

# Depression Factors among University Students: A Case Study

Noraishah P. Othman<sup>1,2</sup>, Siti Norlina Muhamad<sup>1</sup> & Siti Aisyah Panatik @ Abd Rahman<sup>1</sup>

<sup>1</sup>Universiti Teknologi Malaysia (UTM) Johor, <sup>2</sup>Universiti Teknologi Mara (UiTM) Cawangan Johor, Kampus Pasir Gudang

**DOI Link:** <http://dx.doi.org/10.6007/IJARBSS/v15-i9/26411>

**Published Date:** 15 September 2025

## Abstract

Depression affects one in five young people globally. This statistic is especially concerning since youth make up the largest demographic group in Malaysia. The main goal of this study is to explore the factors that contribute to depression among university students. It employed a qualitative approach, using in-depth semi-structured interviews as the primary method of data collection with selected participants. Participants were chosen through purposive sampling to match the study's criteria. A total of seven Muslim youths experiencing depression took part in this research. All data were analysed thematically using ATLAS.ti 23. The results identified six key factors that contribute to depression among young people: self-conflict, family conflict, social conflict, financial conflict, learning conflict, and trauma. It is hoped that the findings will add value and offer guidance for developing interventions to better support youth dealing with depression.

**Keywords:** Depression, University Students, Youth, Depression Factors

## Introduction

Statistics from the Malaysian Ministry of Youth and Sports (2021) indicate that the youth population aged between 15 and 30 years is 9,664.7 million, making up 29.6% of Malaysian citizens. Youth are vital assets and the future leaders of the country, religion, and nation. Youth is a period full of strength, enthusiasm, and burning determination (Hamidah Sulaiman et al., 2013; Rohana Tan & Norhasni, 2016). According to Alegre (2011), positive emotions are one of the key elements that need attention in the growth and development of youth. However, emotional disorders among youth can affect their functioning and success in life. People with emotional management issues tend to struggle with problem-solving and are more likely to experience depression (Baker & Berenbaum, 2008). Youth who experience depression are more likely to display and express anger (Jackson et al., 2010).

Several studies have shown that depression is a common problem among youth (Nor Afiti, 2015), with harmful and very dangerous impacts such as suicidal thoughts (Nor Ba'yah

et al., 2018; Ahmad Izzuddin, 2021; Nurul Sofiah et al., 2020). This aligns with the statements of Segal (2013) and Stephen (2002), who noted that depressive disorders are a significant factor in suicide issues. According to a report from the National Institute of Mental Health (2019), suicide rates have increased among youth aged 18 to 25 years. Meanwhile, former Minister of Health Dato' Khairy Jamaludin stated that suicide cases in Malaysia increased by 81%, totaling 1,142 cases in 2021 compared to 631 cases in 2020 (Mahani Ishak, 2020).

The rise in the number of patients suffering from depression, as reported by the National Health Morbidity Survey (2023), found that one million Malaysians aged 16 and above have depression. This figure represents 4.6% of the total Malaysian population and marks a significant increase compared to the NHMS (2019), which recorded 2.3% of depression cases. A report from the National Security Council (MKN, 2023) shows a fivefold increase in the Psychosocial Support Services Helpline (MHPSS). In 2020, MHPSS received about 44,061 calls, while in 2021, the number of calls jumped to 212,319. The data also indicate a sharp rise in suicide cases among youth, specifically those aged 19 to 30, climbing from 56 cases in 2019 to 93 cases in 2020. In fact, the percentage breakdown by group also showed that 15.5% of the total number were aged 16-29 years. Nor Ba'yah et al. (2018) in their study reported that 48.4%, equivalent to 213 youth aged 19 to 24 years, showed symptoms of depression at various levels.

The word "depression" originates from the Latin "*depressio*," meaning sinking, which describes a feeling of being weighed down by life's burdens. It is a mood disorder that varies from normal mood to low mood in daily life, with clinical features, symptoms, severity, and duration that distinguish it from usual mood (Jose Eduardo, 2018). According to Beck's cognitive theory (1967), depression is defined as a feeling of sadness that typically starts after an unpleasant or unwanted event.

