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Abstract
University life can be a time of transition for a student before entering the world of the profession. Students need to be wise and mature in facing various challenges throughout their studies and other challenges such as family and finances, which cause depression in everyday life. Students need support, encouragement and help-seeking from family, friends, and people around them mentally and emotionally. In this study, there are two objectives. First, to determine the difference in mental help-seeking attitudes between public and private university students in Petaling and the second objective is to identify the significant factors that influence the mental help-seeking behaviour of university students. A total of 378 university students were involved in this study. A cross-sectional study comparing private and public university students and the sampling method, a stratified sampling technique was implemented. An online survey was used to get a response from the students. The research instrument used in this study was the Mental Help Seeking Attitudes Scale (MHSAS), the Depression Literacy Questionnaire (D-Lit), and the Self-Stigma of Seeking Help Scale (SSOSH). Data analysis was used such as Independent T-test for the first objective and Multiple Linear Regression for the second objective. The finding from the first objective reveals a significant difference in the MHSAS. It shows that public university students find it easier to seek mental health assistance than private university students. The results of the regression indicated gender, household income, SSOSH, and race contributed significantly to the model. Female students who are Malay, with lower self-stigma and have a low household income are more likely to seek mental health care than other students. Since self-stigma is an obstacle to seeking mental help, efforts to minimise self-stigma must be stepped up.
Keywords: Depression Literacy, Help-Seeking, Mental Health, Self-Stigma, University Students.

Introduction
COVID-19 has caused numerous disasters to the economy, food system, devalued property, and health. The COVID-19 pandemic and the ensuing economic downturn have had a

detrimental impact on many people's mental health and opened new hurdles for those who suffer from mental illness or substance abuse problems. The feelings of fear and anxiety toward COVID-19 have the potential to cause immense stress and increase the mental tension in every society. Seeking treatment for mental health concerns is the first step toward analyzing one's mental state, receiving an accurate diagnosis, and receiving professional intervention and mental health management. On the other hand, the elements that influence mental-help-seeking attitudes need to be investigated more. The stigma associated with mental illness is a source of concern for both caregivers and sufferers. Individuals with mental problems are frequently labelled and stigmatized by society because of their conduct and appearance, which are outside of society's norms (Ismail & Wahab, 2015). In many demographics, such as university students, studies have shown that stigma is one of the deterrents to seeking mental treatment (Lally et al., 2013). Young people's mental health issues and illnesses are a significant public health concern. Mental problems are more common among young people aged 16-24 years than in people of any other age group (Gulliver et al., 2010). Although the prevalence of mental illness among young people is significant, the regularity with which they seek care is low, particularly among those from poorer socioeconomic backgrounds. Up to 13.4 per cent of children and adolescents are thought to suffer from mental illnesses (Polanczyk et al., 2015). The treatment rate, however, is modest. For example, according to an evaluation of the usage of psychiatric care, only about 33 per cent of students with mental health issues were treated. This pattern was also seen among young people with depression and anxiety symptoms, with only 18 to 24 per cent seeking professional care. Those who did seek aid preferred to get it from friends and family rather than from a professional (Rickwood et al., 2007). Before the COVID-19 pandemic, social isolation and loneliness were frequent among young people (Lim et al., 2019). Specific pressures linked to the COVID-19 pandemic may be disproportionately experienced by young people (Furlong & Finnie, 2020). Other scheduled activities, such as university education and developmental experiences, are likely to be disrupted or lost for young people (Power et al., 2020).

Literature Review
Several studies have discovered factors that impact the mental health help-seeking attitude between public university students and private university students.

Mental Health Help-Seeking Attitude (MHSAS)
The Mental Help-Seeking Attitude Scale (MHSAS) measures help-seeking toward professionals (Brenner et al., 2018). Additionally, Giroux and Geiss (2019) researched 57 respondents for pretest and post-test surveys, resulting in no significant difference between respondents who finished both surveys and those who completed only the pretest survey. However, scores that were taken before and after are positively correlated. An increase in MHSAS scores from pretest with a mean of 5.7 and a standard deviation of 6.8 to post-test with a mean of 6.0 and a standard deviation of 1.0, with a p-value of 0.009 indicating a reduction of self-stigma. Furthermore, Pfakacha (2019) has also reported no significant difference in scores (p = .11). The immense differences in means (mean difference - .07, 95% CI: .05 -.20) were small (Cohen's d=.03).

