

Exploring the Factor And Structure of Youth Mental Health Problem in Malaysia

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Abstract

The youth generation is a group that often associated with mental health issues due to lack of experiences in life and exposure to handle stress. Therefore, this study aims to investigate the underlying factor structure for youth mental health in Malaysia context. If we look at it closely, the issue of youth is an important agenda for the nation's development as they are the asset for the country. However, they are also often prone with involvement with negative symptoms which will be a concern to the Malay government. Participants were 385 youths around Northern Region of Peninsular Malaysia using the random sampling techniques. In this study, four relevant instruments to the youth mental health issues were used, namely Psychological Wellbeing Scale, COPE Scale, Bar-On Emotional Inventory and Mindful Attention Awareness Scale (MAAS). Through items from these instruments, researchers found a new underlying dimension of the youth mental health using an exploratory factor analysis (EFA). Based on the analysis of the studies, there are seven factors that are formed representing the mental health dimensions for the youth which include; 1) emotions, 2) problem solving, 3) intellectual wellness, 4) spirituality, 5) social engagement, 6) resiliency, and 7) behavioral. A new seven dimensions represent a youth mechanism to act when facing the challenges and issues. These elements are also believed to be a catalyst to prevent the involvement of the youths to the potential risk of experiencing mental disorders.

Keywords: Mental Health, Youth, Emotional Factor Analysis

Introduction

Youth refers to the period between childhood and adulthood, typically characterized by physical, emotional, and social development. The United Nations defines youth as individuals between the ages of 15 and 24 years old, and notes that this age group represents more than 16% of the world's population.

According to the World Health Organization (WHO), youth is a critical period of transition and development, during which young people face a range of physical, emotional, and social challenges. These challenges can include navigating the transition from school to work, establishing meaningful relationships with peers and adults, and dealing with issues related to mental health and substance abuse. Research has shown that investing in the health and well-being of young people can have significant long-term benefits for individuals and societies as a whole, making youth a critical focus for policies and programs aimed at promoting social and economic development.

Youths are a group that is seen as having an impact on the growth and development of the country. Therefore, the government has a role in planning various policies and policies to ensure that these people move forward and are competitive. In building visionary and strong youths, we forget that these people are also exposed to the currents of the development of such a stressful life event. Adolescents are psychologically depressed due to various factors, among which are academic problems, competition in groups, psychological neglect, finance, employment, unemployment and family issues. As a result of this stressful situation, these people experience psychological problems such as depression (depression), anxiety and stress (stress) which have the potential to disrupt their mental and physical health and well-being in performing life functions. In addition, adolescents who tend to have this mental disorder are often caught up with moral collapse, social problems and drug abuse. If we look at it, this social issue is often associated with youth due to lack of exposure to self-care awareness, self-awareness, response strategies and resiliency. However, there is currently no specific dimension in providing information on the psychological health elements of the youth. Therefore, this study was conducted to find the elements to the psychological health for the youth. The results of this study will produce a new dimension that will help to understand the youth mental health. It may also assist our government to develop modules, programs and interventions that suit

these people so that they are free from the shackles of mental problems and as a step towards realizing the country's aspiration towards a healthy future.

The hot issue discussed by society today is the mental and physical instability of the youth. Because of this, there were many studies that have been carried out on depression (depression), anxiety and behavioral disorders among adolescents to understand the problems of this group (Baños, Etchemendy, Mira, Riva, Gag-gioli, & Botella, 2017). On 16 December 2018, the 14th Meeting of the Malaysian Parliament cited the 2017 National Health and Morbidity Survey report which reported that out of about 5.5 million youth, one in five youth are suffering from serious depression in Malaysia. In fact, one teenager out of 10 teens reported experiencing stress. This fact raises the concern of the government on this issue.

According to the source, society is now faced with various kinds of stresses that cause them to turn into passive or aggressive behaviors. Most cases occur due to the stress of feelings and mental problems that they encountered. This is believed to be due to family problems, physical bullying or cyberspace as well as problems in learning due to parental and teacher stress (Utusan Malaysia, 15 June 2017). These causes can also be attributed to the problem of at-risk adolescents and tend to get stuck with negative symptoms such as drug abuse and substance like misuse of kratom, bullying, vandalism, premarital sex, alcohol and drug consumption, clubbing, consumption of pornography and cybersex, unhealthy smoking behavior (Nazim, Sham, & Hamjah, 2013). This phenomenon has a negative impact on the construction of youth personality as a leader in the future.

