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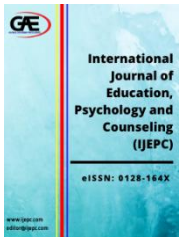

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"BETWEEN SPIRITUALITY AND STRESS": EXPLORING FACTORS CONTRIBUTING TO MENTAL HEALTH ISSUES AMONG IIUM STUDENTS

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Abstract:

A number of studies have examined student mental health in general higher education settings, but only a few have focused specifically on students in Islamic higher education institutions (IHEIs). In addition to academic demands, students in Islamic universities may also face religious and cultural expectations that influence their perceptions of well-being and their responses to mental health challenges. Therefore, this study investigates the factors contributing to mental health issues among undergraduate students at the International Islamic University Malaysia (IIUM). This study employed a qualitative research design using semi-structured interviews with undergraduate students. The interview data were analysed thematically, revealing four major themes related to the factors influencing students' mental health experiences. The first factor affecting students' emotional well-being involves family and relationship problems, which include conflicts, childhood trauma, toxic parenting, and strained personal relationships. Second, financial difficulties such as household hardship, work-study conflicts, and family financial burdens contributed to stress and uncertainty among these students. The third factor identified to negatively affect students'

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mental health was academic and social challenges, such as difficulties coping with fast-paced instruction, poor concentration, stigmatization by lecturers, and peer conflicts. Finally, environmental and social pressures such as loneliness, social isolation, and pandemic-related restrictions further intensified students' psychological distress. Overall, the findings suggest that students' mental health is influenced by interconnected factors of personal, familial, social, academic, and economic. The study highlights the importance of providing culturally and religiously sensitive support systems to effectively address students' psychological, academic, financial, and spiritual needs in Islamic higher education institutions.

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Keyword:

Contributing Factors, Islamic University, IIUM. Mental Health, Student Well-Being

Introduction

Student mental health has become an alarming concern, with rising levels of stress, anxiety, and depressive symptoms, such as stress, anxiety, and depression reported among undergraduate students worldwide, including in Malaysia (Auerbach et al., 2018; Harrer et al., 2019; Malik et al., 2021). This issue can be attributed to the fact that university students are presented with multiple challenges, including academic, social, and financial responsibilities, as well as personal and developmental changes. Consequently, unattended mental health issues among university students can negatively affect their academic performance, social relationships, and overall quality of life (Beiter et al., 2015).

Mental health issues warrant particular attention in faith-based universities where religion and spirituality are central elements of the educational environment. This is because, in addition to academic demands, students in these universities also face religious and cultural expectations that can influence their perceptions of mental health and responses to mental health issues. Although religion is generally viewed as a coping strategy and strengthening psychological resilience (Hamjah & Akhir, 2014; Zulkifli et al., 2024), it can also create a barrier to addressing mental health issues effectively. This may occur when mental health issues are interpreted through limited or restrictive religious perspectives, which can lead to increasing feelings of judgment and discouragement from seeking support, including among university students (Corrigan & Watson, 2002).

The International Islamic University Malaysia (IIUM) is deemed ideal for understanding student mental health in the context of a faith-based Islamic university. This is because its educational philosophy, Insan Sejahtera, significantly positions faith and spirituality as the

most important dimension of students' well-being and educational experience, in addition to intellectual, emotional, and social development. However, despite this emphasis, little research has been done on the actual contributing factors that influence IIUM undergraduates' mental health.

Therefore, the purpose of this study is to investigate the factors that influence undergraduate students at IIUM who have mental health issues. The research question it answers is: "What are the contributing factors to mental health issues among IIUM students?" Through examining the lived experiences of students, this research offers valuable perspectives on the intricate interactions of academic, social, family, socioeconomic, and environmental factors that influence mental health in an Islamic higher education context.

Literature Review

There are three points that will be discussed in the literature review, including mental health among university students, contributing factors to student mental health, and mental health and spirituality in Islamic university contexts.

