

Religious Teaching and Student Mental Health in Klang Valley Tertiary Education: A Preliminary Study

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Abstract

Mental health issues are becoming more important in Malaysia, especially among tertiary students. Stress, worry, and other mental health difficulties might result from higher education obligations. Religion is a strong coping and prevention tool in this multi-religious nation. In Malaysia's mental health setting, religious impact is significant, highlighting the need to examine and use this resource to treat tertiary education students' concerns. Hence, the aim of this study is to identify the level of awareness of mental health, the level of religious practice and the effectiveness of religious practice on the mental health of tertiary education students. The study's results indicate that 97.5% of the students hold the belief that mental health problems can result in death, and among them, 12 students have been diagnosed with a mental health issue. The research also reveals that 97.0% of the students possess a conviction in the existence of God, whereas 99.95% of them had undergone religious education at some point in their life. Furthermore, a significant majority of 91.6% of students engage in religious practises on a daily basis. Additionally, this study revealed that 44.4% of students perceive a connection between religion and mental health disorders, whereas 58.4% believe it enhances overall well-being. This pilot study helps us understand young attitudes towards mental health and the potential of religion to prevent or improve mental health in Klang Valley, Malaysia, tertiary education students. A larger study is recommended to establish the conclusions as the major reference for understanding students' needs and opinions.

Keywords: Mental Health, Students, Religion, Tertiary Education, Pilot Test Study

Introduction

According to the World Health Organization (WHO), health is defined as a condition of optimal physical, mental, and emotional well-being, rather than simply the absence of illness. The Mental Health Policy defines mental health as the capacity of individuals, communities, and the environment to engage in positive interactions, enhance subjective well-being, and utilize cognitive, emotional, and relational skills to accomplish personal and collective objectives (Cook et al., 2017). An individual's cognitive, behavioural, and emotional patterns might be influenced by their mental health status. Furthermore, this has an impact on an individual's decision-making process, problem-solving abilities, and social interactions. Individuals who possess a sufficient level of mental well-being are capable of effectively managing the challenges of daily existence through the cultivation of positive thinking, emotional composure, and refraining from self-harm (Aziz et al., 2020).

Mental health can affect a person's physical health, quality of life, and productivity. Therefore, knowledge about mental health is very important as it relates to emotional and physical well-being and influences individual behaviour in various situations and circumstances. Despite this, there has been a significant increase in mental health issues from year to year. Statistics show that 2.3% of Malaysians aged 16 and over experience mental health problems. Malaysian Minister of Health, Datuk Seri Dr. Adham Baba, said that the NHMS study in 2017 also found suicidal behaviour among teenagers, with an increase in the prevalence of suicidal ideation reaching 10% compared to 7.9% in 2012 (IPH, 2017).

The prevalence of mental health disorders among university students in Malaysia has been steadily increasing in recent years, causing significant worry. Based on the research conducted by Wong et al (2023), the occurrence rates of moderate to severe depression, anxiety, and stress among university students are 53.9%, 66.2%, and 44.6%, respectively. Students who expressed lower satisfaction with their current learning experience were more prone to experiencing stress. The emerging crisis has been fuelled by the transition to university life, academic pressures, financial limits, and the additional tensions arising from the post COVID-19 pandemic.

University students encounter a plethora of obstacles that can contribute to the emergence of mental health problems. Transitioning to university life frequently entails the abandonment of established support networks comprised of family and friends, resulting in sentiments of isolation and solitude (Wu et al., 2015). The academic setting can be exceedingly challenging, characterized by stringent performance standards, difficult curriculum, and the imperative to sustain exceptional grades. The presence of financial obligations, such as the cost of tuition and the expenses associated with daily life, contribute to the experience of stress (Hossein et al., 2023). Moreover, the cutthroat nature of the current employment market exacerbates apprehension regarding the future. The weight of student loans, along with the unpredictability of job prospects after graduation, exacerbates the stress. Furthermore, the widespread use of social media intensifies the occurrence of social comparison, rendering students more susceptible to experiencing emotions of inadequacy and low self-esteem (Demircioğlu & Köse, 2020). Ultimately, the worldwide epidemic, which has disturbed conventional education and interpersonal connections, has introduced an extra level of anxiety and unpredictability (Hussien, 2020).