Depression Literacy (D-Lit)

University students are surprisingly aware of depression as they are exposed to an advanced medium and can freely learn about mental health. Furthermore, research has also shown that university respondents are significantly better at depression literacy than secondary school respondents (Khan et al., 2010). They have more comprehensive access to any information, especially health information, which could result in a better understanding that benefits their mental state (Gray et al., 2005). As for the correlation between Mental Help Seeking Attitude and Depression Literacy, it had no significant correlation. In conclusion, university students have a higher knowledge of depression literacy compared to students in secondary schools.

Self-stigma of Seeking Help (SSOSH)

Self-stigma on getting help exhibited a strong link with a mental help-seeking attitude ($r = .258$, $p.001$), according to (Ibrahim et al., 2019). Furthermore, the most powerful predictor of mental help-seeking attitude was self-stigma ($F_{(2,199)} = 8.207$, $p.001$, R^2 of .076). Shrestha (2017) also demonstrated that self-stigma was a strong predictor of help-seeking attitude among US students, accounting for a considerable percentage of the difference in the mean help-seeking score. Self-stigma, especially toward official therapies, was a factor that inhibited college students from seeking informal help owing to internalised shame, according to (Xing, 2020). According to Pattyn et al (2014), the larger the expected self-stigma, the less crucial it is for an individual to seek help from a general practitioner and a psychiatrist.

Gender

Males are less likely than females to display emotions, are cautious about admitting vulnerability, and seek professional treatment far less frequently than females. On the other hand, men have been shown to have fewer positive attitudes regarding getting mental health treatment than women (Morgan & Robinson, 2003). In the research, a female has been linked to intentions to seek treatment compared to a male (Vogel & Wester, 2003). In their test, females were far more reluctant to recognise psychiatric difficulties with the need for treatment, unlike males. Yet, they did not vary in terms of willingness to seek help or the degree to which they associated stigma with seeking professional care (Mackenzie et al., 2006). Their research on demographic differences through help-seeking attitudes reveals that sex differences in psychological openness and help-seeking attitudes may contribute to males' low mental health treatment utilization rates. Gender plays a factor in determining help-seeking for mental health problems among adults in Canada (Sen, 2004).

Race

The findings of the study revealed a considerable disparity in attitudes toward seeking help among races. When compared to Indian and Malay people, Chinese people were the most likely to seek expert aid. Students in China have a positive attitude toward counselling and believe that helping professionals have a better understanding of emotional and psychological concerns than non-professionals (Xie, 2007). They also assume that they will seek psychological assistance only if their problems are out of their control (Goh et al., 2007). Malay, on the other hand, has a negative attitude toward mental health treatments. Swami et al (2008) claim that Malay people saw psychological disorders as a sin. As a result, people suffering from psychiatric disorders are unlikely to seek professional care to escape societal pressure.

Age

As people get older, they seem to be more willing to seek help and support if they are in danger of self-injury. Other research has found that older people have better attitudes toward requesting help than younger individuals (Robb et al., 2003). Research of elementary and high school children in Scotland showed that respondents would postpone or refuse to discuss their mental health problems because they thought the symptoms were "strange" or "unusual." They feared stigmatization from their peers, teachers, and parents if they did (MacLean et al., 2013). Although there has been little research on the impact of social networks on age disparities through help-seeking, there seems to be some indication that elderly adults are even less likely than younger people to acquire recommendations to seek professional help from family and friends (Mackenzie et al., 2004).

Institution Type

University students only discovered a significant negative link between Mental Help and Seeking Attitude and the Self-Stigma of Seeking Help (r =.305, p =.001) when it came to help-seeking behaviour (Ibrahim et al., 2019). University students were substantially more aware of depression than non-university students. On the other hand, there was an inverse relationship between self-stigma and seeking treatment (Ibrahim et al., 2019). Males with a postgraduate degree had a different relationship with self-stigma and views than those with some college or a two-year degree (p = .023). Males with a postgraduate degree (b =.71) had a stronger link between self-stigma and attitudes than men with a two-year or some college education (b =.60). (Parent, 2013).

