

Research Paper

## **Emotional Distress among Malaysian Primary Schoolchildren: A Descriptive Cross-Sectional Study Using DASS-Y**

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**Abstract:** Children's mental health concerns have become increasingly prevalent in recent years. In Malaysia, approximately one in six children experiences mental health problems, yet limited research has focused specifically on primary school-aged children. Given ongoing constraints in school counselling resources and high counsellor-to-student ratios, systematic descriptive data on children's emotional well-being are essential to inform early and school-based mental health initiatives. Therefore, this study aims to explore children's psychological distress and generate empirical evidence to support targeted intervention planning. A descriptive cross-sectional design was employed, and participants were recruited through convenience sampling. This study adopted a quantitative research design, and the Depression, Anxiety, and Stress Scale-Youth Version (DASS-Y) was used to assess children's psychological distress. Findings from the self-report measure indicate that the majority of children reported psychological distress within the normal range.

**Keywords:** Mental health, psychological distress, children, primary school students, Malaysia

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## **Introduction**

In recent years, mental health issues have become increasingly prevalent among children, with concerns appearing at younger ages than previously observed (Institute for Public Health, 2023). Early exposure to technology, along with factors such as family conflict and abuse, has contributed to the rise of mental health challenges among children (Beckman et al., 2023; Yang & Wu, 2023). While technology provides children with convenience and efficiency, excessive use may increase their exposure to the extent of affecting their emotional and psychological well-being (Ricci, 2022; Shuima et al., 2024). As such, mental health difficulties during childhood can significantly impact social and emotional development (Schlack et al., 2021). These stressors can contribute to school-related distress, where children may experience anxiety, low motivation, disengagement from learning, and decreased overall well-being (Gotting et al., 2025). Over time, persistent exposure to such stressors may increase the risk of emotional and behavioural difficulties, such as emotional dysregulation (Subramanyam et al., 2024).

Without appropriate guidance, children often struggle to express themselves effectively, which can result in them resorting to harmful coping mechanisms to manage overwhelming feelings (VanMeter et al., 2020). If left unaddressed, these difficulties may continue to persist into adolescence and adulthood. While psychological distress among children has gained increasing attention, limited research has examined it among younger children in school settings, especially in the Malaysian context. Understanding these emotional experiences at an early stage is important to enable timely support and develop appropriate strategies to promote their mental health and overall well-being (Colizzi et al., 2020; Minnis et al., 2022; Yu et al., 2023).

## **Literature Review**

Mental health challenges among children have become an increasingly pressing global concern. According to a 2019 GBD study, mental disorders and self-harm accounted for 19% of the disease burden among adolescents aged 10 to 19. Among younger children aged 5 to 14, conduct disorder, anxiety, and depression accounted for 12% of the disease burden (Institute for Health Metrics and Evaluation, 2019). Furthermore, approximately 10 to 17% of children and adolescents aged 4 to 17 experienced mental health conditions, with nearly 50% of these disorders developing by the age of 14 (Samji et al., 2021).

In Malaysia, a similar trend has been observed. The National Health and Morbidity 2023 report stated that approximately one in six children in Malaysia experienced mental health problems, with the burden of these issues having doubled since 2019 (Institute for Public Health, 2023). Studies have suggested that these

mental health difficulties in children are correlated with various factors, including family dynamics, difficulties in social interactions, and academic pressures (LoBue & Ogren, 2021; Sahril et al., 2021). In the Malaysian context, studies have shown that only approximately 20% of individuals seek professional mental health services, while many others turn to informal sources of support or traditional healing practices (Raaj et al., 2021). Such cultural and societal factors may further contribute to children's hesitancy to engage in formal help-seeking behaviours, particularly within school settings (Loong et al., 2024).

While some families and schools may be aware of these challenges, several barriers such as limited access to resources, financial constraints, inadequate mental health education and the societal stigma surrounding mental health often hinder primary school students from receiving support or interventions that address their specific needs (Adams et al., 2023; Lee et al., 2023; Tengku Mohd et al., 2023).

Despite the scale of the issue, support systems for children in Malaysia remain limited. Although public mental health care is generally more affordable, families often encounter long waiting periods, sometimes ranging from three to six months or longer due to manpower constraints (Institute for Public Health, 2023). With fewer than 500 psychiatrists available nationwide, Malaysia has less than one psychiatrist per 100,000 people. This figure is far below the World Health Organization's recommendation of 1 per 10,000 individuals (Institute for Public Health, 2023; World Health Organization [WHO], 2021). These shortages and delays are especially challenging for families who cannot afford private alternatives.

