

Discovering Mental Health of Malaysian Youth: A perspective from their Quality of Live study

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Abstract

Mental health has become one of the most concerning topics in youth development. The Malaysian Youth Index (MYI) is the national tool for measuring youth quality of life and the score of mental health indicator is 71.59 at level of Very Satisfactory. Nevertheless, the Malaysian Youth Mental Health Index (MyMHI) reported score is at the level of Moderately Satisfactory which is 71.91. Both studies applied a quantitative method by collecting data in deployed score, basically the same target age youth. However, MYI had varied facets of youth wellbeing whereas MyMHI narrowed to a mental health study amongst Malaysian youth.

Keywords: Malaysian Youth Index; Malaysian Youth Mental Health Index; Well-being; Youth Quality of Life

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1.0 Introduction

Mental health plays as part of essential dimensions towards individuals' wellbeing, especially youth. The implications reflect educational attainment, employment, social relations productivity and as well as the quality of life. The youth are quite most affected group to the mental health issue as regard of life staging involve huge transformation in such identity formation, academic qualification, enrolment of job, financial independency and maturity and so on with participation on social life. This pressure may lead to psychological effect as surrounded by ecosystem one lives in including family background, community condition, social support and access to appropriate facilities or services.

In Malaysia, the mental health of young people has gained debate that led to increasing policy and research attention. The study of Malaysia Mental Health Index (MyMHI) which was conducted by Institute for Youth Research (IYRES) with funded by UNICEF together collaborated with related stakeholders to develop a structured overview of the national landscape of mental health.

The Malaysia Youth Index (MYI) also one of the main research projects of IYRES that studied about quality and well-being of youth, provides a broader mechanism for measuring and monitoring aspects in youth development. This involves multidimensional structures that create opportunities to study mental health vividly such as influenced, relational, physical and environmental situations. Throughout Twelfth Malaysia Plan (12 Plan) had also acknowledged MYI as one of the Key Performance Indicators (KPI) in measuring the level of quality and Malaysian youth wellbeing and monitoring the effectiveness of policy, yet programs related to youth development. Nevertheless, these studies have often been separately reported and less than that had integrate multiple factors in one research that

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was particularly involving national dataset. As for this paper, is figuring out the factors influencing mental health among Malaysian youth based on the outcome of MYI together with MyMHI and conduct the possible connectivity towards the wellbeing and quality of life. Various aspects have been taken into consideration such as education, economics, health, values and digital as the main domains and yet as linked to demographic backgrounds. For records, MYI is the serial studies that conducted in conservative years to create a comprehensive comparison towards the wellbeing and quality of life of Malaysian youth, while the MyMHI is pioneering in the area exploring mental health issues among youth with certain elements cover such as lifestyle; surrounding environment; personal characteristics; life experiences; social support; coping mechanism and healthy mind.

1.1 Research Objectives

This study aims to:

- i. Examine the mental health status of Malaysian youth using evidence from the Malaysian Youth Index (MYI) and the Malaysian Youth Mental Health Index (MyMHI'23).
- ii. Identify the key domains and indicators associated with youth mental health, well-being and quality of life across the two indices.
- iii. Examine the relationship between the broader quality of life dimensions captured by the MYI and the more focused mental health dimensions captured by MyMHI'23.
- iv. Identify implications for youth mental health promotion, prevention and support based on the patterns observed in the national index findings.

1.2 Research Questions

The study is guided by the following research questions:

RQ1: What is the reported level of mental health among Malaysian youth based on the MYI and MyMHI'23?

RQ2: Which domains and indicators show relatively greater or lesser levels of satisfaction in relation to Malaysian youth mental health?

RQ3: How do the findings of the MYI and MyMHI'23 complement one another in understanding youth quality of life and mental health?

RQ4: What are the implications derived from the findings for policy, community, family and youth level mental health promotion?

