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Original Article

BARRIERS TO THE UTILIZATION OF PRIMARY CARE SERVICES FOR MENTAL HEALTH PROLEMS AMONG ADOLESCENTS IN A SECONDARY SCHOOL IN MALAYSIA

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ABSTRACT
Objective: To study the barriers toward the utilization of primary care services for mental health problems among adolescents in a secondary school in Hulu Langat, Selangor, Malaysia.
Methods: This was a cross-sectional study conducted in July 2008 at a secondary school in Hulu Langat, Selangor. The respondents were selected using randomised cluster sampling among Form Four and Form Five students. Students were given self-administered questionnaire, consisting socio-demographic data and questions on their help-seeking barrier and behaviour. Help-seeking behaviour questions assess the use of medical facility and help-seeking sources. The formal help-seeking sources include from teachers, counsellors and doctors. The informal help-seeking sources include from friends, parents and siblings.
Results: A total of 175 students were included in the study. None of the students admitted of using the primary health care services for their mental health problems. Majority of the students were not aware of the services availability in the primary health care (97.1%). More than half of them thought the problems were due to their own mistakes (55.4%) and the problems were not that serious (49.1%). With regard to perception of the primary health care services, (43.2%) of the students were worried about confidentiality, half of them were concerned about other people's perception especially from their family members (44.6%) and friends (48.6%). Minority of them (10.8%) thought that nobody can help them. Few of them thought smoking (3.4%), alcohol (3.4%) and recreational drugs (1.1%) can solve their emotional problems.
Conclusion: One of the major barriers identified in the students' failure to use the health care facilities was their unawareness of the availability of the service for them in the community. Thus there is a need to promote and increase their awareness on this issue.
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INTRODUCTION

The reported prevalence of emotional disorder (stress and depression) in Malaysia was 13% in 1996 and has been increased to 20.3% in 2006.[1,2] This has been similar with prevalence reported by WHO worldwide where the reported prevalence was 20%.[3] In these unassisted adolescence, they have risks of developing behavioural problems such as juvenile crime and drugs misused.[4]

Help-seeking is not a simple process of experiencing psychological distress with resulting in help-seeking behaviour. Although awareness of a problem by self or others is a starting point; there are many factors apart from the symptoms of mental health problems which determine help-seeking behaviour and utilization of health services in adolescents.[5]

Sources of help that these adolescents commonly used are divided into formal and informal. The formal sources are from school teachers, counsellors and doctors. The informal sources are from friends, parents and family members.[6] Most students seek help from such informal sources.[7] There is a shift of informal help-seeking sources in children from parents in earlier age groups to peers at later age.[8]

There are several barriers at any stage of help seeking behaviour which may prevent these adolescent to seek help and utilize the primary care services.[9] The most fundamental being that an individual denies or does not recognize that there is a problem in him or her. Other reasons include cultural attitudes, previous unsatisfactory contacts with professional caregivers, issues of confidentiality, occupational roles, a belief that nothing or no one can help, lack of knowledge, stigma, embarrassment and socialization.[10] Gould *et al* in 2002 found that in America, only 20% of adolescents seek mental health professionals or school counsellors' help when they have mental health problems.[11]

Owens *et al* suggested there were 3 types of barriers that hinder adolescent's utilization of health services for their mental health problems. These barriers include structural barriers, barriers related to perceptions about emotional problems and barriers related to perceptions about mental health services. Firstly, structural barriers include: i) unawareness on the availability of the service, ii) transportation problems, iii) time constraint and iv) family objection. Secondly, barriers related to the perception of the emotional problems include factors such as i) the adolescents believed that "they do not have any problem", (ii) "their problems were not serious", (iii) the problems were due to their own mistakes, (iv) they can settle their problems with illicit drugs or smoking and (v) nobody can help with their problems. Lastly, barriers related to the perception of the primary health care services, they include; (i) the issues of confidentiality, (ii) perceptions from their family, friends and teachers and (iii) lack of confidence in the service provided.[12]

