

Understanding the rise of teenage depression in Malaysia: Trends, causes, and societal impact



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ARTICLE INFO

Article history:

Received 8 June 2023

Received in revised form

9 March 2024

Accepted 13 March 2024

Keywords:

Teenage depression

Mental health trends

Malaysia

Qualitative research

Societal awareness

ABSTRACT

Teenage depression involves feelings of sadness, gloom, regret, unhappiness, suffering, and a diminished interest in many activities, which can lead to a decrease in an individual's potential. This condition can result in inconsistent behavior and negatively impact an individual's quality of life and health, potentially leading to thoughts of suicide. Therefore, this study focuses on the severe impact of teenage depression on young people in Malaysia to increase societal awareness of the seriousness of the issue. The research method employed is a qualitative analysis of existing documents conducted through library research to examine the background and trends of teenage depression in Malaysia. The findings reveal a rise in cases of teenage depression from 2006 to the current period, driven by various factors that urgently require attention from all stakeholders to improve and ensure a more harmonious life.

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1. Introduction

Studies indicate a rise in mental health issues like depression, psychosis, stress, phobias, and anxiety in recent decades (Rajab, 2017). The WHO (2017) notes that depression affects around 300 million people globally. Adolescents are particularly vulnerable to psychological disorders due to physiological, psychosocial, and cognitive changes during their formative years. This research aims to explore the prevalence of depression and severe depressive symptoms among teenagers in Malaysia, emphasizing the critical nature of this issue in hopes of raising public awareness.

Often, individuals with depression do not recognize their condition, which can lead to significant mental instability and profound suffering (Petito et al., 2020). Depression is categorized as a

psychiatric disorder and is characterized by pervasive sadness, anxiety, and negative emotions that are typically normal reactions to life's challenges. However, when these feelings intensify, they can lead to severe emotional disturbances, resulting in overwhelming sadness, indecision, shame, and neglect of personal care (Horwitz et al., 2016). Such emotional instability can also cause a loss of interest in previously enjoyable activities, leading to grief and an inability to maintain daily routines or focus on life (Razzak et al., 2019). Alarmingly, severe depression in teenagers may result in suicidal behaviors (Thapar et al., 2012). There are nine recognized symptoms that are indicative of depression:

1. Prolonged sadness that occurs almost daily within two weeks.
2. Loss of interest in doing activities previously enjoyable activities.
3. Loss of appetite or body weight (~5 percent) in a very short time.
4. Change in the pattern of sleep, whether insufficient (insomnia) or excessive (hypersomnia) sleep.
5. Frequently lethargic.
6. Easily feel guilty and useless.

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<https://doi.org/10.21833/ijaas.2024.03.025>

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7. Unable to focus and pay attention.
8. Have thoughts of committing suicide and even make plans to do so.
9. Job and social aspects are affected.

Ishak et al. (2020) stated that one can be diagnosed with depression if he shows a minimum of five out of nine symptoms. Nevertheless, the symptoms have to be obvious on a daily or almost daily basis for at least two weeks. Once diagnosed with depression, there is a tendency that the problem will recur in the future. The severity of depression also differs among men, women, adults, teenagers, or children depending on factors like family history, the number of times depression occurs, psychotic elements such as hallucination or delusion, and genetic influence (Mohamad and Leong, 2020). From the clinical aspect, the diagnosis of mental illness is based on the fifth edition of the Diagnostic and Statistical Manual for Mental Disorders and the tenth edition of the International Statistical Classification of Diseases and Related Health Problems (Ogundele, 2018).