1.3 Significance of the Study

The study is significance because it brings together two national monitoring frameworks that examine youth well-being from different but complementary perspectives. The MYI provides broader quality of life and youth development perspectives, while MyMHI'23 provides a more focused assessments of mental health in related domains. This integrated aspect is consistent with contemporary public mental health approaches, which recognize that young people's mental health is shaped by individual, relational, social, economic and environmental conditions rather than by individual characteristic alone (World Health Organization, (WHO), 2024)

2.0 Literature Review

Contemporary literature conceptualizes youth mental health as a multidimensional outcome shaped by interacting individual, family, school, community, economic and environmental determinants. The World Health Organization (WHO, 2024a) emphasizes that mental health risks and protective factors operate at multiple levels, including emotional skills, social relationships, poverty, violence, inequality, education, employment and community conditions. Similarly, WHO and UNICEF (2024) highlight the importance of accessible, age-appropriate and community-based mental health services, while noting that stigma, affordability and limited-service availability can prevent young people from receiving support.

Social support is particularly relevant to youth well-being. Evidence reviewed by WHO indicates that supportive family, peer and community relationships can strengthen resilience and provide resources for coping with adversity (WHO, 2024a). International monitoring evidence also shows that social support and school-related pressures are closely connected with young people's well-being, reinforcing the need to consider the social environment alongside individual psychological characteristics (WHO Regional Office for Europe, 2024). These findings support the inclusion of family environment, social support, stress management and healthy mind dimensions within MyMHI'23.

The digital environment is another increasingly relevant determinant. WHO identifies exposure to digital and social environments as part of the wider context affecting young people's mental health (WHO, 2024b). This is particularly relevant to the Malaysian context because the MyMHI'23 framework explicitly includes social media within the surrounding-environment domain. The inclusion of this indicator allows the national index to capture contemporary forms of social interaction and exposure that may not be adequately represented in conventional measures of physical or economic well-being.

From a measurement perspective, population-level indicators can support surveillance, benchmarking and policy planning, but they should not be interpreted as substitutes for clinical assessment. WHO's Global Action for Measurement of Adolescent Health recommends combining indicators across social, economic, educational and environmental determinants, health behaviors, subjective well-being and health outcomes to support comprehensive monitoring (WHO et al., 2024). This principle is consistent with the complementary use of MYI and MyMHI'23 in the present paper.

Taken together, the literature indicates a need for a multidimensional framework that connects mental health with quality of life and the environments in which young people live. The present study contributes to this perspective by bringing together national index

evidence on youth development and mental health, while recognizing that the two instruments measure related but non-identical constructs.

The multidimensional nature of mental health has encouraged the development of population-level indices that enable governments and relevant agencies to monitor youth well-being systematically. In Malaysia, this approach is reflected in the Malaysian Youth Index (MYI) and, more specifically, the Malaysia Mental Health Index (MyMHI). The MYI is a national measurement instrument developed and designed as a benchmark for monitoring the quality of life and well-being of Malaysian youth. The Malaysian Youth Index 2021 - 2024 consists of six domains and 41 indicators. The six domains are: 1) Education; 2) Economy; 3) Mental and Physical Well-being; 4) Political Socialization, Nationhood and Democracy; 5) Values and Identity; and 6) Media and Digital Citizenship.

Within the MYI, mental health is incorporated into the Mental and Physical Well-being domain. The combination of mental and physical well-being recognizes that psychological and physical health are closely interconnected. Physical activity, sleep, dietary practices, health status, stress, substance use, and access to healthcare may affect emotional well-being. Similarly, poor mental health can influence physical functioning, health-related behavior, educational performance, employment, and social participation. The main strength of this domain is its ability to provide a broad population-level indication of the health and well-being of Malaysian youth. It can identify whether the mental and physical well-being of youth is improving, remaining stable, or deteriorating over time. When interpreted alongside the other domains of the Malaysian Youth Index, it also provides an opportunity to examine whether changes in health correspond with changes in economic, educational, social, civic, or digital conditions.

The index should not be interpreted as a clinical diagnostic instrument. Its primary purpose is to assess mental health conditions and related factors at the population level. It can identify domains that require attention, compare patterns across groups, and inform preventive strategies and policy interventions. Clinical diagnosis, by contrast, requires individual assessment by appropriately qualified health professionals. MyMHI'23 comprises seven domains supported by 28 indicators. The domains are: 1) Lifestyle; 2) Environment; 3) Individual Personality; 4) Life Experiences; 5) Social Support; 6) Stress Management; and 7) Healthy Mind. These domains reflect the multidimensional nature of youth mental health and incorporate behavioral, environmental, psychological, experiential, and interpersonal influences.