Therefore, according to the statement of the Deputy Prime Minister, Dato' Seri Dr. Wan Azizah Wan Ismail in the World Mental Health Day Celebration 2018 themed 'Young People and Mental Health in A Changing World', she expressed the government's intention to plan preventive measures, early intervention, identity building and the creation of a society of a healthy future (Prime Minister's Department Speech Text, 2018). The government reported that the youth are hard to handle, especially with the issue of poverty, lagging behind in education, lack of facilities and social crimes such as promiscuity, lewdness, incest, drug abuse, illegal race, and theft activity (Malek & Kamil, 2010). It is believed that this problem is a contributing factor to the health and mental well-being of the community in the nation. The issue that takes place outside the city has been outlined in the National Youth Policy by the Ministry of Youth

and Sports Malaysia (KBS) as a social challenge in the mental and physical health issues of youth that emphasizes the aspects of good lifestyle and values of sanity.

In the issue of mental health and well-being, the National Mental Health Policy also touches on several directions played by the Ministry of Health Malaysia (MOH) namely:

1. Provide a basis for the formation of a strategy that is the direction for all those involved in the planning and implementation of health programs with the aim of improving the mental health and well-being of the people.
2. Improving mental health services for populations at risk of psychosocial problems.
3. Improving psychiatric services for those with mental disorders and working to provide care and protection to families, communities and related bodies.

In this policy, it also emphasizes the specific program of prevention and treatment to the youth group for rehabilitation activities (p. 5). In order to achieve a progressive nation, the issue of youth mental health should be given special attention by the government in helping these young people. The question that arises in finding a solution to this issue, does the party that guides these people directly has a strategy in improving mental health and well-being that is a protective factor to unhealthy symptoms. With an understanding of issues and work models specific to the youth, it can develop a more productive and effective focused approach.

Ultimately, this study makes a valuable contribution to understanding the dimensions of youth mental health in Malaysia. The dimensions identified in this research provide a comprehensive framework for addressing the specific needs and challenges of young people in the country. Given the important role that youth play in the development of the nation, it is crucial that government agencies, youth development institutions, and voluntary bodies involved in youth development policies take into account these dimensions when developing programs and policies. This study also highlights the need for continued research in the area of youth mental health in Malaysia to better understand the factors that influence the psychological well-being of young people, and to develop effective interventions and support services to promote their mental health. Overall, this study underscores the importance of investing in the mental health and well-being of Malaysia's youth, not only for their own benefit but for the benefit of the country as a whole.

Literature Review

This study aims to explore the factor structure of mental health of the youth in Malaysia. In addition, this study tried to find a link of mental well-being with the coping strategy of resilience in rural youth. Based on the definition of the Ministry of Health Malaysia (National Mental Health Policy, 2012). Mental health is the ability of individuals, groups and environments to interact with each other to promote subjective and optimal well-being and the use of cognitive, effective and relationship capabilities towards the achievement of individual and group goals. In addition, mental well-being is also defined as balance and stability in the ability to achieve life goals (Dodge, Daly, Huyton, & Sanders, 2012). To see the relevant of this study, there are several past studies that connected to mental health and well-being. In one study, Mohd Nuri Mustafa, Turiman Suandi, Azimi Hamzah, & Ismi Arif Ismail (2016) stated that adolescents involved with social behavior problems have psychological disorders such as low self-acceptance, passive autonomy power, warmth with friends, acting aggressively, no life goals, low self-appreciation. In addition, this study shows that these youth are having poor religious beliefs, low emotional control of self-control and lack of resilience in life.

In addition, Shamzaeffa Samsudin & Kevin Tan Chee Honh (2016) studied the mental health of youth with the academic achievement performance of 316 students at one of the local universities. The results of the study found that mental health affects students' academic performance. The studies agreed that the creating policies and rule should emphasize the aspects of mental health and well-being in ensuring the productivity produced by youths. The study recommends that more effective mental health services can be provided to the youth and must target the inner psyche in the youth. According to Mellisa Edora & Balan Rathakrishnan (2019) it is proven that the strategy of action and emotional intelligence affects mental well-being. A study involving 430 adolescents aged 13 to 18 years stated that a good response strategy forms a high EQ and can improve mental well-being levels. This study emphasizes the relationship of action power strategies, emotional intelligence, to mental well-being to help the government to build self-development programs that emphasize aspects of psychology. This is to create a rural generation that is free from mental disorders, depression, social problems and suicidal behaviors.

An overseas study by Smith & Yang (2017) involving a large sample of 1538 teenage students aged 15-25 years found that stress can affect a teenager's psychological well-being, only students with high reliance factors are able to handle stress well, and indirectly affect teen stress levels. This study states that resilience is an effective response strategy in controlling adolescents from being depressed by environmental and learning factors. Based on past studies, the construction of this mental health and wellness model is seen as relevant and it can help rural youths to improve resilience factors and response strategies in generating positive self-mechanisms when faced with life stress and challenges. This output of the study can be used as a guide in shaping a strong teen's identity as well as a healthy mind. This finding is seen as unique and more focused on rural teenagers.

