MINISTRY OF HEALTH MALAYSIA
INSTITUTE FOR HEALTH BEHAVIOURAL RESEARCH

unicef
for every child

SUMMARY REPORT

CONTRIBUTING FACTORS TO PSYCHOLOGICAL DISTRESS, COPING STRATEGIES, AND HELP-SEEKING BEHAVIOURS

AMONG ADOLESCENTS LIVING IN THE KLANG VALLEY PEOPLE'S HOUSING PROJECT (PPR)



SUMMARY REPORT

CONTRIBUTING FACTORS TO PSYCHOLOGICAL DISTRESS, COPING STRATEGIES, AND HELP-SEEKING BEHAVIOURS

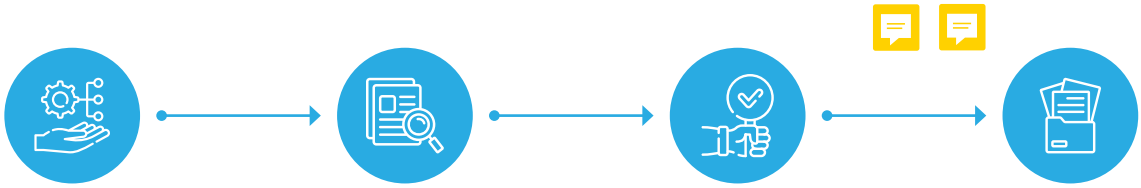
AMONG ADOLESCENTS LIVING IN THE KLANG VALLEY PEOPLE'S HOUSING PROJECT (PPR)

This summary report provides a brief overview of the key findings and conclusions of the main report which is available via the QR code below.

TABLE OF CONTENTS

OVERVIEW OF MHPPR 2022	1
OVERVIEW OF THE RESEARCH	1
QUANTITATIVE RESULTS	4
QUALITATIVE RESULTS	7
RECOMMENDATIONS	9

OVERVIEW OF MHPPR 2022



Under the existing UNICEF-IPTK workplan (2021-2025) – This area of research is a priority area for UNICEF

Research proposal developed by IPTK and submitted to UNICEF on October 2021

Agreed by UNICEF on 26 January 2022

Data collection started 1 April 2022

OVERVIEW OF THE RESEARCH

General Objective

To determine the mental health status of adolescents living in Klang Valley PPRs during the COVID-19 pandemic and explore its contributing factors.

Specific Objective

1. To determine the prevalence of psychological distress among adolescents living in the PPRs during the COVID-19 pandemic
2. To explore the source of psychological distress, coping strategies and their help-seeking behaviour in dealing with psychological distress among adolescents living in the PPRs during the COVID-19 pandemic

Framework
The Transactional Theory of Stress and Coping Model by Lazarus and Folkman (1984)

Study Design
Mixed methods (Quantitative and Qualitative)

Target Population
Adolescents (10 to 17 years old) living in the PPRs during COVID-19 pandemic

Study Setting
37 PPRs (32 in Kuala Lumpur and 5 in Selangor)

Study Duration
February – December 2022

Quantitative Approach

Sample Size Required –
936
participants

Inclusion Criteria

Aged 10 to 17 years old	Malaysian citizen	Living in the PPR during pandemic (from March 2020 until data collection)	Able to read, write and/or speak in Malay or English language

Exclusion Criteria

Living with mental disability	Unable to give informed consent

Instrument

Section A	Sociodemographic profile
Section B	• Patient Health Questionnaire-9 (PHQ-9) • Generalized Anxiety Disorder-7 (GAD-7).

Qualitative Approach

Sample Size Required
43
participants / until saturated

Inclusion Criteria

Scored moderate, moderately severe, and severe in PHQ9 and/or moderate and severe in GAD7 based on the screening.

Exclusion Criteria

Refused to give informed consent.

Instrument

Semi-structured interview guide



Summary of Data Collection

Meeting was conducted with DBKL, KPKT and LPHS for briefing on the study and to obtain approval. Data on PPRs was obtained from DBKL and LPHS.

The Heads of Residents' Association were contacted by the Research Team (RT) for briefing on the study and to obtain approval to conduct the study in the locality. The PPR Heads then distributed the Research Information Sheet to the selected units.

Information regarding the study were explained to the parent/guardian and the children who were taking part in the study. Consent from the parent/guardian of legal age and assent from the children were obtained prior to the study.

Participants who were willing and have been consented to participate were given the self-administered screening form to answer. 15 minutes were allocated to answer the whole questionnaire.

