

# A Mixed Methods Study on Students' Mental Health Challenges, Treatment Experiences, and Care Needs in a Malaysian Public University

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## ABSTRACT

University students face various mental health challenges that may impact their academic performance and well-being. This study investigates the mental health issues, treatment experiences, and care needs of undergraduate students at a Malaysian public university using a mixed-methods approach. A total of 71 students responded to a self-administered online survey, which included both quantitative and qualitative components. The findings show that although most students did not have a formal mental health diagnosis, many experienced symptoms of anxiety, depression, and emotional distress. A large number of students had never used counselling or mental health services, citing barriers such as stigma, limited awareness, and concerns about accessibility. Qualitative responses further highlighted the importance of emotional support, service visibility, and mental health education on campus. The results suggest the need for improved communication, inclusive support systems, and the expansion of both in-person and digital services. This study offers insights into student mental health needs and support strategies in Malaysian higher education.

**Keywords:** Mental health, university students, treatment-seeking behaviour, counselling services, mental health awareness

## INTRODUCTION

Mental health challenges among university students, such as anxiety, depression, and stress, have been widely documented as affecting academic performance, social functioning, and overall well-being (Eisenberg et al., 2013). In Malaysia, studies indicate that a majority of students experience moderate to high levels of psychological distress, often linked to academic pressures, social adjustment difficulties, and limited coping resources (Arifin et al., 2023).

While mental health services are increasingly available in Malaysian higher education institutions, gaps remain in understanding how students experience these services, particularly in relation to their cultural and institutional contexts. The interplay of stigma, cultural norms, and service accessibility continues to influence treatment-seeking behaviours.

This study addresses this gap by examining the mental health challenges, treatment experiences, and care needs of undergraduate students in a Malaysian public university. Using a mixed-methods design, it aims to provide institution-specific insights to inform policies and interventions that are culturally sensitive, accessible, and responsive to the realities of student life.

## problem statement

Past literature reveals that there is a high association between students' mental health and academic performance. Mental health disorders, such as depression and anxiety, not only affect students' academic performance but also

affect their social relationships (Bas, 2021; Campbell et al., 2022). Dealing with and balancing a life filled with academic and social expectations undoubtedly contributes to students' deteriorating mental health. Thus, universities have a significant role in providing support to students through mental health services.

Nevertheless, factors including financial issues, waiting times, insufficient resources, time constraints, stigma, cultural barriers, and negative perspectives on mental health can discourage students from receiving mental health support (Moghim et al., 2023). While counselling services and mental health awareness programs exist in the public university, students may still face challenges when navigating the mental health resources. Given that the public university consists of a diverse student population from different cultural backgrounds, the complexity of mental health issues might be higher, and it is necessary to understand the specific challenges, treatment experiences, and needs of the students in the public university.

Further, a mixed-methods design is used in this study to fill the gap in research regarding the public university students' mental health issues and their care needs. A questionnaire was distributed to collect quantitative data and information on the prevalence of students' mental health problems, their help-seeking behaviours and their perception of the effectiveness of the services. The qualitative component involved in-depth questions for students to explore their comments on additional mental health challenges, treatment, and care. The study aims to combine both methods to provide a comprehensive understanding of the public university mental health environment and increase awareness regarding students' mental health and their unique and complex experiences. Hence, this study explores the mental health challenges, treatment experiences, and care needs of undergraduate students from a public university in Malaysia.

## Research Objectives

The research objectives of the study are:

1. To investigate the mental health challenges faced by students at a public university in Malaysia.
2. To explore students' experiences with mental health services during their tertiary education.
3. To identify students' specific care needs related to mental health support.
4. To assess the prevalence of self-reported mental health disorders among university students.
5. To evaluate students' perceptions of the accessibility and effectiveness of existing mental health services.

## Research Questions

The research questions of the study are:

1. What mental health challenges are experienced by students at a public university in Malaysia?
2. How do students describe their experiences with mental health services during their tertiary education?
3. What specific mental health care needs do students identify?
4. What is the prevalence of self-reported mental health disorders among these students?
5. How do students perceive the accessibility and effectiveness of existing mental health services?

## Significance Of the Study

This study offers institution-specific evidence on the mental health challenges, treatment experiences, and care needs of undergraduate students at a public university in Malaysia. Findings highlight barriers such as stigma, privacy concerns, and service navigation difficulties, alongside preferences for culturally responsive, accessible support. Practical recommendations include improving service visibility, ensuring confidentiality, offering gender- and faith-congruent counsellors, and providing subsidised off-campus referrals. While the small, non-random sample limits generalisability, the results inform targeted, culturally attuned interventions for the university and contribute to the wider discourse on student mental health in Malaysia and comparable higher education contexts.

## LITERATURE REVIEW

This section explores past literature on the mental health of students enrolled in tertiary education, focusing on

three key areas, which are the students' perspectives on the role of tertiary education, the mental health challenges in tertiary education students, and their treatment-seeking behaviours.

### **Students' perspectives on the role of tertiary education**

Tertiary education refers to post-secondary education offered by universities and colleges, encompassing foundation, diploma, degree, and postgraduate programmes. In Malaysia, the number of graduates continues to rise, with 5.74 million recorded in 2023 (Malaymail, 2024), indicating the sustained value placed on higher education credentials for professional employment despite changing labour market demands (Jamaludin et al., 2024).

