Intention to seek professional help for depression and its associated factors among elderly patients in Tenkera Health Clinic, Melaka, Malaysia

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ABSTRACT

Background: Prevalence of mental disorders such as depression in the elderly is rising with the ageing population. This study is aimed to determine the prevalence of depression, their intention to seek help and the factors associated to seek professional help among elderly patients in a primary care clinic.

Methods: This was a cross-sectional with systematic sampling conducted from June to December 2019 in Tengkera Health Clinic (THC). Patient Health Questionnaire-9 (PHQ-9), socioeconomic data and a dichotomous yes-no response for intention to seek help was collected from 273 elderly patients attending the outpatient clinic.

Results: The prevalence of elderly depression at THC was 10.3% and the prevalence of intention to seek professional help for depression among elderly patients at Tengkera Health Clinic was 27.5%. Factors that were associated with intention to seek professional help for depression were prior experience of seeking professional help, adjusted OR 3.45[95%CI (1.41-8.48)] and education level of the respondents- secondary education, adjusted OR 3.10 [95%CI (1.01-9.53)] comparing with no formal education; tertiary education, adjusted OR 4.66 [95%CI (1.08-20.04)] comparing with no formal education.

Conclusion: The prevalence of elderly depression was high while the prevalence of intention to seek professional help for depression in the sample population was low. Primary care physicians play a vital role in identifying elderly patients with low education level for screening and treatment as well as promoting awareness and breaking down barriers and stigma towards mental illness.

KEYWORDS:
Intention, help-seeking, depression, elderly, Malaysia

INTRODUCTION

Elderly population as defined by World Health Organization (WHO) and in Malaysia is 60 years old and above.[1] The Malaysia population is rapidly ageing in tandem with most of the developed nations, at 5% of the elderly population in 2010 and projected to reach 14.5% (6 million) in 2040.[2] In 2018, the total population of elderly in Malaysia was 6.2% at 2.3 million, and the life expectancy was at 74.7 years old.[2] According to National Health and Morbidity Survey (NHMS) 2018, 5.3% elderly screened had depression, while 8% tested had dementia.[3] Various similar prevalence study in Malaysia previously described elderly depression between 7.8% to 18%.[4] Prevalence of elderly depression in other Asian countries based on Geriatric Depression Scale-15 (GDS-15) ranged from 17.2% in Vietnam to 33.8% in Indonesia.[5] Globally, depression disorders are ranked as the single most significant contributor to non-fatal health loss at 7.5% of all Years Lived with Disability (YLD).[6] In Malaysia, depression is more prevalent among females, those who are unmarried, those with no formal education, those with family income less than RM 300 per month, and those living urban areas.[7]

Despite the high prevalence, the rate of help-seeking for patients with depression is often low. Various studies showed rate of seeking help for depression ranged from 17.4% to 30.6%.[8-11] Help-seeking is a dynamic process, based on health belief model by Becker et al., the perceived susceptibility and seriousness of depression, demographics variables, perceived threats, perceived benefits, and barriers all contributes to the final decision to seek treatment.[12] Known factors associated with intention to seek professional help were higher education, socioeconomic status, engagement in valued activities, religion or spiritual engagement and good emotional regulation.[13] Elderly patients were significantly associated with negative attitudes towards seeking help.[14]

Stigma associated with seeking psychological help, the lack of trust in helping professionals, their services and lack of knowledge about the availability of services also further discourage elderly patients with depression to approach health care providers.[14] Most of the studies done in Malaysia for depression addressed the prevalence and causal effects of depression. Here the data on the rate of intention to seek help is scarce and thus a study is needed.

This study is aimed to determine the prevalence of depression, their intention to seek help and the associated factors associated with intention to seek professional help for depression among elderly patients in a primary care clinic.

MATERIALS AND METHODS

This is a cross-sectional study conducted from 1st June 2019 to 31st December 2019 in a government health clinic, Tengkera Health Clinic (THC) in the district of Melaka

This article was accepted: 14 December 2020
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Tengah in Melaka state in Malaysia. The clinic is located in the semi-urban area of the district and had about 10,000 to 12,000 patient visits per month, and almost 50% of the visits were patients over 60 years old.

