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(IJEPC)**www.ijeipc.com**ISSUES OF ADOLESCENT DEPRESSION IN MALAYSIA:
A COMPARATIVE STUDY USING DASS-21 AND BDI**Nor Asikhin Ishak^{1*}, Nurul Huda Ishak², Nurul Huda Ibrahim³, 'Aisyah Kamarudin⁴¹ School of Education and Modern Languages, Universiti Utara Malaysia, Malaysia
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DOI: 10.35631/IJEPC.956058This work is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)**Abstract:**

Depression is one of the top mental health issues among adolescents. Be it students or any other one, depression terribly affects the social, academic, and emotional aspects of their well-being. Thus, the research analyzed the prevalence and levels of depression among secondary students in North Penang, Malaysia, using the Depression Anxiety Stress Scale 21 (DASS-21) instruments and the Beck Depression Inventory (BDI). Specifically, 4,492 students took part in the study, with the DASS-21 classifying 72.6% as normal and the BDI reporting a higher prevalence of mild depression at 19.8%. The results highlight that mental health assessments need to be conducted separately using different tools. They should be proactive in programming prevention time through counseling modules designed specifically and systematic prevention programs to effectively deal with adolescent depression.

Keywords:

Adolescent, Beck Depression Inventory, DASS-21, Depression, Mental Health

Introduction

Depression is among the most prevalent mental health issues affecting youth globally. In Malaysia, growing concerns about social withdrawal, academic underperformance, and risky behavior among adolescents have brought this issue into sharper focus (Singh et al., 2023; Ibrahim et al., 2022). Adolescents face unique vulnerabilities due to academic pressures, social challenges, and biological changes, which can lead to significant and lasting impacts on their mental well-being if left unaddressed (Sahril et al., 2023).

Recent research highlights a worrying rise in depression among Malaysian adolescents, with secondary school students experiencing a significant 43% increase in depressive symptoms (Singh et al., 2023; Institute for Public Health, 2022). Despite increasing awareness, mental health services in schools remain underprioritized, with limited emphasis on preventive measures and early identification of at-risk students. Addressing these gaps requires systematic, evidence-based approaches to improve mental health services (Ng, 2014).

The World Health Organization (WHO) identifies depression as the leading cause of morbidity and disability across all age groups, reinforcing the urgent need for comprehensive mental health strategies tailored to adolescents (Institute for Public Health, 2022). In Malaysia, social, academic, and family pressures significantly contribute to the high prevalence of adolescent depression. Early identification and intervention are crucial, particularly when these pressures are compounded by pre-existing mental health challenges (Mukhtar, 2021).

This study assessed depressive levels among secondary school students in Northern Penang, Malaysia, using two validated tools: the Depression Anxiety Stress Scale 21 (DASS-21) and the Beck Depression Inventory (BDI). These tools provided a nuanced understanding of adolescent depression and highlighted the need for targeted mental health interventions. Findings from the study aim to inform the development of school-based programs to enhance student welfare and mental health services (Munusamy et al., 2024; Naumova, 2022).

In summary, this introduction situates adolescent depression as both a global and local issue, emphasizing the unique stressors faced by adolescents and the need for validated tools to measure and address depression effectively. This study contributes to the growing body of evidence supporting comprehensive mental health strategies in Malaysian schools (Ishak, Ahmad, & Omar, 2020; Shaw et al., 2017). These days, depression is one of the most common mental health problems among youths across the world. In Malaysia, the revelation has gained momentum due to concerns about social withdrawal, poor academic performance, and risky behavior (Singh et al., 2023; Ibrahim et al., 2022). In fact, due to the strain that adolescents, including academic pressure, social pressures, and biological changes experience, they are very susceptible to depression. All of these pressures can be a very serious concern for their young minds, leading the young to face debilitating effects that might not be confronted immediately but may have quite long-term consequences (Sahril et al., 2023).

Since research showed that depression reported is increasing among adolescents in Malaysia, a significant hike of more than 43 percent in depressive symptoms is reported among secondary school students (Singh et al., 2023; Institute for Public Health, 2022). As it is known from these facts, the significance of school mental health services becomes all the more talked of. Awareness has been growing, but in many aspects, mental health is still underprioritized. They rarely give preventive measures to avoid issues at school, as well as late identification of at-

risk students. The much-needed research must be anchored more on relevant perspectives to develop strong and more systematic approaches to alleviating the gap in mental health services (Ng, 2014).