Mental Health among University Students

University students frequently struggle with mental health concerns (Osborn, Li, Saunders & Fonagy, 2022). Globally, it is becoming more widely acknowledged as a serious issue. "Almost half have experienced a serious psychological issue for which they felt they needed professional help", and "1 in 5" have a current mental health diagnosis, up from 1 in 3 in the 2018 study, according to a 2020 Insight Network poll of students from eleven universities (Pereira et al. 2019). More than three-fourths of mental diseases start before the age of 24, according to the World Health Organization (WHO) World Mental Health (WMH) Surveys (Kessler et al. 2007). In recent years, mental health concerns among university students have drawn increasing attention from around the world. Nearly one-third of students suffer from signs of mental disorders, such as anxiety and depression, according to extensive research like the WHO World Mental Health International College Student Project (Auerbach et al., 2018). Reduced academic performance, decreased retention rates, and an elevated likelihood of dropping out are all associated with these issues (Lattie, Lipson & Eisenberg, 2019). According to research, university students experience a distinct developmental stage known as "emerging adulthood," during which they must negotiate relationship changes, identity exploration, and growing independence (Arnett, 2016). These changes may increase a person's vulnerability to psychological distress.

Contributing Factors to Student Mental Health

Issues with mental health in higher education settings are caused by a variety of reasons. There is a clear correlation between financial insecurity and higher levels of stress, anxiety, and depression symptoms (Richardson, Elliott, & Roberts, 2017). Similarly, students from low-income families are more vulnerable since they often have additional family-related duties (Arslan, Yıldırım, & Aytaç, 2022). In many nations, students experience financial stress due to financial burdens such as excessive tuition and significant student debt. The number of students seeking academic and mental health support on college campuses is probably influenced by this stress, which is a potential cause of mental health issues (Ross et al., 2006).

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Additionally, academic workload and performance expectations are often mentioned as sources of stress. Research indicates that psychological strain is largely caused by intense coursework, exam pressure, and difficulty adjusting to university-level teaching (Beiter et al., 2015). Many students have great expectations for their grades when they start college, but many of them are unable to meet these goals. Depending on the program's difficulty or the institution's prestige, high school graduates are frequently expected to have a grade average of between 70 and 80 percent, or even more (DeClou, 2016). Nonetheless, first-year university students' grade average is 65%, indicating that more than half of the student body is receiving grades lower than they did in high school (Wintre & Yaffe, 2011). When they enroll in competitive university programs, students who excelled in high school may feel overwhelmed by the reality that they are no longer able to place at the top of their class. Students experience panic and, in certain situations, an identity crisis when their lofty expectations are faced with a dismal reality. Although they have been under pressure to succeed, they have never been taught how to fail, which is a crucial aspect of maturing. Counselors must deal with the consequences of a generous educational system and what could be considered an overly supportive home life as the millennial generation starts college (Watkins et al., 2011). The mental health crisis on campus is caused by a number of factors, including the deep-rooted belief in the significance of achievement, the difficulty of meeting the demands of university life, and the inability to deal with failure.

Student mental health is also influenced by the social environment. Help-seeking is frequently discouraged, and feelings of isolation are made worse by stigma from classmates or teachers (Corrigan & Watson, 2002). Since prolonged confinement and the sudden switch to online learning have a detrimental impact on students' mental health globally, the COVID-19 epidemic has exacerbated these demands in recent years (Son et al., 2020). Other than that, the extensive usage of technology is perhaps the most notable distinction between the millennial generation and all others. Between the ages of five and seven, one in five college students started using a computer. By the time they turned six or eight, Jones and Kucker (2002) discovered that first-year pupils were using the internet on a regular basis. Many students take the ubiquity of technology for granted, and many would contend that its advantages exceed its drawbacks. That does not, however, imply that the drawbacks are not significant or should be disregarded. Counselors on campus are observing that university students' use of technology is associated with mental health issues. According to the counselors surveyed for the Watkins et al. (2011) study, students' incapacity to manage social demands and the increasing responsibilities that come with university life can be partially attributed to their reliance on social media. Technology reliance has made it "really hard for them to tolerate typical, normal human effects and experiences," according to one counselor (Watkins et al., 2011, p. 228).