Depression can disrupt an individual's ability to work, perform daily tasks, and maintain a routine. Without prompt help or treatment, depression may become prolonged, lasting months or years. It is characterized by unusual emotional changes affecting character, such as low self-confidence, altered sleep patterns, appetite loss, weight loss, difficulty managing emotions like anger, guilt, sadness, anxiety, and persistent negativity (American Psychiatric Association, 2013; Lubis, 2016; Smith et al., 2014). More dangerously, depression can cause harm to oneself or others (Hurlock, 1980), lead to physical health issues, and trigger suicidal thoughts (WHO, 2017; Lubis, 2016).

There are various factors that cause depression among youth. Sohana (2019) noted that it results from psychosocial changes and academic stress at university. University life is especially challenging, as it marks the transition from adolescence to adulthood and demands the development of decision-making skills (Chen et al., 2013; Radeef et al., 2014). University youth must also prepare to face new challenges for professional success (Uehara et al., 2010). However, excessive expectations from various parties can lead to mental health problems (Pfeiffer, 2001; Shamsuddin et al., 2013; Sohana, 2019).

Although depression among university students has been widely studied in Western contexts, there is still a critical lack of context-specific research in Malaysia and similar developing countries. Most existing studies emphasize prevalence rates and general risk

factors, often overlooking the lived experiences and personal narratives of affected students (Cham, 2024). This reliance on quantitative surveys can miss the complexity of psychosocial, cultural, and spiritual factors influencing depression, highlighting the need for deeper, contextually relevant investigations (Wahab et.al, 2022).

This gap is significant because interventions designed based on generalized or Western data may not be effective in addressing the needs of Malaysian university students, who experience unique pressures such as family expectations, cultural taboos surrounding mental health, and limited access to professional support (Rusreena Rusli et.al, 2023). By using a qualitative case study approach, this research provides a deeper, nuanced understanding of the multiple factors, psychological, familial, social, financial, academic, and traumatic, that contribute to depression in this population.

This study is significant for several reasons. First, it addresses an urgent mental health concern among youth, a group crucial for future human capital and socio-economic development. By examining specific factors contributing to depression in university students, the study offers context-specific insights for universities, counsellors, and policymakers to design targeted mental health programs. Second, the findings can help institutions create more supportive learning environments, such as stress-management workshops, peer counselling, and mental health literacy campaigns. For mental health professionals, this research provides evidence for tailoring culturally and developmentally appropriate interventions for university students. At the policy level, the results can guide resource allocation for campus mental health services, ensuring support is accessible and inclusive.

Finally, this study contributes to the limited literature on youth mental health in Malaysia and other developing countries, where research lags behind that in Western contexts (Norhayati et al., 2021). By amplifying student voices through a case study approach, the research highlights the psychosocial, economic, and cultural aspects of depression, fostering a holistic understanding essential for sustainable solutions. Thus, the primary aim of this study is to investigate factors contributing to depression among university youth.

## **Methodology**

The study used qualitative semi-structured interview research to understand the experiences of youth and the factors that contributed to them. The purposeful sampling technique was the most suitable method for selecting depressed youth based on the inclusion criteria in this study. Qualitative research method that is commonly used by identifying, analyzing, and reporting patterns of meaning among participants' narratives (Braun & Clarke, 2006).

The participants were seven Muslim youth aged 20 to 25 years old who are still studying at university, have been diagnosed with depression by a psychiatrist, and are currently undergoing treatment. Before selecting study participants, the researcher first distributed the Beck Depression Inventory (BDI) form to ensure that the selected individuals met the main study characteristics. The information on the study participants is as shown in Table 1 below.

Table 1

*Participant demography*

Id	Age	BDI Score
B1	21 years	39 severe
B2	23 years	19 mild
B3	20 years	45 severe
B4	20 years	27 moderates
B5	20 years	27 moderates
B6	21 years	50 severe
B7	25 years	19 mild

Before starting the interviews with participants, they were asked to sign an informed consent form providing details about this study, including its purpose, benefits, risks, and approval. The individual interview format was chosen because interviews may cover sensitive topics, considering the participants' condition in this study.

All the data were audio recorded and transcribed verbatim, then analyzed using thematic analysis with ATLAS.ti 23. The researcher identified themes, observed patterns, and looked for relationships in the data collected from participants. Afterwards, they categorized the themes, separated or combined them, and wrote reports based on the identified themes.

