MALAYSIAN YOUTHS AT RISK: A REVIEW OF MENTAL HEALTH AND MALADAPTIVE BEHAVIORS

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ABSTRACT

Young individuals who are still learning about themselves and the environment they live in are frequently at considerable risk for mental health problems due to the modern world's rapid changes and difficulties. Similar to how they were in the past, recent events have shown that Malaysian youngsters are now heavily impacted by mental health problems and are easily influenced by maladaptive habits. Maladaptive behaviours develop when people are unable to control and respond to their own emotions, stress reactions, impulses, and moods which ultimately have an impact on how they think, feel, and act. It is crucial to talk about the situation of youth mental health in Malaysia and what programmes may be implemented to support them. Youth is a significant point in a person's life because this is the time when one starts to learn about his or her own and others' emotions. Additionally, this is a time in life when hormonal, neurological, and social changes can easily cause tension and unpleasant feelings. Thus, by describing the current state of Malaysian youth's mental health and suggesting the causes and solutions to this situation, this study attempts to emphasise the significance of discussing the state of young people's mental health. To achieve both physical and psychological well-being for the population awareness it is advisable to have screening for emotional disturbances and dysregulation for Malaysian youths in all preventive and interventional programmes. Early intervention should also be offered to prevent progression toward clinically relevant psychiatric disorders in late adolescence and adulthood.

Keywords: Mental Health, Maladaptive Behaviors, Malaysian Youth, Mental Illness, Emotional Wellbeing

INTRODUCTION

In this contemporary world where lifestyles are often plagued by work stress, material demands and daily uncertainties, the issue f mental health has become prominent simplu because it **includes our emotional, psychological, and social well-being**. Mental health impacts how people think, feel, and act. It also helps determine how they handle stress, relate to others, and make healthy choices.Though there has been increased awareness on mental health issues arising from COVID19, much of the discourse has been centred primarily around middle-aged and working adults. However, it should be acknowledged that mental health issues do not discriminate — just like adults, the young have been significantly impacted mentally and emotionally by the pandemic. According to police figures, a total of 872 teenagers aged 15 to 18 committed suicide between January 2019 and May 2021. This makes up 51% of the 1,708 suicide cases within that timeframe (The Star, 2021). These numbers echo the findings of a Universiti Malaya study showing a consistent increase in depressive, anxious and stressful symptoms among their 1,163 respondents across four different movement control orders (MCO) in Malaysia (Wong et al, 2021). The escalation of mental health concerns among the youth (defined by the United Nations as persons aged 15 to 24 years) is especially worrying considering that Malaysia has a national average of only 1.27 psychiatrists per 100,000 individuals. This is much lower than the WHO's recommended ratio of one psychiatrist per 10,000 of the population. Additionally, it has been found that mental health issues among the young may result in long-term implications that carry on into adulthood (Guan et al., 2018).

Given that the transition from childhood to adolescence is a time of significant emotional change as well as an increased risk for psychopathology, it is critical that we understand how youth can best manage their emotional experiences and navigate this period of their lives. Greater understanding of the development of emotion differentiation is therefore critical, as it may provide insight into how normative changes in affective processes relate to an increased risk of psychopathology in adolescence. This knowledge could then be used to guide psychological interventions that protect youth from psychopathology. The World Health Organization (WHO) states mental health as "a state of well-being in which the individual identifies his or her own capabilities, can cope with the normal stresses of life, can work effectively and productively, and can contribute to his or her community". The WHO strategy "Health 2020" goal of mental health promotion is to develop people's resilience against various stressors in their lives. Resilience is defined as the universal ability of an individual, group, or community to respond proactively to new situations and to prevent, minimize, or overcome the negative effects of adversity (who, 2013). Mental disorders, including depression, bipolar disorder, anxiety disorders, psychoses within the spectrum of schizophrenia, intellectual disabilities and developmental disorders with their onset during childhood and adolescence, are widespread in the general population (Carta, M. G., Fiandra, T. D., Rampazzo, L., Contu, P., & Preti, A., 2015).

Based on this concern, this paper offers a review of the theoretical factors that contribute to the rise in mental health disorders among Malaysian youth while also offering ideas on how this malaise can be contained and mitigated.

MENTAL HEALTH DISORDERS IN MALAYSIAN YOUTHS

The problem of mental health disorder in this country has yet to receive detailed documentation in consistent and continuous manner (Ministry of Health, 2017). National Health Morbidity Survey, NHMS (2012) tracked the mental health problem patterns among Malaysian adolescent in 2012 which amounted to 8.1% prevalence of loneliness, 5.4% sleeplessness, 7.9% suicidal ideation, 6.4% suicidal plan and 6.8% suicidal attempt. This survey also took note of the greater prevalence in suicidal problem among female students than males. No subsequent studies were attempted on the same problem, but there are other surveys relevant to understand the country's mental health pattern among its youth.