2. Methodology

This study focuses on content analysis that has the potential to be used in studies related to the issue and reality of teenage depression in Malaysia. Document analysis is the approach for collecting relevant qualitative data to fulfill the needs of the study objectives. It encompasses studies on the background of the problem of depression, its factors and symptoms, the effects of depression among adolescents, and so on. According to Lebar (2006), the document analysis may be carried out on local secondary data as well as foreign secondary data. Library research is conducted in the quest to obtain both primary and secondary data and content analysis on sources related to the subject of study. Lebar (2006) also adds that for the present and the future, sources for the data can also be obtained online. With the evolution of Communication and Information Technology (ICT), various communication channels and access to information acquired using dynamic search engines enable details on any field to be easily obtainable through ICT. Content analysis on electronic online materials can be obtained from websites, e-documents/e-books, computer software, and smartphone apps (Google Playbooks, iBook, eCentral). The primary data used is from a survey conducted by the National Health Morbidity Survey (NHMS), overseen by the Ministry of Health Malaysia as an authoritative body on adolescent mental health issues in Malaysia, spanning from 2012 to 2022 (IKU, 2017). The data from the survey are crucial for determining the trends in teenage depression statistics and the factors contributing to this issue. All documents related to the review study can be accessed through the Ministry of Health Malaysia's website. Furthermore, secondary data has been obtained using the My Thesis Online website, which collects

studies at the master's and PhD levels. Based on the research topic, the researcher has chosen to conduct a study focusing on specific themes using the historical review method, which is centered on doctoral philosophy theses and master's dissertations only. The selected terms are adolescents, mental health, and depression. The search findings revealed 31 studies related to depression among adolescents in Malaysia. The researcher has also utilized those themes to obtain journal articles through the Google Scholar database. Data analysis using the document analysis method will be conducted using both inductive and deductive approaches. The deductive method is an approach to data analysis that involves analyzing general data to draw specific conclusions. On the other hand, the inductive method is an approach to data analysis that involves analyzing specific data to draw general conclusions.

3. Findings and discussions

3.1. Teenage depression

The Dewan and Pustaka dictionary explains that adolescence means the beginning of adulthood, reaching puberty, and being of the age to get married. Yahya (2021) viewed adolescence as the age between 11 and 21 years. Puteh (2001) has divided adolescence into early adolescence, which is around the age of 12 to 16 years, and late adolescence, ranging from 16 years to 25 years. This differs from Havinghurst in Jasmi et al. (2017), who set early adolescence from 12 to 18 years and late adolescence from 18 to 22 years. Internationally, the United Nations Educational, Scientific, and Cultural Organization (UNESCO) states that the adolescent age ranges from 15 to 30 years. The development of adolescents varies from one to another due to different backgrounds and life experiences. The development of an individual teenager also heavily depends on their environment (Jasmi et al., 2017). Therefore, the critical period of adolescence is when teenagers start puberty until they reach around eighteen years old. During this time, teenagers will begin to demand their freedom and rights, expressing their own opinions that may lead to conflicts and tensions if not shaped and educated with religious guidance.

There are some factors that lead to depression, such as ignorance of the nature of life, fear of failure, fear of misfortune, fear of death, and weakness in pursuing ambitions. From a clinical science point of view, Mohamad and Leong (2020) explained many factors lead to depression. The nine main factors identified are (1) genetic factors, (2) gender, (3) childhood traumatic experiences like physical or sexual abuse or neglected family, (4) negative perception of oneself and others, (5) social factors, (6) chronic illnesses such as cancer, stroke, and heart attack, (7) social economic status, (8) brain anatomic change, and (9) neurotransmitter change in the brain. Generally, teenage depression is no different

from adult depression, but that fact is determined by the family history that relates to genetic factors. Therefore, Burns et al. (2002) highlight six main factors of teenage depression, which are (1) lack of communication skills, (2) personal history such as the death of loved ones, (3) becoming pessimistic by turning self-weakness into something frustrating, (4) having parents who suffer from depression can result in 40% of the children to suffer from depression from as early as 20 years old and another 60% from the age of 25, (5) low self-esteem can result in the teenagers to suffer from lack of competitive edge in the academic field, as well as social and physical aspects and (6) lack of social skills may incur negative perception on social ability, self-ability and peer acceptance (Burns et al., 2002). Ishak et al. (2020) stated that one can be diagnosed with depression if he shows a minimum of five out of nine symptoms. Nevertheless, the symptoms have to be obvious on a daily or almost daily basis for at least two weeks. Once diagnosed with depression, there is a tendency that the problem will recur in the future. The severity of depression also differs among men, women, adults, teenagers, or children depending on factors like family history, the number of times depression occurs, psychotic elements such as hallucination or delusion, and genetic influence (Mohamad and Leong, 2020).

