

Analyzing Factors Hindering Access to Mental Health Services among Communities

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ABSTRACT

Mental health is an important aspect of individual and community well-being; however, access to mental health services continues to face various challenges. This study aims to analyze the factors influencing access to and utilization of mental health services among communities. Data were collected through semi-structured interviews with selected participants and document analysis, including mental health policies, statistical reports from the Ministry of Health Malaysia, and previous studies. Interviews were conducted face-to-face and online, recorded with participants' consent, and transcribed verbatim. Interview data were analyzed using thematic analysis through coding, theme development, and interpretation. Document analysis was used to support and triangulate the interview findings. The results indicate several key factors influencing mental health literacy, public awareness, and the utilization of available services. The findings may assist authorities in formulating effective intervention strategies to improve access to and utilization of mental health services within communities.

Keywords: mental health, Andersen's Behavioral Model, thematic analysis

INTRODUCTION

Background of Study

Mental health refers to a state of psychological well-being in which an individual is able to cope with life stressors, function productively, and contribute to the community (Gao et al., 2024). Good mental health is essential not only for individuals but also for the social and economic well-being of a community. Despite increasing global awareness of the importance of mental health, significant gaps in access to mental health services remain in many countries, particularly in rural areas, low-income communities, and developing countries (Jiang et al., 2026). These gaps are not solely due to a lack of services but also stem from various social, economic, and cultural barriers such as stigma, high treatment costs, and limited professional resources (Gao et al., 2024; Jiang et al., 2026).

Previous literature has identified various barriers to accessing mental health services, including stigma, cost constraints, geographical challenges, and lack of public awareness of available services (Munira et al., 2023; Frontiers, 2021). Jiang et al. (2026) further highlighted system and policy limitations, social stigma, and poor understanding of mental health as contributing factors to low service utilization. Additionally, high treatment costs and geographical constraints remain barriers even where insurance or health policies exist (Gao et al., 2024). In Malaysia, the Ministry of Health has strengthened efforts to expand access to mental health services through community intervention programs and dedicated counseling hotlines; however, stigma and access barriers persist within communities (KKM, 2025).

The literature review indicates that social stigma, structural constraints, low mental health awareness, as well as cultural and socio-community factors are among the primary barriers to accessing mental health services. These factors interact in complex ways, reducing individuals' willingness to seek help and consequently contributing to a significant treatment gap. The present study aims to develop a deeper understanding of these issues within the local community context, including potential barriers that may be unique to the Malaysian setting. Table 1 demonstrates that stigma, cost, mental health literacy, cultural influences, and access constraints are consistently identified as barriers across various national contexts. This highlights the importance of localized research to identify community-specific barriers within Malaysia.

Table 1. Comparison of Previous Studies

Researcher	Methodology	Research Focus	Key Findings
Gulliver et al., 2010	Systematic Review	Barriers among adolescents in seeking mental health help	Stigma, low mental health literacy, and fear of social judgment hinder service utilization
Campo-Arias et al., 2014	Quantitative & Qualitative Study	Stigma toward mental disorders	Social stigma prevents individuals from seeking treatment despite the need for professional intervention
Frontiers, 2021	Qualitative Study	Access to mental health services in district hospitals	Lack of facilities, social stigma, and treatment costs are major barriers
Munira et al., 2023	Qualitative Study	Community barriers to accessing mental health services	Cost, limited facilities, stigma, and low mental health literacy
DeSa et al., 2022	Systematic Review	Access to mental health services among refugee women	Cultural factors, stigma, and socio-economic constraints restrict service utilization

Although mental health services have expanded across various levels of healthcare in Malaysia, utilization remains low compared to the burden of mental illness within the community. Barriers such as lack of awareness and knowledge about mental disorders and social stigma have been identified as significant factors reducing individuals' willingness to seek help (Campo-Arias et al., 2014). Structural barriers, including treatment costs, facility availability, and geographical issues, also hinder effective access (Munira et al., 2023). Despite ongoing efforts to improve mental health facilities globally, evidence suggests that access gaps remain significant. These gaps are associated not only with service availability but also with individual-level factors such as low mental health literacy, stigma, and negative service experiences (Jiang et al., 2026). Furthermore, treatment costs and logistical factors such as transportation pose additional challenges, especially for rural and low-income communities (Gao et al., 2024). The main issue addressed in this study is why access to mental health services remains limited despite their availability and which factors most significantly hinder their utilization. The objective of this study is to analyze the factors that hinder access to mental health services among communities.