**Result**

The participants in this study included seven youth who experienced depression. Six were female, and only one was male. Table 2 below details the depression symptoms observed in the participants. All had mood disorder symptoms, such as prolonged sadness and loneliness. The other symptoms varied among participants, with at least eight symptoms reported. Table 2 below lists all the symptoms experienced by the youth participants in this study.

Table 2

*Depression symptoms*

Symptoms / Behaviours	B1	B2	B3	B4	B5	B6	B7
Negative thoughts	/		/		/	/	/
Disturbance in learning	/				/	/	/
Disturbance in worship	/				/	/	/
Mood disturbance	/	/	/		/	/	/
Eating disturbance	/		/		/	/	/
Social disturbance	/		/		/	/	/
Sleep disturbance	/		/		/	/	/
Feeling lost / directionless			/	/	/	/	/
Lack of focus				/	/	/	/
Loss of interest				/	/	/	/
Suicidal thoughts	/	/	/	/	/	/	/
Sadness	/	/	/		/	/	/
Crying			/	/	/	/	/
Self-harm	/	/	/	/	/	/	/

Symptoms / Behaviours	B1	B2	B3	B4	B5	B6	B7
Social withdrawal	/	/	/	/	/	/	/
Overdose		/	/	/	/	/	/
Forgetfulness	/					/	/
Fatigue					/	/	/
Guilt			/	/	/	/	/
Hopelessness		/	/	/	/	/	/
Fear			/		/	/	/
Physical pain						/	
Difficulty making decisions				/			
Feeling trapped					/	/	/
Difficulty managing emotions	/		/			/	/

All participants in this study experienced social and relationship issues, except B2. Sleep problems were also common symptoms among the participants. Other symptoms, such as difficulty managing emotions, negative thoughts, and learning difficulties, varied from person to person. Four participants, B1, B3, B6, and B7, had more than 12 symptoms.

This study identified six main factors that contribute to depression among youth: self-conflict, social conflict, family conflict, learning conflict, trauma, and financial conflict.

### *Self-Conflict*

Self-conflict is a main theme in this study. Youth face various challenges and tests of life, going through stages of maturity that test their emotional, mental, and physical resilience. Each change during these stages significantly impacts the development of the self and the emotional and mental well-being of youth if not properly managed. One of the main issues contributing to self-conflict among youth experiencing depression is the lack of knowledge in emotional management.

Understanding emotional management is a vital part of personal growth for everyone. In today's world, full of challenges and exposure to different issues, having knowledge about emotional regulation is especially important. Properly managed emotions help young people build resilience and handle difficulties more calmly and effectively. On the other hand, lacking emotional management skills can lead to personal problems and negative outcomes, such as depression. This study shows that not knowing enough about emotional management is a contributing factor to depression, as highlighted by participant B7.

*"One of the reasons my mind keeps thinking about this is because I had actually postponed my studies before. After SPM, I enrolled at IIUM and attended for three months. Then I decided to quit because I was too stressed and did not know how to manage it."*

(Participant 7, 7:96 ¶ 37)

Similarly, Participant B3 acknowledged that the absence of emotional regulation skills exacerbated their depressive mood, making it difficult to control and worsening their condition:

*"Perhaps last semester, in Semester 2, my condition was quite bad because I did not know how to handle it. There was no medication at that time, and I was completely lost. I believe, God willing, next semester will be better and more manageable now that I have medication and counseling sessions."*

(Participant 3, 2:93 ¶ 128)

Apart from that, loneliness is one of the most difficult emotional struggles and can be a silent killer. Allah SWT creates humans as social beings. Therefore, people naturally need each other. Islam also stresses the importance of fardhu kifayah (communal obligations) and maintaining good relationships with others, as these are essential in shaping a Muslim's character and ensuring well-being and happiness in this life and the Hereafter. Excessive feelings of loneliness, however, can cause young people to feel overwhelmed by their emotions and become increasingly isolated from the outside world.

For me, hmm, I'm quiet. I think I'm alone, with no one around me. Even the doctor said I was lonely. I don't like being lonely, but my environment is quiet.

(Participants 5 6:32 ¶ 106–108)

This is also supported by the B7 statement that, even though she is an introvert, ongoing loneliness caused her to feel pain and suffering. She began to feel jealous of others who had friends while she was alone. She also stated that the action 'It hurts and seems to be imprisoned.' What's more concerning is that when loneliness continues, it becomes a trigger for her depression.