3.2. Types of depressions

Experiencing mood changes and feelings of sadness is a common response when individuals face life challenges such as deaths, divorces, job losses, or economic instability (Zulkipli et al., 2023a). It is normal for people to feel sad or grieve under such circumstances (MMHA, 2022). However, sadness differs from feelings of wistfulness or gloominess in terms of the depth of sadness experienced and the impact it has on one's life. For example, a wistful person might retain some self-confidence, but if this feeling intensifies uncontrollably, it can turn into gloominess, leading to a loss of self-confidence and feelings of worthlessness or even self-loathing. These initial emotional changes, such as signs of stress and grief, are important to recognize early (Sharifah Basirah, 2017). If these feelings are not addressed, they may escalate into more serious conditions, including mental health issues, mental disorders, depression, and anxiety.

Depression can be categorized into two broad types: one associated with general feelings of gloom and the other being a diagnosable mental disorder. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), depression is classified into various specific types: major depressive disorder, persistent depressive disorder (also known as dysthymia), premenstrual dysphoric disorder, substance-induced depressive disorder, psychotic depression, Seasonal Affective Disorder (SAD), bipolar disorder, teenage depression, and postpartum depression:

1. Major depression disorder or unipolar depression: This type of depression is severe and involves at least five symptoms lasting continuously for more than two weeks. These symptoms include sadness, loneliness, feelings of worthlessness, hopelessness, guilt, fatigue, reduced appetite, diminished interest in enjoyable activities, altered sleep patterns, and suicidal thoughts. Major depression can be divided into two subtypes: atypical depression, where patients may sleep and eat excessively, and show heightened emotionality and anxiety, and melancholia, characterized by insomnia and excessive guilt. Teenagers are more prone to atypical depression, while older adults more commonly experience melancholia.
2. Persistent depression disorder or dysthymic disorder: This condition involves long-term (lasting at least two years) mood disturbances due to chronic stress. Although symptoms are less severe, they are persistent and similar to those of unipolar depression.
3. Premenstrual dysphoric disorder: Affecting 10-15% of women, this disorder is characterized by significant emotional changes, stress, anxiety, irritability, and depression occurring about a week before menstruation, often linked to hormonal changes.
4. Substance-induced mood disorder: Mood disturbances from this disorder can arise from the use or withdrawal of substances like alcohol (when used excessively), opioid painkillers, and benzodiazepines, affecting the central nervous system.
5. Psychotic depression: A severe form of depression where the individual may experience hallucinations or delusions.
6. Seasonal affective disorder: This type of depression typically begins in the autumn and continues into the winter months, primarily affecting individuals in regions far from the equator due to seasonal light variations.
7. Bipolar disorder: This disorder involves extreme mood swings from depression to mania, believed to be caused by neurotransmitter imbalances, including serotonin (affecting mood) and dopamine (related to movement control, focus, and motivation).
8. Teenage depression: Commonly found in teenagers, this depression is often linked to physical changes, poor social interactions, peer pressure, and unsatisfactory academic performance.
9. Postpartum depression: Occurring during pregnancy or after childbirth, this form of depression presents with intense anxiety, worry, sadness, and fatigue, which can significantly impact the mother's ability to care for herself and her newborn.

Out of the nine types of depression stated, teenagers tend to suffer six of them, namely major depression disorder, prolonged depression disorder,

drug-related depression disorder, psychotic depression, and bipolar disorder (IKU, 2017).

3.3. Factors of teenage depression

In Malaysia, a 2017 survey by NHMS involving 27,497 teenagers highlighted various factors contributing to the rise in teenage depression compared to earlier data from 2012. Significant factors include loneliness (46.7%), experiences of bullying and physical abuse (35%), involvement in smoking (29.7%), drug use (60.3%), and alcohol consumption (36.6%) (IKU, 2017). Additionally, teenagers from broken families were also found to have higher rates of depression (IKU, 2017). According to Norfazilah et al. (2015), factors such as genetics, social interactions, and academic pressure from educators are linked to teenage depression, which tends to affect females more than males. Syafaat (2009), referencing the President of the Malaysian Psychiatry Association, notes that hormonal fluctuations contribute to the higher incidence of depression in females.

