
FUTURE OF MALAYSIAN YOUTHS AT RISK: MENTAL HEALTH, SELF-EFFICACY, AND BEHAVIOURAL CHANGE

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ABSTRACT

High rates of mental health problems have become a growing concern in Malaysia's higher education, negatively impacting students' behaviour. Despite the serious nature of poor mental health, students often do not seek help because of negative behavioural changes. Identifying the youth's past behaviour, demographic culture, personality, moods & emotions, and media intervention can further determine the youths' level of mental health as early detection is vital in reducing the risk of mental health issues amongst them. Recent mental health research reports that self-efficacy is associated with better mental health and decreased negative behavioural change. However, relationships between those constructs remain to be evaluated among youths in Malaysia. This study aims to appraise the connections between mental health problems, self-efficacy, and behavioural change in this population. An opportunity sample of 201 students from a public university completed questionnaires regarding these constructs. Correlation, regression, and path analyses were conducted. Mental health problems were found to be positively associated with self-efficacy and behavioural change. The findings suggest that self-efficacy is essential for the mental health of Malaysian youths and is associated with negative

behaviour. In order to prevent teenage mental health issues and low self-efficacy, education and awareness are crucial. Since many people might not fully comprehend these ideas, education is the first line of action.

Keywords: *Mental health, self-efficacy, behavioural change, youth, Malaysia*

INTRODUCTION

Mental health has gained attention in the modern world because it affects our emotional, psychological, and social well-being and is frequently affected by work stress, material demands, and daily uncertainty. Mental health affects one’s thoughts, feelings, and behaviour. Additionally, it influences how individuals relate to others, manage stress, and make healthy decisions. Even though COVID-19 has raised awareness of mental health difficulties, these issues have been mostly discussed in the context of middle-aged and working individuals. Recognizing that mental health problems do not discriminate is essential because the epidemic has had a profound psychological and emotional impact on children and adults. The COVID-19 pandemic and the lockdown have led to mental health issues in Malaysia. Many youths are being diagnosed with depression, anxiety, stress, and other mental health issues due to the rigours of living during the epidemic. Generation Z aged between 18 and 24 in a 2021 survey was found to hate mornings more than any other age group, with 35% citing it as the most stressful time. The American Psychological Association (APA) periodically conducts surveys on stress among the American public, and since 2013, youths have been reported to have higher stress level than adults. In the 2021 APA survey, teens were reported to have worse mental health and higher levels of anxiety and depression than all other age groups. Thus, this current study explores the prevalence of depression, anxiety, and stress symptoms among youths in Malaysia post-pandemic. The findings may suggest the need for further research and the inclusion of successful coping strategies that students had used during the COVID-19 pandemic. In order to address the mental health issue of university students, research should also develop interventions and preventive techniques.

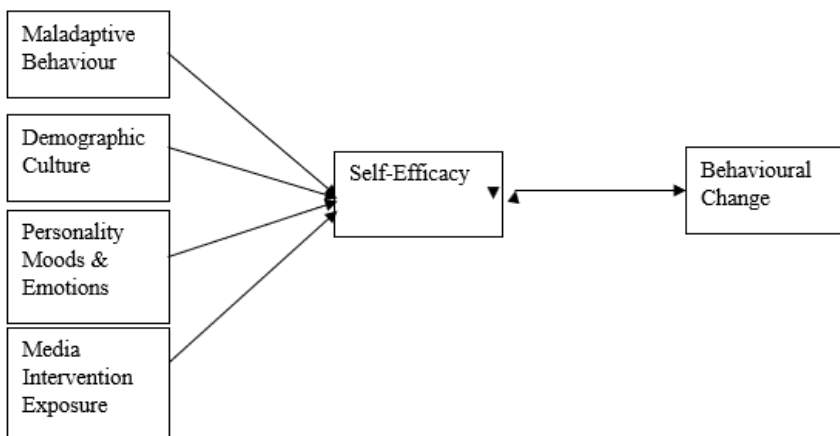


Figure 1: Youth Mental Health and Behavioural Change (YMHB) Framework

- Research objective 1: To identify the relationship between mental health factors and Malaysian youths' behavioural change.
- Research objective 2: To explore the relationship between self-efficacy and Malaysian youths' behavioural change.
- Research Objective 3: To develop a Youth Mental Health and Behavioural Change (YMHB) Model

