### **Phase 3**

- 5) To develop a PsyHELP pocket guide to encourage the health workforce to seek help from mental health professionals.

## **1.8 Research Hypotheses**

- 1) The Malay Version BACE-3 questionnaire is a valid tool for assessing perceived barriers to professional mental health help-seeking among the health workforce in Pahang.
- 2) Sociodemographic characteristics, previous mental health help-seeking, perceived need for help, and perceived barriers (stigma-related, non-stigma related) are significant factors associated with professional mental health help-seeking intention among the health workforce in Pahang.

## **CHAPTER 2: LITERATURE REVIEW**

This literature review aims to provide a comprehensive overview of the studies that have been conducted related to mental health help-seeking behaviour, help-seeking intention, perceived barriers towards professional help-seeking, and factors associated with the intention to seek professional mental health services, with a particular emphasis on the health workforce. This review is crucial to our research as it provides a comprehensive understanding of the current state of knowledge in these areas, identifies gaps in the literature, and sets the foundation for our study.

The search for relevant literature was conducted using online databases: PubMed, Web of Science (WoS), Scopus, Science Direct, and Google Scholar. The following terms were utilised in the search for relevant scientific literature: “stigma”, “mental health problems”, “mental illness”, “help-seeking”, “professional help-seeking”, “intention”, “help-seeking intention”, “perceived barriers”, “treatment barriers”, “health workforce” and “health worker”.

### **2.1 Concept of Mental Health Help-Seeking and Help-Seeking Intentions**

The process of help-seeking typically involves a recognition of the problem, leading to the development of an intention to seek help (help-seeking intention), which then manifests as help-seeking behaviour (Rickwood *et al.*, 2005). In general, help-seeking refers to the act of a person seeking help or support from another person to help them with a problem or issue they are experiencing with. In other words, it is an individual’s behaviour of seeking help from others. This behaviour can occur in many ways, which may involve communication, social interaction, and efforts to find the right sources of help. In the context of mental health, help-seeking can be defined as an adaptive behaviour, including the process of requesting external help to deal with mental health difficulties or distress. It involves talking with someone to obtain support



in the form of empathy, guidance, information, or therapeutic interventions (Rickwood *et al.*, 2005). This help can be obtained from various sources, including formal sources like mental health professionals and informal sources such as friends or family members (Brown *et al.*, 2014; Rickwood *et al.*, 2005).

On the other hand, “help-seeking intention” refers to a person’s plan, decision, and motivation to seek help or support from others when they face problems or difficult situations that cannot be resolved on their own. In the context of mental health, help-seeking intention represents an individual’s plan and willingness to seek help from others to address their mental health concerns. White *et al.* (2018) provide a more comprehensive definition of help-seeking intention. According to White *et al.* (2018), help-seeking intention is defined as “a conscious plan to exert effort to communicate about a problem, emotional pain or psychological issue, where that communication is an attempt to obtain perceived support, advice or assistance that will reduce personal distress”.

Help-seeking intention does not just happen on its own. It involves a cognitive thought process that includes considerations, evaluations, and the decision to seek help (Rickwood *et al.*, 2005; Rickwood and Thomas, 2012). However, a person with the intention of seeking help may not necessarily be ready to take the necessary actions to get that help. This hesitance can be due to a person’s level of intention that is influenced by internal or external factors such as shame, fear, social pressure, worry about other people’s reactions, their perception towards seeking help, and their perceived need for help (Keene, 2018; Nearchou *et al.*, 2018; Salaheddin, 2016; Seyfi *et al.*, 2013; Yeshanew *et al.*, 2020). They must also realise that seeking help can be beneficial, which can strengthen their intention to seek help. In addition, the intention

to seek help is also influenced by the local culture, values, and social norms that a person adheres to (Rickwood *et al.*, 2015; Zhou *et al.*, 2022).

