

The Level of Mental Health and Coping Strategies During the Enhanced Movement Control Order (EMCO) in Simpang Renggam, Johar.

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Abstract

The Enhanced Movement Control Order (EMCO) during the Covid-19 pandemic adversely affected mental health issues in Malaysia. The movement restriction in certain localities in the country, which hindered usual activities, caused a disruption in societal routines, compared to the pre-pandemic period. This change brought about pressure in the lives of those affected. Based on this issue, a research is conducted to study the level of mental health and coping to overcome the problem among residents in Bandar Baru Ibrahim Majid and Kampung Dato' Ibrahim Majid in Simpang Renggam, Johor. This study uses the quantitative method, supported by the qualitative method. Around 150 residents in the two localities were selected as respondents by using the cluster sampling method. The data collected through questionnaires are analysed descriptively through the SPSS. The findings show the level of mental health is at a normal stage. For coping, the problem-focused coping is at a high level, while for emotion-focused and avoidance coping are at a moderate level. Therefore, to ensure the mental health of the people remains at the normal stage, there must be efforts from the Government and the NGOs to sponsor mental health literacy and screening activities with health centres periodically.

Keywords: Covid-19 outbreak, Mental Health, DASS, Coping Strategy, Enhanced Movement Control Order

1.0 Introduction

The spread of the COVID-19 worldwide pandemic led to mental health issues, which brought about anxiety, fear, and continued depression among a large number of the world population. This drastic change in lifestyle such as social distancing, movement control orders, and isolation have affected their emotional well-being. The United Nations (UN) emphasised that financial strains, loss of livelihood, and unemployment has a psychological effect on everyone. A worrying economic situation, fear of being infected, the ever-increasing infection rate, and loss of employment are among the contributing factors to mental health issues on a global scale. This extreme anxiety led to mental stress, which then negatively affected daily life. The UN Report also found that there is a worrying increase in suicide cases among front-liners due to working under extraordinarily stressful situations without the proper rest.

Malaysia also saw an increase in psychological and mental breakdown bases after the pandemic. The spread of the virus impacted daily life, especially on those with existing mental health issues. The Ministry of Health Malaysia (MOH) received more than 120,000 telephone calls on mental health cases due to the spread of the COVID-19 pandemic from 20 March 2020 to 20 May 2021. The MOH data also found that between January and December 2020, there was a reported 1,080 suicide attempt cases that received treatment in MOH hospitals (Suraya, 2021). Meanwhile, 9,015 cases of domestic violence were recorded throughout the Movement Control Order (MCO) period from March 2020 to August 2021 (Luqman Arif, 2021).

This mental health issue is caused by stress and extreme anxiety that might be triggered by financial troubles, loss of employment, and so on. The increase in mental health issues occurred as the Malaysian government implemented the nation-wide Movement Control Order (MCO) and the Enhanced Movement Control Order (EMCO) in areas that recorded high numbers of infections to contain the spread of COVID-19. The two control orders limited all individual movement, and normal activity were hindered.

The first Enhanced Movement Control Order (EMCO) declaration in Malaysia occurred in Bandar Baru Ibrahim Majid and Kampung Dato Ibrahim Majid in Simpang Renggam, Johor from 27 March to 28 April 2020, which had serious implications on the almost 3,570 residents of 650 families there (Luqman Arif, 2021). It not only affected the economic and social aspects, but also possible their mental health problems. The home "lockdowns," with daily activities forced to suit the new norm and adherence to the Standard Operation Procedure (SOP) during the EMCO period were factors that also affected their mental health. In addition, concerns of ever-increasing infection rates in residential areas and fear of catching the virus also exacerbated mental health problems among residents.

Therefore, a study was conducted to measure the level of mental health and coping capacity to overcome these problems among residents of Bandar Baru Ibrahim Majid and Kampung Dato Ibrahim Majid in Simpang Renggam, Johor.

2.0 Level of Mental Health

The Depression Anxiety Stress Scale (DASS) is a written screening test to identify a person's level of depression, extreme anxiety, and stress that functions as preliminary screening for mental health with diagnostic requirements from health officers Rivera et.al.,2020).

Depression

Depression is a mental illness with negative effects and emotional disorders that causes a person to have long bouts of melancholy, fatigue and lack of energy, irritability, and loss of interest in daily activities. This illness affects anyone regardless of age, gender, or ethnicity, and could go on for months or even years. Among the symptoms of depression include loss of interest in daily activity or hobbies, long periods of pensive sadness, lack of attention to work, disturbance in sleep patterns, change in appetite, decrease or increase in body weight, easily tired and loss of energy, weak memory, extreme guilt, difficulty in decision-making, quick to despair, easily agitated or panicked, and extreme low self-esteem.