### **Mental health challenges in tertiary education students**

The transition to higher education often coincides with increased psychological distress due to academic demands, financial pressures, social adjustment, and identity development (Curtis et al., 2023; Dessauvague et al., 2021). This can lead to anxiety, depression, loneliness, academic burnout, and other mental health challenges, which in turn affect academic performance, motivation, and retention rates (Markoulakis & Kirsh, 2013; Hjorth et al., 2016). In Malaysia, studies report that many undergraduates experience moderate to high levels of anxiety and depression (Arifin et al., 2023; Fauzi et al., 2021), underscoring the urgency of targeted interventions in the higher education context. However, few studies examine how this mental health challenges intersect with cultural and institutional dynamics at the faculty level in Malaysian universities, a gap this study addresses.

### **Mental health treatment-seeking behaviours in tertiary education students**

Professional help-seeking involves consulting qualified providers such as counsellors, psychologists, or psychiatrists (MacKay et al., 2017). However, Malaysian students often underutilise these services due to stigma, low mental health literacy, self-reliance, and perceptions that their problems are not severe enough (Pheng et al., 2019; Yang et al., 2024). On-campus counselling centres frequently face resource limitations, staffing shortages, and long wait times (Lui et al., 2022), while off-campus services may be perceived as higher quality but remain financially inaccessible for many students. Despite the known barriers, there is limited research linking treatment-seeking behaviours with the cultural norms, stigma, and service structures present in specific Malaysian university contexts, which this study seeks to explore.

### **Cultural Context in the Malaysian University Setting**

In Malaysia's multiethnic and multireligious environment, collectivist values and concerns about social reputation significantly shape students' willingness to seek mental health support. Perceived stigma and "loss of face" have been shown to strongly deter help-seeking among Malaysian university students (Loong et al., 2024). Comparative research further indicates that Asian students, who often prioritise group harmony, are more reluctant to access professional psychological services than non-Asian peers (Rao et al., 2025). Religiosity also influences mental health perceptions and coping; internal religiosity (personal beliefs) has been linked to higher life satisfaction, while external religiosity (communal practices) is associated with reduced stress levels (Ting et al., 2024). Recognising these cultural dynamics is essential for developing services that address stigma, respect cultural values, and offer accessible, culturally sensitive support for diverse student populations.

## **METHODOLOGY**

### **Research design**

This study employed a cross-sectional mixed-methods design to investigate the mental health challenges, treatment experiences, and care needs of undergraduate students at a public university in Malaysia. A convergent parallel approach was adopted, in which both quantitative and qualitative data were collected simultaneously through a self-administered online survey powered by Google Forms.

The quantitative section comprised structured multiple-choice and Likert-scale questions focusing on students'

mental health symptoms, treatment history, care perceptions, and awareness of available resources. The qualitative component was captured through an open-ended question at the end of the survey: “Do you have any additional feedback to share?” This allowed participants to reflect on and elaborate their experiences more personally and contextually.

### Operational definitions

1. **Mental health challenges:** Self-reported experiences of anxiety, low mood/depression, stress, panic, concentration problems, or related symptoms since entering university, regardless of formal diagnosis (Arifin et al., 2023; Fauzi et al., 2021).
2. **Treatment-seeking:** Use of any professional support (counsellor, psychologist, psychiatrist), on- or off-campus, including digital modalities (Moghimi et al., 2023; Yang et al., 2024).
3. **Care needs:** Students stated preferences, barriers, and suggestions regarding formats, access, privacy, and cultural fit of services (Loong et al., 2024; Ting et al., 2024).

### Population and Sampling

The target population consisted of 1,334 undergraduate students enrolled in nine diploma and degree programmes within the institution’s Faculty of Education. These included programmes in Agricultural Science, Home Science, Physical Education, TESL, Malay Language, Counselling, Human Resource Development, Youth Development, and Guidance and Counselling.

Although simple random sampling was originally intended, logistical constraints and time limitations required the use of convenience sampling. Programme coordinators and lecturers assisted in disseminating the survey link via email and WhatsApp. Based on Cochran’s formula (1977) with a 95% confidence level and a 5% margin of error, the required sample size was calculated at 298. However, only 71 valid responses were obtained during the collection period, limiting statistical power and generalisability. The small sample size and non-random sampling increase the risk of selection bias; therefore, findings should be interpreted as exploratory rather than definitive. Future studies should use larger, more representative samples to strengthen validity and enable inferential analysis.

### Instrumentation and Consent

The questionnaire was adapted from Moghimi et al. (2023), with minor modifications to suit the local university context. It comprised four main sections:

1. **Demographics:** This section collected data on basic participant information such as age, gender, year of study, program specialization, and other relevant background variables related to the topic at hand.
2. **Mental Health Challenges:** Several questions are presented to the students to enquire their experiences with mental health decline since entering tertiary education, mental health diagnoses, the treatment received, coping strategies, barriers faced in receiving mental health treatment etc.
3. **Treatment Experiences and Perceptions:** This section explored students’ experiences and perceptions of various mental health treatment experiences through 5-scale Likert Scale questions. This section includes their use of various in-person or long-distance psychological help services, perceived barriers to seeking help (e.g., stigma, lack of accessibility), preferences and satisfaction with the services provided.
4. **Mental Health Awareness:** The final quantitative section consists of Likert-Scale questions that aim to collect information regarding students’ knowledge, perception and awareness towards mental health issues, resources, accessibility and mental health care provided in-campus and off-campus.

Participants were presented with a digital consent form assuring anonymity and the academic purpose of the data. A six-digit anonymous code was requested to track participation. Respondents were informed of their right to withdraw at any time.

## Data Collection Procedure

The survey link was distributed electronically via institutional channels. In cases where programme coordinators were unresponsive, lecturers were approached to help distribute the form. Reminders were sent to encourage participation. Upon closure of the survey, any requests for exclusion were honoured. Contact details for on-campus mental health services were included for participant support.

