A REVIEW OF MENTAL ILLNESS AMONG ADOLESCENTS IN MALAYSIA

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Abstract: The number of mental illness issues among Malaysian adolescents has increased which leads to the necessity for further exploration of its factors. Thus, the purpose of the study is to review the cases of mental illness issues among adolescents in Malaysia and the factors that lead to such issues, as well as their signs and symptoms. The qualitative design is employed with document research method. Data on the factors and numbers of cases of teenagers’ mental health issues from journal articles, books, newspapers, and other relevant sources are analysed through a thematic and comparative approach. It was found that between 2014 and 2015, a total of 3073 cases were reported which lead to depressions. Adolescents are also found to be involved in a number of illegal and aggressive activities such as drug addictions, gambling, and damaging of property due to their mental volatility. Previous research indicated that a major factor that elicits mental illness is severe psychological trauma that a person suffered as a child due to abuse. A few recommendations are also included at the end of the paper.

Keywords: Adolescents, Document Analysis, Mental Illness, Psychological Trauma, Qualitative Study

Introduction
Mental illness among adolescents in Malaysia is a serious issue that needs to be attended. The Health Ministry has reported that in 2015, the number of mental illness cases among 16 to 19 years old Malaysian is 29.2%, which is estimated at 4.2 million people. This indicates that 1 in 3 individuals is suffering from mental illness and that made mental illness the second highest health problem in Malaysia (Kementerian Kesihatan Malaysia, 2016). Moreover, it was reported that the number of mental health patients who were seeking treatment at Health Clinic (Klinik Kesihatan), Jabatan Pesakit Luar (Outpatient Department), Emergency Units and Specialist Clinics are 74,965 cases in 2015, and 76,061 in 2016 which shows an increase of 1%. The number also indicated that it was an increase of 11.2% over 2006 (Nabihah Hamid, 2017).


**Literature Review**

**Definition of Mental Illness**

According to World Health Organisation (WHO), mental illness is the lack of subjective well-being, competence perceived self-efficacy, autonomy. It also stressed on the absence of intergenerational dependence and recognition of the ability to realise one’s intellectual and emotional potential. (World Health Organization (WHO), 2003). The definition is not different from what was defined by Dewan Bahasa Pustaka, (2017) which stated that mental illness or disorder can is an abnormal behaviour-mental disorder, mental illness, psychological disorders which could lead to abrupt change of behaviour, scattering, foggy or chaos actions.

Mental illnesses also lead to irregularities in mind and emotion, inability to control disorders of thought, feelings, behaviour, personal interactions causing pressure (web-dictionaryster, 2017). This disorder is a syndrome of psychology state that is usually associated with anxiety symptoms, damage or disorders of brain function and thinking (Dewan Bahasa Pustaka, 2017). Clinically mental illness is a mental disorder that has a significant relationship with the individual's behaviour or psychology state in which the individual is unable to control his or her mental health which may cause various risks such as illness, infirmity and death (Maisel, 2013). Mental disorders consist of various problems with different symptoms. Generally characterised by a combination of some thoughts, emotions, behaviours and abnormal relationships with others (World Health Organization, 2016). The individual who is insane, or having psychiatric disorder is apparent through his or her behaviour which associated to depression and isolation (Britannica, 2017).

Hence, mental health is the opposite of mental disorders. Mental health is defined as a state of well-being whereby individuals comprehend their abilities, are able to manage their normal stresses of life, able to work productively and fruitfully, and make a contribution to their communities (World Health Organization (WHO), 2003). Mental health in prosperity, perfect thinking, emotion and behaviour in which the individual can function in the work of achieving a goal between physical, mental and spiritual (Mohammad Jamil Yaacob, 2007).

**Types of Mental Illnesses**

Mental illnesses are of different types and degrees of severity. Some of the major types are personality disorders, schizophrenia, depression, bipolar mood disorder, anxiety, and eating disorders. Anxiety and depressive disorders are the most common mental illnesses that Malaysian youths are suffering (Norhayati Ya’acob, 2013). It is prevalent for everyone to experience strong feelings of tension, fear, or sadness at times. However, a mental illness is present when these feelings become so troubling and overwhelming that individuals have abundant of struggling in handling day-to-day activities, such as work, enjoying leisure time, and maintaining relationships. At their most extreme, people with a depressive disorder may not be able to get out of bed or care for themselves physically. People with certain types of anxiety disorder may not be able to leave the house, or may have compulsive rituals to help them alleviate their fears (Australian Government’s HealthInside, 2016).

Schizophrenia and bipolar mood disorder are less common type of mental illnesses which involve psychosis. Individuals who experience an acute episode of psychosis lose touch with reality and perceive their world differently from normal. They will not be able to make sense of thoughts, feelings, and the world around them is seriously affected. A psychotic episode may involve delusions, such as false beliefs of persecution, guilt, or grandeur which can cause
hallucinations, where the person sees, hears, smells, or tastes things that are not there. Psychotic episodes can be threatening and confusing to other people who are not familiar with it (Australian Government’s HealthInside, 2016).

