

Youth and Mental Health Problems in Malaysia

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Abstract

This study aims to identify the level of mental health issues among Malaysian youth and ascertain the extent to which they are affected by depression, anxiety, and stress. This study also seeks to determine the extent to which these issues are associated with suicidal intentions. The data were obtained from the Youth Development Index (YDI) with two cohorts which comprised 8,332 respondents in 2019 and 21,126 respondents in 2020. The respondents completed a self-administered questionnaire, DASS-21, which used a depression scale, an anxiety scale, a stress scale, and a scale for suicide ideation (SSI-C) that indicates the intention to commit suicide. The results showed that, unlike depression and anxiety, there was a considerable increase in the percentage of youth with medium and high levels of stress and suicide attempts in 2020 compared to 2019. The findings provide a better understanding of youth with mental health problems in Malaysia.

Keywords: Youth, Mental Health, Depression, Anxiety, Stress, Suicide

Introduction

Recently, youth and mental health conditions have attracted global attention. Worldwide, about 13% of people between the ages of 10 to 19 live with a mental health disorder (United Nations Children's Fund, The State of the World's Children 2021). The report also mentioned youth mental health is highly complex, understudied, and underfunded, and yet this condition remains largely unrecognized and untreated. According to a study by Gallup for UNICEF (2020), a total of 19% of youth between the ages of 15 to 24 years old in 21 countries reported that they often feel depressed. This group is unique with a crucial time to shape their life outcomes. Physical, emotional dan social changes, including exposure to well-being, abuse, poverty, and violence can contribute to mental health problems. In addition, youth with mental health disorders are mainly at risk of social inclusion, risk-taking behaviors, discrimination, stigma, faces with educational difficulties, physical ill health, and human rights violations.

Therefore, protecting them from difficulty, promoting social-emotional learning and psychological well-being, and ensuring their access to mental health information and services is critical for their health during their adolescence and youth. Furthermore, World Health Assembly in 2021 endorsed and update the Comprehensive Mental Health Action Plan 2013-2030 to the action plan to promote and prevent mental health conditions for those at risk and to achieve universal coverage for mental health care. Among the objectives of the plan included more effective leadership and partnership for mental health, integrated mental health and social services in community-based settings globally, and the provision of comprehensive to strengthened information systems, evidence, and research on mental health related.

Existing literature evidence, there has been a significant increase in the amount of global research investigating youth and mental health. There are several important fields across varied cultures were under research including the issues related to knowledge, beliefs, and attitudes among children and adolescents and youth in low and middle-income countries. According to Renwick, et al (2022), the areas of community-based mental health and the link between stigma and active help-seeking are needed. Therefore, we need to improve the data collection and study of mental health issues among youth in Malaysia. This research is to investigate what level of mental health-related depression, anxiety, and stress are and to what extent these issues are correlated with suicidal intentions. Moreover, it also aims to identify the research gap and the limitations of this study and to provide recommendations for future research.

Mental health-related is a great public health concern throughout the world. In Malaysia, mental illness is one of the leading causes of disability and health deterioration, accounting for 8.6% of total disability-adjusted life-years (DALYs). The National Health Morbidity Survey (NHMS) in 2015 reported that the prevalence of mental health problems among adults and children was 29.2% and 12.1% respectively. Suicidal attempts are increasing. Research shows that the prevalence of depression among young Malaysians is on the rise (Kok & Low, 2019). The NHMS conducted in 2019 revealed that there was an upward trend of mental health problems among children aged 7-15 years, with 424,000 children found to have mental health problems in Malaysia. The contributing factors were peer problems (42.9%), conflicts (15.9%), emotional problems (8.3%) and hyperactive problems (2.3%). The results of the 2017 NHMS ((Institute for Public Health, 2017) indicated that the rate of suicidal ideation among adolescents in Malaysia for the preceding 12 months was 10.0%, i.e., these adolescents had attempted suicide once or more times. The same report also revealed that many Malaysian teens aged 13 to 17 had critical mental health problems. The same survey also showed that one in five teens experienced depression, two in five teens had anxiety issues and one in ten was stressed. The statistics for the prevalence of suicidal rates for both sexes males and females within the past 3 years (2017-2019) were 5.6%, 8.8%, and 2.4% (Institute for Public Health, 2019).

