"Jom Sembang" for Coping with COVID-19: Mental Health Challenges, Interventions and Help-Seeking in Malaysian B40 Communities

THRIVE WELL

30 SEPTEMBER 2021

Table of Contents

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EXECUTIVE SUMMARY

Since 2020, the COVID-19 pandemic has posed significant challenges to the health, wellbeing and livelihoods of communities in Malaysia. Stressors associated with the pandemic have particularly affected high-risk populations, such as economically disadvantaged communities.

Though the government's ongoing vaccination rollout offers a ray of hope, there are growing concerns over the long-term mental health impacts arising from the pandemic. SOLS Health-Thrive Well (SH-TW) under the SOLS 24/7 Foundation (Science of Life Studies) initiated the Jom Sembang project providing accessible mental healthcare for adults and children from the B40 income group (bottom 40% tier as per Malaysian government classifications).

Jom Sembang

Jom Sembang was undertaken with funding from the Hasanah Special Grant (HSG) launched by Yayasan Hasanah in partnership with the Ministry of Finance Malaysia. A total of 96 clients received mental health and psychosocial services under the project, comprising of 89 adults and 7 children from diverse ethnic backgrounds.

Through Jom Sembang, SH-TW gained valuable insights into challenges affecting the individuals from B40 communities during the pandemic, alongside their sources of support and help-seeking behaviour. Whilst this project aims to understand the challenges that B40 communities face, given the sample size and characteristics a word of caution is warranted when generalizing the findings to B40 communities as a whole.

On average, participants demonstrated a significant improvement in Depression Anxiety and Stress (DASS) scale scores with reduction on all domains, along with improvement in WHOQOL test scores assessing quality of life after therapy. The significant and clinically meaningful differences in indicators from high/extreme to mild/moderate shows the effectiveness of the project in improving the individuals' mental health.

Challenges

Beneficiaries presented an average of seven mental health issues, of which anxiety, extreme depressed mood and mood swings were most commonly mentioned. There were also signs of deteriorating relationship dynamics amidst heightened stress and online communication in this period. In many cases, financial issues, interpersonal conflict and emotional struggles were interrelated. The project found one quarter (26%) of beneficiaries (excluding beneficiaries from Women's Aid Organisation) had experienced domestic violence.

The project beneficiaries found themselves increasingly detached from their social circles, which often led to feelings of loneliness, isolation and rejection during their struggles. In most cases, they found themselves alone without adequate help to address conflict or abuse. Some participants also found it difficult to cope with lifestyle changes and reported physical health problems. All these challenges were exacerbated in an overall environment of growing uncertainty during the pandemic.

Sources of Support

The project beneficiaries reported that therapy sessions have significantly helped improve their mental health and cope with challenges during the pandemic. According to participants, therapy provided them with professional support, coping skills and techniques to help them regulate their emotions and bounce back during the pandemic.

The project beneficiaries reported benefiting from the professional expertise of therapists and learning coping strategies which included more self-awareness, changing mindsets for setting new goals; engaging in meaningful activities, building on religious convictions; and self-care like relaxation and healthy lifestyle. Additionally, some participants recounted how family and/or friends provided practical and emotional support during this period.

Help-Seeking

Though project beneficiaries benefited significantly from therapy sessions, they reported difficulties in seeking professional help due to the lack of awareness, affordability and accessibility, alongside widespread stigma about seeking help for mental health issues. Conversely, factors that motivated project beneficiaries in reaching out for professional help or continuing seeking therapy included greater awareness about mental health, recommendations from some family members familiar with help-seeking and overall positive experience with therapy.

Recommendations

Specific recommendations for improving access to mental health care include:

(i) mental health providers partnering with community organizations for reaching out to B40 communities;

(ii) tailoring mental health programs for wider outreach, including leveraging on online therapy;

(iii) expanding advocacy programs to break the stigma and garner support from families about seeking help for mental health;

(iv) prioritising community mental health interventions focusing on providing prevention programs and subsidised interventions;

(v) inspiring help-seeking behaviour by mobilising advocates with lived experiences; and,

(vi) adopting a 'whole of society' holistic approach in collectively addressing financial and family challenges related to mental health.

1. Coping with COVID 19: Jom Sembang Supporting B40 Communities

Since 2020, the COVID-19 pandemic has posed significant challenges to the health, well-being and livelihoods of communities across the world, including Malaysia. The outbreak of the pandemic caused major financial, social, and emotional upheavals worldwide, leading to a rapid decline of mental health globally.[1] In these challenging times, emotional distress, anxiety, and depressive symptoms, along with fear and confusion have been found to be highly prevalent.[2]

No single group is immune to stressors associated with the pandemic, particularly high-risk populations, such as economically disadvantaged communities. The challenges faced by the population include financial loss and unemployment[3], fear of illness and grief[4], and overall sense of isolation[5] in Malaysia and beyond. Though the government's ongoing vaccination rollout has offered a ray of hope, there are growing concerns over the long-term mental health impacts arising from the pandemic.

A study in Malaysia has shown consistent increase in the prevalence of depressive, anxiety, and stress symptoms during different stages of movement control orders (MCOs).[6] A UNICEF-UNFPA survey of 500 urban poor households in Malaysia revealed higher unemployment, reduced incomes and exacerbating mental health challenges. 1 in 5 of participants stated they were depressed, while half of parents in the same survey reported their children's mental health deteriorated during the pandemic.[7]

In this backdrop, SOLS Health-Thrive Well (SH-TW) – a Kuala Lumpur-based community mental health organisation under the SOLS 24/7 Foundation (Science of Life Studies) – initiated the Jom Sembang project providing accessible mental healthcare for adults and children from the B40 communities at a basic commitment fee rate. This project was undertaken with funding from the Hasanah Special Grant (HSG), launched by Yayasan Hasanah in partnership with the Ministry of Finance Malaysia to support underserved communities disproportionately affected by the pandemic.

Pre-pandemic, the majority of SH-TW clients for mental health services came from the B40 income group (bottom 40% tier as per Malaysian government classifications) and received subsidised fee structures. As a mental health service provider operating throughout the MCO period, SH-TW experienced a 25% surge in requests for services. The Jom Sembang project allowed SH-TW to expand mental healthcare access for individuals who would not have been able to afford therapy, particularly

[1] Xiong, J *et al* (2020), "Impact of COVID-19 pandemic on mental health in the general population: a systematic review." *Journal of Affective Disorders,* Dec.

[2] Khan, K, Mamunm, M, Griffiths, M & Ullah, I (2020), "Mental health impact of the COVID-19 pandemic across different cohorts," *International Journal of Mental Health Addiction*

[3] Kawohl, W & Nordt, C. (2020), "COVID 19, unemployment and suicide." *Lancet Psychiatry,* 7(5).

[4] Ho, C, Chee, C & Ho, R. (2020), "Emerging mental health issues in COVID-1 pandemic". *Annals of the Academy of Medicine*. 49(3)

[5] Shanmugam, H. *et al* (2020), "Impacts of COVID-19 Pandemic on Mental Health in Malaysia: A Single thread of hope",. Malaysian *Journal of Psychiatry.*

[6] Wong, L. Aliah H, Md Fuzi A, Omar I, Mohammad N, Tan M *et al* (2021) Escalating progression of mental health disorders during the COVID-19 pandemic: Evidence from a nationwide survey**,** *PLoS One*, 16(3)

[7] UNICEF Malaysia (2020), *Families on the Edge (Part 4),* UNICEF/UNFPA

amidst financial challenges in this period. This included existing clients who would have ended their sessions prematurely due to financial strains.

1.1 Research Study

In addition to improving mental health access, Jom Sembang allowed SH-TW to gain valuable insights into challenges affecting the B40 communities during the pandemic, alongside their mental health coping and help-seeking behaviour. The research component of the project aims to examine four aspects, as follows:

(i) Evaluating the impact of providing accessible mental health and psychosocial services to individuals from underserved communities (B40);

(ii) Identifying challenges faced by these individuals during the pandemic, including mental health stressors;

(iii) Examining sources of support and intervention strategies improving emotional resilience among the individuals from the B40 communities; and,

(iv) Exploring factors affecting help-seeking behaviour amongst individuals experiencing mental health struggles during the pandemic.

1.1.1 Methodology

The study adopted a mixed methods approach to allow generalised data findings alongside subjective accounts of Jom Sembang project beneficiaries. The quantitative component involved data from intake documentation along with Depression Anxiety Stress Scale- 21 Items (DASS 21) and World Health Organisation Quality of Life – Brief Version (WHOQOL-BREF) administered on all project beneficiaries. These two self-report assessments recorded changes in emotional distress and quality of life levels prior and post therapy, which allowed objective measures on the effectiveness of the overall psychotherapy process. The scores were analysed for all clients who completed both pre and post assessments in SH-TW.

Other sources of quantitative data were therapists' documentations during psychotherapy, including intake forms. In addition, standardized forms were distributed to clients following the termination mental health services in SH-TW.

The qualitative component covered semi-structured interviews with five project beneficiaries recruited voluntarily for the research project, namely Sarah, Amir, May, Ani and Natalie (pseudonyms). The semi-structured interviews with these participants were conducted in May 2021 with questions covering challenges, coping and help-seeking. This allowed triangulation with quantitative findings in order to generate an integrated set of evidence based on both inductive and deductive reasoning. The names of participants were changed and narratives de-identified to protect their privacy.

1.1.2 Significance

It is envisaged that the research project's findings will help formulate appropriate policy interventions to support B40 communities during the pandemic, including expanding access to mental health care. The study will also help identify coping strategies beneficial during a crisis like COVID-19. Given we are still learning how to deal with the pandemic, this report will be useful for policymakers and practitioners alike as well as the community at large.

The next section will provide an overview of project beneficiaries and services. This will be followed by findings on challenges; coping and help-seeking within B40 communities; summary of our findings; and recommendations for supporting those facing mental health stressors arising from the pandemic.

2. Overview: Project Beneficiaries and Services

2.1 Project Beneficiaries

A total of 96 clients received mental health and psychosocial services under the Jom Sembang project, comprising 89 adults (71 females, 17 males, 19-58 years age range) and 7 children (4 females, 3 males, 5-13 years age range). The average age of project beneficiaries was 28.6 years for adults and 9.9 years for children (See **Table 1**). The project beneficiaries were largely female and younger adults coming from diverse ethnic backgrounds (Malay 37.1%, Chinese 28.1%, Others 20.2% and Indian 14.6%) (**Table 1**).

The project beneficiaries were recruited directly through online recruitment and referrals from partner organisations, including Women's Aid Organisation (WAO), Pusat Perubatan Universiti Kebangsaan Malaysia (PPUKM), Malaysian Care, and Agensi Kaunseling dan Pengurusan Kredit (AKPK).