LITERATURE REVIEW

Mental Health Disorders among Malaysian Youths

The problem of mental health disorders in this country has yet to receive detailed documentation in a consistent and continuous manner (Ministry of Health, 2017). The National Health Morbidity Survey (Institute of Public Health, 2020) tracked the mental health problem patterns among Malaysian adolescents 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 of suicidal problems among female students than males. No subsequent studies had attempted to address the same problem, but other surveys are relevant towards understanding the mental health pattern among the country's youths.

The findings of Shahril et al. (2023) and Ahmad et al. (2014) show the statistical information of mental health problems among children collected for NHMS 2019 and 2022. The group traced an increasing pattern in the prevalence of mental health problems, from 23.3% to 57.3% and eventually, 20.0%. This increment is particularly true for the adolescent group of 12-16 years old. The latest study in NHMS (2022) seems to substantiate the significance of mental health problems among adolescents when it was reported that older children in the country, aged between 10 and 15, are more likely to experience mental health problems exacerbated by other factors including rurality and lower socio-economic background.

Malaysian youths' understanding and awareness of mental disorders merits attention and concern. In a qualitative study of Malaysian youths' view on mental health issues, the participants – while recognizing the state of mental illness that can afflict people in general – portrays 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 do not understand until later in life.

The discovery surrounding the Malaysian cultural perception of mental health and disorder is particularly striking in the study. The youths reported strong and discriminating stigma that many Malaysians associate with mental disorders (Berry et al., 2019). Notwithstanding such stigma, the youths understand the necessity of approaching victims of mental disorders by referring to professional psychological treatment.

This brings forward the importance of mental health literacy among youths (Singh et al., 2022) through a cross-sectional study among Malaysian adolescents. Their work revealed the gendered facet of mental health literacy, i.e., the ability to correctly identify problematic mental health states and help-seeking intentions. Males were reported to possess a lower cognitive ability to identify mental disorders, resulting in a lower desire for help-seeking than their female counterparts. In other words, they are at higher risk of experiencing mental problems and perpetuating them due to such low literacy levels.

This is incongruent with the finding of Shahril et al. (2023) who observed an increasing trend of mental health problems among male youths across the 2021 and 2022 data. The research also identified other factors such as social networks, alcohol, and cigarette consumption as determiners of mental health literacy. The literature thus far cited insinuates a cycle between the public discourse of mental health problems and their prevalence in society that requires a better, more comprehensive understanding to effectively address the national youths' well-being.

Theoretical Factors Contributing to Mental Health Issues among Youths

Many reasons contribute to the rise of mental health issues among Malaysian youths. This review will consider two of the most prevalent contributors namely the youths' maladaptive behaviours and the influence of social media (Kuay et al., 2022).

Maladaptive Behaviours

Temper tantrums are common among children. Adults stomp their feet and yell. Children cry and so do adults. 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 (Springstien & English, 2023). A child may exhibit maladaptive behaviour, while co-workers may have an occasional meltdown. Maladaptive behaviour is common in human life, despite its appearance as a complicated or foreign concept (O'Sullivan et al., 2021). Maladaptive behaviours make it difficult for one to adapt to new or challenging situations. They may be triggered by a significant life change, illness, or traumatic event. It could also be a habit picked up as a child. Maladaptive behaviours can be identified and replaced (Miller & Johnson, 2021).

Alienation is one of the most serious consequences of maladaptive behaviour. Children who engage in maladaptive behaviours are less likely to form close friendships and may struggle to gain the respect or consideration of their elders (Cesar, 2021). 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 schooling, work, and even lead to trouble with the law if not addressed early. Shazleen et al. (2022) mentioned that maladaptive behaviour almost always indicates a need for legitimate, professional assistance but may go unnoticed until something serious occurs.