## Ethical Considerations

Ethical clearance was obtained from the institution's Institutional Review Board prior to data collection. Participants were informed of the study's objectives, procedures, and their rights. Data were anonymised using unique identifiers and stored securely. Participation was entirely voluntary.

## Data Analysis

Quantitative data were analysed using SPSS (Version 26) through descriptive statistics. Missing data were retained, and frequencies were calculated based on total responses per item. Qualitative responses were analysed using conventional content analysis. Codes and categories were developed inductively by reading through participant feedback multiple times, identifying recurring themes, and grouping them under broader categories. Semantic coding was applied to ensure close alignment with participants' actual language and intent.

## Qualitative Phase

The qualitative data for this research is collected simultaneously with the quantitative data in the same survey, in the form of an open-ended question that asks the question: "Do you have any additional feedback to share?" The question was left open, allowing the participants to share their feedback on a wide range of mental health topics that they wish to discuss and share about.

## Data Collection Procedure

After identifying the study population and determining the sample size using Cochran's formula, the survey was distributed electronically to undergraduate students via Google Forms. Although the original plan involved constructing a full sampling frame and conducting random selection using unique identifiers and random number generators, time constraints made this infeasible. As an alternative, the research team sought assistance from programme coordinators and academic staff to disseminate the survey link through institutional channels.

Where no response was obtained from coordinators, lecturers were engaged to share the form with their students. After the cut-off date, participants who requested withdrawal were removed from the dataset prior to analysis. Contact information for on-campus mental health services was included for those who experienced distress while completing the survey.

## Ethical Considerations

To adhere to the necessary ethical guidelines to protect participants' rights and ensure the integrity of the research process, several steps have been taken to ensure proper research ethics are practiced:

1. **Approval:** Ethical clearance was obtained from the university's research ethics board prior to data collection.
2. **Informed Consent:** Participants received full information regarding the purpose, procedures, potential risks, and benefits of the study. Consent was obtained electronically for both quantitative and qualitative components.
3. **Confidentiality:** Responses were anonymised using unique identifiers, and data were securely stored with restricted access.
4. **Voluntary Participation:** Participation was entirely voluntary, and students were informed of their right to withdraw at any time without consequence.

5. **Support Services:** Due to the sensitive nature of the topic, participants were provided with mental health support contact information should they experience distress during or after the survey.

To improve participation, reminder messages were sent periodically via email and faculty-managed communication platforms. Measures such as email authentication and manual screening were used to ensure data integrity and avoid duplicate or incomplete responses.

## Data Analysis

Qualitative data from the open-ended question were analysed using conventional content analysis. The researchers employed an inductive coding approach, developing codes directly from the raw data. Responses were read multiple times to identify recurring ideas and patterns. Codes were grouped into broader categories reflecting key themes related to students' mental health challenges and care needs. The analysis was conducted semantically, staying close to the language used by participants to preserve meaning and context.

## RESULTS

### Participants

Category	<i>n (%)</i>
<b>Gender</b>	
<i>Female</i>	48 (67.61)
<i>Male</i>	22 (30.99)
<i>Prefer not to answer</i>	1 (1.41)
<b>Race</b>	
<i>Chinese</i>	15 (21.13)
<i>Indian</i>	2 (2.82)
<i>Malay</i>	49 (69.01)
<i>Multiethnic</i>	2 (2.82)
<i>Others, not listed</i>	2 (2.82)
<i>White (e.g., European descent)</i>	1 (1.41)
<b>Relationship Status</b>	
<i>Casually dating</i>	12 (16.90)
<i>I prefer not to answer</i>	4 (5.63)
<i>In an exclusive romantic relationship (not married)</i>	12 (16.90)
<i>Others, not listed</i>	1 (1.41)
<i>Single, had a serious romantic relationship before</i>	13 (18.31)
<i>Single, have never had a romantic relationship</i>	29 (40.85)

**Table 1: Demographic Data of Respondents**

In total, 71 responses were recorded from students across the public university in Malaysia. For demographic information, see Table 1.