Table 1 Demographic characteristics of direct beneficiaries

Demographics	Total (n=96)		Adult (n=89)		Child (n=7)	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Average Age	N/A		28.5		9.9	
Age Range	5 -58		19 - 58		5 - 13	
Gender						
Male	20	20.9%	17	19.1%	3	42.9%
Female	75	78.1%	71	79.8%	4	57.1%
Other	1	1.0%	1	1.1%	0	0.0%
Ethnicity						
Malay	37	38.5%	33	37.1%	4	57.1%
Chinese	25	26.1%	25	28.1%	0	0.0%
Indian	15	15.6%	13	14.6%	2	28.6%
Others	19	19.8%	18	20.2%	1	14.3%

2.1.1 Household Income

Monthly household incomes were reported depending on the marital status of the beneficiaries. The specific criterion was defined, as follows:

i. an adult who is 18 years old and above, either single, widowed, divorced or separated, his or her primary income is taken as household income;
ii. an adult who is married, the household income is the overall amount of income earned from all household members;
iii. a single adult without employment has no primary income;
iv. A single adult who is currently full time studying, his or her primary income will be the average monthly allowance reported.
v. For child beneficiaries under 18 years old, their parents' primary incomes were taken as household income.

72.9% of project beneficiaries reported household incomes below RM 1099 per month (See **Table 2**). This figure falls far below the minimum threshold for B40, which is specified under Bantuan Prihatin Nasional criterion as a single adult who earns below RM2,000 or married adults with a household income under RM 4000. Our project beneficiaries crucially constitute the lowest earning group within this income category of B40 i.e. B1 (< RM 2500). The majority of our beneficiaries reported household incomes beneath even the B1 threshold, proving the project reached its target population of adults and children from the B40 communities, including many below the poverty line (< RM 2,208 as per Department of Statistics Malaysia).

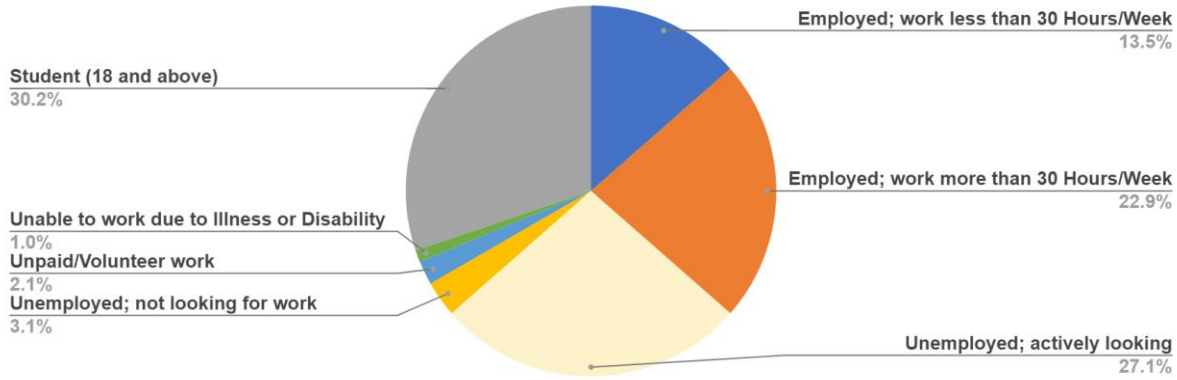
Table 2 Household income ranges of direct beneficiaries

Household Income Range (RM)	Total (n=96)	
	Frequency	Percentage
< 1099	70	72.9%
1100-1699	8	8.3%
1700-2199	6	6.3%
2200-2499	5	5.2%
2500-3169	5	5.2%
3170-4849	1	1.0%
4850-6000	1	1.0%

2.1.2 Employment Status

The majority of project beneficiaries (60.4%) were either unemployed (30.2%) or students (30.2%) without fixed earnings. Of those employed (36.4%), a considerable portion was working part time (13.5); and the majority of those unemployed (30.2%) were seeking employment (27.1%) (See **Figure 1**). Taken together, the household income and employment status statistics confirm that the majority of clients were from severely economically disadvantaged groups with low income and earnings.

Figure 1 Employment status of direct beneficiaries



2.2 Project Services

2.2.1 Mode of Delivery of Services

In light of movement restrictions enforced by the government, SH-TW provided both online and offline therapy sessions taking into account the health and mobility challenges experienced by project beneficiaries. 79.2% of clients participated in online sessions only, compared to 12.5% in-person only and 8.3% hybrid online/in-person modes of delivery (**Table 3**). Taken together with the overall

satisfaction reported from therapy (see Section 4), the high proportion of online sessions suggests Internet-based delivery was able to improve access to mental health and psychosocial services in this project.

2.2.2 New Clients

68.5% of project beneficiaries were new SH-TW clients and the remainder were existing clients continuing therapy after qualifying for the minimal commitment fee under Jom Sembang. This shows the project was successful in drawing first-time clients from a previously untapped segment of B40 communities to seek therapy with SH-TW, though it should be noted that these clients were mostly females and younger adults (see Section 2). The findings in this report discussed apply both to new clients and old clients who continued their mental health and psychosocial services under Jom Sembang.

Table 3 Summary of sessions under Jom Sembang (until June 15, 2021)

	Total (n=96)		Adult (n=89)		Child (n=7)	
	Frequency	**Percentage**	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Total number of sessions delivered	625	N/A	584	N/A	41	N/A
Mode of Delivery						
Online	76	79.2%	74	83.2%	2	28.6%
At Centre	12	12.5%	11	12.4%	1	14.3%
Mixed	8	8.3%	4	4.5%	4	57.1%

The next section will discuss findings on various challenges experienced by project beneficiaries that impacted their mental health during the pandemic.

3. Challenges: Multiple Stressors, Deteriorating Mental Health

COVID-19 has disrupted how we live, function, and interact in society, affecting almost every aspect of our lives that in turn has led to various forms of stressors. This section will examine the stressors reported by project beneficiaries in the context of living through the pandemic, followed by impacts on their mental health. The quantitative data reported in the intake documentation was triangulated with qualitative data providing more in-depth accounts from semi-structured interviews.

3.1 Stressors

Based on feedback provided by therapists who had conducted sessions with clients, 36.5% of them reported financial constraints, 22.9% loss of income and 12.5% retrenchment/unemployment due to the pandemic (see **Table 4**). For child clients, the financial challenges documented are according to their parent's financial situation.

Table 4 Challenges caused / worsened by pandemic as documented by therapists.

Challenges caused / worsen by pandemic	Frequency (n=96)	Percentage
Financial Issues		
Loss of Income	22	22.9%
Financial Constraints	35	36.5%
Retrenched / Unemployed	12	12.5%
Interpersonal Issues	38	39.6%

This is not surprising given Malaysia's 5.6% economic contraction in 2020, which led to many businesses closures and rising unemployment rates amidst lockdowns.[8] In this respect, a previous study conducted by SH-TW with the Institut Wanita Berdaya (IWB) Selangor found families with lower monthly household income and those dependent on daily wages were more impacted by the pandemic, often with lower levels of financial preparedness.[9] There were also 39.6% clients who reported interpersonal issues, including conflicts and abuse.

Moreover, therapists documented 37.5% of all clients (including adult and child beneficiaries) experienced domestic violence. It should be noted that this figure includes 17 clients referred to by WAO, an organisation dealing with domestic violence survivors. Without this addition, documented incidents still hover at 26.4% for remaining clients, indicating domestic violence being a disturbingly frequent issue among beneficiaries.

[8] Jaafar, S (2021), "Malaysia's Q4 GDP contracts 3.4%, full year 5.6%", *The Edge,* Feb 11

[9] Kroneman, L., Lim, S., Ahmad, S, Subki, R., Hussin, N. & Dzulkifi, M. (2020), *Socio-economic impacts of COVID-19 Movement Control Order (MCO) on Women's Livelihoods in Selangor*. Petaling Jaya: Institut of Wanita Berdaya (IWB) Selangor

44.4% of clients experiencing domestic violence faced more than one type of abuse with emotional/psychological (27.1%), physical (16.7%) and sexual (10.4%) abuse as the most commonly reported forms of abuse (see **Table 5**). These findings indicate a high prevalence of domestic violence amongst participants, corresponding to a greater risk of damage or harm on their physical and/or mental health.

Table 5 Types of domestic violence experienced.

Types of Domestic Violence Survived	Frequency (n=96)	Percentage
No abuses	60	62.5%
Emotional Abuse	23	24.0%
Physical Abuse	16	16.7%
Sexual Abuse	10	10.4%
Psychological Abuse	3	3.1%
Financial Abuse	2	2.1%
Neglect	2	2.1%

The qualitative data discussed below elaborates on the nature of financial, interpersonal, and other stressors experienced by project beneficiaries.

3.1.1 Financial Challenges

Several participants interviewed reported financial challenges due to unemployment and/or income reductions during this period. May, for instance, narrated difficulties in confirming her work probation and finding other employment amidst the lockdown. Another participant, Natalie, mentioned financial difficulties in the family after her husband was forced to take a pay cut from his company in this period.

In some cases, financial difficulties affected relationship dynamics within families. Sarah, for instance, mentioned being forced to rely on her family's support for survival after her scholarship was prematurely terminated during the pandemic. Natalie expressed concerns over her daughter stopping work and lacking independence in this period, alongside facing conflict with her husband who struggled to accept his aforementioned pay cut:

> *"I have to fight with my husband and get all kinds of abuse."*

Similarly, May experienced abuse from family members after losing her job and moving back home. These narratives show how financial challenges posed far reaching emotional impacts beyond economic sustenance within families, often spilling over to interpersonal conflicts as elaborated below.

3.1.2 Interpersonal Issues

The interview participants had shared similar interpersonal challenges, including conflict, rejection and communication gaps with family members and friends in this period.

(i) Conflict/Abuse

Many of the interviewed participants faced conflict and abuse while isolating at home during lockdowns. May, for instance, narrated how she experienced domestic abuse amidst heightened stress after moving back with her family in this period:

> *"One month… not even one month, you see this… I come back like earlier [in] December… [and] domestic violence, it happen[ed] in [the] middle of January, the time period is so short… I know [the] pandemic makes everyone stressful…"*

She felt increasingly unprotected and insecure at home during the pandemic, including a sense of being "*stuck at here like in jail*". Her narrative is illustrative of how family conflict and domestic abuse may escalate and intensify amidst the crisis, an observation consistent with reported spikes in domestic violence helpline calls in the same period.[10]

Moreover, some participants interviewed reported growing discord in their personal relationships during this period. Ani expressed sadness over breaking up with her partner:

> *"…because of this pandemic, I didn't have the chance to speak and talk to my partner… if I had the chance to meet him personally, I think it could be resolved because everything happened via texting, via call… we could not convey our real feelings…"*

Ani's case is an example of how online communication is not an adequate replacement for in-person interactions, and may even lead to deteriorating and eventual dissolution of relationships. However, relationship problems were not confined to long distance communication. May, for instance, mentioned severing her relationship after sexual harassment from her boyfriend in this period. Taken together with aforementioned family challenges leading to interpersonal conflicts, it is evident from our study that there was growing tension and discord within families and relationships during the pandemic.

(ii) Sense of Rejection

Some participants reported feeling rejected due to the lack of support from family and friends in coping with their challenges during the pandemic. May, for instance, was frustrated due to family members refusing to help her in overcoming abuse:

[10] Sukumaran, T. (2020). "In Malaysia, domestic violence spikes amidst lockdown to slow coronavirus infections". *South China Morning Post,* Apr 11.