Methodology

Study design is an important aspect of a study as it involves the compilation, collection and analysis of data to achieve the objectives of the study. The study was conducted to develop a mental health dimension for the youth. The study was conducted to develop a mental health construct for the youth in Malaysia. The proposed elements will consist of psychological well-being, emotional intelligence, the mechanism of the force of action, and conscious consciousness. To meet the study requirements, cross-sectional survey studies were used. Survey refers to the type of short-term research that the collection of data from respondents will only take place once (Marican, 2006). Questionnaires were distributed through "paper and pencil" versions and online forms for samples selected to collect quantitative data that will represent the youth populations.

Procedure

The location of the study is Northern Region of Peninsular Malaysia. Participants were adolescents in the age of 15 until 25-year-old was selected based on the random sampling technique. Random sampling is a sampling technique in which each sample has an equal chance of being selected. It can provide un-biased representation of the population (Marican, 2006).

The participants involved were from various genders, races and religions. Data and information on the location and categories involved were obtained from those who gained access to youth groups such as youth associations, heads of the community association and youth institutions in Malaysia.

Study Design

This study is quantitative in the nature. This design was determined based on the objectives of the study which required data to find out the factors of mental health development of the youth respondents. The collection of data was used a survey methodology. In the survey, the questionnaires were distributed to the youths to obtain information related to the psychological state of adolescent health and mental well-being. The survey methodology was chosen due to its ability to gather data from a large number of respondents in a relatively short period of time, making it an efficient way to collect data for a quantitative study. The questionnaires used in the survey were selected and designed to gather information on a range of factors related to mental health development, including social support, coping mechanisms, and environmental factors. This allowed for a comprehensive analysis of the factors influencing mental health development among young people in the study population. The data collected was then analyzed using statistical methods to develop variances, providing insights into the factors that impact mental wellbeing in this demographic.

Instruments

This study used survey questionnaires as a tool to obtain appropriate data. There are two parts of the questionnaire which, the first part of the survey had included a set of items pertaining demographic factors of participants such as age, gender, race, religion, and education level. And, the second part was the selected items from four instruments such as 1) the Psychological Wellbeing Scale by Ryff & Keyes (1995), 2) A brief COPE Scale by Carver (1997), 3) Bar-On Emotional Quotient Inventory by Bar-On (1997), and 4) Mindful Attention Awareness Scale (MAAS) by Brown & Bryan (2003). All instruments were selected after careful study of the literature and all of them have the appropriate criteria as they are developed through empirical,

theoretical and conceptual approaches. It also reported with good reliability and validity. The survey took about 20 to 30 minutes to complete all two parts.

COPE Scale

The COPE scale was originally developed by Carver (1997) to general assess the scope of behavior. The Malay version of this inventory is translated back-wards and used in previous studies by Intan, Ahmad, & Hafiza (2007). The Cronbach alpha value for the Malay version of Brief COPE is .83. It is a valid and reliable inventory to identify strategies for overcoming adolescent response problems (Saiful, 2011). The scale consists of 60 items and has 14 domains. The COPE Scale is a measure of coping strategies used by individuals when faced with stressors or challenges. This instrument is highly relevant to youth mental health, as it can help researchers understand how young people cope with various stressors, including academic pressure, peer relationships, family conflicts, and mental health issues.

Bar-On Emotional Quotient Inventory

The Bar-On Emotional Quotient Inventory was developed by Bar-On in 1997 and contains 51 items with 6 domains i.e. 1) intrapersonal, 2) interpersonal, 3) stress management, 4) adaptation, 5) general mood, and 6) positive effects. The results for the reliability of retesting in the South African sample showed an average coefficient of .85 after one month and .75 after four months (Bar-On, 1997). He used a five-point Likert score, “1: Very Rarely True, 2: Rarely True, 3: Sometimes True, 4: Often True, 5: Always True”. The score obtained will determine the participant level for each domain. For example, those who scored high in the intrapersonal domain showed a high level of self-respect, emotional self-realization, and assertiveness. This instrument measures emotional intelligence, which refers to the ability to perceive, understand, and manage one’s own emotions, as well as the emotions of others. Emotional intelligence is highly relevant to youth mental health, as it can help young people to navigate the complex social and emotional challenges they face during adolescence.