Integrated Theoretical Framework

This study adopts an integrated framework combining stigma theory, the Theory of Planned Behavior (Ajzen, 1991), and Ronald M. Andersen's Behavioral Model of Health Services Use (1995) to explain barriers to mental health service utilization. Stigma operates as a critical psychological barrier. Drawing from Modified Labeling Theory and Self-Stigma Theory, individuals internalize negative societal stereotypes about mental illness, resulting in diminished self-esteem, concealment behavior, and avoidance of professional consultation (Clement et al., 2015). These internalized beliefs shape attitudes toward treatment and discourage disclosure. The Theory of Planned Behavior further explains how attitudes, subjective norms, and perceived behavioral control influence

help-seeking intention (Ajzen, 1991). Negative societal norms and structural barriers—such as cost and limited service availability—reduce perceived control, thereby weakening intention to seek care.

At the structural level, Andersen's Behavioral Model conceptualizes service utilization as the interaction between predisposing factors (beliefs and stigma), enabling factors (resources and accessibility), and need factors (perceived symptom severity) (Andersen, 1995). Even when need is present, strong stigma and weak enabling resources may inhibit service use. By integrating these perspectives, this study conceptualizes mental health underutilization as the outcome of interacting psychological and structural determinants rather than isolated barriers. This synthesis provides a comprehensive explanatory model to guide intervention development.

METHODOLOGY

Research Design

This study employed a descriptive qualitative approach using thematic analysis. This approach enabled researchers to examine factors hindering access to mental health services based on participants' experiences and perceptions. Data were collected through:

- i. Document analysis: Relevant official reports, policy documents, and previous studies on mental health service provision were reviewed to provide a contextual and theoretical foundation for the study
- ii. Semi-structured interviews: Six psychology officers were purposefully selected as respondents due to their professional experience and direct involvement in providing mental health services.

Sampling and Participants

This study employed purposive sampling to ensure that participants possessed direct professional experience in delivering mental health services. Six psychology officers were selected based on the following criteria:

- i. Minimum of two years' experience in mental health service provision
- ii. Direct involvement in client assessment, screening, or intervention
- iii. Experience handling community-based mental health cases
- iv. Willingness to participate voluntarily

Psychology officers were chosen as key informants because they have in-depth insight into help-seeking patterns, systemic barriers, client behavior, and service utilization trends. Their professional roles positioned them to provide rich, experience-based perspectives on structural and psychosocial barriers affecting access.

Data Collection Methods

Data were collected using two qualitative methods: semi-structured interviews and document analysis. The use of multiple sources enabled triangulation to enhance the credibility of findings.

i. Semi-Structured Interviews

Semi-structured interviews were conducted with six psychology officers to explore their professional experiences regarding barriers to mental health service access. An interview guide was developed based on the study objectives and informed by Ronald M. Andersen's Behavioral Model of Health Services Use. Questions focused on community awareness, structural barriers, and help-seeking behavior. Each interview lasted approximately 45–60 minutes and was conducted either face-to-face or online. Interviews were audio-recorded with consent and transcribed verbatim for analysis.

ii. Document Analysis

Document analysis was conducted to support and triangulate interview findings. Relevant policy documents from Kementerian Kesihatan Malaysia, official reports, and empirical studies on mental health access were reviewed. The documents were analyzed to identify patterns related to stigma, service availability, and structural constraints. Data collection and analysis were conducted iteratively until thematic saturation was achieved.

Thematic Saturation

Data collection continued until thematic saturation was achieved. Saturation was determined when no new themes, codes, or conceptual insights emerged from subsequent interviews. After the sixth interview, recurring patterns were consistently identified across participants, and additional data did not contribute new analytical categories. This indicated sufficient depth and coverage of the phenomenon under investigation.

RESULTS

The findings identified three main factors: (i) awareness and knowledge, (ii) access barriers and (iii) experiences and expectations.

Awareness and Knowledge

Five elements were identified: (i) lack of self-awareness, (ii) limited in-depth understanding, (iii) increased awareness through social media (but misinformation exists), (iv) neglect of personal hygiene and (v) social isolation. Participants indicated that many individuals do not recognize severe mental health symptoms and often perceive depression as normal and not requiring treatment. Table 2 shows the element of awareness and knowledge are hindering access to mental health services among communities.