The research also indicated that 1 out of every 5 Malaysian teenagers experiences depression, with rates slightly higher among males (18.9%) compared to females (17.7%) (IKU, 2017). Ismail et al. (2015) observed that female teenagers often adopt a passive approach to dealing with depression, whereas males tend to respond with aggression and secrecy.

Literature on students from both private and public higher education institutions identifies adaptation to new environments as a cause of depression, linked to factors such as interpersonal relationships, academic load, competition, time management, environmental issues, financial constraints, family dynamics, and participation in outdoor activities (Sundarasan et al., 2020). Keles et al. (2020) and Wu (2019) emphasized the significant role of social media in exacerbating teenage depression through inactive behaviors, lack of genuine social support, and negative social comparisons online.

The COVID-19 pandemic has compounded these challenges, disrupting daily life school activities and causing economic strain, particularly affecting mental health (Sundarasan et al., 2020). A World Vision survey reported that 19% of teenagers experienced severe trauma during the pandemic, with 5% diagnosed with mental health issues due to income loss and challenges with remote learning. The United Nations has expressed concerns over the uncertainty and anxiety faced by students unable to attend school physically. However, studies like those by Ganasan and Azman (2021) and Hamzah et al. (2021) found that some students displayed resilience and maintained motivation, thereby experiencing normal depression levels or lower mental health risks.

The pandemic's impact extends to family mental health, particularly when coping with the deaths of loved ones under strict funeral protocols, which has left psychological impacts on children and families

(Simon et al., 2020). Dr. Muhammad Muhsin Ahmad Zahari of Universiti Malaya noted that rising COVID-19 cases increase societal stress levels, including among patients. WHO (2017) has also highlighted the long-term presence of COVID-19, emphasizing the need for societal adaptation to ongoing challenges.

3.4. The scenarios of teenage depression in Malaysia

In a recent study, the WHO (2017) reported that a significant number of mental health cases begin as early as age 14, largely due to the lack of early detection and treatment (Zulkipli et al., 2023b). Supporting this, experts in psychiatry have noted that approximately 50% of mental health issues in Malaysia start before the age of 14, influenced by various factors. Further data from the NHMS in 2019 indicated that 7.9% of children aged 5-15 and 9.5% of those aged 10-15 suffer from depression. This represents an increase compared to the survey results from 2015 (IKU, 2019).

IKU (2017) reported that mental disturbance is prevalent among teenagers between 16-19 years of age (34.7%) and between 10-15 years of age (11.4%). On the same matter, Mohamad (2016) stated that 19.5% of those who face the risk of severe mental stress are individuals between the ages of 70-74 and teenagers between the ages of 16-19. The 2011 NHMS shows that approximately 1 million (20%) children and teenagers between the ages of 5 and 16 suffer from mental health issues like emotional development hindrance and behavioral disturbance (IKU, 2019). From that number, 2,917 (2.5%) out of a total of 116,674 respondents aged between 16-24 have been diagnosed with depression. About the findings made by the 3rd National Health and Morbidity Survey (NHMS) in 2006, Dr. Muhammad Muhsin Ahmad Zahari, a psychologist from the Universiti Malaya Medical Centre, asserted that 2.6 million (11%) of the population in Malaysia are diagnosed with psychological complication. In the report, most of the patients suffering from mental stress are teenagers. The numbers show that an increase of 29.2 percent or 4.2 million Malaysians aged 16 and above suffer from mental illness compared to only 11.2 percent in 2006.

Depression among teenagers is a controversial issue because many experts disagree with it and refuse to acknowledge its existence, particularly among students (See and Lee, 2005). This is because, since the early 1970s, teenage depression has been known as masked depression or depressive equivalents. This only shows that teenage depression has always been masked by excuses such as study inability, hyperactivities, and truancy. Rice and Leffert (1997) also agree that there is difficulty in determining teenage depression because not every teenager has a problem focusing, declining academic performance, anxiety, and other symptoms of depression. On that note, conducting studies on

teenage depression proved to be an arduous task in previous eras. Along with the changes in time, this controversy has been cleared up through studies that managed to detect symptoms of depression among students. The fact is that studies also show that serious depression is unpredictable (See and Lee, 2005). Based on Fig. 1, teenage depression is a

serious mental health issue. Even though teenage depression has been assessed in numerous ways, studies conclude that 5-7% of teenagers from all around the world suffer from obvious depression, and another 10-40% of them claim that they are under duress and unhappy with life (Rice and Leffert, 1997).

