



UNIVERSITI PUTRA MALAYSIA

***PREVALENCE OF AND FACTORS ASSOCIATED WITH DEPRESSION,
ANXIETY, AND STRESS AMONG FIRST YEAR UNDERGRADUATE
STUDENTS IN A MALAYSIAN PUBLIC UNIVERSITY***

MOHAMMED HASSAN

FPSK(M) 2016 30



**PREVALENCE OF AND FACTORS ASSOCIATED WITH DEPRESSION,
ANXIETY, AND STRESS AMONG FIRST YEAR UNDERGRADUATE
STUDENTS IN A MALAYSIAN PUBLIC UNIVERSITY**

By

MOHAMMED HASSAN

**Thesis Submitted to the School Graduate Studies, Universiti Putra Malaysia,
in Fulfillment of the Requirements for the Degree of Master of Sciences**

April 2016

COPYRIGHT

All materials contained within the thesis, including without limitation text, logos, icons, photographs and all other artwork is copyright material of Universiti Putra Malaysia unless otherwise stated. Use may be made of any material contained within the thesis for non-commercial purpose from the copyright holder. Commercial use of material may only be made with the express prior written permission of Universiti Putra Malaysia.

Copyright © Universiti Putra Malaysia



DEDICATION

Dedicated to My Father

Alhaji Adamu Hassan

(For providing with the best education)

My Mother

Hajiya Hafsat Adamu

(For her prayers and support)

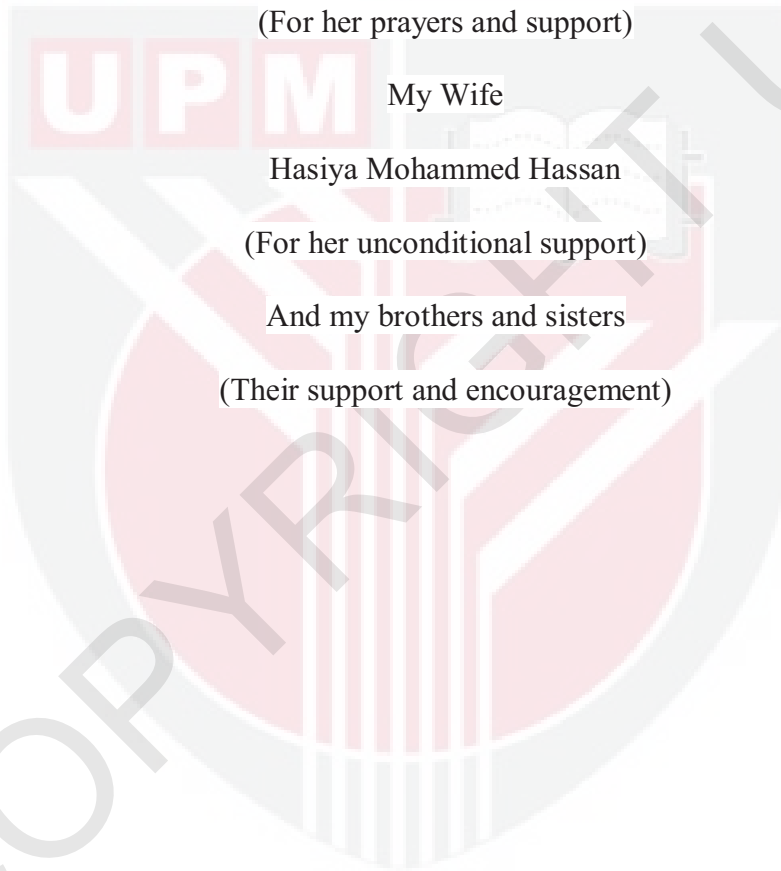
My Wife

Hasiya Mohammed Hassan

(For her unconditional support)

And my brothers and sisters

(Their support and encouragement)



© COPYRIGHT

Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the Degree of Master of Science

**PREVALENCE OF AND FACTORS ASSOCIATED WITH OF
DEPRESSION, ANXIETY, AND STRESS AMONG FIRST YEAR
UNDERGRADUATE STUDENTS IN A MALAYSIAN PUBLIC
UNIVERSITY**

By

MOHAMMED HASSAN

April 2016

Chairman : Hayati Binti Kadir, PhD
Faculty : Medicine and Health Sciences

Depression, anxiety and stress are the most reported and studied forms of mental illnesses among adolescence and young adults in Malaysia, and their burden seems to be on the increase. Reasons for the increase apart from the inconspicuous nature of their signs and symptoms maybe, due to lack of awareness of physical and psychological symptoms associated with these conditions also, fear of stigmatization. Previous studies have primarily focused on medical students, however, these psychological problems may extend to other students regardless of field of study. The purpose of this study is to determine the prevalence of and factors associated with depression, anxiety and stress among first year undergraduates in a Malaysian public university.

A cross-sectional study was conducted in UPM Serdang campus among 675 first year undergraduate students from the Faculties of Agriculture, Design and Architecture, Education, Environmental studies and Medicine and Health sciences. Cluster sampling method was used to collect information on socio demographic, socio economic, environmental factors, through the use of validated self-administered questionnaires between November 2014 and May 2015. Data was analyzed using, descriptive, bivariate and multivariate data analysis by SPSS™ (version 21). The test used were Chi-square test, Independent t-test, Mann-Whitney U test, Logistic regression and Multiple logistic regression.

The study response rate was 78.5%. The prevalence of depression, anxiety and stress was 32.1%, 64.6% and 29.2% respectively. The majority of respondents were, females (71.1%), Malays (81.5%), Muslims (84.4%), in the Faculty of Medicine and Health Sciences (30.2%), resided in dormitories (99.1%) and between ages 18-25 years. The majority parents had secondary education (40.9%)

and worked in the government sector (26.6%). Majority of father's earned a monthly income less than RM2500 (61.3%) and, the majority of mothers earned no monthly income (59.4%). The independent factors of depression included ages of 20-21 years (AOR= 0.545, 95% CI 0.312 – 0.952), parent's education (AOR= 2.496, 95% CI 1.458 – 4.276), negative automatic thoughts (AOR= 2.021, 95% CI 1.250 – 3.270) and substance use (AOR= 1.374, 95% CI 1.200 – 1.574). Predictors of anxiety were, female (AOR= 1.619, 95% CI 1.132–2.316), parents education (AOR= 2.274, 95% CI 1.240 – 4.168), attachment to mother (AOR= 0.988, 95% CI 0.978 – 0.998) and behavioral disengagement (AOR= 1.183, 95% CI 1.064 – 1.318) While, predictors of stress were mother's income (AOR= 1.711, 95% CI 1.195 – 2.450), negative automatic thoughts (AOR= 2.108, 95% CI 1.253 – 3.547), attachment to mother (AOR= 0.986, 95% CI 0.976 -0.997) and venting (AOR= 1.190, 95% CI 1.062 – 1.338).

In conclusion, the prevalence of depression, anxiety and stress were high among all study groups and the majority of associated factors were modifiable. It is paramount that attention is given and intervention strategies, screening and creating more awareness as this may help to effect early preventive measures among students.

