



Cultural Beliefs, Mental Health Literacy, and Help-Seeking Behaviours Among Young Sarawak Indigenous Adults

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ABSTRACT

This study aimed to understand the prevailing cultural beliefs concerning mental health literacy and help-seeking behaviours among young adults within the indigenous community of Sarawak. Six participants from various indigenous communities from Sarawak, ranging from 18 to 35-year-olds, were interviewed in the qualitative study. Four main themes with fourteen (14) sub-themes were found in the interview data using thematic analysis. These comprised belief systems on mental health, mental health literacy, help-seeking behaviour, and barriers to help-seeking. The study was done among selected young adults in the Indigenous Community in Sarawak. The predominant finding of this study was the inclination of most participants to seek religious support when confronted with mental health challenges. To advance the investigation, future research should explore similar themes across different age groups and expand participant diversity, encompassing a range of socio-economic backgrounds, to provide a refined understanding of these dynamics on mental health among youths.

Keywords: cultural beliefs, mental health literacy, help-seeking behaviour, young adults, indigenous community

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1 INTRODUCTION

The prevalence of mental health concerns has been increasing swiftly over the years due to the change in culture and lifestyle driven by the advancement of global urbanisation, which can be associated with elevated levels of individual stress (Raaj et al., 2021). Mental health awareness and discourse have recently been widely and openly discussed in many settings. However, despite the initiatives aimed at reaching the public, it cannot be denied that these services have predominantly reached only specific populations, and many forms of discrimination persist within the community. Consequently, mental health issues continue to rise (Tumin et al., 2022).

According to quantitative studies conducted by Tumin et al. (2022), it was reported that the rural communities in Sarawak still exhibit a high level of discrimination towards individuals with mental health conditions. This trend may result from limited mental health awareness and literacy in the suburban and rural areas of the state. This is a cause for concern, even for communities in urban areas, where facilities, awareness and education on mental health-related topics are more readily available, they still display stigmatisation and discrimination towards individuals with mental health conditions who seek professional psychological support. The situation becomes even more critical for communities outside of urban areas, where access to facilities, awareness, and support for mental health conditions is significantly limited.

Sarawak is Malaysia's largest state, comprising 8.73% of the total population and ranks as the fourth most populous state. With a population exceeding 2.6 million, the indigenous communities, collectively referred to as the Dayaks and/or Orang Ulu, constitute nearly 40% of the population (Minority Rights Group International, 2018; Department of Statistics Malaysia, 2022). These Indigenous Communities encompass various groups, including the Iban, Bidayuh, Kenyah, Kayan, Kedayan, Lunbawang, Punan, Bisayah, Kelabit, Berawan, Kejaman, Ukit, Sekapan, Melanau and Penan (IWGIA, 2022). The two major Dayak groups in Sarawak are the Iban, accounting for approximately 30% of the population, and the Bidayuh. Despite being the largest population group in the country, many Indigenous communities face socio-economic challenges compared to the other ethnicities in Malaysia (Raaj et al., 2021). Given that a significant portion of the indigenous communities reside outside urban areas, they often encounter difficulties accessing healthcare services available in towns, leading to heightened risks regarding nutrition security (Chua, 2020; Masron et al., 2013; Shah et al., 2018;).

Furthermore, Raaj et al. (2021) noted that the rural regions of East Malaysia exhibit the highest prevalence of mental health issues, with nearly half of the population meeting the criteria. Malaysia, being a multicultural country, embraces a diverse range of religious and cultural belief systems. One prominent traditional belief practised in Malaysia is Animism. According to the Cambridge Dictionary (2022), Animism is the belief in the existence of spirits within all-natural elements, including flora, fauna, rivers, mountains, thunder, rocks and more. Indigenous communities also hold distinct cultural beliefs and practices that can influence their attitudes toward seeking professional help for mental health-related issues.

To illustrate, many Malaysians residing outside urban areas practice Animism. They are more inclined to seek assistance from traditional healers, especially for mental health conditions, often attributing “uncommon illness” to spiritual or supernatural causes (Edman & Koon, 2000; Laderman, 1991). This can contribute to increased stigma and incorrect labels for individuals suffering from mental health conditions. Additionally, limited mental health facilities can exacerbate stigma, particularly in rural areas with stronger religious beliefs, discouraging people from seeking professional support and appropriate treatment, potentially leading to more severe mental illnesses (Chua, 2020; Raaj et al., 2021).