Mental Health and Spirituality in Islamic University Contexts

According to Hassan (2021), spirituality in the Islamic perspective is about the proper state and relationships between the human Spirit (Rūḥ), Soul (Nafs), and Heart (Qalb) and God, other people, and the natural world. According to the Islamic viewpoint, spirituality cannot exist without obedience to God, love for Him above all else, sincerity, honesty, and integrity, seeking His pleasure as the ultimate goal throughout life, and carrying out good deeds for the benefit of others or the community. Therefore, if these spiritual conditions are met, God, as the Sustainer, Provider, and Ruler, guarantees those honest servants, vicegerents, and true believers both a happy life on earth and a life of true and eternal joy in the Hereafter.

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The aforementioned spiritual and religious principles are particularly relevant within the Islamic university context, where they substantially form the foundation for understanding mental health and well-being, as well as supporting coping strategies, psychological resilience, and positive mental health outcomes among students in these faith-based universities (Hamjah & Akhir, 2014; Zulkifli et al., 2024; Kamal & Rahman, 2018). However, spirituality and religion may also create challenges in addressing mental health issues, especially when faith-based beliefs are used to oversimplify or stigmatise mental health challenges. Such perceptions may create barriers to help-seeking and highlight the importance of support systems that integrate mental health care with faith-sensitive approaches.

These issues are particularly relevant to be examined within the context of the International Islamic University Malaysia (IIUM), as this faith-based university significantly highlights the centrality of spiritual and religious aspects in guiding students' comprehensive development. This emphasis is translated in its Insan Sejahtera philosophy, which emphasises balanced intellectual, emotional, social, and spiritual growth (Mohamed et al., 2024).

Methodology

Research Design

This study employed a qualitative research approach to explore IIUM students lived experiences and understand the academic, spiritual, familial, and personal factors associated with their mental health experiences.

Participants and Sampling

The participants in this study were undergraduate students from the International Islamic University Malaysia (IIUM). In order to guarantee variety in terms of gender, educational background, and individual experiences with mental health issues, a purposeful sample technique was employed. Six participants who represented a variety of faculties and academic levels gave their approval to participate in the study.

Data Collection

In-depth interview sessions have been conducted with 6 participants from three different categories, as stated in participants' selection, to explore their experience of mental health issues and their coping mechanisms in this Islamic university. Interviewing will be selected as the research method because it is the most suitable method of gaining an understanding of those professionals that can only be obtained by questioning the participants who have specialised training and expertise. As Patton (1990) noted, "We interview people to find out from them those things we cannot directly observe. We cannot observe feelings, thoughts, and intentions…. The purpose of interviewing, then, is to allow us to enter the other person's perspective" (Patton, 1990: p. 278).

As this study is using the triangulation of data, the interview session was also conducted with the expert, who is a clinical psychologist from the campus of Kuantan. According to Denzin (1978) and Patton (1999), data triangulation happens when the study is using data from different sources (e.g., students, teachers, administrators) or at different times/contexts to

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validate findings. Triangulation is a technique used in qualitative research to increase the credibility, validity, and trustworthiness of findings by combining information from multiple sources, methods, investigators, or theories (Denzin, 1978).

With participants' permission, audio recordings of the 45–60-minute interviews were made in a private location. The researchers began data collection using face-to-face audio-recording interviews after obtaining consent from all the participants.

Data Analysis

Thematic analysis was used to examine the verbatim transcriptions of the interviews. The interviews' transcriptions, which make up the data, have been properly coded. Structural coding has been used for the first coding step. Saldaña (2018) defines structural coding as applying "a content-based or conceptual phrase representing a topic of inquiry to a segment of data to both code and categorize the data corpus" (p. 66). Transcripts were reviewed several times, meaningful codes were found, codes were grouped into sub-themes and then abstracted into larger topics. Family and relationship problems, financial and economic strains, academic and social constraints, and societal and environmental stressors were the four main themes that surfaced.