Ahmad et al. (2014) studied comparatively, the statistical information of mental health problem among children collected by NHMS in 1996, 2001 and 2011. The group had traced an increasing pattern in mental health problem prevalence, from 13% to 19.4% and eventually, 20.0%. This increment is particularly true for the adolescent group of 13-15 years old. The latest study by NHMS (2019) seems to substantiate the significance of mental health problem for adolescents when it reported that that elder child, from the age of 10-15 in the country are more likely to experience mental health problem exacerbated by other factors including rurality and lower socio-economic background.

Malaysian youth's understanding of mental disorder and awareness of it merits both attention and concern. In a qualitative study of Malaysian's youth view on mental health issues, the participants, while recognizing the state of mental illness that can afflict people in general, betrays a limited understanding of the problem (Berry et al, 2019). They recognize that it is a distinct psychological state associated with spiritual disturbance or trauma, which some of them do not understand much until in later stages of life. Particularly striking in the study is the discovery surrounding the Malaysian cultural perception of mental health and disorder. The youth reported of strong, discriminating stigma that many Malaysians associate mental disorder with (Berry et al, 2019). The strong stigma notwithstanding, the youth understand the necessity of approaching victims of mental disorder by referring to professional psychological treatment.

This brings forward the importance of mental health literacy among youth, which Singh, and colleagues (2022) worked on through a cross-sectional study among Malaysian adolescents. Their work revealed the gendered facet of mental health literacy i.e., the ability to identify correctly problematic mental health states and help-seeking intentionality. Males were reported to possess lower cognitive ability to identify mental disorder, resulting into lower desire for help-seeking than their female counterparts. In other words, they are themselves at higher risk of experiencing mental problems and perpetuating it, due to such low literacy levels. This is in congruent with the findings in Ahmad et al (2014)'s study, where they observed increasing trend of mental health problem among male youth across the data in the years of 1996, 2001 and 2011. The research also identified other factors such as at social network, alcohol, and cigarette consumption as determiner of mental health literacy. The literature thus far cited insinuate a cycle between public discourse of mental health problems and its prevalence in the society that requires a better, more comprehensive understanding so that the nation youth's wellbeing can be ensured more effectively.

Mental health literacy can also empower young people to acknowledge if they have mental healt concerns and further confront them. However most young people are not aware that they suffer from mental health issues, and this affects their ability to seek help. A study by Ibrahim et al. (2019) on mental health seeking behaviours of Malaysian B40 children aged 13 to 21 found that young peoples' inability to seek help can correlate to factors such as self-stigma on seeking help ($r = -.258$, $p < .001$), general help-seeking attitude ($r = .156$, $p = .027$), and age ($r = .187$, $p < .001$). They identified that the strongest predictor for mental help-seeking attitude was self-stigma on seeking help ($F(2,199) = 8.207$, $p < .001$ with $R2$ of .076). University students had better depression literacy and lower levels of self-stigma and negative beliefs toward mental illness compared to secondary school students. The study concluded that higher self-stigma and younger age were associated with negative mental help-seeking attitudes among students from low-income households.

Thus, Malaysian youth needs to be better educated as well as be equipped with strong self awareness and values that can help the become resilient when faced with problems and challenges. Abdul Kadir and Mohd (2021) found that sound mental health is strongly correlated to young peoples' wellbeing in terms of their purpose in life and hope about the future. Their study found significant positive relation between purpose in life and well-being ($r = 0.59$, $p < 0.01$). they concluded that that as the value of

purpose in life increased, well-being also tended to increase. They also found a significant positive relation between hope about the future and well-being ($r = 0.60$, $p < 0.01$). This confirms that when young people find the purpose in life and accord hope for the future, they tend to have better well being and positive mental health.

THEORETICAL FACTORS CONTRIBUTING TO MENTAL HEALTH ISSUES AMONG YOUTHS

There are many reasons contributing to the rise of mental health issues among Malaysian youths. This review will consider two of the most prevalent contributors which are the youth's maladaptive behaviors and the influence of social media.