Table 2. The Element of Awareness and Knowledge

Element	Excerpt	Respondent
Lack of Self-Awareness	“Sometimes certain individuals are not even aware that they are experiencing serious mental health issues or symptoms.”	R1
	“He knows about mental health but does not understand how to seek help.”	R2
Lack of In-Depth Understanding	“Many still consider depression as something normal and not requiring treatment.”	R3
Increased Awareness Through Social Media	“Social media helps increase awareness, but there is a lot of unreliable information.”	R4
Neglect of Personal Hygiene	“Firstly, his body smells... sometimes he does not bathe... he fails to manage himself.”	R5
Social Isolation	“He often isolates himself... prefers to be alone. Oh, he doesn’t want to talk to people.”	R6

The analysis identified three primary themes: awareness and knowledge, access barriers, and experiences and expectations. Under the theme of awareness and knowledge, participants reported limited recognition of mental health symptoms, misconceptions regarding depression, and reliance on unreliable information sources, particularly social media. Poor mental health literacy was found to delay early identification of symptoms and professional intervention. Many individuals were described as perceiving depression as a normal emotional fluctuation rather than a condition requiring clinical attention.

Access Barriers

Six elements were identified: (i) trust issues, (ii) dishonesty during screening, (iii) stigma and shame, (iv) time and location constraints, (v) financial limitations, and (vi) shortage of mental health professionals. Participants reported long waiting times, limited facilities, high treatment costs, and insufficient counselors in public clinics. Table 3 shows the Access Barriers are hindering access to mental health services among communities.

Table 3. Elements of Access Barrier Factors

Element	Excerpt	Respondent
Trust Issues	“He fails to share his issues... he doesn’t have anyone he trusts... He even said that if he tells the counselor, the counselor might report everything to the management.”	R1
Dishonesty During Screening	“One person tries to hide that they have depression... Another actually has no issue, but because of distance learning (PJJ), they exaggerate it since they can get leave.”	R2
Stigma and Shame	“Many are still afraid of being labeled as weak when meeting a counselor.”	R3
Time and Location Constraints	“Existing services are insufficient, waiting times are long, and facilities are limited.”	R4
Financial Constraints	“Some individuals avoid treatment due to high treatment costs.”	R5
Shortage of Specialists	“Government clinics have limited manpower, not enough counselors to handle all cases.”	R6

The second theme, access barriers, encompassed both structural and psychological dimensions. Structural barriers included long waiting times, financial constraints, workforce shortages, and geographical challenges, particularly for rural communities. Psychological barriers were equally prominent and involved fear of labeling, distrust regarding confidentiality, and feelings of shame during screening processes. These barriers collectively contributed to delayed consultation and service avoidance.

Experiences and Expectations

Three elements were identified: (i) youth reluctance to openly share problems, (ii) need for early intervention, and (iii) expectation for digital-friendly systems. Participants expressed hope for digital applications that allow early screening and self-assessment in a safe and anonymous manner. Table 4 shows the experiences and expectations.

Table 4. Elements of Experience and Expectation Factors

Element	Excerpt	Respondent
Youth Reluctance to Share Problems Openly	“When asked, many avoid telling the real story because they feel ashamed.”	R1
Need for Early Intervention	“There should be an early screening mechanism before the condition becomes more severe.”	R2

Expectations Toward Digital-Friendly Systems	“Digital applications can help with early screening and encourage youths to conduct self-assessments.”	R3
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The third theme, experiences and expectations, highlighted the role of service interaction in shaping future help-seeking behavior. Negative service experiences were reported to reduce trust in the mental health system. Participants emphasized the need for earlier screening mechanisms, digital-friendly platforms that ensure confidentiality, and youth-sensitive intervention strategies to encourage timely engagement with services..

DISCUSSION

Theme 1: Awareness and Knowledge

The findings indicate that some individuals remain unaware that they are experiencing serious mental health problems, which leads to delays in seeking professional help. Although basic awareness exists, in-depth understanding of specific symptoms and available help-seeking channels remains limited. Many still perceive depression as a normal condition that does not require treatment (Yusoff, S. R., et al., 2025). In addition, mental health problems can affect self-management, including neglect of personal hygiene and a tendency toward social withdrawal. Therefore, enhancing comprehensive mental health literacy through education, awareness training, and credible digital resources is essential to reduce stigma and facilitate access to necessary support (Johar et al., 2025).