A meta-analysis of 43 studies conducted between 1991 and 2018 in 19 countries (Asia, America, Africa, Europe and Oceania) showed that mental health problems among young people could have been influenced by socioeconomic factors, lifestyle characteristics, and affective relationships (Silva et al., 2020). According to Denda et al (2006), very extensive studies found that children and adolescents in Japan experienced extreme depressive tendencies and this condition seemed to be growing each year in several countries. In the United Kingdom, it was a common practice to conduct the assessment and monitoring of psychological distress among adolescents, and the data had been used in longitudinal studies

for more than two decades (Miloyan et al., 2016). Moreover, a study by Heim, Maercker and Boer (2019) indicates that the relationship between culture or personal values and mental disorders differs across cultures and age groups.

Malaysia can generally be considered an upper-middle-income country with three major ethnic groups, namely Malay, Chinese, and Indians. There has been a dramatic increase in the prevalence of mental health problems over the past decade, with rapidly changing cultural values and lifestyles due to the nation transitioning from a middle-income country to a higher-income country and increasing levels of perceived stress. There are 5.47 million adolescents in Malaysia, i.e., around one-fifth of the country's population. Psychosocial problems among Malaysian adolescents were reported to have increased from 10 percent to 20 percent in the year 2009 until 2010 (Srinath et al., 2010). In addition, the prevalence of severe depression, anxiety and stress among Malaysian secondary school students has risen from 9 percent to 11 percent; globally 26 percent of young people (16-24 years old) have some form of mental disorder (Latiff et al., 2017). Malaysia is not spared from the global issue of poor mental health among university students. The number of Malaysian students with mental health disorders increased from 10 percent in 2011 to 20 percent in 2016 (Hezmi, 2016). Another study highlighted that youths between 16 to 24-years old recorded the highest prevalence of psychological distress because of academic-related pressure (Hamzah et al., 2019).

Youth Development Index in Malaysia

According to the Commonwealth Youth Development Index 2016, 90 percent of youth living in developing countries face difficulty in gaining access to education, health services, and employment (Global Youth Development Index and Report, 2016). It is, therefore, important to have a youth well-being index to identify their level of accessibility to education, health, working opportunities, and so forth. The Global Youth Index of 2016 outlined 35 domains to measure the quality of life and well-being of youth. These domains included gender equality, economic opportunities, education, health, safety and security, citizen participation, and information and communication technology. The ASEAN Youth Development Index 2016 also outlined similar domains of youth well-being, namely education, work and opportunity, health and well-being, youth participation, and value and identity (ASEAN Secretariat, 2017).

Malaysia is not left behind in formatting the youth development index (YDI). As shown in Table 1, the Malaysian YDI (2019 and 2020) comprised 12 domains and 58 indicators to identify the current thought patterns and lifestyles of Malaysian youth: self-development domain (7 indicators); social relationship (3 indicators); identity (5 indicators); self-potential (5 indicators); health (7 indicators); education (3 indicators); political society (3 indicators); media penetration (1 indicator); leisure time (2 indicators) and deviant behavior (15 indicators).

Table 1

The domain and indicators of the Malaysian Youth Development Index

Domains	Indicators
Self-development (7 indicators)	<ul style="list-style-type: none"> • self-esteem • self-efficacy • motivation • assertiveness • resilience • religiousness • emotional intelligence
Social relationship (3 indicators)	<ul style="list-style-type: none"> • relationship with parents/ family • relationships with the community • relationships with friends
Identity (5 indicators)	<ul style="list-style-type: none"> • competitiveness • volunteerism • patriotism • spirit of unity • integrity
Self-potential (5 indicators)	<ul style="list-style-type: none"> • leadership • sensitivity • entrepreneurship • creativity • sense of power
Health (7 indicators)	<ul style="list-style-type: none"> • stress • anxiety • depression • suicidal tendencies • perception of weight • non-smoking behavior • balanced eating style
Education (3 indicators)	<ul style="list-style-type: none"> • academic achievements • co-curriculum • educational literacy
Safety (2 indicators)	<ul style="list-style-type: none"> • personal and environmental safety • safety when using the internet
Economic (5 indicators)	<ul style="list-style-type: none"> • financial guarantee • debt-free status • financial literacy • employability • employment
Media penetration (1 indicator)	<ul style="list-style-type: none"> • use of media
Political society (3 indicators);	<ul style="list-style-type: none"> • participation in political activities • following the development of political activity • discussion of political issues
Leisure time (2 indicators)	<ul style="list-style-type: none"> • involvement in sports activities • use of leisure time
Deviant behavior (15 indicators).	<ul style="list-style-type: none"> • domestic violence