A questionnaire was used to determine the prevalence of depression and their intention to seek help. This was divided into three sections. The first section was the sociodemographic data, the second was Patient Health Questionnaire-9 (PHQ-9) questionnaire and the third section being help seeking behaviour. Ethical approval was obtained from relevant regulatory bodies highlighted in the ethical approval section. Depression was measured using the PHQ-9 and was prepared in three languages (English, Malay, and Mandarin). The cut-off value for the diagnosis of depression was ≥10. PHQ-9 is a self-report measure, consisting of nine questions based on the nine DSM-IV criteria for major depression. Its validity as a brief depression severity measure was first published in 2001.[15] The Malay version of PHQ-9 was found to be a valid and reliable case-finding instrument for depression in Malaysian primary care clinic.[16] The sensitivity of the PHQ-9 at the cut-off value of 10 and above was 87%, and the specificity was 82%.[16]

The second and third section of the questionnaire used was in two languages, namely English and translated to Malay by the authors. Sociodemographic data were also measured with twelve questions including age, gender, race, education level, marital status, working status, income levels, living arrangements, co-morbid medical illness, co-morbid psychiatric illness and physical limitations were collected. The items were adapted from previously used health services research survey on elderly population in Malaysia.[3]

The last section measured the help seeking of the participants. Three items were used in the section, which were adapted from a large population study by Chin et al. Question 1 explored the prior experience of professional help-seeking among respondents. Respondents were asked: "Do you have any prior experience in discussing your mental health or emotional problem with any of the following?" Response options included: friends and family; religious organisation, traditional medicine practitioner; religious healer; counsellor; general practitioner; psychiatrist; psychologist; social worker; telephone hotline and 'no help-seeking'. Respondents could choose more than one option. Past professional help-seeking was defined as a respondent's self-report of having received consultation from a member of a professional mental healthcare worker in the past and was identified by a checked response to general practitioner, psychiatrist, psychologist or counsellor options. Question 2 explored their intention to seek professional help for depression. Respondents were asked: "If you were to be depressed in the next six months' time, which of the following would you prefer to seek help from?" Response options included: friends and family, religious organisation, traditional medicine practitioner, religious healer, counsellor, general practitioner, psychiatrist, psychologist, social worker, telephone hotline and 'no help-seeking'. Respondents could choose more than one option. Intention to seek professional help for depression was defined as the participant's self-reported intention to consult a healthcare professional, which were general practitioner, psychiatrist, psychologist or counsellor, in the next six months if he or she were depressed. Question 3 explored the preferred point of first contact of mental health care among the participants. Respondents were asked: "Given a choice, which healthcare professional would you approach initially for your depressed symptoms?" Response options included general practitioner, psychiatrist, psychologist, counsellor or social worker. Respondents were asked to choose only one option. Respondents who do not wish to seek professional help can opt to abstain from answering the final question.

Face validity and content validity of the questionnaire were carried out before the actual data collection. A senior consultant in Family Medicine and a senior consultant psychiatrist reviewed the lists of items asked in the questionnaire, and their expert recommendations were obtained and incorporated. Ten sets of questionnaires were distributed to elderly patients randomly, and their understanding of the questionnaire was assessed. Seven out of ten elderly patients were unable to answer the questionnaire due to poor literacy and needed to be fully assisted by the field researcher.

During the study period, patients aged 60 and above were recruited, using systematic sampling. Every third patient registered at the counter who was more than 60 years was selected for the study. Sampling of patients was done every Thursday during the duration of the study. Those patients who visited the emergency units, had severe mental disorder, severe cognitive impairment, and mental retardation or refused to participate were excluded. The cognitive impairment (dementia) and mental health premorbid of patients were obtained from the outpatient card and through direct questioning of the respondents by the field researcher at the registration counter. Respondents who were on treatment for depression were excluded from the study.