Adult relationships, such as romantic relationships, may also be affected by maladaptive behaviour. One may engage in maladaptive behaviour if one is prone to outbursts of anger, periods of intense isolation, or extended periods of clingy or needy behaviour (Zhang et al., 2022). These may require a simple heart-to-heart to find better ways to cope and communicate in the short term, but these behaviours can quickly become reasons to end the relationship in the long term. This is especially true if the maladaptive behaviours progress to dangerous actions. A study found that parental maladaptive behaviour significantly moderates the link between parental and offspring psychiatric symptoms (Basso et al., 2019).

Parents with psychiatric disorders exhibit more maladaptive behaviour at home than parents without psychiatric disorders (Sell et al., 2021). In turn, maladaptive parental behaviour has been linked to an increased risk of psychiatric disorders in children during

adolescence and early adulthood. Most adolescents endure high levels of maladaptive parental behaviour as children and proceed to develop psychiatric problems during adolescence or early adulthood (Basso et al., 2019), regardless of whether or not their parents had psychiatric disorders. On the other hand, unless there was a history of unsuitable parental behaviour, the children of psychiatrically ill parents do not have a higher chance of developing psychiatric diseases (Steele & McKinney, 2020).

Rumination, cognitive biases, and mood-congruent cognitive control challenges may interact to produce poor emotion-regulation procedures that downregulate sad mood and upregulate happy mood (Villabos, Pacios & Vazquez, 2021). Therefore, highly neurotic people may avoid or lessen unpleasant and repulsive emotional experiences to some extent by turning to non-suicidal self-injury (NSSI) conduct if negative emotions cannot be eased for an extended period. When such bad emotions and NSSI conduct become stronger, people grow more dependent on NSSI activity to deal with their negative feelings (Herpers, et al, 2021).

In the context of other factors, particularly expressive suppression, cognitive reappraisal is not substantially associated with depression or NSSI conduct. Therefore, it may be concluded that expressive suppression plays an indirect mediating role in the relationship between cognitive reappraisal and depression and NSSI behaviour. The results of the mediation effect indicate that neuroticism affects NSSI conduct in college students indirectly through the mediating effect of depression. This demonstrates that the primary and proximal cause of NSSI conduct is an unpleasant emotional experience brought on by external traumatic experiences (AghaMohamamdi, 2023). Highly neurotic people are more prone to experience negative emotions including despair, anxiety, guilt, and fear after experiencing childhood maltreatment, including sexual abuse, physical abuse and neglect, emotional abuse, and both physical and emotional abuse.

Rumination moderates the links between reactivity, intensity, and perseveration of emotion and NSSI, leading to a larger predisposition towards NSSI behaviour if they are unable to mobilise more cognitive resources and physiological energy to manage negative emotions (Wan et al., 2020).

Social Media Influence

Given the rise in mental health issues, it is now crucial to comprehend how social media affects teenagers' well-being. Internet-related problematic behaviours are frequently described using psychiatric language, such as "addiction" (Beyens et al., 2021). Some youth activities, nevertheless, can be mistaken as being abnormal. For example, young people who constantly post photographs of themselves ('selfies') may appear narcissistic, but such activity has been established as a social standard in younger social networks (McCrae, 2018).

Teenagers who are constantly urged to go online typically utilize social networking sites and the internet more frequently. In extreme circumstances, this type of behaviour may result in psychological issues that are usually associated with addictions to drugs or alcohol (Nesi, 2020). Sleep disturbance, an angry or upset reaction when forced to disconnect, and losing track of time while online are all signs of addiction (Hernández et al, 2018). Nomophobia is the severe, non-clinical fear of being disconnected from smartphone communication.

Nomophobia has developed due to messaging apps, particularly among teens which is the age group most affected by this issue. The internet is currently being replaced by mobile

phones as the principal addictive source due to the fast development of smartphone devices and their ease of mobility (Barnes et al, 2019).