Consequently, mental health interventions should include environmental and structural improvements in addition to programs aimed at changing individual behavior. Therefore, personality is best understood as one component within a wider mental health system. A strong personal disposition may protect against adversity, but persistent environmental or social pressures may still negatively affect well-being. The Life Experiences domain recognizes that previous and current life events may affect psychological health. Experiences such as bereavement, bullying, family conflict, abuse, discrimination, academic failure, job loss, poverty, or relationship breakdown may increase emotional vulnerability.

However, similar experiences may affect individuals differently. Their effects can depend on severity, duration, age at exposure, personal interpretation, coping capacity, and the availability of social or professional support. The importance of life experiences is consistent with previous literature identifying negative life events as a major contributor to youth mental health problems. Measuring life experiences allows researchers and policymakers to consider the social and historical circumstances that may shape young people's present psychological conditions. Social Support refers to the emotional, informational, practical, and professional assistance available to young people. Sources of support may include parents, siblings, extended family members, friends, teachers, employers, community organizations, counsellors, and mental health professionals. Supportive relationships may reduce loneliness, strengthen a sense of belonging, improve coping, and provide young people with opportunities to discuss problems.

In contrast, the absence of trustworthy and accessible support may intensify isolation and leave young people to manage difficulties alone. Social support can also moderate the effects of adversity. Coping strategies may be problem-focused, emotion-focused, social, recreational, spiritual, or physical. Adaptive stress management may include problem-solving, seeking assistance, exercising, engaging in leisure activities, maintaining supportive relationships, practicing relaxation, or obtaining professional help. The effectiveness of a coping strategy may depend on the nature and duration of the problem. Temporary distraction may be beneficial in the short term, but persistent problems may require practical intervention or professional support. Therefore, measuring stress management provides insight not only into the amount of pressure experienced by youth but also into the resources they use when responding to it. The Healthy Mind domain is closely related to the cognitive, emotional, and psychological functioning of young people. It may reflect positive thinking, emotional stability, hopefulness, self-acceptance, rational decision-making, and the ability to experience meaning and purpose. Persistent negative thinking, hopelessness, emotional dysregulation, or difficulty performing daily responsibilities may indicate reduced mental well-being. The Healthy Mind domain can therefore be viewed as a central outcome-related component of MyMHI'23. In contrast, the other domains represent conditions and resources that may support or undermine psychological well-being.

The two indices should be considered complementary rather than interchangeable. The MYI provides the wider developmental context, while MyMHI'23 provides greater depth regarding psychological, interpersonal, behavioral, and environmental factors. For instance, a decline in the Mental and Physical Well-being domain of the Malaysian Youth Index may serve as an early national warning. MyMHI'23 can then be used to investigate which specific mental health domains appear to be weaker or require intervention. Nevertheless, direct numerical comparisons between the two indices should be made cautiously. Their scores may be based on different constructs, indicators, weighting procedures, measurement scales, and classifications.

3.0 Methodology

This study of Malaysian Youth Index (MYI) and Malaysia Mental Youth Index (MyMHI) had gone through a quantitative method by collecting data in the field. This paper indicates a cross-sectional and correlational research design in both studies to come out with a

version of itself.

Research samples had been selected using a consensus block provided by the Department of Statistics Malaysia (DOSM) that covers demographic background, such as age, gender, ethnicity and locality, for both research targeted youth at the age of 18 to 30 years old, yet to align with Malaysian Youth Policy.

In ensuring the study accuracy and accurately representing the large population of Malaysian youth, this study uses stratified random sampling. This led to a probability in which the population is divided into homogeneous subgroups based on shared characteristics, and the selection of each sample is random and by chance. This technique produces more accurate and reliable results and could reduce sampling errors.

