

ORIGINAL ARTICLE

MENTAL HEALTH AWARENESS AND PARENTS' COMMUNICATION AMONG UNIVERSITY STUDENTS IN MALAYSIA: A CROSS-SECTIONAL STUDY

Nethmi Dimbulana¹, Mustafa Alshagga^{1*}, Abdelkodose Mohammed Al-Kabsi², Rasheed Abdulsalam³ and Pan Yan¹

¹Biomedical Sciences Division, School of Pharmacy, University of Nottingham Malaysia

²Faculty of Medicine, University of Cyberjaya, Cyberjaya Selangor, Malaysia

³Faculty of Dentistry, Lincoln University College, Petaling Jaya, Malaysia

*Corresponding author: Mustafa Al-Shagga

Email: Mustafa.al-shagga@nottingham.edu.my

ABSTRACT

This cross-sectional study aimed to assess the mental health awareness and communication with parents among healthcare students (Medicine, Dentistry and Health Sciences) across three private universities in Selangor, Malaysia. The study hypothesized that healthcare students would have good mental health awareness and positive communication with parents about mental health. An online survey composed of 38 items was developed and distributed among the selected students. Results showed that 418 out of 575 participants completed the survey with an 85.7% response rate. The survey questions had high reliability (a Cronbach's alpha of 0.876), and the factor analysis showed that the survey examined one construct. The findings revealed that there were no significant differences in mental health awareness among students with respect to gender, nationality, and year group, but significant differences were observed between religious groups ($p=0.017$) and only-child in the family ($p=0.026$). Male Malaysian students showed a significantly positive parent-student communication score compared to female students ($p=0.004$) and international students ($p=0.040$). This study shows positive growth in mental health awareness among students in health-related courses. Although parents' communication about mental health is affected by factors such as gender and religion; students perceived their parents are supportive regarding mental health issues. Further studies are recommended to explore deep the factors that impact mental health communications.

Keyword: Mental Health, University students, Awareness, Parents' communication

INTRODUCTION

Mental health illnesses are prevalent amongst the general population worldwide, but university students are at a higher risk due to the age of incidence of mental health illnesses, and are exposed to more stress factors including social pressures, academic and employment issues¹. Around 32% of university students in the United States had been reported of having mental health issues including depression, anxiety, and even suicidal ideation². Additionally, students have to deal with the stigma of mental illness associated with the pressure from their families' expectations during university³. Asian students have a higher stigma and are more reluctant to seek professional help due to judgement from their families⁴. Reports found that students with a higher mental health awareness may have a more open relationship with their parents and be encouraged to seek professional help⁴.

Family support has a great impact on students' help-seeking behaviour⁵. Students with approachable and open parents have a better

attitude towards seeking professional help for mental health⁶. However, several factors affect help-seeking behaviour negatively as well such as co-rumination which leads to more stress and the student closing off from open and positive communication with their parents⁷. Co-rumination with fathers has been shown to increase depressive symptoms in adolescents as this might highlight the weaker parts of themselves⁸. These studies on student-parent communication and mental health are very limited and rarely found in Malaysia. Therefore, this study aims to investigate healthcare students' mental health awareness and their communication and relationship with their parents. The study hypothesis is that healthcare students have good awareness of mental health and are likely to be able to communicate openly with their parents about mental health and help-seeking behaviour. It is worth noting that this study will focus solely on what students believe about their parents and their communication, without directly involving the parents in the research.

METHODOLOGY

Study design and participants

A cross-sectional study used an online survey. The survey was in English language and released to the students across three selected private universities for 6 weeks. The survey was developed to assess mental health awareness among students in different universities as well as their communication and relationships with their parents. The students in Medical, Dentistry and Health Sciences were selected based on collaborative research and purposive sampling targeted the students in these courses.