Among the causes of this illness include chemical imbalance in the brain (Neurotransmitter Serotonin and Norepinephrine), family history of depression, environmental factors, medication, other illnesses such as glandular dysfunctions, pattern of thought, and perception of the self, life, and world.

Extreme Anxiety

Next, extreme delirium or anxiety is a category of mental health that causes extreme nervousness, fear, worry, and concern. Long term delirium and worry is then caused by overthinking negative events on non-specific things such as objects, life, or situations.

Feelings of worry and concern is normal, but individuals with anxiety suffer from extreme worry beyond normal rational thought, and feels fear all the time. Symptoms of anxiety is related to physical reaction to external threats known as the 'fight or flight response'. The symptoms are related to the nervous system, hormonal system, digestive system, cardiovascular system, and so on. Among symptoms include stiff muscles, heaviness in the chest and stiff neck, constant worry for every situation, palpitations of the heart, difficulty in sleeping, digestive problems, rapid pulse and high blood pressure, sweating even without any heavy activity, easily irritable, difficulty in focusing, and difficulty in mixing with society.

Causes of anxiety are complex and involves multiple and mutually influencing factors such as genetics, personality, employment, economy, and stress. In addition, dietary factors such as over consumption of caffeine are also risk factors to anxiety. In addition, life history or emotional trauma, drug and alcohol abuse and hormonal imbalance also increase the risk of anxiety to anyone.

Stress

Stress is a normal situation everyone goes through when pressured with life problems, either personal, traumatic, work or finance. It is caused by internal and external problem related to daily activities. Compared to anxiety and depression, stress can either drive an individual to be more determined in facing challenges, or cripple individual spirit. This depends on different individual mechanisms in overcoming stress (Cohen & Wills, 1985).

When one is stressed, as a self-preservation mechanism, the body produces various hormones and chemicals that automatically shuts down unnecessary bodily functions, such as the digestive system. However, if stress arises at undesirable times, blood flows to useful body parts for physical action, such as the legs and arms, to reduce brain function. This also causes many to face difficulties in thinking clearly when under stress. According to Liley Afzani Saidi (2016), stress can happen to anyone, regardless of age and gender. Among symptoms or stress or pressure include difficulty in sleeping, absent-mindedness, concentration

problems, change in dietary pattern, feeling irritable and offended, overwhelmed by heavy workload, and fear of being incapable or carrying out duties effectively.

3.0 Mental Health Coping Capacity

In general, coping is a process or response which occurs when psychological stress happens. Coping is usually carried out by individual to reduce, control, and manage said stress. Lazarus & Folkman (1988) define coping as a cognitive and behavioral effort constantly changing to manage burden or something beyond one's capacity. This action shows the way humans interact to specific situations, i.e. stress, and it reflects the psycho social or mental health of the individual, either as a negative or positive reaction. A study by Votta & Manion (2003) found that one's risk to suffer from depression is high if there is no coping mechanism when faced with problems or stress. Therefore, the right coping for certain pressures can minimise stress and have a positive effect on one's psychological health.

Individuals in situations of stress will prioritise problem-solving or emotion-stabilizing actions. The actions taken either through behavioral and cognitive approaches are meant to control and reduce conflict. This approach leads to coping strategies, or coping skills when one faces threats, such as stress. Coping strategies can have a huge effect or implication on change in one's character and mentality. The efficacy or a coping strategy can be evaluated through said strategy's ability to reduce stress, while at the same time contribute to long-term psychological well-being (Swiatek, 2001).

Therefore, the right coping strategy is important in reducing stress, and lead to long-term psychological well-being (Swiatek, 2001). Individuals that succeed in escaping stress and depression are capable of acting positively when under pressure, as they are capable of forming coping character through experience. To Gotlib & Hammen, (1992) individuals under depression have more experience related to life stress compared to individuals that never suffered from depression. According to Endler and Parker (1999), Vinberg et al.(2010), mental health coping can be divided into three (3) types: problem-focused coping, emotion-focused coping, and avoidance coping.