According to the estimates of the World Health Organization (WHO), depression is the number one cause of morbidity and disability in all age groups around the world. It reinforces the urgency of formulating comprehensive mental health strategies worldwide, according to adolescents populations (Institute for Public Health, 2022). In fact, multiple social, academic, and family pressures cause the adolescent population in Malaysia to have high prevalence rates for depression.

There are various dimensions of social, academic, and family pressures that contribute to the increased prevalence of depression among adolescents in Malaysia. These pressures, particularly when compounded by pre-existing mental health issues, underscore the necessity of early identification and treatment of depression (Mukhtar, 2021).

Assessment of Depressive Levels among Secondary School Students in Northern Penang, Malaysia, was conducted using two validated instruments, namely the Depression Anxiety Stress Scale 21 (DASS-21) and the Beck Depression Inventory (BDI) in his study. The study was also meant to give a more realistic and sensitive perspective regarding adolescent depression conditions in Malaysia. It would serve as an attention-calling within the state as much as the findings bring development within schools targeted at improving the adolescent state of welfare and mental health services (Munusamy et al, 2024; Naumova, 2022).

All in all, this introduction sets the scenario by laying out adolescent depression as a global-local issue, the specific unique stressors of adolescents, and the need for appropriate mental health interventions (Ishak, Ahmad, & Omar, 2020). Finally, this introduction prepares the trajectory for the study by underlining the importance of utilizing validated instruments for depression level measurement that would otherwise criticize the debates framed by targeted interventions within Shaw et al. (2017).

Research Problem

The challenge of dealing with adolescent depression is primarily about early identification and intervention. The existing school-based mental health services in Malaysia often depend on simple tools or counselor observations, which do not account for the complexity of depressive symptoms. Underreporting and underdiagnosis restrict students from receiving help (Singh et al., 2023; Ibrahim et al., 2022). In addition, the culture puts a stigma on mental health so it discourages both students and parents from seeking help professionally, as pointed out by Sahril et al. (2023).

The absence of a comprehensive school mental health assessment is a major obstacle to early identification as well as intervention. Many schools do not possess sufficient resources or trained staff to perform comprehensive evaluations (Haron, Zalli, Othman, Awang, 2021). As a result, cases of mild and moderate depression go unidentified until symptoms worsen. A gap in mental health coverage raises the need for screening tools and intervention strategies (Institute for Public Health, 2022; Ng, 2014).

Cultural factors also have a very important reason for less reporting of depression in adolescents in Malaysia. Mental health problems are stigmatized, which is why they do not go for getting help. This stigma stops students from discussing their problems in regard to mental health with teachers, counselors, or parents. To improve mental health outcomes among adolescents, it is essential to address these cultural barriers (Mukhtar, 2021).

This study fills these gaps by incorporating robust, validated screening tools in order to provide an all-inclusive appraisal of the level of depression in students. According to the DASS-21 and BDI, this study attempts to measure depression and risk students accurately. The findings will contribute towards developing culturally relevant interventions that enhance adolescent mental health (Naumova, 2022; Munusamy et al., 2024).

The conclusion has evident disparities created by research problem sections in presenting the emerging challenges that surround the identification and management of adolescent depression in Malaysia. It indicates a great level of weakness in school-based mental health programs, the effect of cultural barriers, and further assessments required for mental health. It seeks to fill these gaps with validated screening tools that will provide more accurate levels of depression measurements (Shaw et al., 2017).

Objectives and Significance

The current investigation is focused on the prevalence of depression among secondary school students in North Penang, which used DASS-21 and BDI instruments. The aim is to find the discrepancies by contrasting the findings of both instruments to improve the diagnostic accuracy. Findings from the study will contribute to designing specific interventions which take into account the identified levels of depression, thus improving adolescent mental health.

The study is important because it offers a way to improve mental health services in schools in Malaysia. The comprehensive assessment of levels of depression can identify those students who may need intervention since they are at risk. This important early detection would stop the progression of symptoms over the course of time, leading to an increase in the well-being of the student. Additionally, it aims to address cultural barriers preventing students from seeking help, thus providing a healthier, more learning-conducive environment on mental health issues.

