#### RESEARCH ARTICLE

# Psychological distress among the B40 population in Selangor

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### **Abstract:**

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Syamsul Anwar Sultan Ibrahim Email: syamsul2893@uitm.edu.my Mental illness affects one-fourth of people worldwide, making it one of the significant contributors to the disease burden in today's fast urbanizing society. Psychological distress is always accompanying mental health; according to various researchers, depression and anxiety are indicators of a condition of emotional suffering. The severity of the symptoms and their influence on the person's everyday life determine the level of distress. This study aimed to determine the prevalence of psychological distress among the B40 adult population in Selangor and to identify any differences between psychological distress and demographic characteristics. A cross-sectional study was conducted online with 181 participants from the B40 group in Selangor. Findings revealed that more than half of the respondents for this study have a high risk of developing mental health problems where demographic data such as age, marital status, occupation, ethnicity and educational status can influence developing psychological distress. Therefore, it is essential to prevent or reduce the risk of psychological distress among this group by recommending them to seek treatment with the related parties.

**Keywords:** B40, psychological distress

#### 1. INTRODUCTION

Psychological distress always accompanies mental health (Achdut et al., 2020). Mental illness is a worldwide public health concern (Bloom et al., 2012). Mood thought, and behaviours of individuals can be affected by mental health conditions. Mental illness affects one-fourth of people worldwide, making it one of the significant contributors to the disease burden in today's fast urbanizing society (Cheah et al., 2020). It has been defined as a condition of emotional suffering characterized by symptoms of depression and anxiety in various researchers (Arvidsdotter et al., 2016). Mental distress or psychological distress is a broad concept that refers to acute mental stress caused by life events or mental disorders (Schneiderman et al., 2005). The severity of the symptoms and their influence on the person's everyday life determine the level of distress (Bolger & Schilling, 1991). Depression, anxiety, and stress are all forms of psychological distress that are becoming more common nowadays. More than 450 million people worldwide have been identified as having mental health issues (Ismail et al., 2020).

Not just in research conducted by Shahira et al. (2018) found that university students who originate from impoverished families with poor financial situations are more prone to suffer from depression and anxiety symptoms. The goal of this research is to determine the relationship between

psychological distress and demographic factors among the B40 population in Selangor. Previous research has shown that different people have varying stress levels and characteristics. Moreover, the world has recently experienced significant development, such as increased use of information technology, globalization, and rising living costs, all of which have the potential to elevate stress levels among adults.

According to data from the National Health and Morbidity Survey (2015), psychological distress affects more of the B40 population, revealing a worsening mental health state among Malaysians. It will be a significant issue if we do not consider the relationship between mental distress and other associated factors among the B40 population because it contributes to increasing statistics. Therefore, this study aimed to determine the prevalence of psychological distress and the differences between psychological distress and demographic factors among the B40 adult population in Selangor.

# 2. MATERIALS AND METHODS

#### 2.1 Study Design, Location and Sampling

A cross-sectional study was conducted through an online platform toward the population of B40 residing in Selangor. Those who met the inclusion criteria, such as living in

Selangor, aged 18 years old and above and receiving a salary in the B40 group, were invited to participate in this study. The sample size was calculated using the online Raosoft Sample Size Calculator, using a confidence level of 95%, the response distribution of 50%, and the margin error of 5 %, giving out their commended sample size of 385. However, due to some limitations, the researcher only obtained 181 respondents for the present study. UiTM Research Ethics Committee has approved the study (600-TNCPI (5/1/6).

#### 2.2 Research instruments

The study instrument can be divided into two: demographic data and the Kessler Psychological Distress Scale or also known as K10, as a research instrument which has ten items that measure the frequency of non-specific psychological distress symptoms in the last 30 days (Kessler et al., 2003). To obtain the total score, sum all the ten items scored. The K10 score ranges from 0 to 50, with higher scores indicating higher psychological distress. K10 has cut off score, which is a score from 10 - 19 is likely to be well, a score from 20 - 24 is expected to have mild distress, a score from 25 – 29 is likely to have moderate distress, and a score from 30 - 50 is expected to have severe distress (Kessler et a., 2003). In the study conducted by Tiong et al. (2018), they concluded that the K10 Malaysia version is a valid and reliable instrument for those experiencing non-specific psychological distress.