Theme 2: Access Barriers

Barriers to accessing mental health services arise from various structural and social factors that prevent individuals from obtaining the help they need. One key issue is the lack of information and awareness regarding available services, as many individuals are unaware of existing treatment options or how to access them, resulting in delayed or avoided professional help-seeking (Frontiers, 2021). Research also indicates that stigma and low overall understanding of mental health reduce individuals' willingness to utilize available services and delay professional consultation (Frontiers, 2021).

Furthermore, service-related constraints, including limited numbers of specialists and low service capacity, make it difficult for users to attend therapy or receive timely treatment. Financial barriers, including treatment costs and indirect expenses such as transportation, also pose significant challenges, particularly for those without insurance coverage or sufficient financial resources (Munira et al., 2023). Social stigma and negative societal attitudes toward mental disorders further discourage individuals from disclosing their problems or seeking help due to fear of judgment. Collectively, these interconnected factors create a substantial access gap in mental health services at both community and healthcare system levels (Jiang, Y., et al., 2026).

Overall, structural factors such as cost and service availability, combined with social factors such as stigma and limited information, reinforce these access barriers. Addressing this issue requires a holistic approach that includes improving mental health literacy, expanding accessible services, and reducing stigma to ensure equitable access for all individuals.

Theme 3: Experiences and Expectations

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Triangulation analysis

Triangulation analysis was employed in this study to enhance the validity and credibility of the qualitative findings. Triangulation was conducted by comparing data obtained from semi-structured interviews, document analysis, and theoretical support, particularly Andersen's Behavioral Model of Health Services Use. This approach enabled cross-validation of the identified themes. The triangulation analysis, integrating interview findings, document analysis, and supporting literature, indicates that access to mental health services is significantly influenced by three core components of Andersen's Behavioral Model (1995), namely predisposing factors, enabling factors, and need factors. These three components interact dynamically in shaping individuals' tendencies, accessibility, and continuity in utilizing mental health services. Figure 1 illustrates the triangulation of factors that hinder access to mental health services within the community.

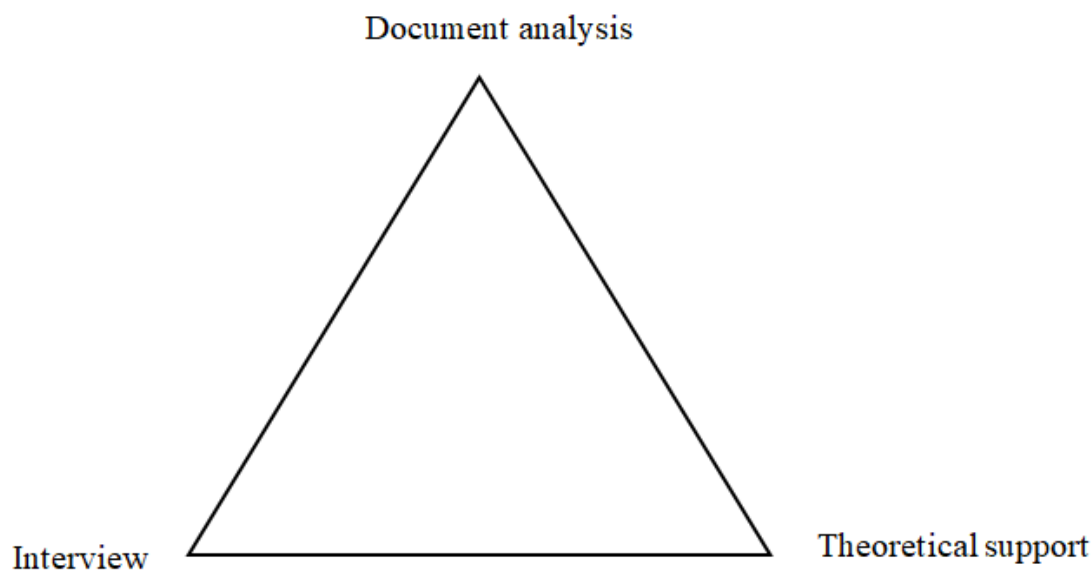


Figure 1. Triangulation of Factors Hindering Access to Mental Health Services

The triangulation analysis, which integrates findings from official documents, previous studies, and semi-structured interviews, demonstrates that access to mental health services is multidimensional and interconnected in nature. From the perspective of awareness and knowledge, limited mental health literacy was consistently identified in both international reports and field findings. Individuals often struggle to differentiate between normal emotional distress and mental disorders that require professional treatment. This lack of literacy has been recognized as a major factor delaying help-seeking and early intervention (Jorm, 2012; Kutcher et al., 2016). In addition, persistent social stigma within the community reinforces interview findings that individuals fear negative labelling, thereby reducing their willingness to seek treatment even when they are aware of their symptoms (Clement et al., 2015).