Previous studies have shown a strong correlation between cultural beliefs, education, and perceived social causes of mental health conditions and an individual’s attitude and help-seeking behaviour (Furnham & Swami, 2018). Conversely, research from an Iban (the Dayaks) perspective indicates a willingness to seek professional medical services when experiencing physical or psychological discomfort, even if supernatural factors are suspected. In such cases, individuals may simultaneously seek help from traditional healers while pursuing modern medical treatment (Barret et al., 2005). Moreover, traditional healers often encourage patients to consult with medical doctors, recognising the limitations of their practices (Barret et al., 2005; Castor & Eroza, 1998).

Collectively, previous research suggests that the local belief system and the lack of access to mental health awareness and education in rural and suburban areas may significantly shape perceptions and help-seeking behaviours regarding mental health issues, particularly among the indigenous community in Sarawak, which holds strong cultural beliefs and faces limited access to facilities. Chua (2020) and Raaj et al. (2021) noted that the interplay of low awareness, limited facilities, and robust religious beliefs may lead indigenous communities to seek alternative solutions, such as religious practitioners, instead of professional healthcare providers.

While it is widely acknowledged that many indigenous communities residing in the rural and suburban areas of Sarawak adhere to distinct cultural beliefs and face limited access to healthcare and education, factors that can significantly impact their help-seeking behaviour, particularly regarding mental health conditions (Chua, 2020; Raaj et al., 2021); there has been no noticeable gap in recent research exploring this phenomenon, especially in Sarawak. Moreover, with the growing openness surrounding mental health discussions and increased awareness in recent years, the Sarawak Government has taken proactive steps to introduce mental health awareness and literacy programs to rural and sub-urban areas, exemplified by initiatives such as *Program Randau*. The primary objective aim of *Program Randau* is to empower communities through education, awareness, prevention and resolution of social issues within these areas. In addition, several organisations dedicated to mental health and emotional support have emerged in recent years across the states, including the Mental Health Association of Sarawak (MHAS), Mind Brew, Befrienders Kuching, Bodhi Counselling, and Dee Hati Centre for Grief, Bereavement and Trauma. These collective efforts, programs, and support services available today may profoundly influence the understanding of the attitudes towards seeking help for mental health-related conditions among the communities in Sarawak compared to previous decades.

The World Bank (2022) has presented a significant growth in urbanisation throughout the country, resulting in more indigenous youths relocating to urban areas in search of improved employment

and educational opportunities (Minority Rights Group International, 2018). This shift in urbanisation and the movement of indigenous youths from rural to urban environments may lead to changes in the indigenous community's beliefs and perceptions of mental health conditions.

Past studies suggest that cultural beliefs, education, and perceived social causes of mental health conditions are highly correlated to an individual's attitudes and help-seeking behaviour for mental health concerns (Furnham & Swami, 2018). Nevertheless, there remains a notable dearth of recent research examining the prevalence of the current cultural beliefs, mental health literacy and help-seeking behaviour among young adults in the indigenous community in Sarawak, specifically. Moreover, most past research has adopted quantitative research methods, primarily relying on questionnaires, which may limit the in-depth exploration of the obtained result. Without an up-to-date and more profound understanding of the current prevalence of cultural beliefs, mental health literacy and help-seeking behaviour among young adults in the indigenous community in Sarawak, there is a risk that cases of mental illness could rise and remain untreated due to insufficient awareness, understanding and intervention for the indigenous community in Sarawak.

Finally, Jurewicz (2015) suggested that mental health issues were one of the most commonly encountered challenges among young adults. as they navigate the transition and adaptation to various roles. Additionally, the American Psychological Association (2019) also has mentioned a significant increase in mental health issues among the young adult population, with young adults being particularly susceptible to depression and other affective disorders, given that clinically diagnosed mood disorders often emerge during early adulthood (American Psychiatric Association, 2022). Therefore, it is very crucial to gain a more profound understanding of the area, particularly among young adults of the indigenous community in Sarawak.

1.1 Research Objectives

The research objectives for this study are (1) To explore the current cultural belief on mental health among the young adults in the Indigenous Community of Sarawak; (2) To understand the current Mental Health literacy adopted by the young adults in the Indigenous community of Sarawak; and (3) To explore the help-seeking behaviour on mental health condition among the young adults in the Indigenous Community of Sarawak.

1.2 Theoretical Framework

1.2.1 Social Constructivism Theory

Social constructivism theory suggests that learning is a collaborative process shaped by multiple perspectives constructed through social interaction and involvement (Chuang, 2021). This theory emphasises how individuals make sense of and attribute meaning to their lives based on their experiences and acquired knowledge (Seagar, 2019). For instance, if an individual grows up in a social circle where mental health issues are considered taboo and abnormal, they are to internalise these perspectives, regarding mental health-related issues as taboo and something to be avoided. In contrast, individuals in social circles where mental health topics are openly discussed and seeking professional mental health support is the norm tend to perceive mental health differently

and assign different meanings to it despite their previous learning experiences. Therefore, social constructivism theory serves as this study's reference and supporting framework.