In this regard, having the intention to seek help will not necessarily result in actual help-seeking behaviour. Conversely, the probability of actual help-seeking behaviour occurring also depends on the strength of a person's intention to seek help. Generally, the stronger a person's intention, the more likely they are to translate it into action.

### **2.1.1 Types of Mental Health Help-Seeking**

Help-seeking may generally be subdivided into three main categories: formal help-seeking, informal help-seeking, and self-help.

Formal help-seeking is the act of reaching out to professional sources for assistance. This type of help-seeking can also be referred to as “professional help-seeking”. These professionals are qualified with the particular knowledge and skills necessary to address health-related problems. In the context of mental health, individuals may seek help from trained professionals who have expertise in managing and treating mental health problems, such as psychiatrists, psychologists, or other mental health professionals (Rickwood *et al.*, 2005). In relation to help-seeking intention, professional mental health help-seeking intention is an intention to consult a mental health professional for assistance in the event that they believe they may be experiencing mental health problems (Chin *et al.*, 2015; Hammer and Spiker, 2018). Formal help-seeking often involves clinical interventions, which can include a range of treatments like psychotherapy, counselling, and, in some cases, medication, depending on the individual's needs. Mental health professionals can also help people develop coping mechanisms and resilience, which helps prevent more serious

problems from developing. All these interventions are interventions that are based on scientific research or evidence-based medicine.

Informal help-seeking is the act of reaching out to nonprofessional sources for assistance. This includes seeking help from friends, family members, or colleagues. When people are faced with challenges, the first thing they typically do is reach out for informal help (Rickwood *et al.*, 2005). In the context of mental health, this might involve discussing their feelings with a trusted friend or family member. The decision to seek informal help can be influenced by the individual's level of comfort in discussing personal issues with others, their beliefs about the helpfulness of their social network, and their perceived stigma associated with mental health issues.

Self-help refers to the actions an individual takes to solve an issue on their own without consulting a professional or looking for help from a third party. They will try to solve their mental health problems by themselves and may feel in full control and independent as a result of this (Gulliver *et al.*, 2010; Town *et al.*, 2023). Mindfulness practices, self-care or seeking information online that offers coping strategies and therapeutic techniques are all examples of self-help tactics that may be applied in improving mental health. The decision to adopt self-help techniques can be influenced by the person's confidence in their capability to handle their issue and their belief about the efficacy of such self-help techniques.

However, some individuals might choose not to do anything despite having a problem or challenges. This might be due to a variety of reasons, such as stigma, a lack of awareness about available resources, a belief that the problems will resolve on their own, or a lack of trust in professionals or others who could offer help. For example, in the context of mental health, some individuals who are experiencing psychological

problems might choose not to reach out for help from other people. In addition, they may not try to cope with the problem on their own since they believe that the problem will resolve on its own. These could lead to serious negative consequences for the affected people.

The relationship between these types of help-seeking and the intention to seek help for mental health problems is influenced by numerous factors. For example, if someone believes they need professional intervention, they might intend to seek formal help. However, if they feel there is a higher level of stigma around mental health in their community, they may instead decide to seek informal help or not seek help at all. Understanding these behaviours and the factors influencing them is crucial in developing interventions to promote mental health help-seeking, particularly among populations that might be reluctant to seek professional help, such as the health workforce.

### **2.1.2 Relationship Between Help-Seeking Intentions and Help-Seeking Behaviour**

In daily life, people often face various problems and challenges that require them to seek help from others. In general, to get actual help-seeking behaviour, a person needs to have the intention to obtain some kind of help. These two concepts, help-seeking intention and actual help-seeking behaviour, are interrelated to each other. The importance of intention in determining a person's behaviour has been widely documented in the literature. Although some studies do not specifically follow a certain theory, findings from various studies show that intention plays an important role in predicting behaviour, including in the context of seeking mental health help.