- carrying weapons
 - blackmail
 - stealing other people's property
 - hurting others
 - engaged in gangsterism
 - damage to public property/vandalism
 - illegal motor racing (squeezing)
 - taking drugs/prohibited substances
 - distributing drugs prohibited substances
 - drinking alcohol
 - having sex outside of marriage
 - having same-gender sex
 - gambling
 - involved in cybercrime
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The Malaysian Youth Development Index is an instrument designed by the Ministry of Youth and Sports Malaysia. It acts as a benchmark to monitor the well-being and quality of life among youth. The overall domains and indicators reflect the pattern and the way of thinking of Malaysian youth and their lifestyles. The Malaysian Youth Development Index is also a guide for stakeholders in charge of the development of youth programs, as well as non-governmental organizations, the media, political leaders, the institution (family, education), government and private agencies, and the community.

The present study specifically explores the health domain which encompasses Malaysian youth and their mental health problems from 2019 and 2020. The focus is on four indicators of mental health, viz. depression, stress, anxiety, and suicidal tendencies, identified as the top contributors to mental health problems in Malaysia (Abdul Aziz et al., 2019; Hamzah et al., 2019; Zaremohzzabieh et al., 2019; Islam et al., 2018; Ibrahim, Amit & Suen, 2014; Shamsuddin et al., 2013).

Theories Related to Mental Health

To have a better understanding of mental health, it is essential to examine theories that are related to human behavior, in particular, cognitive and social theories. The focus of past studies had mostly been on problems caused by mental health and how to overcome them. In contrast, recent approaches take into account the roles played by the community to ensure youth well-being. Behavioral theories provide a framework to guide measures to be taken toward human growth and development. Erikson highlights cultural influences on the development of the individual identity in eight stages, viz., i) trust and mistrust; ii) autonomy, shame and doubt, iii) initiative with guilt, iv) industry with inferiority, v) identity and role diffusion (youth), vi) intimacy and isolation, vii) generativity and self-absorption and, viii) ego integrity and despair. Within the development process, each stage has a critical level to be resolved (Sokol, 2009).

Cognitive theories place much emphasis on how people think, perceive, remember and learn. As highlighted by Piaget the focus is on the problem-solving process rather than on the answer being correct (Inhelder & Piaget, 1958). This is particularly relevant to understanding the thought processes of adolescents who usually arrive at an answer in a trial-and-error fashion. Furthermore, Piaget also suggests that cognitive structures be applied to the physical and social world as social cognitive development is stimulated by interactions with peers.

Adolescents tend to experiment with various possible roles to derive all possible combinations to prepare for their future. Social theories help to elucidate topics such as social perception, leadership, nonverbal behavior, aggression, prejudice, and group behavior. Bandura's social learning theory (1977) highlights how people learn behaviors by watching others. For example, individuals will change their lifestyles if they believe the change can reduce the threats they face or lead to new expectations (Rosenstock et al., 1988). Likewise, youth may experience mental problems like anxiety or phobias when they observe people being rewarded despite having mental disorders.

While many different theories offer explanations for mental disorders, psychosocial theories explain the uniqueness of adolescents when faced with stress. Social-cultural theories describe environmental influences on the mental and social development of adolescents. Generally, theories differ primarily with regard to aspects of the adolescent's behavior and what types of influence they choose to emphasize.

Malaysian Youth and their Mental Health Problems

According to the National Health Morbidity Survey 2019 (NHMS 2019) 7.9% of children aged 5 to 15 years were found to have mental health problems before 2019 (Institute for Public Health, 2019). Compared to the findings of 2015, there had been a rise in mental health problems and this was attributed to poor interaction with their peers. According to World Health Organization (2017), five of the ten leading causes of mental problems worldwide were depression, schizophrenia, bipolar disorders, alcohol use, and obsessive-compulsive disorders. Youth in both poor and rich countries have significant mental health issues, though not necessarily due to similar reasons. Urbanization is considered a contributor to mental health issues through economic, social and environmental factors. It has been found that there is a high prevalence of common mental problems in cities (Ventriglio et al., 2021). Social determinants of mental health include factors where people are born, grow, live, and work, their age and the health system they can access. Furthermore, poverty, gender discrimination, social exclusion, human rights, level of education, unhealthy lifestyle, violence, unemployment, and physical health are factors commonly associated with mental health problems (Carod-Artal, 2017). The main objective of the Malaysia National Health and Morbidity Survey in 2019, 2017, and 2015 was to examine the prevalence of mental health problems among children, whereas the YDI determined the level of overall youth well-being. To the best of our knowledge, this is the first nationwide study in Malaysia that investigated the health domain of youth with four indicators that are associated with mental health problems, viz. depression, stress, anxiety, and intention to commit suicide.