Maladaptive Behaviors

Temper tantrums are common in children. Adults stomp their feet and yell. Children cry. Adults cry. When children become enraged, they will throw objects. When adults become enraged, they hurl objects. Maladaptive behaviours are, without a doubt, a part of everyone's life to some extent. Your child may exhibit maladaptive behaviour, or one of your coworkers may have an occasional meltdown. Maladaptive behaviour is a common occurrence in human life, despite its appearance as a complicated or foreign concept. Maladaptive behaviours are those that make it difficult to adapt to new or challenging situations. They may start as a result of a significant life change, illness, or traumatic event. It could also be a habit you picked up as a child. Maladaptive behaviours can be identified and replaced.

Alienation is one of the most serious consequences of maladaptive behaviour. Children who engage in maladaptive behaviours as children are less likely to form close friendships and may struggle to gain the respect or consideration of their elders. Maladaptive behaviours are frequently viewed as expressions of laziness, disruptive tendencies, disrespect, or a lack of consideration, when most of these are rarely the case. However, maladaptive behaviour can do more than just alienate you from peers and authority figures. Maladaptive behaviours can be loud and far-reaching, they can disrupt school, get you in trouble at work, and even get you in trouble with the law if they are not addressed early on. Maladaptive behaviour almost always indicates a need for assistance – legitimate, professional assistance – but may go unnoticed until something serious occurs.

Adult relationships, such as romantic relationships, may also be affected by maladaptive behaviour. You may be engaging in maladaptive behaviour if you are prone to outbursts of anger, periods of intense isolation, or extended periods of clingy or needy behaviour. These may require a simple heart-to-heart to find better ways to cope and communicate in the short term, but in a long-term relationship, these behaviours can all quickly become reasons to end the relationship. This is especially true if the maladaptive behaviours progress to dangerous actions. Parental maladaptive behaviour significantly moderated the link between parental and offspring psychiatric symptoms. Parents with psychiatric disorders exhibited more maladaptive behaviour at home than parents who did not have psychiatric disorders. In turn, maladaptive parental behaviour has been linked to an increased risk of psychiatric disorders in children during adolescence and early adulthood. Whether their parents had psychiatric disorders or not, the majority of adolescents who experienced high levels of maladaptive parental behaviour as children developed psychiatric disorders during adolescence or early adulthood. The offspring of parents with psychiatric disorders, on the other hand, were not at increased risk for psychiatric disorders unless there was a history of maladaptive parental behavior (Johnson, J. G., Cohen, P., Kasen, S., Smailes, E., & Brook, J. S., 2001).

Researchers have pointed to affect regulation (AR) as a potential common function underlying a wide array of maladaptive behaviours, including non-suicidal self-injury (NSSI) (Gross, J. J., 2014), binge-eating, substance abuse, chronic worry, and other impulsive and compulsive clinical behaviours. AR encompasses both conscious and unconscious processes that shape the experience, valence, intensity, timing, and expression of affective states (Gross, 2015). AR is frequently guided by hedonistic motivations and goals (Tamir, M., 2016). Similarly, mood repair is one of the most frequently endorsed functions of many maladaptive behaviours, including NSSI (Klonksy, E. D., 2007). Increases in negative affect and decreases in positive affect, as well as increased negative self-consciousness, are also commonly endorsed NSSI consequences (Burke, T. A., Ammerman, B. A., Hamilton, J. L., & Alloy, L. B., 2017). As a result, one major issue is more precisely articulating the relationships between affect regulation and maladaptive behaviour.

The Social Media Influence

Human relationship conceptualizations and language may be changing as a result of digital technology. Friendship is essential for the well-being of children and adults, and is defined as a "dyadic, co-constructed phenomenon characterized by reciprocity, closeness, and intimacy" (Amichai-Hamburger, Y., & Schneider, B. H., 2014). However, the advent of social media appears to have changed its meaning. Such relationships are increasingly being generated and maintained online for "Generation Wired" (a term coined by Tam and Walter 2013).

Younger people, who have less responsibility to others and are more self-absorbed, have always been more prone to narcissistic behaviour. Because the term is applied to people who simply take "selfies," the extent is likely exaggerated in the media: such behaviour may be vain, but it is socially normative and should not be pathologized if it does not significantly disrupt daily functioning (Webber 2016). However, the internet has increased the possibility of expressing narcissistic traits of personality. People with narcissistic traits are prone to depression when their lofty expectations are not met (Webber 2016). "Malignant self-regard," according to Huprich (2014), is a narcissistic personality pattern that includes depressive and masochistic tendencies.