Keywords: Depression, Anxiety, Stress, Associated factors, University students

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk Ijazah Master Sains

**PREVALENS KEMURUNGAN, KEBIMBANGAN DAN TEKANAN
KECEMASAN DAN FAKTOR HUBUNGAN DI KALANGAN
PELAJAR MAHASISWA TAHUN PERTAMA DI
UNIVERSITI PUTRA MALAYSIA**

Oleh

MOHAMMED HASSAN

April 2016

Pengerusi : Hayati Binti Kadir @ Shahar, PhD
Fakulti : Perubatan Dan Sains Kesihatan

Kemurungan, kebimbangan dan tekanan adalah antara penyakit mental yang paling banyak kes dilaporkan dan menjadi fokus kajian. di kalangan remaja serta dewasa di Malaysia. Perkara ini dalam peningkatan. Sebab-sebab peningkatan selain daripada tanda-tanda dan gejala mereka, mungkin kerana kekurangan kesedaran mengenai gejala-gejala fizikal dan psikologi serta takut dengan stigma. Kajian sebelum ini telah lebih ditumpukan kepada pelajar-pelajar perubatan. Walau bagaimanapun, masalah-masalah psikologi boleh berlanjutan di kalangan pelajar-pelajar lain tanpa mengira bidang pengajian. Tujuan kajian ini adalah untuk menentukan kemurungan kelaziman, kebimbangan dan tekanan dan faktor-faktor yang berkaitan mereka di kalangan mahasiswa tahun pertama Universiti Putra Malaysia (UPM).

Satu kajian keratan rentas di kalangan 675 pelajar ijazah tahun pertama dijalankan dengan menggunakan pensampelan berkelompok. Data telah dikumpulkan antara November 2014 dan Mei 2015. Data dikumpul menggunakan borang soal selidik yang dijawab sendiri oleh para responden tanpa bantuan daripada penyelidik. Data dianalisis menggunakan, deskriptif, bivariat dan analisis data multivariat oleh SPSSTM (versi 21). Ujian khi-kuasa telah digunakan untuk menentukan kesatuan, Independent t-test dan ujian Mann-Whitney U digunakan untuk membandingkan cara, regresi logistik telah digunakan untuk menentukan hubungan Pelbagai model regresi logistik ke hadapan menggunakan nisbah kebolehjadian telah digunakan untuk mengenal pasti model awal untuk memeriksa andaian regresi logistik. Kekuatan dan arah hubungan antara pemboleh ubah yang telah diterangkan menggunakan nisbah kemungkinan diselaraskan, 95% selang keyakinan dan, ujian dua belah bahagian dengan tahap kepentingan $\alpha = 0.05$ telah digunakan untuk ujian hipotesis.

Kadar tindak balas adalah 78.5%. Kelaziman kemurungan, kebimbangan dan tekanan adalah 32.1%, masing-masing 64.6% dan 29.2%. Majoriti responden, perempuan (71.1%), Melayu (81.5%), Islam (84.4%), di Fakulti Perubatan dan Sains Kesihatan (30.2%), tinggal di asrama (99.1%) dan antara umur 18-25 tahun. Ibu bapa majoritinya mendapat pendidikan bertaraf menengah (40.9%) dan bekerja di sektor kerajaan (26.6%). Majoriti daripada pendapatan bulanan bapa adalah lebih daripada RM2500 (61.3%) dan, majoriti ibu-ibu tiada pendapatan bulanan (59.4%). Faktor-faktor yang bebas daripada kemurungan termasuk umur 20 -21 tahun (AOR = 0,545, 95% CI 0,312-0,952), pendidikan ibu bapa (AOR = 2,496, 95% CI 1,458-4,276), pemikiran automatik negatif (AOR = 2,021, 95% CI 1,250-3,270) dan bahan digunakan (AOR = 1.374, 95% CI 1,200-1,574). Peramal kebimbangan itu, wanita (AOR = 1,619, 95% CI 1,132-2,316), pendidikan ibu bapa (AOR = 2,274, 95% CI 1,240-4,168), lampiran kepada ibu (AOR = 0,988, 95% CI 0,978-0,998) dan pengunduran tingkah laku (AOR = 1,183, 95% CI 1,064-1,318) Semasa, peramal tekanan adalah pendapatan ibu (AOR = 1,711, 95% CI 1,195-2,450), pemikiran automatik negatif (AOR = 2,108, 95% CI 1,253-3,547) , lampiran kepada ibu (AOR = 0,986, 95% CI 0,976 -0,997) dan pembolongan (AOR = 1,190, 95% CI 1,062-1,338).

Kesimpulannya, kelaziman kemurungan, kebimbangan dan tekanan adalah tinggi di kalangan semua kumpulan belajar dan majoriti faktor-faktor yang berkaitan telah diubah suai. Adalah penting bahawa perhatian diberikan dan strategi intervensi,, pemeriksaan dan mewujudkan lebih banyak kesedaran kerana ini boleh membantu untuk melaksanakan langkah-langkah pencegahan awal di kalangan pelajar.

Keywords: Kemurungan, Kebimbangan, Tekanan, Faktor hubungan, Pelajar mahasiswa

ACKNOWLEDGEMENTS

All praises are due to Allah (SWT), the Most Beneficent the Most Merciful. His blessings and salutations be upon the Holy Prophet Muhammad (SAW), his household and his companions. I thank Allah for His unending blessings upon me with the patience, health, ability and good company to see the completion of my study.

I would like to express my sincere gratitude and utmost appreciation to the Chairman of my supervisory committee, Dr. Hayati Kadir @ Shahar for her encouragement, constructive suggestions, guidance, patience and kindness in the course of supervising my research work, and for time she made available to support me. Also worth mentioning are members of my supervisory committee; Dr. Salmiah Md Said for her continuous support and guidance. For that I am grateful.

My sincere gratitude goes to my family members, my sincere gratitude and appreciation to my mother: Hafsat Adamu, my father: Alh Adamu Hassan; my wife; Hasiya Mohammed Yusuf; my brothers; Kabiru, Nurudeen and Zaharadeen. My sisters; Aisha, Fatima, Kaltume, Zainab, Zuwaira, Amina, Jamila and Hafsat. Also worth mentioning are my uncle; Dr. Ayuba Gital, Lieutenant Colonel Umar Gital; my late Grandmother; Hajiya Iyatete. I thank them all for their encouragement, prayers and support while undertaking this journey.

On a personal note, I would like to thank my friends here in Malaysia and back home in Nigeria for their support, words of encouragement, advice, prayers and good wishes. Finally undertaking this Masters research has provided me with the opportunity to meet really special people and made Malaysia my second home; my colleagues, I thank them for all brotherly support, friendship, advice and helping hands they offered me throughout my study period.

This thesis was submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfillment of the requirement for the degree of Master of Science. The members of the supervisory committee were as follows.

Hayati Kadir @ Shahar MD, M.Comm.Health, PhD

Senior Lecturer
Faculty of Medicine and Health Sciences
Universiti Putra Malaysia
(Chairman)

Salmiah Md Said MD, M. Comm. Medicine

Senior Lecturer
Faculty of Medicine and Health Sciences
Universiti Putra Malaysia
(Member)

BUJANG BIN KIM HUAT, PhD

Professor and Dean
School of graduate studies
Universiti Putra Malaysia

Date:

Declaration by graduate student

I hereby confirm that:

- This thesis is my original work;
- Quotations, illustrations and citations have been duly referenced;
- This thesis has not been submitted previously or concurrently for any other degree at any other institutions;
- Intellectual property of the thesis and copyright of thesis is fully owned by Universiti Putra Malaysia, as according to the Universiti Putra (Research) Rules 2012;
- Written permission must be obtained from the supervisor and the office of the Deputy Vice- Chancellor (Research and Innovation) before the thesis is published (in the form of written, printed or electronic form) including books, journals, modules, proceedings, popular writings, seminar papers, manuscripts, posters, reports, lecture notes, learning modules or any other materials as stated in the Universiti Putra Malaysia (Research) Rules 2012;
- There is no plagiarism or data falsification/ fabrication in the thesis, and scholarly integrity is upheld as according to the Universiti Putra Malaysia (Graduate Studies) Rule 2003 (Revision 2012-2013) and the Universiti Putra Malaysia (Research) Rules 2012. The thesis has undergone plagiarism detection software.