Depression among Youth

Depression is one of the most common mental health disorders in the community and a major cause of disability. It is projected to be the leading cause of disease burden globally by 2030 (Mathers & Loncar, 2006). Youth depression is a major risk factor for suicide, and a leading cause of disability worldwide; hence its impact is both devastating and substantial (Majeed & Lee, 2017). Depression can affect one's thoughts, behavior, motivation, feelings, and sense of well-being. It may be characterized by sadness, difficulty in thinking and concentration, and a significant increase or decrease in appetite, as well as excessive time spent sleeping. According to NHMS 2019, the prevalence of depression among adults aged 18 years and above in Malaysia was 2.3% (95% CI: 1.87, 2.78). It is common knowledge that students who experience depression generally do not perform well academically. Shamsuddin et al (2013)

found that depression among Malaysian university students was largely related to anxiety and stress. This view is echoed by other Malaysian researchers. For instance, Fauzi et al. (2021) found a statistically significant association between stress score and their academic year. Furthermore, this study also reported in the regression analysis that poor sleep quality and fatigue were risk factors for anxiety and depression, whereas low-grade fever and frequent headaches were risk factors for stress and anxiety. Studies also report other factors influencing depression among university students in Malaysia; these include demographic factors such as lower socioeconomic background (Islam et al., 2018), poor quality of life such as deteriorating physical health (Ishak et al., 2020), psychological factors, and socio-demographics (Shamsuddin et al., 2013).

Stress and Youth

Lazarus et al (1984) define stress as “a particular relationship between the person and the environment that the person considers being taxing or exceeding his or her resources and putting his or her well-being at risk.” These authors further postulate that stress is best viewed as an interpretative paradigm between the stressors and the individual’s psychological reactions. For example, the stress in academic performance among students is the most common mental state or emotional interruption. Among the factors that contribute to stress include examinations and test burdens, demanding courses, differences in the educational system, and planning for the future after graduation (Ramli et al., 2018). In addition, studies also revealed that there were significant associations between stress scores and the academic year (Fauzi et al., 2021) there was a higher correlation in stress scores among older students, female students, and those whose families had low incomes (Samsuddin et al., 2013). A research report by Mastura et al (2016) indicated that there were statistically significant high-stress levels among young adults in terms of environmental events and emotional responses to academic qualification levels. In the same research, they revealed differences in high-stress levels arising from environmental events between gender and age categories. Male respondents had higher stress levels than female respondents. The findings were based on a study involving 4335 respondents who were young adults.

Anxiety among Youth

Anxiety, being a subcategory of psychological impacts, has attracted less attention, although it is as widespread and conceivably as crippling as depression. Depression and anxiety are among the most common mental disorders in children and youth, with significant functional impairment and associated risk of suicide (Courtney et al., 2020). It was estimated that 20% of adolescents in the Western Pacific region would experience an anxiety episode in any given year in the future (WHO, 2014). A study conducted by Mohamad et al (2021) showed that the prevalence risk of anxiety among 1851 Malaysian students was 29%. The same research revealed that among the factors that contributed to anxiety were the academic year, lack of financial support, not having a good friend, experiencing problems with another student, and having fears regarding the future. A study by Latiff et al (2015) involving 2924 respondents found that 50.8% of them had anxiety issues, with age being a predictor of anxiety among the adolescents for the study. In addition, Kaswadi et al (2018) reported different findings between girls and boys regarding anxiety. Their results indicated that girls had higher levels of anxiety regarding their academic achievement. A study by Dialan and Almigo (2021) found that anxiety disorders affected the individual emotionally, cognitively, and physiologically.

Their study revealed several factors related to anxiety, such as bullying in school and rejection by friends.