In terms of access barriers, triangulation reveals that economic and structural service factors are significant obstacles. Document analysis and respondent feedback consistently indicate that treatment costs, transportation expenses, and limited financial protection restrict access, particularly among low-income communities.

Systematic studies further confirm that financial constraints and unequal distribution of facilities between urban and rural areas are major barriers to mental health service utilization (Gulliver et al., 2010; Patel et al., 2018). The shortage of specialists and long waiting periods also contribute to discontinuity in service use. Regarding the theme of experiences and expectations, triangulation shows that previous negative experiences—such as lack of empathetic communication and non-client-friendly approaches—have undermined trust in the mental health system. These findings align with literature emphasizing that the quality of therapeutic interaction significantly influences treatment continuity and user trust (Rickwood et al., 2007). At the same time, respondents expressed expectations for more holistic, client-centered, and accessible approaches. The inconsistency between policies promoting client-centered care and the realities of field implementation indicates the existence of an implementation gap that requires systemic attention.

Overall, the triangulation analysis demonstrates strong alignment between interview findings, document analysis, and theoretical support, particularly Andersen's Behavioral Model of Health Services Use. The three major themes—awareness and knowledge, access barriers, and experiences and expectations—are identified as key inhibiting factors in mental health service utilization. The application of triangulation enhances the credibility of the study findings and strengthens the suitability of Andersen's Model as a theoretical framework for understanding access to mental health services within the community context.

Discussion Summary

The findings indicate that mental health service underutilization is not solely a structural issue but a psychologically mediated phenomenon shaped by interacting determinants. Within Ronald M. Andersen's Behavioral Model of Health Services Use (1995), stigma functions as a predisposing factor influencing beliefs and perceptions about mental illness. This aligns with the Theory of Planned Behavior, which explains how stigma shapes negative attitudes, restrictive subjective norms, and reduced perceived behavioral control. When stigma interacts with financial limitations and service constraints, individuals experience diminished control over accessing care, leading to avoidance behavior.

The findings suggest a cyclical inhibition process in which low mental health literacy delays symptom recognition, stigma reshapes self-perception, structural barriers reinforce avoidance, and negative service experiences reduce institutional trust. Reduced trust subsequently lowers future help-seeking intention, perpetuating underutilization. This interaction demonstrates that service expansion alone is insufficient without addressing psychological readiness, stigma reduction, and relational trust-building within healthcare systems. Digital interventions, by increasing anonymity and perceived safety, may help mitigate stigma-related barriers and align with emerging global evidence on digital mental health innovations.

The findings carry significant implications across policy, clinical, and community levels. At the policy level, structured mental health literacy programs should move beyond general awareness toward improving symptom recognition and referral pathways. Decentralized community-based services must be expanded to reduce geographical and financial disparities, alongside strategic recruitment to strengthen the mental health workforce. Clinically, training programs emphasizing empathetic, client-centered communication are essential to rebuild trust and improve service experiences. The integration of confidential digital self-screening tools may facilitate early detection and reduce stigma-related hesitancy. Early identification protocols at primary care level can further prevent symptom escalation. At the community level, peer-led support networks can normalize help-seeking behavior, while school-based mental health education can address stigma early in life. Engagement with trusted community and religious leaders may also reshape cultural perceptions and improve acceptance of professional mental health services.

CONCLUSION

This study identified three main themes hindering access to mental health services: awareness and knowledge, access barriers, and experiences and expectations. Access to mental health services is shaped by interconnected psychological, structural, and experiential factors. By integrating Andersen's Behavioral Model with behavioral and stigma theories, this study provides a multidimensional explanation of service underutilization within community settings. Effective intervention requires coordinated reform across policy, clinical practice, and

community engagement to reduce stigma, enhance mental health literacy, strengthen enabling resources, and rebuild institutional trust. Future research should incorporate patients and community members to capture lived experiences and improve representativeness. Comparative rural–urban studies would provide insight into geographical disparities. Further work should focus on developing and empirically testing integrated intervention models grounded in behavioral and health service theories. Longitudinal evaluations of digital mental health tools are also recommended to assess their effectiveness in reducing stigma and improving access.

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