**Statement of Problem**
Mental health disorders are typically marked by disruption of emotional, social, and cognitive functioning. Those disorders that most commonly affect adolescence are anxiety disorders, which manifest through phobias, excessive worry and fear, and nervous conditions; and depression disorders, characterized by states of hopelessness or helplessness that are disruptive to day-to-day life. Other mental health conditions affecting youth include bipolar disorder, conduct disorder, attention-deficit/hyperactivity disorder, learning disorders, eating disorders, autism, and childhood-onset schizophrenia (Whitlock & Schantz, 2008).

According to Health Minister Dr Dzulkefly Ahmad, there are 4.2mil Malaysians who are suffering from some form of mental health issues (Carvalho, Sivanandam & Shagar, 2018). National Health Morbidity Survey (2015) found that there is an increased case on Malaysian population who are suffering from mental health issues from 10.7% in 1996 to 29.2% in 2015. The survey showed that female, younger adults, other Bumiputras and adults from low-income families are the ones who are at risk of having mental health issues (Ministry of Health, 2015). With the increase number of mental health issues among Malaysian adolescents, it is necessary to explore further on the factors, causes and symptoms that lead to such issues.

**Objective of the Study**
Thus, this paper is intended to

1. explore the cases of mental health issues and mental illness among adolescents in Malaysia reported by the media;
2. investigate the prevalent factors of the issue from various document resources;
3. determine the signs and symptoms of mental illness among adolescents in Malaysia.

**Research Methodology**
The study employed the qualitative design with the method of document analysis. In simplest term, document analysis is a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around a topic to be analysed (Bowen, 2009). Analysing documents incorporates coding content into themes similar to how focus group or interview transcripts are analysed (Bowen, 2009). A number of documents from various sources such as electronic newspapers, books, research and article journals, as well as other reading materials are critically analysed and review in order to investigate the factors that lead to mental illness and the symptoms of it.

**Findings**

*Cases of Mental Health Issues and Problems Among Adolescents in Malaysia As Reported by Media*
According to the Ministry of Health, the number of mental health problem cases increased from 6051 in 2014 to 6125 cases in 2015 (Ministry of Health, 2017). Many adolescents are worried, depressed, and those who are16 years and above are found to be at high risk of mental disorders (Jane Costello, Sarah Mustillo Alaattin Erkanli, et al., 2003). The Social Welfare Department’s statistics report shows that the number of new cases of young patients (18-21 years old) in 2014
and 2015 is alarming at 1627 and 1446 people (Jabatan Kebajikan Masyarakat, 2015; Jabatan Kebajikan Masyarakat, Laporan Statistik, 2014). Most of them are involved with drug offenses, property and gambling. These adolescents were sentenced to prison, fines, and well-behaved bonds, sent to a moral rehabilitation centre and community service order. In the case of uncontrolled children (18 years and under), there are 4669 who are involved with property crime, drugs, people and others.

The 2010 Malaysian Youth Institute’s annual report shows some forms of sex offenses such as free sex, pornography, rape crime, and baby dumping, are part of social problems that are the concern of youth in the country (Malaysian Youth Development Research Institute, 2010). As for sexual misconduct, 803 illegal children were born in the Malaysian Social Welfare Department (JKMM) from 2010-2013, 532,158 births based on the Department of National Enhancement (2005-2015) (Mstar Online, 2013) and 18,000 cases pregnant teenagers. Of the total cases of adolescent adolescents, 25 per cent (4,500 cases) involve unmarried pregnancy of teenagers is estimated at 1,500 cases per month, 50 cases per day and the study found that 50.4% of teenagers had sex the first time before reaching the age of 14 (Berita Harian, 2015). Based on the newspaper reports, it was found in the newspapers on an adolescent murdered his grandmother which is believed to have a serious mental disorder namely 'schizophrenia paranoid' (Awani (b), 2016), hitting grandmother (Awani (a), 2016 c), 2017), school students involved in drug abuse (Awani, 2017), dangerous driving (Astro Awani (a), 2017), victims of sexual crimes (Astro Awani (b), 2017; Astro Awani (c), 2017), rape charges (Astro Awani (d), 2017) and murder (Astro Awani (e), 2017).

More and more teenagers were also found to have a desire to commit suicide. A study by Paul C.Y Chen, et.al, (2007) found that 7% (312 of 4454) of teenagers have seriously thought to commit suicide. 4.6% of them had committed suicide attempts at least once in 12 months. This problem was proven when 18-year-olds attempted suicide in Perak (Sinar Harian, 2017) and there were certain parties trying to influence teenagers in social media to commit suicide (Utusan Online, 2017). The NSRM-National Suicide Registry Malaysia (NSRM-National Suicide Registry Malaysia) data collection finds that at least two people commit suicide each day with an average rate of 60 people a month (Harian Metro, 2016). Suicide crimes are among the 10 leading causes of death in the world, and the second cause of death for those aged 15-29 years (Khairul Hamimah Mohd Jodi & Faridah Che Hussain, 2017).