Ethical Considerations

The IIUM Research Ethics Committee granted ethical permission for this investigation. Before data collection, each participant gave their informed consent. Additionally, participants have been informed about the goal of the study and the confidentiality of the data collected before the interview. Before the interviews, they were requested to sign an informed consent form. Requesting permission to audio record the interview is part of the consent form. Confidentiality, anonymity, and the voluntary nature of participation were guaranteed to the participants. To safeguard the identities of the participants, pseudonyms (such as P1, P2) are used while publishing the results. Additionally, participants have been made aware that they can leave the study at any moment. In order to further reduce the possibility of misinterpreting the data gathered, this study has, if feasible, talked with the participants to make sure the results accurately reflected their intentions during the interviews.

Findings

Four main themes emerged from the interview data analysis, which highlight the factors that contribute to mental health problems among IIUM students: (1) Relationship and family issues; (2) Economic and financial pressures; (3) Social and academic pressures; and (4) Environmental and social stressors. Based on participant accounts, each theme is displayed in Table 1 below, along with illustrative sub-themes and key concepts.

RQ: What are the contributing factors to mental health issues among IIUM students?		
Themes	Subthemes	Main ideas
Family and relational issues	Family dysfunction	Ongoing conflicts and poor communication
		Sibling's issues
	Toxic relationship	Toxic parents
		Toxic marriage

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		Childhood trauma
Financial and Economic Pressures	Personal financial difficulties	Personal financial difficulties Burden of low-income families Work-study conflict
Academic and Social Pressures	Academic-related stressors	Academic stressors Negative social environment Peer relationship challenges
Peer Relationship Challenges	Conflicts with peers	Problems with friends that cause stress
	Peer pressure	Pressure from a friend to conform to behaviours, choices, or expectations.
	Lack of supportive friendships	Lack emotional support, trust, and healthy connections with friends
Social and Environmental Stressors	Loneliness and social isolation	Lonely
	Pandemic-related pressures	Pandemic pressure

Family and Relational Issues

Family and relational issues were commonly identified by participants to negatively affect their mental health, which include family dysfunction and conflict, as well as toxic relationships.

Family Dysfunction and Conflict

Family dysfunction and conflict led to emotional distress, particularly among students experiencing ongoing conflict and poor communication within the family. One participant stated:

> *"I would say there were so much conflicts and struggles in my family… we never explained ourselves to each other. It's kinda toxic, actually."* (P6)

Family dysfunction and conflict were also reflected in strained relationships with siblings. One participant explained:

> *"I have an older sister who is very rage-headed, and I can say that almost every day I get into arguments with her while having household pressure."* (P3)

Toxic Relationships

Participants also described toxic relationships within the family as significant contributors to their mental health difficulties. One participant described parental abuse as a major source of emotional distress:

> *"Generally, I can say they (parents) are the main contributor to my mental illness. Since I was small, I have faced physical and mental abuse from my mother, while my father kind of giving mental abuse with his harsh words."* (P5)

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Toxic relationship experiences were also reported within husband–wife relationships. For example, one participant described improvements in mental health after leaving a toxic marriage:

> *"After I got divorce, surprisingly I found that I had not relapsed. No longer attempt for suicidal and self-harm."* (P2)

Some participants also reflected on harmful relationship experiences during childhood that continued to affect their mental health. One participant recalled abuse from a grandparent:

> *"My abusive grandpa hit me with a pipe… even when I told him to stop, he didn't want to stop… I'm the eldest child that he couldn't live with."* (P4)

Financial and Economic Pressures

The second them identified as important contributors to participants' mental health difficulties was financial and economic pressures, with participants describing experiences related to personal financial difficulties, the burden of low-income families, and work–study conflict.