As the collection of data using a quantitative method involves IYRES Community Enumerators (ICE) as the authorities to collect data from local individuals who had met certain criteria to be selected as respondents for the research. The questionnaire was generated through a survey system that the institution owned, namely IYRES Research Survey System (iGREAT), which was assigned to the field enumerators for data collection and was monitored by supervisors in each state, who were also in the ICE group. A structured formula was developed with experts of the research team to provide an exclusive finding that was reported in a score. Due to certain weightage associated with each domain that contributed to the main score, and as discussed, compared with related research.

4.0 Findings

This section brings up the findings of both studies, MYI and MyMHI, as related to one another. As in the study measuring the level of well-being and quality of life of Malaysian youth, the score of mental health indicators could be further discussed significantly with the findings of the mental health index. Here are the findings that consist of demographic background, MYI score on mental health and MyMHI indicators results.

4.1 Respondent Background of MYI study

Table 1: Respondent's Profile of MyMHI study 2023
(Malaysian Youth Index, 2024)

Demographic Profile	Percentage (%)
Gender	
Male	49.45
Female	50.55
Locality	
Urban	66.87
Rural	33.13
Age Group	
Early youth (15 – 18 years old)	31.00
Middle youth (19 – 24 years old)	34.82
Late youth (25 – 30 years old)	34.18
Races	
Malay	57.85
Chinese	18.08
Indian	10.35
Bumiputera Sabah	6.74
Bumiputera Sarawak	3.17
Bumiputera Orang Asli	0.31
Others	3.50
Income Amount	
No income	46.46
Less RM2,500	35.01
RM2,501 – RM4,850	14.90
RM4,851 – RM10,970	3.17
More RM10,970	0.46

According to Table 1 above, the majority of MyMHI samples are Malays than other races, but in terms of gender, there are quite small differences in percentage. Most respondents represent urban areas that are more than half a per cent of rural areas. From the age background, the three categories are quite similar, but the early youth are the smallest group. As a parallel to that, the income amount background stated that no income is the highest percentage, as the majority of respondents.

4.2 Scores value of MHI and MyMHI

As mentioned, mental health is one of the indicators in the Physical dan Mental Health Wellbeing in MYI whereas for MyMHI there are following domains and supported indicators that contributed to the overall score of youth mental health in this study. This table below illustrated the overall findings to be review.

Table 2: Score Values of MHI and MyMHI'23

Malaysian Youth Index (MYI)	Malaysia Youth Mental Health Index 2023 (MyMHI'23)
Year 2021: 85.03 (Very Satisfactory)	MyMHI'23: 71.91 (Moderately Satisfactory)
Year 2022: 88.56 (Very Satisfactory)	1. Lifestyle: 71.44 (Moderately Satisfactory)
Year 2023: 68.69 (Moderate)	2. Surrounding Environment: 65.46 (Moderately Satisfactory)
Year 2024: 86.35 (Very Satisfactory)	3. Personal Characteristics: 71.65 (Moderately Satisfactory)
	4. Life Experience: 88.51 (Satisfactory)
	5. Social Support: 68.29 (Moderately Satisfactory)
	6. Coping Mechanism: 71.92 (Moderately Satisfactory)
	7. Healthy Mind: 66.10 (Moderately Satisfactory)