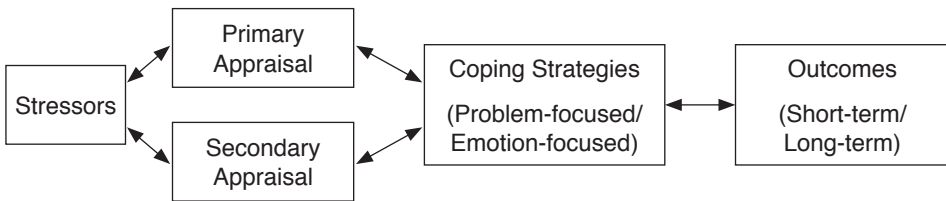
Schools are usually considered an important setting for identifying and supporting children experiencing psychological distress (Tengku Mohd et al., 2023). However, the availability of school-based mental health support is also limited. While formal policy documents from the Malaysian Ministry of Education outline an ideal counsellor-to-student ratio, implementation remains uneven (Tengku Mohd et al., 2023). In many schools, counsellors are responsible for significantly higher caseloads due to ongoing staffing shortages and escalating workload demands, with numbers often exceeding 400 to 500 students per counsellor (Maithilli, 2025). The current counsellor-to-student ratios in many schools are significantly higher than the internationally recognized benchmark of 1 counsellor per 250 students, which is widely recommended in professional counselling frameworks (Maithilli, 2025). As a result, many children may not receive timely support for emerging emotional difficulties, which can exacerbate stress, anxiety, or other mental health challenges (Meng & Wiznitzer, 2024).

Given these constraints, it is increasingly important to collect systematic data on children's emotional well-being to better understand their experiences and needs, particularly in school settings where children spend a large portion of their time. Hence, this study seeks to explore children's psychological distress using

descriptive data. The findings of this study contribute to the existing literature on the prevalence of psychological distress among this population segment and may inform the development of early intervention strategies and school-based mental health initiatives.

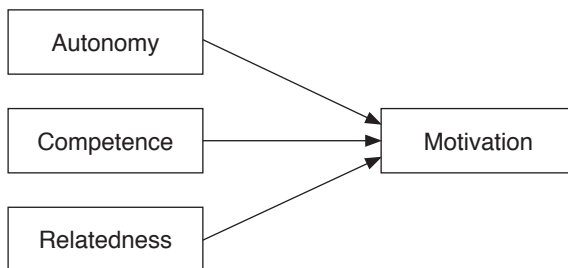
**Theoretical Framework**

According to the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984), stress does not arise directly from external events, but from an individual’s cognitive appraisal of those events. In the primary appraisal, a person evaluates whether a situation is threatening or challenging. During the secondary appraisal, they access their available coping resources to determine if they can effectively manage the demands. Stress arises when a situation is perceived as threatening and the individual believes their coping abilities are inadequate.



**Figure 1.** Transactional model of stress and coping

The Self-Determination Theory (SDT) explains humans’ fundamental psychological needs for optimal psychological growth and well-being (Ryan & Deci, 2000). It identifies three core components, which include autonomy, the need to feel in control of one’s actions; competence, the need to feel capable and effective; and relatedness, the need to feel connected and supported by others. Developed by Deci and Ryan (2000), SDT proposes that when these psychological needs are satisfied, individuals are more likely to experience motivation, resilience and positive psychological experiences.



**Figure 2.** Self-determination theory

## **Conceptual and Operational Definitions**

### ***Psychological Distress***

Psychological distress describes a state of emotional discomfort that arises from an individual's engagement with their environment, sometimes accompanied by somatic symptoms, and can interfere with their ability to carry out everyday activities (Lazarus & Folkman, 1984).

The Depression, Anxiety, and Stress Scale – Youth (DASS-Y) version is widely used for children aged 7 to 18 years old, to assess their psychological distress through self-reported symptoms (Szabo & Lovibond, 2022). The tool is widely validated with children and assists in identifying those children who may require early intervention, with higher scores indicating greater levels of psychological distress (Szabo & Lovibond, 2022).