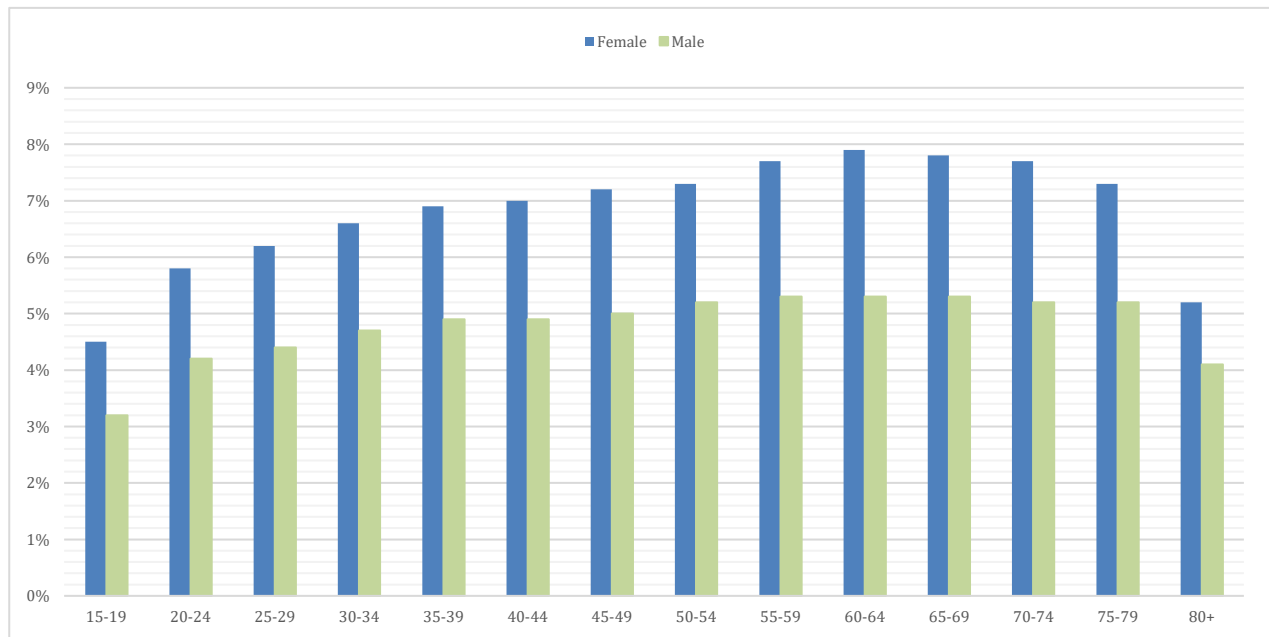


Fig. 1: Global depression prevalence based on age and gender (%) of 322 million patients (WHO, 2017)

Between 2001 and 2020, the worldwide point prevalence rate of high self-reported depression symptoms was 34% (95% CI: 0.30-0.38). The point prevalences for dysthymia (4%; 95% CI: 0.01-0.07) and major depressive disorder (8%; 95% CI: 0.02-0.13) were found. For MDD, the combined one-year and lifetime prevalences were 8% (95% CI: 0.05-0.12) and 19% (95% CI: 0.12-0.26), respectively. Between 2001 and 2010, the point prevalence of heightened depressive symptoms in teenagers was 24% (95% CI: 0.19-0.28); between 2011 and 2020, it climbed to 37% (95% CI: 0.32-0.42). Elevated depressive symptoms are most common in the Middle East, Africa, and Asia, and they are more common in female adolescents than in male adolescents, according to reports (Shorey et al., 2022). According to *Petito et al. (2020)*, estimates of the population prevalence of depression vary greatly between studies and between nations, presumably as a result of various classification schemes, diagnostic techniques, and research designs. The mid-to-late adolescent median 12-month prevalence rates (4%–5%) are comparable to adult rates. Nonetheless, the total published data indicates that by the conclusion of this age range, the likelihood of depression can reach 20%, up from roughly 5% in the early stages of adolescence. People who suffer from depression may isolate themselves from friends and family and engage in risky behaviors, including reckless driving, drug and alcohol misuse, and inappropriate sexual activity. Depression may have a serious negative impact on teenage health and social functioning, which may persist into

adulthood. Particularly among the youngest kids and teenagers, indications.

