HINDRANCES TO SEEKING HELP: INSIGHTS FROM SUICIDE ATTEMPT SURVIVORS IN MALAYSIA

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NMRR ID-22-01048-C11

INTRODUCTION

Suicidal behaviour includes a spectrum of actions related to suicide, such as contemplating suicide (or experiencing suicidal thoughts or ideations), planning to commit suicide, attempting suicide, and completing suicide (WHO, 2014). There is multiple factors contribute to suicide, including previous suicide attempts, a family history of suicide or psychiatric disorders, substance misuse (including alcohol), physical illness, life events preceding the suicide, and admission to psychiatric facilities (NSRM, 2011).

STUDY OBJECTIVES

To identify the barriers to improve the quality of services in government facilities.

METHODS

- This **qualitative study** involved **face-to-face in-depth interview** with informants who are age 18 years and above who seek treatment in Malaysia's healthcare government facilities at the time of study (23 survivors of suicide attempts)

- **Purposive Sampling** using maximum variation matrix based on gender, ethnicity, education level and employment status

- Informants were selected with the assistance of mental health professionals from government health facilities, and inclusion criteria included a **PHQ-9 test score of 10 or less and** able to communicate in Bahasa Malaysia and English.

- Data were analysed using **NVIVO software-thematic analysis** were identify in finding key themes related to the barriers to help-seeking behaviours.
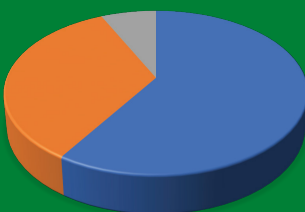
CHARACTERISTICS OF INFORMANTS N=23

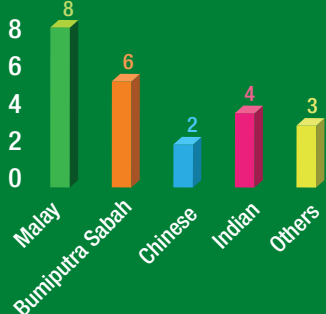### Jantina/*Gender*
Women = 18   Male = 5
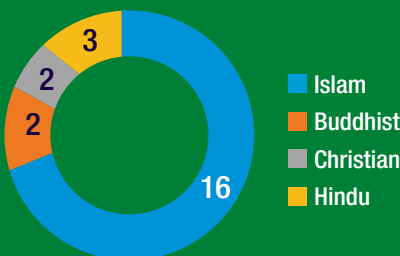
Status Perkahwinan/*Marital Status*
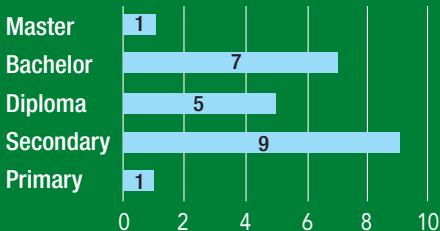- Single
- Married
- Divorced/Separated

Bangsa/*Ethnic*
Malay 8, Bumiputra Sabah 6, Chinese 2, Indian 4, Others 3

Agama/*Religion*
- Islam 16
- Buddhist 3
- Christian 2
- Hindu 2

Tahap Pendidikan/*Level of Education*
- Master 1
- Bachelor 7
- Diploma 5
- Secondary 9
- Primary 1

RESULTS

- Analysis revealed 7 main themes that encompassed of 12 sub-themes.
- The seven factors included perceived negative experiences, self-management beliefs, lack of knowledge, hopelessness, perceived lack of information, structural barriers and stigma.

1. Perceived Negative Experience
Categorized to 2 which is negative perceptions towards health workers in government facilities and mental health service delivery

"The one thing that I dislike(d) is(was) that… whenever I cry(cried) in that room, I don't know how to control my emotion(s).. and then people keep coming in and out from the room and I don't like (it). They don't lock the door. I014, Sabah

"There are multiple appointments. Sometimes I asked them to schedule all appointments to a same date" I019, Kuala Lumpur

2. Perceived Self Manage
Individuals who believe they are capable of managing their issues independently, without the need for professional help.

I felt like not coming because I felt like… I won't be getting anything… at that time." I010, Sabah

3. Lack of Knowledge
Individuals who believe they are capable of managing their issues independently, without the need for professional help.

"I wasn't aware that I ada (had) something inside, some problem(s) inside me.." I018, Selangor

"I had no idea what counselling was… I didn't know… never heard of that type of counselling." I001, Selangor

4. Hopelessness
The individual's perception that they will not experience positive emotions or see an improvement in their condition.

"because at that time I felt like… I don't know... the world feels dark to me." I022, Kuala Lumpur

5. Lack of Information
The perception of lacking information or details about mental health and its treatment which sometimes its untrue.

"Only after coming here, I found out. Because I didn't even know. Did not get the information. I did not get that information.' I019, Selangor
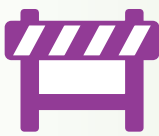
6. Structural
Obstacles to getting mental health treatment which in this study indicates towards financial, time constraint, transportation and distance.

"XXX is in Semenanjung but offers online services. But I did ask for the cost. It was rather pricey. I felt like it was not worth it" I006, Sabah

"No time. The previous job started at 9 (morning) and ended at 10 (evening)" I005, Pulau Pinang

"Coming to the hospital by bus took me 4 ½ hours, 5 hours I had to wait at the bus stop" I001, Selangor

"It's better to make the counselling unit or the psychology (psychiatric) near each other. So the patients don't need to go looking. They don't need to be rushing" I012, Sabah

7. Stigma
Experiencing social disgrace, leading to the concealment of or avoidance of help-seeking behaviours.

"feels like embarrassed. Like if I go there what would the doctor say. Why did I do this?" I020, Kuala Lumpur

- Perceived negative experiences involved **distrust towards health workers** and **dissatisfaction with service delivery.** Self-management beliefs and denial of illness include that the illness in not severe and could be managed without treatment. **Lack of knowledge** about mental health and available services, feelings of hopelessness and structural barriers such as financial constraints, time, transportation, and distance further impeded help-seeking. While stigma was less frequently cited, it remained a barrier for some individuals.

CONCLUSION

- The study highlights the complex nature of barriers to help-seeking among individuals with suicidal behaviour.
- Enhancing the referral system and addressing patient-related barriers through targeted interventions could improve mental health service utilisation in Malaysia.

RECOMMENDATION

- These findings underscore the need for comprehensive strategies that consider both systemic and individual factors to effectively support suicidal individuals in seeking help.

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