The questionnaires were given to participants once written consents were obtained according to the approval by relevant regulatory bodies and administered face to face by the field researcher at a designated room while waiting for the doctor's consultation. Chinese patients requiring assistance with questionnaire were helped by field researcher using standard verbal translations of the second and third sections of the questionnaire. After completion of the questionnaire, participants with a PHQ-9 score of 10 or more were referred to the family medicine specialist for further confirmation of the diagnosis of depression and management. Cases with moderate to severe depression with or without suicidal ideation were referred to the psychiatrist at Melaka General Hospital through both written and oral referral for expert care.

The sample size was calculated based on Kish L formula.[17] We estimated a sample size of 273 patients considering an estimated prevalence of elderly depression of 13.9%[4] and rate of intention to seek professional help for depression, 24.3%.[8] We set an absolute precision of 5% and a confidence interval of 95%. We did not account for non-responders because recruitment would continue until the desired sample size was reached.

Data collected was analysed using the Statistical Package for Social Sciences (SPSS), version 22. For descriptive analysis, the mean was used to describe the age of the participants.

Table I: Social Demographic characteristics (N=273)

Variables		N	(%)
Age (mean, SD)		(69.9, 6.9)	
Gender	Male	130	47.6
	Female	143	52.6
Ethnicity	Malay	86	31.5
	Chinese	174	63.7
	Indian	11	4.0
Marital status	Married	188	68.9
	Single/Divorced	85	31.1
Education level	No formal education	38	13.9
	Primary	104	38.1
	Secondary	110	40.3
	Tertiary	21	7.7
Employment	Employed	60	22.0
	Retired/Non employed	213	78.0
Income (RM)	Less than 1000	141	51.6
	1000- 4000	117	42.9
	Above 4000	15	5.5
Living arrangement	Staying alone	31	11.4
	With family	242	88.6

Table II: Participants' help seeking preferences (N=273)

Help seeking option †	Past help seeking preferences		Help seeking preferences if depressed in the next six months	
	Frequency	%	Frequency	%
Friends and family	152	55.7	192	70.3
Religious organization	129	47.3	126	46.2
General practitioner	22	8.1	72	26.4
'No help-seeking'	63	23.1	44	16.1
Counsellor	1	0.4	11	4.0
Psychiatrist	1	0.4	11	4.0
Social worker	3	1.1	5	1.8
Religious healer	11	4.0	3	1.1
Traditional medicine practitioner	7	2.6	2	0.7
Psychologist	0	0.0	1	0.4
Telephone hotline	0	0.0	1	0.4

†Participants could choose more than one option during the survey.

Table III: Participants' preferred first point of contact with health care worker (N=273)

Help-seeking option	%, (n)
General practitioner	49 (134)
Psychiatrist	21 (58)
Counsellor	17 (45)
Social worker	9 (25)
Psychologist	4 (11)

Percentages and proportions were used to describe participants' demographic data, the prevalence of depression among the respondents and the prevalence of intention to seek professional help for depression among the respondents. Simple logistic regression was performed for bivariate analysis, and subsequently, the independent factor associated with the intention to seek professional help for depression among the elderly was identified with multiple logistic regression. The independent variables are depression, prior experience of seeking professional help, education level, living arrangement, gender, marital status, employment status, income level, psychiatric premorbid, medical illness and physical limitation. The cut-off value of p to be included in multiple regression was 0.25. Significant p was set at <0.05. Model fit was tested with Hosmer and Lemeshow statistics, using the criteria of a non-significant X^2 goodness of fit at p>0.05 to indicate an adequate model fit.