Why am I alone? Why don't I have friends? It's like there's jealousy when you see someone else happy in their group. But I'm alone. I like things quiet and being alone, but when it lasts a long time, I become so lonely. It hurts me.

(Participant 7, 7: 9 ¶ 69)

Self-confidence is a vital element that every individual needs, as it helps them stay competitive and work in a healthy, safe environment. Persistent feelings of low self-esteem can be harmful and are a contributing factor to depression among youth. A person must feel confident in themselves first before they can earn the confidence of others. According to B1, she is often trapped by feelings of low self-esteem, which causes stress in her situation. She feels ashamed of her big body and frequently believes she is not beautiful, often feeling looked down upon by her friends.

I've had a big body since I was little; my body has been really big since I was young. After that, I tried to diet, but nothing worked.

(Participant 1: 9:12 ¶ 139)

### *Family Conflict*

Next, a factor that contributes to the issue of depression among youth is family conflict. The family is an essential institution in the life of every individual because love, security, well-being, peace, education, and many other elements in life start from the family institution. A harmonious family institution also helps children develop in a positive and

competitive direction. However, if the family institution is filled with various conflicts and negative emotions, then the environment in which children grow up is also disrupted.

Youth conflicts with their mother or father are a major factor discussed in this section. Youth often get into fights with their parents, which leaves a lasting impact on them. These issues carry over into their lives and can lead to depression. As B5 stated, she went through the most stressful phase of her life when she fought with her mother. For a week she did not communicate and locked herself in her room. This matter left a deep wound on her.

When I was in Form 5, I remember having a misunderstanding with my mother. I didn't talk to her for a week and didn't eat. I only went to school and back home. When she came back from work, I sat in my room. We didn't even see each other, and if we did, I didn't talk to her at all. Even when I ate, I ate in my room. It went on like that for a week. My mother didn't treat me differently; she just said, "Oh, that's it." But during that time, I felt so stressed that I couldn't control myself. I cried, wanted to scream, and I covered my face with a pillow because I didn't want my mother to hear me cry.

(Participant 5, 6:55 ¶ 254)

B7 also explained that one of the factors that contributed to his depressive episode was his home environment while studying from home during COVID-19.

Another reason was that my family had an issue, and at that time, I also faced a Sudden and very serious problem. This situation made me feel even more overwhelmed, depressed and sad. During the MCO, I was with my family, so I had to deal with the issue that arose. That means studying with my family was one of the two main factors for me, primarily due to the environment at home.

(Participant 7, 7:98 ¶ 48 – 50)

B4 also experienced these feelings, having grown up in a family with conflict. He mentioned that, to some extent, he felt his life lacked meaning. He went through difficult phases and eventually lost contact with all his family members. B4 felt lonely and isolated in his own world, with no one to lean on or love.

And then, I can say that life seemed to have no point at that time. You could say that with family members, the relationship was there but it wasn't fully there. With relatives, I really didn't have much contact. And then, when I saw other people, they always talked about relatives, going back to their hometowns, seeing grandparents. I couldn't relate. It was like I was living alone, and then I wondered what I should do to keep going. It felt like the idea of continuing life for a few more years alone was pointless.

(Participant 4, 11:42 ¶ 117)

Family conflict greatly impacts children's well-being and development. Children raised in households with fighting parents often carry deep emotional scars. B5 stated that the conflict between his mother and father started with small issues but escalated into intense

fight. He admitted that he disliked it and felt stressed whenever his parents argued, eventually preferring to isolate himself by locking himself in his room.

Hmmm, I don't know what to say. My father is okay, but he tends to bring things up that often lead to arguments. Even small issues or things he's been upset about for a long time, like money or other topics, can cause him to bring up examples. This gradually escalates into fights, and I really don't like that. I am running a few minutes late because my previous meeting is running over.

(Participant 5, 53 ¶ 217)

### *Social Conflict*

Social conflict is also one of the factors that contribute to depression among youth. Typically, from adolescence to adulthood, friends and the social environment strongly influence the self-identity of young people. Children who have attended secondary school and higher education value their social lives with friends and want to participate in the community. However, social conflict among youth also contributes to depression, as young people often feel depressed, sad, and angry when they are excluded from their groups.

B3 said in the interview that she disliked her friends at school. The school environment and her friends also made her impatient to finish her schooling.