Given the circumstances, it is vital to comprehend the influence of religion on their psychological well-being reactions. Malaysia, a country with a variety of cultures and religions, provides an interesting social and cultural environment to study the complex connection between religion and mental health in college students (Ibrahim et al., 2019). The nation's

population is comprised of Malays, Chinese, Indians, and diverse indigenous communities, each practicing distinct religions including Islam, Buddhism, Hinduism, Christianity, and traditional indigenous belief systems. The presence of multiple religions in this atmosphere produces a dynamic setting where individuals' religious views and practices can have a substantial influence on their mental health and overall well-being (Schieman et al., 2013). For students pursuing higher education, who frequently encounter the convergence of academic difficulties and personal development, comprehending the impact of religion on mental well-being emerges as a crucial field of research.

The perception of tertiary education students about religious activity might exhibit substantial variation, contingent upon their beliefs, histories, and personal experiences. Religious practice can provide comfort, foster a sense of community, and offer coping mechanisms for certain students, leading to favourable effects on their mental well-being (Kim & Esquivel, 2011). Individuals may seek comfort in engaging in prayer, meditation, or religious rituals, as these practices offer a feeling of direction and steadiness during periods of anxiety or doubt (Bass, 2019). In addition, religious communities frequently provide a social support structure that helps mitigate feelings of loneliness and cultivate a sense of belonging, so promoting mental well-being (Hayward & Krause, 2013).

Therefore, the objective of this study is to ascertain the extent to which students engage in religious teachings. Additionally, this study seeks to determine the efficacy of implementing religion teachings as a means of addressing mental health concerns among students in both public and private tertiary education institutions. This is attributed to the fact that Malaysia is a nation characterized by a diverse populace adhering to many religious beliefs. An examination of the intricate ways in which these varied religious backgrounds impact the mental well-being of kids can provide significant perspectives for educators, counsellors, and policymakers striving to promote the welfare of this group. A pilot cross-sectional online population-based survey was conducted on Klang Valley tertiary students. This pilot study included 202 volunteers from diverse backgrounds.

Methodology

This section provides an overview of the study's design, the sample of participants, the research instruments used, the methods employed for data collecting, and the approach taken for data analysis. This descriptive study utilizes cross-sectional designs to conduct population-based surveys. A total of 202 respondents, who were students from both public and private higher education institutions in Malaysia and were over the age of 18, participated in the study. This study aims to ascertain the extent to which students engage in religious teachings, their level of exposure to mental health concerns, their mental health status, and the correlation between their religious knowledge and mental well-being in their everyday lives. Nevertheless, due to the predominant inclusion of university education level students in Malaysia, the findings of this study cannot be extrapolated to other groups.

This study employs a quantitative research methodology. A random selection of tertiary institution students in the Klang Valley were chosen to receive a questionnaire through Google Forms on social media. In order to mitigate the influence of sampling bias, the sample selection approach employed a straightforward method known as simple random sampling. In order to obtain more precise outcomes, participants were allotted a period of one month to diligently complete the questionnaire. The study gained the respondents' consent and voluntary participation, while maintaining their anonymity. The collected data was inputted into the SPSS software for the purpose of conducting descriptive and inferential analysis.

The survey provided to tertiary students in Malaysia consists of four categories. The following items are Section A: Personal Information of the Respondents, Section B focuses on the mental health status of students, Section C examines the extent to which students engage in religious knowledge, and Section D explores the correlation between students' mental health levels and their exposure to religious teachings. Section A includes the respondent's personal information, which includes their gender, age, and year of study. Conversely, Sections B, C, and D contain assertions that are crucial for accomplishing the study's goals.

Results and Discussion

Respondents' Demography

Information related to a total of 202 respondents was collected through a questionnaire. A description of the background analysis of respondents involving aspects of gender, age, race, religion, university, and level of study is shown in the table below.

