

Mental Health Outcomes and their Associated Factors among Children and Adolescents

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Publication Date: 2025/07/16

Abstract: Globally, mental health disorders constitute a public health problem. Concerns over an excessive growth in the treatment of young individuals with modest levels of mental health impairment have been raised by the increasing number of young individuals receiving mental health treatments and the expansion of concepts around psychopathology. The purpose of this research is to identify different protocols for safeguarding the mental health of children and adolescents. In this study, 69 pupils from one international school in Malaysia were involved. The participants' racial origins, nationalities, ages, and genders varied. For students to gain more from on-campus help, schools must keep de-stigmatizing mental health on campus. This can be achieved by organizing mental health-promoting activities including counselling, physical activity, and group exercise.

Keywords: Mental Health, Psychological Disorders, Behavioural Issues, Stress, Resilience.

How to Cite: Gauri Krishnaswamy; Mohamed Arsath Shamsudeen; B. Yashriah; Zaha Mohamed Hameed; Mohamad Zahin Hafiz Zulkiple (2025). Mental Health Outcomes and their Associated Factors among Children and Adolescents. *International Journal of Innovative Science and Research Technology*, 10(7), 817-824. <https://doi.org/10.38124/ijisrt/25jul286>

I. INTRODUCTION

➤ Promoting Mental Well-Being among Primary and Secondary Students on Schools

Mental health disorders are a critical global public health issue. According to the World Health Organization (WHO, 2004), [1] mental health is “a state of complete physical, mental, and social well-being”, combined with the ability to cope with life’s pressures. Fusar-Poli et al. (2020) and WHO (2017) describe it as a state enabling individuals to handle daily stressors effectively. [2,3] Adolescents with strong mental health typically exhibit social skills, problem-solving abilities, and a sense of purpose, which support their cultural success (Ahmad et al., 2015). [4]

Prioritizing early intervention and creating safe, nurturing environments is essential in preventing mental health issues among children (United Nations, n.d.). Global initiatives, including the UN’s designation of October 10 as World Mental Health Day, highlight the growing emphasis on mental health by policymakers and international leaders (Hashimoto & York, 2015). [5]

➤ Evaluating Malaysia’s Initiatives For Student Mental Health

A 2016 report by Malaysia’s Ministry of Health (MOH) revealed that one in three Malaysians experience mental health disorders, with teenagers aged 16–19 and low-income families being most affected. In response, MOH introduced programs such as workshops on management of stress, mental health screenings, and promotional campaigns. MOH and the Ministry of Education collaborated to create the Healthy Mind Program, which focuses on mental health in secondary schools. [6]

➤ Understanding Barriers to Seeking Help Among Secondary School Students

The MOH (2016) also identified low help-seeking behaviour as a significant factor in poor mental health among students. According to Meyer (2010), mental health support can come from professionals or personal networks like friends and family. Since 2000, Malaysia has stationed counsellors in all secondary schools to provide accessible support (Choong et al., 2015). [7] Male students are less likely than females to seek aid, potentially due to societal pressures and stigma. Poor awareness of mental health interventions and stigma surrounding depression further exacerbate reluctance to seek assistance (Singh et al., 2018; Puspitasari et al., 2020). [8]

➤ *Challenging Stigma: Changing Perceptions Of Mental Health*

Despite widespread impact, mental health issues are often met with societal stigma and discrimination (Puspitasari et al., 2020). [8] This prejudice makes it harder for individuals with mental illnesses to achieve personal and professional goals (Hartini et al., 2018). [9] Age does not necessarily influence negative attitudes, as such views are prevalent across all demographics. Hanafiah and Van Bortel (2015) found that stigma could worsen severe mental health conditions, emphasizing the need to address societal perceptions. [10]

II. METHODOLOGY

➤ *Sample Population*

This study was conducted among students from an international school in Malaysia. Out of approximately 200 students enrolled in the school, 69 voluntarily participated in the research. The participants represented diverse racial backgrounds, nationalities, ages, and genders.

➤ *Study Design*

A cross-sectional study design was employed to collect data on participants' health status. The primary goal of the study was to evaluate the mental health condition among students attending a private international school. A validated Health Assessment Questionnaire was used as the key tool for conducting the study.

➤ *Instrumentation*

The questionnaire developed for this study aimed to assess both general health and mental health. It consisted of three sections: general information, health status, and vaccination details. Particular emphasis was placed on gathering general demographic data and insights into the participants' health conditions.