Psychological Wellbeing Scale

The Psychological Wellbeing Scale developed by Ryff and Keyes in 1995 consists of 18 items with 6 dimensions i.e. 1) autonomy, 2) self-acceptance, 3) positive relationships, 4) environmental domination, 5) purpose of life, and 6) personal growth. This scale has high test reliability and good internal consistency with alpha coefficient. Each domain is .93, .91, .86, .90, .90, and .87, respectively. This scale uses a six-point Likert scale that ranges from “1 = Very Disagree” to “6 = Very Agreeable”. Each domain will calculate the entire score and a high score showing the level of dominance in a particular domain and vice versa. This instrument was used to measure the various dimensions of psychological well-being, including autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. These dimensions are highly relevant to youth mental health, as they provide insights into an individual’s overall sense of happiness, satisfaction, and fulfillment in life.

Mindful Attention Awareness Scale (MAAS)

The Mindful Attention Awareness Scale was developed by Brown and Bryan in 2003. The scale consists of 15 items and does not contain any dimensions. This scale is used to measure the awareness or individual of what is happening in the present. This scale has an alpha Cronbach value of .81 (Brown & Bryan, 2003). The scale uses a six-point Likert scale that measures the scale from “1 = Almost Always, to 6 = Almost Never”. The MAAS is a measure of mindfulness, which refers to the ability to be fully present and engaged in the present moment. Mindfulness is highly relevant to youth mental health, as it has been shown to have numerous benefits for young people, including improved emotional regulation, reduced stress and anxiety, and enhanced well-being.

Overall, these four instruments were chosen because they are highly relevant to the specific aspects of youth mental health that the researchers were interested in studying. By using multiple instruments, the researchers were able to gain a more comprehensive understanding of the complex factors that contribute to youth mental health. It is important to note that all of the scales used in this study were carefully selected and well-examined by an expert panel to ensure their suitability for use with the youth population in Malaysia. Additionally, these scales have

been associated with Malaysian norms and have been used in previous research on youth mental health in the country. This attention to the selection and validation of measures is crucial in ensuring the accuracy and reliability of the study's findings, as it helps to minimize potential biases and ensure that the results are applicable to the specific population of interest.

Data Analysis

The data were analyzed using SPSS version 22, and AMOS for the construction of measurement models in which Exploratory Factor Analysis (EFA) was carried out to the data. The participants' demographic information and data obtained were analyzed using descriptive statistics and inference analysis. Then, this study used the factor analysis for the first method of analysis to figure out the underlying factor dimensions in the mental health construct. The factor analysis is a technique to evaluate and propose dimensions and theories (Armstrong, 1967). The study decided to employ EFA technique in identifying factors in the develop a new model and then measuring the mental health of the youth. EFA is commonly used by researchers to form theories and models in which no theory or model is involved (Patil et al., 2008). As accurately as data collection through questionnaires distributed physically and online, the data reduction techniques using SPSS have been used in EFA analysis to identify models with various dimensions and factors. The aim of the EFA is to build an understanding of the potential dimensions that appears in the mental health model. EFA can also reduce the number of indicators where it does not match (not fits) with the constructed measurement model. The reduction technique can be rational in terms of the description of the data-data relationship (Haig, 2005).

Results

Based on the data collection, a total of 385 participants were 218 boys (56.6%) and 167 girls (43.4%). In this demographic finding, there were 300 participants with the age of 15 to 18 years old (77.9%), and 33 participants (8.6%) aged in the range of 19 to 22 years. Participants aged 22 to 24 showed a relatively small number of 52 people (13.5%). In addition, the study data

found that Muslim youth were the majority involved in the study, 373 people (96.8%), compared to Christians 5 (1.3%), Buddhists 4 (1.0%) and Hindus only 3 (.8%). As for the level of education of the participants, the majority were still in secondary school, while the rest were SPM holders (Malaysian Certificate of Education) which was 54 and Diploma/Matriculation and Foundation holders which was only 21. The profile information of the participants involved with the study is illustrated in the Table 1 below.

Explanatory Factor Analysis (EFA)

Prior to conducting factor analysis, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity were examined to determine the factorability of the sample. The KMO measure was .942.932 for the whole items. Then, Bartlett's test of Sphericity was statistically significant for the scales ($\chi = 5717.73$, $df = 703$, $p = .000$). These significant results indicating the sample was appropriate to proceed with factor analysis (Barlett, 1950; Kaiser, 1974).