Table 1
Demographic frequency of 252 respondents

Demographic factors	Attributes	Quantity (%)
Gender	Male	48 (26.7)
	Female	154 (73.3)
Age	18-20	76 (37.6)
	21-23	110 (54.5)
	24-26	6 (3)
	≥27	10 (5)
Race	Malay	130 (64.4)
	Chinese	8 (4)
	Indian	9 (4.5)
	Others	55 (27.1)
Religion	Islam	115 (76.2)
	Buddha	5 (2)
	Hindu	8 (3.5)
	Christian	34 (17.8)
Type of university	Local	184 (91.1)
	Private	18 (8.9)
Educational level	Foundation	8 (4)
	Diploma	26 (12.9)
	Bachelor's degree	166 (81.7)
	Master's degree	1 (0.5)
	Doctor of Philosophy	2 (1)

The table above shows the gender of the respondents, where there are more female respondents than male respondents. The number of female respondents is 154 equals to

73.3% while the number of male respondents is 48 equals to 26.7%. Respondents aged 18 to 20 years are 76 equals to 37.6% of all respondents. There were 110 respondents aged 21 to 23, equal to 54.5%. Next is that respondents aged 24 to 26 years are a total of 6 people equal to 3% while respondents aged 27 and above are a total of 10 people equal to 5%. There are a total of 130 respondents equal to 64.4% who are Malay, 8 people which is 4% Chinese respondents, 9 people which is equal to 4.5% Indian respondents. The remaining 55 people, equal to 27.1%, are of other nationalities such as Kadazandusun, Bajau, Melanau, Bugis, Iban, Bidayuh, Murut, Filipino, Malabari, Kayan, Sarawak and Sungai. The table also shows a total of 155 people who are Muslim equal to 76.2%, 5 people who are 2% Buddhist, 8 people who are 3.5% Hindu while 34 people are equal to 17.8% Christian. The type of university is only divided into two, namely public and private since the research topic is emphasized to students from public and private higher education institutes. A total of 184 people, equal to 91.1% of respondents from public higher education institutes, while private higher education institutes have 18 people, which is 8.9%. the table shows that the respondents who are still at the basic level of their studies are 8 people which is 4%. The level of diploma studies is 26 people equal to 12.9%. Next, at the bachelor's degree level, there are 166 people, equal to 81.7%, while at the master's level, there is only 1 person, equal to 0.5%. At the Doctor of Philosophy (PhD) level, there are 2 people, which is 1% of the respondents.

Student's Mental Health Level

Table 2

The respondents' mental health status.

Question	Attributes	Quantity (%)
Belief in mental health issue can lead to death	Yes	197 (97.5)
	No	5 (2.5)
Diagnosed with mental disorder by a specialist	Yes	12 (5.9)
	No	190 (94.1)
Types of mental health issue (based on previous respond)	Anxiety	1 (8.3)
	Depression	5 (41.7)
	Borderline	1 (8.3)
	Personality Disorder (BPD)	
	Attention-Deficit / Hyperactivity Disorder (ADHD)	1 (8.3)
	Seasonal affective disorder (SAD)	3 (25.0)
	Others	1 (8.3)
Self-Perceived Mental Illness	Yes	94 (46.5)
	No	76 (37.6)

	Maybe	32 (15.8)
Potential Triggers for Mental Health Problems (May select multiple choices)		
	Family-related stress	147 (72.8)
	Friends-related stress	118 (58.4)
	Academic stress	154 (76.2)
	Relationship-related stress	104 (51.5)
	Lifestyle-related stress	3 (1.5)
	Financial-related stress	1 (0.5)

According to a poll conducted with 202 participants, most respondents hold the belief that mental illness is real and can be life-threatening, while only a small number of respondents believe it is not fatal. The data indicates that 97.5% of the respondents, or 197 individuals, answered affirmatively, while the remaining 2.5%, or 5 individuals, responded negatively. The findings of this study indicate that most participants had not been officially diagnosed with mental disorder by experts. This assertion is substantiated by the fact that 94.1% of the total respondents, equivalent to 190 individuals, selected the option 'no', whereas 5.9% of a smaller sample size of 12 respondents were verified by professionals as being afflicted with mental illness. Among the respondents who answered affirmatively, 5 individuals were diagnosed with depression, 3 with Seasonal Affective Disorder (SAD), and one responder each with anxiety, borderline personality disorder (BPD), Attention-Deficit / Hyperactivity (ADHD), and another mental health condition. Additionally, 46.5% of respondents (94 people) reported having a mental disease, showing a majority view. 37.6% of respondents—76 people—said they may have Mental illness. Of the total responses, 15.8% (32 people) say they have no mental condition. According to the table above, participants can choose multiple triggers for mental health deterioration. 72.8% of respondents said family pressure causes mental illness, while 58.4% said friends' problems cause stress. 76.2% of respondents blame academic stress for their mental illness. Next, 51.5% said romance pressure promotes mental illness. 1.5% of respondents blamed lifestyle stress and 0.5% financial stress for their mental illness.