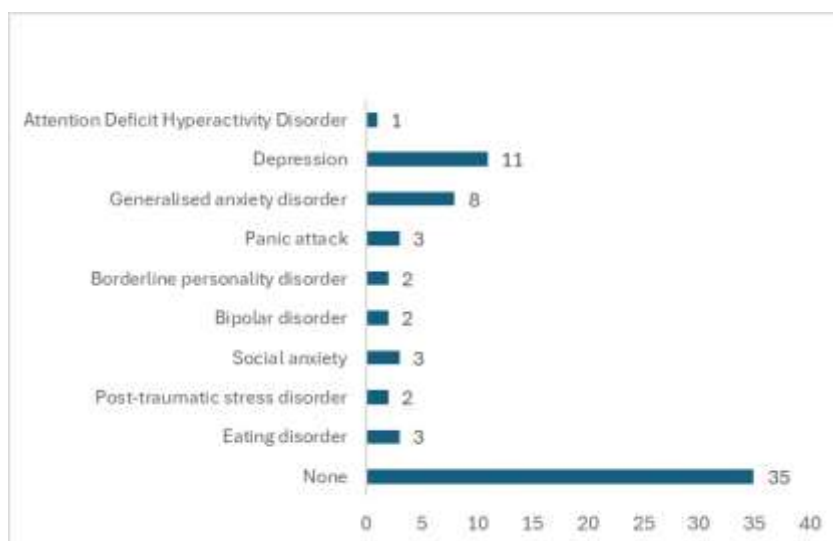
## Respondents profile

Category	n (%)
<b>Undergraduate Programme</b>	
<i>Bachelor of Counselling with Honors</i>	3 (4.23)
<i>Bachelor of Education in Agricultural Science with Honors</i>	21 (29.58)
<i>Bachelor of Education in Guidance and Counselling with Honors</i>	2 (2.82)
<i>Bachelor of Education in Teaching English as A Second Language with Honors</i>	24 (33.80)
<i>Bachelor of Science Human Resource Development with Honors</i>	21 (29.58)
<b>Student Status</b>	
<i>International (non-Malaysian)</i>	11 (15.49)
<i>Local (Malaysian)</i>	60 (84.51)
<b>Housing Arrangement</b>	
<i>Live alone</i>	9 (12.68)
<i>Live at home with family/parents</i>	17 (23.94)
<i>Live in campus residence</i>	38 (53.52)
<i>Live with housemates</i>	6 (8.45)
<i>Live with my significant other</i>	1 (1.41)
<b>Employment Status</b>	
<i>Not employed</i>	61 (85.92)
<i>In paid employment</i>	10 (14.08)

**Table 2: Respondents' Profile**

The respondents were enrolled in 5 different programmes across the public university. The respondents were mainly enrolled in the Bachelor of Education in Teaching English as A Second Language with Honors programme (n = 24; 33.80%), followed by the Bachelor of Education in Agricultural Science with Honors and the Bachelor of Science Human Resource Development with Honors programmes (n=21;29.58%) respectively, the Bachelor of Counselling with Honors programme (n=3;4.23%), and Bachelor of Education in Guidance and Counselling with Honors programme (n=2;2.82%). Malaysians comprised 84.51% of the respondents (n=60), while the remaining 15.49% were non-Malaysians (n = 11). Most students live in campus residences (n = 38; 53.52%), with 23.94% live at home with family/parents (n = 17), 12.68% live alone (n = 9), 8.45% live with housemates (n=6) and 1.41% live with significant others (n=1). 85.92% of the respondents were not employed (n = 61), and the remaining 14.08% (n = 10) were in paid employment. All of the respondents did not have children (n = 71; 100.00%). See Table 2 for a summary of respondents' profiles.

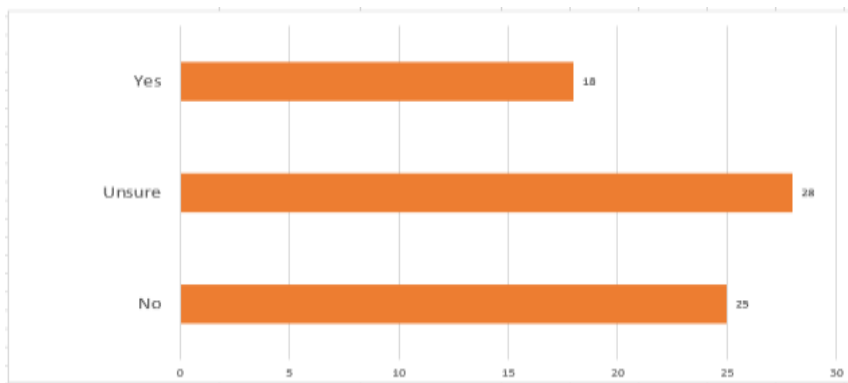
## Mental health disorders and symptoms



**Figure 1: Number of Mental Health Disorders Among Participants**

Most participants (49.3%) reported not having a diagnosed mental health disorder (Figure 1). Among those who were diagnosed, depression (15.5%) and generalized anxiety disorder (11.3%) were most common,

followed by panic attacks (5.6%). Less frequently reported conditions included post-traumatic stress disorder, bipolar disorder, and borderline personality disorder, each affecting 2.8% of respondents.



**Figure 2: Responses For Decline in Mental Health Since University**

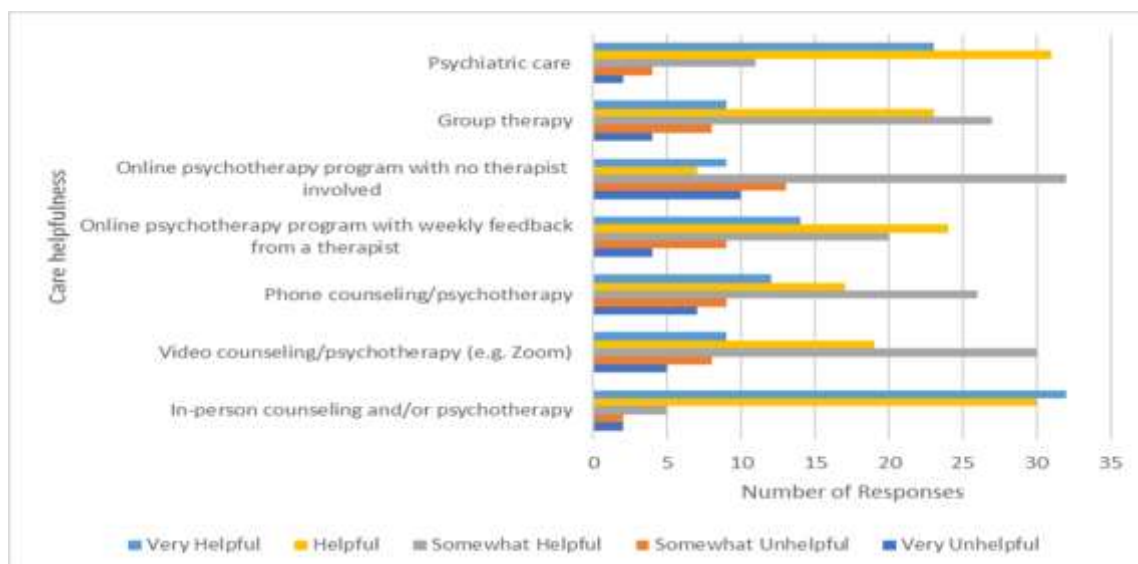
When asked about changes in their mental health since entering university, 25.4% of students reported a decline, 35.2% noted no change, and 39.4% were unsure (Figure 2). Despite the low formal diagnosis rate, many respondents reported experiencing symptoms commonly associated with poor mental health.

