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IT IS OKAY NOT TO BE OKAY: A CASE STUDY ON MENTAL HEALTH AWARENESS AMONG THE LAW STUDENT IN MULTIMEDIA UNIVERSITY

TIDAK MENGAPA UNTUK TIDAK BAIK-BAIK SAJA: SATU KAJIAN KES MENGENAI KESEDARAN KESIHATAN MENTAL DI KALANGAN PELAJAR UNDANG-UNDANG DI UNIVERSITI MULTIMEDIA

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ABSTRACT

Mental health issues are a very saddening and disturbing fact to admit by anyone. It is crucial for society to understand and to recognize how important the issue is for us to have a stable and healthy community. Research suggests that mental issues can be detected at a very early stage and may become worsen during their studies at the tertiary level. The objective of this research is to seek how far the university students are aware of their own mental health as well as their closest ones. The paper is targeting the University students as these graduates will become the future leaders and pillars of the society and to the country. In doing so, the paper adopts both quantitative and qualitative research methods in preparing this paper. Medical reports and law journals will be referred for discussion purposes. This paper also will use a survey of 207 students from Faculty of Law Multimedia University to analyse the level of awareness on mental health among them. Finally, this paper will be an indicator to measure the level of awareness on the issue among the law students in Multimedia University. Also, it contributes to the body of knowledge in discussing the issue of mental health-being among the young ones.

Keywords: *Mental health, well-being, self-awareness, university students*

Introduction

On October 14, 2021, the then Malaysia Ministry of Health, Khairy Jamaluddin said that Malaysia will put more effort and investment in improving the mental health services digitally and financially (Bernama, 2021). This is due to the increase of suicidal cases from 262 to 638 cases from January to July the same year. Sadly, the report also showed an increased number of cases among adolescents aged 15 to 18 years old. Mental health is now ranked second affecting Malaysians after heart diseases. According to the National Health Morbidity Survey in 2019 (Institute of Public Health, 2020) 2.3% of adults have depression, while 7.9% children from 5 to 15 years of age were found to have mental health problems.

What is mental health? According to the World Health Organization (WHO), "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community." (World Health Organization, 2022) It is an important element to ensure one person is able to cope in every stage of his life from a child to adulthood. Throughout this, the state of mental health contributes to the ability of thinking, mood, behaviour, health condition and life-welfare in whole. As such, one person can be seen disturbed when one has a mental health issue or problem. Mental health issue or problem may be affected by many factors including biological factors, such as genes or brain chemistry, life experiences, such as trauma or abuse and family history of mental health problems (SAMHSA, 2022).

Under Sustainable Development Goal (SDG), WHO has targeted to reduce by ⅓ premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. This inspires research on the issue. The target group of this paper is university students. Good mental health is important in the development of youth well-being to adulthood as it builds the positive social, emotional, thinking, communications and skills (Lee, 2021). This contributes to their decision making in their independent life. After all, they are our future leaders of the nation. Therefore, the objective of this paper is to identify the awareness of the students on the current topic and the stigma, if any, among them and the courage in helping others who are battling with the issue. As a result, the findings of the paper will contribute to the better understanding of the issue among young generations. The results will also contribute to the body of knowledge and depth discussion by other researchers and academicians.

Literature Review

There is no doubt mental health issue has increased and a major problem among university students especially during the pandemic period. The Ministry of Health (MOH) and Ministry of Education (MOE) are very much aware and concerned with these worrying findings. Several preventive strategies and activities have been taken place, example mental health promotion campaigns, mental health screening and intervention in at primary care setting stage, involvement through empowerment programmes: stress management and providing psychological aid with the assistance at students' consultancy unit. Generally and currently, in terms of providing treatment and rehabilitation for those diagnosed with mental health, there are 48 MOH hospitals and 4 mental institutions providing psychiatric services, and 671 health clinics as well as 20 Community Mental Health Centres of to cater for the community with mental health problems. However, further enhancement and strategies are needed at university or tertiary level i.e. engage more key strategic partners such as youth, parents, caregivers (of the mentally ill) and academics apart from university counsellors to help address mental health issues and fight stigma. Other important areas to look into would include community empowerment by training and providing skills to individuals outside of the health sector to advocate and deliver psychosocial mental health support and intervention.