In Malaysia, studies from the NHMS have shown an increasing trend in adolescent depression. From a 17.7% depression rate recorded in the 2012 survey, there was a slight increase to 18.3% in 2017, which then significantly rose to 26.9% in 2022. The 2017 NHMS survey, which used the DASS21 as a survey tool, also indicated that one in five adolescents had been diagnosed with depression. This survey noted that the prevalence of depression was higher among male adolescents at 18.9%, compared to female adolescents at 17.7% (*IKU, 2022a*). The latest data from the 2022 survey shows a continued rise, with one in four adolescents reported to have experienced depression. Interestingly, the 2022 data also shows that the rate of depression among female adolescents has now doubled that of male adolescents, with rates of 36.1% for females compared to 17.7% for males (*IKU, 2022b*).

A few studies conducted in the academic field also show an increase in depression among teenagers of primary and secondary school level from urban as well as rural areas, and also undergraduates in public and private higher learning institutions. Studies done by *Ishak et al. (2020)*, *Norfazilah et al. (2015)*, and *Osman (1998)* showed that the problem of depression also concerns teenagers at the primary or secondary level, public or religious schools, and rural or urban schools. Findings from the studies also indicate that depression among students is at a moderate level. The studies also manage to identify a significance

between depression and academic performance, personality, and self-appreciation. This further indicates that anyone can suffer from depression regardless of gender, age, background, economic status, race, and level of education. Studies by [Rahman et al. \(2021\)](#), [Yazid et al. \(2019\)](#), and [Paisan \(2008\)](#) concentrated on depression in selected Private Higher Learning Institutions and found that the level of depression there is relatively low. Besides, studies conducted by [Mohamad and Mohamed \(2020\)](#), [Hamidi \(2019\)](#), [Aida et al. \(2014\)](#), and [Omar and Mustafa \(2006\)](#) mentioned emotional stability and pressure on students of Public Higher Learning Institutions. Through a survey conducted on several selected respondents, [Samsudin and Hong \(2016\)](#) (300 respondents) and [Omar and Mustafa \(2006\)](#) (316 respondents) show that undergraduates of Public Higher Learning Institutions face a more serious problem of depression. However, studies by [Mohamad and Mohamed \(2020\)](#) (200 respondents) and [Hamidi \(2019\)](#) (300 respondents) show that depression among the respondents is at a minimal level. In [Aida et al. \(2014\)](#), a specific study on 380 clinical year medical students from UKM using the DASS 21 instrument found a low prevalence, as only 1.3% of the students were likely found to face depression. The rate of psychological problems among students in Malaysia (moderate to severe) is depression (13.9% to 29.3%), anxiety (51.5% to 55.0%), and stress (12.9% to 21.6%). According to him, five factors contribute to this problem:

1. Transitional challenges: These include difficulties related to changing locations, educational approaches, lifestyles, and social circles.
2. Stress management failures: This involves stress arising from the inability to manage it effectively, coupled with a lack of problem-solving skills.
3. Interpersonal issues: Problems in relationships with friends, family, and educators.
4. Anxiety about future uncertainties: Concerns regarding future employment, financial stability, and personal capabilities.
5. Unhealthy lifestyle choices: These encompass insufficient sleep, addiction to gadgets, drug use, poor financial management, and a lack of recreational activities.