### Treatment-seeking behaviours

Concerning treatment, 95.8% (n = 68) of respondents indicated that they were not taking medication, and 85.9% (n=61) were not receiving counselling or psychotherapy for their mental health. Amongst those receiving counselling or psychotherapy, the majority (85.7%; n = 6) engaged in in-person sessions, 14.3% (n = 1) engaged in in-person group therapy, 14.3% (n=1) received their sessions over the phone and 14.3% (n = 1) received their session over video (e.g., Zoom) individual therapy.

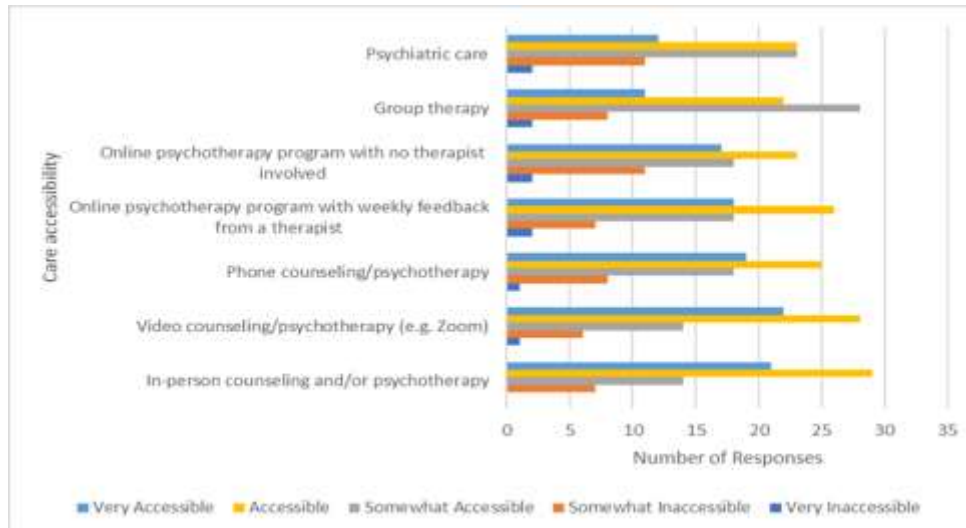
Most students, 52.9% (n = 37), reported that they did not previously use mental health services during their tertiary education. Those who have used the services reported joining a peer-support group (n = 16; 22.9%), in-person counselling and/or psychotherapy (n=12;17.1%), counselling and/or psychotherapy through video (n=11;15.7%), and 15.7% (n=11) reported using services offered outside the public university. Participants also used several different strategies to cope with stress. The most frequently used approach was connecting with friends (n = 48; 49.3%), followed by food/eating (n=42;59.2%), distractions (e.g., hobbies such as art, cooking) (n=39; 54.9%), connecting with family (n = 35; 49.3%), and physical activity (n = 29; 40.8%).

### Mental health care



**Figure 3: Perception of Mental Health Care Helpfulness**

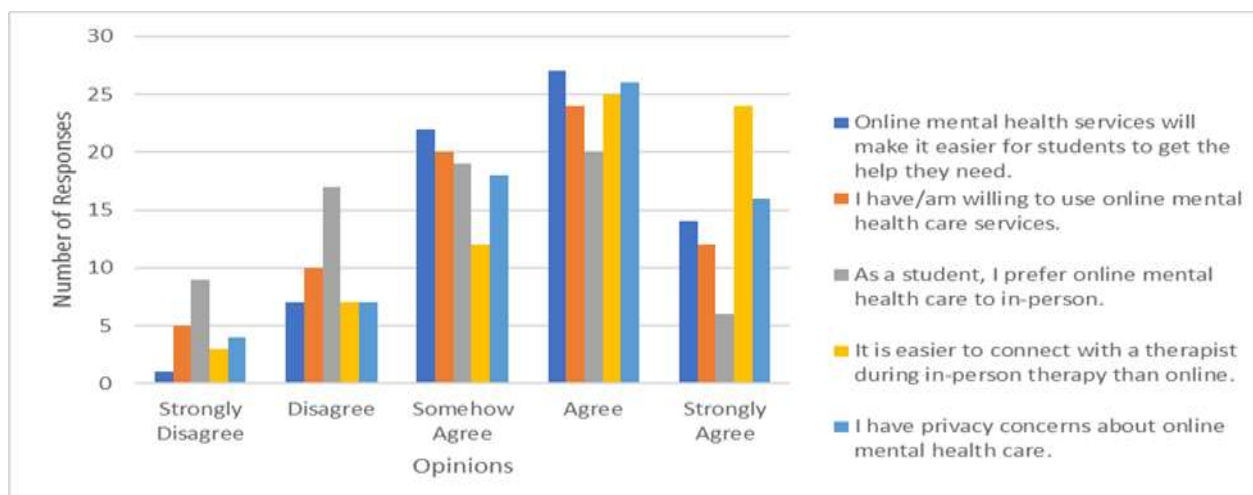
A large proportion of students perceived in-person services as helpful (Figure 3), with 94.1% rating in-person counselling and psychotherapy positively. This was followed by psychiatric care (91.6%) and therapist-supported online psychotherapy programs (81.7%). Group therapy, video counselling, and phone-based services also received moderately positive ratings. However, self-guided online psychotherapy without therapist involvement was perceived as the least helpful option, with 32.3% of students describing it as either “somewhat” or “very unhelpful.”