According to Consultant Psychiatrist at University Malaya Specialist Centre (UMSC) Associate Professor Dr Ng Chong Guan, mental illness must be taken seriously, however, due to insufficient number of psychiatrists there is not much avenue for those with mental issues to seek help. The number of psychiatrists in Malaysia until March 2017 was only 381, namely from the Ministry of Health (207), Public Universities (84), Private Universities (22), Armed Forces (5) and Private Sector (63). He further

said that the normal psychiatrist to population ratio is one per 10,000 but in Malaysia the ratio is 1 to 100,000 and what is more worrying is that the disease is also affecting more youngsters. The problem became more complex because it might relate to drugs, bullying and some other issues compared previously when anxiety and stress were the main cause. Therefore, it is significance by making efforts to educate the students and society on early recognition of mental illness as well as enabling them to take care of their own mental health.

According to a report from MOH in 2016 stated that the leading causes of Malaysian students' mental health problems were related to heavy workload, financial difficulties, and family issues. Academic factors are the main drivers of stress among university students, followed by physical, social and emotional factors (Johari & Ahmad, 2019). Apart from that, the other contributing leading causes to mental health problems is strict competition among these students, fear to fail and financial difficulties (Fairbrother & Warn, 2003). Career opportunities also becomes main concern among these students as such they experience stress due to a lack of knowledge about career preparation, especially knowing the intense career competition set by employment companies, thus, indirectly cause pressure on students (Ramli & Sheikh, 2020).

Few recent cases which have shaken the Malaysian on mental issue among the students should be worth mentioning here. In January 2018, a student at a private college, who is believed to be depressed due to studies decided to stab himself in the stomach (Utusan Borneo Online, 2018). According to his sister, the student was completing his internship while needs to retake his paper. The case was then investigated under attempted suicide under Section 309 of the Penal Code. In May 2019, a 16-year-old female student was found dead when she committed suicide by jumping from a three-story building in Kuching, Sarawak (Ashaha, 2019). The unfortunate female student was said to have a severe depression after her father remarried. In July 2021, a third semester student at Universiti Teknologi MARA (UiTM) Kedah, who is said to be suffering from stress reportedly died after being believed to be unconscious at her rented house (Rahman, 2021). In April 2023, A 24-year-old male student in Segamat District, Johor tried to commit suicide on 17 April 2023 by setting himself on fire at a gas station (Aiman, 2023). Early investigations revealed that the student attempted suicide after he failed his Bachelor of Laws examination for the third time. The case too has been investigated under Section 309 of the Penal Code. In July 2023, police confirmed that a student of a public institution of higher learning (IPTA) jumped from the fourth floor of a condominium, suffered from stress and had received treatment for mental illness (Ismail, 2023).

According to a report by the Malaysian Mental Health Association released in October 2020, cases related to mental illness among Malaysians doubled during the MCO (Bernama, 2023). The Health Minister Dr Zaliha Mustafa told a parliamentary conference that recently his ministry screened 336,900 people to detect depression or anxiety among them and found that Kuala Lumpur recorded the highest number of individuals suffering from psychological stress.

A restructuring in Malaysian higher education, categorising public universities into research, field-specific, and comprehensive, also may be affecting students' mental health negatively, as students underwent uncertainty in this transformation, leading to high anxiety. Therefore, in order to curb the matter from escalating and becoming worsen, a more comprehensive suggestions and discussion are needed to find a better approach to solve the problem.

Methodology

The main source of the findings of this research paper is by a survey conducted to 207 law students in Multimedia University, a private university in Malaysia. The outcome from the survey is important in understanding the awareness of the students in the issue of mental health among them. The survey is believed to have a solid approach with legit outcome in having a clear understanding and explanation of one issue (Pronto, 2015). This type of research allows a variety of sampling, collecting data and utilising the methods to explore human behaviours and characteristics. Next, the discussion of the findings from the survey will be analysed through literature review from selective medical reports and law journals. As a conclusion, the outcome of these findings will suggest a better approach in handling issues on mental health among the students.

Results and Findings

The survey has been conducted to the law students from Multimedia University in which the paper received 207 responses. The survey is divided into 3 sections with 41 questionnaires with choices. Section A is an introductory question on the background of the respondents. Section B is on the respondent's awareness on own mental health-being while Section C is on the respondent's awareness on mental health issues.