Based on Table 2 (eigenvalue), the EFA has proposed seven dimensions or

Table.1: Sample Characteristic

| GENDER | FREQUENCY | PERCENTAGE (%) |
|--------|-----------|----------------|
| Male | 219 | 56.6 |
| Female | 167 | 43.4 |

| AGE | FREQUENCY | PERCENTAGE (%) |
|------------------|-----------|----------------|
| 15 - 18 year old | 300 | 77,9 |
| 19 - 22 year old | 33 | 33 |

| | | |
|------------------|----|----|
| 22 - 24 year old | 52 | 52 |
|------------------|----|----|

| RACE | FREQUENCY | PERCENTAGE (%) |
|---------|-----------|----------------|
| Malay | 373 | 96.8 |
| Chinese | 6 | 1.6 |
| India | 6 | 1.6 |

| RELIGION | FREQUENCY | PERCENTAGE (%) |
|----------|-----------|----------------|
| Islam | 373 | 96.8 |
| Buddha | 4 | 1.1 |
| Hindu | 3 | 8 |
| Kristian | 5 | 1.3 |

| LEVEL OF EDUCATION | FREQUENCY | PERCENTAGE (%) |
|----------------------------|-----------|----------------|
| At School | 310 | 80.5 |
| National Certificate (SPM) | 54 | 14 |
| Diploma/Matriculation | 21 | 5.5 |

Table 2. : Total Variance Explained: Seven-Factor Solution Dengan Pca Extraction Dan Di- Rect Oblimin Rotation Method.

| INITIAL EIGENVALUES | | | | ROTATED SUMS OF SQUARED LOADINGS | | |
|---------------------|-------|---------------|--------------|----------------------------------|---------------|--------------|
| Factor | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 13.33 | 49.25 | 39.261 | 14.812 | 39.271 | 39.169 |
| 2 | 2.451 | 6.721 | 45.551 | 2.444 | 6.152 | 45.341 |
| 3 | 1.610 | 4.235 | 49.514 | 1.614 | 4.247 | 49.637 |
| 4 | 1.557 | 4.097 | 54.441 | 1.517 | 4.096 | 53.734 |

| | | | | | | |
|----------|--------------|--------------|---------------|--------------|--------------|---------------|
| 5 | 1.211 | 3.177 | 57.442 | 1.213 | 3.177 | 56.862 |
| 6 | 1.056 | 2.818 | 58.716 | 1.055 | 2.819 | 59.751 |
| 7 | 1.018 | 2.717 | 61.411 | 1.014 | 2.579 | 62.411 |

factor loadings which represent the model formed and are labeled according to the theme of the items in a particular factor. Through the analysis carried out, items with cross-loading and values below .25 were dropped to maintain indicators that had good statistical support in the formation of the model.

Of the 168 items, a total of 132 items were dropped with cross loading problems and values below .30. In addition, 36 items have been retained because the loading factor is .50 and above and does not have a cross-loading problem; 1) emotion = 6 items, 2) problem solving = 5 items, 3) intellectual wellness = 6

items, 4) spirituality = 7 items, 5) social engagement = 7 items, 6) resiliency = 6 items and 7) behavioral = 5 items. It is important to know that the EFA carried out is instrumental in shaping the structure model, in which data is obtained and manipulated to be relevant with the formed concord. However, it cannot change the theory of origin and the basic concepts of the data obtained (Amstrong, 1967; Fabrigar et al., 1999; Haig, 2005).

As below, the result yields a seven-factor solution that represented a youth mental health model, and accounted for over 62% of the variance of 36 items in the scale. The first factor explained 49.25% of the variance in the data, and the second, third, fourth, fifth, sixth and seven factors explained 6.72%, 4.23%, 4.09%, 3.18%, 2.8% and 2.71%, of the variance in the data, respectively. Upon further inspection of each extraction, it appeared that the seven-factor solution revealed the cleanest-loading and most-interpretable factors. All the seven underlying factors of the Malaysian youth model are displayed in Table 3.

Table 3. Item For The Malaysian Youth Factor Structure Model.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|------|------|------|---|---|---|---|
| Factor 1: Emotion | | | | | | | |
| DT3. I like to get angry and let go of emotions. | .626 | | | | | | |
| DT28. | | | | | | | |
| I express my feelings. | .580 | | | | | | |
| EQ4 You have trouble controlling anger. | .523 | | | | | | |
| EQ16. You find it so difficult to control feelings of worry. EQ48. | .649 | | | | | | |
| It's hard for you to describe your feelings. | .546 | | | | | | |
| M1. I could feel something emotional but was not aware of the emotion at the time. | .774 | | | | | | |
| Factor 2: Problem Solving | | | | | | | |
| DT47. I'm trying to solve the problem directly. | | .881 | | | | | |
| EQ17. When faced with a difficult situation, you like to gather as much information as possible about the situation. | | .763 | | | | | |
| EQ27. You have difficulty making decisions alone ou have difficulty making decisions alone. | | .610 | | | | | |
| EQ35. When trying to solve the problem, you look at all the possible functions and decide the best way. | | .603 | | | | | |
| KP7. My decisions are usually not influenced by others. | | .548 | | | | | |
| Factor 3: Intellectual Wellness | | | | | | | |
| DT19. You're optimistic (good/positive) about most of what you do. | | | .591 | | | | |