Problem-focused Coping

Problem-focused coping is an action taken by individuals to reduce and manage stress through looking for solutions to problems, understanding the causes, and accepting the problem (Gol & Cook, 2004). Problem-solving is a physical and cognitive action when faced with any problem. It involves actions such as understanding the problem situation, identifying the problem, assess the strengths and weaknesses of alternatives, and select one of the problem-solving alternatives (Lazarus & Folkman, 1984). The problem-focused coping strategy can help in reducing stress depending on the situation and type of stress, as well as emotional stability to act in problem management planning.

There are also other strategies in problem-focused coping such as reducing other alternatives that can interfere with stress, such as avoiding other work and only focusing on the cause of the problem. This step can prevent other problems such as making mistakes in selecting problem-solving alternatives or acting hastily in any given situation. Furthermore, individuals facing stress can also request social support from people around then in the form of information, opinions, and advice to strengthen their problem-solving alternative selection.

Emotion-focused

Emotion-focused coping is defined as an action and strategy in managing emotion, rest, and remaining calm when stressed (Gol & Cook, 2004). Emotion-focused coping is influenced by two types of emotions: positive and negative emotion. Positive emotion is more inclined towards cognitive transformation towards something more positive in problem-solving or reducing stress. According to Stanisławski (2019) among the positive emotional coping strategies include:

- i. Emotional social support – obtaining moral support and sympathy
- ii. Positive Interpretation – changing the impact of stress into something positive
- iii. Acceptance – learning to accept the reality and situation of stress
- iv. Denial – a situation whereby individual attempts to reject the reality or acts as though nothing happens

Meanwhile, negative emotion is related to stress such as anger, self-criticism, self-blaming, self-preoccupation/fantasy, and rumination (whereby one constantly dwells on a problem and is more inclined to heightened sense of anxiety and panic). The inclination to act on positive or negative emotional coping depends on one's personality and ability to handle stress.

Avoidance Coping

Avoidance coping is one strategy to confront strategy through problem-solving and emotion via avoidance action or activity. What separates avoidance coping from problem-focused and emotion-focused coping is avoidance coping aims to prevent individuals from facing these problems or stress. Meanwhile, problem-focused and emotion-focused coping aim to solve the problem or stress. For example, an individual facing problems take action through activities such as watching TV and leisure as an avoidance strategy to deflect from focusing on the problem at hand for a while. However, problem-focused coping has to be carried out to solve the problem. The activities taken in this avoidance strategy involves emotion-focused actions such as procrastination, distraction, and denial. Through avoidance coping, individuals manage to reduce the impact of stress on their emotions before facing the problem head-on to solve it.

4.0 Research Methodology

This study uses the descriptive quantitative method analysed through SPSS. This method is able of discussing and providing a clear image on the level of mental health and coping of the residents of Bandar Baru Ibrahim Majid and Kampung Dato' Ibrahim Majid in Simpang Renggam, Johor during the EMCO. Although the enforcement of EMCO involved eleven (11) villages, the two village areas are classified as buffer zones and the starting point of the spread of COVID-19 in Simpang Renggam, Johor. For survey, 150 villagers from Bandar Baru Ibrahim Majid and Kampung Dato' Ibrahim Majid were selected as respondents by using the cluster sampling method in this study.

To study the level of mental health, the DASS (Depression, Anxiety and Stress Scale) screening questionnaire is used to identify level of depression, anxiety, and stress of the residents in the two areas. Meanwhile, for studying coping, the Coping Strategies Inventory is used, containing three domains: Problem-Focused, Emotion-Focused, and Avoidance Coping to identify response coping to overcome stress or problem that arose throughout the EMCO.

5.0 Research Analysis

There are two objectives in this study. First, to determine the level of mental health among the residents of Bandar Baru Ibrahim Majid and Kampung Dato' Ibrahim Majid in Simpang Renggam, Johor during the EMCO period. Second, to determine the level of coping taken by residents in the two localities to overcome the problems faced during the EMCO.

Level of Mental Health

Table 1 Level of Mental Health (Depression)

	Score	Level	Total Score	Percentage (%)
Depression	0-5	Normal	137	91.3
	6-7	Slight	7	4.7
	8-10	Moderate	4	2.7
	11-14	Severe	2	1.3
	>15	Very severe	0	-

Table 1 shows the level of mental health from the depression aspect, whereby 137 villagers or 91.3 per cent are at a normal level. This shows almost all villagers have a positive outlook throughout the EMCO. Most of them accepted the situation as a challenge in life, while only two (2) individuals (1.3%) are with depression and feel lethargic and pensive over the situation.