A convenient sampling involved all healthcare students in three universities. The study didn't exclude any student. Year email was used to distribute the survey in the three universities. The email was delivered via the Faculty Office. The communication survey was tested on 5 students in Pharmacy school during the development of the survey and responses were addressed and amended in the final version of the survey. The study participants in this research exhibit varying levels of familiarity with mental health issues based on their academic background. It is possible that medical students have greater exposure to mental health topics in their curriculum, while Dentistry and Biomedical students may have less exposure to such content

Instruments

Survey questions were extracted from two main sources, a qualitative study done by two of the researchers (MAS & PY) and a validated Mental Health Awareness and Parent Communication Surveys which was modified based on the qualitative study. The survey was composed of 38 items in total with 4 sections. Section A, the Mental Health Awareness section, consisted of 10 items. Section B, Parent-Student Communication, was split into two segments: Parent-Student Relationships (10 items) of which 5 contained positive communication questions (whether students were willing/open to talk to their parents) and 5 negative communication questions (whether students are unwilling to talk openly with their parents) and there were 10 items measuring students' perception

about parents' belief towards mental health. The survey ended with a participant demographics section (8 items).

Ethical Approval

After seeking ethical approval from Science and Engineering Ethical Committee (ND161120), the survey was produced on Qualtrics. Participants were to read the information section regarding the research study and give consent before proceeding with the survey. Participants were allowed to opt out of the study without providing any reason. All data collected had been anonymous and confidential, and analysed anonymously.

Data and Statistical Analysis

After data collection, the data was transferred and analysed using statistical software, IBM Statistical Package for the Social Sciences (SPSS) version 25. Reliability test was used and expressed by Cronbach's alpha. Descriptive analysis was expressed in mean (SD). A bivariate parametric analysis was used to find associations and correlations. A confidence value of 95% was used in this research study; therefore $p < 0.05$ is the threshold level.

RESULTS

Out of 575 student participants, 418 participants have completed the survey and fulfilled the analysis with a response rate of 85.7%. The survey questions' reliability in positive communication tested for a Cronbach's alpha of 0.876.

Mental health awareness

Mental health awareness results in Table 1 showed that there was no significant difference for the majority of the groups including awareness with gender, nationality, and year group among students at the three universities. However, there was a significant difference between total awareness between different religious groups with better awareness observed in Buddhism (5.19 ± 1.570) than in Christianity (4.04 ± 1.774) ($p = 0.043$) and Islam (4.17 ± 1.44) ($p = 0.004$) and the only-child in the family (5.00 ± 1.815) has higher awareness than students with siblings (4.24 ± 1.478) ($p = 0.026$).

Table 1: Demographic factors affecting total awareness of mental health issues of students from three Malaysian universities health courses.

Variable	Population N (%)	Total Awareness (Mean ± SD)	P-value
Gender			0.062
1. Female	298 (71.3%)	4.32 ± 1.439	
2. Male	120 (28.7%)	4.02 ± 1.629	
Age			0.894
1. Below 21	198 (47.4%)	4.24 ± 1.552	
2. Above 21	220 (52.6%)	4.22 ± 1.456	
Siblings			0.026
1. Siblings	400 (95.7%)	4.20 ± 1.478	
2. Only child	18 (4.3%)	5.00 ± 1.815	
Ethnicity			0.052
1. Malay	289 (69.1%)	4.22 ± 1.429	0.204
2. Chinese	45 (10.8%)	4.73 ± 1.684	1.000*
3. Indian	50 (12.0%)	4.08 ± 1.602	0.202
4. Others	34 (8.1%)	3.85 ± 1.579	0.058
Religion			0.017
1. Islam	303 (72.5%)	4.17 ± 1.443	0.007
2. Buddhism	27 (6.5%)	5.19 ± 1.570	1.000*
3. Christianity	28 (6.7%)	4.04 ± 1.774	0.043
4. Others	47 (11.2%)	4.21 ± 1.641	0.070
5. Prefer not to answer	13 (3.1%)	4.23 ± 0.927	0.577
Year group			0.437
1. Year 1	61 (14.6%)	4.38 ± 1.319	1.000*
2. Year 2	68 (16.3%)	4.04 ± 1.530	0.627
3. Year 3/4	289 (69.1%)	4.25 ± 1.529	0.959
Malaysian or International			0.468
1. Malaysian	397 (95.0%)	4.24 ± 1.510	
2. International	21 (5.0%)	4.00 ± 1.304	
University			0.159
1. Uni 1	31 (7.4%)	4.58 ± 1.566	1.000*
2. Uni 2	95 (22.7%)	4.02 ± 1.480	0.214
3. Uni 3	292 (69.9%)	4.26 ± 1.495	0.512