➤ *Statistical Analysis*

This study employed the Statistical Package for Social Science (SPSS) to evaluate data from a questionnaire. The software analysed many replies, including mean, correlation, and percentages. The data was analysed using Pearson Coefficient of Correlation and descriptive statistics. A p-value of below 0.05 was considered significant.

III. RESULTS AND DISCUSSION

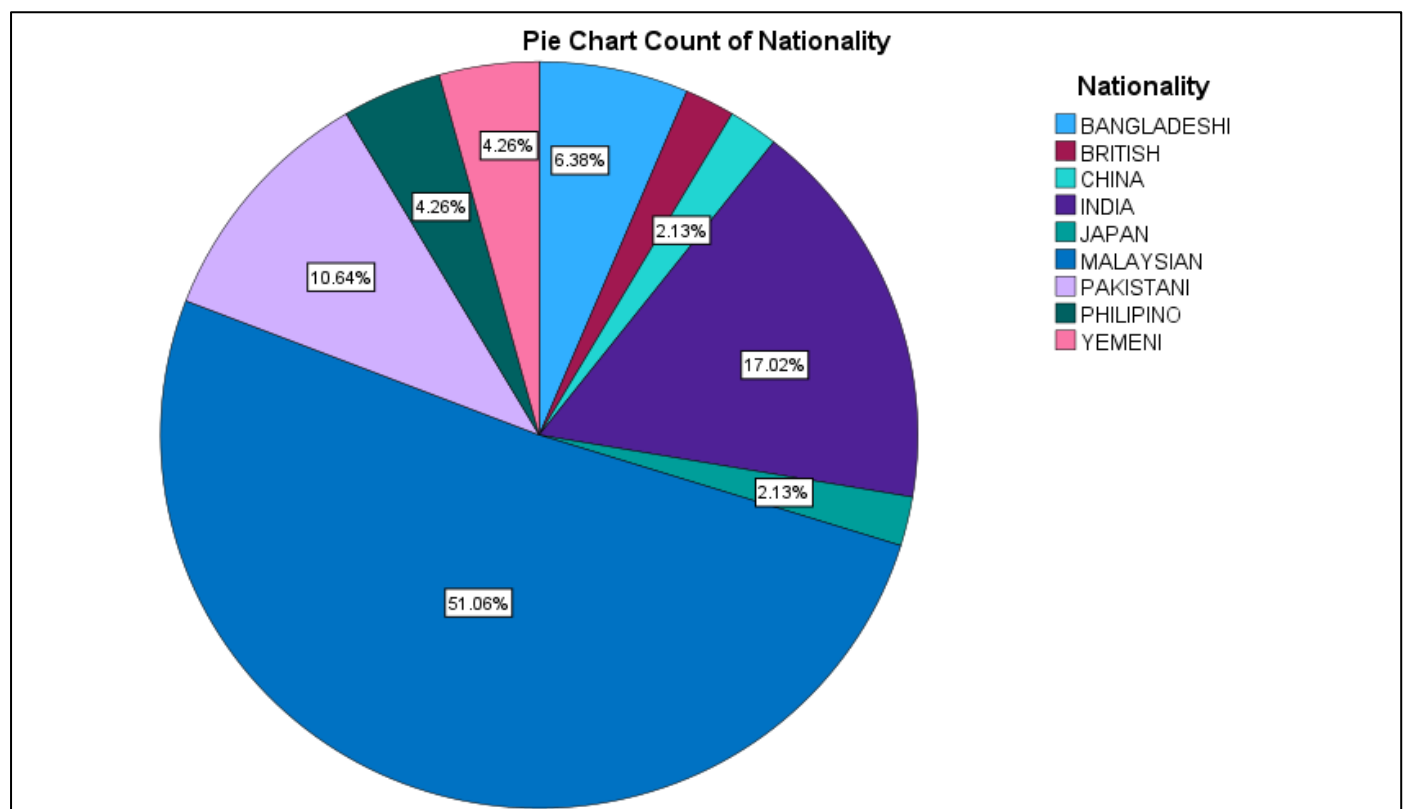


Fig 1 Pie Chart Representing the Nationality among the 69 Participants

There was a total of 69 participants in the study. The nationality, gender and class level among the students were analysed. Figure 1 explains the different nationalities of the participants. 51% of the students from the international school were Malaysians and the remaining of 49% were from

various countries. There were 17% of the part participants were from India, 10% from Pakistan, 6% from Bangladesh, 4% from Philippine and Yemen followed by 2% from China and United Kingdom.