Section A: Background of Respondent

Male	52
Female	155

Table 1: The number of respondents according to their gender

30 above	5
26- 30	5
20-25	151
Under 19	46

Table 2: The age of the respondents

Postgraduate	1
Year 4	59
Year 3	16
Year 2	27
Year 1	46
Foundation	58

Table 3: The level of study of the respondents

Single	204
Married	2
Divorce	1

Table 4: Marital status of the respondents

City	141
Urban suburban	53
Rural suburban	13

Table 5: The location of residence of the respondents

8 and more	11
6 to 7 people	49
3 to 5 people	142
Less than 3	5

Table 6: Household of the respondents

Chinese	100
Indian	55
Malay	38
Punjabi	5
Sikh	4
Sino-native	2

Dusun	1
Bidayuh	1
Iban	1

Table 7: The division of ethnicity of the respondents

What can we tell from the background of respondents in a survey? The differences of the background of the respondents gave varieties of opinions and experiences. This is important in interpreting and coming out with the findings. The differences also provide varied representations of each group and characteristics. (to add more)

Section B: Brief Check on Respondent's General Health Status

Yes	61
No	123
Not sure	23

Table 8: Respondent's problems with work or daily life due to physical health

From the above Table 8, it can be summed up that 123 respondents have no problem with work or daily life due to physical health for the past 4 weeks compared to 61 respondents who did. Meanwhile, 23 respondents are not sure with their conditions.

Yes	121
No	73
Not sure	13

Table 9: Respondent's problems with work or daily life due to any emotional problems, such as feeling depressed, sad or anxious

The above Table 9 indicated that 121 respondents have problems with work or daily life due to any emotional problems, such as feeling depressed, sad or anxious for the past 4 weeks compared to 73 respondents who did not. The balance 13 respondents are not sure with their conditions.

Excellent	14
Good	53
Fair	97
Poor	36
Not sure	7

Table 10: Respondent's rate on personal mental health

Table 10 shows the responses regarding the respondent's rate on their personal mental health. The responses show that most answers given are fair with 97 respondents and followed by good conditions of mental health with 53 respondents.

Yes	46
No	120
Maybe	41

Table 11: Respondent's history of having a mental health issues

From the above Table 11, it can be summed up that 120 respondents do not have any history of having mental health issues such as anxiety, depression, eating disorders, obsessive compulsive disorder, bipolar, personality disorders, schizophrenia or psychosis. On the other hand, 64 respondents answered that they do have a history of mental health issues while another 41 might or might not have one.

Less than 6 months ago	9
6 months ago	9
A year ago	14
More than a year ago	18
Never	157

Table 12: Respondent's mental health examination

Table 12 found that the majority of the respondents i.e. 157 respondents never took a mental health examination before. This is followed by a total of 50 respondents who took examinations ranging from less than 6 months ago to more than a year ago.

Never	6
Once in a while	65
About half the time	66
Most of the time	58
Always	12

Table 13: Respondent's positivity in life

Section C: Respondent's Awareness on Mental Health Issues

No	131
Yes	38

Maybe	38

Table 14: Respondent's personal experience on mental health

No	91
Yes	64
Maybe	52

Table 15: Respondent's responses in developing mental health issues in University

Extremely often	19
Very often	28
Somewhat often	60
Not so often	56
Not at all	44

Table 16: Respondent's responses on how often does mental health issue has affected their study

I felt I get more support if my place of study knew my condition	10
I did not want to be treated differently	47
Not applicable	100
Others	50

Table 17: Respondent's responses on why they told the place of study on their condition

Yes	62
No	62
Maybe	75

Not applicable	8

Table 18: Respondent's responses whether the respondent's knew who to contact should they face any mental health issue whilst studying at their place of study

Friends/Family	103
Counsellor (STAD Division)	48
Academic Advisor	21
None	20
Not applicable	13
Lecturer	2

Table 19: Respondent's awareness on who can provide support should they have mental health issue while studying in the University (support system)

I feel they would provide enough support	81
I feel this would be most beneficial	38
I would not want anyone to know	40
I would not want to be treated differently	5
Not applicable	13
Others	30

Table 20: Respondent's reason on why they prefer to approach the supporting system

	High	Moderate	Low

Bullies	79	26	102
Peer Pressure	88	73	46
Genetic Factors	33	72	102
Study Environment Pressure	94	80	33
Relationship Failure	56	67	84
Financial Instability	84	64	59
Time Management	69	98	40
Family Stress	97	58	52
Social Inept	51	95	61
Lack of Interest	45	92	70

Table 21: Respondent's responses on causes of mental health issues according to the top 10 listed causes of mental health issues among University students

Sympathy	161
Fine	22
Uncomfortable	12
Fear	11
Ignore	1

Table 22: Respondent's responses on their feelings when their family/friends having mental health issue

Help them	137
Call up an expert	47

Leave until the person gets better	5
I do not know	18

Table 23: Respondent's responses on having found out that their family/friends having a mental health issue.