* Reference group, $p > 0.05$ is significant

Attitude towards mentally ill people

Table 2 shows students’ attitudes towards mentally ill people and the findings have no significant differences observed among the three universities. This indicates that students in health-related courses in Malaysia showed a good attitude towards mentally ill people and there is an acceptance of people suffering from mental health illnesses.

Communication with parents

The Independent T-test has shown a significant difference between communication and gender (Table 3) where male students have open communication with their parents ($p=0.004$) compared to the female gender. Also, a significant

difference was observed when Malaysian compared to International students ($p=0.040$). The findings showed that female gender and international students were associated with less open communication with their parents.

Students’ perception of their parents’ belief towards mental health

From Table 4, generally, the perception of students about their parents’ belief towards mental illness seems to be positive and shows that students’ thoughts about their parents would be supportive if they require to seek professional help regarding mental health issues.

Table 2: Demographic factors affecting total attitude regarding mental health issues of students from three Malaysian universities in health-related courses.

Variable	Population N (%)	Total Attitude (Mean ± SD)	P-value
Gender			0.213
1. Female	298 (71.3%)	2.61 ± 0.785	
2. Male	120 (28.7%)	2.70 ± 0.643	
Age			0.649
1. Below 21	198 (47.4%)	2.65 ± 0.723	
2. Above 21	220 (52.6%)	2.62 ± 0.770	
Siblings			0.895
1. Siblings	400 (95.7%)	2.64 ± 0.744	
2. Only child	18 (4.3%)	2.61 ± 0.850	
Ethnicity			0.180
1. Malay	289 (69.1%)	2.64 ± 0.718	0.388
2. Chinese	45 (10.8%)	2.42 ± 0.965	0.264
3. Indian	50 (12.0%)	2.68 ± 0.741	0.560
4. Others	34 (8.1%)	2.76 ± 0.654	1.000*
Religion			0.788
1. Islam	303 (72.5%)	2.64 ± 0.728	1.000*
2. Buddhism	27 (6.5%)	2.52 ± 0.893	0.890
3. Christianity	28 (6.7%)	2.64 ± 0.870	0.623
4. Others	47 (11.2%)	2.62 ± 0.768	0.578
5. Prefer not to answer	13 (3.1%)	2.85 ± 0.555	0.378
Year group			0.915
1. Year 1	61 (14.6%)	2.62 ± 0.662	1.000*
2. Year 2	68 (16.3%)	2.60 ± 0.794	0.872
3. Year 3/4	289 (69.1%)	2.64 ± 0.755	0.720
Malaysian or International			0.422
1. Malaysian	397 (95.0%)	2.63 ± 0.757	
2. International	21 (5.0%)	2.76 ± 0.539	
University			0.551
1. Uni 1	31 (7.4%)	2.77 ± 0.497	0.826
2. Uni 2	95 (22.7%)	2.63 ± 0.773	0.723
3. Uni 3	292 (69.9%)	2.62 ± 0.762	1.000*

*Reference group, $p > 0.05$ is significant

Table 3: Factors affecting openness of students' communication with their parents.