| | | | | | | |
|--|--|--|------|------|--|--|
| DT38. I'm trying to find the positives of what's going on. | | | .578 | | | |
| EQ12. Nothing bothers you. | | | .568 | | | |
| KP9. I think it's important to get a new experience that will test the way a person thinks about himself and the world around him. | | | .551 | | | |
| KP2. I realized that I had grown a lot positively in my life. | | | .506 | | | |
| KP38. I managed to live my life the way I wanted. | | | .754 | | | |
| Factor 4: Spirituality | | | | | | |
| DT7. I put my faith in God. | | | .745 | | | |
| DT18. I'm asking God for help. | | | .630 | | | |
| DT48. I try to calm down through my religious approach. | | | .563 | | | |
| DT59. I learned something from the problems I faced. | | | .561 | | | |
| DT60. I pray more often than usual. | | | .681 | | | |
| EQ14. You are wise to understand what others feel. | | | .557 | | | |
| KP6. When I think about the course of my life, I rejoice at what has happened so far. | | | .653 | | | |
| Factor 5: Social Engagement | | | | | | |
| DT14. I spoke to someone and tried to find out more about the problem. | | | | .747 | | |
| DT23. I try to get emotional and moral support from friends and family members | | | | .706 | | |
| DT45. I asked others if they had ever had the same problem. | | | | .682 | | |
| | | | | .627 | | |

| | | | | | | | |
|---|------|------|------|------|------|------|------|
| DT52. I'm trying to talk to someone about how I feel. | | | | | .489 | | |
| EQ2. You like to help others. | | | | | .521 | | |
| EQ8. You prefer others to make decisions on your behalf. | | | | | .555 | | |
| KP22. I feel comfortable chatting personal things with my friends and family members. | | | | | | | |
| Factor 6: Resilience | | | | | | | |
| DT39. I'm thinking of the best way I can do that to deal with that problem. | | | | | | .342 | |
| DT56. I'm thinking about what steps to take. | | | | | | .551 | |
| KP2 In general, I feel responsible for the situations I face. | | | | | | .411 | |
| KP1. I have a direction and purpose in life. | | | | | | .632 | |
| KP33. For me life is a process of learning, change and constant maturity. | | | | | | .421 | |
| KP42. When, I compare myself to others, I feel happy with myself. | | | | | | .631 | |
| Factor 7: Behavioral | | | | | | | |
| DT22. I avoid taking any action until the situation allows it. | | | | | | | .341 |
| DT53. I avoid to drink alcohol and take drugs when I get into trouble. | | | | | | | .531 |
| KP20. I am efficient at managing responsibilities in my daily life. | | | | | | | .611 |
| KP27. I don't like new situations that force me to change my old behavior. | | | | | | | .672 |
| KP31. It is difficult for me to voice an opinion in controversial matters. | | | | | | | .561 |
| Eigenvalues | 14.9 | 2.35 | 1.61 | 1.56 | 1.21 | 1.06 | 1.02 |
| % of variance | 39.3 | 6.17 | 4.24 | 4.10 | 3.19 | 2.78 | 1.02 |

| | | | | | | | |
|---|------|------|------|------|------|------|------|
| Cumulative % | 39.3 | 45.4 | 49.7 | 53.8 | 56.9 | 59.7 | 62.4 |
| Cronbach's alpha (dimension) | .857 | .724 | .700 | .878 | .841 | .724 | .745 |
| Overall Cronbach's alpha | .956 | | | | | | |
| Note. Factor loadings less than .25 are not displayed and dropped. | | | | | | | |

Discussion and Recommendation

Based on the findings of the study, the results have developed several dimensions in the mental health of adolescents as the built-in elements of adolescence are decisive to youth's involvement in social behavior and the issue of self-control and emotional control. Based on past studies, there is no single operation definition in place to represent Malaysian youths who are thought to be more likely to be prone to social problems and impaired adolescent mental health. The re- searcher used the exploration approach to identify the basic structure of the data. These EFA results suggest a seven-factor model in adolescent health. Through the dimensions of the health of these youths, further details are as follows:

Emotional

Emotional health is one of the aspects of mental health that affects youth. This mechanism of formation of feelings is capable of forming positive and negative emotions, which have the power to influence the actions and way of thinking of adolescents (Hymel, Low, Starosta, Gill, & Schonert-Reichl, 2018). Emotionally healthy teens have a good emotional mechanism and they have the power to seek help from professionals, friends and parents (Kelly & Coughlan, 2018). Moreover, emotional health has a connection with physical health. Individuals who experience stress in themselves and unstable negative emotions can experience other health problems. The health problems experienced by adolescents may not be directly caused by negative feelings, but emotions and behaviors can indeed influence negative emotions due to lack of resilience and ways of coping with negative emotions (Alavi, Mehrinez, Amini, & Singh, 2017). For example, some teenagers smoke smoking or drinking alcohol as a way to relieve stress. However, such habits put these teens at greater risk for cancer, heart disease, lung

damage and other chronic diseases. If the condition continues to persist, adolescents can develop mental disorders and life functions that affect the mental well-being of adolescents. Mental illness often has deeper causes such as hormonal imbalances, physical inequalities or traumatic events experienced by adolescents, however emotional health may have more to do with adolescent self in terms of emotions, awareness, and poor coping skills. Therefore, the psycho- logical aspect of external healthy adolescents has the potential to help adolescents preserve their emotional element by learning how to manage emotions well and strengthen resistance to stress and risk of mental symptoms.

Problem Solving

In general, life problems can indeed affect the mental well-being of each individual. When a person cannot solve a problem, it automatically emphasizes the human psyche and spirituality. Individuals may be disturbed by life functions such as sleep patterns and aspects of food. In addition, it also interferes with physical and cognitive health. Adolescents may also be people with easy characteristics to feel depressed, perhaps only by simple things. A small problem can lead to a larger problem if it is left without a solution. Adolescents may also be people with easy characteristics to feel depressed, perhaps by simple things.

A small problem can lead to a larger problem if it is left without a solution. Teenagers are also synonymous with individuals who are often mistaken for choices due to lack of skills and guidance in solving problems, lack of maturity and lack of experience in anticipating situations in life. Therefore, learning to make good decisions can help teens get out of the problem of mental health disorders (Jordan & Troth, 2004). Youths need to be independent and equip themselves with knowledge and start learning how to overcome this problem. Youths need to be educated to immediately identify problem-solving opportunities and not run away from the problems they face, even if the problem is difficult and requires a long time of resolution. The maturity of youths can be shaped by training them to make decisions in every aspect of life, whether in the implementation of daily activities, hobbies, daily associations, and the interests and careers that will be done in the future. Every challenge and decision made makes these youths more proactive in their studies, careers and lives to be people who can contribute to a better future. It can also prevent them from falling into social symptomatic activities such as

drug use, illegal racing and so on which can damage their identity and dignity, as well as mental health disorders.

Intellectual Wellness

Intellectual wellness is an individual mechanism that tends to build new ideas, think critically and find ways to be creative. In addition, intellectual well-being also includes the development of skills as well as expression of thoughts as well as feelings with others. For adolescents with good mental health conditions, intellectual well-being can benefit personal health and well-being holistically (Horton & Snyder, 2009). According to Foulkes and Blakemore (2018), there are a number of factors that can negatively affect human memory and cognitive ability, including poor mental health such as depression, brain injury, substance use, alcohol and unhealthy diet, but with this intellectual element it can help to reduce these negative factors. In the meantime, intellectual well-being can be attributed to lifelong learning, the application of learned knowledge, and sharing knowledge with others (Melnyk, 2018). In building excellent youths, this element can also encourage the community to recognize the creative abilities of teenagers and help them to find ways to develop their knowledge and skills in every aspect of the youth's daily activities. This can increase self-confidence, self-esteem and self-image in being a competent teenager and having a good identity.

Spirituality

Spirituality means the values that exist in youths who draw themselves closer to divinity. This element involves the beliefs and spiritual customs of youths in preventing them from falling into mental health problems. The behavior of these spiritual practitioners usually has an impact on mental health, it may be that internal meditation provides teens and individuals to avoid the thoughts that damage them. Spirituality is a belief in adolescents in which it plays a role in shaping the purpose and meaning of their life. This is what gives teenagers good values or morals in life. Spirituality or spirituality can also encourage individuals to have good relationships with themselves and others in their environment. Spirituality is believed to help youths cope with stress and stress.

Social Engagement

Social engagement can have a significant impact on the mental health of youth including poverty, crime, racism as well as the environment. For example, a person's housing environment can play a role in the well-being of teenagers through social relationships between them (Alegría et al., 2018). A study by Hawke, Mehra, and Settapani et al. (2019) found that the location of living teens had a significant influence on the mental well-being of adolescents where social engagement among the local population could prevent the negative activity of adolescents. As a teenager living in rural or urban areas, the role of a conducive and social symptom-free environment is important in influencing adolescent mental health. A study by Cummings (2014) shows the fact that a person's social environment, including socioeconomic elements such as race and ethnicity and lack of social support can have a profound influence on your ability to cope with stress and also affect mental health. Therefore, it is important for adolescents to identify adaptation factors to the challenges of life, and their involvement in activities that are free from social symptoms.