The contrasting findings on the issue of depression among undergraduates may be caused by a few factors. Nevertheless, the situation should be seriously looked into by the relevant authorities to ensure the best solution to reduce the academic burden and prevent mental stress from becoming a more pressing issue. [Ramli \(2010\)](#) conducted a study to identify the seriousness of depression problems among orphans from three orphanages, the Rumah Anak Yatim Darul Aitam (boys), Rumah Anak Yatim Darul Aitam (girls) and Yayasan Kebajikan Anak-Anak Yatim Kelantan (boys and girls) in Kota Bharu, Kelantan. The study of 180 respondents using the Beck Depression Inventory (BDI) indicates that the level of depression is relatively low. [Paisan \(2008\)](#)

explained that depression may happen among teenagers due to misunderstanding because they tend to blame themselves when they lose hope and zest to continue with their lives. All the studies agree that the factors leading to depression among teenagers who comprise students at primary, secondary, or tertiary levels stem from various aspects, like lethargy when faced with the challenges of education, lack of motivation, management of management, and cognitive as well as family financial issues.

3.5. The effects of teenage depression in Malaysia

Teenagers who suffer from depression usually show signs of sadness, loss of hope, get easily agitated, lack direction in life, have high anxiety, avoid social interactions, have the tendency to self-hurt or commit suicide, indulge in drug and alcohol intake, and suffer a decline in academic performance through their studies, consensually agree that depression can cause teenagers to lose their communicative skills, commit unreasonable actions, lack motivation, lack self-appreciation and suffer a decline in their academic performance ([Ishak et al., 2020](#); [Kumar et al., 2012](#); [Martin et al., 2007](#); [Osman, 1998](#)). The Student Health Center of the University of Saskatchewan elucidates that depression can affect the emotion, thinking, behavior and physical of an individual:

1. Emotional symptoms: Sad, easily agitated, helpless, pessimistic, easily gives up on trivial matters, hesitant, demotivated, confused, highly anxious, feeling empty and sensitive.
2. Thought-related symptoms: Lack of self-appreciation, the tendency to look at things negatively, repetitive suicidal tendencies, memory loss, indecision, lack of focus, always seeming confused, and constantly self-criticizing.
3. Behavioral symptoms: Apprehensive, lack self-motivation, self-isolated and does not socialize, tends to cry frequently or not being able to cry, abstain from doing things previously enjoyed, slow bodily movement and speech, tend to self-hurt or commit suicide, demand things out of the ordinary from others, too focused on negative things and shirk responsibilities.
4. Physical symptoms: Change in appetite, lack of sexual drive, lethargy, joint and body pains, headaches, weight gain or loss, lack of sleep, more sensitivity towards external stimuli, anxiety, and stomach upset.

Although numerous studies have highlighted the decline in educational performance among teenagers with depression, an even more concerning issue is their suicidal tendencies. On May 14, 2019, the Sinar Harian reported that a young girl in Kuching, Sarawak, committed suicide due to stress, exhibiting clear symptoms beforehand. Later, on August 24, 2019, a student in Georgetown, Penang, was found unconscious after an attempted suicide by hanging in

his home. This incident drew attention from Tan Sri Lee Lam Thye, a patron of the Psychiatric Association of Malaysia, who emphasized the urgent need for action from authorities as students struggle with the pressure of schoolwork.

Further reports include a 20-year-old in April 2019 who attempted suicide due to financial difficulties after losing his job during the pandemic. Another tragic incident involved a 16-year-old girl in Padawan, Kuching, who died after falling from a building; prior to her death, she had posted a poll on Instagram asking followers to choose between "Death/Life." Additionally, in October 2019, a 19-year-old swimmer from Sarawak posted a suicide note on Instagram 12 hours before he ended his life, hinting at his depression, though many were unaware of his struggles.

The pandemic has exacerbated mental health issues among students, evidenced by a tweet during the early phase of the Movement Control Order (MCO), which highlighted the desperation felt by higher education students locked in their campuses. The tweet expressed concern about potential suicides among these students, emphasizing the

psychological toll of isolation. Dr. Idham Baba, a former Minister of Health in Malaysia, acknowledged that the pandemic has significantly affected Malaysians' mental health across all demographics.