1.2.2 Social Learning Theory

Social learning theory explains that individuals acquire specific behaviours and attitudes through observation and interaction with those around them (Bandura, 1999). As urbanisation continues and more indigenous communities move into urban areas, they may observe and gradually adapt to the new environment, including adopting new beliefs and educational practices prevalent in urban communities. For instance, when people observe and learn that seeking professional support for mental health-related issues is common and brings a positive impact, they are more likely to adopt such behaviours themselves. Moreover, with increased awareness and accessibility to medical services in urban areas, the perspective on seeking professional mental health support and services among indigenous communities relocating to urban areas may transform. Therefore, social learning theory can be applied as a supporting framework for interpreting observations obtained in the present study.

2 METHOD

2.1 Research Design

The present study adopted a qualitative research design approach, employing semi-structured interviews as the primary method for gathering data from young adults within the Sarawak indigenous community. This approach was chosen to facilitate open and detailed conversations, allowing participants to share their unique perspectives and experiences related to cultural beliefs, mental health literacy, and help-seeking behaviour.

2.2 Participants Selection

The participants for this study had to meet three specific criteria. Firstly, they needed to fall within the age range of 18 to 35 years old. Secondly, they were required to be members of the Dayak Community and currently residing in Sarawak, with prior residence in either a suburban or rural area within the state. Lastly, participants must have lived in a town for at least six months to enable a meaningful comparison between their experiences in suburban or rural areas and urban settings. Participants were recruited through purposive sampling, ensuring that only individuals meeting these criteria were recruited. A pre-survey google form was distributed to interested individuals who met the requirements to facilitate this process. This step ensured that participants understood the study's protocol and terms and conditions. Additionally, the pre-survey form allowed the researcher to select participants with diverse cultural backgrounds, thereby enhancing the richness of the data. Invitations to participate were extended to a local college in Kuching, and the researcher utilised social media platforms such as WhatsApp for promotional and recruitment purposes.

2.2.1 Challenges of Participant Recruitment

Participation in the study is entirely voluntary without any rewards, so motivating student participation can be challenging. With the help of a student affairs officer from the local college that the researcher reached out to, the study managed to get four female participants who met the requirements and agreed to be interviewed. Researchers of the study also managed to get one more participant from her contact who met the participant's requirement and agreed to be interviewed.

2.2.2 Participant Characteristic

Seven participants responded to the pre-survey form. Following a review, 6 participants who met the requirements and from different ethnic backgrounds were selected for the interview. The summary of participants' characteristics was tabulated below (Table 1):

Table 1. Participants' characteristic summary.

Participant Identifier	Gender	Ethnicity	Age	Religion	Place of Origin
Participant 1	Female	Iban	20	Christian	Kapit
Participant 2	Female	Bidayuh	20	Christian	Bau
Participant 3	Female	Lun Bawang	21	Christian	Lawas
Participant 4	Female	Kenyah	24	Christian	Belaga
Participant 5	Female	Melanau	20	Islam	Kampung Sawai, Sibu
Participant 6	Female	Bidayuh	34	Christian	Padawan

2.3 Data Collection

2.3.1 Research Procedure

Participants were recruited as interviewees in this research. The recruitment process involved purposive sampling, whereby individuals aged 18 to 35 years old who belonged to the Dayak Community, and were currently residing in Sarawak were selected. Age range for the participant were set to ensure participants is within the young adult's age range and is a member of the Dayak Community in Sarawak. Those meeting these criteria and expressing an interest in participating

were asked to complete a pre-survey google form. The pre-survey collected demographic data and invited participants to provide a brief self-generated assessment of their mental health literacy. This information served to better understand the participants, ensure they met the study's requirements and familiarise them with the research procedures. Moreover, the pre-survey form also allowed the researcher to filter and select participants with diverse cultural backgrounds, with the aim to collect a more conclusive feedback from different ethnicity background.

Interview were carried out at a mutually agreed-upon and comfortable venues. Before each interview, the researcher explained the objective of the study to the interviewee. Participants received two copies of an informed consent form, one for their reference, and one for the researcher's record, and were asked to sign these forms if they agreed to participate. Interviewees were informed that the entire interview would be video/audio recorded, transcribed and used for data analysis for the study. The actual interview began once mutual agreement was established and typically lasted between 45 to 70 minutes. Upon concluding the interview, the researcher expressed gratitude to the interviewee for their participation. Transcripts of the interviews data were shared with the participants to ensure the accuracy of the information before proceeding with data analysis.