Mental health issues can lead to death through various means, including suicide, which is a well-documented and significant risk associated with untreated mental health conditions (Platt, 2020). Prevalent mental health disorders among tertiary education students, including Anxiety, Depression, Borderline Personality Disorder (BPD), Attention-Deficit/Hyperactivity Disorder (ADHD), and Seasonal Affective Disorder (SAD), can have a substantial impact on the learning process. These mental health issues might pose numerous obstacles that impede a student's academic achievement and overall well-being. Anxiety and depression can result in less motivation, difficulties in focus, and poor memory, so impacting a student's capacity to assimilate and retain information (Gibson, 2014). BPD may present itself as volatile interpersonal connections and profound emotional oscillations, which can impede the requisite stability for optimal cognitive acquisition (Leichsenring et al., 2011). ADHD frequently leads to a lack of concentration and impulsive behaviour, which hinders students' ability to concentrate on their schoolwork and finish tasks (Sharpe, 2014). Moreover, Seasonal

Affective Disorder (SAD), a type of sadness that is prompted by seasonal variations, can result in diminished levels of energy and less motivation to engage in academic pursuits throughout specific periods of the year (Galima, 2019). It is essential to acknowledge and tackle these mental health difficulties to promote students' academic achievement and overall well-being in higher education.

Students frequently experience a variety of stresses that can contribute to mental health difficulties, including stress linked to family, friends, academics, relationships, lifestyle, and finances. Stress connected to family might arise from the expectations or conflicts within the family Khan et al (2016), while challenges in sustaining social interactions can result in stress related to friends (Hysenbegasi et al., 2005). The impact of academic stress has been extensively studied, and it is evident that heavy workloads and the pressure to perform well are significant contributing factors (LeViness et al., 2017). Stress connected to relationships can be caused by problems in romantic or interpersonal interactions (Laursen et al., 2010), while stresses related to lifestyle might arise from unhealthy habits or an imbalance between work and personal life (Byrd et al., 2017). The strain caused by financial concerns, namely over the expenditures of tuition and living expenses, can be especially overwhelming (Hunt and Eisenberg, 2010). The combined effects of these stressors have a significant impact on the mental well-being of students, highlighting the necessity for comprehensive support systems at educational institutions.

The Practice of Religious Teaching Among Students

Table 3

Status of religious studies among students

Question	Attributes	Quantity (%)
Belief in God	Yes	196 (97.0)
	No	0 (0)
	Maybe	6 (3.0)
Respondent's Religious Learning Background	Home	36 (17.8)
	Place of worship	30 (14.9)
	Private school	4 (2.0)
	Primary school	5 (2.5)
	Religious primary school	12 (5.9)
	Secondary school	36 (17.8)
	Religious secondary school	39 (19.3)
	University	39 (19.3)
	None	1 (0.5)
Practice religious teachings in daily life	Yes	185 (91.6)
	No	5 (2.5)
	Maybe	12 (5.9)
Extremely dedicated to your religious teachings	Yes	40 (19.8)

No	137 (67.8)
Maybe	25 (12.4)

Based from the above table, data from 202 respondents, 17.8% received their highest religious education from home, 14.9% from place of worship, 2% from private primary school, 2.5% from local primary school, 5.9% from religious primary school, 17.8% from secondary school, 19.3% from religious secondary school, 90.3% from university, and 1 person had no religious study background. The study shows that 91.6% of respondents follow religious teachings. The next 5.9%, or 12 responders, may practise religious doctrines. The others, 2.5% (5 responders), do not follow religious teachings. According to the findings, 67.8% are not religious fanatics. Up to 19.8% respondents are religious fanatics. The remaining 12.4% may be religious fanatics.

This shows that religion can shape students' personality and improve their mental health. Students gain a better understanding of different cultures, faith systems, and ethics by studying different religions. This exposure fosters tolerance, empathy, and a broader perspective, which helps produce well-rounded people. Religious studies can also provide people a feeling of direction, community, and inner peace, which can improve mental health (Koenig,2005). Explore and embrace one's faith to find comfort and support in difficult times and improve emotional skills. Among many belief systems, understanding religion can help kids develop a deeper sense of identity, ethics, and emotional well-being (Abubakar,2023).