Variable	Population N (%)	Parents' Communication (Mean ± SD)	P-value
Gender			0.004
1. Female	298 (71.3%)	32.60 ± 3.662	
2. Male	120 (28.7%)	33.76 ± 3.915	
Age			0.179
1. Below 21	198 (47.4%)	33.19 ± 3.985	
2. Above 21	220 (52.6%)	32.70 ± 3.556	
Siblings			0.714
1. Siblings	400 (95.7%)	32.95 ± 3.812	
2. Only child	18 (4.3%)	32.61 ± 2.704	
Ethnicity			0.203
1. Malay	289 (69.1%)	32.96 ± 3.836	0.699
2. Chinese	45 (10.8%)	32.76 ± 3.142	1.000*
3. Indian	50 (12.0%)	33.66 ± 3.837	0.205
4. Others	34 (8.1%)	31.88 ± 3.748	0.761
Religion			0.836
1. Islam	303 (72.5%)	32.97 ± 3.865	1.000*
2. Buddhism	27 (6.5%)	32.52 ± 2.592	0.601
3. Christianity	28 (6.7%)	32.62 ± 3.765	0.698
4. Others	47 (11.2%)	33.30 ± 3.513	0.511
5. Prefer not to answer	13 (3.1%)	32.21 ± 4.711	0.421
Year group			0.971
1. Year 1	61 (14.6%)	32.84 ± 3.839	1.000*
2. Year 2	68 (16.3%)	32.90 ± 3.214	0.742
3. Year 3/4	289 (69.1%)	32.96 ± 3.884	0.891
Malaysian or International			0.040
1. Malaysian	397 (95.0%)	33.02 ± 3.803	
2. International	21 (5.0%)	31.29 ± 2.610	
University			0.155
1. Uni 1	31 (7.4%)	33.13 ± 3.575	0.817
2. Uni 2	95 (22.7%)	32.27 ± 4.160	0.169
3. Uni 3	292 (69.9%)	33.12 ± 3.642	1.000*

*Reference group, $p > 0.05$ is significant

DISCUSSION

There is a rising awareness towards mental health due to increased exposure to media and increased mental health literacy among students⁹. Studies have found that open communication with parents is key in addressing the problem and providing suitable support¹⁰. Previous Malaysian literature showed a significant difference in mental health among the Malaysian population in Klang Valley, Malaysia where many misconceptions and symptoms were being labelled as “misbehaviour”³. The current study showed an increase in awareness among students, and no significant difference between the three universities was found. The previous Malaysian study by Yeap and Low (2009) focused on Malaysian residents (not specific to university students) including the elderly community who may have out-dated opinions and ideologies on mental health and therefore results

might differ. Our study consisted of students from healthcare, different backgrounds from 3 universities in Selangor, Malaysia. Unlike the previous study in Malaysia³, our study most likely has a homogenous group of students who may be exposed to mental illness in their curricula. Another reason for this difference might be that a decade has passed since the Yeap and Low (2009) study, while our study was done at a time when mental health has become more acceptable as well as a group of international students who participated in this study. This indicates a better awareness towards mental health among the new generations. Our study key findings; First, it suggests that healthcare students have a good level of awareness of mental health issues, which is encouraging for the future healthcare workforce and minimising mental health stigma in Malaysian health institutes. Second, the study highlights the importance of parent-student communication regarding mental

health issues. Students with more approachable and open parents had better attitudes towards seeking professional help for mental health. Therefore, healthcare professionals can use this information to

encourage parents to engage in open communication with their children about mental health and help-seeking behaviour.

Table 4: Factors affects students’ perception about their parents’ belief towards mental health