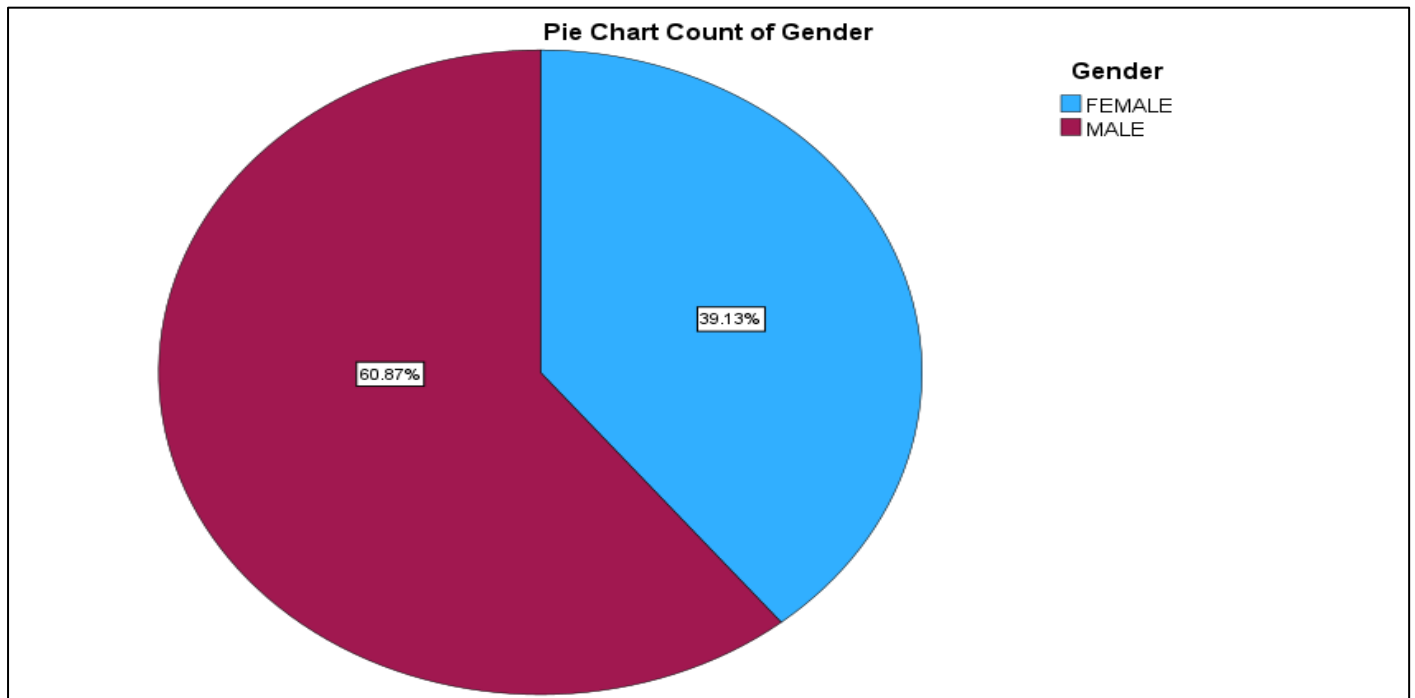


Fig 2 Pie Chart Representing the Gender among the 69 Participants

As seen in Figure 2, among the 69 participants, 60% were male and 40% were female. This could be because more male students from the international school was open to do a questionnaire about their health whereas, the female students could have been more cautious. From a study done by van

Droogenbroeck et al., (2018) [25] [11], showed that 50.2% of their participants were females and the remaining 49.8% was males. In their study, they have highlighted that females were more approachable and willing to participate.