Table 2 Level of Mental Health (Anxiety)

	Score	Level	Total Score	Percentage (%)
Anxiety	0-4	Normal	122	81.3
	5-6	Slight	12	8.0
	7-8	Moderate	6	4.0
	9-10	Severe	7	4.7
	>11	Very severe	3	2.0

Table 2 shows the level of anxiety of 122 villagers (81.3%) from a total of 150 in the two locations show a normal level, where they are able to manage feeling of panic and fear throughout the EMCO, while only three (3) individuals or 2.0 per cent record very severe levels of anxiety. This is because they feel scared and anxious, and face difficulty in breathing due to excessive concern throughout the EMCO.

Table 3: Level of Mental Health (Stress)

	Score	Level	Total Score	Percentage (%)
Stress	0-7	Normal	143	95.3
	8-9	Slight	4	2.7
	10-13	Moderate	2	1.3
	14-17	Severe	1	0.7
	>18	Very severe	0	-

The mental health level (stress) of the villagers as shown in **Table 3** records 143 out of the 150 villagers (95.3%) do not face any pressure or stress throughout the EMCO in the two localities. This is because they are able to remain patient and self-reflective in this situation that prevented them from carrying out their daily activities. In addition, only one (1) person or 0.7 per cent records severe stage of stress, and two (2) individuals or 1.3 per cent are at a moderate level of stress as they feel restless and difficult to remain calm during the situation.

Level of Coping Strategies

Table 4 : Problem-focused Coping

	Frequency	Percentage	Fixed Percentage	Cumulative Percentage
High	120	80.0	80.0	80.0
Moderate	29	19.3	19.3	99.3
Low	1	0.7	0.7	100.0
Total	150	100.0	100.0	

The Problem-Focused Coping is carried out to solve problems or reduce stress in an individual, in the context of the challenge of the spread of COVID-19 in the EMCO-affected areas, the daily activities of residents were limited and fully controlled according to the EMCO guidelines. Therefore, the findings in **table 4** show that 80 per cent or 120 residents opted for problem-focused coping as a strategy to reduce stress and the challenges in EMCO. The respondent percentage is high at the item 'I take action to follow orders during the EMCO' and the item 'I set aside other activities to focus on the COVID-19 pandemic. They take actions to follow the SOP and guidelines in place as a solution to the problem of spreading of infections during the pandemic. This attitude is important as the residents of Bandar Baru Ibrahim Majid and Kampung Dato' Ibrahim Majid were open-minded and positively accepted their responsibility to follow the orders of the EMCO. They instilled in their mind that it was

necessary to follow the rules for the safety of themselves, their families, and society from being infected with the COVID-19 virus.

The problem-focused solving approach manages to reduce stress and challenges, as this pandemic was beyond their capability to act according to their own plans. They also agree with the item 'I carry out daily routines as usual during the EMCO. Most respondents are government-sector retirees. Therefore, their daily work routine were barely affected by the implementation of EMCO.

Table 5: Emotion-focused Coping

	Frequency	Percentage	Fixed Percentage	Cumulative Percentage
High	69	46.0	46.0	46.0
Moderate	79	52.7	52.7	98.7
Low	2	1.3	1.3	100.0
Total	150	100.0	100.0	

Table 5 shows the Emotion-focused Coping of respondents towards the EMCO. More than half of the respondents, or 79 residents (52.7%) show a moderate-level coping, while 69 respondents (46%) show a high-level coping to emotion-focused action. Two people (1.3%) are at a low-level emotion-focused coping. The stress faced by respondents as patients and non-patients contribute to the emotional challenges faced throughout the viral contagion period. Non-COVID patient respondents also face stress, as they are concerned with catching the COVID-19 virus as they are located within the same area, and some of them have close contacts with patients.

For those that lost their family members and friends during the pandemic, their affected emotions are high. However, most of them accepted the reality as a test in their lives. The highest percentage is for the item 'I try to forget the experience throughout EMCO' and the item 'I find wisdom behind the EMCO.' Most respondents that state their disagreement with the item 'I feel emotionally-burdened during the EMCO.' This shows that respondents overall in the area of study chose a positive emotion coping towards the EMCO challenge. Most respondents also agree with the item 'I receive emotional support from close individuals during the EMCO. Positive moral support from their people around them is important to reduce emotional stress. Individuals feel appreciated, more confident, and strong in facing negative or traumatic emotions due to incoming problems. In a study by Dirkzwager (2003), moral support is an effective strategy with a positive impact on mental health and reduces stress.