And there weren't many friends there either. Plus, I think the boys were even worse, so when I was near the dormitory, I was counting the days until I could quit because I didn't like the school there and I didn't want to make my parents suffer.

(Participant 3, 2:89 ¶ 66)

### *Learning Conflict*

Learning conflict is also a factor contributing to depression among youth. Generally, transitioning from school to university learning is challenging due to differences in education systems. University students must also be more competitive and work hard to achieve optimal results. Moreover, when COVID-19 emerged, it drastically changed the learning process for all levels of education, including students. The shift from 100% face-to-face education to a completely online learning and assessment approach has been significant.

B6 mentioned in the interview that the online learning session added pressure because it was hard to understand, and the review session was sometimes confusing since it only referred to the slides provided.

Because during an online class, it's hard to fully understand what the lecturer is teaching. When we try to review, it often feels like there's nothing similar to what's on the slides. If possible, I believe face-to-face classes have a greater impact than online classes.

(Participant 6, 8:24 ¶ 69 – 71)

This statement was also voiced by B7, who said that the online learning sessions at home were a triggering factor for his depression.

Haaa, it was July 2021, during the middle of the MCO and the worst of COVID. That was actually one of the factors that affected my situation, as I was learning online from home in my room.

(Participant 7, 7:75 ¶ 24)

### *Trauma*

The findings of this study also show that trauma plays a significant role in contributing to depression among youth. Trauma leaves a lasting impact on young people, making it hard for them to forget the event, and it continues to haunt and burden them. One of the traumas experienced by the participants in this study was being bullied. B3 was frequently bullied by her school friends because of her physical appearance, such as being short, dark-skinned, and plump. This caused her to become isolated from other friends and made her feel inferior and lacking confidence in building relationships.

I think it's probably because, since elementary school, I was bullied directly. When I was in school, I was short, chubby, and had dark skin. I was smaller and darker than my other friends, so I was always teased, and at times I felt like I had no friends at that school.

(Participant 3, 2:17 ¶ 59)

Next, B2 also experienced trauma because of his mother's "perfectionist" attitude. He said that although others might see it as normal, it made a lasting impression on him, especially when he was scolded for minor things.

My trauma might not be trauma to others, but it was a conflict between me and my mother. That was the relationship between us at that time. Now it's okay, but before that, it was like our mother—my mother was a bit of a perfectionist, so she wanted to see her children follow the rules, meaning follow the rules she set.

(Participant 2, 10:10 ¶ 68)

### *Financial Conflict*

Financial issues are critical, especially in today's complex and demanding life; everything needs money, and the cost of living keeps rising. Usually, young people are not the group that should worry about financial problems, and it's not their main job to earn their own money. However, the stresses of life and circumstances also force young people to face this financial burden.

This aligns with B6's statement, who faced financial conflict because she had to work part-time to cover her expenses. Her family did not offer any financial support. Her father, already retired, did not give her any money for her costs, nor did her younger brother, who was still studying. Although she received sponsorship, the funds were insufficient, and sometimes the sponsorship money arrived late, forcing her to work to cover her expenses.

Then there were issues with paying study fees and similar expenses. After that, I also had to work part-time to cover my daily costs, such as food and drinks.

## Discussion

This study identified six interconnected factors that contributed to depression among university students: self-conflict, social conflict, family conflict, learning conflict, trauma, and financial conflict. These factors are significant contributors to depression among Malaysian university students. The findings align with broader research showing that university students often face mental health challenges stemming from academic stress, financial difficulties, and family issues (Shamsuddin et al., 2013; Islam et al., 2018).

Youth lacking a positive self-concept often become more vulnerable to negative thoughts and unhealthy coping strategies, which can lead to depression. In collectivist cultures like Malaysia, self-conflict may worsen due to pressure to meet personal goals while fulfilling family and societal expectations, resulting in inner tension and feelings of inadequacy (Ng et al., 2021). While self-conflict is central, it is often intensified by social and family conflicts. For example, strained peer relationships and family discord may reinforce feelings of rejection and self-doubt, which in turn worsen depressive symptoms (Jin et al., 2025).

The loneliness experienced by youth makes them feel imprisoned and trapped in sad emotions. This aligns with studies by Benítez-Manzanas et al. (2022) and Luo (2012), who reported that loneliness is a key factor in depression. Additionally, Mahpis & Akhir (2020) stated that loneliness results from a lack of emotional support from people around them, such as parents, siblings, or friends. As a result, individuals cannot share their joy or sadness with anyone. Lau et al. (1999) also noted that loneliness stems from a lack of social support.