Social media use and cyberbullying are on the rise as the world becomes more digitally linked (Suciu, 2021). The term “cyberbullying” refers to any form of harassment, such as “cyberstalking”, that involves the dissemination of objectionable materials about a person, such as text, images, comments, rumours, gossip, and private information. Low self-esteem or unhappiness, family relationships, and bullying (online and offline) are the three most common problems in the ChildLine (a British helpline for children) counselling sessions in 2016; the latter is the most common reason for counselling for children aged 11 and under, and third for children aged 12 to 15 (National Society for the Prevention of Cruelty to Children, 2016).

According to Peker and Nebiolu-Yldz (2021), there is a strong correlation between aggression and cyberbullying. Aggressive people may utilize online technology to transfer their resentment, violent intentions, and desire for vengeance from the real world to the virtual one. 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 face-to-face contact, but they also have antisocial applications (Karim et al., 2020). The internet reflects society, but can also exaggerate the worst aspects of human nature as evidenced by online bullying and abuse.

This phenomenon could be analogous to “road rage” in which people act aggressively towards other drivers while being shielded from typical social restraints. In this context, the impact of social media’s functionality, such as the perceived reward systems involved, requires further investigation (Coyné et al., 2020). Exploration of young people’s expectations of online communication and their coping mechanism when experiencing adverse outcomes from 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 designing and developing social networking sites (Coyné et al., 2020). Similarly, enhanced safeguards could be incorporated into platform functionality if necessary.

METHODOLOGY

Samples collected in this quantitative study entail students from higher academic institutions in Shah Alam, Selangor. Purposive sampling is a type of non-probability sampling in which the researcher uses his own judgments in the selection of the sample members. It can sometimes be called a judgmental sample.

For this research, the judgment used ensures the reliability of the answers given by the university students in identifying the level of mental health among youths for early detection. The researchers chose individuals who meet these criteria as the target sample, i.e., those who may have mental health problems related to their behaviour.

The questionnaire was used as the data collection instrument in this study. The questionnaire is drive-structured, which is a direct-to-the-point method well-suited for describing the overall goal of this research. The questionnaires contain 33 closed-ended questions, including those on demographic factors. In either case, the questionnaire’s goal is to determine whether there is a link between the students’ mental health problem and their behaviour.

In this study, the questionnaires were distributed to 201 university students in Shah Alam. Each respondent answered the same structured set of questions, and the collected data were calculated and compared using SPSS statistical software based on the differences in the answers. The researchers were able to form conclusions based on the findings at the end of the process of classifying the chart of opinions.

Table 1: Instrument Development for Youth Mental Health and Behavioural Change (YMHB)

Section	Construct	Items	Items Questions	Sources
A	Demographic	A1	Gender	Yuan et al. (2016)
		A2	Age	
		A3	Education Level	
		A4	Institutional Type	
		A5	Employment Status	
B	Maladaptive Behaviour	B2	I have been a happy person in the past month.	Gosselin et al. (2019)
		B3	I feel calm and peaceful in the past month.	
		B4	I have been a very nervous person in the past month.	
		B5	I have been downhearted and blue in the past month.	
		B6	I feel down in the dumps and believe that nothing can cheer me up in the past month.	
C	Demographic Culture	C1	My religiosity helps make me feel safe and calm.	Yuan et al. (2016)
		C2	My family members are supportive.	
		C3	My family members make me feel safe and warm.	
		C4	My friends are willing to listen to my problems.	
		C5	My friends will advise me when I have a problem.	
		C6	I feel that I have a strong support system.	
		C7	I feel safe and calm when I live in my country.	