Most respondents also disagree with the item 'I feel pressured to practise the new norm during the EMCO'. This finding is in line with the problem-focused coping, as respondents are inclined to follow the rules during EMCO as a problem-solving strategy. However, respondents are also affected emotionally from negative perceptions of outsiders that see their status as positively-infected.

Table 6 : Avoidance Coping

	Frequency	Percentage	Fixed Percentage	Cumulative Percentage
High	45	30.0	30.0	30.0
Moderate	101	67.3	67.3	97.3
Low	4	2.7	2.7	100.0
Tota	150	100.0	100.0	

Of the total number of respondents, 101 respondents (67.3%) show a moderate-level Avoidance Coping, 45 respondents (30%) are at a high-level, and four (4) respondents (2.7%) are at a low-level. This means residents in the areas agree that avoidance coping succeeds in reducing the stress of the EMCO. Among the avoidance coping with high frequency of agreement are the items, 'I remain calm by increasing my acts of worship during EMCO' and 'I watch TV to reduce my anxiety during EMCO.' With strict controls and SOPs in place during the EMCO period, the daily movements and activities of residents are limited. Therefore, they activities available to them are mostly indoor ones. Activities such as watching TV and praying can distract them from concerns of the spread of the COVID-19 virus.

Through activities such as worship, aside from avoiding worry of the stress, they can also build up positive emotion through manifesting their dependence and hope to God. Worship activities are important in building one's internal strength that helps bring about peace when faced with stress and anxiety during the EMCO. Respondents also state agreement with the item 'I avoid attending invited events after EMCO' as they are still affected by the stigma of easier viral transmission in public and crowded areas.

6.0 Discussion and Conclusion

The Enhanced Movement Control Order (EMCO) has a huge impact on the mental health of the individual during the spread of COVID-19. The movement control transformed the daily lives and social interactions of each individual in the affected localities, especially those at high risk. Social isolation at relatively long periods can increase probability of emotional stress, extreme anxiety, and depression that can affect their mental health. This situation becomes more severe as they lose their source of livelihood, employment, and death in the family due to the COVID-19 virus.

Mental health based on the DASS Inventory test covers three elements: depression, anxiety, and stress. These three elements measure the level of mental health of the individual. If mental health is affected, the individual suffers from difficulty in reasoning and decision-making, as well as becoming more emotional. This also affects their behaviour such as ignoring their health and self-care, and any mistake is seen as failure and seeing oneself as useless. If these mental health issues are not addressed, it can lead to suicide.

However, mental health can be self-managed by an individual as they make Coping Strategy skills. Coping refers to methods of reasoning and behaviour used to face stress (Lazarus & Folkman, 1984). Coping can reduce stress through activities such as leisure, worship, sports, and so on. However, not all coping strategies are suitable in managing stress. Therefore, this study aims to identify the level of mental health of the residents in the two localities of Bandar Baru Ibrahim Majid and Kampung Dato' Ibrahim Majid in Simpang Renggam, Johor during the EMCO by using the Depression Anxiety Stress Scale (DASS) screening test. Next is to determine the level of coping taken by the residents of the two localities to overcome the stress faced during the EMCO.

In general, although previous studies shows the movement control during the spread of COVID-19 affected the mental health of the individual, the research findings also show the level of mental health of the residents of the two localities is normal, even as the controls imposed on them were stricter compared to other localities (Zandifar & Badrfam, 2020). This can be seen clearly as the three elements of depression, anxiety, and stress show a high score at the normal level. When comparing the three elements, the depression element is at a better mental health level of over 90%, followed by the stress and anxiety elements that scored more than 80%. The findings proved that the majority of residents in the two localities have good emotional well-being. They are capable of managing their emotions, and are always in a positive mindset in this critical situation. They accepted the situation as a challenge and something to go through. The social support provided by government agencies and NGOs also helped to reduce the stress faced during EMCO.

Good mental health is also related to the coping strategies taken. Coping Strategies serve as psychological efforts to reduce the effects of stress-inducing events. The findings show the residents of the two localities are able to overcome depression, anxiety, and stress through using the three coping dimensions that covers problem-focused, emotion-focused, and avoidance coping. However, the three methods are at different levels, with problem-focused being the prioritised coping strategy in emotion management to ensure their mental health remains at a good level. They focus on how to solve the problem by adhering to the strict rules and SOPs enforced in their localities to reduce the spread of COVID-19. In fact, lockdowns at home were not as stress-inducing as thought, as most of them were government retirees. In addition, even as loss of family members can cause emotional stress and affect mental health, the decision to forget their EMCO experience and find the wisdom behind the situation becomes the strategy of choice to reduce their burden and still their emotions. They also avoid thinking about problems by praying and getting closer to God as a method to build their emotional strength and reduce extreme anxiety about the situation.