Discussion from survey

Based on a brief check of respondents' general health status, it is found that the main cause for most of the respondents' depletion in general health is more towards emotional problems, such as feeling depressed, sad or anxious rather than physical issues. There is a strong connection with Covid-19 pandemic which gives an indirect effect on the general mental health of a person (Vindegaard & Eriksen Benros, 2020). Although the majority personally evaluate themself as in fair condition of mental health, however this gives an implication that they are still within the borderline and vulnerable of falling into poor condition. Absence of any history of having mental health issues does not mean that there is no problem at all as the majority never took a mental health examination before. This can be seen as the majority are not always or most of the time being positive in their life. One of the possible reasons for this is due to denial that involves not acknowledging the condition in order to avoid anxiety as it is one of the defence mechanisms, especially during the pandemic. (Cherry, 2021)

At Table 21, the top five leading causes that can affect to their mental health comes from issues on family stress (97), study environment pressure (94), peer pressure (88), financial stability (84) and bullies (79). University students are prone to mental problems due to various psychosocial changes and academic pressure (Sohana, 2019). Being away from family and loved ones, can cause a student to harbour feelings and loneliness, leads to depression in facing the University environment. Thus, this may result in emotional pressure to one student. Student who come from a trouble-family issues also plays significant effect in their lives. Being traumatised in a family who faced with issues, the family members will be in a stressful situation (Rose & Mustaffa, 2018). This unhealthy stressful atmosphere affects emotional, psychological and mental subsequently have a negative impact. Peer pressure can come from competition among the students in examinations and fear in making mistakes. This peer pressure can also come from career opportunities and high standard in securing the best career path in their future. Peers can significantly impact how an adolescent looks, speaks, eats, acts sexually, utilizes social media, adopts and accepts violent, anti-social behaviour, and many other elements of their lives (Madtha et al., 2022). Financial stability plays major role in one study. Financial distress has slowly become the vital of the students because they do not have enough knowledge on it (Edubirdie, 2022). Unstable financial assistance may lead to dropouts, withdrawal courses and less attention in studying as the students need assistance in solving their financial issues. Bullies has always come as a major factor in leading to negative impact to one mental health. Bullies can come in various ways, verbal, cyberbullying, physical abuse and others. Victims of bullies has reported experiencing negative psychological impacts such as feelings of anger, discomfort, disgust, numbness, crying, and inability to concentrate on their education (Al-Darmaki et al., 2022). Furthermore, they also experienced depression, anxiety, and fear.

On the other hand, one should also be made known on their circumstances if they are being diagnosed with mental health issue. Malaysian law has so much so never discriminated the mental health patient. Under Mental Health Act 2001, the law addresses and safeguards the welfare of mentally disordered person. The Act defines mental disorder as 'any mental illness, arrested or incomplete development of the mind, psychiatric disorder or any other disorder or disability of the mind however acquired'(Khan et al., 2015). It further explains that a person cannot be taken as suffering from a mental disorder due to immoral conduct, consumption of alcohol or drugs, sexual deviancy, or where he expresses a particular political or religious opinion or antisocial personality. The Act warrants certain requirement from a patient suffers from mental health issue to be regarded and reads under Mental Health Act.

One of the biggest fears of possible circumstances of being diagnosed with mental health issue is tendency to commit suicide. Malaysia recorded an increase of 81 per cent or 1,142 suicide cases last year, compared to 631 cases in 2020. On May 2023, The Dewan Rakyat was unanimous in its vote to drop a legal provision that categorised suicide attempts as an offence-which found under Section 309 Penal Code- those who attempt to commit suicide shall be punished with a jail term of up to one year, or a fine, or both, upon conviction. The moves, among others, to protect the victim of bullies and mental health patient from committing suicide instead seeking for medical treatment.