> *"I tried to ask help… they said one thing… this is your family issue… I [am] really sad… I asked [for] help, I asked for help. I asked [for a] hand… I wished you pulled me out because I am struggling with my family issue. I need[ed] someone's help… and you all reject[ed] me…"*

She also found it difficult to share her emotional distress with family and friends during this period:

> *"No one help one… When I wanted to talk ah, nobody exists ah…"*

Similarly, Sarah elaborated how lack of support made it difficult for her to address mental health challenges initially. She recollected how her flatmate could not handle her distress:

> *"My friend has been telling me, 'Please, it seems you are going through depression… I just feel it's a huge responsibility [upon me] and I can't have you here'…"*

The same participant expressed discomfort over her lack of personal boundaries during the lockdown, motivating her to find a new living place to secure her *"own privacy… own space."* These narratives suggest that some participants not only faced higher emotional distress in this period, but also inadequate social support from those closest to them.

(iii) Loneliness

The majority of participants interviewed experienced a strong sense of isolation and detachment during the pandemic. Ani, for instance, described frustrations over being separated from her social circles amidst lockdown restrictions:

> *"I had to spend a lot of time alone by myself… I could not spend time with my relatives, my cousins… I am very close to them, so it was frustrating… the frustration of being locked down inside home for long hours of time is… happening inside the mind…"*

She further mentioned that the absence of family members may have worsened her anxiety during this period. Similarly, Amir mentioned he *"did not have anyone at all"* when the pandemic occurred. He felt increasingly lonely as the lockdown disrupted social activities like dance classes that serves as a source of community support pre-pandemic, while sharing his difficulties to communicate with friends during this period:

> *"…everything is at home, everything is online… talking to your friend is quite hard… sometimes I will message my friends, then they will reply hours or days later… people don't reply [sometimes], you are not sure whether you should text them or not… or should I call… so it gets very lonely… there is no one really at home…"*

Similarly, Sarah described her loneliness during the pandemic as feeling "*suffocated, like I can't breathe*". She further mentioned distancing herself from her friends who, seemed unable to accept or relate to her emotional distress during this period.

In addition, Amir pointed out that it was emotionally unfulfilling even when he was able to get in touch with his friends:

> *"I used WhatsApp, [for] some of them I would like video call or just text them… but I feel like that isn't good enough for me…"*

These narratives indicate growing loneliness felt by many participants, including the inadequacy of online communication in overcoming perceived distance with their loved ones. This issue when taken together with accounts of domestic conflict discussed above points to *both* the presence or distance of family and friends situationally resulting in emotional distress during the pandemic.

It is evident from the above discussion that the participants interviewed experienced greater conflict, alongside feelings of rejection and loneliness in this period. This resulted in domestic violence and relationships breakups amidst heightened stress and online interactions in some cases, which caused or worsened tension within close circles.

Furthermore, participants interviewed elaborated on working at/from home stressors discussed below.

3.1.3 Remote Working/Learning

In addition to financial and interpersonal challenges, the pandemic brought about new lifestyle changes, such as working from home. The lockdown forced most of the interviewed participants to transition from in-person to digital platforms for work purposes. This transition frequently resulted in stress due to technological difficulties and struggles to adjust to steep learning curves. Natalie, for instance, described her stress in converting in-person teaching materials to virtual platforms:

> *"I struggle through being an old mommy who does not know what Zoom is all about."*

She further elaborated on her frustrations over online teaching:

> *"As a teacher… frustrating right, when you want to make sure your students understand you correctly… you know how hard they need to focus and concentrate… I can understand what are my students going through… it is a bit tougher for me to evaluate my students…"*

She described how virtual presentations were often depressing, making her "*want to break down*." She also felt helpless and cried when family members were unwilling to help.

Similar challenges were faced by students. Sarah, for instance, related how she had struggled poor connectivity and technological challenges during her online classes. Another participant, Ani, faced difficulties due to Internet connectivity and heavy online workload during this period. She described being fatigued from online learning:

> *"I easily felt so tired… so sleepy… my eyes… started burning because I keep looking at the laptop three hours straight without any break, and also back to back classes… it was so tough…"*

In addition, May narrated how conducting her business online was met with further difficulties due to family disputes with her brother:

> *"[For my] online business… [delivery personnel needed to] come to my house and pick up… my brother ask[ed] the pick up [persons to] go back, say[ing] 'Oh, don't have this order'."*

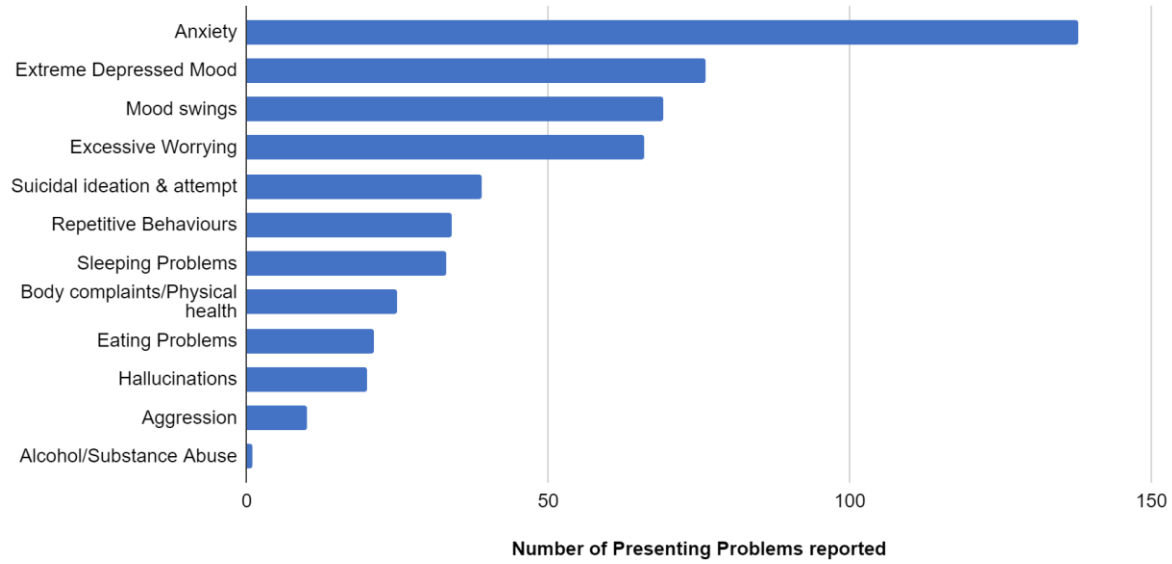
These narratives show that working from home was accompanied by increasing stress over transitioning to digital platforms, including technological difficulties, online fatigue, insufficient or unconducive workspaces, and family disputes in some cases.

The next section will discuss how aforementioned financial, interpersonal, and remote working/learning stressors impacted on the mental and physical health of project beneficiaries.

3.2 Mental and Physical Health Impacts

Adult clients reported an average of seven symptoms each as presenting problems for seeking therapy. The frequencies of presenting problems reported by adult clients reveal top three concerns, namely anxiety, extreme depressed mood and mood swings (see **Figure 2**). Other reported symptoms include excessive worrying, suicide ideations/attempts, repetitive behaviours, sleeping difficulties, physical complaints, eating problems, hallucinations, and aggression.

Figure 2 Number of adult presenting problems reported.



In the case of child clients, the top three presenting problems were being scared/anxious, peer/sibling conflicts and irritability. The peer/sibling conflicts reflect deteriorating interpersonal relationships at home during the period. Irritability refers to increased proneness to anger, which manifests itself as developmentally inappropriate temper outbursts and negative moods.[11] Given that high irritability is a well-established risk factor for depression, anxiety, and aggression later in life, it is imperative to seek treatment for current and future emotional wellbeing.

Moreover, the study found 49.0% of total clients (including adult and child beneficiaries) experienced at least one adverse childhood experience (ACEs), as per documentation by therapists. ACEs refer to potentially traumatic events occurring during childhood (0-17 years), e.g. experiencing violence, abuse or neglect. Other ACEs constitute household challenges such, as witnessing violence at home or community, having a family member attempt or die by suicide, growing up in a household with mental health problems or substance abuse, and a household member being in jail or prison.

Almost one third (30.2%) of project beneficiaries mentioned in the sessions being abused during childhood, and one fifth (20.8%) mentioned being neglected during childhood (see **Table 6**). More than one quarter (27.1%) mentioned household challenges as described above. Taken together, these findings indicate a troubled childhood for a sizable subgroup of beneficiaries. Extensive research shows ACEs being linked to chronic health problems, mental illness, and substance abuse problems in adulthood, potentially indicating an association between the high levels of ACEs ~~(78%)~~ and presenting issues (**Table 3**) reported by clients.

[11] Leibenluft, E. (2017). "Irritability in children: what we know and what we need to learn." *World Psychiatry*. 16 (1)

Table 6 Types of adverse childhood experiences documented by therapists.

Types of ACEs Survived	Frequency (n=96)	Percentage
ACE experienced	47	49.0%
Abuse	29	30.2%
Neglect	20	20.8%
Household Challenges	26	27.1%
No ACE experienced	49	51.0%

The next section provides further insights into specific characteristics of mental and physical health challenges reported by project beneficiaries.

3.2.1 Mental Health Challenges

A combination of financial, interpersonal, and remote working/learning stressors discussed above (see Section 3.1) adversely affected the mental health of interviewed participants. In some cases, this worsened existing mental health issues project beneficiaries were struggling with. Sarah, for instance, described her pre-existing anxiety as *"hitting the roof"* during lockdown and isolation. She described multiple stressors contributing to her anxiety:

> *"I have had anxiety… almost my entire life… since childhood… but then, during the pandemic, it was like [becoming] a huge part of my day… I will experience it everyday… I had to take care of myself, I had to take care of myself financially, I had to take care of my mental health, I had to take care of my physical health… it was a lot of things to be taking care [of]…"*

Similarly, Amir mentioned how his prior mental health struggles had worsened:

> *"It got worse… I think I have always kind of like struggle[d] with mental health… but when the pandemic happened, ya basically I did not have anyone at all…"*

Another participant, Sarah, encountered intrusive thoughts and flashbacks over childhood trauma amidst loneliness during this period.

> *"…everything that you are running from, it just comes back to you, cause it's only you and your thoughts and the internet… just like all the flashbacks about my childhood and all the harassments I have been going through… it just came back…"*

These narratives show how prior mental health challenges were exacerbated by loneliness and isolation during this period.

Some participants described feeling overwhelmed by the unpredictability and growing uncertainty over the pandemic situation in period. Sarah, for example, likened her feelings to that of being trapped by a "monster" to describe her experience:

> *"There is a monster outside… if you look directly at this monster which no one knows how it looks, you will die … this is exactly how I felt when the pandemic hit. I just felt like the world is falling apart… there was nothing certain at the moment… I don't know what's gonna happen next… I don't know if I am safe…"*

Sarah faced difficulties in coping with the overall uncertainty related to the pandemic and lockdowns, including unexpected changes in life plans and routines. Moreover, she also experienced anxiety due to her education being disrupted for three months without any clear indication as to when the academic year would resume:

> *"My uni didn't give any clear announcement, they just gave us [a] three months holiday. They said they will come back to face-to-face after that... So, it was just like three months, you were doing nothing. You know, when the university is unclear right? In terms of what is going to happen… what are you supposed to do?"*

The challenge of adjusting to COVID-19's "new normal" led to a worsening of mental health, in many cases. Some participants felt increasingly hopeless in the face of multiple stressors. May, for instance, described her feelings of being in despair and trapped:

> *"I [am] stuck… I don't know how to look forward… I feel [a] struggle…"*

Another participant, Sarah, expressed grief over losing two family members to COVID-19 during this period. In addition, participants like her expressed fears of contracting the virus:

> *"[I] felt paranoid of being in contact with others."*

In some cases, mental health challenges lingered longer in the absence of recreation and exercise to help release stress and cope with difficult feelings. Additionally, some participants also recollected feeling demotivated during this period. Ani felt "extremely down" and described how the pandemic affected her:

> *"There was so much things going on… I didn't… [have] the mood and the drive to study actually."*

The above narratives show how pandemic-related stressors had significantly affected the mental health of participants interviewed. They experienced escalating anxiety amidst isolation, as well as feelings of uncertainty and grief, which often led to hopelessness, intrusive thoughts and overall demotivation. Though the pandemic did not always singularly contribute to these mental health challenges, the stressors associated with the pandemic and unprecedented changes had largely produced negative effects on the interviewed participants affecting their emotional state and overall sense of wellbeing.