Table 2: Score Values MyMHI'23 Domains and Indicators

Domains	Indicators
1. Lifestyle: 71.44 (Moderately Satisfactory)	i. Level of health: 71.00 (Moderately Satisfactory) ii. Food Intake: 64.38 (Moderately Satisfactory) iii. Finance: 63.60 (Moderately Satisfactory) iv. Risky Behavior: 74.72 (Moderately Satisfactory) v. Social Relationship: 78.91 (Moderately Satisfactory) vi. Life Balance: 76.05 (Moderately Satisfactory)
2. Surrounding Environment: 65.46 (Moderately Satisfactory)	i. Social media: 74.15 (Moderately Satisfactory) ii. Physical environment: 58.73 (Dissatisfactory) iii. Safety: 69.40 (Moderately Satisfactory) iv. Social Expectation: 58.82 (Moderately Satisfactory) v. Family Environment: 66.22 (Moderately Satisfactory)
3. Personal Characteristics: 71.65 (Moderately Satisfactory)	i. Self-worth: 69.60 (Moderately Satisfactory) ii. Autonomy: 70.95 (Moderately Satisfactory) iii. Life purpose: 70.10 (Moderately Satisfactory) iv. Emotional regulation: 60.86 (Moderately Satisfactory) v. Spirituality: 80.13 (Satisfactory) vi. Resilience: 74.96 (Moderately Satisfactory) vii. Self-efficacy: 74.95 (Moderately Satisfactory)
4. Life Experience: 88.51 (Satisfactory)	i. Abuse: 88.47 (Satisfactory) ii. Stigma and discrimination: 87.59 (Satisfactory)
5. Social Support: 68.29 (Moderately Satisfactory)	i. Friends: 65.66 (Dissatisfactory) ii. Family members: 75.11 (Moderately Satisfactory) iii. Significant others: 67.56 (Moderately Satisfactory) iv. Expert: 64.84 (Moderately Satisfactory)
6. Coping Mechanism: 71.92 (Moderately Satisfactory)	i. Stress management: 71.92 (Moderately Satisfactory)
7. Healthy Mind: 66.10 (Moderately Satisfactory)	i. Depression: 63.11 (Moderately Satisfactory) ii. Anxiety: 69.08 (Moderately Satisfactory)

There had been changes in the outcome trends of the mental health indicator reported in MYI from 2021 to 2024. The level is considered satisfactory overall, but in 2023, it had a slight decrease to score 68.69, which is at the level of Moderate, where the other scores were 85.03 in 2023, 88.56 in 2022 and 86.35 in 2024. Thus, it is parallel with MyMHI main outcome as the reported score is 71.91 at the level of moderately satisfactory. This value indicates that Malaysian youth are at moderate risk of facing mental health problems during the time that the research was conducted, which was in 2023. This level of moderately satisfactory also suggests that the Malaysian mental health status is neither outstanding nor significantly harmed. The score of 71.91 could also be translated as even though it is considered moderately satisfactory, there are chances of stressors leading to potential mental health problems. As for this MyMHI study had resolved with four levels, which are Very Dissatisfactory score at 0 – 25; Dissatisfactory score around 26 – 50; Moderately Satisfactory score 51 – 75; and Satisfactory score on 76 and above up to 100.

As the MyMHI had seven domains, the breakdown of each score could be at a moderately satisfactory to satisfactory level, and the trend scoring is around 60 to 89. This shows that Malaysian youth are less affected by mental health issues, according to certain aspects, as stated in the domains. The lowest score reported from the domain Surrounding Environment is 65.46 at the level of Moderately Satisfactory. This suggests that enhancement of supportive aspects is needed, as stated from the findings are social media, safety, family environment, social expectation and physical environment. There is a close relationship between mental issues and the rapid rise of social media.

For the lifestyle domain, a score of 71.44 is at a moderately satisfactory level, suggesting that many youths are trying to maintain a relatively balanced lifestyle, which benefits their mental health. There are 6 indicators related to this domain, which are life balance (score 76.03), social relationship (score 78.91), risky behavior (score 74.72), level of health (score 71.00), food intake (score 64.38), and finance (score 63.60). All six are related to an individual's daily life cycle. This indicates that two out of six domains were at the level of satisfactory, and the rest were moderately satisfactory. The second domains are surrounding environment also at moderately satisfactory level that suggests that still it has potential stressor and challenges that could impact the mental health and well-being of Malaysian youth. The five related indicators are social media score of 74.15; safety scores of 69.40; family environment score of 66.22; social expectation score of 58.82; and physical environment score of 58.73. All these indicators are at a level of moderately satisfactory. The third domain of MYI is personal characteristics that consist of 7 related indicators, which score a score of 8013 in the satisfactory

level, such as spirituality. The other five indicators are at a moderately satisfactory level, with resilience 74.96, self-efficacy 74.95, autonomy 70.95, self-worth 69.60, and emotional regulation 60.86.

There is one domain that the indicators are all fully at level satisfactory, which is the life experience domain, indicating that the majority of Malaysian youth are likely to experience negative events in their lives, such as bullying and abuse. The indicators are bullying score of 89.47; abuse score 88.47 and stigma and discrimination score 87.59. The fifth domain is social support, which lists out 4 indicators that contribute to social support, which are experts, friends, family members and significant others. As family members indicators score the highest in this domain, which is 75.11 in level of satisfactory, while the rest three indicators are at level of moderately satisfactory that significant others score 67.56; friends score 65.66; and scored 64.84 were experts. Based on this score, it is signified that Malaysian youth received inadequate support from those related to the stated indicators.