The RT analyzed the returned screening form, and participants who obtained moderate, moderately severe and severe for PHQ-9 and/or moderate and severe for GAD-7 were then selected for the IDI session.

Participants identified with psychological distress were provided with a referral letter to the nearest clinic/hospital and provided with an intervention material. Parent/guardian were also counselled.

The RT provided an explanation about the IDI to the parent/guardian and child. If they agree and consent, an appointment was set based on the participants' convenience.

The IDIs were conducted in a private room in the community hall. A psychologist or counsellor was present during each IDI. Each IDI session was audio recorded (if consented) and lasted for 45 minutes to one hour.

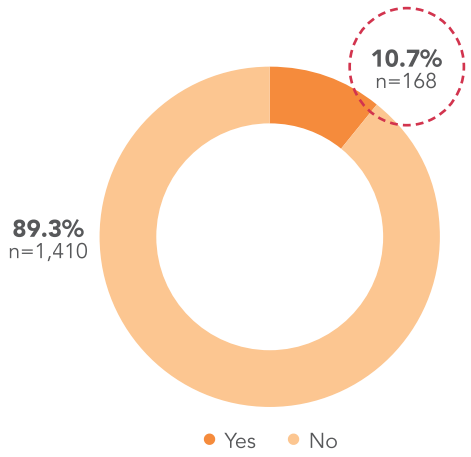
QUANTITATIVE RESULTS

A total of 2,005 units selected over the 37 PPRs were successfully visited, and 931 units (46.4%) consented to participate. From these 931 units, 1,578 eligible participants completed the questionnaire.

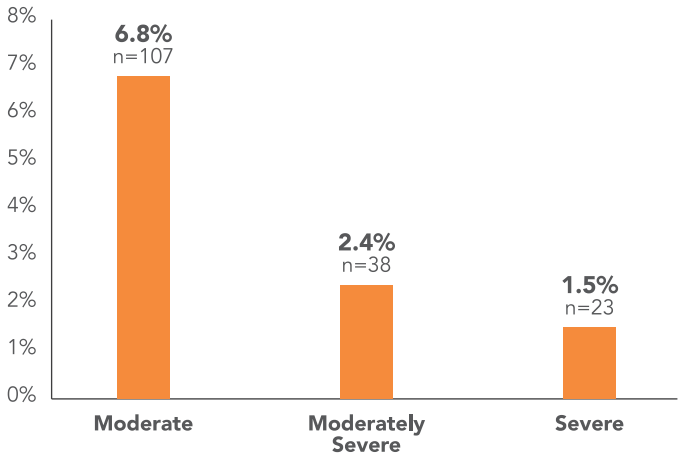
Mental Health Status of Adolescent Respondents

Depression

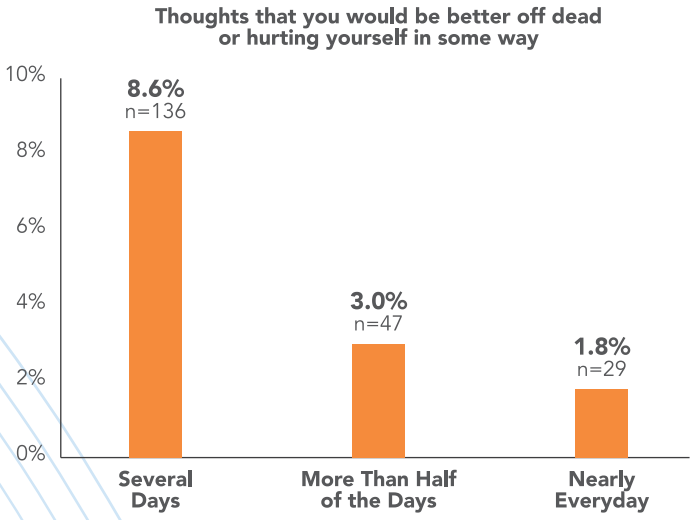
Respondents with depression symptoms



Depression levels for moderate to severe



PHQ-9, item 9 responses



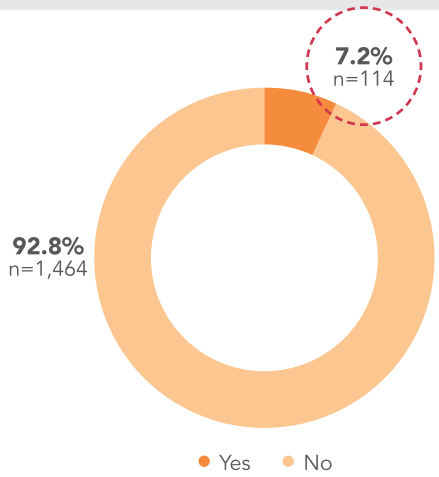
Total respondents with suicidal and self-harm thoughts