Similarly, learning conflicts, such as academic stress and performance anxiety, interact with self-conflict by reducing students' confidence and increasing fear of failure (Wong et al., 2023). Academic or learning conflicts caused by workload pressure, performance expectations, and an imbalance between study and personal life have consistently been linked to higher depressive symptoms among students (Wong et al., 2023; Zainal Badri et al., 2022). Social conflicts, including isolation, loneliness, or weak peer support, often worsen student distress and reduce access to protective relational resources; low social connectedness is associated with higher depression rates (Islam et al., 2018; Qirtas et al., 2023).

Additionally, lack of support also leads to an increase in risky behaviors such as substance abuse, isolation, and suicidal thoughts. When youth do not have a safe space to express their feelings or seek help, they are more likely to turn to harmful, short-term solutions. A study by Latiff et al. (2016) stated that students who face academic failure without enough emotional support are more likely to engage in self-destructive behaviours as a way to cope with perceived stress. The results of this study align with the statement of Mohamad Nurul Hafiz (2021), which states that separation and divorce are factors contributing to depression. The study by Abdul Latiff et al. (2016) also indicates that adolescents who grow up with only one parent are more likely to experience depression compared to those raised by both parents. Furthermore, the study by Zhang et al. (2021)

notes that parenting factors such as the level of autonomy, monitoring, and warmth in family relationships are also causes of depression issues among youth.

Recent research findings increasingly support the role of trauma in contributing to depression among Malaysian university students. For example, Ghazali et al. (2022) conducted a large-scale study across public universities in Sarawak. They found that 87% of students experienced at least one form of lifetime trauma, with 9.6% showing PTSD symptoms and 15.5% exhibiting depressive symptoms. Importantly, PTSD and depressive symptoms were significant predictors of suicidal behaviour within this group.

### **Conclusion**

In conclusion, this study has identified seven key factors that contribute to depression among university students in Malaysia: self-conflict, social conflict, family conflict, learning conflict, dependency conflict, trauma, and financial conflict. These findings demonstrate that depression in students results from complex, interconnected challenges involving the self, relationships, academic environment, and external pressures.

Self-conflict, such as low self-esteem and difficulty managing emotions, was identified as a major internal struggle. Social and family conflicts further increase feelings of isolation and instability, while learning conflicts reflect the pressure of academic performance and future expectations. Trauma, whether past or present, continues to influence mental health outcomes, and financial conflicts highlight the economic stressors faced by students. Together, these factors highlight the urgent need for comprehensive approaches that address psychological, social, academic, and financial aspects when tackling depression among youth.

Based on the findings of this study, several recommendations are proposed to address depression among university youth in Malaysia. First, universities should strengthen counseling and mental health support services, focusing on emotional regulation, self-awareness, and resilience training to help students better manage self-conflict and trauma. Additionally, initiatives that promote positive family communication and healthy peer relationships are vital because strong social and family support systems can significantly reduce feelings of isolation and conflict. From an academic standpoint, institutions should offer more support through mentoring programs, stress management workshops, and flexible learning strategies to lessen the burden of academic pressures.

Financial challenges should also be tackled by expanding scholarships, providing financial literacy education, and ensuring access to safe part-time employment opportunities that do not interfere with academic commitments. It is equally important to implement early intervention programs that identify students with trauma histories and provide targeted psychological assistance. Lastly, future research should explore how these six factors interact and incorporate cultural and spiritual dimensions, such as Islamic psychospiritual approaches, to develop more comprehensive solutions for managing depression among youth.

### **Recommendation**

Future research on depression among university students in Malaysia should explore it from a gender-sensitive perspective, especially focusing on male students, since this study included six female participants and only one male. Understanding men's experiences with

depression is crucial, as cultural expectations, masculinity norms, and coping strategies might differ significantly from those of women. Comparative studies between public and private universities, as well as urban and rural areas, would add more depth to the findings. Long-term and mixed-method approaches could also provide a more comprehensive understanding of how these factors evolve.