## **Methodology**

### **Research Design**

This study employed a descriptive cross-sectional research method to document and examine the mental health status of 12-year-old children. A quantitative approach was adopted as the primary research method to assess levels of psychological distress among participants. The Depression, Anxiety and Stress Scale – Youth (DASS-Y) version was administered in person by trainee clinical psychologists (TCPs) in a classroom format in school to capture children's symptoms of depression, anxiety and stress. In addition, qualitative feedback was also obtained from TCPs to complement the quantitative findings and to provide a more holistic understanding of children's mental health.

### **Participants**

This study was conducted in a primary school located in Klang Valley, Malaysia. A total of 284 12-year-old children participated in the study, with data collected by TCPs. Participants were recruited using convenience sampling.

### **Materials**

DASS-Y is an adaptation of DASS-21 (Szabo & Lovibond, 2022). This self-report questionnaire was used to measure the psychological states of children aged from 7 to 18, specifically in measuring the severity of depressive, anxiety, and stress symptoms in youth (Szabo & Lovibond, 2022).

DASS-Y consisted of 21 items, with each item rated on a 4-point scale to reflect the severity of symptoms over the past week. The responses were categorized into three different dimensions with seven items each, the dimensions included:

Depression, Anxiety and Stress. The DASS-Y instrument demonstrated excellent internal consistency, with McDonald's omega and Cronbach's alpha values above 0.80 across all subscales (Jiang et al., 2024).

Prior to the main study, a pilot test was conducted with 25 primary school students from a population similar to the target sample to examine the reliability of the instrument. DASS-Y demonstrated good internal consistency for the DASS-Y subscales, with a Cronbach's alpha of 0.88 for Depression, 0.84 for Anxiety and 0.73 for Stress. Therefore, DASS-Y was considered appropriate for use in the current study. In the present study, the internal consistency of the DASS-Y was re-examined using the collected dataset. The Cronbach's alpha coefficients were 0.85 for Depression, 0.77 for Anxiety, and 0.78 for Stress, indicating satisfactory reliability for the three subscales.

### Data Analysis

IBM SPSS Statistics Version 26 was used for data analysis. Data obtained from DASS-Y were analysed using descriptive statistics to examine children's psychological distress, specifically levels of depression, anxiety, and stress. The findings are presented in terms of frequency and percentage distributions, indicating the number of children falling within each severity level for each psychological domain.

### Ethical Consideration

This study obtained approval from Taylor's University Human Ethics Committee. Additional ethical approval and official permission to conduct the study in schools were obtained from the Ministry of Education Malaysia and the respective State Education Department. This study also received approval and consent from the school and parents, with the children's assent obtained prior to participation. The study's objectives, procedures, potential risks, and participants' rights were clearly explained to all relevant parties before data collection. Participation was entirely voluntary, and participants faced no penalties if they chose to withdraw from the study at any stage.

### Findings

A total of 284 participants were included in this study. The sample comprised both male and female students from diverse racial backgrounds (Refer to Table 1).

**Table 1.** Distribution of participants by gender and race (N=284)

Variable	Category	n	%
Gender	Male	145	51.1
	Female	139	48.9

**Table 1.** (cont')

Variable	Category	n	%
Race	Malay	20	7
	Chinese	242	85.2
	Indian	17	6
	Others	5	1.8

Descriptive statistics were calculated for the three DASS-Y subscales. The results show that stress recorded the highest mean score ( $M = 9.82$ ,  $SD = 4.83$ ), followed by depression ( $M = 5.99$ ,  $SD = 5.16$ ) and anxiety ( $M = 4.63$ ,  $SD = 4.03$ ) (Refer to Table 2).

**Table 2.** Means and standard deviations for depression, anxiety and stress

Variable	M	SD
Depression	5.99	5.16
Anxiety	4.63	4.03
Stress	9.82	4.83

A total of 174 children (61.3%) scored within the normal range for depression. Mild depression was observed in 28 children (9.9%), while 49 children (17.3%) reported moderate levels of depression. Severe and extremely severe depression were identified in 18 (6.3%) and 15 children (5.3%), respectively. Overall, the majority of participants fell within the normal range; however, approximately 28.9% of the children reported moderate to extremely severe depressive symptoms (Refer to Table 3).

**Table 3.** Frequency of depression categories

Categories (Cut-off score)	Frequency	Percent (%)
Normal (0–6)	174	61.3
Mild (7–8)	28	9.9
Moderate (9–13)	49	17.3
Severe (14–16)	18	6.3
Extremely severe (17+)	15	5.3

The data revealed that 195 children scored within the normal range for anxiety. Mild anxiety was observed in 32 children, while 42 children reported moderate anxiety. Severe anxiety was identified in 10 children, and 5 children exhibited

extremely severe anxiety. Despite most participants reporting anxiety levels within the normal range, 20.1% showed elevated symptoms in the moderate to extremely severe range (Refer to Table 4).