RESULTS

The mean age of patients was 70 years (SD of 6.9) (Table I). Majority of the respondents were Chinese (63.7%) followed by Malays (31.5%) and most were married and with living partners. Majority of the participants had low education level: defined as having no formal education (13.9%) and primary education (38.1%). Socio-economically 78.0% of them were not employed, and most of them had a monthly income of less than RM1000, whereas, 11.4% of the participants were staying alone. More than 90% of the participants had co-morbid medical/surgical problems, with

Table IV: The association between intention to seek professional help for depression with participants' sociodemographic, premorbid conditions and depression status (N=273)

Variable	Intention to seek help n (%)	No intention to seek help n (%)	Crude OR (95% CI)	P value
Depression				
Yes	9 (32.1)	19 (67.9)	1.29(0.55-2.98)	0.56
No	66 (26.9)	179 (73.1)	1	
Prior experience of seeking professional help				
Yes	14 (56.0)	11 (44.0)	3.90(1.68-9.05) †	0.01
No	61 (24.6)	187 (75.4)	1	
Education				
No formal education	5 (13.2)	33 (86.8)	1	
Primary education	22 (21.2)	82 (78.8)	1.77(0.62-5.07)	0.29
Secondary education	39 (35.5)	71 (64.5)	3.63(1.31-10.04) †	0.01
Tertiary education	9 (42.9)	12 (57.1)	4.95(1.38-17.76) †	0.01
Living arrangement				
Alone	11 (35.5)	20 (64.5)	1	0.29
Family	64 (26.4)	178 (73.6)	0.65(0.30-1.44)	
Gender				
Female	35 (24.5)	108 (75.5)	1	0.25
Male	40 (30.8)	90 (69.2)	1.37(0.81-2.34)	
Marital status				
Married	58 (30.9)	130 (69.1)	1	0.06
Single/divorced	17 (20.0)	68 (80.0)	1.79(0.97-3.30)	
Ethnicity				
Malay	22 (25.6)	64 (74.4)	1	
Chinese	49 (28.2)	125 (71.8)	1.14(0.63-2.05)	0.55
Indian	3 (27.3)	8 (72.7)	1.09(0.27-4.48)	0.51
Others	1 (50.0)	1 (50.0)	2.91(0.17-48.50)	0.50
Employment				
Employed	14 (23.3)	46 (76.7)	1	0..42
Retired/unemployed	61 (28.6)	152 (71.4)	0.76(0.39-1.48)	
Income level				
Less than RM1000	32 (22.7)	109 (77.3)	1	
RM1000-4000	39 (33.3)	78 (66.7)	1.70(0.98-2.95)	0.06
More than RM4000	4 (26.7)	11 (73.3)	1.24(0.37-4.15)	0.73
Psychiatry premorbid				
No	72 (26.9)	196 (73.1)	1	0.13
Yes	3 (60.0)	2 (40.0)	0.25(0.04-1.50)	
Physical limitation				
No	72 (27.7)	188 (72.3)	1	0.72
Yes	3 (23.1)	10 (76.9)	1.28(0.34-4.77)	
Medical premorbid				
No	7 (41.2)	10 (58.8)	1	0.20
Yes	68 (26.6)	188 (73.4)	1.94(0.71-5.29)	

(1)Reference group, †Statistically significant at p<0.05

80.2% (n=219) having hypertension and 40.7% (n=111) having Diabetes Mellitus; while thirteen participants have had stroke and nine participants had been diagnosed with cancer. Only five participants had underlying psychiatric diagnoses such as anxiety, while thirteen participants had physical limitations.

The prevalence of depression among elderly patients in THC was 10.3% (n=28). The prevalence of intention to seek professional help for depression among elderly patients was 27.5% (n=75).

Past help seeking behaviours

Among all the respondents, 76.9% (n=210) of them reported having sought help from others in handling their emotional problems from either friends and family; religious organisation; traditional medicine practitioner; religious healer; counsellor; general practitioner; psychiatrist; psychologist or social worker. Friends and family were the most sought help, followed by religious organisation. (Table II) Only 8.8% (n=24) had sought help from professional.

Intention to seek professional help for depression and help-seeking preferences

Majority of the participants were keen to seek help from either friends and family members and religious organisations. Their help-seeking preferences are listed in Table II. Among those respondents who were identified as depressed based on PHQ-9 (n=28), only 32.1% or 9 respondents had intention to seek professional help for their depression.

As for the preferred first point of contact with health care workers among participants for their depressed symptoms listed in Table III, 49.6% of the participants chose general practitioner followed by psychiatrist 21.0%.