Variable	Population N (%)	Parents’ belief (Mean ± SD)	P-value
Gender			0.125
1. Female	298 (71.3%)	13.67 ± 4.889	
2. Male	120 (28.7%)	12.88 ± 4.590	
Age			0.937
1. Below 21	198 (47.4%)	13.46 ± 4.902	
2. Above 21	220 (52.6%)	13.43 ± 4.744	
Siblings			0.230
1. Siblings	400 (95.7%)	13.39 ± 4.774	
2. Only child	18 (4.3%)	14.78 ± 5.600	
Ethnicity			0.957
1. Malay	289 (69.1%)	13.39 ± 4.822	0.730
2. Chinese	45 (10.8%)	13.82 ± 5.078	1.000*
3. Indian	50 (12.0%)	13.40 ± 4.389	0.423
4. Others	34 (8.1%)	13.47 ± 5.159	0.623
Religion			0.381
1. Islam	303 (72.5%)	13.35 ± 4.834	1.000
2. Buddhism	27 (6.5%)	12.59 ± 4.635	0.869
3. Christianity	28 (6.7%)	13.46 ± 4.803	0.102
4. Others	47 (11.2%)	13.89 ± 4.855	0.921
5. Prefer not to answer	13 (3.1%)	15.69 ± 4.479	0.571
Year group			0.949
1. Year 1	61 (14.6%)	13.39 ± 4.634	1.000*
2. Year 2	68 (16.3%)	13.62 ± 4.957	0.902
3. Year 3/4	289 (69.1%)	13.42 ± 4.832	0.628
Malaysian or International			0.386
1. Malaysian	397 (95.0%)	13.40 ± 4.786	
2. International	21 (5.0%)	14.33 ± 5.351	
University			0.057
1. Uni 1	31 (7.4%)	15.00 ± 5.196	1.000*
2. Uni 2	95 (22.7%)	13.96 ± 4.805	0.881
3. Uni 3	292 (69.9%)	13.11 ± 4.744	0.409

*Reference group, $p > 0.05$ is significant

In terms of attitudes towards mental health, over the years, Indian citizens in Malaysia have developed an insignificant better attitude as shown in the current study (2.68 ± 0.741) which had the highest attitude score. Yeap and Low’s study showed Indians to have the lowest attitude in their 2009 study. One reason for this positive change might be that as the years have progressed, mental health awareness had been improved through exposure to media online, help guides and materials, programmes and exposure within education¹¹. Nevertheless, the consistent finding in our study that supported Yeap and Low’s (2009) finding was about religion as a factor affecting mental health awareness, where both studies showed Buddhism associated with better awareness about mental health. This finding was observed in

other studies¹² and Buddhism was described as a pathway to getting rid of suffering by becoming more aware of one’s mental status as well as others.

Many studies in literature showed that religion affects awareness and help-seeking behaviour greatly. It was found in 2011 that Christians were less likely to seek help from a counsellor as they turn to God for help, leading to higher suicide rates in New Jersey, USA¹³. Whereas in Buddhism, there was a lower risk of suicidal ideation because suicide or harm is believed to cause more suffering (or “*dukkha*”) in the next life. In Buddhism, death is not seen as an escape but just another transition to the next stage, and believers are encouraged to seek help professionally¹⁴. Many students who rely on religion turn to religious leaders, healers or clergy

irrespective of their religion to seek comfort and guidance in their Faith¹⁵.

Students' backgrounds play a big role in how they communicate with their parents whether they are open or more closed off. Our study showed a great significant difference in mental health awareness between students with siblings and family only-child ($p=0.026$). Only-child had a much higher awareness of mental health issues and there are several reasons for these outcomes. One might be that parents favour the only child with more resources, time and energy as reported in previous Chinese studies¹⁶. As a result of more available time, only-child at home tend to do more research into the mental health of their own, their family members or friends in order to help themselves and the people around them¹⁷. Previous studies¹⁸ showed that only-child may develop a closer bond with their parents as they received their parents' full attention, energy and love, hence developing a stronger relationship with their parents with better communication¹⁸. While only-child had a higher awareness, students with siblings showed better and more open total communication compared to only-child in our study. Past literature¹⁹ showed only-child to have better communication with parents however the current study does not support this (Table 2). Some factors that could affect the data are factors such as the number of siblings students grew up with, which could play an important role in relationship development between each other and their parents²⁰. Therefore, further studies could be done to determine how having siblings affects a student's relationship with their parents.