Cyberbullying, according to Kowalski and colleagues (2014), is associated with adolescent mental health problems and, in some cases, has resulted in suicide (Hinduja and Patchin 2010). Bully anonymity and the inevitability of public embarrassment and shame, bullying may be worse online than in person (Slonje, R., Smith, P. K., & Frisén, A., 2013). Low self-esteem or unhappiness, family relationships, and bullying (online and offline) were the three most common problems arising in ChildLine (a British

helpline for children) counselling sessions in 2016; the latter was the most common reason for counselling in children aged 11 and under, and third in children aged 12 to 15 years (National Society for the Prevention of Cruelty to Children, 2016).

There is some correlation between social media use and depressive symptoms in young people (McCrae, N., Gettings, S. & Purssell, E., 2017). However, any increase in mental health problems may be temporally but not causally related to the internet. Increased public awareness and concern about mental health issues in young people may exacerbate concerns about the negative consequences of online behaviour. Social media platforms offer enormous opportunities for interaction that are not constrained by the constraints of face-to-face contact (Wok and Mohamed, 2017), but they also have antisocial applications. The internet reflects society, but it can also exaggerate the worst aspects of human nature, as evidenced by online bullying and abuse (Rashid, Mohamed and Azman, 2017). This phenomenon could be analogous to "road rage," in which people act aggressively toward other drivers while being shielded from normal social restraint. In this context, the impact of the social media platform's functionality, such as the perceived reward systems involved, requires further investigation. Exploration of young people's expectations from online communication, as well as their coping mechanisms if they experience negative outcomes from using social media, would contribute to a more comprehensive understanding of the relationship between social media and young people's mental health. It would also be interesting to investigate how the relationships of young social media users change as they progress through developmental stages. Young people's social communication needs could be better met by involving them in the design and development of social networking sites. Similarly, enhanced safeguards could be incorporated into platform functionality if necessary.

PROPOSALS TO SUPPORT YOUTH'S MENTAL HEALTH

To ensure that youths are better protected from mental health problems as well ad=s further highlighting the importance of mental health literacy, this study proposes inclusive and comprehensive initiatives in the form of school-based interventions, digital parenting, and religious/spiritual support.

School-based interventions
School-based interventions to promote mental health and well-being highlight the necessity to move beyond a problem-focused style and adopt a more positive perspective on mental health (Carta, M. G., Fiandra, T. D., Rampazzo, L., Contu, P., & Preti, A., 2015). Interventions aimed at enhancing children's and adolescents' mental health and well-being that may have a broad impact on their developmental paths, resulting in a significant reduction in adult impairment and disability due to physical illness and mental disorders, a decrease in suicide rates, and a decrease in mental health care utilization (Campion J, Bhui K, Bhugra D., 2012). Additional benefits of improved mental health in children and adolescents include improved educational outcomes, a healthier lifestyle, such as a reduction in unhealthy risk behaviours such as smoking and alcohol or drug use, a reduction in anti-social behaviour and crime, and increased productivity at work as well as better social relationships. Schools may be the perfect location for encouraging health and delivering healthcare interventions because they are the place where young people spend the most of their daytime and mingle, they are accessible to families, support non-stigmatizing health actions, and they can provide suitable relations with the community. To avoid stigmatisation, there is some conformity that school-based programmes should not only evaluate clinical or cognitive problems but should also include experiential activities that involve students' feelings and behavior. Researchers distinguished a set of recognisable traits of positive youth development programmes, some of which are school-based, that objective to achieve one or more of the following goals: promote bonding, social, emotional, cognitive, behavioural, and moral competence; foster resilience, self-determination, spirituality, self-efficacy, clear and positive identity, belief in the future, prosocial norms (healthy standards for behaviour); provide recognition of positive behaviour and opportunities for positive behavior (Catalano, R. F., Berglund, M. L., Ryan, J. A., Lonczak, H. S., & Hawkins, J. D., 2004).

Family and Parenting in Digital Age
Parents must be responsible role models and build communication and trust with their children so that they can openly discuss their autonomous online activities. Parents should learn which parenting styles work best for their families in order for their children to not only participate in, but thrive in, the digital age. As a result, they must act as digital guardians, understand and use social media privacy settings, understand and monitor their child's digital footprint and identity, and place appropriate limits on their child's online activities, ideally in accordance with recommendations from relevant authorities. Parents must also closely monitor their own behaviours as they share images and other content online, as well as their use of digital technologies throughout the day. Communication is vital in parenting. Parents can initiate and participate in a discussion about certain issue. The discussion will assist parents and caregivers in raising children to think critically about the content they share online and to be confident in bringing any issues, concerns, or challenges to the attention of their parents.
Positive digital parenting means for parents (Richardson, J., Milovidov, E., J.D., Schmalzried, M, 2017):