A pilot test was conducted with two participants meeting the requirements to identify potential issues and refine the interview questions for the overall interview process. During the actual test, informed consent forms were provided, and all participants agreed and acknowledged that the interviews would be audiotapes.

2.4 Data Analysis

Thematic analysis was adopted for the study to interpret the significant information gathered from the interviews and to categorised it into different themes and findings. According to Braun and Clarke (2006), thematic analysis encompassed seven key steps: (1) Familiarisation with the transcribed data, (2) Generation of codes for the data, (3) Identification and extraction of themes from the data, (4) Review of the identified themes, (5) Definition of the themes, (6) Classification of the themes, following a comprehensive review (7) Production of the research report. The process aimed to examine whether the gathered data effectively addressed the research question posed.

2.5 Ethical Concerns

Informed consent form will be given to the participants and mutual agreement will be formed before proceeding to the interview session. Participants will be assured that all the data collected will be kept strictly confidential and they will be labelled as "Participant 1", "Participant 2" and so on for transcript and record purposes. Transcripts will also be sent back and reviewed by the participants to make sure the accuracy before proceeding for data analysis.

3 RESULTS

Four main themes with fourteen (14) sub-themes were found in the interviews using thematic analysis which comprises of (1) Belief System on Mental Health along with 3 sub-themes, (2) Mental Health Literacy along with 4 sub-themes, (3) Help-seeking Behaviour along with 4 sub-themes and (4) Barrier to Seek Help along with 3 sub-themes among the young adults in the Indigenous Community in Sarawak. Table 2 below is the summary of the key findings.

Table 2. Summary of key findings.

	Themes	Sub - themes	P1	P2	P3	P4	P5	P6
T1	Belief System on Mental Health	1. Religious belief and traditional healing practice	/	/	/	/	/	/
		2. Urbanisation / modernisation	/		/		/	/
		3. Intrapersonal bias or concern	/			/	/	
T2	Mental Health Literacy	1. Understanding towards mental health	/	/	/	/	/	/
		2. Low mental health awareness	/	/	/	/	/	/
		3. Resources for mental health related information and facilities	/	/	/	/	/	/
		4. Ways of supporting someone in need	/	/	/	/	/	/
T3	help-seeking Behaviour	1. Self Help	/	/	/	/	/	/
		2. Religious / Spiritual Support	/		/	/		
		3. Family and friends	/		/	/	/	/
		4. Professional mental health support		/				

T4	Barrier in Seeking Help	1. Limited facilities and low mental health literacy			/		/	/
		2. Trust issues			/		/	
		3. Personal bias or concern	/			/		

3.1 Theme One: Belief System on Mental Health

The majority of the participants (n=5) are Christian, while one participant is Muslim. Within the belief system of young adults in the indigenous community, various factors come into play concerning mental health.

3.1.1 Religious Belief and Traditional Healing Practiced

The majority of the participants (n=5) mentioned that most of their community members are Christian. During the interviews, participants mentioned that the practice of traditional healing methods, such as those involving individuals with “*ilmu*” traditional healing skills has become rare in their communities. They believe that some area, the local indigenous communities may still practice these traditions, but not in their area, where the majority are now Christian. However, one of the participants mentioned that her community still practices “*berubat*”, a traditional healing method involving protective charms in the form of blessed red string given to individuals for protection.

To add on, Participant 3 shared that when she herself or her friends are upset she will prefer to pray to God and she believe that if one do not feel better after praying and share their issues to God could be due to having lower faith to their religion as she mentioned:

“...if still feeling weak after praying and talking to God, it could be due to they don’t pray enough or they don’t trust or being sincere while praying...they can try praying harder...”

3.1.2 Urbanisation / Modernisation

Some participants (n=3) shared that people in the sub urban areas have been undergoing modernisation, leading to a departure from traditional practices. Both Participant 4 and 6 shared that their cultural practices including music, dance, ceremonies, have evolved with the addition of new elements. Participant 6 further revealed:

“...because the whole village is already modernising, everyone has become a Christian, so we don't play traditional instruments anymore; it is less practised and believed.. We only use them for performances, for the audience”.

Participant 3 also shared that in the past, traditional healing method like “*ilmu*” were used for mental illness, but now there is a more modern approach, especially since the majority of Lun Bawang community members have embraced Christianity. They tend to seek medical care at hospitals or consult with pastors as quoted,

“...in the olden day they will use “ilmu” - traditional healing if there's a mental illness, they do that but now a bit more modern and also Lun Bawang now majority is Christian... go to hospital or pastor...”.