The above cases are worrisome and it is in line with the expectations of the World Health Organization (WHO) who see mental illness as the world number two by 2020 and the first burden of 2030 (Astro Awani, 2016). Those who are involved with the above social problems include those who are mentally ill (Mohammad Jamil Yaacob, 2007), especially adolescents who are involved with drug abuse because today's drugs have effects on mental state when to compare to those of previous drugs found that have only physical effects (Hafizi Harun, 2017). These teenagers need treatment to avoid more complicated problems in the future.

Factors That Lead to Mental Illness

Abusive Parents/Caregivers

Child maltreatment has been called the tobacco industry of mental health. Much the way smoking directly causes or triggers predispositions for physical disease, early abuse may contribute to virtually all types of mental illness. Now, in the largest study yet to use brain scans to show the effects of child abuse, researchers have found specific changes in key regions in
and around the hippocampus in the brains of young adults who were maltreated or neglected in childhood. These changes may leave victims more vulnerable to depression, addiction and post-traumatic stress disorder (PTSD). A study in Harvard University on 200 participants from the age of 18 to 25 found an overall, about 25% of participants had suffered major depression at some point in their lives and 7% had been diagnosed with PTSD. But among the 16% of participants who had suffered three or more types of child maltreatment, for example, physical abuse, neglect and verbal abuse; the situation was much worse. Most of them, about 53% had suffered depression and 40% had had full or partial PTSD (Szalavitz, 2012; Scharff, Constance, 2012).

**Growth Crisis**

Growth crisis can be defined as individuals who are experiencing a significant transition moment in life which he or she has not yet prepared for it. For example, when there is a change of school or study place, the transition of age attainment (teenage nature to adulthood and to middle age), or after getting married and have kids in during adolescence age. At every turn of the transition there were various conflicts and challenging responsibilities. If they failed to control the changing situation, adolescents will experience various obstacles and complexities (Hagen, 2014).

**Environmental Factors**

The environment is an important element that could cause to mental illness. Teenagers who are living in Social Environment, that is in socio-economic inadequacy environment, such as small shelter, no playground available to socialise, no sewerage system, water and electricity. Unsecured environment and neighbourhood where there are alcohol addiction, drug abuse, and prostitution (Rack, 1993) may also contribute to social problems, thus adolescents will not be able to think well in order to overcome challenges they face. According to the Social Welfare Department's statistics, the home environment has contributed to the social problems of adolescents and children (Jabatan Kebajikan Masyarakat, 2015)

**Family Crisis**

Family crisis are the conflicts that arise from commotion among family members. If a family member has a serious problem involving a crime, a substance abuse drug, serious physical or mental illness, it would be a challenging situation for him or her. Conflicts between parents, among siblings, domestic violence, family rape victims, and so on, will also harm the family harmony and stability. When the crisis is prolonged and the ways to manage and handle such situations is ineffective, the task and function of the family are also affected which ultimately affects the mental health of the children. Children or teenagers who suffer from this condition have the risk of being involved with criminal activity (Robins, 1993). This is more common among boys ad compare to girls teenagers (Syed Hassan Al-Mashoor & Raihanah Haji Abdullah, 1993).

**Culture and Belief**

In Malaysia, the beliefs in supernatural powers is still strong. When something inconceivable happens to a person, often the individual being sought is a shaman or spiritualist. This situation often occurs especially in mental illness cases because of the some communities believed that a person with an intention to destroys someone life has sent a demon to such individual who is suffering from mental illness. Undoubtedly, jinn, demons, magic and so forth are exist but they are not always linked to mental illnesses. The category of illness caused by this "creature" can be connected to mental instability because it involves emotional disturbances and sometimes
entangles physically which needs to be treated through religious aspects. If modern treatments are combined, it is possible that the disease can be treated promptly and effectively (Waterhouse, 2011).

**Early Exposure to Job Environment**

Teens who are not interested in school or dropouts because of the desperation to find a job may also contribute to suffering from mental illness. Exposure to a conflict at home and workplace will leave an impression to every individual. When a worker is constantly experiencing feelings of stress following various problems that arise, he or she will be exposed to various diseases. Among them are hypertension, heart disease, and migraines. Individuals will also be exposed to some mental illnesses, such as anxiety, depression and disappointment (Koenig, 2012).