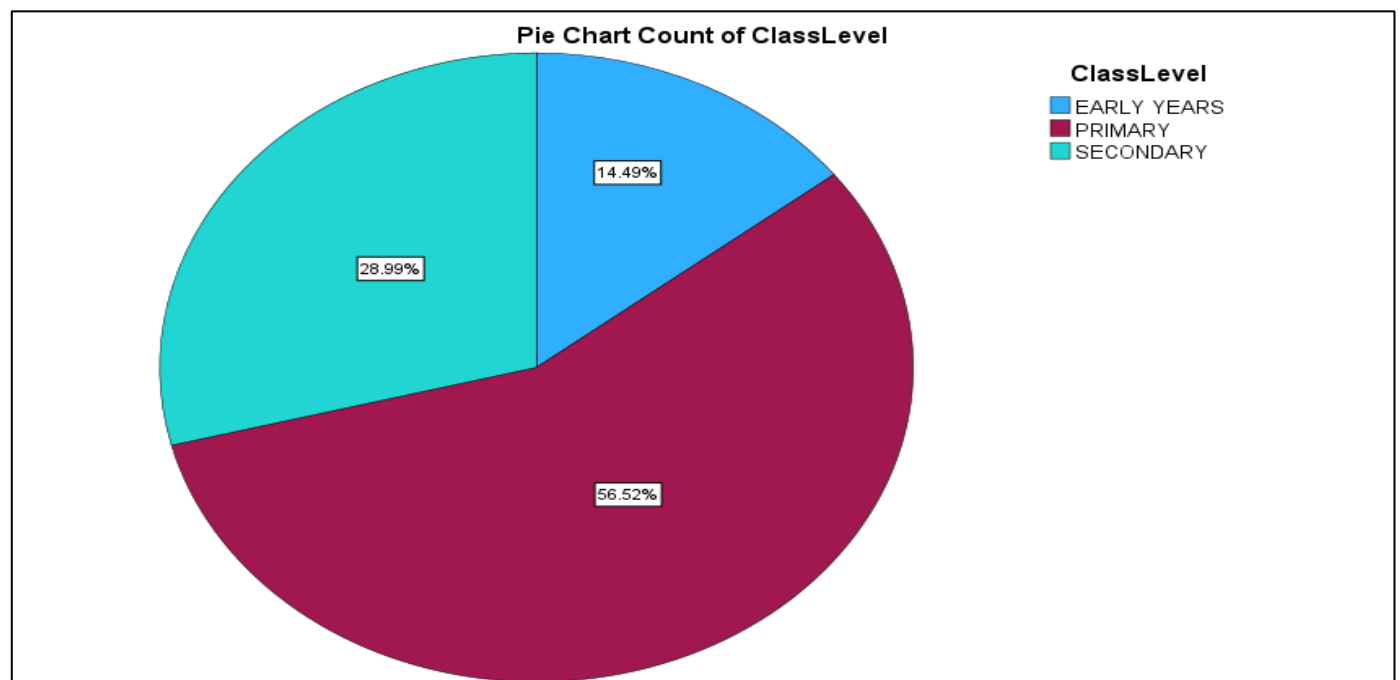


Fig 3 Pie Chart Representing the Different Class Levels Among the 69 Participants

The study was done from different class levels in the international school. Figure 3 shows the distribution of the different class levels. 14% are early years, 28% of secondary students and 56% of primary students. In this study it is more focused on the primary and secondary students from the international school. The guardians of the primary school

students were more willing to participate in the overall health checkup compared with guardians of secondary students. Priest et al., (2020) did a study in which the results were 82.4 % primary and 17.6 % secondary. In their paper it was mentioned that in total five primary school and two secondary schools participated. [12]