#### 2.3 Statistical analysis

This study used IBM SPSS Statistics for Windows version 26.0, the latest version, to analyze the data taken from the participants. Then normality testing using Kolmogorov-Smirnov test data was conducted on all the ratios and found that this study is parametric. Descriptive analysis for the demographic and total scores obtained from the instrument was analyzed using mean (SD). Inferential analysis, one-way ANOVA and independent T-test were used to assess differences and determine whether the study's hypothesis should be accepted or rejected.

### 3. RESULTS

Table 1 shows the demographic characteristics among participants. The participants were predominantly male (63.5%), aged between 18-29 (77.9%), Malay (86.2%), and single (75.7%). Most participants hold higher education certificates which are a Diploma (44.8%) and Degree (39.8%). Most participants worked in the non-government sector (38.1%), while another 29.8% were unemployed at the time of this study.

Table 1: Demographic characteristics (N=181)

Variab	les	N	N (%)	
	1 (11)			
Gender	Male	181	115 (63.5)	
	Female		66 (36.5)	
Age	18-29	141 (77.9)		
	30-39	181	35 (19.3)	
	40-49		5 (2.8)	
Ethnicity	Malay		156 (86.2)	
	Chinese	181	15 (8.3)	
	Indian		7 (3.9)	
	Others		3 (1.7)	
Marital	Single		137 (75.7)	
Status	Married	181	43 (23.8)	
	Others		1 (0.6)	
Education	PMR		1 (0.6)	
Level	SPM	PM 17 (9.4)		
	SVM 1 (		1 (0.6)	
	STAM	181	2 (1.1)	
	STPM		4 (2.2)	
	Diploma		81 (44.8)	
	Degree		72 (39.8)	
	Master		3 (1.7)	
Occupation	Government		30 (16.6)	
-	Non-Government	181	69 (38.1)	
	Self-Employed		28 (15.5)	
	Unemployed		54 (29.8)	

#### 3.1. Prevalence of Psychological Distress

Table 2 shows the severity of psychological distress among the B40 population in the Selangor community. Kessler 10 (K10) was used to identify the objective by measuring the severity of psychological distress among the B40 group in the Selangor community. The cut-off points for the K10 are divided into four which are likely to be well (less than 20), mild (20-24), moderate (25-29) and severe (more than 30). Findings from this study found that the majority of the respondents' psychological distress level is likely to be well, which is 39.8%, followed by moderate (25.4%), severe (20.4%) and mild (14.4%) among B40 in the Selangor community.

Table 2: Severity of psychological distress

Variables		Frequency	Percentage
		(n)	(%)
The severity	likely to be well	72	39.8
of	mild distress	26	14.4
psychological	moderate distress	46	25.4
distress	severe distress	37	20.4

# 3.2.The Differences between Psychological Distress And Demographic Data

Table 3 shows an independent T-test to determine any

significant differences between psychological distress and gender. The result shows no significant difference in mean psychological distress between male and female respondents.

Table 3: Differences between psychological distress and gender

Variables	Male (n = 115) Mean (SD)	Female (n = 66) Mean (SD)	Mean diff (95% CI)	(df)	p
Gender	2.17 (1.18)	2.42 (1.19)	- 0.25	179	0.172

Table 4: Differences between psychological distress and demographic characteristics

Var	iables	Mean (SD)	F- stats	P value
Age	18-29	1.96 (1.10)		
	30-39	3.31 (0.76)	26.26	0.000
	40-49	3.40 (1.34)		
Ethnicity	Malay	2.14 (1.15)		
	Chinese	2.87 (1.25)		
	Indian	3.14 (1.07)	4.81	0.003
	Others	3.67 (0.58)		
Marital	Single	2.09 (1.15)		
Status	Married	2.81 (1.14)	6.73	0.002
	Others	3.0 (0.0)	0.76	0.002
Educational	PMR	3.0 (0.0)		
Level	SPM	3.35 (0.99)		
	SVM	3.0 (0.0)		
	STAM	3.50 (0.70)		
	STPM	2.5 (1.0)	3.99	0.000
	Diploma	2.32 (1.18)		
	Degree	1.90 (1.09)		
	Master	1.67 (1.15)		
Occupation	Govt.	1.70 (0.92)		
F 322	Non-Govt.	2.61 (1.19)		
	Self-Employ	2.86 (1.08)	10.28	0.000
	Unemployed	1.83 (1.09)		