1. Open communication with children about Internet use, risks, and benefits
2. Regular interest in and participation in children's internet activities
3. Active safeguarding of your children's digital reputation and identity
4. Teaching children about the possibilities that the digital age can provide
5. Protecting your children from the dangers that the Internet may present
6. Transferring offline parenting skills to the online world

Spiritual and Religious Influence

Most research substantiated the notion that religion and spirituality can create improvement in an individual's mental health. This has to do with the complex aspects of religion that contributes to people's psychological resilience. This achieved through the way that religion nurture mechanism of religious coping which refers to people's way of understanding, thus tolerating negative predicament befalling upon them (Koenig, 2018). A formulation of solution to youth's mental health problems as such would benefit from the inclusion of religious and spiritual values that are conducive to mental health improvement.

When faced with life tribulating circumstances, many religious people would make religion their first avenue of reference and resort. This would benefit their mental health due to various positive aspects inherent in religion. Harold Koenig (2018) have enlisted and elaborated upon these features in detail, first pinpointing to the positive and optimistic nature of religious worldview. Religion characterizes difficulties with purpose and meaning, a psychological process that unifies the self, resolves contradictions and clarifying sobriety against trauma (Nelson, 2009). Levin & Chatters (1998) explained that such optimistic religious faith would encourage the kind of mental attitude that bears health-promoting qualities against the despairing impact of negative experiences.

Religion itself can induce positive emotions in its people, contributing to their psychological wellbeing. For instances, engaging in certain rituals produced positive emotions such as love, hope and contentment (Levin & Chatters, 1998). Said emotions are indispensable in assuaging the impact of mood disorders (Mosqueiro et al., 2020). Practices like meditation and prayers, for instance, is found to be correlated with reduction in depression (Nelson, 2009). This explains the integral role of religion and spirituality in accounting for religious people's general happiness and life satisfaction as discovered in many studies (Nelson, 2009).

The third major ways that religion can contribute to mental health improvement is in the ways it promotes health-related behavior and discourages the health risk ones. In the words of an expert, "religion provides guidance for decision-making in difficult situations where one might be tempted to reduce stress in ways that might create more problems in the long term" (Koenig, 2018, p.53). This guidance leads to a particular lifestyle conducive to one's health, like cutting off alcohol, cigarette, and drug abuse (Levin & Chatters, 1998). In some studies, religion was linked to increased physical activities that in turn, can help buffer individuals from suffering depression and that improves recovery rate from depressive disorder (Mosqueiro et al., 2020).

Finally, religious, and spiritual person can acquire support when experiencing emotionally tolling predicament. Seeing that religion is institutional in nature, one's religious affiliation must have also meant that one partakes in the wider network of social relationship. According to Levin and Chatters (1998), this meaningful social relationship serves as a source of both material and emotional support for the afflicted individuals. The emotional sense of comfort and encouragement does not solely arise out of one's social relation within religious network, it can also come from the spiritual support within religious framework itself that specifies the connection between a believer and the spiritual entity believed in (Koenig, 2018). Such spiritual support is conceptualized within the framework "that evaluates the way an individual develops a relationship to the sacred, God or spirituality" (Mosqueiro et al., 2020, p.10). This relationship operates vertically through one's connection with the higher being and horizontally through one's position with every other living being, altogether constituting religious, existential support (Nelson, 2009).

This overview showcased the instrumentality of religion and spirituality in approaching the problems of mental health. This instrumentality, which is also a huge potentiality can only be realized through systematic interaction between advocates of mental health and religious authorities as well as experts. Only then a fruitful discourse detailing the exact way religion and spirituality are incorporated in a mental health program can be established.

INITIATIVES AVAILABLE TO SUPPORT THE MENTAL HEALTH OF MALAYSIAN YOUTHS

Authorities and relevant bodies in Malaysia have long realized the need to support issues of mental health. Numerous initiatives and policies have been developed to assist Malaysians in dealing the challenges of modern life that often affect their mental state. While most of these initiatives are broad in nature, some are specifically tailored for adoclascents and youths. These assistance and initiative offer significant respite to the increasing mental health problems faced by Malaysians.

Mental health services in the country draws upon the legal framework of the Malaysian Mental Health act 2001 that caters to mentally ill individuals, their admission into service unit, and the subsequent diagnosis, treatment, and protection therein (Raaj et al., 2021). The act also delegates the function of mental health services upon three facility units which are psychiatry hospitals, psychiatry nursing homes and community mental health centers (MOH, 2011). This means, in Malaysia, "mental health tended to be treated in general or psychiatric hospitals or primary care settings" (Beckstein et al, 2021, p.261). The delegation notwithstanding, there is a strong recommendation that integrated approach involving cooperation between the different facilities be used.