**Table 4.** Frequency of anxiety categories

Categories (Cut-off score)	Frequency	Percent (%)
Normal (0–5)	195	68.7
Mild (6–7)	32	11.3
Moderate (8–12)	42	14.8
Severe (13–15)	10	3.5
Extremely Severe (16+)	5	1.8

Further, among the 284 children assessed for stress levels, 173 (60.9%) fell within the normal range, while 38 children (13.4%) reported mild stress symptoms. Moderate stress was reported by 53 children (18.7%), and 12 children (4.2%) experienced severe stress. A small proportion of the children, 8 (2.8%), fell within the extremely severe stress category. Overall, while the majority of participants reported stress levels within the normal range, 25.7% of the children experienced elevated stress ranging from moderate to extremely severe (Refer to Table 5).

**Table 5.** Frequency of stress categories

Categories (Cut-off score)	Frequency	Percent (%)
Normal (0–11)	173	60.9
Mild (12–13)	38	13.4
Moderate (14–16)	53	18.7
Severe (17–18)	12	4.2
Extremely Severe (19+)	8	2.8

In addition to the quantitative results, several informal observations were recorded by TCPs during the session. These statements were not part of a formal qualitative analysis but are presented to provide additional context to the participants' responses.

Some participants shared their thoughts while completing the questionnaires. For example, several participants mentioned: *"I feel stressed because I have too many exams and my parents expect me to do well"*, *"My parents will be happy only if I get good results, so I need to work harder"*, *"I need to do better"* and *"my friends are better than me"*.

Others mentioned, *“Sometimes I get really angry or upset, and I don’t know how to tell anyone”, “I don’t know how to express myself because I’m shy or afraid of being judged”* and *“When I keep thinking about the things I’m pressured by, I experience difficulty in breathing and heart palpitations.”*

Many participants also emphasized the value of having supportive spaces, with one child noting, *“I like talking to you guys because I can share things without feeling judged, and I wish we had more activities that help us deal with stress.”*

## Discussion

The present study found that stress was the most prominent domain of psychological distress among participants, even though the levels remained within the normal range. This finding aligns with the perspective that stress is often one of the initial psychological responses to challenging situations (Chu et al., 2024). Consistent with previous research, prolonged stress has been proposed to contribute to the development of depressive and anxiety symptoms (Malykhin et al., 2025; Ross et al., 2017).

According to the Transactional Model of Stress and Coping, stress arises not solely from external events but from children’s cognitive appraisal of these events as threatening (Lazarus & Folkman, 1984). The higher stress scores observed in this study may reflect frequent primary appraisals of academic demands and parental expectations as challenging, as illustrated by participants’ comments such as, *“I feel stressed because I have too many exams and my parents expect me to do well”*. Additionally, the impact of stress is influenced by secondary appraisal, where children assess their coping resources. Many participants reported struggling to express their emotions and seek help due to shyness and fear of judgment. This pattern is consistent with previous findings suggesting that help-seeking among young people is frequently hindered by concerns about social judgment and negative perceptions of mental health difficulties (Loong et al., 2024; Nguyen et al., 2025; Pretorius et al., 2019). Such cultural and societal factors may further contribute to children’s hesitancy to engage in formal help-seeking behaviours, particularly within school settings (Loong et al., 2024).

Building on these stress experiences, nearly 20.1% of the participants reported experiencing moderate and high levels of anxiety. Anxiety measured by DASS-Y primarily reflects somatic symptoms such as physiological arousal, tension, and nervousness (Śliwerski et al., 2025). Although the measure does not assess the cognitive aspects of anxiety, these symptoms may indicate emotional and physiological responses to perceived stress. For instance, the response received during the session: *“When I keep thinking about the things I’m pressured by, I experience difficulty in breathing and heart palpitations”*. Within the transactional framework, such

physiological reactions may occur when children appraise environmental demands as overwhelming while perceiving limited coping resources to manage these pressures. Over time, repeated experiences of physiological tension and perceived pressure may also influence how children interpret their abilities and social expectations, which could further contribute to more negative emotional experiences (Lazarus & Folkman, 1984).