**Figure 4: Perception Of Care Accessibility**

In terms of accessibility (Figure 4), in-person counselling (90.1%) and video counselling (90.1%) were rated as most accessible. Therapist-supported online services and phone-based counselling followed closely at 87.4%, while group therapy and psychiatric care were also viewed as accessible by over 80% of respondents. Self-guided online programs shared similar accessibility ratings (81.7%) but continued to rank lowest in helpfulness, reinforcing concerns about the perceived effectiveness of such formats. These patterns echo findings in other studies showing that digital services without human interaction often struggle to gain student trust or engagement.

When asked to compare online and in-person care, most respondents preferred in-person services. Only 12.7% considered digital care superior, while 46.5% viewed it as “not bad but not good enough,” and 33.8% described it as “good but not as good” as in-person care. These findings suggest that while online care is seen as a useful supplement, it is not yet viewed as a replacement for face-to-face counselling. Additionally, 84.5% of students expressed concerns about online privacy, and 85.9% agreed it was easier to emotionally connect with therapists during in-person sessions.

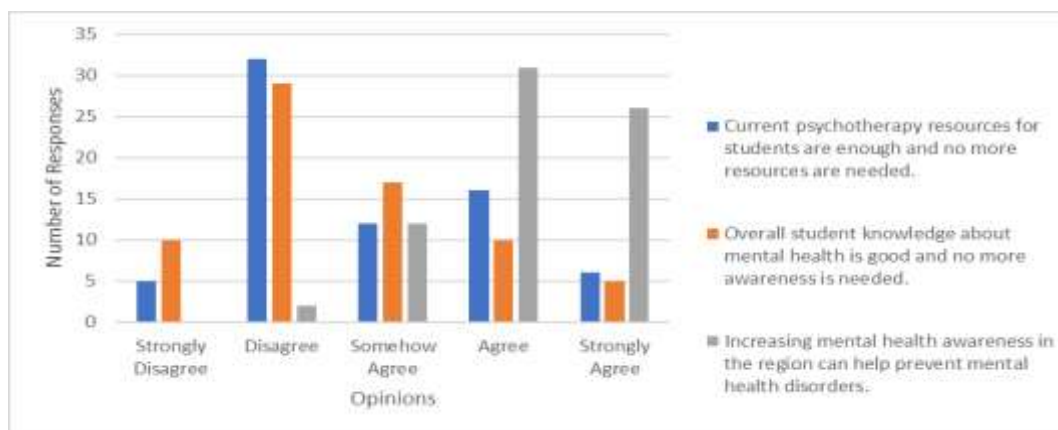


**Figure 5: Opinions On Online Mental Health Services**

Still, attitudes toward online care were broadly favourable (Figure 5). The majority of respondents (88.7%) agreed that digital services made it easier to access help, and 78.9% indicated they were willing to use online options. Despite this, just 63.5% preferred online care over in-person alternatives, suggesting ambivalence. This may reflect students' need for interpersonal connection and therapeutic rapport, elements they perceive as stronger in face-to-face settings.

Institutional factors also played a role in shaping student perceptions of care. Most students (90.1%) agreed that existing on-campus mental health programs were helpful, and 80.3% felt the university did a good job promoting these services. However, some concerns remained. Nearly 71% of students reported fearing stigma if others discovered they were using campus services, and 26.7% felt uncomfortable seeking help from faculty or staff. These findings indicate a continued need to destigmatize mental health support and make help-seeking more normalized in university culture.

Although most respondents (84.5%) believed on-campus services were accessible, some raised concerns about waitlists and clarity in navigating services. Meanwhile, 80.3% of students said they preferred off-campus care, but 46.5% noted they could not afford it. In contrast, 76.1% agreed that off-campus services were more accessible, and 83.1% perceived them as being of higher quality than campus-based care. These perceptions may reflect concerns about trust, privacy, or satisfaction with current institutional services.



**Figure 6: Opinions On Mental Health Awareness and Psychotherapy Resources**

Students also expressed strong opinions about resource adequacy and knowledge. A majority (97.2%) believed that more mental health resources were needed, and 54.9% disagreed that current student knowledge on mental health was sufficient (Figure 6). These perceptions align with other findings from this study suggesting a desire for clearer, more visible, and more personalized support systems.

### Qualitative data

Twenty-four students (33.8% of the total sample) provided written responses to an open-ended item asking for additional thoughts or feedback. Thematic analysis of these responses yielded five primary categories: Mental health services and support, Personal experiences, Awareness and stigma, Mental health education, and Survey feedback as can be seen in Table 3 below. Each theme captures different aspects of how students experience, perceive, and evaluate mental health within the university context.

**Table 3: Content analysis of open-ended feedback provided by students**

Category	Sample Quote	n (%)
<b>Personal Experiences</b>		<b>6 (25%)</b>
Interpersonal	Mostly, people care more about the judgment of others compared to their own mental health.	3

