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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 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.

DOI:

2.0 Literature Review

A systematic literature review on youth mental health conducted by Sheikh Omar and Mohd Nasir identified four broad factors associated with the development of positive or poor mental health: family institutions, negative life experiences, school or environmental conditions, and socioeconomic status. These findings suggest that youth mental health cannot be adequately explained through individual psychological characteristics alone. Instead, it should be studied as a multidimensional outcome influenced by both protective and risk factors.

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 Socialisation, 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 recognises 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 behaviour, 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 behavioural, environmental, psychological, experiential, and interpersonal influences.

Consequently, mental health interventions should include environmental and structural improvements in addition to programmes aimed at changing individual behaviour. 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 recognises 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 organisations, 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, practising 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, behavioural, 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.

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 behaviour (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.

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

For MyMHI had suggested three main recommendations that should be taken into consideration of related stakeholders which first are intervention at government and policy level; secondly at community level dan lastly at family and youth level. This also in conjunction with 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.

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