**Parenting Styles**

Authoritarian and permissive parenting styles are found to be related to lack of mental health (Dwairy, 2004). Furthermore, it was also found that girls scored higher than boys on identity disorder, anxiety disorder, and depression scales, whereas boys scored higher than girls on the behaviour disorder scale (Dwairy, 2004). It has to be noted that boys and girls have different ways of thinking and coping mechanism. It is crucial for parents to be aware of their parenting styles as a lot of studies shown that inadequate teaching will cause difficulties and problems when one reaches adulthood (Jahan & Suri, 2016; Dwairy, 2004). The individual will feel awkward, unhappy and less confident as compared to adolescence whose parents adopted authoritative parenting style. They are also misunderstood between those who wanted to offer help and those who look down on them. Some adolescents may be neglected by their parents, or the parents adopted permissive style can cause them to be involved in social issues (Khairul Haminah Mohammad Jodi, 2012). Some parents are putting too high expectations from their teenage children to excel in academic and career beyond the ability of the adolescent will lead them to experience stress for the fear of failing, or inability to meet the high expectations of the people around him. This crisis will ultimately become a social issues such as low self-esteem, or self-confidence that can lead to changes in the body due to instability in hormones, thus causing to physical and mental illness (Mohammad Jamil Yaacob, 2007).

**Genetic and Hereditary Factors**

Mental illness can also cause by the malformation of the genes, i.e., when the process of chromosomal development does not work perfectly, neurotransmitters in the brain such as excessive dopamine production, abnormalities that cause some diseases, syndromes, mental disorders and others (Jas Laile Suzana Jaafar, 2008). This is getting worse when a family member that does not accept the fact, letting the child without proper treatment to restore the disease.

**Bizarre Life History**

During adolescence, individuals usually face a lot of challenges such as road accidents, workplace accidents, sports-related accidents, fights, physical / mental / sexual abuse that could directly cause head injury or brain tissue damage. This intense shock will harm the white matter fibres that cause a comprehensive nerve cell injury (Mohammad Jamil Yaacob, 2007).

**Symptoms of Mental Illnesses**

Mental illness seldom simply appears in full bloom. Instead, they are often preceded by symptoms of deteriorating health and functioning. The primary differences between developmentally common behaviour and emerging mental illness are in 3 symptom severity
and duration, and the extent to which the behaviour causes disruption to daily life (Whitlock & Schantz, 2008). Early onset mental disorders may be episodic at first, but tend to increase in severity, duration, and level of disruption over time. The psychological symptoms cause major emotional distress, or interfere substantially with daily life and social interactions over a period of time, professional evaluation is warranted, just as it is with any serious illness (Murphey, Barry, & Vaughn, 2013). Not all mental disorders among adolescents have obvious, reliable symptoms, but parents, teachers, and others should be alert to some warning signs that an adolescent may be in trouble. These signs include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep (Murphey et al., 2013). Family members and friends are often the first to notice early symptoms. It is important to recognise that perceptions of what constitutes good or poor mental health will vary from culture to culture. Such variation may affect how serious disorders are expressed, detected, and interpreted. Sensitivity to cultural difference is critical to effective detection, intervention, prevention, and treatment (Whitlock & Schantz, 2008).

According to research on National Health Mobility in 2006, there are three main parts that may be affected are when someone is suffering from mental illness, which are:

1. Physiological. It causes a person to incur or aggravate physical illnesses such as heart disease and high blood pressure, causing headache and muscle pain;
2. Behaviour. Work performance may decline, tends to experience accidents, absent from work, aggressive and irritable, difficult decision-making and problem solving; and
3. Psychology. Feeling discontent, very sensitive, depressed and feeling emotionally tired. Some of the common symptoms that show impaired mental health are hot tempered, having difficulty to sleep, loss of appetite, weight loss, rumbling, increase in heart rate and very low in motivation (Firdaus, 2013).

Conclusion and Recommendation
The study explores the cases of mental illness in Malaysia and their prevalent factors, signs and symptoms. It is found that there are many cases reported from 2006 and it has been increased to 11.2% in 2015 which is alarming and needed to be attended to. Document analysis was employed in the study where a number of online documents, books and printed materials were analysed. Child abuse is found to be the major factor of adolescents’ mental illness. Other factors include growth crisis, environmental factors, family crisis, culture and beliefs, early exposure to job environment, parenting styles, genetic and heredity factors, as well as bizarre life history. Various signs and symptoms were also identified from the previous literatures. Parents and close friends are the ones who should be able to notice such differences in behaviour of someone who is suffering from mental illness.

It is essential to note that many resources on the factors and symptoms being analysed were not made in Malaysian context. Therefore, it is recommended that for future research, field study can be employed to understand the issue better. Interviews can be made to mental health specialists as well as parents or teachers who have experienced handling mental illness adolescents. Furthermore, research on the strategies for prevention and overcome such cases and intervention programs can also be conducted in order to help increase adolescents’ mental health in the future.
References