The NHMS in 2006 exposed that 1288 (6.3%) of the 36,519 respondents claim to have thoughts of committing suicide. From the statistics, teenagers between the ages of 16-19 form the highest figure (11.4%), followed by those between the ages of 20-24 (10.8%). Not only that, but the Malaysian Psychiatric Association also estimates that seven teenagers attempt suicide daily. From the NHMS survey conducted in 2011, it was found that there was a significant increase in the statistics when 2,710 (2.4%) of the 112,904 respondents between the ages of 16-24 had thought of committing suicide. According to the NHMS in 2017, WHO (2017) reported that teenage suicides are ranked highly at number two worldwide in terms of causes of death. The latest NHMS review in 2022 reported trends over a decade in Malaysia, indicating an increase among teenagers who contemplate suicide and attempt suicide, as shown in Fig. 2 (IKU, 2022b).

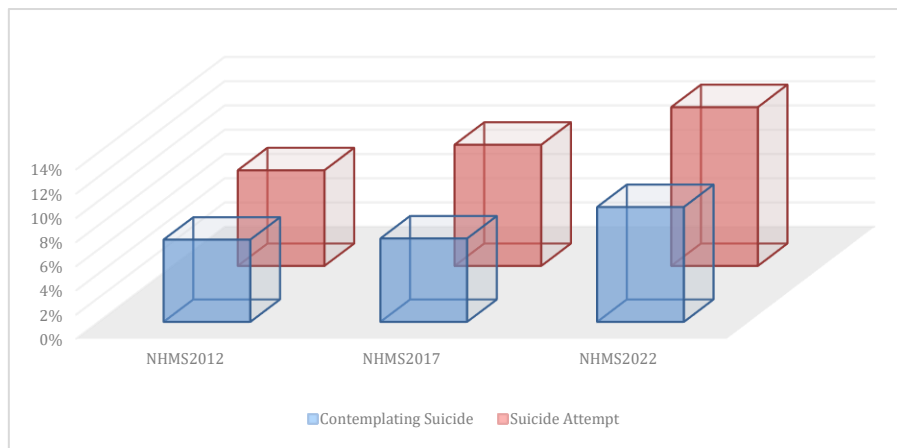


Fig. 2: Trends in suicidal ideation and attempts among adolescents over the past decade (IKU, 2022b)

Overall, in 2022, one out of eight teenagers has contemplated suicide, and one in ten teenagers has attempted suicide. The results of the 2022 survey also indicate that more teenage girls have considered suicide, with 18.5% compared to 7.6%, and have attempted suicide, with 13.4% compared to 5.7%. Based on previous studies, several factors can lead an individual to commit suicide, and one of the main factors is depression driven by loneliness, lack of sleep, and also lack of companionship (IKU, 2017). Besides that, Aishvarya et al. (2014) maintained that teenagers are prone to commit suicide because of factors such as being separated from their families, exposure to the mass media, pressure, and the failure to seek professional help, among others.

4. Conclusion

Teenagers are human capital who need to be developed through knowledge, competitive edge, and a high productivity rate in the development of a nation. Mental health is an important element that

can contribute to teenagers' productivity in the era of globalization, which warrants us being more energetic and keeping pace with progress. Nevertheless, the competitive edge and culture can be evaluated from a positive viewpoint, but at the same time, it can also cause problems, burdens, and pressure on teenagers. The literature review also shows that cases of teenage depression are on the rise each year. Hence, society should seriously look into this issue to help unfortunate teenagers opt for the best early therapeutic intervention to enable them to live a harmonious life. Teenage depression has a deep impact on teenagers, families, and society because teenagers are the pillar of the nation in the future.

This issue needs further attention to curb the discrepancy in the future social organizational structure. Religious psychological studies show that the integration of religious values (Islam) into psychological treatment increases the efficiency of depression treatment. A lot of studies have proven that the Islamic lifestyle bears positive results in

managing the problem. The Health Ministry of Malaysia also suggests a few methods of treatment for depression that have been proven to cure 80% of the patients through intensive therapy with the use of anti-depressants, electroconvulsive therapy (ECT), psychotherapy, and counseling.

Acknowledgment

This study was funded by the Ministry of Education (MOE) under the FRGS research grant fund, with reference code FRGS/1/2021/SSIO/UITM/03/7 entitled "Model Psikoterapi Nabawi dalam Menangani Kemurungan Remaja Era Pandemi."

Compliance with ethical standards

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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