Personal Financial Difficulties

Participants described personal financial difficulties as a major source of insecurity and stress. These experiences included family financial crises and difficulties meeting basic daily needs. One participant shared:

> *"My family did have a financial crisis during my degree years… my father doesn't have a job, my mother didn't get a salary for 2 years… I carry the weight of worrying we don't have enough money."* (P2)

Financial difficulties also affected participants' ability to meet basic needs. One participant explained:

> *"I want to eat and I want money… I can say that I don't eat for a week, it's normal… so here I am the eldest… I earn it from my part-time job."* (P4)

Burden of Low-Income Families

Participants from low-income households described feeling responsible for reducing the financial burden placed on their families. One participant stated:

> *"Financially, it's also a problem because my father's income is not that much. He works selling chicken… I don't really ask for money from my father. My mother doesn't work." (P5*)

Work-Study Conflict

Some participants have to work part-time due to financial difficulties. This has created additional pressure as they struggle to balance work and academic commitments.

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"Yes, I have financial problems too… I took the initiative to work part-time to increase my income because my parents still have many younger siblings who are still studying." (P1)

"And financially I was supporting my younger sister… and I help my brothers whenever I can… my father, 52yo, is a mechanic… my mother was a fully housewife but since I quit my highschool, she been doing several part-time jobs with my help." (P6).

Academic and Social Pressures

Academic and social pressures were also identified as significant contributors to mental health, with participants describing experiences related to academic stressors, negative social environment, and peer relationship challenges.

Academic Stressors

Participants described difficulties in adapting to academic demands as significant academic stressors. This is illustrated by P1's and P2's statement:

"Throughout my studies, one of the challenges I faced was that sometimes I was slow to understand… I always need a personal tutor… sometimes it's a bit difficult… so I always get confused." (P1)

"Actually, I'm a top scorer… but when I entered foundation, I had a hard time adapting to fast-paced teaching. So I fall behind. Then during my degree years, I started having depression which really affects my study." (P2)

Also contributing to extra pressure among participants were parental expectations and mismatches in academic pathways:

"My mom loves to say how my academic previously… she put me to maahad tahfiz… but I don't even like it… depressing too… it's hard to focus due to noise disturbance… even tiny sound can turn my mind into chaos." (P4)

Some students also reported difficulties maintaining concentration and classroom engagement due to medication side effects, which further intensified their academic stress.

"I struggle to give attention in class during lecture. Maybe because of the side effect of the medicine that I took… I cannot focus." (P5)

Negative Social Environment

Participants also described a negative social environment, including stigma from teachers, as contributing to emotional distress. One participant recalled:

"During my previous high school, a teacher once confronted me and told that I'm facing mental issues because of me being far from God… she also once stated that those who experience mental health issue is a kafir (non-believer)." (P3)

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Peer Relationship Challenges

Peer relationship challenges led to social distress, as participants described experiences of conflicts with peers, peer pressure, and lack of supportive friendships.

> *"I was fighting with a friend… that fighting became worse until I harmed myself by cut my hand and bleeding so badly." (P5)*

> *"I struggled to fit in with my peers, until I actually dropped out during form 2." (P6)*

> *"I used to have a BFF… I have to be like who she wants and expectations, not as who I am… until I decided to break that friendship." (P4)*

Social and Environmental Stressors

Social and environmental stressors were also identified as contributors to participants' mental health difficulties, particularly when they experienced loneliness and social isolation, as well as pandemic-related pressures.

Loneliness and Social Isolation

Loneliness and social isolation intensified emotional distress and negative thinking. This experience was shared by P1:

> *"Things always happen when I'm too quiet and alone… I tend to be a bit of an overthinker." (P1)*

Pandemic-Relates Pressures

The pandemic had created disruptions to learning and prolonged periods of isolation, in which these circumstances contributing to mental health difficulties among participants. One participant explained:

> *"When the MCO during the COVID-19 pandemic occurred, I just needed a period of time to get used of learning all subjects virtually… I assume it was the initial time where I started to have problems mentally… that situation where we're kinda 'trapped' in our house made me mentally unstable." (P3).*

Discussion

The present study identified four interrelated themes contributing to mental health issues among IIUM undergraduate students, namely family and relational issues, financial and economic pressures, academic and social pressures, and social and environmental stressors. These findings are consistent with previous research showing that students' mental health is influenced by a complex interaction of personal, familial, academic, and contextual factors (Eisenberg et al., 2019; Auerbach et al., 2018). Within the IIUM context, these broader contextual factors may also include religious and cultural values that shape how students understand and experience mental health.