A comprehensive policy involving mental health services were drafted by the Ministry of Health, detailing its overall operation, divisions, and nature of services (MOH, 2011). The policy embodies the primary approach to mental health problems in the country, which is by way of public institutionalization (Midin et al, 2018). The mental institution is perhaps the oldest and the largest mental health service, with most of the financial provisions accorded to it (Midin et al). Individuals diagnosed with severe cases of mental illness can be admitted to one of the mental hospitals, where they will receive treatment in detention until discharged based on the discernment of the medical director in authority (Raaj et al., 2021).

There are also mental health services provided in general hospitals, usually through the specialized psychiatric unit therein. Its function includes the provision of "acute inpatient services, services at the emergency departments, consultation-liaison services, planned and unplanned outpatient services, as well as specialized services" (Midin et al., 2018, p.287). In hospitals where such unit is not available, a general psychiatrist will manage the mental illness patients. For those diagnosed with mental illness of greater complexity in the general hospital, will either be referred to another hospital with specialized psychiatric unit, or directly to one of the mental hospitals (Chong et al., 2013). In addition, all primary health centers offer services such as early screening with more involvement of school adolescents in recent years and treatment for the more common mental health problems (Midin et al. 2018).

In the mental health service policy that Ministry of Health drafted, children and adolescents are allocated with their very own provisions. These young groups are entitled to a spectrum of services ranging from outpatient services to cooperation program involving different entities such as schools and NGOs (MOH, 2011). Outpatient treatment entails the presence of either a general psychiatrist or adolescent specialized ones, with the diagnosis and decision-making a conjoint process involving the guardians as well as educational and welfare entities. For those suffering conditions such as severe depression, psychotic, or suicidal states, they can be admitted to child and adolescent ward, supported by specially trained nurses (MOH, 2011). MOH (2011) also considered collaboration with various sectors such as NGOs, school, care-giving clinics and welfare with psychiatrist department integral. These latter entities, especially the NGO's played important part in spreading public awareness as well as educating people on issues relating to mental health.

Many observers of the mental health service system noted and specified the difficulties that must be dealt with to pave way for further advancement and improvement. The government has been aiming for a transition of the emphasis on mental health institution, into the greater involvement of a comprehensive community service (Midin et al., 2018). This is rendered difficult however, given lack of financial support, which thus compels the government to rely on the integrative approach mentioned above (Chong et al, 2013). Again, another kind of challenge is present as there is relevant manpower shortage, with only 410 psychiatrists available throughout the entire nation, each one catering for the population of 100,000 (Beckstein et al, 2021). According to the Ministry of Health (2011), this also meant shortage of adolescent experts that can cater to the young population and "personnel to form multidisciplinary teams for the management of children and adolescents requiring psychiatric services" (p.36).

In addition, shift towards digital health that can potentially advance the system even further is threatened by the problem of data vulnerability, rural-urban digital divide, and the absence of any useful framework for the digital Galen Centre for Health Policy (2018). Socio-cultural problem is also a significant concern, in which the ethnic diversity of Malaysian population eligible for mental health treatment live in different types of norms that may be categorically opposed to the western psychiatric practices (Beckstein et al, 2021). This is in addition to the social stigma surrounding mental illness and disorder, still thick among Malaysians, where it generates debilitating effect in mental illness victim from seeking help, especially the youth (Berry et al, 2019; Beckstein et al, 2021).

CONCLUSION

The issue of mental health is nothing new. Since the beginning of time, humans have struggled with mental health challenges and problems. However, the increasing demands and complexity of modern life place more stress and pressure on people, which has increased awareness of mental health issues. As human literacy and medical knowledge advance, so do our understanding and awareness of the significance of mental health. This review gave a general overview of the mental health of Malaysian youth and emphasised some of the contributing factors. This review also suggested that a society-wide intervention is important and can be achieved through school intervention, effective parenting skills, as well as religious and spiritual support. While Malaysian authorities and other relevant parties are aware and doing their best to support mental health problems of all Malaysians, this review also suggested that a personal intervention is not enough. The youth are the nation's future. To lead and guide the nation toward improvement, they must be in top physical condition. To ensure that they are prepared and well-equipped; parents, governments, and society have a responsibility. Therefore, the mental health of Malaysian youth is unquestionably a problem that requires continual attention and consistent support from everyone.