Signature: _____ Date: _____

Name and Matric No: Mohammed Hassan, GS37622

Declaration by Members of Supervisory Committee

This is to confirm that;

- The research conducted and the writing of this thesis was under our supervision;
- Supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) are adhered to.

Signature: _____

Name of
Chairman of
Supervisory

Committee: Dr.Hayati Kadir @ Shahr MD, M.Comm.Health

Signature: _____

Name of
Member of
Supervisory

Committee: Salmiah Md Said MD, M. Comm. Medicine

TABLE OF CONTENTS

ABSTRACT	Page i
ABSTRAK	iii
ACKNOWLEDGEMENTS	v
APPROVAL	vi
DECLARATION	viii
LIST OF TABLES	xiv
LIST OF FIGURES	xvi
LIST OF APPENDICES	xvii
LIST OF ABBREVIATIONS	xviii

CHAPTER

1	INTRODUCTION	
	1.1 Background	1
	1.2 Problem statement	2
	1.3 Significance of study	4
	1.4 Research question	5
	1.5 Study objectives	5
	1.5.1 General objectives	5
	1.5.2 Specific objectives	5
	1.6 Hypotheses	5
2	LITERATURE REVIEW	
	2.1 Depression	7
	2.1.1 Screening	8
	2.1.2 Diagnosis	9
	2.1.3 Prevention	9
	2.1.4 Control	10
	2.2 Anxiety	10
	2.2.1 Screening	11
	2.2.2 Diagnosis	11
	2.2.3 Prevention	11
	2.2.4 Control	12
	2.3 Stress	13
	2.3.1 Screening	15
	2.3.2 Diagnosis	15
	2.3.3 Prevention	16
	2.3.4 Control	16
	2.4 Prevalence of depression, anxiety and stress among undergraduates	17
	2.5 Prevalence of depression, anxiety and stress among Malaysian undergraduates	18
	2.6 Factors associated with depression, anxiety and stress	19
	2.6.1 Socio-demographic factors	19
	2.6.2 Socio-economic factors	22
	2.6.3 Environmental factors	23

2.6.4	Negative automatic thoughts	28
2.6.5	Parental and peer attachment	29
2.6.6	Education level	29
2.6.7	Parental and peer attachment and negative automatic thoughts	30
2.6.8	Depression Anxiety Stress Scale – 21 (DASS - 21)	31
2.6.9	Brief- Coping Orientation of Problem Experienced (COPE) inventory	31
2.6.10	Automatic Thoughts Questionnaire (ATQ)	32
2.6.11	Inventory of Parent and Peer Attachment (IPPA)	33
2.7	Conceptual framework	35
3	METHODOLOGY	
3.1	Study location	36
3.2	Study design	37
3.3	Study duration	37
3.4	Inclusion criteria and exclusion criteria	37
3.4.1	Inclusion criteria	38
3.4.2	Exclusion criteria	38
3.5	Sampling	38
3.5.1	Study population	38
3.5.2	Sampling frame	38
3.5.3	Sampling unit	38
3.6	Sample size	38
3.6.1	Sampling technique	40
3.7	Variables	41
3.7.1	Dependent variables	41
3.7.2	Independent variables	41
3.8	Study procedure	41
3.9	Study instruments	44
3.9.1	Section A - Socio-demography	44
3.9.2	Section B - Environmental factors	44
3.9.3	Section C - Socioeconomic factors	44
3.9.4	Section D - Depression Anxiety Stress Scale – 21 (DASS - 21)	44
3.9.5	Section E – Brief- Coping Orientation of Problem Experienced (COPE) inventory	45
3.9.6	Section F - Automatic Thoughts Questionnaire (ATQ)	47
3.9.7	Section G - Inventory of Parent and Peer Attachment (IPPA)	47
3.10	Quality control	48
3.10.1	Validity	48
3.10.2	Reliability	49
3.11	Data analysis	50
3.11.1	Ethical approval and consent	52
3.12	Operational definition	52

4	RESULTS	
4.1	Response Rate	54
4.2	Normality test	55
4.3	Prevalence of perceived depression, anxiety and stress	55
4.4	Prevalence of depression, anxiety and stress among faculty	56
4.5	Characteristics of respondents	56
4.5.1	Socio-demographic factors	56
4.5.2	Socioeconomic factors	57
4.5.3	Severity of depression, anxiety and stress among respondents	58
4.5.4	Adaptive coping strategies	59
4.5.5	Maladaptive coping strategies	61
4.5.6	Negative automatic thoughts	62
4.5.7	Mother, father and peer attachment	62
4.6	Depression	63
4.6.1	Association between socio-demographic, environmental factors and depression	63
4.6.2	Association between socioeconomic factors and depression	65
4.6.3	Association between coping strategies and depression	66
4.6.4	Association between automatic negative thoughts and depression	68
4.6.5	Association between attachment to mother, father and peer with depression	68
4.6.6	Simple and multiple logistic regressions	69
4.6.7	Simple and multiple logistic regression of depression	69
4.7	Anxiety	73
4.7.1	Association between socio-demographic, environmental factors and anxiety	73
4.7.2	Association between socioeconomic factors and anxiety	74
4.7.3	Association between coping strategies and anxiety	75
4.7.4	Association between automatic negative thoughts and anxiety	77
4.7.5	Association between attachment to mother, father and peer with anxiety	77
4.7.6	Simple and multiple logistic regression of anxiety	78
4.8	Stress	81
4.8.1	Association between socio-demographic, environmental factors and stress	81
4.8.2	Association between socioeconomic factors and stress	82

4.8.3	Association between coping strategies and stress	83
4.8.4	Association between automatic negative thoughts and stress	85
4.8.5	Association between attachment to mother, father and peer with stress	85
4.8.6	Simple and multiple logistic regression of stress	86
5	DISCUSSION	
5.1	Prevalence of depression, anxiety and stress	91
5.2	Factors associated with depression	91
5.2.1	Age of respondents	91
5.2.2	Parents level of education	92
5.2.3	Negative automatic thoughts	92
5.2.4	Substance use	93
5.3	Factors associated with anxiety	94
5.3.1	Gender of respondents	94
5.3.2	Parents level of education	95
5.3.3	Mother Attachment	95
5.3.4	Behavioral disengagement	95
5.4	Factors associated with stress	96
5.4.1	Mothers income	96
5.4.2	Negative automatic thoughts	97
5.4.3	Mother attachment	97
5.4.4	Venting	97
6	CONCLUSION AND RECOMMENDATION	
6.1	Conclusion	98
6.2	Limitation	98
6.3	Recommendation	99
	REFERENCES	100
	APPENDICES	111
	BIODATA OF STUDENT	144
	LIST OF PUBLICATIONS	145