Therefore, this study suggests that stress, anxiety, and depression among those affected by the COVID-19 spread and the pressures faced due to the strict movement control can be reduced if each individual are psychologically prepared with an effective coping strategy. An effective coping strategy can be obtained through focusing on the problem at hand by adhering to the enhanced movement control order imposed on them. Even though the enhanced control has emotionally stressed them, they opt to think positively of the wisdom behind the EMCO. In addition, to ensure the mental health of the people remain at a good level, there must be efforts by the government and NGOs to organise literacy and health screening activities with health centres periodically.

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References

- Cohen, S & Wills, T.A. (1985). *Stress, social support, and the buffering hypothesis*. *Psychol Bull*, ;98 (2):310–357.
- Dirkzwager AJE, Bramsen, I, Henk, M & Ploeg, V.D. (2003). *Social support, coping, life events, and posttraumatic stress symptoms among former peacekeepers: a perspective study*. *Pers Individ Dif*. 2003;34:1545–1559.
- Endler, N. S., and Parker, J. D. A. (1999). *Coping inventory for stressful situations (CISS): Manual*. Toronto: Multi Health Systems
- Folkman, S., and Lazarus, R. S. (1988). Coping as a mediator of emotion. *J. Pers. Soc. Psychol.* 54, 466–475. doi: 10.1037/0022-3514.54.3.466
- Gol, A. R., & Cook, S. W. (2004). Exploring the underlying dimensions of coping: a concept mapping approach. *Journal of Social and Clinical Psychology*; New York Vol. 23(2), 155- 171. DOI:10.1521/jscp.23.2.155.31021
- Gonzalez-Rivera, J.A, Pagan-Torres, O.M & Perez-Torres, E.M. (2020). Depression, Anxiety and Stress Scales (DASS-21): Construct Validity Problem in Hispanics. *European Journal of Investigation in Health, Psychology and Education*, 10(1):375-389
- Gotlib, I.H., & Hammen C. (1992). *Psychological aspects of depression: Toward an interpersonal integration*. Chichester: Wiley.
- Lazarus, R. S., and Folkman, S. (1984). *Stress, Appraisal, and Coping*. New York, NY: Springer.
- Liley Afzani, S, Norsuraya, H & Nur Azmina, P. (2016). *Emosi dan stress di tempat kerja*. Pusat Pengajian Ilmu Pendidikan, Universiti Sains Malaysia
- Luqman Arif, A.K. (2021 September 23). Parlimen 9,015 kes keganasan rumah tangga sepanjang PKP. *Berita Harian*, <https://www.bharian.com.my/berita/nasional/2021/09/867652/parlimen-9015-keganasan-rumah-tangga-sepanjang-pkp>
- Monat, A., & Lazarus, R.S. (1985). Stress and coping: Some current issues and controversies. In A. Monat & R. S. Lazarus (Eds.), *Stress and coping: An anthology (2nd ed)*. New York: Columbia University Press.
- Nursyazwani, S.S. (2020 Mac 26). COVID-19: PKPD dikuat kuasa di dua kawasan di Simpang Renggam. *Astro Awani*. <https://www.astroawani.com/berita-malaysia/covid19-pkpd-dikuat-kuasa-di-dua-kawasan-di-simpang-renggam-235454>
- Suraya, R. (2021 May 21). Lebih 120,000 panggilan isu kesihatan mental diterima. *Harian Metro*, <https://www.hmetro.com.my/mutakhir/2021/05/708501/lebih-120000-panggilan-isu-kesihatan-mental-diterima>
- Swiatek, M.A. (2001). Social coping among gifted high school students and its relationship to self-concept. *Journal of Youth and Adolescence*, 30, 19-39.

Vinberg M, Froekjaer, V.G & Kessing, L.V. (2010). Coping styles in healthy individuals at risk of affective disorder. *The Journal of Nervous and Mental Disease*. 198(1), 39-44.

Votta, E., & Manion, I. G. (2003). Factors in the psychological adjustment of homeless adolescent males: The role of coping style. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 778–785.

Zandifar, A., & Badrfam, R. (2020). Iranian Mental Health during The COVID-19 Epidemic. *Asian Journal of Psychiatry*, 51(2020), 1.