This indicates that urban modernisation has significantly influenced the community's beliefs, practices and perspectives.

However, Participant 5 offered a slightly different perspective, stating that she finds life in Kuching city more stressful than when she lived in her village. She claimed,

“...But I have many friends who have mental illness in Kuching.... Not in my kampung (village)...”

Her descriptions indicate the variety of experiences that are influenced by urban and rural settings.

3.1.3 Intrapersonal Bias or Concern

One participant expressed fear of becoming like others if they listened too much to those with mental health issues, saying, “...I scare I will become like them too after I listen too much... I will not listen to them too much because I scare also I become like that...” (Participant 5).

Additionally, two participants who has lived experience with mental health concerns also shared that they often refrain from sharing their struggles with others because they wish to avoid being perceived as attention-seekers. “...and then I also don't want to share my problem with others. like seeking attention, don't want that...” (Participant 1). Participant 4 similarly expressed:

“... I have friends here, but I don't want them to see me as an attention-seeker, seeking for love and lacking love like that. So, often when I'[m] here, I always keep it to myself...”

3.2 Theme Two: Mental Health Literacy

All the participants indicated that they have limited exposure to mental health-related information and possess a perceived moderate to low level mental health literacy.

3.2.1 Understanding towards Mental Health

All the participants shared similar understanding towards mental health where they shared that people having mental health issues are made up of small issues in life that get piled up to become a big issue that is hard for them to handle. It is also because they have no one or no place to let go of their stress and issues. Participant 4 also mentioned that one's attitude can affect them too as she mentioned that sometimes it is the characteristic of an individual that does not really like to share their issues with others, such as herself. Participant 6 shared a similar point to Participant 4, where she thinks that one's attitude (always preferred to be alone, don't like to mix with others) can be a determinant of the risk for people to develop mental illness too. Other than that, Participant 6 also mentioned that:

“... firstly, mothers who only stayed in the village after giving birth, fathers who has no job and only staying in the village, heredity from the family..... stressful and not socializing with people, their emotion will be very not healthy...”

Additionally, Participant 2 also mentioned that “sometime(s) mental health illness can come from family, school, work and our environment.” To sum up the sharing from the participants, it was being observe that the environment, heredity, and personal factors often contribute to individual's mental health.

3.2.2 Low Mental Health Awareness

All participants shared that they rarely or never see any mental health-related information available in their area. Many participants (n=4) shared that only stress and time management talks were given at school while they were preparing for their SPM Exam. However, they do have a school counsellor at school. One of the participants shared that she never heard or saw any mental health-related information before, and another shared that she had never seen any mental health-related information or program in her village. However, she knows about some mental health events in Kuching (city) but rarely heard much about them. Participant 6 also mentioned that:

“there is a difference in mental health awareness between in the village and in Kuching but the difference is not drastic. In the village, only people who are educated in this field or if there's a family member who have mental health issues then only the people nearby will know (about mental health issues), if not, how can people know. But it is very important actually as everyone have mental health...”

To add on, a few participants (n=3) also mentioned that people do not usually talk about mental health topics. Participant 6 also mentioned that it could be due to the acceptance towards people around us because mental health is not a common topic. However, as Participant 4 is taking medical lab courses, she mentioned that lately, one of her subject's chapters discusses mental health. However, she is not too sure about it as she mentioned,

“I am not confident to tell. Because studying here, we have a little bit of issues with the lecturer. Hahah so I also not sure what he/she taught. Hahah...”

3.2.3 Resources for Mental Health-Related Information and Facilities

Despite all participants mentioning that they rarely or never see any mental health-related information and programmes available in their area, some actually learn about and get mental health information from external sources such as the internet, social media (YouTube, Tik Tok) and K-Drama. Participant 2 revealed that:

“I get from internet, and sometime Youtube, TikTok... I’m currently watching K-drama... there’s a lot of moral value that we can learn from that. In the K-drama also have a friend, a friend with mental illness, in that he will support her friends, such as bring her to the karaoke, jogging and cheer him up...”. To add on, Participant 1 also mentioned that *“I see the poster and sharing online.... I read from there and then I know la the people the... how people can get mental illness, how they face the problem... which is the mental illness now and how to, how to calm them...”*.

Participants 1 and 2 also mentioned that they learn from their school counsellor about mental health information as both have talked to their school counsellor before in their secondary school.