LIST OF TABLES

Table	Page
3.1 Distribution of first year undergraduates by faculty	37
3.2 DASS severity-rating index	45
3.3 DASS-21 scale and question numbers	45
3.4 Scales of Brief COPE inventory	46
3.5 ATQ-Malay items within sub-scales	47
3.6 IPPA (revised version) direct and reverse scored items within different scales	48
3.7 Reliability analysis of DASS-21, Brief COPE, and ATQ and IPPA	50
4.1 Prevalence of perceived depression, anxiety and stress	55
4.2 Prevalence of perceived depression, anxiety and stress among faculties	56
4.3 Distribution of respondents by socio-demographic and environmental factors	57
4.4 Distribution of respondents by socioeconomic characteristics	58
4.5 Severity distribution of DASS scores among respondents	59
4.6 Adaptive coping strategies of respondents ranked by mean score	60
4.7 Maladaptive coping strategies of respondents ranked by mean score	61
4.8 Distribution of negative automatic thoughts scores among respondents	62
4.9 Distribution of father, mother and peer scale by mean score and factor	63
4.10 Association between socio-demographic, environmental factors and depression	64
4.11 Association between socioeconomic factors and depression	65
4.12 Association between coping strategies and depression	67
4.13 Association between automatic negative thoughts and depression	68

4.14	Association between attachment to mother, father and peer with depression, anxiety and stress	68
4.15	Simple and multiple logistic regression of independent variables of depression	72
4.16	Simple logistic and multiple logistic regression of independent variables of depression	73
4.17	Association between socio demographic, environmental factors and anxiety	74
4.18	Association between socioeconomic factors and anxiety	75
4.19	Association between coping strategies and anxiety	76
4.20	Association between attachment to mother, father and peer with anxiety	77
4.21	Simple and multiple logistic regression of independent variables of anxiety	77
4.22	Association between socio demographic, environmental factors and stress	80
4.23	Association between socioeconomic factors and stress	82
4.24	Association between coping strategies and stress	83
4.25	Association between automatic negative thoughts and stress	84
4.26	Association between attachment to mother, father and peer with stress	85
4.27	Simple and multiple logistic regression of independent variables of stress	86
4.28	Simple and multiple logistic regression of independent variables of stress	89

LIST OF FIGURES

Figure	Page
2.1 Yerkes-Dodson curve illustrating the relationship between stress, performance, distress and illness.	14
2.2 Conceptual framework of factors associated with depression, anxiety and stress	30
3.1 Flow chart of research activities	43
4.1 Flow chart of respondent recruitment	54

LIST OF APPENDICES

Appendix		Page
1	Ethics approval letter	111
2	Approval letter from Deans of selected faculties	113
3	Study Questionnaire	119
4	Statistics of year one undergraduate students 2014/2015 Session	134
5	Letter of consent to use questionnaire	136



LIST OF ABBREVIATIONS

AOR	Adjusted Odds Ratio
	And/or Either or both stated possibilities
ANOVA	Analysis of Variance
APA	American Psychiatric Association
ATQ	Automatic Thoughts Questionnaire
BM	Bahasa Melayu
CBT	Cognitive Behavior Therapy
CDC	Centre for Disease Control
CFA	Confirmatory Factor Analysis
CHD	Coronary Heart Diseases
CI	Confidence Interval
DAS	Depression, Anxiety and Stress
DEFF	Design effect
DF	Degrees of Freedom
DSM-IVTR	Diagnostic & Statistical Manual of Mental disorders, 4 th Edition, Text Revision
DV	Dependent Variable
EFA	Explanatory Factor Analysis
F	F-statistic in ANOVA
GAD	Generalized Anxiety Disorder
GPA	Grade Point Average
HREC	Human Research and Ethical Committee
IBM	International Business Machine
IPPA	Inventory of Parent and Peer Attachment
i.e	That is

IV	Independent Variable
L-R	Likelihood Ratio test
M	Mean
MDE	Major Depressive Episode
MMHA	Malaysia Mental Health Association
MOH	Ministry of Health
NAMI-GC	National Alliance on Mental Illness of Chicago
NHMS	National Health Morbidity Survey
NIMH	National Institute of Mental Health
OR	Odds Ratio
p	Significance value
PTSD	Post Traumatic Stress Disorder
RM	Malaysian Ringgit
SAMSHA	Substance Abuse and Mental Health Service Administration
SD	Standard Deviation
SE	Standard Error
SPSS	Statistical Package for Social Sciences
SS	Sample Size
UPM	Universiti Putra Malaysia
USA	United States of America
t	T-test statistic
WHO	World Health Organization
<	Less than
>	Greater than
≤	Less or equal to
α	Alpha

χ^2	Chi-square statistic
%	Percentage
B	Beta
n	Number



CHAPTER 1

INTRODUCTION

This chapter provides a brief explanation of the background of the study, the objectives, problem statement, research question, significance of study as well as highlighting the research hypotheses.

1.1 Background

Mental health is defined as a state of well-being in which an individual recognizes his or her own capabilities, can cope with the normal stresses of life, can work effectively and is able to make a contribution to his/her society (WHO, 2001). Mental health represents a crucial part of an individual's psychological state and refers to the successful performance of mental function which is characterized by the presence of a conceivable positive outlook/effect (e.g. optimism, cheerfulness and interest). The Center for Disease Control and Prevention (CDC) defines mental health as a psychological state wherein there is an absence of a negative effect coupled with satisfaction with life through productive activities, e.g. fulfilling relationships, ability to adapt to change and diversity (CDC, 2011). In highlighting the importance of mental health to an individual's general wellbeing, the World Health Organization stated that mental health is associated with an individual's social environment and is a determinant for the development of physical illness (WHO, 2013). In line with these findings, Ibrahim (2011) argued that mental health is as important as physical well-being, and that the two states are interdependent of each other (Ibrahim, 2011).

Mental illness is a disturbance of the mind that affect thoughts, feelings and behaviors of individuals; as a result make normal functioning difficult (Malaysia Mental Health Association (MMHA), 2013). These illnesses are typical with psychiatric diagnoses which are characterized by alterations in thinking, mood, or behaviors and are associated with stress or decreased functioning come in many forms (Malaysian Psychiatric Association (MPA), 2006). Mental illnesses differ in severity, duration, degree, and can affect anybody regardless of age, gender, ethnicity, and socio economic status (WHO, 2013). Studies have shown an association between mental illness and chronic diseases, such as cardiovascular disease, diabetes, obesity, asthma, arthritis, epilepsy, and cancer (CDC, 2011).

In developed (USA, Canada and other Western European countries) and developing countries one out of four (25%) individuals suffer from a form of mental disorders which collectively account for 15% of the overall burden of diseases; a figure slightly higher than that attributed to cancer (WHO, 2013). Four out of the six leading causes of years lived with disability are attributed to depression, schizophrenia, bipolar disorder and alcohol use disorders.

Moreover, data from the Substance Abuse and Mental Health Service Administration (SAMSHA) suggests that the incidence rates of deaths due to complications arising from mental illnesses are higher and more common than cancer and heart disease combined (National Alliance on Mental Illness of Chicago (NAMI-GC), 2013), nonetheless, mental illnesses at times still go underdiagnosed by doctors.