3.2.2 Physical Challenges

Findings from the semi-structured interviews shed further light on the physical challenges mentioned by project beneficiaries (see **Figure 2**). The pandemic gave rise to various physical challenges; for instance, Sarah gained a substantial amount of weight. She attributed her physical health problems to disruptions in her exercise routine caused by lockdown restrictions:

> *"I can't even go out. I can't even… have a small walk… I can't do much."*

Another participant, Ani, experienced eye fatigue, sleeping difficulties and a lack of concentration owing to increased online exposure during this period. This narrative shows transition to digital platforms during the pandemic posed not only mental health stressors (see Section 3.1.3), but also physical health challenges amidst prolonged screen device or blue light usage in this period.

The next section will discuss sources of mental health support in coping with pandemic stressors and impacts, including the effectiveness of therapy sessions under Jom Sembang.

4. Mental Health Support: External Support and Coping Strategies

The Jom Sembang study shows how seeking professional help coupled with other external sources of support and practising coping strategies led to positive outcomes for the project beneficiaries, in terms of reducing stress levels and improving overall resilience during this period. This section will discuss the role of external support followed by coping strategies. The quantitative data DASS-21 (Depression, Anxiety and Stress Scale), WHOQOL-BREF (Quality of Life) and Client Feedback Form will be discussed with qualitative data on personal accounts of coping in this period.

4.1 Sources of External Support

4.1.1 Mental Health and Psychosocial Services

This section will first examine the effectiveness of therapy sessions in providing support based on standardised DASS-21 and WHOQOL-BREF scores. Statistical analysis of both assessments shows significant improvement in total scores and individual domains for both scales on distress symptoms and quality of life respectively.

Interventions vary in duration and on average take 7 sessions (1 hour per session); learning how to cope with stress may take 3 to 5 sessions, whereas resolving and healing from domestic violence may take more than 10 sessions. All statistical analysis for DASS-21 and WHOQOL-BREF were run for adult beneficiaries who completed assessments pre and post therapy.[12] The analysis is based on both new and existing clients who received mental health and psychosocial services under the project.

A Client Feedback form is distributed for all clients who completed seeking services in SH-TW to evaluate their psychotherapy experiences.[13]

(i) DASS

In the case of DASS-21, there was a statistically significant difference between total scores: the average pre-total score (80) was higher than post-total score (57.17).[14] The higher pre-total score and

[12] The statistical analysis was only based on the adult dataset (n = 89) due to the small sample size of children. For the adult dataset, scores from 53 participants were included due to incomplete and/or missing data. For participants who completed at least 5 sessions but still continuing therapy, their mid-scores were used to represent post-scores.

[13] At the time of writing this report, we collected 26 feedback forms from the clients and all data have been included and analysed in this section. Feedback is collected from clients when they stop seeking services in SH-TW. Clients who continued their therapy after Jom Sembang, have not yet been asked to complete the feedback form. In addition, completing the feedback form is voluntary and clients may choose not to return the form despite being reminded.

[14] To compare the difference between DASS-21 pre/post assessment of total score, a paired sample t-test was originally intended but a Wilcoxon signed-rank test was performed instead due to violations in the statistical assumption of normal data distribution and non-parametric equivalent. There were no outliers detected.

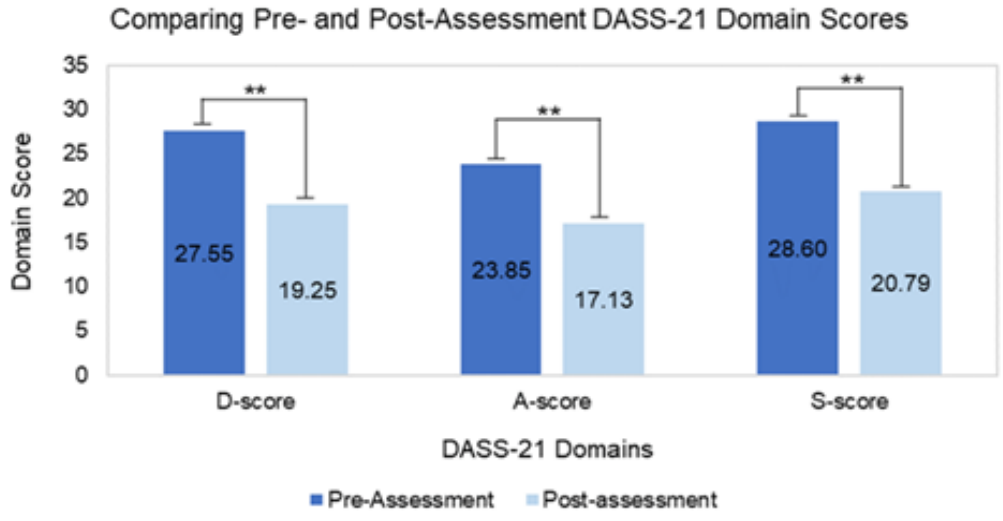
lower post-total demonstrates overall lower levels of depression, anxiety, and stress after receiving counselling/therapy (see **Table 7**).

Table 7 Mean, standard deviation and p-value of pre- and post-assessment DASS-21 total score and individual domain analysis.

Analysis	*M*	*SD*	*p*
Pre-assessment DASS-21 total score	80.00	27.01	< 0.00
Post-assessment DASS-21 total score	57.17	30.42	
Pre-assessment D-score	27.55	10.74	< 0.00
Post-assessment D-score	19.25	12.68	
Pre-assessment A-score	23.85	11.57	< 0.00
Post-assessment A-score	17.13	10.74	
Pre-assessment S-score	28.60	8.67	< 0.00
Post-assessment S-score	20.79	10.51	

Similar improvement was found after comparing results between individual domain scores of depression (D), anxiety (A) and stress (S): pre-D scores were statistically higher than post-D scores; pre-A scores were statistically higher than post-A scores; and, pre-S scores were statistically higher than post-S scores (see **Figure 3**).[15] Though each DASS-21 domain score was significantly improved, the most improved domain was D (8.30), followed by S (7.81) and A (6.72)

Figure 3 Differences between pre/post assessment of DASS-21 domain scores and mean improvement. Higher DASS-21 domain scores reflected greater levels of Depression (D), Anxiety (A) and Stress (S).



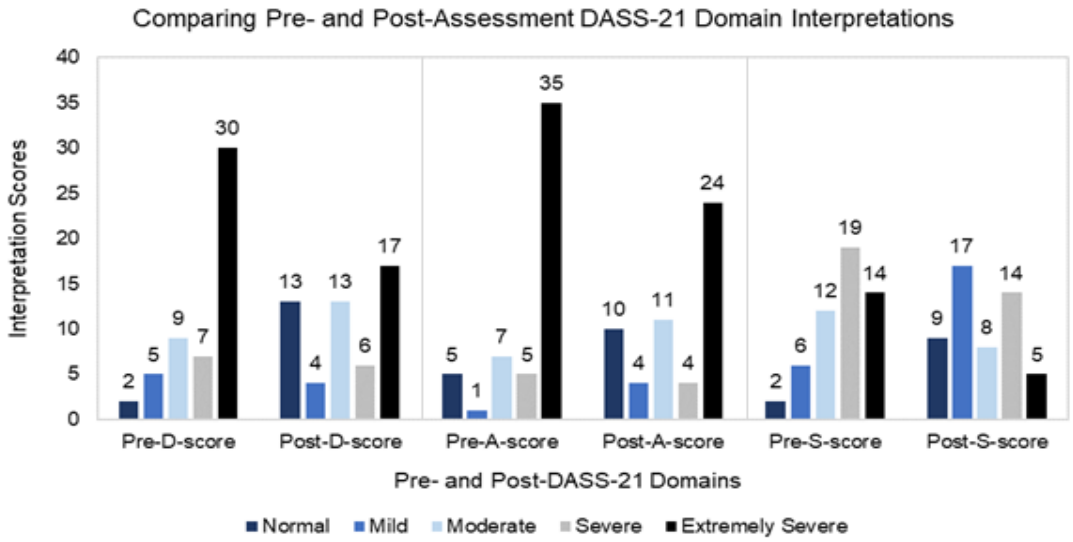
Note. p-value is represented by asterisks, with one asterisk (*) indicating $p < 0.05$ and two (**) indicating $p < 0.01$.

The DASS-21 score interpretation range includes Normal Mild, Moderate, Severe and Extremely Severe. The mean domain scores show D-scores progressed from Extremely Severe (27.55) to Moderate (19.25), A-scores improved from Severe (23.85) to Moderate (17.13) and S-scores were

[15] For all three domains, Wilcoxon signed-rank test was conducted due to violations in the statistical assumption of normal data distribution in at least one of the dependent variables (DV). There were no outliers detected.

better from Extremely Severe to Moderate (28.6 to 20.79) (see **Figure 3**/**Table 7**). Further analysis carried out to examine changes in severity of symptoms show every post-domain score experienced a sharp increase in Normal ranged score and a rapid decrease in Extremely Severe ranged scores (***Figure 4***).

Figure 4 Frequency of pre/post DASS-21 domain interpretations.



In summary, participants have significantly improved in their DASS-21 scores across all domains indicating a reduction in distress symptoms. When comparing the degree of improvement, it was found that the highest degree of improvement was in depression, followed by stress and anxiety.

(ii) WHOQOL-BREF

Similar to the DASS-21 scores, the analysis of pre/post WHOQOL scores, showed significant improvement in all domains. In the case of WHOQOL, there was a statistically significant difference between total scores - average pre-WHOQOL total score (65.23) was lower than post-WHOQOL total score (207.06) (see **Table 8**), indicating that participants reported significantly higher quality of life after completing sessions.[16]

[16] Paired samples t-test was performed to compare the difference in pre/post WHOQOL total scores after validating that the dataset was normally distributed with no outliers identified and all statistical assumptions were met.

Table 8 Mean, standard deviation and p-value of pre- and post-assessment WHOQOL-BREF total score and individual domain analysis.