Furthermore, most participants (n = 4) mentioned that they do not know where to get professional mental health support other than hospitals or clinics. Only two participants mentioned that they can seek help from the school counsellors as there will always be a school counsellor in school, but outside of school, one of them does not know where can get professional mental health support, and the other one of the participants only know can get help from the hospital.

3.2.4 Ways of Supporting Someone in Need

All participants have their way of supporting their friends or family in need. A few participants (n=3) are more inclined to provide and encourage people needing mental health support more spiritually or religiously, such as praying or listening to praise songs to release their stress or worries. To support their claim, Participant 3 described:

“...I always tell them to pray and always go to church. And when you are alone, don’t always blame yourself... Trust in God...”

Similarly, participant 4 also mentioned that *“... remember to pray with me... She gives me the link of the praise song from YouTube, and I listen, after the vie I feel peace...”*. Other than in a religious way, some participants (n=2) also tend to listen to their friends who are stressed and not emotionally well.

Participant 5 does not want to be affected by their friends, so often she chooses to listen selectively and tend to cheer her friends up by taking them to hang out together. Both Participants 4 and 5 shared similarly that often in their village, when someone is sad or not doing well, they will have a party together in the village to celebrate and gather to cheer the person up or drink together in their village. "...some of them in the kampung, sorry la, will go drinking together until they are drunk..." (Participant 4). Another input described; "Usually we will have a party in the kampung (village) like barbecue and makan makan (eating) like that hahaha then the person will feel better hahah we like to party party" (Participant 5).

3.3 Theme Three: Help-Seeking Behaviour

There are 4 sub-themes extracted for the help-seeking behaviour among the young adults in the indigenous community in Sarawak listed below.

3.3.1 Self Help

All participants mentioned that they will choose to regulate their feelings before sourcing out for external support. Five of the participants shared that they have their ways to regulate their feelings and cheer themselves up. Some of the participants (n=2) shared that they learn from their past experiences on how to overcome their struggles. Two of the participants learn from the social media where they see how other people cope with their struggles and they learn from them. For instance, Participant 5 mentioned that "I watch You-Tube, because I follow some Youtubers and they feel happy when they make up and I feel the same too and like music I don't know hahaha because I think everyone listen to music and I like also so it helps me to feel good too". Whereas another two participants shared that they often choose to keep it within themselves because they do not want to be seen as someone who is an attention seeker. Participant 1 mentioned that "... and then me also don't want to share my problem to others... like seek attention one I don't want.." and Participant 4 shared that "... I have friends here, but I don't want them to see me as an attention seeker, seeking for love and lack of love like that."

3.3.2 Religious / Spiritual Support

A few participants (n=2) prioritize seeking for religious support when they experience mental health or emotional struggles. Participant 1 mentioned that "...like I say just now I pray and then I and then I do something like ermm.. I I busykan I busykan diri sendiri (I make myself busy)...". Similarly, Participant 3 also explained that:

"...Try to think another thing and then bila (when the) anxiety tu attack, saya terus pray, walaupun saya tengah menagis, I pray saja apa yang saya mahu cakap (I straight away pray even when I am crying, I pray only what I want to say)."

3.3.3 Family and Friends

The majority of the participants (n=5) choose to talk to their friends or family if they cannot resolve their issues themselves. However, all of them preferred to talk to their friends first compared to their family, except for Participant 5; who preferred to share with her family first. Participant 5 and 6 also mentioned that although they will share with their friends, they will not share everything with them in detail. Participant 5 mentioned, “I do share it with some of my friends, but I don’t share so much because I usually can cope with it myself, and I also don’t trust people so much.”. Participant 6 explained:

“...but not A to Z we share with our friends later our friends will feel tired listening to us too. Shared a little also helped to feel slightly better already”

3.3.4 Professional Mental Health Support

All of the participants do not choose to seek for professional mental health support as their first choice if they cannot cope with their mental health struggle by themselves except for participant 2. Participant 2 mentioned that “*professional still are pro in everything when comes to mental illness, and then she or her will talk to me about how to manage my mental illness...*”. Majority of the participants have their ways of coping with their mental health struggles and there were barriers for them to seek for professional mental health support too which will be discuss in the next theme.

3.4 Barrier to Seek Help

3.4.1 Limited Facilities and Low Mental Health Awareness

A few participants (n=3) mentioned that there is a lack of health care facilities in their area what to say for mental health facilities. All of the participants have also shared that they did not know any mental health facilities in their area other than a hospital. Participant 6 mentioned that the only hospital that she knows which provides mental health services is Hospital Sentosa which is far from the village; it can be hard for people to travel, especially those who do not have any transport. Participant 6 also mentioned that the government do have health program carried out in their village but is mostly on physical health only; she has yet to see any mental health-related screening available, as she explained:

“If for mental health, really do not have any. The one that we have is only for the youth and mothers. Even for that, it is only general screening, like physical health, eyes like that only, if for mental health, really don’t have any...”