D	Personality Moods & Emotions	D1	I get angry easily for something bad that happened to me.	Harmon-Jones, Bastian & Harmon-Jones (2016)
		D2	I will blame someone else when something bad happens to me.	
		D3	I easily feel disgusted when I have to face someone I don't like due to bad experience with him/her.	
		D4	I am easily intimidated and hurt by threats when it comes to handling difficult circumstances.	
		D5	I feel uncertain about how to deal with a bad situation.	
		D6	I always feel unpleasant about the outcome of the work I am dealing with.	
		D7	I easily get sad especially when dealing with pressing issues.	
		D8	I am eager to see the outcome of something I am working on.	
		D9	After achieving something, I will always have an extremely intense emotion towards it.	
E	Media Intervention Exposure	E1	I feel disturbed if my friend posts something about me on social media.	Keles, McCrae & Grealish (2020)
		E2	I feel stressed if I see negative posts about others on any of the media platforms.	
		E3	I usually get affected by how my friend comments on my social media.	
		E4	I usually get affected by the likes I receive on my posts.	
		E5	I easily reflect on what the media portrays in any mass media platform.	
F	Self-Efficacy	F1	I can always manage to solve difficult problems if I try hard enough.	Bonsaksen et al. (2013)
		F2	If someone opposes me, I can find the means and ways to get what I want.	
		F3	It is easy for me to stick to my aims and accomplish my goal.	
		F4	I am always positive in achieving my life goals.	
		F5	Nothing can stop me; I will always find a solution to my problems.	
		F6	I can usually handle whatever comes my way.	

G	Behavioural Change	G1	Reflecting on my life experience, I always know what to do next to ensure my self-development.	Kim & Seo (2014)
		G2	I am always thinking of the best solutions for my development.	
		G3	I will usually recognize obstacles disrupting my life plan.	
		G4	I will usually motivate myself to keep my positive momentum in achieving my life goals.	
		G5	I have confidence in myself that discipline will help me in achieving my life goals.	

FINDINGS

There was a total of 193 respondents in the present study, whereby 59.6% (115) are females and 40.4% (78) are males. The majority are in the age group of 21-25 years old at 55.4% (107), followed by 42.5% (82) in the age group of 23-30 years old, and only 2.1% in the age group of 15-20 years old. Nearly 80% of the respondents are from higher institutions and 20% from secondary schools. The majority, i.e., 72% are employed whilst the remaining are full-time non-working students.

Table 2: Summary of Hypothesis Result

Hypothesis	Variables	Pearson Correlation	Regression (R Square)	Status
H1	Maladaptive Behaviour – Self-Efficacy	-0.127	0.016	Accepted
H2	Demographic Culture – Self Efficacy	0.333	0.111	Accepted
H3	Personality Moods & Emotion – Self-Efficacy	-0.082	0.007	Accepted
H4	Media Intervention Exposure – Self-Efficacy	-0.127	0.016	Accepted
H5	Self-Efficacy – Behavioural Change	0.796	0.663	Accepted

A negative correlation indicates that as one variable increases, the other decreases. Thus, the study indicates a negative correlation between past behaviour, personality moods & emotion, as well as media intervention exposure (-0.127, -0.082, -0.127) and self-efficacy. However, demographic culture was found to be positively correlated with self-efficacy (0.333). Self-efficacy has a strong correlation towards behavioural change (0.796) with 66.3% regression. However, an exploratory analysis was conducted to further confirm the items and variables used to find the right factors affecting behavioural change among youths in Malaysia.

Table 3: Extracted factors, factors loadings, communalities, and reliability for Malaysian Youth Behavioural Change Model (MYBC)

Factor	Item	Factor Loading	Communality	Cronbach's Alpha
Maladaptive Behaviour	G3	.888	.687	.943
	F5	.877	.756	
	G1	.857	.706	
	F6	.835	.682	
	G2	.823	.694	
	G4	.804	.700	
	G5	.800	.636	
	F4	.722	.694	
Demographic Culture	F3	.613	.507	.907
	D4	.844	.671	
	D5	.836	.734	
	B4	.816	.667	
	D7	.761	.590	
	D6	.745	.660	
	B5	.733	.554	
	B3	.716	.515	
Media Intervention Exposure	D3	.598	.554	.870
	D1	.541	.500	
	C4	.908	.743	
	C5	.886	.703	
	B1	.588	.530	
Behavioural Change	C6	.583	.664	.850
	B2	.552	.561	
	E1	.881	.646	
	E3	.830	.662	
	E4	.651	.507	
Self-Efficacy	E2	.592	.489	.723
	E5	.576	.526	
	C2	.831	.703	
	C3	.671	.794	
	C1	.603	.261	