Household Income

Caregivers struggle to deal effectively with their circumstances due to a lack of financial means. The lower socioeconomic position is linked to lower educational attainment, poor housing quality, inflation, and consumer debt, all of which are associated with a higher prevalence of mental disease (Ross et al., 2020). Individuals with lower socioeconomic status have been found to have a higher stigma associated with mental illness, lower mental health literacy, and a less willing attitude to seek help (Holman, 2015). However, there is a scarcity of research on the stigma of mental illness, literacy, and intentions to seek help concerning economic status. Meanwhile, those with a greater family income are more likely to seek help (Tijhuis et al., 1990).

Methodology

A cross-sectional design was used in this study, and as mentioned by Sobol (2014), this study is a type of research method that involves observing the entire population, or a representative subset of it, at a specific time. In simple terms, it is a type of study that focuses on a particular group of people who differ in a specific variable at the same time.

The target population of this study is the public and private universities in Petaling District. It was chosen as it has the highest increasing rate of COVID-19 cases compared to other districts in Selangor (Majlis Perbandaran Klang, 2020). The number of public and private universities was 28, 696 and 20,000 students, respectively. Thus, the population size of this is 48,696 students. A formula for calculating sample size is referred to as (Yamane, 1967). The sample size needed is 378 students, 229 public university students and 149 private university students.

The sampling technique chosen for this study is probability sampling, or to be precise, stratified sampling. This technique is where a sample is selected, and each stratum of the population is represented. Thus, one public university and one private university were specified as the strata for this study.

Online survey methods were selected considering meetings and handing out questionnaires directly to respondents were not allowed due to the Standard Operating Procedure issued by the Malaysian government. The researchers contacted representatives from the universities after obtaining permission from private and public universities, and the State Education Department before distributing the questions to be answered.

The questionnaires were constructed and divided into four sections: the demographic section, the MHSAS section, the D-Lit Section, and the SSOSH section. The demographic section asked the respondents about their gender, age, institution type, and family income. In the second section of the questionnaire, this study adopted a mental health help-seeking attitude survey developed by Hammer et al (2018) to assess respondents' attitudes towards seeking support from professionals in mental health. It has nine items and uses a semantic differential scale of seven points. For the third section, a depression literacy scale, or D Lit, was used to assess depression-specific literacy in mental health established by (Griffiths et al., 2004). Twenty-two items were answered by the participants:" "false," or "don't know". This study adopted a self-stigma of seeking help scale invented by Vogel et al (2006) to assess self-stigma seeking for help and support, and whether a person was diagnosed with a mental illness. It consists of 10 items on the 5-point Likert scale, from "strongly disagree" to "strongly agree".

The theoretical framework is shown in Figure 1. The seven independent variables involved were depression literacy, self-stigma of seeking help and the demographic factors which are gender, race, age, institution type, and household income, and how they influence the dependent variable, mental help-seeking attitude.
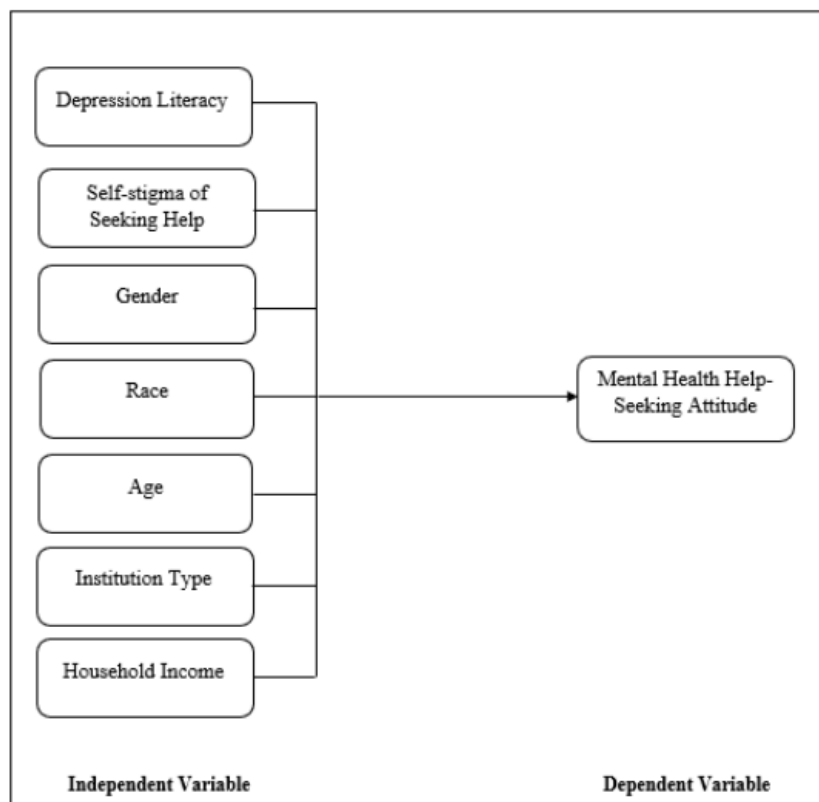
Fig. 1 The Theoretical Framework