One of the major objectives of this study is to compare the findings of the DASS-21 and BDI instruments. The DASS-21 has been the most widely used instrument for rapid screening in Malaysian schools, while the BDI is superior in sensitivity in detecting mild to moderate depression. Therefore, the combination of these instruments should increase the accuracy of diagnosis and give a more elaborate picture of adolescent depression. At the same time, this dual-agency effort will also be useful in identifying gaps in the detection of depression and fully informing further development of effective interventions.

The research works on how culturally sensitive interventions are needed for the improvement of mental health during adolescence. These interventions include counseling modules, school-based support systems, and community outreach programs. These interventions, such as Counseling Modules, school-based support systems, and outreach services to the community, are said to be implemented to alleviate the exclusive stressors faced by Malaysian adolescents. The same measures and mental health outcomes are to be used to improve the quality of life.

This may also serve as a reference for adaptation to replicate other contexts across the world and even improve mental health services in schools.

In short, the objectives and importance section sets out what it is aiming at and its potential impact on mental health services for Malaysian schools. The importance of validly measuring depression as a starting point to articulate then the need for early detection and intervention with culturally adapted support systems becomes apparent, too. This research will ideally also provide a comprehensive understanding of adolescent depression and facilitate its effective designing into mental health strategies.

Literature Review

Understanding Depression

Depression is a multidimensional disease that manifests in emotional, cognitive, and behavioral symptoms. Persistent sadness and lack of interest in activities, along with an inability to function normally, are the major characteristics of the disease. This so-called disease model of depression in the World Health Organization asserts it will become the second most common cause of disease burden in the world. It is certainly a testimony to the global standing of the problem of depression and, thus, its urgency in terms of mental health strategies.

In adolescents, depression manifests itself in some way: in changes in mood, behavior, and depressive performance. An adolescent so affected may find himself or herself feeling characterized by hopelessness, irritability, and an inability to concentrate. These are behaviorally and neurologically major functional impairments in learning, social relationships, and mental stability; keeping in mind how depression appears in adolescents is important for establishing effective interventions and support systems.

Adolescents who suffer from depression are also affected physically. It also affects their academic performance and social relationships. Depressed adolescents consistently adopt high-risk behaviors such as abusing substances and doing self-harm. Family or peer relationships also suffer, leading to social isolation that makes them more symptomatic. Thus, treatment of depression in adolescents is significant for the overall prevention of healthiness over time from possible undesirable outcomes.

Early intervention improves prognosis in adolescents with depression. Many observers assert that good intervention reduces symptoms, improves functioning, and prevents disorder progression. Interventions may include counseling, cognitive-behavioral therapy, and psychopharmacology. Mental health professionals may initiate management strategies to deal with adolescent symptoms and changes to enhance life quality.

In summary, understanding adolescent depression requires a multidimensional approach that captures the emotional, cognitive, and behavioral spheres of the condition. The literature review establishes the global nature of depression, its toll on the adolescent population, and the reason for the early intervention. Specific manifestations of the disorder in adolescent settings can then come into focus and be used by mental health professionals to derive successful strategies for establishing mental well-being.

Adolescent Depression in Malaysia

There is no doubt that depression has risen in its public health importance in Malaysia. According to the studies, adolescents seem to face unique problems related to academic pressures, family dissension or argumentations, and peer problems. In relation to the former, female adolescents appear to be more targeted when it comes to societal structures and emotional shortcomings. It contributed to the high prevalence of depression among Malaysian adolescents with the burden of such adolescentism and underlined the need for socially specific interventions (Ibrahim et al., 2022).

Academic pressure is the core stressor for Malaysian adolescents. The education system really condemns academic excellence and places high stress and anxiety on students within the compulsory threshold for achievement. This furthers the development of depressive symptoms in students trying to meet academic expectations but cannot. It is in the improvement of mental well-being through adolescents that addressing academic stress and promoting balance in educational strategies will take office (Ministry of Health, Malaysia, 2005).

Family relationships and conflicts play a small but significant part in determining whether or not adolescents get depressed. Youngsters from dysfunctional or conflict-stricken families are more likely to exhibit depression-related symptoms. Lack of emotional support is portrayed, increased stress is caused, and insecurities are developed. Interventions based on strengthening family ties and improving family communication may easily curb the adverse effects of family conflicts on adolescent mental health (Sahril et al., 2023).

