

**Comparative Analysis of Mental Health Challenges in Malaysian Youth and Older Adults**

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**Abstract**

**Background:** Mental health is a growing public health concern in Malaysia, with youth and older adults facing distinct challenges. Young people are increasingly affected by academic pressure, social media influence, and cultural stigma. At the same time, older adults experience mental health issues such as loneliness, depression, and anxiety, often driven by life transitions and social isolation. This study aims to compare mental health stressors in these two groups and propose tailored strategies to address their needs.

**Methods and Materials:** A qualitative review and comparative analysis were conducted using data from national surveys, scholarly journals, and reports by the Ministry of Health and the World Health Organization. The study identifies key psychosocial and cultural contributors to mental health conditions in youth and the elderly. Case studies, population statistics, and mental health service accessibility data were analyzed to understand demographic-specific challenges and inform cross-generational support strategies.

**Results:** Youth in Malaysia are especially vulnerable to anxiety and depression due to academic expectations, peer pressure, and the negative effects of social media. Meanwhile, older adults face increasing risks of depression and loneliness due to family changes, retirement, and insufficient community support. Cultural stigmas around mental health persist in both demographics, hindering open dialogue and timely intervention. The disparity in mental health service accessibility across rural and urban regions further exacerbates the issue.

**Conclusion:** Mental health challenges in Malaysia require demographic-specific interventions. Schools and digital platforms must integrate mental health education and counseling services for youth. Community-based engagement programs and stronger social support systems are vital for older adults. Promoting intergenerational dialogue and reducing stigma across all age groups can create a more inclusive mental health framework, improving overall societal well-being.

**Keywords:** *Mental Health in Malaysia, Youth Mental Health, Older Adults, Social Isolation, Cultural Stigma*

### **Understanding Mental Health Challenges Among Malaysian Youth**

This sets the stage for understanding the mental health landscape in Malaysia, highlighting the increasing prevalence of mental health disorders among different demographics, particularly youth and older adults. It outlines the significance of mental health as a public health concern. It introduces key factors contributing to mental health challenges in the country, such as academic pressure, social media influence, cultural stigma, and socio-economic factors. The chapter aims to provide a foundational understanding of why mental health is a critical issue in Malaysia and the need for targeted interventions.

### **The Loneliness Epidemic: Mental Health in Older Adults**

This chapter shifts focus to the mental health struggles faced by older adults in Malaysia. It highlights issues such as loneliness, depression, and anxiety that often arise from life transitions like retirement, bereavement, and changing family dynamics. The chapter emphasizes how societal neglect toward older adults' mental health needs can exacerbate feelings of isolation and despair. By shedding light on these challenges, it advocates for greater awareness and resources dedicated to supporting the mental well-being of Malaysia's aging population.

The discussion centers around loneliness as a critical factor affecting older adults' mental health. It explores how changes in family structures and loss of social connections contribute to feelings of abandonment. The mini-chapter argues for community-based initiatives that promote social engagement and support networks for older adults to combat loneliness and enhance their quality of life.

This section also addresses the cultural attitudes towards aging in Malaysia, which often lead to stigmatization and neglect of older adults' mental health needs. It discusses how traditional views may limit open discussions about mental health issues in this demographic. The mini-chapter advocates for cultural shifts that recognize the importance of mental health care for older adults and encourage families to engage in supportive dialogues.

### **Comparative Analysis: Youth vs. Older Adults in Mental Health**

This can be explained by looking into the specific mental health challenges faced by Malaysian youth, focusing on issues like anxiety, depression, and stress. It explores the various stressors impacting young people, including intense academic competition, peer pressure, and the pervasive use of social media. The chapter also discusses how cultural norms may hinder open conversations about mental health, leading to feelings of isolation among adolescents. By examining these factors, the chapter emphasizes the urgent need for mental health awareness and support systems tailored to the unique experiences of Malaysian youth.

The focus narrows to the role of academic pressure as a significant contributor to mental health issues among youth. It discusses the competitive education system in Malaysia and how Expectations from parents and society can lead to heightened stress and anxiety. The mini-chapter highlights the importance of addressing academic-related pressures through reforms in educational practices and increased support for students' mental well-being.