Suicide and Youth

Suicide is a serious mental health issue that warrants urgent attention. A report by the WHO in the year 2019 estimated that one million people commit suicide annually in the South-East Asia region, and 500 people per day in the Western Pacific Region (WHO, 2019). Past research in Malaysia showed that approximately seven people committed suicide per day, with most of them being youths (Aishvarya et al., 2014). With the onset of the Covid 19 pandemic, the Malaysian Ministry of Health Malaysia reported a total of 465 suicide attempts from January to June 2020, and around 266 people who died by suicide were 15 to 18 years old. From the same report, because of the movement control orders in 2020, there was an increase in mental health problems among Malaysians. For example, 48 percent of Malaysians were reported to have high levels of anxiety, and 46 percent experienced high levels of depression and suicidal tendencies.

The risk factors for suicidal behavior can be categorized into three groups, viz. risk factors associated with the health system and society, risks linked to the community, and risk factors linked to the individual. From the literature, factors that predispose an individual to commit suicide include genetics, dysfunctional families, loss of economic status, personality, and psychiatric comorbidity (Javed & Munawar, 2021). According to Kok and Goh (2012), among the factors that contribute to suicide was the inability to cope with boy-girl relationships as well as family problems. In the same research, teenagers felt that most of their life decisions were self-administered, and that in the absence of support from their families and friends, this situation encouraged them to consider suicide. In Malaysia, suicidal situations are more social-related (Ibrahim et al., 2019). Another study examined the association of suicidality with demographic factors such as ethnicity, gender, religion, and age (Milligan et al., 2022; Abdul Aziz et al., 2019). The study findings indicated that there was a significant relationship between ethnicity and religion and is approved by Gearing and Lizardi studies (2009) revealed a lower suicide rate in predominantly Muslim countries like Malaysia. The WHO reported that 3 to 13 per 100,000 population in Malaysia had suicidal tendencies, and Armitage et al (2015) note that the number was higher among men and younger people. This alarming situation is also supported by a report in 2021 by the Royal Malaysian Police which mentioned that youth between 15 and 18 years old comprised 51 percent of the total suicide cases recorded from January 2019 until May 2021.

The findings and the results from past studies provide empirical support to the proposition that depression, stress, anxiety, and suicide are associated with mental health problems among the younger generation in Malaysia. It is, therefore, very timely to study mental health issues among youth in Malaysia so that appropriate preemptive action can be taken to help those who are affected. Unfortunately, at present, there is a lack of data on the mental health problems of youth in Malaysia. Hence, this study is designed to determine the levels of depression, anxiety, stress, and intention to commit suicide among youth (15-30 years old) in Malaysia.

Materials and Methods

Participants and Procedures

This study applied a quantitative approach to determine the levels of depression, stress, anxiety, and intention to commit suicide. The target participants for this empirical study were

youth from all over Malaysia. A cross-sectional survey questionnaire was used to collect the data. The purpose of the study was explained to the respondents, who were also assured that their responses would be confidential, that all subjects gave their written informed consent, their participation was voluntary, and the data would be used only for research purposes. The current study was approved and granted by the Ministry of Health Malaysia. The data were gathered in person by 217 trained enumerators from the Institute for Youth Research Malaysia (IYRES) in all 13 states and 3 Federal Territories in Malaysia. The data were collected from January 2019 until Sept 2019 for the first cohort comprising 8332 respondents. In 2020, for the second cohort, 21,126 respondents were involved in the study. The data were collected via the survey questionnaire in person by 832 trained enumerators from IYRES in all 13 states and 3 Federal Territories in Malaysia within 9 months.

The study sample was representative of the youth population. There were diverse age categories, ethnicity, locality, gender, and background. The 2010 Census Counting Block (BP) was used to determine the sample selection area to ensure that members of the target population would have an equal opportunity to be selected. The advisory services of the Department of Statistics Malaysia were also enlisted to ensure that the samples involved were reflective of the national sampling.

As shown in Table 2, there were 51.2% males and 48.8% females in Cohort 1, with more than half of the respondents (63.4%) being Malay, while 15.9% were Chinese, 6.1% Indian, and 14.6% others. Regarding their local background, about 57.4% were from the cities and the rest (42.6%) were from rural areas. The mean age of the participants was 22.8 years (SD = 5.65), with a range of 18 - 30 years. For Cohort 2, there were 51.2% males and 48.8% females. Around 63.4% were Malay, followed by 13.2% Chinese, 7.5% Indian, and 15.9% others. There are 63.3% of respondents from the city and 36.7% from rural areas.