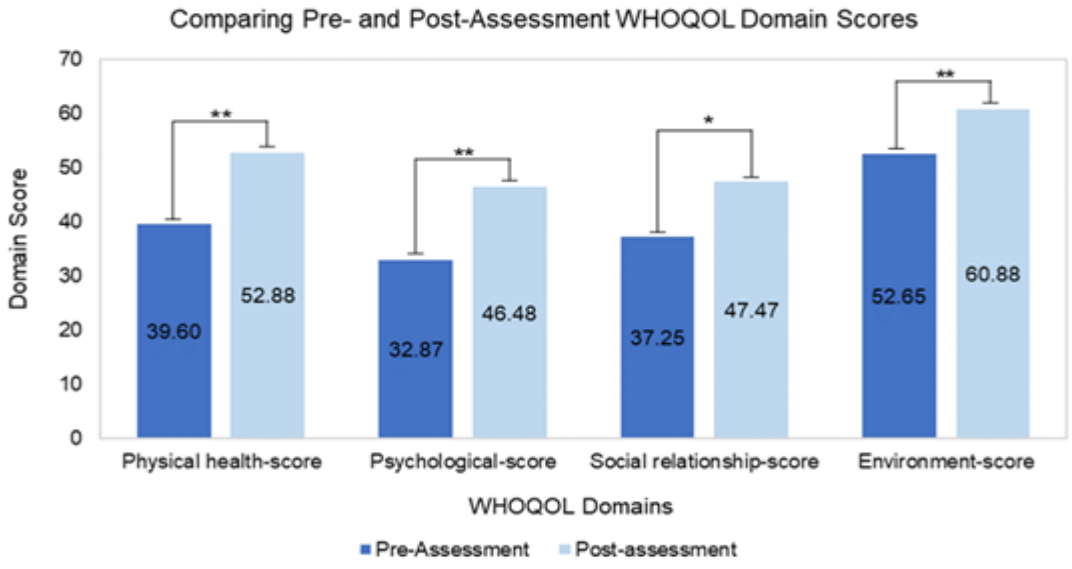
Analysis	*M*	*SD*	*P*
Pre-assessment WHOQOL total score	165.23	62.88	< 0.00
Post-assessment WHOQOL total score	207.06	72.29	
Pre-assessment physical health-score	39.60	12.84	< 0.00
Post-assessment physical health-score	52.88	18.14	
Pre-assessment psychological-score	32.87	15.44	< 0.00
Post-assessment psychological-score	46.48	21.27	
Pre-assessment social relationship-score	37.25	23.81	< 0.05
Post-assessment social relationship-score	47.47	25.50	
Pre-assessment environment-score	52.65	15.35	< 0.00
Post-assessment social environment-score	60.88	15.17	

The analysis found similar improvement comparing results between individual domain scores of physical health, psychological health, social relationship and environmental health.[17] Findings reveal pre-physical health scores were significantly lower than post-physical health scores[18]; pre-psychological scores were significantly lower than post-psychological scores[19]; pre-social relationship scores were significantly lower than post-social relationship scores[20]; and, pre-environment scores were significantly lower compared to post-environment scores (see **Figure 5**).[21]

Though participants have significantly improved in their WHOQOL-BREF scores across all domains indicating overall better quality of life, comparing degree of improvement shows highest was psychological health (13.6), followed by physical health (13.28), social relationships (10.22) and environmental health (8.23) scores (see **Figure 5**).

[17] A mix of paired sample t-test and Wilcoxon signed-rank test was performed as some of the datasets were not normally distributed and/or had a number of outliers that needed to be removed.
[18] Wilcoxon signed-rank test performed with 48 data sets.
[19] Wilcoxon signed-rank test performed with 52 data sets.
[20] Wilcoxon signed-rank test performed with 51 data sets.
[21] Paired sample t-test with 48 data sets

Figure 5 Differences between pre/post assessment of WHOQOL-BREF domain scores and mean improvement. Higher scores indicate better quality of life.



Note. p-value is represented by asterisks, with one asterisk (*) indicating $p < 0.05$ and two (**) indicating $p < 0.01$.

The WHOQOL-BREF score interpretations range from Low to Moderate to High. Based on the mean domain scores, physical health scores progressed from Low (39.66) to Moderate (52.88), psychological health scores improved from Low (32.87) to Moderate (46.48), social relationship scores improved from Low (37.25) to Moderate (47.47), while environmental health scores increased (52.65 to 60.88) despite remaining within Moderate (see **Figure 5/Table 8**). Generally, participants have thus significantly improved quality of life across various domains.

The above results demonstrate the effectiveness of therapy in improving mental health, specifically reducing distress symptoms and enhancing quality of life indicators. The remainder of this section will discuss how project beneficiaries improved their emotional wellbeing based on findings from the Client Feedback Form and semi-structured interviews.

(iii) Client Feedback Form

The analysis of client feedback ratings demonstrates a high level of satisfaction in the therapy process, reduction in distress, and positive feedback about the therapist and therapy environment. Most project beneficiaries rated > 4.15 out of 5 usefulness of therapy in overcoming problems, learning coping skills, reducing distress, improving life skills and overall positive change (highest was 4.27 for life skills) (see **Table 7**).

The average level of distress was rated retrospectively as 8.48 out of 10 before therapy, which was reduced to 4.12 after therapy. Taken together with DASS-21 and WHOQOL-BREF assessment results, the overall high level of satisfaction in the therapy process and perceived reduction in distress shows project beneficiaries were able to both experience and recognise improvement in their emotional wellbeing from therapy.

In addition, on average, therapists were rated above > 4.42 out of 5 for listening attentively, focusing on what was important, building trusting relationships, non-judgemental approach, understanding point of view and showing interest in client as a person (highest was 4.77 for non-judgemental approach); and, environment/facilities were rated > 4.21 out of 5 for access to technology, safe space in online/phone sessions and safety in physical centre (see **Table 9**).

It is worthwhile to note that the only rating lower than 4 out of 5 in the feedback form was 3.19 for technical difficulties during online/phone sessions (see **Table 7**). This shows technical difficulties may hinder sessions despite access to technology for project beneficiaries.

In line with the overall positive feedback and improvement experienced, beneficiaries rated 8.92 out of 10 their willingness to recommend SH-TW to family or friends in this form (see **Table 7**).

The above discussion shows client feedback ratings further confirm the effectiveness of therapy found in the DASS-21 and WHOQOL-BREF assessment results, while additionally indicating their satisfaction with the therapeutic relationship and environment/facilities to improve emotional resilience during the pandemic. These findings were again confirmed by narratives from participants interviewed discussed below.

Table 9 Ratings in Client Feedback Form for adults – mean and standard deviation

Client Feedback Form Sections	*M*	*SD*
1. Psychotherapy/Assessment (*n* = 26; rated on a scale of 1 to 5)		
a. This therapy is useful for me in overcoming my problems.	4.23	0.86
b. This therapy has taught me skills that can help me to deal with situations in life.	4.23	0.77
c. This therapy has helped to reduce my symptoms/ distress/ problems.	4.15	0.83
d. I have gained insight of myself and my problems through this therapy.	4.31	0.97
e. The skills that I have learned in this therapy are applicable in real life situations.	4.27	0.78
f. Any changes which might have occurred in me as a result of my therapy have been positive and welcome.	4.12	0.99
2. Level of Distress (*n* = 26)		
a. Level of distress before therapy (0-10).	8.48	1.17
b. Level of distress after therapy (0-10).	4.12	2.14
3. Therapist (*n* = 26; rated on a scale of 1 to 5)		
a. My therapist listened to me attentively.	4.69	0.55
b. My therapist focused on what was important to me.	4.54	0.81
c. My therapist created trusting relationship for this therapy.	4.42	0.70
d. My therapist accepted what I said without judging me.	4.77	0.43
e. My therapist understood things from my point of view.	4.46	1.03
f. My therapist showed interest in me as a person.	4.42	0.81
4. Environment/Facilities (*n* = 24; rated on a scale of 1 to 5)		
a. I have regular access to a device to attend online/phone therapy sessions.	4.58	0.88
b. I experienced technical difficulties during online/phone therapy sessions.	3.19	1.12
c. I have safe space to attend online/phone therapy sessions.	4.21	1.06
d. I feel safe in SOLS Health centre.	4.32	0.58
5. Overall		
How likely is that you would recommend SOLS Health to a friend or colleague (rate on a scale from 1 to 10)?	8.92	1.58

(iv) Interview Narratives on Benefits of Therapy

All five participants interviewed reported that the counselling/therapy process under the Jom Sembang project significantly helped in coping with their challenges during the pandemic. These project beneficiaries recollected receiving support and comfort from therapy sessions, including learning coping skills to manage their emotional distress in this period.

Sarah, for instance, shared how her therapists had influenced a positive change by helping her rediscover her passions in life:

> *"Just comparing myself once I met her (the therapist) and now, it was a life changing experience… reminded me that I liked to write all the time… that I love music. It's not like I don't have it (struggles) anymore, but now I have the tools…"*

She elaborated on various emotional regulation skills learnt during therapy that helped her deal with stressors during trying times, in particular overcoming 'all-or-nothing' thinking patterns discussed later (see Section 4.2.2). Another participant, Ani, mentioned benefiting from recommendations discussed during therapy:

> *"…to meet someone who is professional, to really listen to your problems… since they [are] specialised in this field, so they really know… what to recommend to the clients."*

Similarly, Natalie explained how therapy helped her gain better understanding of mental health issues:

> *"They are professionals. They have learnt so much [on] how to cope and how to help us here… so I really appreciate lah, and I really feel grateful...there is so much understanding… mental health is so important in oneself…"*

Some participants appreciated the professional and objective help offered by their therapists. Others described how learning better communication skills through therapy had helped with improving their emotional wellbeing. Natalie, for instance, described the benefits of therapy for her:

> *"I learnt how to speak better, how to communicate better…. I understand better in terms of my behaviour, what I can look [for] to be happier…"*

These narratives illustrate a common belief among the interviewed participants that the professional support and guidance received from therapists had benefited them in terms of appreciating the importance of mental health, developing coping skills and processing emotions effectively.

Moreover, participants interviewed noted therapy sessions offered them an opportunity to talk about emotions that they would otherwise be unable to share with others. This was particularly beneficial as many participants interviewed expressed feelings of loneliness and isolation discussed above (see Section 3.1.2).

Amir, for instance, mentioned that being listened to without the fear of judgement made it easier to share challenges he found hard to tell others. In this respect, he recounted how the trusting relationship with his therapist helped him to open up and reflect on his problems instead of overthinking, and to work out viable solutions.

Similarly, Natalie mentioned that therapy sessions provided a safe space to verbalise feelings. For her, having the opportunity to express her worries with a therapist was a major turning point in her recovery process:

> *"I am glad that I have someone who can listen to me with all the heart… to understand what I am going through, to hear that I have so much pain and [experienced] so much unfairness…"*

These narratives illustrate the importance of therapy in providing a safe space for participants to share and process their emotions, in line with the finding that a non-judgemental approach was highest rated in the client feedback form (see previous section on Client Feedback Form).

Some participants mentioned therapy helped in sustaining their positivity to overcome struggles. In addition, Ani recounted how talk therapy complemented her psychiatric consultation while coping with depression, grief and loss after her relationship split during the pandemic. She described seeking therapy along with medication to improve her emotional state:

> *"I used to go for consultation medications for depression… mild medication just to make me sleep at night time… then I felt I personally needed someone to talk… at hospital… [I] didn't have much time… to talk with my psychiatrist, because you know right, [at] the government hospital, they [are] usually very busy, so cannot insist [on] them to sit and talk with us, so I personally needed a therapy session…"*

Similar experiences were shared by Amir who sought "talk therapy" alongside psychiatric consultations to deal with his emotional distress during the pandemic. These narratives help gain insights on the role of therapy to provide more holistic mental health and psychosocial services in collaboration with psychiatrists in Malaysia.