In Malaysia, the most common diagnosed mental and neuropsychiatric disorders are depression, anxiety and stress (MMHA, 2013). National Health and Morbidity Surveys (NHMS) with relation to mental health have been conducted over the past two decades (1996, 2006 and 2011) and the findings from these surveys indicated that the prevalence of mental health-related morbidity is on the increase. In specific, the NHMS II conducted in 1996 reported that morbidity was higher among subjects aged 16 and above (13%) compared to children and adolescents of 15 years and below (10.6%). NHMS III conducted in 2006 reported that the prevalence of neuropsychiatric morbidity among adults was 11.2%. Females reported higher mental health problems compared to males (55% vs. 45%, respectively). In the population sample included in the survey, mental health disorders was found to be higher among Chinese (31.1%), Urban populations (12.6%) and those with no education or only primary education (15-16%). Prevalence of acute suicidal ideation was 6.4% amongst the general population, and higher (11%) among teenagers and young adults of ages 16 to 24 years. According to the recent survey conducted (NHMS IV), among subjects aged 16 or above, there was a reported incidence rate of 1.7% for Generalized Anxiety Disorders (GAD), 1.8% for depression, 1.7% for suicidal ideation, and 1.1% had attempted suicide in the past. Amongst children of 5 to below 16 years, 20% (1.0 million) had developmental disability, emotional and behavioral disorders (Malaysia Ministry of Health, 2011).

1.2 Problem statement

Depression, anxiety and stress are on the rise among young adults; 16 years and above (Saravanan & Wilks, 2014). This stage is classed as 'emerging adulthood' and is considered the period of development and transition between being a teenager and adolescent (which encompasses the ages from 18 to 29). This is an important developmental period that is critical for well-being and functioning, impulsivity, risk-taking behaviours and in some ways a the stage optimal cognitive processing (Lamb, Freund, & Lerner, 2010). It is also noted that the onset of mental health disorders is higher in this age range. In explaining this phenomenon, Lane and Schnyders argued that this may be because emerging adults simultaneously experience freedom and independence of adulthood and the self-focus and burden from responsibility characteristic of adolescence (Lane & Schnyders, 2014). It is now established that if these mental disorders (depression, anxiety and stress) are left untreated, they can affect the various endeavours of the individuals in this age group, ranging from poor scholastic performance (Sherina, Rampal & Kaneson, 2004; Yasin & Dzulkifli, 2011) and increased tendency of suicidal tendencies and behaviours (Ali et al., 2012).

A major contributing factor to this problem is the approach to diagnosing these conditions and type of treatment embraced by patients. More than half of all patients with mental health disorders are initially seen in general medical system and those that may exhibit symptoms are however not diagnosed properly and therefore are unlikely to receive proper treatment (Mohd Sidik, Rampal, & Kaneson, 2003). This situation can have detrimental effects on patients, especially in cases where there is a lack of awareness of such ailments and its early symptoms, causes, risks or when there is fear from stigmatization from family and/or society. Another factor to take into consideration is that the number of those who may be at risk or exhibit early symptoms of mental disorders such as depression, anxiety and stress, all conditions that are reportedly high in the general population, are 'missed-out' by medical centers and health care givers due to lack of awareness of some of the symptoms of this conditions. Also importantly is in relation to seeking of treatment, a study has shown that Malaysian undergraduates preferred the use of alternative treatments and medicines for treatment of depression. The inherent risk towards preference of alternative or traditional medicines is that it this may affect the patient's ability to seek evidence-based mental health care (Khan, Sulaiman, & Hassali, 2010), and thereby leading to an increase of mental disorders.

Previous research alludes to the fact that psychological problems are prevalent among undergraduate students in Malaysia, both in private and public universities (See Mohd Sidik, Rampal, & Kaneson, 2003; Gan, Nasir, Mohd Shariff & Abu Saad, 2011; Yusoff et al., 2013; Shamsuddin et al., 2013; Saravanan & Wilks, 2014; Yusoff, et al., 2011; Al-Dubai et al., 2011; Ahmed, Banu, Al-Fageer, & Al-Suwaidi, 2009; Latiff et.al, 2014). However, the majority of studies previously undertaken focused on medical undergraduates, and although they represent a cohort that undergo tremendous pressures academically, the findings from these studies does not represent or illustrate the magnitude of mental health conditions across the general populace of undergraduate students. Accordingly, there have been other studies that have reported that these disorders may extend to all undergraduate students regardless of their field or faculty of study (Bostanci et al., 2005; Latiff et al., 2014; Vitasari et al., 2010; Shamsuddin et al., 2013).

Vitasari and colleagues further explored the type of mental health disorders reported, and found that the incidence and effects of depression, anxiety and stress on students' well-being and academic performance was not dependent on their faculty of study (Vitasari et al., 2010). These studies collectively highlight the importance of understanding depression, anxiety and stress and its associated factors among university students. In an attempt to understand modifying behaviors that could contribute to the progression of these conditions, studies have explored the associations between depression, anxiety and stress with other measures such as coping strategies, automatic negative thoughts or attachment to parents and peers. However, no study has further explored relationship between these measures with depression, anxiety and stress. This study aims to decipher the degree to which these factors are associated with first year undergraduate students' level of depression, anxiety and stress. The sample group (first year undergraduates) were

selected because studies have shown that the prevalence of certain mental health disorders such as depression is greater in first year students (Saravanan & Wilks, 2014), while others have reported higher emotional disorders (depression, anxiety, somatic symptoms and social withdrawal) in first and fourth year medical students (Mohd Sidik, Rampal, & Kaneson, 2003). This phenomenon believed to be attributed to the increase of certain 'stressors' resulting from the transition from secondary to university accompanied by, home sickness, unfamiliar environment, increased expectations from family and friends. However, in senior academic levels students may have developed to cope with academic stressors (Nyarko & Amissah, 2014).

1.3 Significance of study

Depression, anxiety and stress negatively influence students' well-being and academic performance, as those who are physically and mentally fit perform better as compared to those who are not physically and mentally stable (Yasin & Dzulkifli, 2011). Early detection and intervention of these disorders (depression, anxiety and stress) and their symptoms with medication and psychotherapy or combined treatments can be effectively targeted upon identification of high risk individuals or groups. This is important especially among youths as they are most likely to respond to treatment if they receive it early in the course of the illness, which in turn will help to reduce the burden and disability (National Institute of Mental Health (NIMH), 2010). However, the failure to do so has been shown to be associated with 18 to 23% of psychiatric episode's suffered by students as a result of poor or delayed intervention strategies (Patel, Flisher, Hetrick, & McGorry, 2007). Early intervention can shorten the duration of episodes and reduce long term social impairment, therefore decreasing or eliminating these mental health disorders at an early stage (WHO, 2003; Mohd Sidik, Rampal, & Kaneson, 2003).

The findings of this study will aid in early detection and provide information that may serve useful for intervention, prevention and in turn minimizing the exert-effect of these conditions on mental, emotional and physical wellbeing. The findings would assist stakeholders in developing and improving already existing support services. In line with that, these findings can assist this institution in making necessary modifications, planning of effective intervention measures through the means of early orientation programs and online mental health screening platforms. It is paramount that cooperation of the administration of the institution, staff and students be involved in this plight, as this can efficiently reduce the public health risk associated with these psychological disorders. To the researcher, the findings of the study would help in determining the prevalence of and factors associated with depression, anxiety and stress among first year undergraduate students of Universiti Putra Malaysia (UPM), Serdang, Malaysia and their associated factors. This study would also contribute to the body of knowledge which would help in paving ways for conducting broader studies and intervention studies which would help in determining general burden and associated factors of these physiological disorders.