Resiliency

Resiliency is a dynamic process that involves various stages, and also various systemic positive adaptations in individuals, families and communities. For adolescents, this element of resiliency is expected to form protective factors and prevention. Developing resiliency resilience interventions for adolescents is very important as these mental health issues are difficult to predict in a teenager. This element of resiliency can enhance the power of adaptation and total awareness in a challenging environment for adolescently intervention for adolescents to keep them in a mental health disorder-free zone. With the presence of awareness and hope, resilience and resiliency can be nurtured or enhanced in social, emotional and behavioral aspects. Resiliency is now also recognized as a function of interaction between individuals (biological and psychological factors), family, school, workplace, community and organization, acting in the system of relationships and networks (Twum-Antwi, Jefferies, & Ungar, 2020). All this is determined in part by the geopolitical influence that leads to a safer, more stable and free youth from conflict, poverty and difficulties in life. The situation requires a teenager's internal

positive mechanism to curb, deny or resist any teenage self-change that causes them to get out of the real track of life.

Behavioral

Health in terms of behavioral mechanisms is related to the analysis of behaviors that affect the health of the individual. Behavioral health especially related to good behavior is focused on the attitude and personality of the individual (Atasunteva et al., 2020). Different individuals react to different situations in different ways, and these reactions affect their health positive and negatively. This can affect every decision made by individuals, their personal lives, and those around them. Behavioral health is associated with physical movements that use cognitive force. For teenagers, behavioral health is the actions of adolescents that shape their morals and social norms. Adolescent behavioral health problems can be identified in the distortion of trust and responsibility, manners and upbringing as well as the daily routine activities of a teenager. Behavioral health is serious and it can have very negative effects. It can also make a teenager lose a friend and be perceived as a negative individual. The challenge of youth in improving this element of behavior and action in living social and professional life is the influence of friends, the nature of remembering to know, easily following and dislike for change for good. Youths who are well established in personality and behavior can guarantee the progress of settlements (villages and institutions) as excellent personalities can guide them to have the vision and passion to move forward.

Limitation and Future Direction

Although this study provides valuable insights into the underlying factor structure for youth mental health in Malaysia, there are some limitations to consider. Firstly, the study was limited to a specific age group (15-24 years old), which may not be representative of all youth in Malaysia. Secondly, the sample size was relatively small, which could impact the generalizability of the findings. Additionally, the study only used self-reported measures, which may be subject to bias and may not fully capture the complexities of youth mental health. Finally, the study was cross-sectional in nature, which limits the ability to draw conclusions

about causality or changes over time. Future directions for this study could include expanding the age range of participants to better capture the experiences of all youth in Malaysia, as well as increasing the sample size to improve the generalizability of the findings. Additionally, future research could include the use of multiple methods to gather data on youth mental health, such as interviews and observations, to provide a more comprehensive understanding of the topic. Longitudinal studies could also be conducted to track changes in youth mental health over time and explore potential causal relationships between different factors. Finally, interventions could be developed and tested based on the findings of this study to promote positive mental health outcomes for youth in Malaysia.

Conclusion

In conclusion, this study gathered a systematic data in developing empirically develop dimensions for the health of the youth generation. The findings of this study could provide a framework to understand the dimensions of youth health, specifically to psychological well-being. In this study there were seven dimensions of findings to the construction of this model, namely the mechanism of 1) emotions, 2) problem solving, 3) intellectual wellness, 4) spirituality, 5) social engagement, 6) resiliency and 7) behavioral. Based on the findings of this study, it is suggested that government agencies, youth development institutions, and voluntary bodies involved with youth development policies should use the seven dimensions of youth health to develop programs and policies that address the specific needs and challenges of young people. By incorporating the dimensions of emotions, problem solving, intellectual wellness, spirituality, social engagement, resiliency, and behavioral mechanisms, these organizations can provide comprehensive support for the psychological well-being of young people. Additionally, the framework developed in this study could serve as a useful tool for researchers and practitioners working in the field of youth health. The future study in the construction of this factor structure is to create a comparison with urban youth factors (urban areas) that may differ in dimensions (rural areas). In addition, studies with regard to other influences that influence adolescent health such as social conscience, philanthropy, interest, and socioeconomics can be implemented to look at the moderation factors towards these dimensions. In addition, the seven dimensions formed can be used as the themes of modules for youth mental health programs

specifically for youth by the Ministry of Health Malaysia (MOH). Studies can also be seen to be used as benchmarks for research institutions and governments, organizations in assessing policies and recommendations for developing youth who are free from mental health problems.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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