Extending from these stress and anxiety experiences, we found that nearly 28.9% of the participants reported moderate or higher levels of depression in this study, even though the average depression score remained within the normal range. From the perspective of SDT, these depressive experiences may reflect the frustration of basic psychological needs. Participants' concerns about academic and social expectations, such as *"My parents will be happy only if I get good results, so I need to work harder"*, *"I need to do better,"* and *"my friends are better than me"* may indicate challenges to perceived competence and relatedness, while the repeated pressure they receive may further limit their own sense of autonomy. These challenges, in combination with repeated stress and physiological anxiety responses, may interact to increase vulnerability to depressive feelings.

Building on these findings, early intervention in school settings could provide safe, non-judgmental spaces where children can express emotions, acquire coping strategies, and build confidence in seeking support (Loong et al., 2024; Tengku Mohd et al., 2023). Psychoeducation or mental health programs could consider incorporating topics like simple problem-solving techniques, age-appropriate Cognitive Behavioural Therapy techniques such as relaxation, recognizing and reframing negative thoughts, as well as goal setting and behavioural activation (Bucur et al., 2025; Cairns et al., 2019; Cuijpers et al., 2023). Evidence suggests that mental health education and training can reduce barriers related to stigma and misunderstanding (Lee et al., 2023; Naseer & Hameed, 2024; Song et al., 2023). Peer support groups and guided parental involvement can further enhance a supportive environment for children (Butler et al., 2022).

Overall, integrating cognitive, emotional and behavioural strategies in a school-based program may equip children with practical skills to manage stress, anxiety, and self-critical thoughts while promoting resilience and overall psychological well-being. Such initiatives have the potential to promote overall well-being, social functioning, and academic engagement.

### **Recommendations for Future Research**

Given that this study employed convenience sampling from a single primary school in the Klang Valley area, the findings may not be fully representative of the broader population of Malaysian primary school students. Future studies are encouraged to

include larger and more diverse samples across multiple schools and regions. By doing so, this approach would enhance the generalizability of the findings and provide a more comprehensive understanding of children's mental health experiences.

Future studies could extend this research by incorporating mixed-method assessments that capture both the cognitive and emotional aspects of psychological distress. For instance, combining self-report measures like DASS-Y with structured interviews. Next, longitudinal designs would better help researchers to understand how these psychological experiences develop over time.

Finally, future research could explore the effectiveness of school-based interventions, including peer support, parental involvement, and cognitive-emotional skills training, to determine practical strategies for supporting children's mental health.

### Conclusion

To conclude, most children in this study reported psychological distress levels within the normal range, while approximately one-fourth demonstrated moderate to extremely severe levels of psychological distress. Although this proportion represents a minority of the sample, it is nevertheless still clinically meaningful, as these levels of distress may interfere with children's emotional regulation, academic engagement, and peer relationships, and if left unaddressed, they can lead to prolonged psychological difficulties.

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### References

- Adams, C., Eyal Gringart, & Strobel, N. (2023). Barriers to mental health help-seeking among older adults with chronic diseases. *Australian Psychologist, 59*(2), 154–165. <https://doi.org/10.1080/00050067.2023.2282540>
- Beckman, L. J., Hassler, S., & Hellström, L. (2023). Children and youth's perceptions of mental health: A scoping review of qualitative studies. *BMC Psychiatry, 23*(1), 669. <https://doi.org/10.1186/s12888-023-05169-x>
- Bucur, S. M., Crişan, I. M., Cocoş, D. I., Bud, E. S., & Galea, C. (2025). Observational study on Progressive muscle relaxation and breathing control for reducing dental anxiety in children. *Medicina, 61*(5), 876. <https://doi.org/10.3390/medicina61050876>
- Butler, N., Quigg, Z., Bates, R., Jones, L., Ashworth, E., Gowland, S., & Jones, M. (2022). The contributing role of family, school, and peer supportive relationships in protecting the mental well-being of children and adolescents. *School Mental Health, 14*(3), 776–788. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8818094/>