Stigma and negative attitudes toward seeking help from professionals are further barriers to utilization of primary care services.[4] In addition, past experiences of seeking help that proved unhelpful also contribute to negative attitude towards the help seeking behavior. These include experiences of them not being heard or their problems were not taken seriously by the health care providers. In addition to that, the fears of breaching confidentiality also contribute to negative attitudes toward the mental health services.[5]

In Malaysia, several adolescents' targeted programs are available such as PROSTAR (Healthy Adolescents without AIDS Program), Adolescents Clinic and Cafe@Teen by National Population and Family Development Board Malaysia (LPPKN).[13-15]

PROSTAR was initiated in 1996. Its objectives were to increase the levels of awareness and knowledge about the HIV infection, its prevention and control measures, to instil positive values among adolescents so that they are able to avoid the high risk behaviors and to produce adolescents with a healthy lifestyle and uphold good moral values to protect themselves and also to influence their friends.[13]

For the adolescent clinic, it was also initiated in 1996 by the Ministry of Health. Its main objective is to provide the adolescent's health care service which covers all aspects of health (physically, mentally, socially and also spiritually) in order to ensure our adolescents lead a healthy lifestyle.[14]

The National Population and Family Development Board Malaysia (LPPKN) has been working in the background for the past few years to promote better parenting and heightened awareness on reproductive health. Cafe@Teen is a platform for the body to reach out to neglected youngsters and help them be more aware of reproductive health as it has space and facilities to cater to youngsters to learn more about reproductive health.[15]

The aim for this study was to explore the barriers to the utilization of primary care services for mental health problems among upper secondary school students.

METHODS

This was a cross-sectional study conducted at a secondary school in Hulu Langat, Selangor, Malaysia. In this district, there are 37 secondary schools and this studied school was selected for logistic reason. This school is located in a semi-urban area which was about 10km from the Health Clinic. This clinic is led by a primary healthcare physician.

The study subjects were Form Four and Form Five students, aged between 15-17 years old. There were 10 classes in Form Four and 8 classes in Form Five. Using stratified randomized cluster sampling method, 3 classes from each form were selected. The students were given a set of self-administered questionnaire. The questionnaire consisted of questions on socio-demographic data and help-seeking behaviour. The questionnaires include questions on structural barrier (they have transportation problems, they do not know the availability of the service, they feels its time consuming and they have family objection), barrier related to the perception of the emotional problem (they do not have any problem, their problem was not serious, their problem was due to their own mistake, they can settle their problem with high risk behaviour and nobody can help with their problem) and barrier related to the perceptions of the primary care services (confidentiality issue, stigma or perceptions from their family, friend and teacher and they do not believe with the service). These question on help-seeking behaviour was generated from experts' opinion, focus group discussion and literature review.[5-7,16] The questionnaire was pre-tested among 15 students to improve its clarity, understandability, naturalness and adequacy of wording. The students were allowed to choose more than 1 option for the help-seeking behaviour and barriers.

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The data was analyzed using SPSS version 14.0. Descriptive analyses in frequency were used to describe for the students' responses for the help-seeking barrier. Approval from the Ministry of Education and the Research Committee of the Universiti Kebangsaan Malaysia (UKM) has been obtained prior to the study. Written consent was obtained from the parents and adolescents after the procedures had been explained to them.

RESULTS

There were 210 students selected for this study. However, only 175 students were included, 30 students were excluded due to incomplete questionnaire and 5 students fail to obtain parental consent. Therefore, the response rate was 83.3%. Out of 175 respondents, there were more females (115, 65.7%) than males (60, 34.3%). The majority of the respondents were Malays (141, 80.6%) followed by Indians (20, 11.4%) and Chinese (12, 6.9%). The age range was between 15 and 17 years old with the mean age of 16.4 ± 0.5 years. Majority of them came from a high family income group (Table 1).