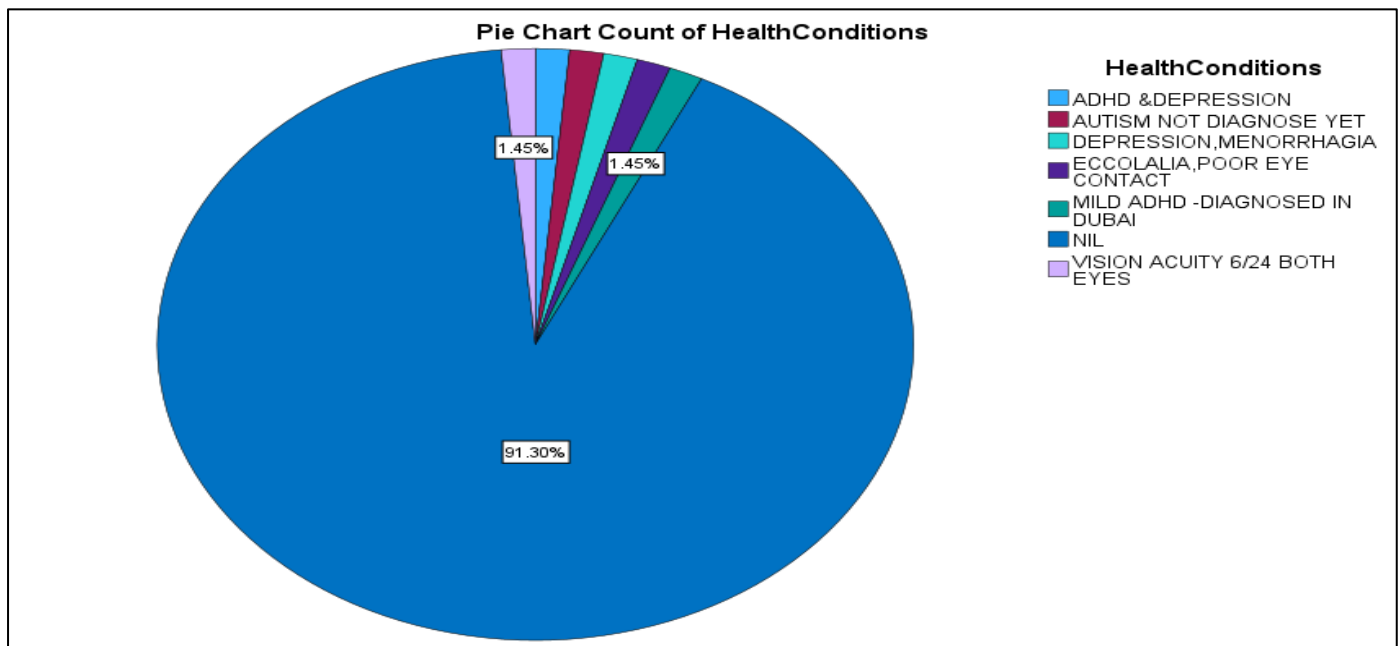


Fig 4 Pie Chart Representing the Health Conditions Among the 69 Participants

From Figure 4 it can be seen that majority of the students did not have any medical conditions. 91% of the students do not have any medical conditions. However, 9% of the students have some medical conditions such as, depression, and ADHD. This study will focus on the mental health of primary and secondary pupils at an international school. Sakthivel et al. (2021) found that 50% of secondary pupils

experienced mental health issues, including depression, anxiety and stress.

According to the study, secondary students' relationships with their parents, family finances, and academic achievement can all cause stress, which can lead to mental health disorders. [13]

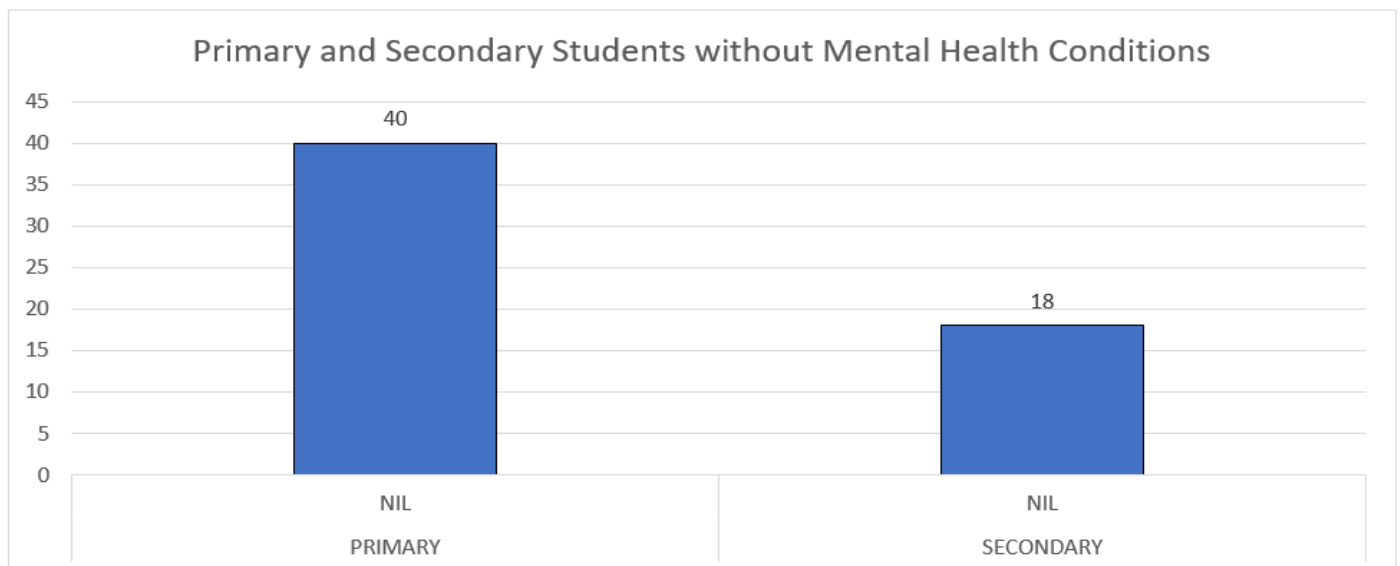


Fig 5 Bar Chart Representing The Primary and Secondary Students Without Mental Health Conditions.