Findings and Data Analysis
Independent Sample t-Test
Testing the Difference in the Mental Health Help Seeking Attitude Between Public and Private University Students
There are two assumptions to fulfil and check while conducting the independent t-test, the data are normally distributed and have an equal population variance. Both assumptions were tested and satisfied.

With a total of 229 students in a public university, it shows a mean of 5.6104 and a standard deviation of 0.9806. While for a private university, it has a total of 149 students. It shows a mean of 5.006 and a standard deviation of 1.1524, where a higher mean score indicates more favourable attitudes. Table 2 shows the result of the independent sample t-test which has a p-value of less than $\alpha = 0.05$, indicating that there is a significant difference between public and private university students. Since the equality of the variances is not met t (279.961) = 5.278, p = 0.000., using the welch - Satterthwaite method would be appropriate.

Table 1
Mean Comparison between Public and Private University Students

Variable	University	N	Mean	Std. Dev	Std. Error Mean
MHSAS	Public	229	5.6104	0.98062	0.06480
	Private	149	5.0060	1.15244	0.09441

Table 2
Independent Samples T-test

MHSAS	Equal Variances Assumed	Equal Variances are not Assumed
F	12.217	
Sig.	0.001	
t	5.461	5.278
df	376	279.961
Sig. (2-tailed)	0.000	0.000
Mean Difference	0.60442	0.60442
Std. Error Difference	0.11069	0.11069

Multiple Linear Regression

The independent variables in this study were gender, age, institution type, household income, race, depression literacy (D-Lit), and self-stigma (SSOSH) of university students, and the dependent variable was mental health help-seeking attitude (MHSAS). In this investigation, backward stepwise regression was performed.

Constructing Dummies for Categorical Variables with More Than Two Classes

Race is the only category independent variable that has more than two levels. The race variable is divided into four categories: Malay, Chinese, Indian, and Others, which are represented by the three indicator variables in Table 3. The race variable was split into three dummy variables, with one group serving as a control group. Malay was used as the reference group, with a code of 0 for all three dummy variables.

Table 3
Dummies for Race

Race	Chinese (EC)	Indian (EI)	Others (EO)
Malay	0	0	0
Chinese	1	0	0
Indian	0	1	0
Others	0	0	1

Checking Model Adequacy

As all the assumptions were met, the model can be applied. Each predictor and the independent variables have a linear relationship, the error terms are normally distributed, the error variance is constant or homoscedastic, there is no multicollinearity, and there are no outliers.

Checking Model Validity

The F Test was used to test the relationship regression between MHSAS and the set of variables that were used to predict outcomes to test the model's validity. The test's hypothesis would be to show that the model is significant. If the p-value is less than 0.05, the

model is valid. The ANOVA table in Table 4 reveals that the model is significant because the calculated F value is large, and the p-value is less than 0.05.

Table 4
ANOVA table

Sources of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F_0	p-value
Regression	145.883	8	18.2435	22.214	0.000
Residual	302.906	369	0.821		
Total	448.789	377			

Determining Significant Factors

The significance of each parameter was tested after the validity of the model was established. Variables with a p-value of less than = 0.05 are deemed significant when determining the significance of each parameter. The variable Depression Literacy (D-Lit) was removed from the model using the Backward Stepwise Regression approach to ensure that the reduced model best explained the data in this study. Gender, Household Income, Institution Type, SSOSH, Chinese, and Indian students were all significant in estimating the dependent variable, MHSAS, as their p-values were less than 0.05.