13.4% (n=212)

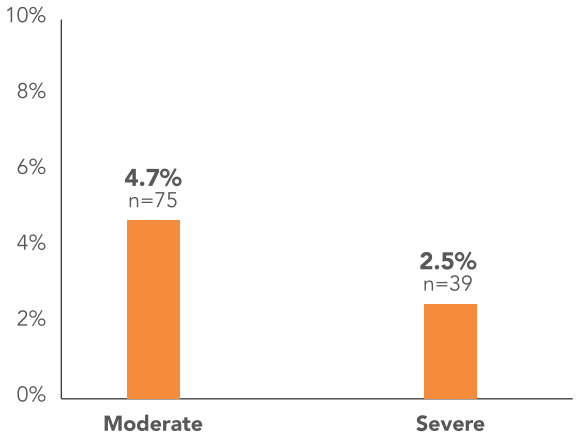
Mental Health Status of Adolescent Respondents

Anxiety

Respondents with anxiety symptoms

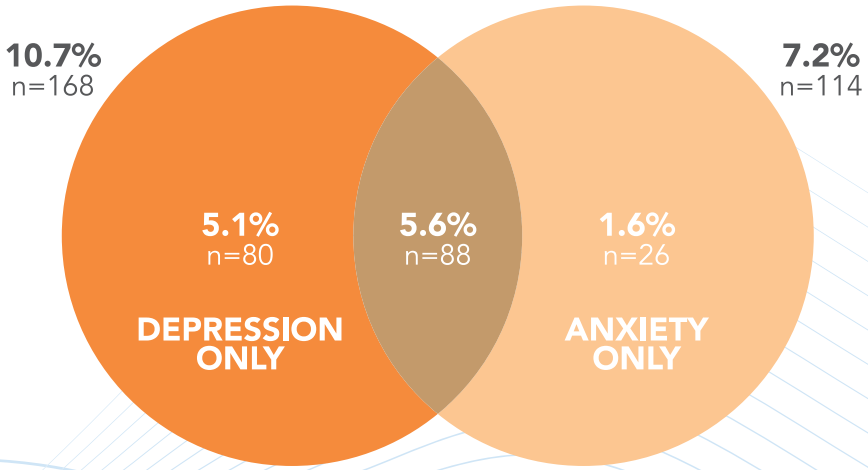


Anxiety levels for moderate to severe



Distribution of Depression and Anxiety Among Respondents

Depression and anxiety symptoms among the respondents



Total respondents with psychological distress

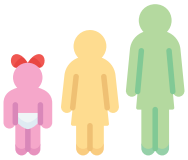
12.3% (n=194)

Sociodemographic Factors Associated with Depression and Anxiety among Adolescent Respondents

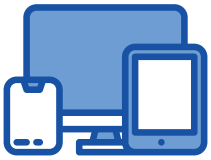
Depression



Female



Older age
(16-17 years old)



Owning electronic devices



Risky behaviour
(current smoker, current alcohol drinker, ever drug user)



Single parent/guardian
(divorced, widow, separated, never married)

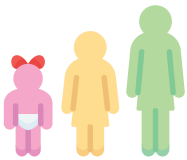


Working mothers

Anxiety



Female



Older age
(16-17 years old)



Risky behaviour
(current smoker, current alcohol drinker, ever drug user)



Longer duration living in PPRs
(≥10 years)

QUALITATIVE RESULTS

Demographic Characteristics of Participants (Qualitative)

Gender

Male
14
participants

Female
33
participants

Age

10-12 years old
6
participants

13-15 years old
22
participants

16-17 years old
19
participants

Ethnicity

Malay
45
participants

Indian
2
participants

Factors for Psychological Distress during COVID-19 Pandemic

1. Challenges of Online Learning

1.1 Difficulties Understanding and Adapting to Home-Based Learning and Teaching (PdPR)
1.2 Lack of Internet Connectivity and Device
1.3 Lack of Student-Teacher Interaction
1.4 Family Commitment
1.5 Poor Focus
1.6 Too Many Assignments
1.7 No Interest and Motivation to Study during PdPR
1.8 Uncertainty of the Future