Self-awareness	As for students, I think there are many ways on how we can take care of our mental health... I used to isolate in my room reading and watching Netflix.	2
Lifestyle Changes	A pilates, and many more."s I grow, I tend to go out more doing physical things such as exercise, cafe hunting,	1
<b>Mental Health Services and Support</b>		<b>8 (33.3%)</b>
Accessibility	Some students don't know where to seek help for their mental health problems.	4
Institutional Support	I think the problem is inconsistency among the mental health care service on campus. Although the campus promotes mental health issues, they didn't really reach out to students suffering from mental health problems.	3
Quality of Counselling	I had horrible experiences with a psychiatric medical officer from another public university. She was very toxic, kept on blaming me, and forcing me to tell others about my condition. Now I am traumatized to seek help for my mental health.	1
<b>Awareness and Stigma</b>		<b>4 (16.7%)</b>
Public Perception	We need to eliminate the stigma from the public that mental illness is a serious problem among students.	2
Campus Environment	Challenging stigma environment, where we need to create an inclusive environment where everyone feels safe and comfortable to discuss their mental health.	2
<b>Mental Health Education</b>		<b>3 (12.5%)</b>
Curriculum Structuring	I believe students nowadays should learn about mental health care and try not to push themselves in studies as it can decrease their mental health care.	1
Community Programs	If we can hold many other grand programs, mental health awareness campaigns should be celebrated at the same level.	1
Holistic Approaches	Mental health care is essential, and addressing barriers to access, such as cost and availability, is key to improving outcomes. Reducing stigma and promoting open conversations can encourage more people to seek help.	1
<b>Survey Feedback</b>		<b>3 (12.5%)</b>
Suggestions	Taking good care of mental health and being aware of mental illness is vital to prevent suicidal thoughts.	1
Negative Experiences	Personally, I do think it is redundant in terms of awareness on campus/institutions. However, the generalization of these mental health issues and mental healthcare is taken very lightly and can have repercussions (such as being made fun of).	2

The most frequently discussed theme was mental health services and support (33.3%). Within this theme, students noted persistent challenges in knowing where or how to access help. Some emphasized the lack of visibility of campus services or inconsistency in institutional outreach. For example, one respondent shared,

“Although the campus promotes mental health issues, they didn’t really reach out to students suffering from mental health problems.” A smaller subset highlighted concerns about the quality of care, including a student who recounted a distressing past encounter with a mental health professional that left them hesitant to seek further support.

Personal experiences were also frequently mentioned (25%). These included interpersonal influences on well-being, reflections on personal coping strategies, and lifestyle changes. Students described the emotional impact of stigma, social pressure, or isolation. Others emphasized the role of self-awareness, such as recognizing their own emotional limits and engaging in self-care strategies like exercise, hobbies, or time spent alone. One student wrote, “I used to isolate in my room reading and watching Netflix,” while another mentioned that mental health management included “going out more, doing physical things such as exercise or cafe hunting.”

Concerns about awareness and stigma were also raised by several respondents (16.7%). Students highlighted the ongoing presence of mental health stigma, both in public discourse and within the campus environment. Suggestions included creating more inclusive spaces and fostering open conversations. One student urged that “we need to eliminate the stigma from the public that mental illness is a serious problem among students,” while another emphasized the importance of developing a supportive environment “where everyone feels safe and comfortable to discuss their mental health.”

Feedback related to mental health education (12.5%) reflected a desire for deeper integration of mental health awareness into academic life. Suggestions included curriculum improvements, community-based programming, and holistic approaches to support. One student noted, “Mental health awareness campaigns should be celebrated at the same level as other major university events.”

Finally, a small number of students (12.5%) provided feedback about the survey itself or offered broader commentary on how mental health is treated at the institutional level. Some comments reflected dissatisfaction with the perceived generalization of mental health narratives, while others proposed more intentional messaging and support.

Overall, the qualitative findings reinforce the quantitative results by highlighting the demand for better promotion of services, improved quality of care, and campus-wide initiatives that foster mental health literacy and reduce stigma. Students are aware of the challenges they face and express a clear desire for responsive, accessible, and respectful support systems.

## DISCUSSION

This study explored students’ mental health status, treatment experiences, care perceptions, and coping approaches at a Malaysian public university. The relatively small, convenience-based sample limits the statistical power of the study and may not fully represent the wider student population at the public university or other universities. Results should therefore be interpreted as indicative rather than generalisable.

While 49.3% of participants reported not having a diagnosed mental health disorder, a substantial number indicated experiencing symptoms associated with poor mental health. Depression (15.5%) and generalised anxiety disorder (11.3%) were the most commonly reported diagnoses, followed by panic attacks (5.6%). These findings align with Arifin et al. (2023), who found that 72.7% of Malaysian university students experienced moderate to high anxiety, and 60.6% experienced moderate to high depression. Similarly, Fauzi et al. (2021) reported that among health sciences undergraduates, 66.8% experienced abnormal anxiety levels and 42.6% showed signs of depression. Less common diagnoses included posttraumatic stress disorder, attention deficit hyperactivity disorder, bipolar disorder, and borderline personality disorder, each affecting 2.8% of respondents. These figures indicate that a considerable proportion of students face psychological distress despite the absence of formal clinical recognition.

A notable proportion of students also reported experiencing cognitive and emotional difficulties, with more than half (54.2%) indicating problems with concentration. Other symptoms such as general anxiety, mood swings, panic attacks, and depressive symptoms were also reported, though less frequently. These findings underscore a

gap between symptom experience and formal diagnosis, suggesting that many students may not seek clinical support, potentially due to barriers such as stigma, cost, or lack of mental health literacy.

Treatment uptake was limited. Only 14.1% of students reported receiving counselling or psychotherapy, and 95.8% were not taking psychiatric medication. This trend is consistent with findings by Mohd Sidik et al. (2021), who noted that while psychological distress is prevalent among Malaysian undergraduates, formal help-seeking remains low due to stigma, poor mental health literacy, and a strong preference for self-reliance. In a separate study, only 21.9% of students with depressive symptoms sought professional help (Shamsuddin et al., 2013), suggesting that students often endure distress silently or rely on informal coping strategies. Among those receiving therapy, most attended in-person counselling sessions, with a few participating in group therapy, phone, or video-based counselling. While traditional face-to-face care was the most used, over half of the students (52.9%) had not accessed any formal mental health services during their time in university. This highlights the need to better understand and address the factors contributing to low treatment-seeking rates in this population.