### Limitations

Based on the study that has been conducted, several limitations were identified during data collection. The first limitation is that this study is a case study focusing on university youth who experience depression and voluntarily agreed to participate. The participants do not represent all patients from public or private universities in Malaysia or outside Malaysia. Additionally, the study faced limitations in male youth participation, as almost all the participants, six in total, were female. Furthermore, some youth chose not to participate or were unwilling to cooperate.

### References

- Abu Bakar, H. I. (2021). Fenomena Bunuh Diri Semasa Pandemik Covid19 dan Pandangan Sunnah Terhadapnya. Proceedings of the 7th International Conference on Quran as Foundation of Civilization (SWAT). Universiti Sains Islam Malaysia. m/s 835-846.
- Alegre, A. (2011). Parenting Style and Children's Emotional Intelligence. Paper presented at Annual Conference of the National Council of Family Research. Orlando FL.
- A. Wahab, I., Goh, K. W., Zainal, Z. A., Mohamed Yusof, N. S., Huri, H. Z., Jacob, S. A., Mohamad Alwi, M. N., Hashim, R., Ahmad Hisham, S., & Jamil, N. (2022). Targeted Primary and Secondary Preventive Strategies for Depression among Malaysian Pharmacy Students. *International Journal of Environmental Research and Public Health*, 19(15), 9629. <https://doi.org/10.3390/ijerph19159629>
- Baker, J. P., & Berenbaum, Raija-Leena. (2008). Relationship between Gender, Age, Academic Achievement, Emotional Intelligence and coping Style in Bahraini Adolescents. *Individual Differences Research*, 6(2), hlm 104-119.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Harper and Row.
- Cham, C. Q., Ibrahim, N., Kalaman, C. R., Ho, M. C., Visvalingam, U., Ahmad Shahabuddin, F., Abd Rahman, F. N., Halim, M. R. T. A., Harbajan Singh, M. K., Azhar, F. L., Yahya, A. N., Roslan, S., & Siau, C. S. (2024). Factors associated with depression, anxiety, and satisfaction with life among Malaysian parental caregivers of adolescent psychiatric patients: A cross-sectional study. *Global mental health (Cambridge, England)*, 11, e12. <https://doi.org/10.1017/gmh.2024.5>
- Chen, Y., Yang, X., Wang, L., and Zhang, X. (2013). A randomized controlled trial of the effects of briefmindfulness meditation on anxiety symptoms and systolic blood pressure in Chinese nursing students. *Nurses Educ. Today* 33, 1166–1172. doi: 10.1016/j.nedt.2012.11.014
- Ghazali, S. R., Chen, Y. Y., Mohamad, M., Lee, P. Y., Razali, Z. A., Pauzi, N., & Majani, A. F. (2022). Lifetime trauma, symptoms of psychological disturbance, and suicidal ideation among university students in Malaysia. *Current Psychology*. Advance online publication.
- Hamidah Sulaiman, Zawawi Ismail, Rorlinda Yusof. 2013. "Kecerdasan Emosi Menurut Al-Quran Dan Al-Sunnah : Aplikasinya Dalam Membentuk Akhlak Remaja." 1(2): 51–57.