This section examines the impact of social media on youth mental health, discussing its positive and negative influences. While social media can foster connections and support networks, it also exposes young people to cyberbullying, unrealistic comparisons, and constant scrutiny. The mini-chapter underscores the need for digital literacy programs that equip youth with skills to navigate social media responsibly and mitigate its adverse effects on mental health.

### **Bridging the Gap: Strategies for Effective Mental Health Support**

Strategies for fostering intergenerational dialogue are discussed as a means to build mutual understanding between youth and older adults regarding mental health issues. It emphasizes the value of shared experiences and knowledge exchange in promoting empathy and support across generations. This approach enhances awareness and encourages collaborative efforts to address mental health challenges.

This section focuses on developing collaborative mental health initiatives that address the needs of both youth and older adults. It highlights successful programs with integrated services for different age groups, promoting a community-oriented approach to mental well-being. The mini-chapter advocates for policies encouraging collaboration among stakeholders, including government agencies, non-profits, and community organizations, to create a supportive environment for all age groups.

### **Conclusion**

The final chapter summarizes the key findings from previous chapters and emphasizes the importance of addressing mental health challenges across all age groups in Malaysia. It provides actionable recommendations for policymakers, educators, healthcare providers, and community leaders to enhance mental health support systems. By advocating for increased awareness, resources, and intergenerational collaboration, this chapter aims to contribute to a more robust mental health framework that improves the overall well-being for Malaysian citizens. Each chapter builds upon the previous one, creating a comprehensive understanding of mental health challenges in Malaysia while advocating for targeted solutions that encompass youth and older adults.

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**Tables**

*Table 1*

*The number of outpatient visits in 2014 & 2015*

States	2014			2015		
	New cases	Follow up	Total	New cases	Follow up	Total
Perlis	354	8,255	8,609	410	8,701	9,111
Kedah	1,965	32,290	34,255	1,917	35,788	37,705
Pulau Pinang	1,964	24,586	26,550	1,716	20,232	21,948
†Perak	2,660	42,481	45,141	3,391	50,182	53,573
Selangor	3,423	40,604	44,027	3,572	38,394	41,966
WP Kuala Lumpur	1,423	22,992	24,415	1,419	22,792	24,211
WP Putrajaya	175	2,851	3,026	236	3,343	3,579
Negeri Sembilan	1,877	19,344	21,221	1,952	17,820	19,772
Melaka	734	18,752	19,486	723	19,620	20,343
†Johor	3,989	59,669	63,658	4,815	64,519	69,334
Pahang	1,232	19,834	21,066	1,277	20,638	21,915
Kelantan	844	13,922	14,766	646	14,912	15,558
Terengganu	934	14,019	14,953	830	13,921	14,751
†Sabah	2,113	34,592	36,705	2,313	36,515	38,828
†Sarawak	2,356	46,359	48,715	2,643	50,098	52,741
<b>MALAYSIA</b>	<b>26,043</b>	<b>356,547</b>	<b>382,590</b>	<b>27,860</b>	<b>417,475</b>	<b>445,335</b>

*Note:* The table provides data on outpatient mental health cases in Malaysia for 2014 and 2015. It lists the number of new, follow-up, and total cases in each state across the two years. In 2014, Malaysia recorded a total of 382,590 outpatient cases, with 26,043 new cases and 356,547 follow-up cases. By 2015, the total number of cases increased to 445,335, comprising 27,860 new cases and 417,475 follow-up cases. Notable cases increase occurred in states like Selangor, which had 44,027 total cases in 2014 and 51,966 in 2015. Other states, such as Johor and Sarawak, also saw significant increases. This data indicates a growing recognition of mental health issues and the demand for mental health services across Malaysia, as well as a trend of increasing follow-up cases, suggesting an ongoing need for continuous support for patients.

Figures



*Figure 1.* The map shows the distribution of hospitals with psychiatric services and the availability of psychiatric wards across Malaysia. The darkest shades of blue areas represent regions with populations between 2-4 million people and hospitals equipped with psychiatric wards. In contrast, lighter shades indicate areas with smaller populations, such as those in the 1-2 million range, where psychiatric wards are also available. The map highlights regions without psychiatric wards, marked in orange, mostly in areas with less than 1 million residents. These areas may have limited access to mental health services, making it challenging for residents to get psychiatric care. The distribution of psychiatric wards across different population densities suggests that access to mental health services may vary significantly depending on regional population sizes.