3.4.2 Trust Issues

Participant 3 mentioned that she does not really trust the professional herself as she used to have an unpleasant experience when she visited the school counsellor but it turns out the school

counsellor shared her experience as well as others with the other teachers too which made her have low trust in the confidential policy. Participant 2 and 5 shared similar point on not trusting others with their personal issues as people might judge them or tells other about it. Lastly, Participant 5 also shared that she does not really trust the professional as she has friends who is getting treatment in the hospital, and she mentioned, “*Ya, but the doctor only gives her medication but like nothing change...*”

3.4.3 Personal Bias / Concern

Similar to the sub-theme in theme 1 (3.1.3), personal bias or concern towards mental health is one of the barriers for an individual to get help too. As mentioned in 4.2.3, Participant 1 and 4 who has lived experience with mental health concerns also shared that often they prefer not to tell anyone about their struggles because they don't want to be seen as attention seeking and they worried how others might see them too. Moreover, participant 4 also mentioned that what makes her not seek for professional help is because she does not want to take medication; as she said “... *I am the type that do not like to take medication, if I go for sure they will give medication right? I am not sure, but I don't like it...*”. Personal bias or concern can contribute to the belief system one has towards mental health issues and it can affect individual's help-seeking behaviour and attitude too due to low mental health literacy. According to past studies, individual with a higher mental health literacy, they have a more positive attitude to seek help for their mental health issues too (Chen, Wang, McDermott, Kridel & Rislin, 2018; Furnham & Swami, 2018).

4 DISCUSSION

One prominent finding from the study is the influence of cultural beliefs on mental health within the indigenous community. Participants revealed that their cultural background, particularly their Christian faith, plays a significant role in shaping their attitudes towards mental health. Most participants identified as Christians and noted that traditional healing practices, such as "ilmu", were no longer prevalent within their communities. The same goes to the traditional blessing such as “berubat” which is still being practised but it is just for protection purposes. Instead, religious support, primarily seeking assistance from church leaders or pastors, was the preferred approach when facing mental health struggles compared to seeking professional support. In contrast, one of the participants mentioned that her community would bring the person with mental health concerns directly to the hospital for professional treatment, which is aligned with Barret et. al. (2005) findings where they suggested that it is common to seek for professional medical services when the indigenous community in Sarawak experience any physical or psychological discomfort. However, due to the lack of facilities and awareness, especially in the suburban and rural areas of Sarawak, many individuals do not know where to seek help or only know to go to the hospital or the only psychiatric hospital in town, which can be difficult for some that stayed in the village to travel.

Another noteworthy finding is the participants' low exposure to mental health-related information and perceived moderate-to-low mental health literacy. Participants acknowledged that they had limited knowledge and understanding of mental health issues. Although many mental health

awareness outreaches and initiatives have been made by the government and local NGOs, it seems that the promotion is only reaching specific groups of the community, and many are still unaware of or being exposed to mental health-related information and events. This lack of awareness can contribute to stigma and hinder help-seeking behaviour. The finding from the present study shows that the majority of individual learn from their experience on how they overcome specific issues or from social media as well as K-Drama. The phenomenon where people learn from online resources such as YouTube Videos, Tik Tok and K-Drama can be discussed with Bandura's social learning theory. Bandura's Social Learning Theory suggests that modelling and enhancing an individual's sense of efficacy can help one to improve one's life. In the case of the present study, external resources such as social media (YouTube, TikTok, Internet) and K-drama help to build up one's mental health literacy as well as help-seeking behaviour. According to Cherry (2022), one's attention, motivation, as attitude can be a factor of one's social learning determinant too. If a person is attracted or motivated by the role model, he or she will observe and imitate the behaviour of the role model. In contrast, if the individual is not attracted or has not been paying attention to the role model, he or she will not learn the behaviour of the role model too. For instance, one of the participants shared that one of the chapters in her course subject does talk about mental health topic, but she does not understand much and wasn't really paying attention on that subject because they had an issue with the lecturer (refer to section 3.2.2).