Table V: Multivariate analysis of independent factors associated with intention to seek professional help for depression (N=273)

Variable	Adjusted OR	95% C.I.		P value
		Lower	Upper	
Gender (Female)				
Male	1.08	0.60	1.95	0.73
Marital status (Married)				
Single/Divorced	0.74	0.38	1.45	0.61
Education (No formal education)				
Primary education	1.63	0.54	4.97	0.39
Secondary education	3.10†	1.01	9.53	0.01
Tertiary education	4.66†	1.08	20.04	0.01
Income level (less than RM1000)				
Income RM1000-4000	1.17	0.63	2.19	0.23
Income >RM4000	0.51	0.12	2.09	0.27
Medical premorbid (No) Yes	0.46	0.16	1.31	0.20
Psychiatry premorbid (No)Yes	2.32	0.31	17.68	0.39
Prior experience of seeking professional help (No) Yes	3.45†	1.41	8.48	0.01

Brackets indicate reference categories, †statistically significant at p<0.05
Hosmer and Lemeshow test suggested an adequate model fit. Chi square=7.394, P=0.495
Nagelkerke's R^2=15.3

Factors associated with intention to seek professional help for depression

Prior experience of seeking professional help and education level were significant factors associated with the intention to seek professional help among the respondents. Having a prior experience has an adjusted odds of 3.45[95%CI (1.41-8.48)] compared to without prior experience to seek professional help. Having higher education was also associated with higher odds of seeking professional help compared to no formal education as shown in Table IV and Table V. Table IV showed that having diagnosed with depression was not associated with intention to seek professional help.

DISCUSSION

The prevalence of intention to seek professional help for depression among elderly patients in THC Clinic was 27.5% and the prevalence of depression among elderly patients was 10.3%. Factors or variables that were significantly associated with the intention to seek professional help for depression were level of education and prior experience in consulting mental health professionals. From this study the intention to seek professional help for depression was not associated with the status of depression.

Latest NHMS 2018 findings from elderly health survey showed that 1 in 10 elderly are depressed and have low education level.[3] There seems to be much agreement between our study with the data presented in the national survey. Previous local studies on elderly depression showed prevalence in Malaysia to be between 7.6% to 19.2%.[3,4,18,19] The prevalence studies done showed that the elderly depression was significant in Malaysia as the population is ageing and the elderly population is facing ever increasing physical, mental, financial, and social challenges.

From various studies done worldwide, the intention to seek help for depressive symptoms were low. Chin et al. showed suboptimal utilisation of mental health facilities at 24.3%. A Korean study noted that only 17.4% of the participants (all age groups) had a consultation to mental health professional,[9] research in Japan stated that 18.7% of participants sought help.[10] Help-seeking study done in Turkey showed 23.6% to 30.6% utilisation of health care services.[11]

Female elderly patients, patients who were not married and patients with higher education were more likely to seek professional psychology consultation.[14] The education level of the participants in our study was an essential factor influencing their intention to seek help as compared to studies done in Canada and the US.[13] Our study showed that majority of the participants sought help from family members and friends and religious organiation and higher education level resulted in higher intention to seek professional help for depression.

A study done in Singapore showed that people with higher religion affiliation showed less frequent treatment by mental health professionals.[20] Systematic review and meta-analysis showed that personal attitudes toward mental illness such as own negative attitudes towards mental health help-seeking and their stigmatising attitudes towards people with a mental illness were associated with less active help-seeking.[21]

In Malaysia, previous studies showed mixed responses as to which pathway the patients sought help, with the majority willing to seek help from religious and traditional healers.[22] The consulting of traditional or religious healers in our sample population was low. Khan et al., reported that 65.5% were willing to seek help from psychiatrists, while 58.22% preferred to consult general practitioners.[22] Most participants in our study (49.6%) preferred to consult general practitioners or primary care physicians for their symptoms of depression. Almost half of our subjects preferred to consult general practitioners with their emotional problems which may indicate that the participants trusted the general practitioners and were comfortable and confident with the general practitioners to managing their depression.