*Communalities >0.25, Factors Loadings >0.5

*Deleted items: D9, D2, D8, C7, F2, F1

For the Exploratory Factor Analysis (EFA) of the 38 items, principal axis factoring extraction with Promax rotation was applied. The Kaiser-Meyer-Olkin was .808, and the Bartlett's test of sphericity was significant (P value<0.001). Six items (D9, D2, D8, C7, F2, F1) were removed

due to low communalities and factor loadings. Five factors were extracted and 31 items were kept. Factor correlations ranged from $r = -1$ to $+1$. The loading factor had to be done according to the variables/factors. It cannot be presented in a jumbled-up/cross situation as some of the items do not belong/are not related to the original variables.

The new framework was developed after the EFA on the Malaysian Youth Mental Behavioural Change Model (MYBC). This surely has to be reworked after the re-running of the EFA.

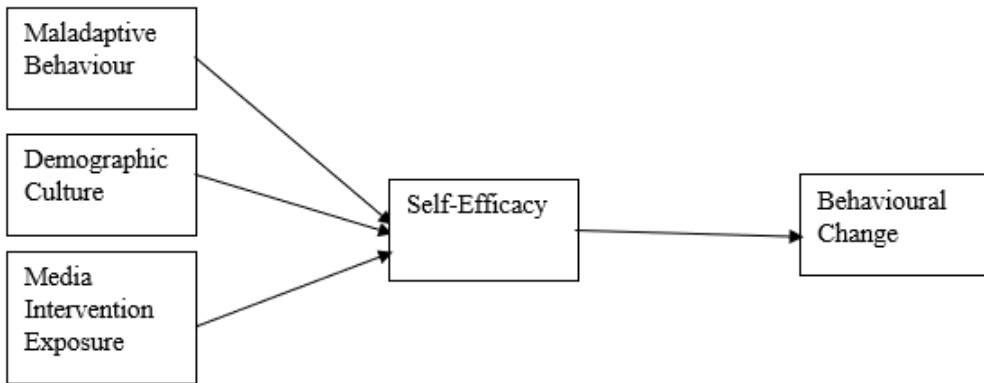


Figure 2: Malaysian Youth Mental Behavioural Change Model (MYBC).

One of the factors namely personality, moods & emotions was excluded from the model. The majority of the items in personality and emotion belong to demographic culture. The redundancy was eliminated and further confirms the three factors affecting self-efficacy and behavioural change among Malaysian youths.

RECOMMENDATIONS

Youths' Mental Health Support

To ensure that youths are better protected against mental health problems as well as further highlight 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 to adopt a more positive perspective on mental health (Ma, Anderson & Burn, 2023). Interventions aimed at enhancing the mental health and well-being of children and adolescents may have a broad impact on their developmental paths. This will lead to 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.

Additional benefits of improved mental health in children and adolescents include improved educational outcomes and a healthier lifestyle, such as a reduction in unhealthy risk

behaviours including 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 (Fazel & Kohrt, 2019). Since schools are where most young people spend their waking hours, they might be the ideal setting for promoting health and providing healthcare services. There is some consensus that school-based programs should assess clinical or cognitive issues as well as incorporate experiential activities involving the emotions and behaviour of children in order to prevent stigmatization (Fazel & Kohrt, 2019).

Many types of school-based and community-based interventions have been implemented for adolescents in many countries. There was more interest in using education-based than community-based intervention (Seedaket, Turnbull, Phajan, & Wanchai, 2020). This might be because adolescents are more likely to spend time in school than elsewhere. Therefore, interventions should be supported in schools to improve Mental Health Literacy (MHL). The authors concluded that education stand-alone intervention is likely to be effective in improving MHL among adolescents.

Positive youth development programs, some of which are conducted in schools, have a number of distinguishable characteristics identified by researchers. These programs aim to accomplish a number of objectives, including but not limited to fostering resilience, self-determination, spirituality, self-efficacy, clear and positive identity, belief in the future, pro-social norms (healthy standards for behaviour), and opportunities for positive behaviour (AlEssa & Durugbo, 2022).