REFERENCES

Abdul Kadir, N. B. Y., & Mohd, R. H. (2021). The 5Cs of positive youth development, purpose in life, hope, and well-being among emerging adults in Malaysia. *Frontiers in psychology*, *12*, 641876.

Ahmad, N., MuhdYusoff, F., Ratnasingam, S., Mohamed, F., Nasir, N. H., MohdSallehuddin, S., MahadirNaidu, B., Ismail, R., & Aris, T. (2014). Trends and factors associated with mental health problems among children and adolescents in Malaysia. International Journal of Culture and Mental Health, 8(2), 125–136. https://doi.org/10.1080/17542863.2014.907326

Amichai-Hamburger, Y., & Schneider, B. H. (2014). Loneliness and internet use. In R. J. Coplan & J. C. Bowker (Eds.), The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone (pp. 317–334). Chichester: Wiley.

Berry, C., Michelson, D., Othman, E., Tan, J. C., Gee, B., Hodgekins, J., Byrne, R. E., Ng, A. L. O., Marsh, N. V., Coker, S., & Fowler, D. (2019). Views of young people in Malaysia on mental health, help-seeking and unusual psychological experiences. Early Intervention in Psychiatry, 14(1), 115–123. https://doi.org/10.1111/eip.12832

Beckstein, A., Rathakrishnan, B., Hutchings, P. B., & Hassline Mohamed, N. (2021). The Covid-19 Pandemic and Mental Health In Malaysia: Current Treatment And Future Recommendations. Malaysian Journal of Public Health Medicine, 21(1), 260–267. https://doi.org/10.37268/mjphm/vol.21/no.1/art.826

Burke, T. A., Ammerman, B. A., Hamilton, J. L., & Alloy, L. B. (2017). Impact of non-suicidal self-injury scale: Initial psychometric validation. Cognitive therapy and research, 41(1), 130-142.

Campion J, Bhui K, Bhugra D (2012). European Psychiatric Association. European Psychiatric Association (EPA) guidance on prevention of mental disorders. Eur Psychiatry. 2012 Feb;27(2):68-80. doi: 10.1016/j.eurpsy.2011.10.004. Epub 2012 Jan 28. PMID: 22285092.

Carta, M. G., Fiandra, T. D., Rampazzo, L., Contu, P., & Preti, A. (2015). An Overview of International Literature on School Interventions to Promote Mental Health and Well-being in Children and Adolescents. Clinical practice and epidemiology in mental health. CP & EMH, 11(Suppl 1 M1), 16–20. https://doi.org/10.2174/1745017901511010016

Catalano, R. F., Berglund, M. L., Ryan, J. A., Lonczak, H. S., & Hawkins, J. D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. The annals of the American academy of political and social science, 591(1), 98-124.

Chong, S., Suhaimi, M., & Choy, A. (2013). The Mental Health Development in Malaysia: History, Current Issue and Future Development. Asian Social Science, 9(6), 1–8. https://doi.org/10.5539/ass.v9n6p1

Galen Centre for Health and Social Policy. (2018). A brief overview of the digital health landscape in Malaysia (pp. 1–3). Social Health Analytics.

Guan, N. C., Lee, T. C., Francis, B., & Yen, T. S. (2018). Psychiatrists in Malaysia: the ratio and distribution. Malaysian journal of psychiatry, 27(1), 4-12.

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. Psychological inquiry, 26(1), 1-26.

Hinduja, S., & Patchin, J. W. (2010). Bullying, cyberbullying, and suicide. Archives of suicide research, 14(3), 206-221.

Huprich, S. K. (2014). Malignant self-regard: A self-structure enhancing the understanding of masochistic, depressive, and vulnerably narcissistic personalities. Harvard Review of Psychiatry, 22(5), 295-305.

Ibrahim, N., Amit, N., Shahar, S., Wee, L. H., Ismail, R., Khairuddin, R., ... & Safien, A. M. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC public health*, *19*(4), 1-8.

Johnson, J. G., Cohen, P., Kasen, S., Smailes, E., & Brook, J. S. (2001). Association of maladaptive parental behavior with psychiatric disorder among parents and their offspring. Archives of general psychiatry, 58(5), 453-460.

Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. Clinical psychology review, 27(2), 226-239.

Koenig, H. (2018). Religion and Mental Health: Research and Clinical Applications. United Kingdom: Elsevier Inc.

Kowalksi, R. M., Giumetti, G. W., Schroeder, A. N., & Lattanner, M. R. (2014). Bullying in the digital age: A critical review and meta-analysis of cyberbullying research among youth. Psychological bulletin, 140(4), 1073-1137.