For the sixth domain coping mechanism, which only has a single indicator for it, stress management is at a moderately satisfactory level, with a score of 71.92. This reflects that youth possess a reasonable ability to handle and manage various stresses and challenges they encounter. However, there are four listed top strategies applied by Malaysian youth, which are engaging in leisure activities (93.57%); spending time with family and friends (89.80%), engaging in worship or spiritual practices (87.01%) and spending time on outdoor activities (86.66%). The healthy mind domain is the last domain of MYI that has two indicators, still at a moderately satisfactory level. These domains suggest that our youth are moderately at risk of emotional disturbance or disruptive feelings. The indicators are anxiety score 69.08 and depression score 63.11.

4.2 Limitation of the Study

Several limitations should be considered when interpreting the findings. First, both datasets are based on cross-sectional quantitative designs; therefore, the observed patterns should not be interpreted as evidence of causal relationships between specific factors and mental health outcomes. Second, the comparison is based on index-level scores and domains from two instruments with different constructs, indicators, weighting procedures and classifications. Consequently, direct numerical comparisons between MYI and MyMHI'23 should be interpreted cautiously, as already noted in the literature review.

Third, the measures are population-level indicators rather than clinical diagnostic assessments. The findings therefore indicate patterns of well-being and potential areas of concern but cannot establish individual mental health diagnoses. Fourth, the study relies on structured survey responses, which may be affected by self-report and response-context effects. Fifth, the present paper focuses primarily on national-level patterns and does not undertake detailed subgroup or longitudinal modelling that could explain differences across gender, locality, age, ethnicity or socioeconomic background.

Finally, the methodology section states that the target age was 18–30 years, whereas the respondent profile table includes an early-youth category of 15–18 years. This age-range difference should be clarified in the final manuscript to ensure consistency between the sampling description and the reported respondent profile. These limitations do not invalidate the descriptive value of the indices, but they indicate that the findings are most appropriately used for population monitoring, hypothesis generation and policy planning.

5.0 Discussion

From the perspective that the score of MyMHI is quite promising, but it still some stressor especially related to domains of surrounding environment, social support and healthy mind. Might consider having proper monitoring or suggested evaluation in addressing this element to prevent others issues related rises that concerning among Malaysian youth. Those studies are valuable because they transform complex information into indicators that can be monitored, compared, and communicated to policymakers. Changes in scores can help identify domains that are improving, areas that are deteriorating, and population groups that may require additional support. The Malaysian Youth Index supports broad youth development planning by showing how mental and physical well-being relate to education, economic conditions, identity, civic development, and digital life. MyMHI'23 provides a more focused evidence base for mental health promotion, early prevention, support services, and targeted interventions. The indices may also assist in shifting policy from a reactive approach towards prevention. Mental health action should not begin only after a young person develops severe symptoms or receives a clinical diagnosis. Early intervention can be introduced when population-level evidence indicates weaknesses in social support, environmental conditions, coping capacity, healthy lifestyles, or psychological functioning. However, index findings should lead to concrete interventions rather than serving only as reporting statistics. Low social support scores, for example, should be linked to stronger family support, peer networks, school counselling, workplace assistance, community services, and accessible professional care. Weak environmental scores may require improvements in housing, educational settings, workplaces, community safety, recreational spaces, and digital environments.

6.0 Conclusion & Recommendations

The findings suggest that recommendations should be aligned with the domains showing relatively lower scores, particularly surrounding environment, social support, emotional regulation, finance, food intake and the healthy mind indicators. The following recommendations are proposed:

- a. Strengthen integrated, preventive youth mental health programs. Government agencies and youth-serving organizations should use MYI and MyMHI'23 findings as monitoring tools to identify areas requiring early prevention, while linking population-level monitoring to accessible counselling, psychosocial support and referral pathways.