Table 2

Demographic profile of the respondents (n=8332, 2019) and (n=21,126, 2020)

Demographic	2019		2020	
	Frequency	Percentage	Frequency	Percentage
Gender				
Male	4270	51.2	10815	51.2
Female	4062	48.8	10311	48.8
Ethnic				
Malay	5285	63.4	13386	63.4
Indian	509	6.1	1581	7.5
Chinese	1324	15.9	2798	13.2
Others	1214	7.5	3361	15.9
Locality				
City	4786	57.4	13382	63.3
Rural	3546	42.6	7444	36.7

Measurements

The Depression Anxiety Stress Scale-21 (DASS 21) used to measure levels of depression in this study is a set of 21-item self-administered measurements of attitude and symptoms of stress, anxiety, and depression. Responses are accorded scores on a four-point scale (0- did not apply to me at all, 1- applied to me to some degree, 2- applied to me to a considerable degree, 3-

applied to me very much). The total score is summed up and then multiplied by two to allow for interpretation (Lovibond and Lovibond, 1995).

In this study, the levels of stress, anxiety, and depression were categorized as low, medium, and high, as shown in Table 3. The reliability analysis showed Cronbach's alpha of .802 for the scale. For suicide tendencies, the present study used the scale for suicide ideation (Beck et al., 1979; Beck et al., 1997). Nineteen items were used to evaluate the respondents' attitudes, behaviors and plans to commit suicide. Their responses were rated on a 3-point scale, from 0 to 2. The Cronbach alpha value for reliability was .801.

Results

This study investigated the level of mental health among youth in Malaysia. Table 3 shows the trend of youth's mental health problems between 2019 and 2020 in Malaysia. Four major issues highlighted in Table 3 were stress, anxiety, depression, and suicidal intention. As shown in the table, although there was an upward trend for several mental health issues from 2019 to 2020, most of the youth in Malaysia had no intention to commit suicide as they registered low scores on having suicidal intentions. In 2019, with regard to depression, most of the respondents (81.6%) scored a low level of depression, 11.2% scored a medium level, and only 7.1% had high depression. Regarding stress, only 1.4% of respondents scored a high level, 6.7% scored a medium level, while most of the respondents 91.9 % did not have stress. The third mental health issue was anxiety. Most of the respondents (71.7%) scored a low level, 14.9% scored a medium level, and only 13.4% scored a high level. For the intention to suicide, 10.1% of respondents had thought of committing suicide, 4.8% had planned to commit suicide, and 3.1% of them had tried to commit suicide.

Table 3 also shows the results of the mental health problem domain for 2020. The total number of respondents for 2020 was 21,126. The results showed that 74.7% of the respondents scored a low level for depression, 18.7% scored a medium level, and only 6.6% of respondents scored a high level for having depression. The second domain for mental health problems was stress where 54.5% of respondents scored a low level, 31.5% scored a medium level and 14% scored a high level. Regarding anxiety, most of the respondents (68.5%) scored a low level, 23.1% had a medium level, and only 8.4% of the respondents scored a high level. For the intention to commit suicide, 9.2% of the respondents had contemplated committing suicide; the medium level of intention i.e., planning to commit suicide was represented by 6.4% of respondents, while 4.7% of respondents had actually tried to commit suicide.

Table 3

Level of youth's mental health problems for 2019 and 2020

Characteristics	2019 (n=8332)		2020 (n=21,126)	
	Frequency	Percentage	Frequency	Percentage
Depression				
Low	6803	81.6	15,781	74.7
Medium	934	11.2	3,953	18.7
High	595	7.1	1,392	6.6
Stress				
Low	7658	91.9	11,513	54.5
Medium	557	6.7	6,660	31.5
High	117	1.4	2,953	14.0
Anxiety				
Low	5976	71.7	14,471	68.5
Medium	1242	14.9	4,881	23.1
High	1114	13.4	1,774	8.4
Intention to commit suicide				
Thinking	840	10.1	1943	9.2
Planning	392	4.8	1347	6.4
Attempted	262	3.1	1000	4.7
Frequency	2019 (n=935)		2020 (n=2112)	
Intention to commit suicide due to stress				
Low	701	73.56	388	18.4
Medium	188	19.73	854	40.4
High	64	6.72	870	41.2
Intention to suicide due to anxiety				
Low	343	35.99	687	32.5
Medium	218	22.88	772	36.6
High	392	41.13	653	30.9
Intention to commit suicide due to depression				
Low	494	51.8	678	32.1
Medium	205	21.51	808	38.3
High	254	26.65	626	29.6