Mental Health and Religious Teachings in Students Relationship

Table 4

The Connection of Mental Health and Religious Teachings in Students' Relationships

Question	Attributes	Quantity (%)
Relationship between one's religious practice and mental health related diseases	Yes	90 (44.4)
	No	60 (29.7)
	Maybe	52 (25.7)
Integrating religion into daily life can enhance mental health	Yes	117 (58.4)
	No	56 (27.7)
	Maybe	28 (13.9)
The best way to prevent or improve mental health (May select multiple choices)	Apply religious practices	141 (69.8)
	Get a treatment	165 (81.7)
	Seek the advice of a religious expert	83 (41.1)
	Seeking a favourable environment	163 (80.7)
	Ignore	2 (1.0)

Religion's role in mental health prevention and treatment (May select multiple choices)

Induce a state of tranquillity	162 (80.2)
Avoiding oneself from negative forces	102 (50.5)
Make your life more intentional	129 (63.9)
Not applicable	21 (10.4)

According to the statistics presented in Table 4, 44.6% of the respondents hold the belief that there is a correlation between religious practises and mental illness. Furthermore, a significant proportion of respondents, namely 29.7%, express scepticism regarding the correlation between religious practises and mental illness. As many as 25.7% of respondents may hold the belief that there is a correlation between religious practises and mental illness. The response data indicates that 58.4% of respondents agreed that implementing more religious practises in life will lead to an improvement in mental health. Furthermore, a significant proportion of respondents, namely 27.7%, believe that incorporating religious practises into one's daily life can potentially enhance their mental well-being. 13.9% of respondents disagreed with the notion that implementing more religious practises in life will lead to an improvement in mental health. The table shows that 69.8% of respondents think religious practises are the best way to prevent or improve mental health. 81.7% of respondents think treatment is required, 41.1% would consult a religion expert, 80.7% would seek a supportive atmosphere, and 1% would ignore mental health. Religion can support mental health prevention and therapy tranquilly, according to 80.2% of participants. 50.5% believe religion protects against harmful influences, while 63.9% believe it gives life meaning. Only 10.4% of responders don't think religion applies.

Embracing religious beliefs can positively impact mental well-being through several means. According to the study by Ellison et al (2009), participating in religious rituals such as prayer or meditation can promote tranquilly and alleviate stress. Religious communities can provide assistance and foster a feeling of inclusion. Additionally, it is advantageous to solicit guidance from religious authorities or specialists (Humam et al., 2023). Participating in a religious group can foster a favourable atmosphere that is in harmony with your principles, fostering a sense of meaning and direction. Religion, as a rule, can foster serenity, safeguard you against pessimism, and enhance your existence with purpose, so enhancing your psychological welfare.

Conclusion

The diverse nature of religious knowledge is shown in its usefulness in alleviating mental health issues among tertiary education students in Malaysia. Religious ideas and practises often provide solace and direction for students when they experience emotional turmoil. Religious doctrines frequently provide valuable perspectives on managing stress, cultivating resilience, and enhancing mental well-being. Rituals, prayers, and meditation are potent instruments for mitigating stress and managing emotions. In addition, the communal and supportive atmosphere within religious organisations helps alleviate students' feelings of isolation by offering them a vital network of empathetic others. Nevertheless, it is crucial to

recognise that the efficacy of religious knowledge in addressing mental health concerns might differ among individuals, contingent upon their particular convictions and the degree to which they incorporate these convictions into their daily existence. Religion can serve as a significant asset, but it is preferable for it to supplement rather than substitute professional mental health assistance when needed. Religious knowledge can greatly contribute to the mental well-being of college students in Malaysia, providing them with a comprehensive approach to overall wellness.

The study conducted on mental health issues among tertiary students in Malaysia serves as a pivotal pilot study with a broader significance for future research in this field. This study provides essential insights into the various aspects that impact students' daily routines and academic success by emphasising the importance of religion as a crucial element in managing and preventing mental stress. This research emphasises the significance of taking into account religious beliefs and practises while dealing with mental health issues in this particular group. This study establishes a precedent for future investigations that explore the complex relationship between religion and mental health. By doing so, it contributes to a more thorough knowledge of how students might successfully cope with stress and anxiety during their higher education experience. The results of this preliminary study lay the foundation for more focused and sophisticated treatments aimed at enhancing the well-being of college students, which could potentially enhance their overall academic achievement and personal development.

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