Ajzen (1991) introduced the Theory of Planned Behavior, which highlights the relationship between intention and actual behaviour (Ajzen, 1991). According to Ajzen, the best way to predict someone's behaviour is to look at what they have planned or intend to do. In this theory, intention is emphasised as a reliable predictor of actual human behaviour. According to Armitage and Conner (2001), this concept is also widely applicable across a variety of fields, such as health-related behaviours, environmental behaviours, or social behaviours. Therefore, this concept can be extended and applied to help-seeking behaviour in the context of mental health.

Various studies have utilised the concepts of intention to understand and predict help-seeking behaviour in mental health settings. For example, a recent study conducted in China by Li *et al.* (2022) similarly discovered that a low intention to seek the assistance of a professional was correlated with low rates of actual mental health help-seeking behaviour. Similarly, a study conducted by Nagai (2015) also proved that help-seeking intentions positively predicted actual help-seeking behaviour. These findings emphasise the importance of intention as a determinant of individuals' actions to seek help when faced with mental health challenges.

An individual's intention to seek help can influence whether they actually seek help or vice versa. However, it is important to note that those intentions may be influenced by other factors such as stigma, knowledge, and perceived need for help. Armitage and Conner (2001) also stated that intentions are more likely to be influenced by external factors such as social norms, beliefs about outcomes, and perceptions of control. These factors together can influence the strength of an individual's intention and their likelihood of performing the desired behaviour. Webb and Sheeran (2006) added that, the effectiveness of intentions in predicting behaviour can be strengthened if individuals have clear action plans and resource management strategies. They also

concluded that understanding a person's intentions can be useful, but it is also important to consider other factors that influence people's intention and behaviour.

Therefore, understanding the factors that influence a person's intention to seek help is an important step in improving access and utilisation of mental health services, as well as in designing effective interventions to overcome the obstacles that individuals may face in seeking help.

### **2.1.3 Benefits and Impact of Help-Seeking**

The act of help-seeking is a critical step towards recovery and overall well-being. When someone is facing a hard time, they need to ask for help. It plays a significant role in how well a person can manage their mental health and recover from their difficulties. In the context of the mental health of the health workforce, help-seeking, whether formal or informal, can have a significant positive impact on both the individual seeking help and the healthcare system. When someone has problems with their mental health, their natural reaction might be between letting it be or trying to handle it on their own. However, getting help, especially from mental health professionals, can make a large difference.

Seeking help from mental health professionals will help people better understand their own mental health conditions. Insights and knowledge gained from mental health professionals will enable them to learn effective techniques to manage their symptoms. Through therapy or counselling, individuals can learn coping strategies and techniques to handle stressful situations and understand when they should apply these techniques they learn, which can improve their day-to-day life significantly. By doing all that, it can give them a sense of control over their own mental health. Additionally, in certain cases, medication may be recommended as part

of a comprehensive treatment plan after a thorough assessment by mental health professionals. This shows how important it is to obtain professional help in managing mental health conditions effectively.

It is also important to seek help for mental health problems as early as possible. Early intervention can prevent issues from worsening and expedite recovery for those affected. Typically, individuals who receive timely professional help are more likely to experience better mental health outcomes. Early engagement with appropriate care and treatment can significantly enhance the chances of complete recovery from mental health challenges. Furthermore, it can prevent the development of more severe symptoms (Mental Health First Aid USA, 2021; Rothbaum *et al.*, 2012). This highlights the importance of seeking help early for mental health problems.

Seeking help for mental health problems can also benefit the society as a whole. At the societal level, seeking help can contribute to reducing the stigma associated with mental health problems. For example, when the health workforce seeks help for their mental health problems, it can help to reduce the stigma around mental health. This is because it will increase people's awareness and show that anyone, including the health workforce, can be affected by mental health problems. Furthermore, the more people talk about mental health and seek help openly, the more normalised it becomes. Thus, others will be encouraged to seek help if they need it. This can lead to a more accepting and understanding society where mental health is taken as seriously as physical health.

Help-seeking can also have a significant impact on the healthcare system. Early professional intervention for individuals with mental health problems can prevent these issues from becoming severe, requiring less intensive and long-term treatment.