- Hurlock, E. B. (1980). Psikologi perkembangan Suatu Pendekatan Sepanjang Rentang Kehidupan. Jakarta: Erlangga.
- Islam, M. A., Low, W. Y., Tong, W. T., Yuen, C. W., & Abdullah, A. (2018). Factors associated with depression among university students in Malaysia: A cross-sectional study. *KnE Life Sciences*.
- Jackson, J., Kuppen, P., Sheeber, L. B., Allen, N. B. (2010). Expression of Anger in Depressed Adolescents: The Role of the Family Environment. *Journal Abnorm Child Psycho* 39. hlm 463-474.
- Jin, Y. (2025). Longitudinal associations between family conflict and adolescents' depressive symptoms. *Child and Adolescent Psychiatry and Mental Health*, 19(1), 12. <https://doi.org/10.1186/s13034-025-00866-9>
- Jose Eduardo Rondon Bernard. (2018). Depression: a review of its definition. *MOJ Addiction Medicine & Therapy*. MedCrave.
- Lubis, N. L. (2016). *Kemurungan dan Tinjauan Psikologis*. Jakarta: Jakarta: Prenada Media Group.
- Mahani Ishak (Mei 15, 2020). PETRONAS Komited Hulus Bantuan Demi Kesejahteraan Masyarakat. *Berita Harian Online*. Dicapai pada 1 Oktober 2020 dari <https://www.bharian.com.my/berita/nasional/2020/05/688955/petronas-komited-hulus-bantuan-demi-kesejahteraan-masyarakat>.
- National Institute of Mental Health. 2023. <https://www.nimh.nih.gov/health/topics/depression>. dikemaskini pada April 2023.
- Mohd Basri, N. A. (2015). Kesan kaunseling kelompok Teori Pilihan Terapi Realiti terhadap Aspek Psikologi Pelajar Ibu Bapa Bercerai (IR). Tesis. Universiti Pendidikan Sultan Idris.
- Abdul Kadir, N. B., Johan, D., Aun, N. S. M., Ibrahim, N., & Abdullah@Mohd. Nor, H. (2018). Kadar Prevalens Kemurungan dan Cubaan Bunuh Diri dalam kalangan Remaja di Malaysia. *Jurnal Psikologi Malaysia* 32 (4) (2018): 150-158 ISSN-2289-8174.
- Nurul Sofiah Ahmad Abd Malek, Noraini Abdol Raop, & Mohd Sufiean Hassan. (2020). Peranan Kesihatan Mental sebagai Moderator terhadap Kecenderungan Bunuh Diri. *Jurnal Sains Sosial@ Malaysian Journal of Social Sciences*, 5(1), 87–99.
- Pfeiffer, D. (2001). *Academic and Environmental Stress among Undergraduate and Graduate College Students: A Literature Review*. Menomonie: University of Wisconsin-Stout.
- Radeef, A. S., Faisal, G. G., Ali, S. M., Ismail, M. M. (2014). Source of stressors and emotional disturbances among undergraduate science students in Malaysia. *IJMRHS* 2014;3:401-10.
- Rusli, R., Zakaria, S. F., Ramli, N. F. M., Mahmud, M. M., & Manap, M. R. (2023). Unraveling the Underlying Factors of Depression Among Malaysian Undergraduates. *Asian Journal of Research in Education and Social Sciences*. e-ISSN: 2682-8502 | Vol. 5, No. 3, 123-130, 2023 <http://myjms.mohe.gov.my/index.php/ajress>
- Tan, R., & Abidin, N. Z. (2016). Tinjauan Permasalahan Akhlak Belia di Institusi Pengajian Tinggi. *Mimbar Pendidikan. Jurnal Indonesia untuk Kajian Pendidikan*, 1(2) September 2016.
- Segal, Z. V., Williams, M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression* (2th ed). Guilford press: New York.
- Stephen, M., Amanda, C., Williams, b., & Stephanie, B. (2002). A confirmatory factor analysis of the Beck Depression Inventory in chronic pain. *Journal of International Association for the Study of Pain*, 99, 289–298. Retrieved from [www.elsevier.com/locate/p](http://www.elsevier.com/locate/p).

- Shamsuddin, K., (2013). Correlates of depression, anxiety and stress among Malaysian University Students. *Asian Journal of Psychiatry*
- Smith, M., Saisan, J. & Segal, J. (2014). How to recognize depression and get effective help. Help Guide. Org. [www.m.helpguide.org/articles/depression/depression-symptoms-and-warning-signs](http://www.m.helpguide.org/articles/depression/depression-symptoms-and-warning-signs).
- Hamid, S. A. (2019). Tahap Kesehatan Mental dalam Kalangan Pelajar Institut Pengajian Tinggi: Kajian Literasi. e-Prosiding Persidangan Antarabangsa Sains Sosial dan Kemanusiaan.
- Uehara, T., Takeuchi, K., Kubota, F., Oshima, K., & Ishikawa, O. (2010). Annual transition of major depressive episode in university students using a structured self-rating questionnaire. *Asia-Pacific Psychiatry* 2(2): 99-104.
- WHO. World Health Organization. (2017). <https://www.who.int/news/item/30-03-2017--depression-let-s-talk-says-who-as-depression-tops-list-of-causes-of-ill-health>
- Wong, S. S., Wong, C. C., Ng, K. W., Bostanudin, M. F., & Tan, S. F. (2023). Depression, anxiety, and stress among university students in Selangor, Malaysia during COVID-19. *Plos One*, 18(1), e0280680. <https://doi.org/10.1371/journal.pone.0280680>