One-way ANOVA was chosen to find the differences between demographic data (age, ethnicity, marital status, educational level and occupation). In this study, it is shown that there are significant differences between psychological distress and all five demographic data, which their p-value are (age=0.00, ethnicity=0.003, marital status=0.002, educational level=0.00 and occupation=0.00) as presented in Table 4.

#### 4. DISCUSSION

### 4.1 Prevalence of Psychological Distress

This study discovered that most respondents (60.2%) have mild to severe psychological disorders, as stated in Table 2. So this could disturb their mental health and lead to other dangerous behaviour. Among these three groups of psychological distress levels (mild, moderate and severe) using K10, most are in moderate psychological distress, followed by severe and mild levels. This study's findings were similar to the previous research. Based on Hakami (2018), it was found that students with low financial status are more affected by psychological distress. Other than that, it is reported in a study that low to moderate income has similar psychological distress and is more affected compared to those who have a higher income (Sun et al., 2020).

Families in poverty deal with particular pressures, such as food insecurity and housing problems (Hodgkinson et al., 2017). Maslow's hierarchy of needs states that if an individual cannot reliably meet their basic physiological and safety requirements, it will have little impact on their overall well-being (Maslow, 1943). This explains that when someone has insufficient money, they will leave leisure activities and focus more on finding money, which could lead to stress. On the other hand, a study conducted by Chan et al. (2021) found that respondents with a low-income level are not affected by psychological distress compared to high-income groups.

# 4.2 The differences between psychological distress and demographic data

Educational level and occupation are associated with psychological distress except for gender, as shown in Tables 3 and 4. These findings were congruent with the previous study. In the survey conducted by sun et al. (2020), it is reported that age is associated with psychological distress, which is consistent with the study findings. This is because their study concluded that younger ones usually are exposed to stress during study, getting employed, adapting to a new environment, finding a new house, getting married and getting to be independent of the family as they are growing up still not have stable financial yet.

This study found an association between occupation and psychological distress, which is congruent with the previous research by MM & SS (2019). They found that mental health is worse among private sectors than in public ones; however, Macklin, smith & Dollard (2006) stated public sector could lead to distress if high support coupled with increased control and high demands in the industry. Kwan et al. (2016) found an association between ethnicity and psychological distress. It is reported in their study that the ethnic Indians and Malay people had a significantly lower quality of life than the ethnic Chinese people.

This study's findings reported that marital status is associated with psychological distress. This is supported by Ta et al.

(2017) study, which concludes that marital status can significantly affect social interaction, health and well-being. The same research supports this: being in a lower socioeconomic class (being single) can make you more vulnerable to various pressures. They also compared single people with married people and reported that single people since higher levels of stress related to social obligations, familial obligations, loneliness, and the economy/money.

Next, this study found that educational level is associated with psychological distress. These findings are similar to a survey conducted by Sambasivam et al. (2019), which present that a lower physical quality of life was linked to lower education levels, chronic physical illnesses, and the prevalence of psychological distress.

#### 5. CONCLUSION

In conclusion, this study conducted is to determine the prevalence of psychological distress among the B40 population in Selangor and to determine any differences between psychological distress and demographic data. It is concluded that more than half of the respondents for this study have a high risk of developing mental health problems. This is because other demographic data such as age, marital status, occupation, ethnicity and educational status, except gender, can become one of the reasons for developing psychological distress supported by the previous study, due to B40 being the lowest household category in Malaysia and Selangor being one of the states which are close to or in the urban area. Hence, it is crucial to take the initiative to reduce the risk of psychological distress among that group by recommending they seek treatment with related parties such as occupational therapists and psychiatrists.

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