The above discussion reveals therapy helped project beneficiaries improve their mental health awareness, coping techniques, emotional regulation, communication skills and positive thinking in dealing with their struggles during the pandemic, thereby corroborating findings from assessments and feedback ratings that the counselling process was overall effective to improve resilience in this period. The specific coping strategies project beneficiaries learnt from their therapists will be discussed later in Section 4.2.

Some participants mentioned external support from family and community members to cope with pandemic stressors, which will be discussed below.

4.1.2 Family

Though interpersonal conflicts with family members were identified as one of the major stressors during the pandemic (see Section 3.1.2), some participants interviewed alternatively mentioned how family support and care served as important sources of emotional strength in this period. Natalie, for

instance, recollected heated moments with her family during the pandemic but also mentioned how her daughter encouraged her to adopt healthier eating habits:

> *"Even cooking, my daughter who will help me, to guide me along [with] what is a more proper, more healthy way of eating… all these are very important."*

Similarly, Amir mentioned his sister helped him gain a healthier lifestyle and eating habits by improving his understanding of nutrition during the pandemic.

Some participants mentioned spending quality time with their family members helped them cope with pandemic stressors. Natalie, for instance, found cooking with her daughter and contacting her mother living in a different state as emotionally fulfilling in this period. She mentioned prioritising her family members instead of spending time with social media in this period:

> *"I don't go… everyday Insta[gram], everyday Twitter… I give priority to my own family, to my siblings and that's the main thing… happily caring for them… [also] to talk to my mama everyday if possible and take care of my own home…"*

Some participants mentioned receiving family support to overcome financial difficulties in this period. Ani was grateful to her brother for supporting her expenses when she was facing a loss of income:

> *"Initially I had financial trouble… at home, my brother is supporting me, so I didn't have any kind of drastic financial issue… my own expenses… for my personal education, [I] need to have some kind of money for my printing… I am also having my own card so I need money to pay for that…"*

Notwithstanding family stressors mentioned earlier (see Section 3.1.2), the above discussion shows how the immediate environment at home can be a potential source of emotional resilience and practical support during difficult times like COVID-19.

4.1.3 Community

The narratives by the interviewed participants showed external support from their community played an important role in helping them cope with their situation better. Sarah, for instance, noted her lecturer's empathy and support helped her with online learning. She mentioned how lecturers were attentive to her needs:

> *"To be honest, I love my lecturers… They have been so helpful… Very patient with everyone super understanding… they know everyone is facing their own problems…"*

The same participant recounted how her university community offered help when it was difficult for her to access food during the lockdown, including accessing food and essential goods in this challenging period. Though participants often lacked support from those around them in coping with

their struggles (see Section 3.1.2), the above discussion nevertheless shows the potential of community members in supporting each other to alleviate stress during a crisis.

The next section will discuss coping strategies that were helpful in project beneficiaries improving their emotional wellbeing during the pandemic, most of which they developed with the support of therapists under Jom Sembang.

4.2 Coping Strategies

In the Client Feedback Form, some project beneficiaries reported learning about coping skills in response to an optional open-ended question on what was useful in therapy. A total of 25 responses were coded into individual themes, which revealed the highest frequency for self-awareness and acceptance (twelve), emotional regulation (five) and cognitive restructuring (seven). This section will examine how these and other coping strategies reported by the five participants interviewed helped them improve their resilience during the pandemic.

4.2.1 Maladaptive to Adaptive Coping

Prior to therapy, some of the participants interviewed recollected adopting counterproductive coping methods like avoidance and procrastination. For instance, May severed interactions with her former friends she had trouble dealing with:

> *"I don't feel comfortable, I walk away [from them]…"*

Similarly, Amir deleted his social media accounts:

> *"I decided to delete all my social media, so I wouldn't see all these things…. It's mostly avoiding the problem rather than dealing with it…"*

In some cases, participants interviewed reported such coping methods proved to be maladaptive and resulted in feeling more stressed, overwhelmed and isolated. They mentioned therapy sessions helped them learn and adopt *healthier* coping strategies to improve emotional resilience. Amir, for instance recollected how his therapist introduced him to more effective coping strategies:

> *"She gives me more [tools]… I guess, there are so many simple things I can do that I never knew… or like, I was doing but stopped doing… [I realized] everything is more simple than you think it is…*

These narratives show how project beneficiaries developed adaptive coping techniques, while overcoming maladaptive methods with the help of therapists under Jom Sembang. The remainder of this section will discuss specific coping strategies that participants interviewed commonly mentioned as helpful in addressing their emotional distress during the pandemic.

(i) Acceptance/Understanding

The majority of participants interviewed mentioned better acceptance and understanding, including being more aware and at peace with their emotions and circumstances, which helped them cope with pandemic stressors. Ani, for instance, explained better appreciation of her situation helped overcome challenges:

> *"I really have the time to appreciate the things that [are] happening around me… So that's like… [an] effective method that helped me to overcome my problem… I am much stronger now than before… Because I think that sticking to the problem 24/7, nothing is going to change so… I needed to have the internal change, the change from inside… I can move on from the problems…"*

Similarly, Sarah mentioned how consciousness of her own thoughts allowed her to bring positive change:

> *"Whenever I have a thought, I would actually identify it… how this would affect my mental health in the long run. And how I need to actually change and break the cycle…"*

It is evident from the above narratives that project beneficiaries like Ani and Sarah were able to avoid ruminating and find solutions by being more mindful about their thoughts and emotions.

(ii) Mindset Changes

The participants interviewed revealed cognitive restructuring helped them reassess their situations and change their mindsets by transforming crisis to opportunity during the pandemic. Cognitive restructuring is a therapeutic process helping clients discover, challenge and modify their negative thoughts. The project beneficiaries were able to overcome 'black or white' thinking with more balanced perspectives with the support of therapists. Sarah, for instance mentioned how she had more options after adapting her thinking patterns:

> *"Now I feel like there are more options… negative way of thinking that I used to do was black and white thinking. Now, I feel there is more options… there is a lot of colours over there…"*

Changing mindsets allowed some participants to set new goals and work towards them as a coping strategy. May, for instance, found a new business opportunity setting up an online shop after her unemployment:

> *"[Since] I have to bear my own expenses… how to make money. It's a mindset problem. You think 'Oh, everyone lost their job'. But you know, it is indirectly creating a lot of business persons… [I] can open [an] online shop".*

The same participant found an opportunity to heal by focusing on her life goals and reaffirming her commitment to make a difference by helping others in the community. Similarly, Ani and Amir redirected their focus on improving studies after looking at the pandemic as an opportunity to realise their academic and personal goals. Amir mentioned how he concentrated on achieving better results in university:

> *"I always wanted to do well in uni… I [now] have the strive to do well."*

Similarly, Sarah and Natalie eventually saw the opportunity to learn coping skills in confronting uncontrollable life situations like COVID 19. Natalie realised the importance of self-care because she could not rely on others and set a goal to mentally prepare herself for future crises. On the other hand, Sarah focused her energy on what she could control after recognising what was outside her influence:

> *"The pandemic taught me that well… you are not in control of the entire thing."*

Most participants interviewed revealed changing mindsets led to more positive thinking and attitude. May and Natalie realised it was important to sustain their optimism to overcome difficulties and become happier. Both participants shared they refocused their energy on living life meaningfully despite the pandemic. Natalie, for instance, described her changed outlook:

> *"Be kind to yourself and others… to forgive and to ask for forgiveness… we seek to live meaningfully, to live with joy… We are learning from each other, my attitude is never stop learning…"*

The above narrative shows participants like Natalie gained emotional strength with a greater appreciation of kindness, gratitude, and forgiveness, which are attitudes known for improving mental health.

Additionally, May referred to how gradual mindset changes served as small steps towards big strides in overcoming stressors:

> *"You can't see immediately the change, but small, small things accumulate… it will be bigger."*

The above discussion shows how cognitive restructuring leading to changing mindsets helped some participants interviewed to develop more balanced thinking about daily experiences, while focusing on their life goals, self-care, and positive thinking for potential change. Some of the project beneficiaries were able to appreciate life better and redirect their energy on what was controllable during the pandemic.

Additionally, participants interviewed revealed meaningful activities, religion and self-care were effective coping strategies during the pandemic.

(iii) Meaningful Activities

The participants interviewed revealed engaging in meaningful activities like hobbies and helping others contributed to improving their mental health during the pandemic.

Some participants coped with their struggles by occupying themselves with enjoyable activities, including exercise and reading. For instance, Amir started exercising, and May turned to reading. May described how she considered reading as a source of healing by gaining different perspectives:

> *"Reading [has] support[ed] me all the time… read[ing] some people's thinking… I use reading to change my thinking… I don't want to put myself so low, I have to put myself… if I have a negative feeling, I just open a book and read…"*

Moreover, May mentioned how helping others was a coping strategy for her during the pandemic. She described her motivations for making a difference to those around her in this period:

> *"I just look for people who need help… I will also pull them up… this community is so many people, there is not only one person on this Earth. So we should help each other, right? I hope to help more people…"*

The above narrative shows how a sense of belonging to the wider community was a source of resilience for participants like May, particularly if they faced abuse or rejection from their own family members.

(iv) Religion

Some participants revealed their religious convictions served as an inspiration for greater acceptance and optimism in coping with their pandemic stressors. May, for instance, referred to her religious faith in attributing achievements to God and viewing challenges as divine trials for "strengthen[ing] her weaknesses". She also saw her life as "fate given by God" to gain emotional strength, while seeking guidance from holy scripture.

Similarly, Natalie adopted religious teaching learnt online in her daily life. She was able to develop her inner resilience by praying for the resumption of *"normal life"* during the pandemic. These narratives show how religion can be an important source of strength for some participants interviewed , particularly at a time of hopelessness due to unprecedented changes in this period.

(v) Self-Care

Some participants emphasised the importance of self-care like relaxation techniques, exercise, healthy eating and rewarding themselves as improving their physical and mental wellbeing during the crisis. Some participants like Natalie referred to relaxation techniques like progressive muscle relaxation and deep breathing learnt from therapists that helped them reduce stress.

Amir mentioned regular exercising and healthy eating benefited him as a coping strategy:

> *"My physical health is a lot better now… you work out more, how to eat properly… calorie counting and stuff like that…"*

Meanwhile, May pointed out how rewarding herself with simple pleasures helped prioritise herself and cope with stress during this challenging period:

> *"Sometimes just a good coffee or good cookie… will change the moment… because we are human… whatever makes you feel better… priority [can be] yourself…"*

These narratives show how adopting self-care through healthier lifestyles and self-rewards can be simple yet important steps for improving mental health during difficult times.