1.4 Research question

- i. What is the prevalence of depression, anxiety and stress among first year undergraduate students of UPM?
- ii. What factors are associated with depression, anxiety and anxiety among first year undergraduate students?
- iii. What are the predicting factors of depression, anxiety and stress?

1.5 Study objectives

1.5.1 General objectives

The general objective is to determine the prevalence of and factors associated with depression, anxiety and stress among first year undergraduate students of Universiti Putra Malaysia (UPM), Serdang, Malaysia.

1.5.2 Specific objectives

The specific objectives:

- i. To determine the prevalence of depression, anxiety and stress among first year undergraduate students of different faculties in UPM.
- ii. To determine the;
 - a. Socio-demographic factors (gender, age, ethnicity and religion).
 - b. Socioeconomic factors (parents' occupation, income and education level).
 - c. Environmental factors (faculty of study and accommodation).
 - d. Coping strategies (maladaptive and adaptive).
 - e. Frequency of negative automatic thoughts.
 - f. Attachment to mother, father and peer among first year undergraduates of UPM.
- iii. To determine the association of depression, anxiety and stress and;
 - a. Socio-demographic factors (gender, age, ethnicity and religion).
 - b. Socioeconomic factors (parents' job, income and education level).
 - c. Environmental factors (faculty of study and accommodation).
 - d. Coping strategies (maladaptive and adaptive).
 - e. Frequency of negative automatic thoughts.
 - f. Attachment to mother, father and peer among first year undergraduates of UPM.
- iv. To determine the predictors of depression, anxiety and stress among first year undergraduates of UPM.

1.6 Hypotheses

The alternative hypotheses of the study are as follows:

H₂: There is an association between socio-demographic factors and depression, anxiety and stress among first year undergraduate students of UPM.

H₂: There is an association between socio-economic factors and depression, anxiety and stress among first year undergraduate students of UPM.

H₃: There is an association between environmental factors and depression, anxiety and stress among first year undergraduate students of UPM.

H₄: There is an association between coping strategies and depression, anxiety and stress among first year undergraduate students of UPM.

H₅: There is an association between negative automatic thoughts and depression, anxiety and stress among first year undergraduate students of UPM.

H₆: There is an association between attachment to mother, father and peer and depression, anxiety and stress among first year undergraduate students of UPM.



REFERENCES

- Aday, L. A., & Cornelius, L. J. (2011). *Designing and conducting health surveys: a comprehensive guide*: John Wiley & Sons.
- Adewuya, A. O., Ola, B. A., & Afolabi, O. O. (2006). Validity of the patient health questionnaire (PHQ-9) as a screening tool for depression amongst Nigerian university students. *Journal of Affective Disorders*, 96(1), 89-93.
- Ahmed, I., Banu, H., Al-Fageer, R., & Al-Suwaidi, R. (2009). Cognitive emotions: depression and anxiety in medical students and staff. *Journal of Critical Care*, 24(3).
- Aidil Faszrul, A .R. (2012). Psychometric Profile of Malaysian version of the Depressive, Anxiety and Stress Scale 42-item (DASS-42). *Malaysian Journal of Psychiatry*, 21(1).
- Al-Dubai, S. A. R., Al-Naggar, R. A., Alshagga, M. A., & Rampal, K. G. (2011). Stress and coping strategies of students in a medical faculty in Malaysia. *The Malaysian Journal of Medical Sciences: MJMS*, 18(3), 57.
- Ali, N. H., Zainun, K. A., Bahar, N., Haniff, J., Hamid, A. M., Bujang, M. A. H., Group, N. study. (2012). Pattern of suicides in 2009: Data from the National Suicide Registry Malaysia. *Asia-Pacific Psychiatry*.
- Al-Naggar, R. A., & Al-Naggar, D. H. (2012). Prevalence and associated factors of emotional disorder among Malaysian university students. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(2).
- American Psychiatric Association (1994). *Diagnostic criteria from DSM-IV*. American Psychiatric Association Washington, DC.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, Fourth Edition*. (Michael B. First, Ed.) (Fourth). American Psychiatric Association 1400 K Street, N.W., Washington, DC 20005.
- Andrew, R., (2013). *Common Health Partnerships 2013* M. Kuzamba (Ed.) (pp. 360). Retrieved from http://www.commonwealthhealth.org/ebook/CHP13_ebook/#/2/
- Armsden, G., & Greenberg, M. T. (1987). The Inventory of Parent and Peer Attachment: Individual differences and their relation to psychological well-being in adolescence. *Journal of Youth and Adolescence*, 16, 427-454.

- Armsden, G. C., & Greenberg, M. T. (1989). Inventory of parent and peer attachment (IPPA):*Revised manual.Unpublished revised version*. Seattle, Washington: University of Washington.
- Arroll, B., Khin, N., & Kerse, N. (2003). Screening for depression in primary care with two verbally asked questions: cross sectional study. *Bmj*,327(7424), 1144-1146.
- Aydin, K. B. (2009). Automatic thoughts as predictors of Turkish university students' state anxiety. *Social Behavior and Personality: An International Journal*, 37(8), 1065–1072.
- Barbee, J. G. (1998). Mixed symptoms and syndromes of anxiety and depression: Diagnostic, prognostic, and etiologic issues. *Annals of Clinical Psychiatry*, 10:15–29.
- Baykan, H., & Yargic, I. (2012). Depression, Anxiety Disorders, Quality of Life and Coping Strategies in Patients Treated with Hemodialysis and Continuous Ambulatory Peritoneal Dialysis. *Bulletin of Clinical Psychopharmacology*, 1.
- Bayram, N., & Bilgel, N. (2008). The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Social Psychiatry and Psychiatric Epidemiology*, 43(8), 667–672.
- Beck, J. S. (1979). *Cognitive therapy*. John Wiley & Sons, Inc.
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science & Medicine*, 51(6), 843–57.
- Beyondblue. (2008). *Depression and anxiety: an information booklet*. Retrieved from <http://www.beyondblue.org.au/the-facts/depression/what-causes-depression>
- Bilgel, N. (2008). The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Social Psychiatry and Psychiatric Epidemiology*, 43(8), 667-672.
- Bostanci, M., Ozdel, O., Oguzhanoglu, N.K., Ozdel, L., Ergin, A., Ergin, N., & Karadag, F. (2005). Depressive symptomatology among university students in Denizli, Turkey: prevalence and sociodemographic correlates. *Croat MED J*, 46 (1), 96-100.
- Bowlby, J. (1969). Attachment: (Attachment and Loss Series, Vol 1). *New York*.
- Brougham, R. R., Zail, C. M., Mendoza, C. M. & Miller, J. R. (2009). Stress, sex differences, and coping strategies among college students. *Current psychology*, 28(2), 85-97.