As discussed above, depression, stress, and anxiety are factors that are associated with the intention to commit suicide. In 2019, a total of 953 respondents indicated that they had intended intention to commit suicide. Among those contemplating suicide due to stress, 73.56% had scores at the low level, 19.73% scored at the medium level and 6.72% scored at the high-stress level. The second causal factor was the intention to suicide due to anxiety; 35.99% of respondents scored at the low level, 22.88% scored at the medium level, while 41.13% of the respondents scored at the high level. Depression is another factor associated with the intention to commit suicide; here, 51.8% of respondents scored at the low level, 21.5% scored at the medium level, while 26.65% of respondents scored at the high level.

Next, for the second cohort in 2020, data were collected from 2,112 respondents with respect to the same domains regarding their intention to commit suicide. Regarding the intention to commit suicide due to stress, 18.4% scored at a low level, 40.4% scored at a medium level, and 41.2% scored at a high level. The next causal factor was anxiety; where 32.5 % scored at a low level, 36.6% scored at a medium level, and 30.9% of respondents scored at a high level. Lastly, regarding the intention to commit suicide due to depression, 32.1% of the respondents scored at a low level, 38.3% scored at a medium level, and 29.6% scored at a high level.

Discussion

This study examined the domain of mental health of youth groups in Malaysia for 2019 and 2020, focusing on factors that are associated with the intention to commit suicide, namely depression, stress and anxiety. The findings of this study revealed that mental health issues among youth in Malaysia in 2019 and 2020 for depression were at a low level. Past research indicated that factors that contributed to depression included family problems, peer influence, unsatisfactory academic achievement, and poor quality of life (Fauzi et al., 2021; Mastura et al., 2016; Ramli et al., 2018). For example, long-term exposure to conflicts in the family can adversely affect youth's behavior and mental health. Regarding peer influence, youth behavior is shaped by wanting to be accepted by their friends. Peer pressure and influence can hence be negative. For example, youths might be influenced to join a street gang and be involved in risky activities. Regarding academic performance, the goals of students include obtaining good grades, getting a good job after graduation and having a sense of personal achievement. Sometimes all these factors weigh in heavily on the youth, and may have serious negative consequences on their mental health. The results from this study revealed that the respondents had experienced various levels of depression, ranging from a low level to a high level, this being similar to the results of a study conducted by (Ishak et al., 2020). Therefore, action needs to be taken to help youth, especially students in schools, colleges, or universities so that their potential to be useful members of the community will not be compromised by mental health issues. The Ministry of Education and Higher Education should prepare guidance and counseling sessions and systematic programs to reduce depression among students.

The findings of this study also showed that in 2019 more than 90 percent of the respondents experienced only low levels of stress, while nearly 10 percent had moderate to high stress. These results are consistent with previous studies (Latiff et al., 2017; Hamzah et al., 2019; Fauzi et al., 2021). However, youth with high-stress levels increased 10-fold from 1.4% in 2019 to 14% in 2020. Corresponding with this increase, the high intention to suicide rose significantly from 6.72% to 41.2%.

Many factors contribute to stress, e.g., poor health and lifestyle and academic performance (Ramli et al., 2018), financial difficulties, family problems, job-related problems, peer problems, and neighborhood/relocation problems (Gutowski et al., 2018). Dysfunctional social relationships such as the relationship between parents and peers also contribute to stress (McMahon et al., 2020). In this study, the stress scale included being over-aroused, tensed, unable to relax, touchy, easily upset, irritable, easily startled, nervy, jumpy, fidgety, and intolerant of interruption or delay. Accordingly, the results reflected the construct of stress.

Regarding anxiety, our results also indicated that 71.7 % of the respondents had a low level of anxiety in 2019, dropping to 68.5% in 2020. With the decrease in anxiety levels, the

intention to commit suicide due to anxiety that actually led to suicide attempts also saw a reduction, from 41.13% in 2019 to 30.9% in 2020. Past studies have shown anxiety as a contributor to mental health problems (Kaswadi, 2018; Mohamad, Sidik and Akhtari-Zavare, 2021). They have also found that anxiety among youth was significantly related to the academic year, lack of financial support for their studies, alcohol consumption, poor sleep quality, body mass index (BMI), not having good friends in the university, having doubts regarding their future, lack of involvement in the society, and having problems with peers and lecturers (Fauzi et al., 2021; Mohamad et al., 2021). Therefore, there is a need for urgent action from relevant parties to promote and encourage youth to lead healthy lifestyles and to nurture their preparedness and ability to handle the personal responsibilities that come with the transition to adulthood without undue anxiety.