Table 1: Socio-demograhic data of the respondents

Variable	number (%) n=175
Gender	
Male	60 (34.3)
Female	115 (65.7)
Age (years)	
15	5 (2.9)
16	96 (54.8)
17	74 (42.3)
Education	
Year 4	93 (53.1)
Year 5	82 (46.9)
Ethnic	
Malay	141 (80.6)
Chinese	12 (6.9)
Indian	20 (11.4)
Others	2 (1.1)
Religion	
Muslim	142 (81.2)
Christian	7 (4.0)
Buddhist	7 (4.0)
Hindu	17 (9.7)
Others	2 (1.1)
Monthly Family Income*	
Low income (<RM1500)	23 (13.1)
Middle income (RM1500-RM3500)	42 (24.0)
High income (>RM3500)	110 (62.9)
Parents Marital Status	
Married	169 (96.6)
Separated/Divorced	6 (3.4)

* based on reference 21

Minority of the students seek help from the school counsellor (11.9%), teachers (9.7%) and primary health care provider (3.4%). Majority of them seek from the informal sources such as friends (77.7%), parents (60.0%) and siblings (45.1%). (Table 2)

Table 2: Students' help-seeking sources distribution*

Students' help-seeking sources	number (%) n=175
Friends	136 (77.7)
Parents	105 (60.0)
Siblings	79 (45.1)
Relatives	5 (2.9)
Boyfriend/girlfriend	7 (4.0)
Internet chat friends	17 (9.7)
Keep to themselves	10 (5.7)
Religious people	28 (16.0)
Counsellor	20 (11.9)
Mental health professional	13 (7.4)
Teacher	17 (9.7)
Primary health care provider	6 (3.4)

*Respondents were allowed to give more than one answer

Table 3: Help seeking behaviour toward mental health services*

Help-seeking behaviour	Number (%) n=175
Structural barrier	
Time consuming	29 (16.6)
Family objection	41 (23.4)
Do not know about the services	170 (97.1)
No transport	15 (8.5)
Perceptions of their emotional problems	
Do not have problems	26 (14.9)
Problem not serious	86 (49.1)
Their own mistake	97 (55.4)
Problems settled with smoking	6 (3.4)
Problem settled with drugs	2 (1.1)
Problem settled with alcohol	6 (3.4)
Nobody can help with their problems	19 (10.8)
Perceptions of the primary health care services	
Worry that people will know	76 (43.2)
Worry over family's perception	78 (44.6)
Worry over friend's perception	85 (48.6)
Worry over teacher's perception	44 (25.1)
Lack of confidence with the service	26 (14.8)

*Respondents were allowed to give more than one answer

Majority of the students (170, 97%) were not aware that mental health service was available in a primary health care clinic, blamed themselves as the source of their emotional problems (97, 55.4%) and thought the problems were not serious that

warrant medical attention (86, 49.1%). With regard to perception of the primary health care services, (76, 43.2%) of the students were worried about confidentiality. Approximately half of them were concerned about other people's perception especially from their family members (78, 44.6%) and friends (85, 48.6%). A small proportion of them (19, 10.8%) thought that nobody can help them. Few of them thought smoking (6, 3.4%), alcohol (6, 3.4%) and recreational drugs (2, 1.1%) can solve their emotional problems. (Table 3)

DISCUSSION

None of the students has used the primary health care services for their emotional problems as most of the students seek help from the informal sources. The students preferred friends (77.7%), parents (60%) and siblings (48.1%). Primary health care provider which is a formal source was the least preferred (3.4%). Adolescents would prefer informal help because of familiarity and the existence of interpersonal relationship.[7] In addition seeking help from these sources may not be seen as an act of help-seeking, thus less likely to make these adolescents stigmatized.