- Buch, J. A. (2007). *Coping Mechanisms and Stress in a university Population* (Doctoral dissertation, University of British Columbia Okanagan).
- Cao, R. F., Cheng, S. L., & Tang, W. X. (2001). Song Hai-dong The Seventh Hospital of Hangzhou, Hangzhou 310013, China; The Reliability and Validity of Automatic Thoughts Questionnaire [J]. *Chinese Journal of Clinical Psychology*, 2.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the brief cope. *International Journal of Behavioral Medicine*, 4(1), 92-100.
- Catanzaro, S. J., Wasch, H. H., Kirsch, I., & Mearns, J. (2000). Coping-related expectancies and dispositions as prospective predictors of coping responses and symptoms. *Journal of Personality*, 68(4), 757-88.
- Centers for Disease Control and Prevention. (2011a). Depression. *Centers for Disease Control and Prevention, 1600 Clifton Road .Atlanta,GA*.
- Centers for Disease Control and Prevention. (2011b). Mental Health: Depression. Retrieved February 18, 2015, from <http://www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm>
- Chapman, B. P., & Hayslip, B. (2006). Emotional intelligence in young and middle adulthood: Cross-sectional analysis of latent structure and means. *Psychology and Aging*, 21, 411-418.
- Chen, L., Wang, L., Qiu, X. H., Yang, X. X., Qiao, Z. X., Yang, Y. J., & Liang, Y. (2013). Depression among Chinese university students: prevalence and socio-demographic correlates. *PloS one*, 8(3), e58379.
- Chioqueta, A. P., & Stiles, T. C. (2004). Norwegian version of the Automatic Thoughts Questionnaire: A reliability and validity study. *Cognitive Behaviour Therapy*, 33(2), 79-82.
- Choon, L. J., Hasbullah, M. Ahmad.M & Ling, W. S. (2013). Parental attachment, peer attachment, and delinquency among adolescents in Selangor, Malaysia. *Asian Social Science*, 9(15), 214.
- Coats, A. H., & Blanchard-Fields, F. (2008). Emotion regulation in interpersonal problems: the role of cognitive-emotional complexity, emotion regulation goals, and expressivity. *Psychology and Aging*, 23(1), 39-51.

- Compas, B. E. (2009). Coping, Regulation, and Development During Childhood and Adolescence. In *Coping and the development of regulation. New directions for Child and Adolescent Development* (pp. 87–99).
- Connelly, L. M. (2008). Pilot Studies. *MEDSURG Nursing*, 17 (6), 411–412.
- Davison, G. C. (2008). *Abnormal Psychology*. V. Visentin. (Ed.) (pp. p. 154.).
- Day, A. L., & Livingstone, H. A. (2003). Gender differences in perceptions of stress and utilization of social support among university students. *Canadian Journal of Behavioral Science/Revue Canadienne des Sciences du Comportement*, 35 (2), 73.
- Deva, M. P. (2006). Depressive illness--the need for a paradigm shift in its understanding and management. *The Medical Journal of Malaysia*, 61 (1), 4.
- Department of Statistics Malaysia. (2010). *Population distribution and basic demographic characteristics, 2010*.
- Dobson, K. S., & Breiter, H. J. (1983). Cognitive assessment of depression: Reliability and validity of three measures. *Journal of Abnormal Psychology*, 92(1), 107
- Dobson, K. S, & Dozois, D. J.A. (2011). *Risk factors in depression*: Access Online via Elsevier.
- Dyson, R., & Renk, K. (2006). Freshmen adaptation to university life: Depressive symptoms, stress, and coping. *Journal of Clinical Psychology*, 62(10), 1231–1244.
- Eisenberg, N., Fabes, R. A., & Guthrie, I. K. (1997). Coping with stress: The roles of regulation and development. In *Handbook of children's coping: Linking theory and intervention. Issues in Clinical Child Psychology* (pp. 41–70).
- Field, A. (2013). *Discovering Statistics using IBM SPSS Statistics*. (M. Carmichael, Ed.) (Fourth Edi). SAGE Publications Ltd.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, 219-239.
- Gallarin, M., & Alonso-Arbiol, I. (2013). Dimensionality of the Inventory of Parent and Peer Attachment: Evaluation with the Spanish Version. *The Spanish Journal of Psychology*, (16), E55.
- Gan, W. Y., Taib, M., Nasir, M., Mohd Shariff, Z., & Abu Saad, H. (2011). Disordered eating behaviors, depression, anxiety and stress among Malaysian university students. *The College Student Journal*, 45(2), 296-309.

- Ghassemzadeh, H., Mojtabai, R., Karamghadiri, N., & Ebrahimkhani, N. (2006). Psychometric properties of a Persian-language version of the Automatic Thoughts Questionnaire: ATQ-Persian. *International Journal of Social Psychiatry*, 52(2), 127-137.
- Graham, J., Tmbrook, R., & Ben-Porath, Y. S. (1992). Reliability and validity of the Turkish version of the Automatic Thoughts Questionnaire. *Journal of clinical psychology*, 48(3).
- Gross, J. J. (1998). The Emerging Field of Emotion Regulation: An Integrative Review. *Review of General Psychology*, 2(5), 271–299.
- Guarnieri, S., Ponti, L., & Tani, F. (2010). The Inventory of Parent and Peer Attachment (IPPA): A study on the validity of styles adolescents attachemnt to parents and peers in an Italian sampl. *TPM-Testing, Psychometrics, Methodology in Applied Psychology*, 173(3),
- Haynes, S. N., Richard, D., & Kubany, E. S. (1995). Content validity in psychological assessment: A functional approach to concepts and methods. *Psychological Assessment*, 7(3), 238.
- Hertzog, M. A. (2008). Considerations in determining sample size for pilot studies. *Research in Nursing & Health*, 31(2), 180–191.
- Hill, R. (1998). What sample size is “enough” in internet survey research? *Interpersonal Computing and Technology: An Electronic Journal for the 21st Century*, 6(3-
- Hollon, S. D., & Kendall, P. C. (1980). Cognitive self-statements in depression: Development of an automatic thoughts questionnaire. *Cognitive Therapy and Research*, 4(4), 383–395.
- Horton, P. C. (2002). Self-comforting strategies used by adolescents. *Bulletin of the Menninger Clinic*.
- Horwitz, A. G., Hill, R. M., & King, C. A. (2011). Specific coping behaviors in relation to adolescent depression and suicidal ideation. *Journal of Adolescence*, 34(5), 1077–1085.
- Ibrahim, N. (2011). Importance of mental health as a component in NCD prevention *Malaysian Journal of Public Health Medicine*, 11, 6.
- Isaac, S., & Michael, W. B. (1995). Handbook in research and evaluation. San Diego, CA: Educational and Industrial Testing Services
- Khan, H. M. (2012). Coping Styles in Patients with Anxiety and Depression. *ISRN Psychiatry*, 2012.

- Khan, T. M., Sulaiman, S. A., & Hassali, M. A. (2010). Mental health literacy towards depression among non-medical students at a Malaysian university. *Mental Health in Family Medicine*, 7(1), 27–35.
- Kieffer, K. M., Cronin, C., & Gawet, D. L. (2006). Test and study worry and emotionality in the prediction of college students' reasons for drinking: An exploratory investigation. *Journal of Alcohol and Drug Education*, 50 (1), 57.
- Kline, P. (2000). *The handbook of psychological testing (2nd ed.)*. *The handbook of psychological testing (2nd ed.)*. London: Routledge
- Lacey, J. I., & Lacey, B. C. (1958). Verification and extension of the principle of autonomic response-stereotypy. *The American Journal of Psychology*, 50-73.
- Lamb, M. E. [Ed], Freund, A. M. [Ed], & Lerner, R. M. [Ed]. (2010). *The handbook of life-span development, Vol 2: Social and Emotional Development*. (2010).
- Lane, J. A., & Schnyders, C. M. (2014). Counseling Emerging Adult Clients: The Role of Attachment Relationships in Promoting Well-Being and Positive Development. *Counselor Education Faculty Publications and Presentations*. Paper 26. Retrieved from: http://pdxscholar.library.pdx.edu/coun_fac/26
- Latiff, L. A., Aszhari, M. A. A., Khalek, N., Fang, K. J. & Ibrahim, N. (2014). Prevalence of mental problems and the associated factors among undergraduate students in a public university, Malaysia. *International Journal of Public Health and Clinical Sciences*, 1(1), 59–69.
- Lazarus, R. S., & DeLongis, A. (1983). Psychological stress and coping in aging. *American Psychologist*, 38(3), 245.
- Lovibond, P. (2013). Depression Anxiety, Stress Scales (DASS). Retrieved from <http://www.psy.unsw.edu.au/groups/dass/over.h>
- Lovibond, S. H. "Lovibond, P. F. (1995)." *Manual for the Depression Anxiety Stress Scales* (86).
- Lwanga, S. K., & Lemeshow, S. (1991). Sample size determination in health studies: a practical manual/SK Lwanga and S. Lemeshow.
- Malaysia Mental Health Association (MMHA) (2013). Understanding Mental Illness. Retrieved from <http://mmha.org.my/understanding-mental-health/understanding-mental-illness>.