The study also found that participants' narratives revealed that help-seeking behaviour is influenced by their cultural beliefs and the availability of religious support. Many participants expressed a preference for seeking assistance from religious figures before considering professional help. This pattern aligns with the cultural norms and practices within their communities. Not only that, young adults in the indigenous community in Sarawak also reported rarely discuss or talk about mental health topic among their peers. This can be one of the factors that affect individual's help-seeking behaviour too. According to Social Constructivism Theory, people learn through the interaction with others and make sense of their life through their experience and knowledge gained (Chuang 2021; Seagar, 2019). In the case of the present study where participants shared that mental health is not a common topic to discuss among peers, people might process that mental health related topic is a taboo to discuss about as it was often not being discussed. Moreover, social constructivism theory can also be applied on the finding where some of the participant mentioned that they do not trust others with their personal issues; not even with the mental health professional because they used to have unpleasant experience with them which constructed their thoughts towards seeking help and sharing their personal issues to others.

Finally, the finding of the present study showed that majority of the young adults in the indigenous community in Sarawak prefer to seek for religious or spiritual support when they cannot cope with their mental health struggle themselves, followed by sharing with friends or family and seeking for professional help is at the bottom of the list. This could be due to personal bias towards mental health issues as some of the participants did mention that they do not want to be seen as an attention seeker. To support this, a few past studies has also suggested that personal stigma and dilemma towards mental health issues is one of the most common barriers for an individual to seek help too (Chua, 2020; Noorwali et al., 2022; Raaj et al., 2021). The barriers to seeking help that were identified in the present study also showed that personal bias or concerns are one of the sub-themes,

along with trust issues towards others, low mental health awareness, and the limited mental health facilities available.

To sum up, the majority of the indigenous community in Sarawak has become Christian and are modernising where the traditional belief and practice are not being followed thoroughly anymore. Despite the urbanisation and mental health awareness initiatives, mental health literacy among the young adults in the indigenous community is still quite low as they were not being exposed much to mental health information or programs in their area. Talking about mental health-related topics in their community was also not common. This might be one of the factors that contributed to their help-seeking behaviour, too, as a study has suggested that there's a relationship between one's mental health literacy and help-seeking behaviour (Chen et al., 2018; Furnham & Swami, 2018).

The findings of the present study provide up-to-date insight into the current cultural belief on mental health, mental health literacy, and help-seeking behaviour, as well as the barrier to seeking help among the young adults in the indigenous community in Sarawak. However, the present study has several limitations. Firstly, the study had a relatively small sample size, with only six participants from the indigenous community in Sarawak. While qualitative research often involves smaller samples for in-depth exploration, the findings may not fully represent the diversity of perspectives within the community. Secondly, purposive sampling was used to recruit participants who met specific criteria, potentially introducing sampling bias. Those who did not meet the age or cultural background requirements were excluded, limiting the generalizability of the findings. Additionally, the study focused on young adults aged 18-35 years old. Different age groups may have distinct views and experiences related to mental health. Not only that, many of whom were born in the era of modernisation when the community had largely converted to Christianity and adopted more modern thinking and practices. This may lead to more pronounced changes in their cultural beliefs regarding mental health compared to the older generation.

Based on the finding, there are still many things that the authority as well as the people in field need to work on to promote a better mental health awareness system to the community. It is recommended for the counsellors working with the indigenous community in Sarawak to undergo cultural competency training. This training should encompass an understanding of the diverse cultural beliefs, practices, and traditions of the Dayak and Orang Ulu communities. It is essential for counsellors to be sensitive to these cultural nuances to build trust and rapport with their clients. Moreover, given the limited exposure to mental health-related information and the moderate to low mental health literacy reported by the participants, it is recommended for the organisations dealing with mental health concerns develop new strategies to implement awareness campaigns and educational programs targeted at the indigenous community in Sarawak. These initiatives should raise awareness about mental health, reduce stigma, and provide accurate information about mental health conditions and available support services. Lastly, longitudinal studies are highly recommended for future research to track changes in cultural beliefs, mental health literacy, and help-seeking behaviour within the indigenous community in Sarawak over time. This would provide insights into the evolving nature of these factors and the effectiveness of mental health awareness programs. It is also great to conduct research focusing on specific age groups within the indigenous community, such as adolescents, senior citizens, or children, to understand how cultural beliefs and help-seeking behaviour vary across generations.

In conclusion, the present study highlights the importance of enhancing mental health literacy and fostering trust and confidence in mental health professional services, particularly among young adults in the indigenous community of Sarawak. By implementing a more robust mental health awareness strategy, the community's mental health literacy can be enhanced, and individuals may develop more positive attitudes towards seeking professional mental health services. Furthermore, the findings of this study contribute to the limited existing literature that explores cultural beliefs, mental health literacy, help-seeking behaviours, and barriers to seeking help within the indigenous community in Sarawak.

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