2. Financial Difficulties

2.1 Parental or Guardian Loss of Income and Job Insecurity
2.2 Food Insecurity
2.3 Obligations to Help Financially

3. Relationship Issues

3.1 Familial Stressors
3.2 Peer Problems

4. Effect of Social Isolation

4.1 Feelings of Entrapment
4.2 Bored
4.3 Loneliness
4.4 Fear of Meeting People

5. Pandemic-Related Stressors

5.1 Fear of Being in Lockdown
5.2 Fear of Family Member Infected by COVID-19

6. Living Environment

6.1 Confined Space
6.2 Lack of Privacy

Coping Strategies

i. Adaptive Coping



1. Social Support

1.1 Parental and Family Support
1.2 Support from Peers



2. Spiritual Support



3. Tension Reduction

3.1 Active Leisure Activities: Physical
3.2 Active Leisure Activities: Social
3.2 Passive Leisure Activities

ii. Maladaptive Coping



1. Avoidance

1.1 Cognitive Distancing
1.2 Externalization
1.3 Internalization: Emotional Suppression
1.4 Internalization: Isolating Oneself



2. Self-harm



3. Vaping and Smoking

Help-Seeking Behaviour

i. Seeking Help



1. Seeking Help from Formal Sources

1.1 Reaching out to School Counsellors
1.2 Utilization of Helpline Services
1.3 Utilization of Support Services from other Agencies



2. Seeking Help from Informal Sources

2.1 Help from Family and Friends

ii. Hindrance from Help-Seeking



1. Lack of Trust



3. Personality



2. Perceived Ineffectiveness of Support

RECOMMENDATIONS

1. Strengthen and expand mental health services for adolescents

i. Expand the current scope of the PeKa B40 program to cater for adolescents for early screening for mental health.

ii. Leverage on the existing MySejahtera application for the self-screening platform, and link with the Mental Health Services for further intervention.

iii. Enhance and increase accessibility of community-based mental health services.

iv. Promote safe and inclusive helpline services for every adolescent in Malaysia by emphasizing confidentiality of the callers and ability to choose the gender of their counsellor to ensure comfort and trust.

2. Create a community resilient in mental health and ensuring a focus on adolescents in low-income community

i. Improve mental health literacy among adolescents and their carers (parents, family members, guardians, and peers).

ii. Use related health promotion models and nudges strategies to direct the development of future interventions.

iii. Strengthen strategic collaboration between MOH, other government agencies such as MOE, academia and civil society, in regularly monitoring the communities' mental health condition, and developing suitable interventions based on the findings.

iv. Expand positive support groups among adolescents in tackling social issues, especially on mental health through physical and virtual (online) platforms.

v. Identify barriers, attitudes of low trust, and seek solutions to improve health-seeking behaviour practice.

3. Create a comfortable and supportive living condition for PPR residents

i. Strengthen social entrepreneurship programs in communities to raise income and enhance the financial well-being of the PPR community.

ii. Provide family and individual counselling to the PPR community as needed. This counselling service can be a strategic partnership between the LPPKN, the Social Welfare Department (JKM), health care providers, and universities.

iii. Encourage and provide platforms to PPR communities to increase mental health awareness and to remove mental health stigma through community programs such as leisure and recreational community services and social events.

iv. Create safe, accessible and free spaces to be used by the adolescents living in the PPRs, focussing on the needs of the female adolescents.



4. Ensure online learning can be conducted effectively for all adolescents in preparation for possible future pandemics, when lockdowns may again be enforced

i. Ministry of Education (MOE) to fully evaluate of the challenges faced by teachers, adolescents, and parents/guardians in the implementation of PdPR, and develop strategies to address all of the challenges identified.

ii. Create, maintain and strengthen supportive infrastructure for conducive online learning.

iii. Prepare teachers by providing training on how to manage online classes and utilizing technology.

iv. Prepare students for a possible return to online learning by fostering a positive attitude towards learning.

v. Establish a monitoring system during online classes to ensure that students are learning effectively and minimize absenteeism.



5. Invest in the young population by creating an opportunity for learning in vocational areas, and ensuring adolescents in PPR have opportunities to make better choices in education pathways

i. Raise awareness among adolescents and parents/guardians on Technical and Vocational Education and Training. These programs may overcome issues among the PPR adolescents who are less interested to continue schooling or have dropped from schools.

ii. Provide and strengthen career counselling starting in primary and secondary schools to help adolescents make early career plans for themselves and nudge them to make a better career choice.

Collaborators







KEMENTERIAN KESIHATAN MALAYSIA







KEMENTERIAN PEMBANGUNAN
KERAJAAN TEMPATAN





MINISTRY OF HEALTH MALAYSIA
INSTITUTE FOR HEALTH BEHAVIOURAL RESEARCH