Students reported engaging in a variety of informal strategies to cope with mental health challenges. The most common approaches included engaging in hobbies (54.9%), connecting with friends (49.3%) or family, using food for comfort, and participating in physical activity. These self-directed strategies suggest that students are proactive in managing their mental well-being but may not perceive clinical care as necessary, accessible, or effective for their needs.

Most students rated formal mental health services positively. In-person counselling received the highest helpfulness ratings (94.1%), followed by psychiatric care (91.6%) and therapist-supported online psychotherapy (81.7%). Other formats, including group therapy, video-based and phone-based counselling, were also viewed favourably. In contrast, self-guided online psychotherapy programs without therapist involvement were less positively evaluated, with 32.3% of students describing them as unhelpful. This is consistent with broader reviews showing that digital mental health interventions are most effective when delivered with human support rather than fully self-guided formats (Philippe et al., 2022).

Accessibility of services was rated similarly well. Both in-person and video counselling services were reported as accessible by 90.1% of respondents, while phone counselling and therapist-guided online programmes were each rated accessible by 87.4%. Group therapy and psychiatric care were considered accessible by 85.9% and 81.7% respectively. Although self-guided online services shared the same accessibility rating (81.7%), their lower helpfulness perception suggests that accessibility alone is insufficient to encourage engagement without perceived quality and relevance.

Students expressed generally positive views on digital mental health services. Most respondents (88.7%) agreed that digital services made help more accessible, and 78.9% indicated willingness to use them. However, only 63.5% preferred online over in-person care. When asked to compare the two, just 12.7% found digital care superior, while 46.5% rated it as “not bad but not good enough,” and 33.8% described it as “good but not as good.” The majority (85.9%) stated that connecting with therapists was easier in person, and 84.5% raised privacy concerns regarding online care. These findings suggest openness to digital formats but continued reliance on in-person services for emotional connection and therapeutic depth. Global evidence supports that while digital tools increase accessibility, users generally value interpersonal connection and trust in human-led therapy (Philippe et al., 2022).

Qualitative findings provided further insight. Students described challenges with navigating institutional services, with some noting that information on available support was unclear or inconsistently promoted. Several expressed dissatisfactions with prior experiences, including negative or traumatising interactions with mental health professionals, which discouraged further help-seeking. These accounts underscore the importance of quality assurance and sensitivity in mental health service delivery.

Students also spoke about personal strategies for managing their mental health. Responses highlighted the role of interpersonal support, self-awareness, and lifestyle routines in coping with stress. However, stigma was identified as a persistent barrier, with students describing reluctance to disclose struggles due to fear of

judgement. This mirrors broader Malaysian cultural dynamics, where perceived stigma and concerns about “loss of face” significantly obstructing treatment-seeking. Further, the act of seeking treatment outside of campus reflect collectivist values that emphasise on privacy and social-reputation protection. Some called for a more inclusive campus environment and greater promotion of mental health literacy. Others suggested improvements to mental health education through structured curricula and campus-wide campaigns.

Although many students perceived themselves as knowledgeable about mental health, 69% reported experiencing a decline in their well-being since starting university, and 78.8% believed students commonly keep their struggles private. These findings suggest that awareness does not always lead to action, and that institutional initiatives must also focus on enabling help-seeking behaviour. Nearly all respondents (98.6%) agreed that improving student mental health could enhance academic performance and overall well-being, affirming the critical role of mental health support in the university context.

Institutional support was generally rated positively. Most students (61.9%) agreed that their university supports student mental health, and 90.1% rated available services as helpful. However, 19.7% expressed dissatisfaction with promotion, and 15.5% indicated they were unclear about how to access services. While 87.3% reported having enough time to focus on their mental health, a minority faced competing demands that limited their capacity to prioritise well-being.

Preferences for care format were mixed. While 80.3% preferred on-campus services, 83.1% perceived off-campus services as being of higher quality, and nearly half (46.5%) said they could not afford external care. These findings point to the importance of affordability, familiarity, and institutional integration in shaping care preferences, and suggest a continued need for strong on-campus infrastructure supported by referrals to specialised external services where necessary.

Lastly, faculty engagement was viewed as an important component of mental health support. Most respondents (94.3%) believed faculty played a role in improving student well-being, and 88.8% said academic staff promoted mental health services. However, a small number (11.3%) were dissatisfied, suggesting that staff engagement may vary across departments. Training and coordination across faculties could help ensure consistent and proactive support across the academic community.

## CONCLUSION

This study identifies key mental health struggles among university students and emphasises the urgent need for proactive support systems. Although most students were aware of mental health services, many still faced barriers to access, including stigma, financial limitations, and unclear service routes. While most rated on-campus services as accessible and helpful, concerns remain around service consistency and communication.

Students showed a strong link between mental health and academic performance, with nearly all agreeing that better support would enhance success. A combined on-campus and off-campus service model, supported by clear communication and inclusive awareness efforts, is essential to create a more responsive and supportive mental health environment.

## Limitations

While the small sample size and non-random sampling limit generalisability, the findings provide a foundation for institution-specific policies. On the other hand, future research would benefit from data triangulation to strengthen validity and depth of insight. This could involve supplementing self-reported findings with de-identified service utilisation records (e.g., number of student intakes, wait times, referral outcomes) and qualitative focus groups to explore experiences in greater detail. Such a multi-method approach would allow for the cross-verification of findings and a more comprehensive understanding of students’ mental health challenges and support needs.

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