- b. Strengthen family, peer and community support. Programs should equip parents, peers, educators, employers and community organizations with practical skills for communication, early recognition of distress, supportive responses and appropriate referral. This is consistent with evidence that supportive relationships are important protective factors for young people's mental health (WHO, 2024a).
- c. Improve the surrounding environment. Interventions should address safety, family environment, social expectations, physical environments and digital spaces. Cross-sector collaboration involving education, community development, employment, housing, digital platforms and health services can help address determinants that extend beyond clinical care (WHO, 2024a, 2024b).
- d. Strengthen coping and emotional skills. Youth programs should incorporate evidence-informed stress-management, problem-solving, emotional regulation, help-seeking and social-emotional skills, while ensuring that individual coping programs are complemented by action on structural stressors.
- e. Improve monitoring and longitudinal evidence. Future rounds of MYI and MyMHI should, where feasible, maintain consistent indicators and sampling definitions so that changes over time can be examined more robustly. Future research should also test relationships between specific domains and mental health outcomes using multivariate and longitudinal approaches.
- f. Translate index findings into measurable program outcomes. Agencies implementing youth mental health initiatives should establish indicators that connect identified needs with program reach, service utilization, participant experience and changes in relevant well-being outcomes. This would strengthen the link between national monitoring and program evaluation.

These findings also suggested from MYI that it takes several parties into accountability which are the concept of National Key Youth Development Area (NKYDA) involving 10 Implementors Group namely family; society; NGO; Ministry and Federal Agencies; State Government; Media; Educational dan Research Institution; Government and Private Companies; Political Leadership; and Youth NGO & Individual. As mental health is stated under Health Domain in MYI, that on the Tier 2 assessment which needed for intervention and observation approach in making sure the level of health especially mental health among youth in better stake for future undertaking.

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Paper Contribution to Related Field of Study

We hope that this study will be a reference for everyone involved in planning and development of youth programs in Malaysia.

References

- Institute for Youth Research Malaysia. (2015). Malaysian Youth Index 2015. Ministry of Youth and Sports Malaysia.
- Institute for Youth Research Malaysia. (2017). Facts and figures: Malaysian Youth Index 2017. Ministry of Youth and Sports Malaysia.
- Institute for Youth Research Malaysia. (2019). Facts and figures: Malaysian Youth Index 2019—Measuring Malaysian youth quality of life and well-being. Ministry of Youth and Sports Malaysia.
- Institute for Youth Research Malaysia. (2021). Facts and figures: Malaysian Youth Index 2020—Measuring Malaysian youth quality of life and well-being. Ministry of Youth and Sports Malaysia.
- Institute for Youth Research Malaysia. (2022). Facts and figures: Malaysian Youth Index 2021—Measuring Malaysian youth quality of life and well-being. Ministry of Youth and Sports Malaysia.
- Institute for Youth Research Malaysia. (2024a). Facts and figures: Malaysian Youth Index 2023. Ministry of Youth and Sports Malaysia.
- Institute for Youth Research Malaysia. (2024b). Malaysian Youth Mental Health Index 2023: Facts and figures. Ministry of Youth and Sports Malaysia.
- Institute for Youth Research Malaysia, & United Nations Children's Fund. (2024). Malaysian Youth Mental Health Index 2023. UNICEF Malaysia.
- World Health Organization. (2024a). Mental health of children and young people: Service guidance. <https://www.who.int/publications/i/item/9789240100374>
- World Health Organization. (2024b). Mental health. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization, UNAIDS, UNESCO, UNFPA, UN Women, World Bank, & World Food Program. (2024). The adolescent health indicators recommended by the Global Action for Measurement of Adolescent Health: Guidance for monitoring adolescent health at country, regional and global levels. <https://www.who.int/publications/i/item/9789240092198>
- World Health Organization Regional Office for Europe. (2024). Rising school pressure and declining family support especially among girls: Findings from the Health Behavior in School-aged Children study. <https://www.who.int/europe/news/item/13-11-2024-rising-school-pressure-and-declining-family-support-especially-among-girls--finds-new-who-europe-report>

World Health Organization & United Nations Children's Fund. (2024). Mental health of children and young people: Service guidance. World Health Organization. <https://www.who.int/publications/i/item/9789240100374>