Friend relationships also serve as an important factor impacting adolescent depression. As adolescents endure bullying, social isolation, or difficulties with forming and maintaining friendships, they gradually develop a higher chance of being depressed. Support from peers matters for emotional well-being. It helps develop positive peer interactions and anti-bullying programs that alleviate these risks (Romero et al., 2015).

In summary, it is a kind of confluence of academic pressure, family conflicts, and relationships between peers as far as depression among adolescents in Malaysia is concerned. Thus, any targeted intervention in these aspects can result in better overall health for adolescents. Mental health professionals can devise better approaches to adolescents' well-being by understanding the peculiar challenges facing Malaysia's adolescents.

Role of Assessment Tools

Two instruments which are mainly used for depression measurement are the DASS-21 and the BDI. DASS-21 is concerned with depression, anxiety, and stress and provides fast screening. It is widely utilized in Malaysian schools due to its efficiency and simplicity of administration. However, it might not serve to discriminate highly among closely related emotional states like anxiety and depression (Shaw et al., 2017).

Though the BDI allows good examination of depressive symptomatology, BDI is, however, very instrumental in picking up the nuances in the symptomatology of depression. It also functions as a readily complimentary score for general screening instruments such as the DASS-21. The wide-capturing symptom profiles that BDI gives are able to screen out individual students who may not really be depressed but have threshold mild depression, which will go undetected by the insensitivity of the screening tools.

Thus, using both DASS-21 and BDI will suffice to complete the perception of mental health in youths. The DASS-21 is efficient and not religious at all regarding cost in screening minimum depression, while it is important in collecting thorough information about the depressed phenomenon of more severe in most forms of depression. Hence, the act of combination would obviously lead to an accurate diagnosis and keep the chance of missing such symptoms.

Combining instruments like DASS-21 with BDI complicates assessments due to overlapping symptom criteria, and even though depression scores inflate, it does not contribute to a better diagnostic outcome. Systematic validation of these tools, in combination with improved reliability and reduced redundancy in the school setting, is necessary. Proper use of the tools and correct interpretation is a prerequisite for effective mental health assessment (Osman et al., 2012).

In summary, the role of assessment tools in evaluating adolescent depression is quite much. Both the DASS-21 and BDI have their strengths and weaknesses, and it is hoped that by combining these, a fuller evaluation may be obtained. This wishes, however, that careful thought and validation be done on the combined use of these for school settings. Such mental health constructs will be available for use in identifying and supporting adolescents suffering from the conditions better.

Methodology

Study Design and Population

The semi-urban population was used to cover all 24 schools in North Penang, from which the 3932 secondary school students were sampled. This model allows for data collection at a single instance of time to act as a snapshot of exposure to depression for the students.

Scenarios of schools were selected because of geographical spread to cover the various experiences and backgrounds to which students are exposed. This should ensure that the results of the study are representative of the greater adolescent population in North Penang. The inclusion of both urban and semi-urban schools goes far in showing if any possible differences in the level of depression could be attributed to environmental differences for the students.

The technique of using simple random sampling for participants selects persons without bias in selections, giving an equal chance to every student to be included in the research. This enhances generalizations of the findings derived from this study, enabling their application to a larger population of secondary students in North Penang. Random sampling also legitimizes the representativeness of the sample to the student population's diversity.

Some data collection comes with specific ethics approvals from the Penang State Education Department because of the participating schools. Informed consent was obtained from parents or guardians so that the participation of the entire student could be voluntary without coercions and that they had a clear notion of what the study entailed. Ethical principles in research involving young adolescents prove to be essential in terms of their rights and welfare (Ahmad et al., 2018).

In conclusion, this section on research design and population denotes the methodological approach in the survey of secondary school students in North Penang. A cross-sectional design,

geographical diversity, random sampling, and ethical protocols all suffice for the robustness and reliability of the study. This makes a representative sample and ethical protocol, indeed giving very valuable insights into the adolescent depression scenario in Malaysia.

This study aims to show a representative sample of adolescents aged 13-18 years old during the 2011-2012 census. This study aims to be the definitive research into adolescent anxiety, depression, suicidal ideation and attempted suicide in Penang and Malaysia at large. It is considered a long-term study because it would take an evaluation to understand these issues better. Hence, it has its own sites for reporting among adolescents and has also included selected representations from schools in the state.