This study also revealed that the intention to commit suicide among youth was relatively low during the study period (2019 and 2020). Nevertheless, there was a slight increase in the number of youths who had suicidal intentions over the two years. The total of those who were thinking of committing suicide, had planned suicide, and had attempted suicide was 18 % in 2019 and 20.3 percent in 2020. According to previous studies, the factors that contribute to suicide include depression, wanting to relieve themselves of pain or discomfort, or problems related to heroin or substance abuse, loss of motivation, and being overwhelmed by a sense of hopelessness, (Aishvarya et al., 2014; Ibrahim et al., 2017). Risk factors can also contribute to suicidal behavior among youth. Bilsen (2018) postulates that important risk factors for late school-age children and adolescents include mental disorders, specific personality characteristics, genetic loading and family processes that trigger the intention to commit suicide. Similarly, a study by Chan et al (2018) also reported anxiety as a risk factor. As suggested by past research, spiritual well-being in conjunction with family support plays a major role in curbing suicidal ideation (Ibrahim et al., 2019). Therefore, intervention for encompassing spirituality and family support may contribute to a more positive outcome in suicidal adolescents. In addition, a comprehensive suicide prevention strategy for these groups needs to be developed.

As mentioned earlier, stress appeared to be a major determinant of suicide intention. The current study found that in 2020, 41.2% had the intention to suicide due to stress compared to 6.72% in the previous year. This might be because of the VUCA world (volatile, uncertain, complex and ambiguous) as many aspects of life are affected following the declaration of Covid-19 as a global pandemic. In this regard, Chua and Rao (2021) noted that the COVID-19 pandemic-related movement control orders (MCO) resulted in an increase in mental health issues amongst Malaysians and a rising number of suicides, with stress being the most common factor (Ibrahim et al., 2014). These findings were confirmed in a report by the Department of Statistics Malaysia (2020) which showed that an increasing number of younger individuals are at higher risk of suicidal intention (ideation, thoughts, plan, and attempts).

The results also revealed that 41.13 % of the respondents in 2019 had a high level of intention to commit suicide due to anxiety in 2019 compared to 30.9 % in 2020. In addition, the present study showed that from 2019 to 2020, there was an increase in the number of youths who had a high intention to commit suicide due to depression. According to Becker et al (2018), depression is the strongest factor impacting suicidal behaviors among young people. The Malaysian National Health and Morbidity survey of 2015 found that depression was among the highest prevalence of mental health problems among young people between 16 and 29 years. This is consistent with the data from Tamizi and Perveen (2021) who found

that depression and lack of social support play a role in suicidal ideation among university students.

Many studies have demonstrated how stress, anxiety, and depression contribute to the intention to commit suicide. Therefore, it is important that the government of Malaysia take cognizance of all issues related to suicides and mental health problems, especially among youth, and put in place long-term comprehensive strategies so that this segment of the population can contribute more positively to the nation.

Conclusion

The results from the Malaysian Youth Index which measured the quality of life of youth in 2019 and 2020 revealed that in general, the level of mental health for Malaysia's youth was not alarming. The four indicators in the mental health domain showed different levels in 2019 and 2020, with medium and high levels of anxiety (64.01%) being the greatest indicator of the intention to commit suicide in 2019 and medium and high levels of stress (81.6%) in 2020. Nevertheless, despite the relatively low level of youth with mental health issues, there is a need to improve the implementation of strategic preventive measures and treatment for the risk group of youth. Further research needs to be carried out to monitor the trends and the prevalence of mental health problems among youth in Malaysia.

Limitations

The results from the present study should be interpreted within the context of methodological limitations. First, the data from the present study were broadly cross-sectional and thus did not fully address causality. Future prospective studies should be conducted to examine the timing of the constructs under investigation. Second, the study sample (2019-2020) comprised different sample sizes. Although the respondents were not the highest risk group for suicide and thus did not warrant significant attention, the results of this study should be considered context-dependent until replicated with youth with mental health problem-based samples. The current study used only a descriptive analysis. Future studies might be replicated with the aim to investigate the prevalence and factors associated with mental health problems among youth in a psychosocial context.

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