Parenting Skills 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, but also thrive in the digital age (Leon-del-Barco et al., 2019). 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 when sharing images and other contents online, as well as their use of digital technologies throughout the day (Tran, 2020). Communication is vital in parenting. Parents can initiate and participate in a discussion about certain issues. The discussion can help parents and other adult carers in teaching their children to be skeptical about what they post online and to feel comfortable approaching their parents with any problems, worries, or difficulties. According to Richardson, Milovidov, and Schmalzried (2017), positive digital parenting means:

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

Adolescents who scored higher on positive and negative emotion differentiation have less depressed parents and reported feeling more securely-attached to their parents. The self-report of parental style by parents is significantly related to negative emotion differentiation scores, with less authoritarian parents having adolescents with higher negative emotion differentiation scores (Nimrod, 2020).

Although these correlational results cannot be used to infer causality or directionality, they do emphasize the fact that youth emotion differentiation develops in the context of family surroundings, such that parental well-being and parenting approaches may form or be formed by adolescent emotion differentiation (Starr, et al., 2020). The transition from childhood to adolescence is a time of significant emotional change as well as an increased risk for psychopathology. Hence, it is critical that we clearly understand how youths can best manage their emotional experiences and navigate this period of their lives.

A greater understanding of the development of emotion differentiation is critical, as it may provide insight into how normative changes in affective processes are related to an increased risk of psychopathology in adolescence (Nook, 2021).

Initiatives Available to Support the Mental Health of Malaysian Youths

Authorities and relevant bodies in Malaysia have long realized the need to support mental health issues. Numerous initiatives and policies have been developed to assist Malaysians in dealing with 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 adolescents and youths. This assistance and industry offer significant respite to the increasing mental health problems that Malaysians face.

Mental health services in the country draw upon the legal framework of the Malaysian Mental Health Act of 2001 which caters to mentally ill individuals, their admission into service units, and the subsequent diagnosis, treatment, and protection therein (Raaj et al., 2021). The Act also delegates the function of mental health services to three facility units in psychiatry hospitals, psychiatry nursing homes, and community mental health centres (MOH, 2017). In Malaysia, “mental health tends to be treated in general or psychiatric hospitals or primary care settings” (Beckstein et al., 2021). Notwithstanding the delegation, there is a strong recommendation for an integrated approach involving cooperation between the different facilities.

A comprehensive policy involving mental health services was drafted by the Ministry of Health (MOH), detailing its overall operation, divisions, and nature of services. The policy embodies the primary approach to mental health problems in the country through public institutionalization (Midin et al., 2018). The mental institution is perhaps the oldest and largest mental health service, with most of the financial provisions accorded to it (Midin et al., 2018). 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).

Mental health services are also provided in general hospitals, usually through the specialized psychiatric unit therein. Its function includes “acute inpatient services, services at the emergency departments, consultation-liaison services, planned and unplanned outpatient services, and specialized services” (Midin et al., 2018). A general psychiatrist will manage the

mental illness patients in hospitals where such a unit is unavailable. Those diagnosed with mental illness of greater complexity in the public hospital will be referred to another hospital with a specialized psychiatric unit or directly to one of the mental hospitals. In addition, all primary health centres 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 drafted by the MOH, children and adolescents are allocated their very own provisions. These young groups are entitled to a spectrum of services ranging from outpatient services to cooperation programs involving different entities such as schools and NGOs (MOH, 2017). Outpatient treatment entails the presence of either a general psychiatrist or an adolescent specialized one, with the diagnosis and decision-making being a conjoint process involving the guardians and educational and welfare entities.

Those suffering from severe depression, psychotic, or suicidal states can be admitted to the children and adolescent ward, supported by specially trained nurses. MOH (2017) also considered collaboration with various sectors such as NGOs, schools, caregiving clinics, and welfare with the integral psychiatric department. These latter entities, especially the NGO, play an important part in spreading public awareness as well as educating people on issues related to mental health.