- Cairns, A. J., Kavanagh, D. J., Dark, F., & McPhail, S. M. (2019). Goal setting improves retention in youth mental health: A cross-sectional analysis. *Child and Adolescent Psychiatry and Mental Health, 13*(1), 31. <https://doi.org/10.1186/s13034-019-0288-x>
- Chu, B., Marwaha, K., Ayers, D., & Sanvictores, T. (2024, May 7). *Physiology, stress reaction*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK541120/>
- Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: Is it time for a multidisciplinary and trans-diagnostic model for care? *International Journal of Mental Health Systems, 14*(1), 23. <https://doi.org/10.1186/s13033-020-00356-9>
- Cuijpers, P., Karyotaki, E., Harrer, M., & Stikkelbroek, Y. (2023). Individual behavioral activation in the treatment of depression: A meta-analysis. *Psychotherapy Research, 33*(7), 886–897. <https://doi.org/10.1080/10503307.2023.2197630>
- Gotting, E.-K., Darcy, L., Israelsson-Skogsberg, Å., Sundler, A. J., & Lalloo, E. C. (2025). Children's experiences of living with their mental ill-health—a scoping review. *International Journal of Qualitative Studies on Health and Well-Being, 20*(1). <https://doi.org/10.1080/17482631.2025.2501682>
- Institute for Health Metrics and Evaluation (IHME). (2019). *GBD Results Tool*. University of Washington. <http://ghdx.healthdata.org/gbd-results-tool>
- Institute for Public Health. (2023). National Health and Morbidity Survey (NHMS) 2023. *Non-Communicable Diseases and Healthcare Demand*. Ministry of Health Malaysia
- Jiang, J., Chen, J., Lin, Z., Tang, X., & Hu, Z. (2024). Validation and psychometric properties of the Depression Anxiety Stress Scale for Youth in Chinese adolescents. *Frontiers in Psychology, 15*. <https://doi.org/10.3389/fpsyg.2024.1466426>
- Lazarus, Richard S., and Susan Folkman. (1984). *Stress, appraisal and coping*. Springer Publishing.
- Lee, J. E., Goh, M. L., & Yeo, S. F. (2023). Mental health awareness of secondary schools students: Mediating roles of knowledge on mental health, knowledge on professional help, and attitude towards mental health. *Heliyon, 9*(3), e14512.
- LoBue, V., & Ogren, M. (2021). How the emotional environment shapes the emotional life of the child. *Policy Insights from the Behavioral and Brain Sciences, 9*(1), 237273222110672. <https://doi.org/10.1177/23727322211067264>
- Loong, Y. Q., Tan, S. T., Yeoh, S. W., Poh, K., Afiqah Yeop, Goh, Q. R., & Ho, M. C. (2024). The impact of social stigma and loss of face on mental health help-seeking behavior among university students in Malaysia: Examining mediating relationships. *International Journal of Education Psychology and Counseling, 9*(56), 01–23. <https://doi.org/10.35631/ijepc.956001>
- Malykhin, N., Serrano, J., Pietrasik, W., & Hegadoren, K. (2025). Effects of duration and intensity of psychological stressors on mental health outcomes. *Journal of Psychiatric Research, 187*, 211–222. <https://doi.org/10.1016/j.jpsychires.2025.05.012>
- Maithilli. (2025, Nov 1). Dire need for more counsellors in schools. *The Sun Malaysia*. <https://thesun.my/news/malaysia-news/dire-need-for-more-counsellors-in-schools/>