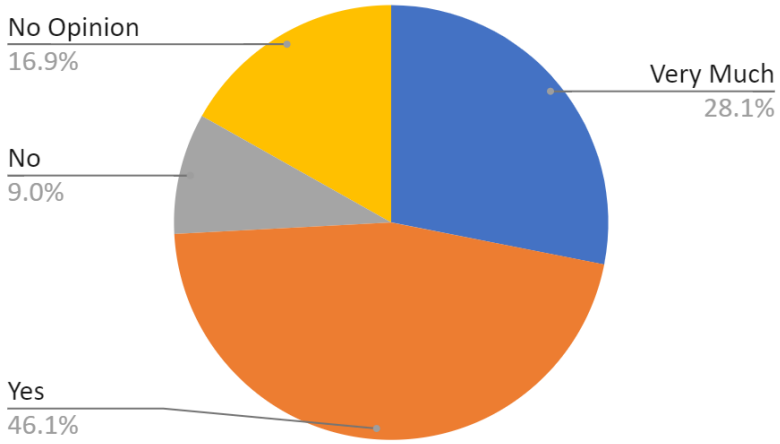
The above discussion shows how project beneficiaries improved their emotional resilience through better coping strategies, which were often learnt through professional help from therapists under Jom Sembang. The benefits of such coping strategies described by participants can inspire others in the wider community to adopt similar techniques in dealing with crises.

Though professional help was found to be beneficial in handling a combination of stressors during the pandemic, the next section discusses how difficult it was to seek help for the majority of project beneficiaries in the first place.

5. Help-Seeking: Beneficial Yet Difficult

The majority (75%) of adults beneficiaries revealed it difficult for them to seek support in addressing their mental health challenges (see **Figure 6**). The high percentage of participants who found it difficult to seek help appears to reflect overall barriers in accessing mental health and psychosocial services in society.

Figure 6 Difficulties in seeking help for adult clients. Participants were asked "Was it difficult to seek help?"



The statistics on help-seeking resources shows 30.2% of project beneficiaries were referred to SH-TW by partner organisations, including WAO, PPUKM, Malaysian Care and AKPK (see **Table 10**). The remainder of the participants (69.8%) were enlisted by SH-TW recruitment campaigns targeting new and existing clients, which was carried out primarily online through social media platforms.

Table 10 Help-seeking resources

	Total (n=96)	
	Frequency	**Percentage**
Referral Organization		
WAO	24	25.0%
PPUKM	3	3.1%
Malaysian Care	1	1.0%
AKPK	1	1.0%
NONE	67	69.8%

These figures indicate that the dual strategy of social media publicity and collaboration with partner organisations can help SH-TW in reaching out to a wider community within the B40 population. However, the large proportion of female and younger adult clients (see Section 2.1) implies a more targeted approach is needed targeting other demographic groups (e.g. males and older adults).

The qualitative data on help-seeking behaviour gathered from interviews will help shed light on *what* made it so difficult for project beneficiaries to reach out for support. This section will first discuss barriers followed by reasons for help-seeking behaviour.

5.1 Barriers to Help-Seeking

The key barriers mentioned by participants interviewed included lack of awareness about mental health and psychosocial services, limited access due to financial constraints and disconnection with the broader healthcare system, and widespread stigma in society.

5.1.1 Lack of Awareness

Some participants interviewed mentioned limited information and publicity about available mental health and psychosocial services, including community projects like Jom Sembang offering subsidised therapy. They shared that others may struggle to find out where to look for help. May and Amir explained the majority lack information about avenues for seeking professional help. Amir highlighted the lack of awareness:

> *"…these kinds of programs should be carried out a lot more… [but] people don't even know it is here…"*

5.1.2 Limited Access

Even if there was awareness about mental health and psychosocial services, the majority of participants interviewed reported financial costs of seeking therapy was a barrier to help-seeking. This is unsurprising given project beneficiaries belonged to the B40 income group. Sarah, for instance, recollected taking breaks in her therapy sessions due to financial limitations prior to Jom Sembang, which may have limited the effectiveness of counselling.

Similarly, Natalie stated her inability to seek therapy in the absence of subsidised care:

> *"If it's the standard pricing, I think I can't cope lah, so unfortunate lah, I will not be able to sign up… it's quite high price… I may not be able to afford it".*

May echoed the same monetary concerns, while mentioning she would have been unable to afford therapy sessions after losing her income and leaving home in the absence of Jom Sembang. These narratives show participants like Natalie and May will not be able to seek professional help without subsidised mental health and psychosocial services.

Moreover, few participants mentioned a disconnect between therapy services and the wider healthcare system. Amir and Ani were both seeking counselling alongside psychiatric consultations, but unfortunately realised therapy was unavailable within hospitals. In this respect, Ani expressed disappointment that hospitals provided only psychiatry and medication without counselling to support her recovery.

These narratives indicate awareness about mental health and psychosocial services may not necessarily result in help-seeking in the absence of more affordable and accessible care.

5.1.3 Stigma

The participants interviewed revealed stigma serves as a barrier in seeking help for mental health issues professionally or socially. Some participants recollected their hesitation in sharing emotions with others due to concerns about being perceived negatively for mental health challenges, which they internalised in some cases.

Ani and Natalie, for instance, were anxious how opening up about their emotional struggles could be seen as signs of weakness and shame. Ani explained her concerns:

> *"Will they (family members) judge me? They used to think about me in this way, how would they think [of me] after this?"*

These concerned need to be seen in the context of poor understanding of mental health leading widespread stigma in society, including incorrect stereotypes about those seeking help as "dangerous" or violent".[22] However, participants interviewed were able to overcome their initial apprehensions after their positive experience with Jom Sembang therapists. They appreciated safe spaces for emotional expression and non-judgemental nature of the counselling process, which corroborates similar findings from feedback ratings discussed earlier (see Section 4.1.1).

Though Ani and Natalie felt unsafe sharing their emotional distress with family members, they were able to benefit from safe spaces for discussing mental health issues with therapists. They consequently did not feel weak or ashamed talking about their struggles anymore. This allowed them to develop coping skills with the professional expertise of their therapists to cope with the pandemic (see Section 4.2).

Moreover, some participants interviewed referred to stigma in the form of scepticism about the therapy process amongst their family and friends. Amir, for instance recollected how his mother initially suggested he should take a "gap year" instead of seeking help from a mental health professional. Meanwhile, Ani elaborated on how friends frequently questioned her about the need for therapy.

[22] Yeap, R. & Low, W. (2009). "Mental health knowledge, attitude and help-seeking tendency: a Malaysian context." *Singapore Medical Journal.*

Sarah also referred to a wider culture of suppressing emotions, particularly negative feelings. She lamented how society often discouraged expressing emotions and wished for more safe spaces to share authentic feelings she is experiencing:

> *"…to express more their anger, to express their frustrations, to talk about emotions their… it doesn't always have to be all nice and bubbly… [or] you have to make everyone comfortable…"*

She also described facing discrimination from her friends regarding her mental health challenges during the pandemic, including being told she was not fun to be around with and should only return to them after solving her problems.

The above discussion shows widespread stigma about mental health, often based on scepticism about therapy and a culture of suppressing emotions in society. Though project beneficiaries were able to overcome stigma in seeking professional help, the aforementioned misconceptions and discrimination may prevent others from reaching out for support when needed most.

It is evident from the discussion in this section that barriers limiting help-seeking behaviour are lack of awareness, limited accessibility, and widespread stigma about mental health and psychosocial services in society. Given the pervasive nature of help-seeking barriers, the next section will discuss factors motivating participants interviewed in reaching out for professional help.

5.2 Reasons for Help-Seeking

The participants interviewed reported their awareness about mental health issues, support from family members and positive therapeutic experience motivated them to reach out for and/or continue seeking professional therapy.

5.2.1 Mental Health Awareness

The participants interviewed revealed knowledge and awareness of mental wellbeing was an important factor encouraging help-seeking behaviour. Understanding their own struggles and wanting to improve the situation motivated them to seek professional help. Natalie, for instance, mentioned reaching out for help after becoming mindful of her negative thoughts:

> *"I come to understand that… this (mental health) is important, this is something I must take care of… it is my own mental health and is my own life… how do I want it to be? There is so much pain, so much humiliation [I endured… but] it is [in] all our rights here, you know that we want to be a better person… [for that] mental health is so important…"*

The above narrative shows some degree of mental health awareness amongst participants like Natalie serves as the first step in seeking help for their emotional struggles.

> *"I am glad, I am thankful lah… this is recommended by my girl (daughter) because she saw your psychologist, so she knew how I really have a real crisis with my husband… she start[ed] asking me to come in and attend to the psychologist lah… she recommended me…"*

5.2.2 Family Support

Notwithstanding instances of inadequate support (see section 3.1.2) and stigma (see Section 5.1.3) from family discussed earlier, participants interviewed revealed that having family members understanding the importance of mental health may enable their help-seeking behaviour. Natalie for instance, highlighted how her daughter was concerned about her marriage conflicts and encouraged seeking professional help:

The above narrative shows family awareness and previous help-seeking amongst family members can play an important role in reaching out for professional help.

5.2.3 Positive Therapeutic Experience

The participants interviewed revealed their positive experiences in therapy motivated them to continue seeking professional help if needed. Natalie mentioned her desire to continue therapy sessions:

> *"Yes, yes, yes… I am looking forward to more sessions. I don't want to just sit and cry…I want to learn more ways to cope, to be happier… how to [use] more relaxing techniques. I am really looking forward to grow[ing] to be a happier person, have a happier life…"*

Similarly, Amir and May mentioned therapy made them feel listened to and understood in safe spaces during their struggles in this period. These narratives show the positive therapeutic experiences of participants interviewed, specifically practical skills and safe spaces, served as important motivators for further help-seeking behaviour.

Moreover, it is worth noting that some participants interviewed who benefited from therapy also expressed their strong willingness to help expand access to mental health and psychosocial services. In this respect, Amir mentioned his desire to help with publicising community mental health initiatives like Jom Sembang. May was inspired to support similar services and projects in her hometown in reaching out to those who need help most:

> *"I need it (therapy service) to be promot[ed], if I can afford, I want to support… we need it in [hometown]… to continue and help people who may need it and may not have the financial [affordability] at the moment…"*

Taken together with the high level of willingness to recommend SH-TW mental health and psychosocial services to family and friends discussed earlier (see Section 4.1.1.), these narratives show project beneficiaries like Amir and May have the potential to become important advocates for increasing awareness and improving help-seeking within their communities. Their sharing of lived

experiences and positive feedback about therapy under Jom Sembang may inspire others who are either hesitant or sitting on the fence about help-seeking.

The next section will summarise key learnings about challenges, mental health support and help-seeking gained from this research project, leading to recommendations for policymakers, practitioners, and community members for improving overall coping and emotional resilience during the pandemic.

6. Summary of Findings

This research project set out to gain better insights into challenges, sources of mental health support and help-seeking behaviour amongst individuals from B40 communities affected by the pandemic. This section will examine key findings from the study.

6.1 Project

79.2% of clients only participated in online sessions given health and mobility challenges during the pandemic. 68.5% of participants were new clients seeking therapy for the first time with SH-TW. Taken together with overall satisfaction reported from the therapy, these figures suggest Internet-based brief therapy could be one of the avenues to improve accessibility to mental health and psychosocial services for the beneficiaries. The benefits of online solution-focused therapy in reducing anxiety have also been documented in past studies.[23]

6.2 Challenges

The pandemic either generated and/or aggravated various mental health stressors arising from financial, interpersonal, work and health challenges. The combination of pre-existing challenges like ACEs and the introductions of new stressors arising from the pandemic led to beneficiaries feeling anxious, depressed, hopeless and unmotivated. These findings are consistent with the literature indicating a severe decline in mental health in Malaysia and globally during the pandemic.[24] If these mental health challenges remain unaddressed, it will hinder their ability to bounce back, improve livelihoods and positively contribute to the wider community.