Many mental health service systems observe and specify the difficulties that must be dealt with to pave the way for further advancement and improvement. The government has been aiming for a transition of the emphasis on mental health institutions into the greater involvement of comprehensive community service (Midin et al., 2018). This is made challenging by the issue of funding shortage, which forces the government to rely on the integrative strategy indicated above. Another challenge is the issue of manpower shortage, whereby only 410 psychiatrists are available throughout the entire nation, each one catering to a population of 100,000 (Beckstein et al., 2021). According to the MOH (2017), this also means a shortage of adolescent experts catering to the young population and “personnel to form multidisciplinary teams for the management of children and adolescents requiring psychiatric services”.

In addition, the shift towards digital health that can potentially advance the system even further is threatened by the problem of data vulnerability, the rural-urban digital divide, and the absence of any helpful framework for the digital Galen Centre for Health Policy (2018). Socio-cultural problem is also a significant concern, whereby the Malaysian population eligible for mental health treatment come from diverse ethnicities with distinct norms that may be categorically opposed to Western psychiatric practices (Beckstein et al., 2021). This is in addition to the social stigma surrounding mental illness and disorder, which is still thick among Malaysians, and generates debilitating effects on mental illness victims seeking help, especially the youths (Berry et al., 2019; Beckstein et al., 2021).

Mental Health and Media Intervention Exposure

For the past two decades, new media has become an increasingly important part of the lives of today's youths, thus presenting new challenges and new opportunities. A growing body of research has begun to identify social media experiences that may contribute to adolescents' mental health. More research is required as the digital media landscape continues to rapidly evolve. Much of the existing research relied on self-report measures of adolescent media

use and was conducted at a single point of time, making it impossible to draw definitive conclusions about whether media use precedes and predicts mental health outcomes or vice versa (Nesi, 2020).

In addition, the media has dramatically changed the way people communicate and interact over the last decade. However, it is unknown whether some of these changes may affect certain normal aspects of human behaviour and result in psychiatric disorders. Several studies have found a link between the long-term use of social media like Facebook and the signs and symptoms of depression (Holman et al., 2020).

Furthermore, some authors have suggested that certain social media activities may be associated with low self-esteem, particularly in children and adolescents. Other studies have produced contradictory results regarding the positive impact of social networking on self-esteem (Tao & Fisher, 2022). The link between social media use and mental health problems is still debatable, and research is fraught with difficulties. This concise review focuses on recent findings suggesting a link between social media and mental health issues such as depressive symptoms, changes in self-esteem, and internet addiction (Naslund et al., 2020).

CONCLUSIONS

Youths today have access to an unprecedented volume of digital content via various devices, including smartphones, tablets, desktops, laptops, and gaming consoles, making the media landscape broader and more diverse than ever. A crucial element of this ecosystem is social media. Social media, as opposed to traditional media, are broadly referred to as any digital tools or programs that enable user-to-user interaction (Nesi, 2020).

Furthermore, since social media includes a wide range of digital tools, describing its impact on young people remains difficult. Firstly, it is critical to comprehend personal traits that may make some teenagers more likely to use and respond to social media in adaptive or maladaptive ways. Furthermore, it is crucial to pinpoint the exact social media habits or experiences that can endanger teenagers. Abi-Jaoude, Naylor and Pignatiello (2020) mentioned that through social comparison and harmful interactions such as cyberbullying, social media can impact teenagers' self-perceptions and interpersonal connections. In addition, social media content frequently normalizes and encourages youth self-harm and suicidality.

Besides that, to gain a deeper knowledge of the connection between social media use and young people's mental health, it would be helpful to explore young people's expectations of online communication as well as their coping techniques when they encounter bad consequences (Shazleen et al., 2023).

In conclusion, mental health is a long-standing problem. Humans have faced difficulties with their mental health since the dawn of time. But as modern life's demands and complexity rise, so do people's stress and anxiety levels, raising awareness of mental health difficulties. Our comprehension and awareness of the importance of mental health also increase along with advances in human literacy and medical expertise.

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