Gender was shown to be a significant variable (p =.006), which corresponds to a prior study by (Sen, 2004). Individuals with lower household income have also been shown to be less ready to seek help, according to Holman (2015)'s research which is consistent with those of Shrestha (2017); Xing (2020), who reported that SSOSH (p.001) was a major predictor of students' willingness to seek help. Household Income (r = -0.177) has a negative association with the dependent variable MHSAS, according to Pearson's correlation values. MHSAS will increase if household income declines. Similarly, SSOSH (r = -0 .438) shows a negative association with MHSAS, indicating that when SSOSH rises, MHSAS falls. Note that a lower MHSAS score suggests a more negative attitude toward getting help, and vice versa.

Furthermore, Institution Type (p =.0039) was a significant variable in the regression model, which corresponds to the results of the independent t-test, which demonstrate a significant difference between public and private university students (p =.000). Moreover, Pearson's correlation (r =.073) for the variable Age shows a very weak positive relationship with MHSAS, indicating that older students have a more positive attitude toward seeking help. This is consistent with previous research by Ibrahim et al (2019); Robb et al (2003), which found that older university students had a superior mental help-seeking attitude than younger students. Despite this, the variable Age (p =.096) was determined to be a non-significant variable, contradicting the conclusions of the prior studies.

Six of the nine variables were found to be significant. The estimated unstandardised coefficients for the independent variables are shown in Equation 1. When all other variables are held constant, β_1 = 0.315 shows that the average MHSAS score for female students is 0.315 higher than for male students. Next, β_2 = -0.0000164 reveals that when Household

Income increases by RM1, the MHSAS score decreases by 0.0000164 while the other factors remain constant.

The average MHSAS score for Private university students is -0.232 lower than for public university students, as shown by β_3 = -0.232. Similarly, for every 1-point increase in SSOSH, the MHSAS score drops by 0.868 points. Furthermore, when all other variables are held constant, Chinese and Indian students' MHSAS scores are 0.453 and 0.893 points lower than Malay students. The final estimated regression function after removing the non-significant variables is as follows:

$$Y = 6.890 + 0.315X_1 - 0.0000164X_2 - 0.232X_3 - 0.868X_4 - 0.453X_5 - 0.893X_6 \tag{1}$$

Y = Mental Help-Seeking Attitude Scale (MHSAS)

X_1 = Gender $\begin{cases} 1 & \text{Female} \\ 0 & \text{Male} \end{cases}$

X_2 = Household income

X_3 = Institution Type $\begin{cases} 1 & \text{Private} \\ 0 & \text{Public} \end{cases}$

X_4 = Self-Stigma of Seeking Help Scale (SSOSH)

X_5 = Race $\begin{cases} 1 & \text{Chinese} \\ 0 & \text{Others} \end{cases}$

X_6 = Race $\begin{cases} 1 & \text{Indian} \\ 0 & \text{Others} \end{cases}$

Conclusion
Acquiring the first objective, an independent t-test was used to compare the means of MHSAS score between institution types, as both public and private data were statistically proven to be normally distributed. Furthermore, all assumptions underlying this analysis were met, except for equal variance between institution types. Based on the findings of the previous chapter, it is reasonable to state that there was sufficient evidence to prove a significant difference in the mean MHSAS score between public and private university students. MHSAS scores for public university students are higher than private university students, and this suggests that public university students find it easier to seek mental health assistance than private university students. The second objective used multiple linear regression to determine the significant factors that influence students' mental health and help-seeking attitude. The study's findings revealed six significant variables: gender, institution type, self-stigma (SSOSH), Chinese, and Indian students, with SSOSH being the significant variable to influence MHSAS. Research published by Ibrahim et al (2019) backs up this conclusion. According to this model, female students who are Malay with lower self-stigma and have a low income are more likely to seek mental health care than other students.

Recommendations
Building Students' Willingness to Seek Help
Students may be hesitant to accept that they require treatment. They should not be discouraged from getting treatment because they are afraid of being classified as having a

mental condition. Treatment can give relief by identifying the source of the problem and lowering symptoms that interfere with their job and personal lives (Mayo Clinic, 2017). Students may assume that their illness is a sign of personal weakness or that they should be able to handle it on their own. Authorities in schools or any other institution should assist them to embed the idea that seeking counselling, educating themselves about their condition, and interacting with others who have mental illnesses may help them acquire self-esteem and overcome negative self-judgement (Mayo Clinic, 2017). Encourage them to consider expressing their views at events or on the internet. It can inspire others facing similar problems and educate the public about mental illness. Considering self-stigma may be an obstacle to getting help, efforts to minimise self-stigma in this demographic must be strengthened.

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