Figure 5 depicts the overall number of pupils who did not have any mental health concerns, with 40 primary students and 18 secondary students indicating that they did not have any mental health issues. This could be attributed to students' lack of information regarding mental health, as well as the stigma associated with it. In a recent study done by Tang et al., (2021) according to their findings, primary school

children had the lowest prevalence and levels of depression, anxiety, and stress symptoms, while secondary students had the greatest levels. In the study it was stated that, compared to primary school students, secondary school students are under higher pressure academically because they must prepare for their final assessments and their future as well. [14]

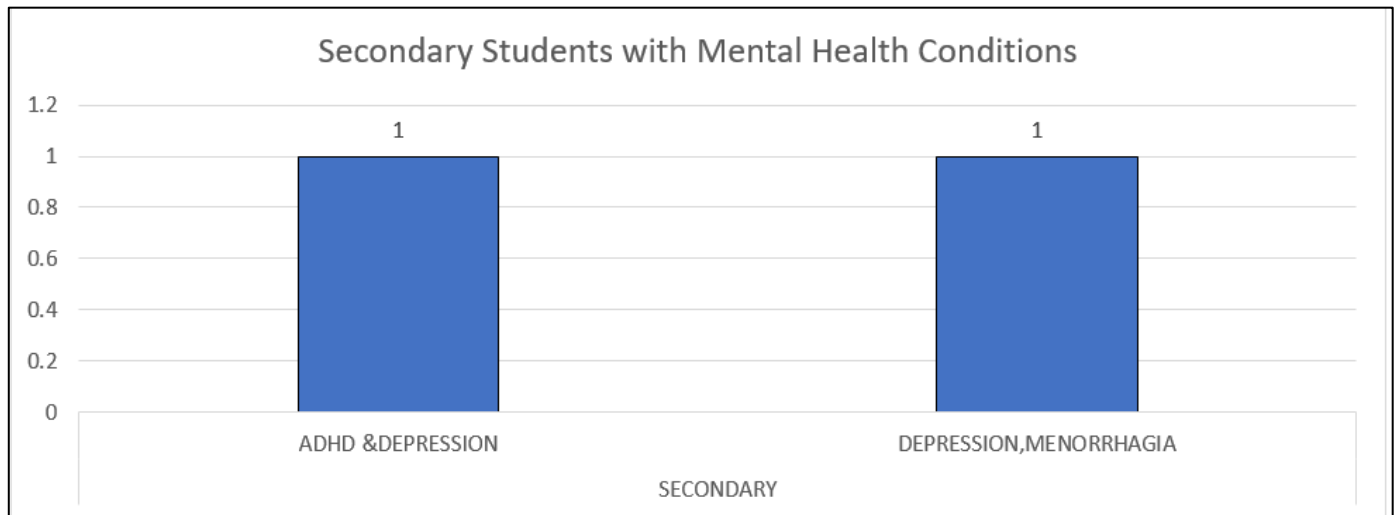


Fig 6 Bar Chart Representing Secondary Students with Their Mental Health Conditions

Figure 6 shows that secondary students in this study experienced mental health disorders such as ADHD, depression, and menorrhagia. This can be because of academic stress and peer pressure in overall. Sakthivel et al. (2021) found that high school students reported high levels of

mental health concerns, ranging from mild to severe. This is because their relationships with parents, family finances, and academic success can all lead to stress in high school adolescents, which can result in mental health issues. [13]