Project beneficiaries presented an average of seven mental health issues/symptoms. The top three presenting issues included anxiety, extreme depressed mood, and mood swings. Financial challenges and interpersonal conflict were identified as key underlying issues. There were also signs of deteriorating relationships within families amidst heightened stress and online communication in this period. Given the participants were from Malay, Chinese and Indian backgrounds, these figures indicate the overriding financial and interpersonal impacts of the pandemic across communities.

In many cases, financial issues, interpersonal conflict and emotional struggles were interrelated. Many project beneficiaries reported escalating financial challenges during this period due to loss of jobs and/or income, with knock-on effects on conflict and strain within families. This underscores the importance of addressing the emotional struggles arising from these challenges in order to reduce the likelihood of individuals entering into a vicious cycle of financial challenges → interpersonal conflict → emotional struggles.

Moreover, the study found that over one quarter (26%) of beneficiaries (excluding beneficiaries from WAO) had experienced domestic violence. This is consistent with reports of high numbers of calls to helplines during the pandemic. In some cases, financial challenges spilled over to conflict with family

[23] For example, Zengin, M., Basogul, C., Yayan, E., (2021). "The Effect of Online Solution-Focused Brief Therapy on Parents with High Level of Anxiety in the COVID-19 Pandemic: A Randomized Controlled Study" https://d197for5662m48.cloudfront.net/documents/publicationstatus/62296/preprint_pdf/cd30c7fa7fa701411e8cafd983c3a7e5.pdf

[24] Xiong, J *et al* (2020), Shanmugam, H. *et al* (2020)

members. The participants often found themselves alone without adequate help to address conflict or abuse.

Moreover, project beneficiaries found themselves increasingly detached from their social circles, which often led to feelings of loneliness, isolation, and rejection amidst lockdowns in this period. This was part of a larger pattern of participants finding it difficult to cope with lifestyle changes brought about by the pandemic, such as working from home and transitioning online. For some participants, hostile home environments made it difficult to earn livelihoods during this period.

In addition, some project beneficiaries reported physical health problems, including weight gain, eye fatigue and sleeping difficulties. There was also fear and grief related to the spread of COVID-19, including deaths of near ones. All challenges mentioned in the study were exacerbated in an overall environment of growing uncertainty during the pandemic. These findings were consistent with challenges mentioned in the literature, in particular financial losses, conflict and isolation.[25]

6.3 Mental Health and Psychosocial Services

The project beneficiaries reported psychotherapy helped improve their mental health and cope with challenges during the pandemic. Some of them mentioned therapy as being a "*turning point*" in their lives for transforming crisis to opportunity in this period.

On average, participants demonstrated a significant improvement in Depression Anxiety and Stress (DASS) scale scores with reduction on all domains, along with improvement in WHOQOL test scores assessing quality of life after therapy. The significant and clinically meaningful differences in indicators from high/extreme to mild/moderate shows the effectiveness of the project in improving the individuals' mental health.

According to participants, they benefited from professional support and comfort from therapy sessions, including learning coping skills, regulating their emotions, and overcoming detrimental thinking patterns. They appreciated the therapy process for learning practical skills learnt in a safe space to process their emotions without judgement. Overall, their feedback demonstrates the benefit of therapy in improving mental health with the professional knowledge and expertise of therapists during the pandemic.

The project beneficiaries reported learning coping strategies that were effective in improving their mental health were: more self-awareness for exploring emotions and identifying solutions; changing mindsets in developing more balanced perspectives for; setting new goals and focus; engaging in meaningful activities like hobbies, reading and helping others for regaining mental strength; building on religious convictions to overcome frustrations; and, self-care like relaxation, healthy lifestyle, exercise and self-rewards.

In addition, some participants reported that therapy was able to improve their mental health alongside simultaneous psychiatric consultations wit. This shows the potential of therapy to provide more holistic mental health and psychosocial services in collaboration with psychiatrists.

The effectiveness of these skills in reducing distress was consistent with findings in the literature that coping improved wellbeing during the pandemic.[26] The documented benefits of aforementioned

[25] Kawohl, W & Nordt, C (2020), Ho, C, Chee, C, & Ho, R (2020) & Shanmugam, H *et al* (2020).

[26] Yildrim, M. Akgul, O, & Gecer, E. (2020). "The Effect of COVID-19 Anxiety on General Health: The Role of COVID 19" *PsyArXiv* https://doi.org/10.31234/osf.io/h8w9e

coping strategies in this project can inspire others struggling to seek professional help in adopting similar approaches for improving their wellbeing during crisis.

6.4 Family and Community Support

Though conflict with family members was mentioned as a source of stress during the pandemic, other participants recounted how family support and care helped improve emotional wellbeing during this period. Those who cited the positive role of family referred to both practical help (e.g. financial support) as well as nurturing (e.g. taking care of family members), thus acts of mutual support in both giving and taking that gave them strength.

In some cases, the project beneficiaries reported community members helped cope with the crisis by providing tangible help (e.g. accessing food/finance) or emotional support (e.g. support and understanding from lecturers) in addressing challenges. This shows the potential of harnessing the wider community to play a positive role in mental health and emotional support.

6.5 Help-Seeking Trends

Though project beneficiaries benefited significantly from therapy under Jom Sembang, they reported difficulties in seeking professional help due to lacking awareness and accessibility, alongside widespread stigma about seeking help for mental health issues.

The participants mentioned community members often did not know where to seek help. Even if they were aware of options, therapy remained outside their financial reach. Many participants would not have been able to seek professional help without subsidised care received with a minimal commitment fee under Jom Sembang. This shows financial affordability continues to serve as an important barrier for help-seeking.

Moreover, project beneficiaries revealed stigma was an important barrier for accessing mental health, including fearing being judged for seeking help from either professional or social sources. Some participants mentioned facing discrimination after sharing about their emotional distress. In some cases, such external pressure can result in internalised self-stigma preventing help-seeking due to fear of mistreatment in B40 communities.[27] The same was true for project participants, but they were able to overcome these apprehensions due to the safe space and non-judgemental support offered by the therapists under Jom Sembang.

Conversely, factors that motivated project beneficiaries in reaching out for professional help or continuing seeking therapy included greater awareness about mental health, recommendations from some family members familiar with help-seeking and overall positive experience with therapy. The study thus shows the importance of therapeutic relationships, safe spaces for emotional processing and learning practical skills for motivating continued help-seeking when needed.

The next section will discuss recommendations based on the empirical findings of this study.

[27] Ibrahim, N. *et al* (2019). "Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia." *BMC Public Health.*

7. Recommendations

This section offers recommendations for policymakers, practitioners, and communities in improving access to mental healthcare and coping with pandemic stressors.

7.1 Partnering with community organisations

There is an overall lack of awareness on mental health and psychosocial services available, especially for the B40 communities. However, SH-TW under Jom Sembang successfully reached out to B40 communities affected by the crisis. This was possible due to a combined approach of collaborating with other partner organisations (e.g. WAO) and online marketing (widespread online posting and sharing). Future mental health programs aiming to expand services to B40 communities will benefit from closer partnerships between local organisations that are actively involved and engaged with communities on-the-ground.

7.2 Tailoring programs for wider outreach

Though SH-TW was able to reach out to different groups (e.g. students, employed, unemployed, etc.), the majority of project beneficiaries were largely younger, female and mostly single adults with an average age of 29. This shows the importance of a more targeted approach in reaching out to other subgroups within B40 communities, for instance, married, older adults, etc.

One example of another Hasanah Special Grant project that was able to cater to this demography was led by Women of Will in partnership with SH-TW and Power of Play. This project developed health resilience in B40 families in a PPR (People's Housing Project) community, in particular amongst women food and beverage entrepreneurs and their children.

7.3 Expanding advocacy programs

Family, friends, and community were sources of both stressors and resilience during the pandemic. They were able to help particularly in instances where there was knowledge and awareness about the importance of mental health. Nevertheless, the project's findings also showed widespread mental health stigma was a common obstacle to seeking professional support. This shows the importance of reinforcing greater awareness of mental health issues at the community level to support help seeking behaviour. In view of this, we strongly recommend increasing advocacy programs aimed at breaking the stigma around mental health along with knowledge of tools and referrals for those in need.

7.4 Prioritising community mental health programs

Though participants reported significant positive benefits from therapy, formal mental health and psychosocial services remain largely out of reach for the B40 community due to lack of financial affordability. In addition, 75% of participants found it difficult to seek support for their mental health issues. This calls for more community mental health initiatives focusing on both subsidised intervention and preventive programs.

An example of this is the KAMI (Keluarga Akrab Mencapai Impian) program conducted by SH-TW in several PPR communities, which develops protective factors in communities. In this project, parents and youths participate together with the aim of improving support within the family.

7.5 Task sharing focusing on peer supporters/lived experiences.

In some cases, project beneficiaries who were apprehensive about sharing their emotional struggles prior to therapy were able to see the benefits of seeking professional help and willing to become public advocates for expanding mental services to B40 communities. This shows the potential of involving project beneficiaries with lived experiences and positive transformations to showcase their stories and inspire others for help-seeking endeavours.

7.6 Adopting a 'whole of society' approach

The large number of participants reporting financial difficulties and childhood adversities raises concerns about long-term implications on mental health, livelihoods, and society. In many cases, financial issues, interpersonal conflict, and emotional struggles were interrelated. Beyond the provision of mental health and psychosocial services catering mainly to individuals, there is an equal need for more holistic 'whole of society' approaches in collectively improving wellbeing of these communities across multiple dimensions, such as empowerment through entrepreneurship and family strengthening programs (see projects cited above in 7.2 and 7.4 for examples of approaches by SH-TW).

ACKNOWLEDGEMENT

This research was conducted by SOLS Health-Thrive Well (SH-TW) as part of the Jom Sembang project funded by the Hasanah Special Grant (HSG). HSG was launched by Yayasan Hasanah in partnership with the Ministry of Finance Malaysia as part of the Economic Stimulus 2020 to support social programs improving the quality of life for targeted groups, including the B40 communities. The HSG was awarded to SOLS Health, SOLS 24/7 Foundation (Science of Life Studies) in Nov 2020.

We would like to thank Yayasan Hasanah for their generous support and guidance throughout the project. The research team is also thankful to Teacher Raj Ridvan Singh (Founder-CEO, SOLS 24/7 Foundation), Ms Ellisha Othman (Managing Director, SH-TW), Ms Cindy Chew Mei Lien (Director of Community Development, SH-TW), Ms Liana Mohd Nawi (Director of Professional Services, SH-TW) and many other team members for their efforts, guidance and input in this project.

The research project was led by SH-TW Directors of Research & Advocacy Dr Arman I Rashid and Dr Leoniek Kroneman.

We are grateful to Ms Anita Ahmad, Senior Vice President, Yayasan Hanasah and Prof Emerita Marika Vicziany, Convenor, Monash Asia Initiative, Monash University for reading a first draft of this report.

The authors remain solely responsible for the content of this report and any errors or omission that could remain.