The majority of the students in this study did not know about the mental health services availability in the primary health care clinic. Previous studies also found that the unawareness of available services as the barrier for adolescents to seek help from the health care services.[6,17] This could be due to their assumption that the health clinic only provides for physical illnesses and not for the emotional problems. In addition, adolescents rarely seek help from doctors as they often think that they are healthy.[18] Therefore, as a primary health care providers, we should be proactive in promoting this issue to the adolescents through school unit and encourage the students to come to see the doctors if they have any psychological distress.

The structural barrier identified by these adolescents include time factor. About one third of the students felt time as a limiting factor when using the primary health care service. This could be due to the long waiting hours and the time taken to get the service.

Beside the structural barrier, another 2 most popular reasons for the barriers related to perceptions of their emotional problems, were that the emotional problems they had were due to their own mistakes (55.4%) and their problems were not very serious (49.1%) that needed further or additional help from others. This finding has similarity with a previous study done in Canada whereby more than half of the adolescents' believed that they could solve their own problems.[16] They were unable to identify or recognize the symptoms and signs of mental health problems. Hence, these students need education program focusing on mental health especially recognizing mental problems in themselves.

About one tenth of the students perceived that nobody can help their problems. Many adolescents with mental health problems preferred to solve their own problems themselves and believe that seeking professional help would not solve the problems.[9,19] These adolescents might not choose the correct way and thus may lead into more serious problem.

Among the students in this study, less than 10% of students had negative perceptions namely that smoking (3.4%), alcohol (3.4%) and recreational drugs (1.1%) could solve their emotional problems, hence did not need to seek help for their problems. It was found that disturbed adolescents sought help from alcohol or drugs abuse centres, teenage drop centres and mental health professionals more frequently than non-disturbed adolescents.[20]

In relation to the perception of the primary health care services, the stigma related to them rated the highest. The adolescents were most concerned about their friends' perceptions when they sought help from the primary health care providers. This is similar to a study done in Canada which revealed that embarrassment, stigma and fear were the first reasons often mentioned on why they did not seek help for their problems.[16]

Another issue was 'confidentiality' for which 43.2% of students felt that their consultations would not be kept confidential. About 15% of the students do not believe with the services provided by the primary health care. According to Gould *et al*, some of the commonest reasons for failure to seek help were issue of confidentiality, feeling that no person or services will be able to help, a feeling that the problem was too personal to tell anyone and a feeling that they could handle the problem on their own.[11]

The results from this study should be drawn with caution because of several limitations. Self-reporting and data recording with retrospective focus may be subject to memory and reporting bias. In addition there was a preponderance of Malays and female students in this study which limits its generalizability to the whole Malaysian adolescents.

CONCLUSION

Lack of awareness and poor perception about the health care services with negative perception toward emotional problem among adolescent were the main reasons for not utilizing mental health services. Thus there is a need to promote and increase adolescents' awareness on this issue. In addition to this, as these adolescents do not voluntarily seek help from us the primary health care provider, it is important for us to do the opportunistic screening for mental health problems on them when they present to us for any complaint.

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In patients without prior cardiovascular disease, aspirin reduces non-fatal myocardial infarction, but increases major gastrointestinal bleeds, and has no effect on vascular mortality

Baigent C, Blackwell L, Collins R, *et al.* Aspirin in the primary and secondary prevention of vascular disease: collaborative meta-analysis of individual participant data from randomised trials. *Lancet.* 2009;373(9678):1849-60.

Low-dose aspirin is of definite and substantial net benefit for many people who already have occlusive vascular disease. The role of aspirin in adults without pre-existing cardiovascular disease is uncertain. In this meta-analysis of individual participant data from 6 primary prevention trials, aspirin allocation yielded a 12% proportional reduction in serious vascular events (0.51% aspirin vs 0.57% control per year, p=0.0001), due mainly to a reduction of about a fifth in non-fatal myocardial infarction. Vascular mortality did not differ significantly (0.19%vs 0.19% per year, p=0.7). Aspirin allocation increased major gastrointestinal and extracranial bleeds (0.10%vs 0.07% per year, p<0.0001).