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Family and relational issues emerged as important influences on students' mental health, which is consistent with studies emphasising the role of family relationships in shaping student well-being (Arnett, 2015). Participants' experiences suggest that conflict, toxic relationships, and unresolved childhood experiences may contribute to emotional distress during young adulthood. Within Islamic and collectivist contexts, families are often viewed as primary sources of emotional and social support. As a result, difficulties within family and close relationships may be particularly distressing because they affect an important source of support during the transition to university life and young adulthood.

Financial and economic pressures also emerged as significant contributors to students' mental health difficulties, consistent with previous research linking financial hardship to psychological distress among university students (Richardson et al., 2017). Participants' experiences suggest that financial stress extended beyond individual economic concerns and was often tied to family responsibilities and expectations. This may reflect the strong sense of familial obligation commonly observed in collectivist and Muslim-majority contexts, where students may feel responsible for supporting family members while managing their academic commitments (Arslan et al., 2022).

Academic and social pressures represented another important source of mental health difficulties. Consistent with previous studies linking academic pressures to symptoms of stress, anxiety, and depression among university students (Beiter et al., 2015), students described academic demands and performance expectations as important sources of stress. Beyond academic pressures, negative social experiences such as stigma from teachers and difficulties within peer relationships also contributed to emotional distress. This observation aligns with previous studies highlighting the harmful effects of stigma and judgement on mental health experiences (Corrigan & Watson, 2002). Within the IIUM context, this finding presents an important concern, as Islamic values emphasise empathy, compassion, and mutual support. However, some students described experiences of judgement and rejection from authority figures, highlighting the importance of educational environments that provide emotional support alongside academic guidance.

Social and environmental stressors also contributed to students' mental health difficulties. Participants' experiences suggest that social isolation and environmental disruptions may intensify emotional distress by limiting social interaction and disrupting daily routines. Consistent with previous pandemic-related findings (Son et al., 2020), prolonged confinement and the sudden transition to online learning appeared to further intensify these challenges. These findings highlight the importance of support systems that address not only academic needs but also students' broader social and emotional experiences.

Overall, the findings suggest that mental health difficulties among IIUM students are shaped by interacting personal, familial, academic, social, and contextual influences, highlighting the need to understand student mental health within a broader institutional and cultural context.

Conclusion

This study explored factors contributing to mental health issues among undergraduate students at the International Islamic University Malaysia (IIUM). Findings of the study identified four

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interrelated themes of family and relational issues, financial and economic pressures, academic and social pressures, and social and environmental stressors. Such findings highlight that students' mental health difficulties arise from multiple interconnected experiences rather than a single cause.

These findings are particularly important within the IIUM context, as they support its Insan Sejahtera philosophy that recognises student well-being as encompassing emotional, social, intellectual, and spiritual dimensions. Therefore, faith-based universities may benefit from culturally and faith-sensitive approaches to mental health that integrate professional support with students' personal, social, and spiritual experiences.

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Ethics Statement: This study was conducted in accordance with ethical research standards. All procedures involving human participants were reviewed and approved by the [Research Management Center], approval number [IREC-2025-162]. Informed consent was obtained from all participants prior to data collection. Participation was voluntary, and respondents were assured of confidentiality and anonymity. The data collected were used solely for academic purposes.

Author Contribution Statement: The authors contributed significantly to the development of this manuscript. [Dr. Khairul Fahmi Jamaludin] was responsible for the conceptualization, methodology, and overall supervision of the study. [Dr. Nor Athiah Mohd Noor] handled data collection, analysis, and interpretation of results. [Dr. Mar'ain Ahmad Dani] contributed to the literature review, drafting, and critical revision of the manuscript. All authors read and approved the final version of the manuscript prior to submission.

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