Recommendation and Suggestion

Enhancement the Role of MMHA

Whilst Malaysian Mental Health Association (MMHA) is promoting the "first aid" for mental health which plays an important role in identifying signs of behavioural distress or crisis and provide assistance for mental health problem. The first aid knowledge will provide persons with the ability to help someone with mental health problem or in a mental health crisis until appropriate professional help is received or the crisis is resolved. Clark and Riecker (1986), Hashim et.al (2012) and Yusoff et.al. (2010) stated that the causal to poor mental health is linked with diverse negative consequences (e.g. academic performance, relational conflicts, low concentration, and feelings of inadequacy, therefore solutions for this problem need to be further explored and enhanced through a concerted effort between universities and MMHA. The high levels of negative mental health attitudes in Malaysian students may be related to low awareness of mental health in the country. In universities, it may be the case that mental health issues are still stigmatised; thus, students feel shameful to talk about them.

Therefore, there should be various initiatives and movements to negate this stigma, for example encouraging people to talk about mental health issues. Negative mental health attitudes may delay people to seek out help, which can lead to poor clinical outcomes. The attitudes may lie in the Asian cultural difference of collectivism and/or individualism: Collectivism prefers tightly connected society, where people expect their group members to take care of them in return for loyalty, whereas individualism perceives a society loosely connected, where individuals only take care of themselves and their immediate families. Collectivistic students are more concerned with how other people would see them if they had a mental health problem. This may suggest that collective understanding rather than individual understanding of mental health would be beneficial to our students.

Correlations between mental health, attitudes, self-compassion, and resilience

Based on the survey made, it can be said that the students' mental health problems were related with negative mental health attitudes, self-compassion and resilience. These correlations may imply the importance of having good mental health. Though the cause may not be not fully certain, students with good mental health tended to have positive attitudes (less shame) about mental health problems, more compassion towards themselves, and resilience. For example, common humanity (one component of self-compassion) relates to understanding of life's challenges and noticing that we all have similar problems. According to Burke and Scurry (2019), such understanding can help develop their resilience, as well as educate them that resilience is not a fixed trait (which many students seem to assume), rather is a quality that can be developed, resulting in better student mental health. These findings may suggest that the students can benefit from potentiating their self-compassion and resilience, to improve their mental health and mental health attitudes.

The importance of self-compassion to the mental health of our students is the key in protecting their mental health. According to Gilbert and Procter (2006), cultivating self-compassion can reduce mental health problems and negative mental health attitudes. The universities can benefit from incorporating self-compassion training into the student curriculum. For example, by having a weekly 45-min to 1 hour group sessions with everyday homework (mediation) of self-compassion training improved students' mental health and self-compassion. Considering their high shame relating to others, self-compassion training emphasising on the connectedness (e.g. common humanity) would help maximise the effects on their mental health. Students would be able to learn that many others also have similar problems and stop shaming and criticising themselves for disclosing their mental health issues. This session can counter a key contributing factor to poor mental health of university students—loneliness, additionally,

the connectedness component of self-compassion can also contribute to a reduction in loneliness. Nevertheless, future research should evaluate the effects of self-compassion training, focusing on the connectedness, on mental health of the students.

Conclusion

The findings in this study will inform researchers, educators, and students in Malaysia of novel means to counter the challenging mental health of Malaysian students.

MOH and MOE will need the support from other agencies to ensure the implementation of the strategies. At present, actions taken included: Accessible and comprehensive mental health care and services coverage Cross sector Collaboration with Related Agencies Mental Health Promotion within communities, schools and workplace to ensure mental health well being and to improve Mental Health Literacy Human Resource Development Mental Health in Humanitarian Emergencies: Psychological First Aid in Crisis Mental Health Research and Surveillance. The Ministry also has urged family members and the carers of those with mental health problems or disorders as well as the community to play an important role in ensuring patients or those having early symptoms of depression and mental disorders to be brought early to health facilities for early detection and intervention. Family members need to reach out and help by taking the first step to lend an ear to their close ones with early depressive symptoms.

Apart from these, the community need to be more alert especially if any family members or peers are detected to show symptoms of being emotionally troubled or signs of depression or other mental health problems. Upon detecting the signs, support and help must be offered and individuals affected need to be brought forward to seek help from health authorities or relevant organizations. Media also needs to play a role to help provide accurate mental health facts and information to the public to be able to pick up or identify early signs of mental disorders, how to help, where to get help and to reduce stigma.

We need to address and reduce the stigma of mental illness, as stigma is the major barrier in individuals coming forward to get help. Everyone should play their role in promoting mental health.

Acknowledgement

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