- Meng, J. F., & Wiznitzer, E. (2024). Factors associated with not receiving mental health services among children with a mental disorder in early childhood in the United States, 2021–2022. *Preventing Chronic Disease, 21*. <https://doi.org/10.5888/pcd21.240126>
- Minnis, H., Gajwani, R., & Ougrin, D. (2022). Editorial: Early intervention and prevention of severe mental illness: A child and adolescent psychiatry perspective. *Frontiers in Psychiatry, 13*. <https://doi.org/10.3389/fpsy.2022.963602>
- Naseer, M. S., & Hameed, H. (2024). Implementation of inclusive education in a selected school in Male Maldives: Teachers' experiences. *Asia-Pacific Journal of Futures in Education and Society, 3*(3), 19–41. eISSN2811-3586. <https://doi.org/10.58946/apjfes-3.3.p2>
- Nguyen, H., Conway, M.-L., Murphy, D., Brady, A., & Hennessy, E. (2025). Predictors of help-seeking intention among young people: A Common-Sense Model based study. *Children and Youth Services Review, 178*, 108549. <https://doi.org/10.1016/j.childyouth.2025.108549>
- Pretorius, C., Chambers, D., & Coyle, D. (2019). Young people, online help-seeking and mental health difficulties: A systematic narrative review (Preprint). *Journal of Medical Internet Research, 21*(11). <https://doi.org/10.2196/13873>
- Raaj, S., Navanathan, S., Tharmaselan, M., & Lally, J. (2021). Mental disorders in Malaysia: An increase in lifetime prevalence. *BJPsych International, 18*(4), 97–99. <https://doi.org/10.1192/bji.2021.4>
- Ricci, R. C. (2022). Impacts of technology on children's health: A systematic review. *Revista Paulista de Pediatria, 41*. <https://doi.org/10.1590/1984-0462/2023/41/2020504>
- Ross, R. A., Foster, S. L., & Ionescu, D. F. (2017). The role of chronic stress in anxious depression. *Chronic Stress, 1*, 247054701668947. <https://doi.org/10.1177/2470547016689472>
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78.
- Sahril, N., Ahmad, N. A., Idris, I. B., Sooryanarayana, R., & Abd Razak, M. A. (2021). Factors associated with mental health problems among Malaysian children: A large population-based study. *Children, 8*(2), 119. <https://doi.org/10.3390/children8020119>
- Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., Long, D., & Snell, G. (2021). Review: Mental health impacts of the COVID-19 pandemic on children and youth – A systematic review. *Child and Adolescent Mental Health, 27*(2), 173–189. <https://doi.org/10.1111/camh.12501>
- Schlack, R., Peerenboom, N., Neuperdt, L., Junker, S., & Beyer, A.-K. (2021). The effects of mental health problems in childhood and adolescence in young adults: Results of the KiGGS cohort. *Journal of Health Monitoring, 6*(4), 3–19. <https://doi.org/10.25646/8863>
- Shuima, M., Perinpasingam, T., & Aneela, M. (2024). Teachers' perceptions of the impacts of technology on key stage 2 students in Fuvahmulah City, Maldives. *Asia-Pacific Journal of Futures in Education and Society, 3*(3), 107–121. <https://doi.org/10.58946/apjfes-3.3.P6>

- Śliwerski, A., Koszałkowska, K., & Socha, I. (2025). Assessing stress, anxiety, and depression in children and adolescents: Validation of the DASS-Y in Poland. *PLOS One*, *20*(8), e0323835. <https://doi.org/10.1371/journal.pone.0323835>
- Song, N., Hugh-Jones, S., West, R., Pickavance, J., & Mir, G. (2023). The effectiveness of anti-stigma interventions for reducing mental health stigma in young people: A systematic review and meta-analysis. *Global Mental Health*, *10*(39), e39. <https://doi.org/10.1017/gmh.2023.34>
- Subramanyam, A. A., Somaiya, M., & De Sousa, A. (2024). Mental health and well-being in children and adolescents. *Indian Journal of Psychiatry*, *66*(Suppl 2), s304–s319. [https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry\\_624\\_23](https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_624_23)
- Szabo, M., & Lovibond, P. F. (2022). Development and psychometric properties of the DASS-Youth (DASS-Y): An extension of the Depression Anxiety Stress Scales (DASS) to adolescents and children. *Frontiers in Psychology*, *13*(13). <https://doi.org/10.3389/fpsyg.2022.766890>
- Tengku Mohd, T. A. M., Abang Abdullah, K. H., Zulkifli, S. S., Sanip, S., & Choo, W. Y. (2023). Accessibility and challenges to mental health services for school-going children in Malaysia from stakeholders' perspectives. *Malaysian Journal of Public Health Medicine*, *23*(3), 112–118.
- VanMeter, F., Handley, E. D., & Cicchetti, D. (2020). The role of coping strategies in the pathway between child maltreatment and internalizing and externalizing behaviors. *Child Abuse & Neglect*, *101*, 104323. <https://doi.org/10.1016/j.chiabu.2019.104323>
- World Health Organization (WHO). (2021). *Psychiatrists working in the mental health sector*. <https://ourworldindata.org/grapher/psychiatrists-working-in-the-mental-health-sector>
- Yang, T., & Wu, D. (2023). Behavioral and mental health problems in children. *Children (Basel)*, *10*(11), 1820–1820. <https://doi.org/10.3390/children10111820>
- Yu, R., Perera, C., Sharma, M., Ipince, A., Bakrania, S., Shokraneh, F., Sebastian, J., & Anthony, D. (2023). Child and adolescent mental health and psychosocial support interventions: An evidence and gap map of low- and middle-income countries. *Campbell Systematic Reviews*, *19*(3). <https://doi.org/10.1002/cl2.1349>