Help-seeking is a complex behaviour that is thoroughly investigated by numerous studies. According to Theory of

Planned Behaviour,[23] intentions to perform behaviours of different kinds can be predicted with high accuracy from attitudes toward the behaviour (positive or negative evaluation of behaviour), subjective norms (perception of social support to engage in the behaviour), and perceived behaviour control (the extent to which a behaviour is regarded as able to be done).[23] An Intention to seek help does not necessarily translate to actual help-seeking that is observed as an endpoint. It merely predicts a higher possible tendency of the studied population to perform the desired behaviour.

From this study it was interesting to note that 67.86% (n=19) of the depressed participants did not intend to be treated for depression by professional mental health providers in the forthcoming six months. This low rate of help seeking can be explained by the low motivation, unclear treatment process, internalised stigma and public stigma. Primary care physician needs to break down the barriers of seeking help by addressing the above problems.

Strength and limitations of the study

The strength of this paper was the usage of PHQ-9 for the study of depression among elderly patients in THC. PHQ-9 has acceptable diagnostic properties such as high specificity and sensitivity to diagnose depression, as mentioned in our paper. The straightforward and simple language used in this instrument based on DSM-IV criterion makes it easy to administer. However, the use of checklist screening to diagnose depression has its limitation as the instrument lack the ability to differentiate dementia from depression in elderly population and unable to identify life events and chronic stresses endured by the elderly patients.

The sample population was unable to represent the elderly population of Malaysia as our subjects were from one government health clinic in Malaysia, and the respondents were predominantly Chinese from a semi-urban community with low to middle income and were generally healthy, not hospitalised and not institutionalised. The intention to seek professional help for depression among the elderly was not further investigated with a follow-up interview in a longitudinal study to ascertain the actual behaviour to seek professional help when depressed. The actual consultation with a professional mental health care worker was not determined in this study. However, the result from this study may be used by primary care practitioners in this discipline to engage the elderly population to increase their awareness regarding the availability of treatment options for mental health in primary care clinic.

The intention to seek professional help in this study was based on dichotomous yes-no intention, which was derived from the respondents choosing professional help as defined in the methodology. This method of identifying the intention to seek help was relatively simple, but it did not allow the respondents to indicate degrees of intentionality and did not provide additional information on the degrees of preference in the chosen help options.

Factors that would influence the help-seeking behaviour were explored in this study, but the attitudes, perceptions and stigma of mental health help-seeking were not addressed. It would be challenging to administer complicated questionnaire involving the attitudes, perceptions and stigma with the elderly population in the study area as most of the elderly patients had lower education level, and it would be difficult for them to understand the questionnaires.

Most of the participants required assistance while answering the questionnaire, and some participants needed translation and further clarification with the questions. Due to the low level of education of the participants, the single field researcher required more time to administer the questionnaire and may result in observer bias when interpreting the responses of the participants.

CONCLUSION

The prevalence of intention to seek professional help for depression in this study was 27.5%. This study showed that primary care clinicians can play an essential role in mental health services in the community. Also this study revealed that past experience of professional help-seeking and the level of education of the elderly patients are important factors affecting the intention to seek professional help for depression. Future study on help-seeking behaviour in the elderly population in Malaysia should investigate the attitudes, perceptions and stigma influencing the intention to seek help for elderly depression by using qualitative approach or using instruments such as ATSPPH-SF (Attitudes toward seeking professional psychological help- Short Form) or other similar instruments.

ETHICAL APPROVAL

Approval was obtained from the Research & Ethics Committee of UKM (UKM-JEP-2018-043), National Medical Research Registry (NMRR-17-3332138911(IIR)) and the Medical Research and Ethics committee (MREC). All respondents gave their informed consent prior to their participation in this study.

ACKNOWLEDGEMENT

We would also like to thank the District Health Office of Melaka Tengah for the permission to conduct this study at the Tengkera Health Clinic. We would like to thank Dr. Azman Bin Othman (Family Medicine Specialist of THC) for his assistance throughout the study period.

CONFLICT OF INTEREST

The authors of this study declare that there is no conflict of interest.

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