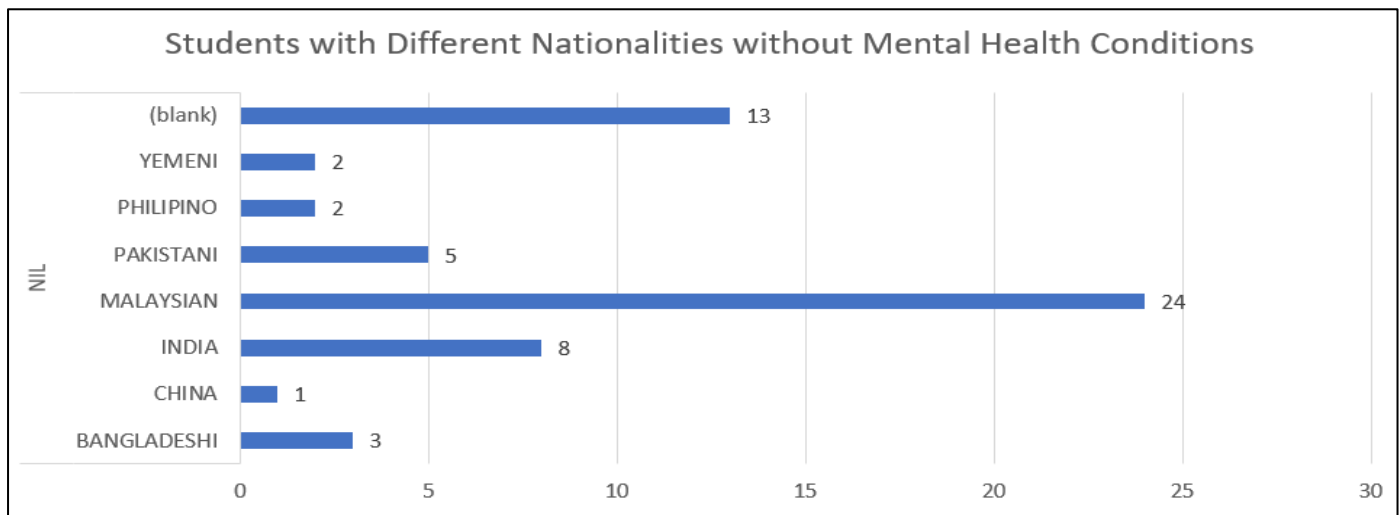


Fig 7 Bar Chart Representing the Comparison between Different Nationalities without Mental Health Conditions

Among the different nationalities shown in Figure 7 displays that those students from the different nationalities did not suffer from mental health conditions. This could be attributed to students' lack of awareness and stigma surrounding mental health issues. In a study conducted by DuPont-Reyes & Villatoro, (2019), it showed that African

American students studying in an American school did suffer from mental health illness more than the American students. According to the study, individual racism, institutional racism, and cultural racism all contributed to the despair, low self-esteem, and dissatisfaction among African American students in the American School. [15]

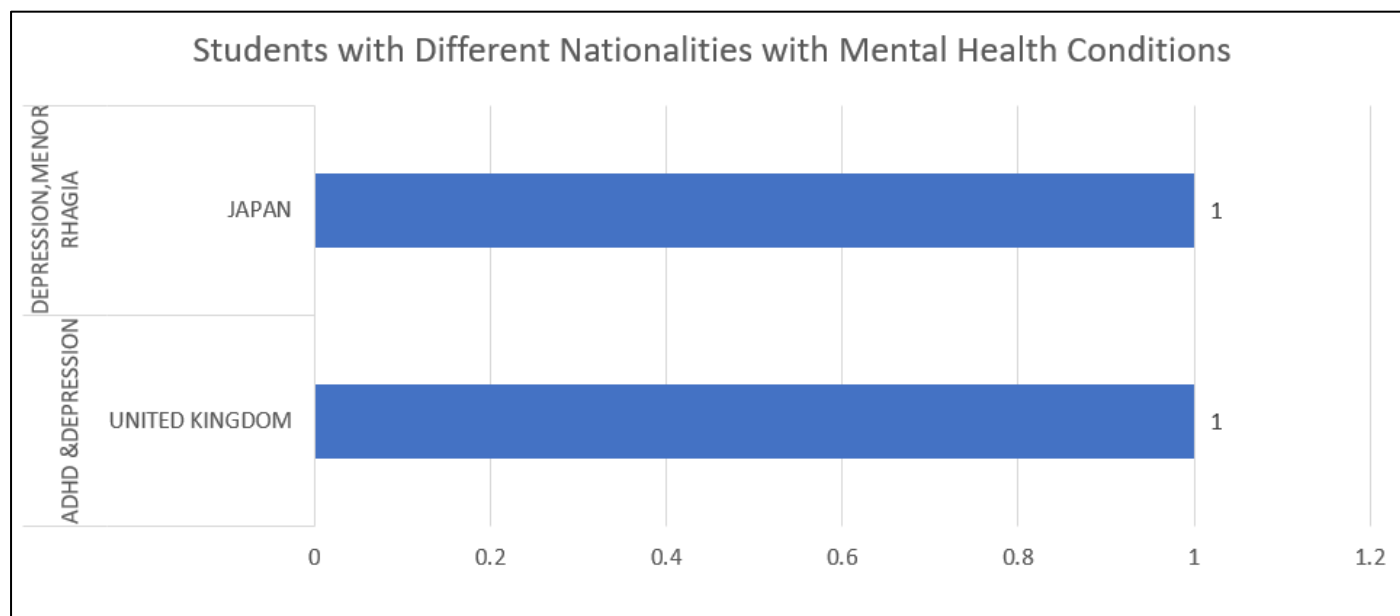


Fig 8 Bar Chart Representing the Different Nationalities and Their Mental Health Conditions