Furthermore, it will tend to show those accounts or sums representing those cities that compose the average city in Malaysia. In contrast, the other-represented cities give a good representation of the average city in the country. This proves that the results will be from a truly representative sample of a population-based sample and, therefore, obtained from probity accounts. The above are some study location-specific studies. Generally, some studies are defined by their area.

Adolescent depression scenario in Malaysia from then on, representative sample and ethical protocol gives indeed very precious insight into the adolescent depression site in Malaysia. The section study design and population, therefore, introduces the methodological approach in the survey of secondary school students in North Penang. The robustness and reliability of the study are sufficiently ensured by cross-sectional design, geographical diversity, random sampling, and ethical protocols.

Instruments

Two origination tools were employed in determining depression levels, which are DASS-21 and BDI. DASS-21 is a 21-item scale for measuring depression, anxiety, and stress. The classification into Normal, Mild and Moderate, Severe and Very Severe is rapid and efficient in screening. The DASS-21 had a Cronbach alpha (α) of 0.80 in the depression sub-scale, showing good reliability (Ministry of Health, Malaysia, 2005).

The BDI is a 21-item exposure inventory which was specifically created to measure the severity of depression. It sorts responses on Minimal, Mild, Moderate, and Severe terms thereby providing finer detail in evaluating depressive symptoms. Cronbach alpha (α) value of 0.89 was found to endorse very high reliability. With its very detailed symptom profiles, it will be useful in identifying more subtle symptomatology, which may not be picked by screening tools with larger categories (Singh et al., 2023).

This pairing of DASS-21 and BDI should make for rather all-encompassing assessments regarding levels of depression in adolescents. If DASS-21, on the one hand, provides a more general viewing of emotional distress in the form of depression, BDI will be going to provide more detailed pictures of the affective symptoms of depression. Thus, this will enhance the diagnostic accuracy and not miss all depressive symptom presence. This illuminates in a more nuanced way the severity of depression and the corresponding nature of depression among adolescents (Naumova, 2022).

Ethical approval for the study was obtained from the Penang State Education Department and the schools participating in this research project. Informed consent from parents or guardians

was achieved, and students filled out both instruments under supervision to guarantee accuracy. Ethical considerations are highly necessary in research that concerns adolescents to protect their legal rights and well-being (Sahril et al., 2023).

On the whole, this section of the instruments mentions the DASS-21 and the BDI used to measure depression levels for teenagers. Spotlighting these two will expand the range, enhance the accuracy of the diagnosis, and eliminate any depressive symptoms that might be overlooked. The protection of rights and welfare is also addressed in ethics.

Findings

Results by Instrument

The findings also highlight the importance of complementary tools in mental health assessments. While the DASS-21 provides efficient screening, the BDI captures deeper insights into depressive symptoms. This dual-instrument approach ensures that there are no depressive symptoms.

Differences that were significant were between levels of depression as perceived using DASS-21 and BDI. Most students were found normal under DASS by 72.6%, while BDI reported more people falling under mild with 19.8%. Thus, BDI keeps records of symptoms that are least visible by DASS. Findings point to the necessity for such tools in assessments of mental health development that conditions were found to explore with regard to those mentioned (Shaw et al., 2017).

Reportedly, according to the DASS-21, students were 12.5% classified as showing low or mild symptomatology of depression, while 11.8% were medium symptoms, 2.4% were extreme symptoms, and 0.8% were very severe. In a sharp divergence from it, however, the BDI presented figures like 19.8 showing mild depression, 10.2 moderate depression, 4.1 severe depression and 1.8 very severe. Such difference opened the fact that BDI could diagnose mild and severe types of depression more efficiently (Munusamy et al., 2024).

Thus, BDI's heightened sensitivity to mild depression is quite important for early intervention because, in general, such students present no overt signs of the condition, making it almost impossible for general teachers and counselors to identify them without screening. Schools may identify such students using BDI early and help direct them towards the required intervention much earlier than symptoms worsen.

The study found significant differences between depression measured by DASS-21 and BDI. Most of them were categorized as having normal depression by the DASS-21, which included only 72.6% of those students and a higher percentage of mild depression cases by BDI, which showed 19.8%. Therefore, it confirms that BDI is very sharp for bringing out even the most minute depressive symptoms, which the DASS-21 does not pick up most of the time. All these increasing findings emphasize the complementary use of such tools to enrich mental health outcomes (Shaw et al., 2017).