Levin, J., & Chatters, L. (1998). Research on Religion and Mental Health: An Overview of Empirical Findings and Theoretical Issues. In H. Koenig (Ed.), Handbook of Religion and Mental Health (pp. 29–51). USA: Elsevier Science.

McCrae, N., Gettings, S. & Purssell, E., (2017). Social Media and Depressive Symptoms in Childhood and Adolescence: A Systematic Review. Adolescent Res Rev 2, 315–330. https://doi.org/10.1007/s40894-017-0053-4

Midin, M., Zainal, N. Z., Lee, T. C., & Ibrahim, N. (2018). Mental Health Services in Malaysia. Taiwanese Journal of Psychiatry (Taipei), 32(4), 281–293.

Ministry of Health. (2017). Malaysian Mental Healthcare Performance. Malaysian Healthcare Performance Unit.

Mosqueiro, B. P., Pinto, A. de R., & Moreira-Almeida, A. (2020). Spirituality, religion, and mood disorders. In D. Rosmarin & H. Koenig (Eds.), Handbook of Spirituality, Religion, and Mental Health (pp. 1–26). Elsevier Inc.

National Society for the Prevention of Cruelty to Children (2016). Childline annual review 2015- 16: it turned out someone did care: what children are contacting childline about. https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/childline-annual-review-2015-16-turned-out-someone-did-care/. Accessed 17 Sept 2016.

Nelson, J. (2009). Psychology, Religion, and Spirituality. New York, USA: Springer Science + Business Media.

Nook E. C. (2021). Emotion Differentiation and Youth Mental Health: Current Understanding and Open Questions. Frontiers in psychology, 12, 700298. https://doi.org/10.3389/fpsyg.2021.700298

Raaj, S., Navanathan, S., Tharmaselan, M., & Lally, J. (2021). Mental disorders in Malaysia: an increase in lifetime prevalence. BJPsych International, 18(4), 97–99. https://doi.org/10.1192/bji.2021.4

Rashid, M. S. A., Mohamed, S. and Azman, T. A. T. M. (2017) "Predicting the intention to cyberbully and cyberbullying behaviour among the undergraduate students at the International Islamic University Malaysia", *Int. J. Educ. Psychol. Couns.*, vol. 2, no. 5, pp. 257-270, 2017.

Richardson, J., Milovidov, E., J.D., Schmalzried, M. (2017). Internet Literacy Handbook. Media and Information Literacy. https://edoc.coe.int/en/internet/7515-internet-literacy-handbook.html

Singh, S., Zaki, R. A., Farid, N. D. N., & Kaur, K. (2022). The Determinants of Mental Health Literacy among Young Adolescents in Malaysia. International Journal of Environmental Research and Public Health, 19(6), 3242. https://doi.org/10.3390/ijerph19063242

Slonje, R., Smith, P. K., & Frisén, A. (2013). The nature of cyberbullying, and strategies for prevention. Computers in human behavior, 29(1), 26-32.

Starr, L. R., Hershenberg, R., Shaw, Z. A., Li, Y. I., and Santee, A. C. (2020). The perils of murky emotions: emotion differentiation moderates the prospective relationship between naturalistic stress exposure and adolescent depression. Emotion 20, 927–938. doi: 10.1037/emo0000630

Tamir, M. (2016). Why do people regulate their emotions? A taxonomy of motives in emotion regulation. Personality and social psychology review, 20(3), 199-222.

The National Health and Morbidity Survey. (2019). The National Health and Morbidity Survey 2019: Non-Communicable Diseases, Healthcare Demand and Health Literacy. Institute for Public Health, National Institutes of, Health Ministry of Health.

The National Health and Morbidity Survey. (2012). Malaysia Global School-Based Student Health Survey 2012 (T. Aris, N. A. Ahmad, Y. S. Lian, & N. A. Abdullah, Eds.). Institute for Public Health, National Institutes of Health, Ministry of Health.

Webber, R. (2016): The real narcissists. Psychology Today, 52–61.

WHO (2013). Mental health action plan 2013-2020. Geneva: WHO Document Production Services.

Wok, S., & Mohamed, S. (2017). Internet and social media in Malaysia: Development, challenges and potentials. In *The evolution of media communication*. IntechOpen.

Wong, L. P., Alias, H., Md Fuzi, A. A., Omar, I. S., Mohamad Nor, A., Tan, M. P., ... & Chung, I. (2021). Escalating progression of mental health disorders during the COVID-19 pandemic: Evidence from a nationwide survey. PloS one, 16(3), e0248916.