Figure 8 illustrates that in the study conducted, one student from Japan and United Kingdom did have depression which is a mental health illness. Some of factors affecting depression could be, negative self-esteem, being bullied, and feeling hopeless. According to research by Patel et al. (2007), young adults of similar age and different nationalities do have mental health issues. [16] The findings indicated that young adults in Australia (27%), Ethiopia (18%), India (13%), America (52%), and the United Kingdom (12%) all have mental health conditions. The study emphasized the biological, psychological, and social elements as the three main influences on young adults' mental health. In this study, students from an international school based in Malaysia was assessed for their mental health conditions. In comparison with the study done it was seen that international students had more mental health issues compared with Malaysians. As the study was done between primary and secondary class levels from an international school the students might not be able to distinguish between stress and mental health conditions.

➤ Observations on Depression and Other Mental Health Conditions

The study discovered cases of depression among students, which can be ascribed to variables such as interpersonal disputes, social rejection, and low self-esteem (Graber & Sontag, 2009) [10]. The stresses of adapting to age-related changes, as well as exposure to detrimental foreign cultural influences, are contributing to children's increased rates of depression (Ishak et al., 2020). [17]

The same study by Ishak et al. (2020) reported that 0.8% of 3,932 Form Four students in North Penang exhibited severe depression. [17] Although this percentage is relatively low, it is concerning for educators tasked with shaping students into well-rounded individuals. Earlier research by Kaplan et al. (1980) found clinical depression affecting 6% of the sampled students [18], while Connelly et al. (1993) observed a higher prevalence of 9.75% experiencing moderate to severe depression. [19]

In addition to depression, other mental health conditions such as eating disorders, anxiety, and bipolar disorder are also prevalent. Research by Sümer et al. (2008) suggests that higher levels of social support can help international students engage more socially, which may alleviate feelings of depression and anxiety. [20] Conversely, those with limited social support tend to experience heightened anxiety. While male and female students may differ in their responses to stress and experiences of loneliness (Misra et al., 2003), their levels of sadness and anxiety are influenced by various other contributing factors. [21]

➤ Gender Disparities in Mental Health Awareness and Help-Seeking Behaviour

This study resulted in female students admitted to having mental health issues. Even though many students do have mental health issues, only a small percentage of them will speak up and disclose them. From a study conducted by Khan et al., (2010) their findings showed that Chinese students, followed by Malays and Indians, have the best understanding of the signs and symptoms of depression among the various cultural groups. [22] A small percentage of responders (3.2%, n=16) did not recognize any signs of depression, though. Gender differences in knowledge were apparent, with female respondents showing higher understanding of depression. 27,29 11.4% (n=57) of the respondents admitted having experienced depression firsthand. Unsurprisingly, this group, which included 34 females and comprised 59.6% of the group, showed statistically much higher knowledge. Additionally, it was discovered that women are more knowledgeable than men about the signs of depression (Khan et al., 2010). [22]

The way in which signs of mental health illnesses are recognized and interpreted by individuals of both genders can be linked to how gender affects mental health. For instance, when identifying mental disorders, men prefer to use more generic phrases like mental illnesses rather than more specific terminologies, which could lead to the incorrect diagnosis of

certain mental health disorders (Singh et al., 2022). [23] Additionally, it has been noted that younger men struggle to identify signs of mental health disorders because they mistakenly believe that these signs are a result of family issues or peer pressure rather than realizing that they are signs of a mental health disease (Coles et al., 2016; Cotton et al., 2006). [24,25] The improved ability to correctly recognise a mental health disorder, which would boost the intention to seek treatment, may moderate females' higher intention to seek help (Singh et al., 2022). [22]

Furthermore, males' higher externalisation of mental health disorders and poor symptom identification would contribute to lower treatment intentions (Singh et al., 2022). [23]

IV. CONCLUSION

➤ *Reducing Stigma and Encouraging Treatment for Mental Illness*

Despite major efforts over the last two decades to remove stigma associated with mental health, it remains a significant barrier to getting treatment for many students, particularly males and those from ethnic and religious minority groups. To enhance students' use of on-campus mental health resources, schools must continue prioritizing stigma reduction. This can be achieved by integrating mental health-promoting activities such as counselling sessions, physical exercises, and group activities into the school schedule. These initiatives aim to create a supportive environment where seeking help is normalized and encouraged.

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