According to DASS-21, 12.5% of the students who suffered from mild depression belonged to the category of mild depression. In comparison, 11.8% reported having moderate depression, 2.4% were diagnosed with severe depression, and only 0.8% suffered from very severe

depression. Conversely, according to BDI, around 19.8% of students with mild depression were found, 10.2% reported moderate depression, 4.1% severe, and only 1.8% suffered from very severe depression. This substantiates that the BDI could be a better measure for identifying mild and severe cases of depression (Munusamy et al., 2024).

Particularly, the fact that the BDI is very sensitive to mild depression is critical for early intervention. The manifestations usually seen in students with mild depression are not overt to a teacher or counselor. Thus, physical or immediate attention may miss them. BDI would identify these students early and have institutions to apply necessary interventions to the development of depressive symptoms (Naumova, 2022).

This shows the need for varied tools for mental health appraisal. DASS-21 works very well for screening, while BDI works more effectively at getting to the crux of depressive symptoms. This two-pronged approach minimizes the chances of cultural bias in not measuring depressive symptomology and, more importantly, advances the adroit comprehension of adolescent mental health. More individualized intervention according to severity and dimensions of depression would also become possible (Osman et al., 2012).

All in all, the tool results section reveals the variability regarding depression levels recorded by DASS-21 and by BDI. This indicates that an important and necessary step should be taken towards using such supplementary investigation instruments to improve diagnostic excellence and catch diagnosis early enough. When used together, DASS-21 and BDI could strengthen the mental health assessment and support this issue with teenagers.

Insights

There is compelling evidence that the research study tries to reveal the importance and extent of depression in secondary school students in North Penang. Most of the subjects, according to DASS-21, stand at normal levels of depression, though there were high mild depression incidences according to BDI. This suggests that possibly the BDI is for more delicate dips when one tends toward depression rather than the DASS-21. Thus, some critical pieces of information may be obtained for effective mental health intervention programs (Shaw et al., 2017).

To detect more cases of mild-to-moderate depression cases, there is a call for proper measuring instruments to be installed in schools. Early detection should, therefore, prevent or stop the progression of signs or symptoms and improve the overall quality of life. With this kind of test feature development, schools could then use this to introduce BDI into its normal mental health assessment activity and, in turn, leave no student missed (Munusamy et al., 2024).

The results also emphasize the culturally sensitive interventions required. The stigma attached to mental illness in Malaysia hinders students from seeking help for treatment, producing underreporting and underdiagnosis. There could be more educative and intervention strategies in a culturally sensitive manner so as to lower stigma and encourage these students to come forward for help. Schools should also partner with mental health professionals to develop programs addressing the unique cultural context of adolescents in Malaysia (Sahril et al., 2023).

In addition, the study pinpoints the key role that thorough mental health assessments play. The dual administration of the DASS-21 and BDI would create an accurate and nuanced

representation of depression severity among adolescents. By this dual-instrument method, gaps in findings regarding the detection of depression can be ascertained and used to develop more effective intervening measures. Schools should consider adopting this model for improving mental health services in their institutions (Naumova, 2022).

Insights are synthesized for the adaptation of these assessment tools within schools for culture-specific interventions, and the analyses further emphasize the need for thorough mental health assessment. These findings promise to be highly informative for the effective formulation of mental health strategies in schools. The above insights will help improve the health outcomes of adolescents and their general well-being.

Discussion

Implications for Mental Health Assessment

According to the research findings, the utilization of a combination of instruments is necessary for conducting assessments of adolescent mental health. Whereas the DASS-21 is capable of efficient screening, the BDI is capable of capturing even the most minute details, particularly for mild cases of depression. Thus, these two instruments could guarantee that no depressive symptoms are missed and can provide a fairer view of the adolescent mental health status (Shaw et al., 2017).

The BDI's hyper-sensitivity towards the mild spectrum of depression becomes vital in the issue of early detection and intervention, i.e. students with mild depression are nowhere close to 'obviously' exhibiting symptoms for teachers and counselors to pick out, thus necessitating further assessment protocol. Early identification of such students may be enabled through the utilization of BDI by schools and the provision of early intervention through the process in order to avoid progressing depressive symptoms. Resultantly, overall well-being and academic performance will improve (Munusamy et al., 2024).