A study by Bireda and Pillay (2018) on perceived parent-child communication and well-being among Ethiopian adolescents showed that there was a difference between female and male adolescent communication with their parents which stands to be true in our study as well. The current study showed a higher mean in male students (33.76 ± 3.915) than female students (32.60 ± 3.662) regarding communication which means that male students had more open communication with their parents about general topics. Likewise, our mental health communication results (Table 4) showed that female students perceived their parents to have a more negative assumption of mental health than male students. This means that male students felt more comfortable talking to their parents about their mental health as they believed that their parents had a more positive outlook on mental health which contradicts previous literature including that of Bireda and Pillay (2018). Their study found that girls' communication with their

fathers was significantly higher than in boys ($p<0.001$) leading to reduced depression, and substance abuse²¹.

Many previous works of literature believe that due to the stigma surrounding mental health, men are less likely to seek help or be open about their mental health issues when compared with women who tend to be more willing to share their stress and worries with others²². One of the reasons for this might be that men may be afraid of being seen as "weak", loss of social status, or discrimination among family members or friends²³. However, our study found that male students were more likely to be more open with their parents. One of the reasons for this difference might be that men have also been shown to seek emotional support in private, protecting their social status while still looking after their mental health in private²⁴. The study done by McKenzie *et al.* showed that men do seek mental health and emotional support from both other men and women in private, as they feel safer in their intimate relationships rather than seeking help from a therapist whom they may not feel comfortable nor safe around²⁴. Hence male students might feel comfortable opening up to their parents if they are close, yet there is little research done on this. Another reason for this change might be due to the fact that our study is based on students majoring in healthcare and they naturally have better knowledge and understanding to explain mental illnesses to their parents as shown in a past Malaysian study²⁵. Because previous research has been contradicting, communication between male adolescents and their parents can be an area of focus for further research studies to better understand how public and self-stigma can affect help-seeking behaviour within men and if they seek support in private.

With this data, it is possible to assess which areas of parent-student communication require more in-depth studies to determine the help-seeking behaviour more accurately as well as parent-student communication in order to develop a parent-student relationship programme. The parent-adolescent communication toolkit is a great example of a resource being used to build stronger relationships between adolescents and parents using the parent-adolescence communication scale²⁶. An online programme was designed aiming to teach strategies to help improve communication between parents and adolescents²⁶. A similar intervention has not been developed for the Asian community, especially for Malaysians. Therefore, with the aid of further studies into communication between students and parents, a similar programme can be developed according to the needs of the

Asian community. This can help students grow closer to their parents and encourage students to seek help for their mental health in a safe and supportive environment.

However, our study also suggests that certain factors negatively affect help-seeking behaviour, such as co-rumination and a lack of parental communication about mental health. This information can be used to develop targeted interventions to address these factors and promote positive mental health behaviours among students.

Limitations

One limitation of this study is that it only assessed the students' perceptions of their parents' attitudes towards mental health, and did not involve direct input from the parents themselves. Therefore, the study did not establish any causal relationships between the communication and relationship variables examined. Additionally, the data obtained was self-reported by the students, which may be subject to biases or inaccuracies. Furthermore, this study did not take into account the impact of the parents' marital relationship on parent-student communication about mental health. For example, some students may have divorced parents with different relationships with each parent, and thus may have answered the survey thinking about only one parent whom they have a close relationship with, but may have a poor relationship with the other parent. It is recommended that future studies consider parent-student relationships for students with divorced parents, as well as examine communication with mothers and fathers separately. Finally, the findings of this study may not be generalizable to other populations due to the specific sample and context of the study.

CONCLUSION

This study showed better mental health awareness among medical and healthcare students indicating more awareness has taken place over the years in Malaysia, however there were very few differences between the three universities. Factors such as gender and nationality may affect parent-student mental health communication.

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Conflict of Interest

Authors wish to confirm that there are no known conflicts of interest associated with this study, and

there has been no significant financial support for this work that could have influenced its outcomes.

Author contribution

ND, MAS, AAK, RA and PY designed the study. ND and MAS performed the study and analysis. ND drafted the manuscript. MAS revised the paper. All authors read and accept the final version of the manuscript.

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