Not only do the findings show that such culturally appropriate interventions are also essential, but they also address the areas where stigma is concerned in mental health in Malaysia since it causes students not to seek help for themselves and end up under-reporting and under-diagnosis. The adaptation of culturally sensitive mental health education and intervention schemes could minimize stigma and encourage help-seeking behavior. Schools should collaborate with mental health professionals to design programs that highlight the cultural context surrounding adolescents in Malaysia (Sahril et al., 2023).

The study also reiterates the need for holistic mental health assessments. Two instruments, the DASS-21 and the BDI – give a much clearer and nuanced picture of depression levels among adolescents. Using dual methods helps to identify gaps in detection and to inform future evidence-based interventions. This is one more addition schools can consider in their marketing strategies about mental health services (Naumova, 2022). The impacts of this final segment, therefore, are for the mental health assessment section in regard to the use of complementary instruments, culturally appropriate interventions, and comprehensive assessments. The findings make available important information for the eventual effective mental health strategies in schools. Addressing the above implications then assists in improving the mental health outcomes for adolescents as well as the general well-being of all individuals.

Recommendations for Schools and Policymakers

Different recommendations can be made to schools and policymakers based on the findings. First, schools need to incorporate DASS-21 and Beck's Depression Inventory (BDI) in their mental health evaluations. Using both instruments will enable earlier identification of at-risk students, allowing them to receive the necessary assistance (Shaw et al., 2017).

Secondly, schools should develop interventions that are culturally suited for Malaysian adolescents to the various unique stressors that they experience. Such interventions may include counseling modules, school-based support systems, as well as outreach programs in the community. Schools would go a long way in reducing stigmatization as well as in encouraging students to seek help by dealing with the cultural context of mental health. Involving mental health professionals in designing such programs would be critical to their efficacy (Sahril et al., 2023).

Thirdly, early intervention programs are to be made the priority for avoiding the progression of depressive symptoms. Counseling and support would be made available to students found with mild to moderate symptoms before they deteriorate at the behest of the school. Classrooms will train teachers and counselors to recognize the symptoms and refer students for such services. In this way, general welfare and performance in academia improve (Munusamy et al., 2024).

Schools must have policies that will promote mental health awareness and education. Such policies would include provisions for education in mental health in the curriculum, among many others. Also, mental health education should direct students, teachers, and parents to adequate resources. An awareness of mental health issues would bring about a school environment in which a student would feel free to reach out for assistance and support. Policymakers should also back this provision with funding and other resources for developing mental health programs (Naumova, 2022). In conclusion, recommendations for schools and policymakers put forth several ideas to improve mental health services in schools. From dual assessments to culturally responsive interventions, high-priority early intervention, and awareness of mental health, these are all ways schools can supplement improved mental health services aimed at adolescent well-being. Policymakers also need to uphold these efforts by providing appropriate resources and funding.

Conclusion & Recommendations

In fact, immediately and completely depressed Malaysian adolescents are demanding. This study illustrates using DASS-21 and BDI in tandem as a very useful combination for mental health evaluation. It also emphasizes the complementary tool usages of culturally appropriate intervention and holistic assessments for adolescent depression (Shaw et al., 2017).

With this, the research results were really relevant concerning understanding the commonness and the form of depression among secondary school students in North Penang. The DASS-21 measurement tool showed that most of the students fell into the normal levels of depression. However, with BDI, many students fell into the mild category. This shows that perhaps BDI is much more sensitive when looking for milder depressive symptoms, which might be considered absent in DASS-21. Insights from the research will be fundamental towards designing proper mental health intervention channels (Munusamy et al., 2024).

From the findings of this study, several recommendations would be drawn for schools and policymakers. In routine evaluation of mental health among students in schools, the two tools should be incorporated in their own way within DASS-21 and BDI. With such an approach of dual instruments, it becomes possible not to miss symptoms of depression and have a fuller picture of adolescent psychological well-being. With both instruments, there is the opportunity to identify students who will be at risk early and attend to their related needs.

Besides, developing culturally-specific interventions on the individual demands and stresses presented by Malaysian adolescents would also include counseling modules, school-based support systems, and community-based outreach programs. Adopting intervention strategies addressing the cultural context of mental health by schools will also aid in reducing stigma and encouraging involvement among those individuals.

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