- Malaysian Psychiatric Association (MPA). (2006). Mental Disorders. Retrieved November 1, 2015, from <http://www.psychiatry-malaysia.org/article.php?aid=59>
- Marcus .M., Yasamy M.T., Ommeren M.V., & Chisholm D., S. S. (2012). Depression: A Global public health concern. *WHO Department of Mental Health and Substance Abuse*, 6–7.
- Marin, M. F. C., Lord, C., Andrews, J., Juster, R. P., Sindi, S. & Lapierre, G. A., (2011). Chronic stress, cognitive functioning and mental health. *Neurobiology of Learning and Memory*, 96(4), 583–595.
- Mason, J. W. (1975). A Historical View of the Stress Field. *Journal of Human Stress*, 1, 6–27.
- Ministry of Health, Malaysia. (2011). National Health and Morbidity Survey 2011. *Ministry of Health Malaysia, 2011*.
- Mohd Sidik, S., Rampal, L., & Kaneson, N. (2003). Prevalence of emotional disorders among medical students in a Malaysian university. *Asia Pacific Family Medicine*, 2(4), 213-217.
- Mukhtar, F., & P. S. Oei, T. (2011). A Review on the Prevalence of Depression in Malaysia. *Current Psychiatry Reviews*, 7(3), 234–238.
- Musa, R., Fadzil, M. A., & Zain, Z. (2007). Translation, validation and psychometric properties of Bahasa Malaysia version of the Depression, Anxiety and Stress Scales (DASS). *ASEAN Journal of Psychiatry*, 8(2), 82-8
- National Alliance on Mental Illness of Chicago (NAMI-GC). (2013). Mental Health 2013: *An Important Public Health Issue. Worldwide Facts & Statistics* (p. 1).
- National Youth Federation. (2003). “Suicide prevention- A Resource Handbook for Youth Organisations.” Dublin, Ireland: National Suicide Review Group and Suicide Resource Office, South Eastern Health Board.
- Nease, D. E., & Malouin, J. M. (2003). Depression screening: a practical strategy. *Journal of Family Practice*, 52(2), 118-126.
- Nerdrum, P., Rustøen, T., & Rønnestad, M.H. (2006). Student Psychological Distress: A psychometric study of 1750 Norwegian 1st-year undergraduate students. *Scandinavian Journal of Educational Research*, 50(1), 95-109.
- NIMH (National Institute of Mental Health). (2010). Children’s Mental Health Awareness: Depression in Children and Adolescent fact sheet. Retrieved October 11, 2014, from

<http://www.nimh.nih.gov/health/publications/depression-in-children-and-adolescents/index.shtml>

- NIMH (National Institute of Mental Health). (2013). Any Anxiety disorders among adults: Anxiety disorders. Retrieved January 26, 2015, from <http://www.psyweb.com/Mdisord/jsp/anxd.jsp>
- Nyarko, K., & Amissah, C. M. (2014). Cognitive Distortions and Depression among Undergraduate Students. *Research on Humanities and Social Sciences*, 4(4), 69–75.
- Oei, T. P. S., & Mukhtar, F. (2008). Exploratory and Confirmatory Factor Validation and Psychometric Properties of the automatic Thoughts Questionnaire for Malays (ATQ-Malay) in Malaysia. *Hong Kong Journal of Psychiatry*, 18, 92–100.
- Ong, B., & Cheong, K. C. (2009). Sources of Stress among College Students--The Case of a Credit Transfer Program. *College Student Journal*, 43 (4), 1279-1286.
- Ovuga, E., Boardman, J., & Wasserman, D. (2006). Undergraduate student mental health at Makerere University, Uganda. *World Psychiatry*, 5 (1), 51.
- Park, C. L., & Adler, N. E. (2003). Coping style as a predictor of health and well-being across the first year of medical school. *Health Psychology*, 22(6), 627.
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *Lancet*, 369(9569), 1302–1313.
- Pignone, M., Gaynes, B. N., Rushton, J. L., Mulrow, C. D., Orleans, C. T., Whitener, B. L., ... & Lohr, K. N. (2002). Screening for depression.
- Preventive, U. S. (2009). Services Task Force. Screening and treatment for major depressive disorder in children and adolescents: US Preventive Services Task Force Recommendation Statement. *Pediatrics*, 123, 1223-8.
- Ramli, M., Rosnani, S. & Aidil Faszrul, A. R. (2012). Psychometric Profile of Malaysian version of the Depressive, Anxiety and Stress Scale 42-item (DASS-42). *Malaysian Journal of Psychiatry*, 21(1).
- Regier, D. A., Rae, D. S., Narrow, W. E., Kaelber, C. T., & Schatzberg, A. F. (1998). Prevalence of anxiety disorders and their comorbidity with mood and addictive disorders. *British Journal of Psychiatry Supplement*, 34: 24–28.
- Richardson, L. P., Rockhill, C., Russo, J. E., Grossman, D. C., Richards, J., McCarty, C., ... & Katon, W. (2010). Evaluation of the PHQ-2 as a brief screen for detecting major depression among adolescents. *Pediatrics*, 125(5), e1097-e1103.

- Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *The American Psychologist*, 41(7), 813–819.
- Rothermund, K., & Brandtstädter, J. (2003). Coping with deficits and losses in later life: from compensatory action to accommodation. *Psychology and Aging*, 18(4), 896–905.
- Rueter, M. A., & Kwon, H. K. (2005). Developmental trends in adolescent suicidal ideation. *Journal of Research on Adolescence*, 15(2), 205–222.
- Salmiah, M. A. (2010). Validation and psychometric properties of Bahasa Malaysia version of the Depression, Anxiety and Stress Scales (DASS) among diabetic patients. *Malaysian Journal of Psychiatry*, 18 (2).
- Saravanan, C., & Wilks, R. (2014). Medical students' experience of and reaction to stress: The role of depression and anxiety. *The Scientific World Journal*, 2014. Retrieved from <http://www.hindawi.com/journals/tswj/2014/737382/abs/>
- Schaie, K. W. (2000). The impact of longitudinal studies on understanding development from young adulthood to old age. *International Journal of Behavioral Development*, 24(3), 257–266.
- Schneiderman, N., Ironson, G., & Siegel, S. D. (2005). Stress and health: psychological, behavioral, and biological determinants. *Annual Review of Clinical Psychology*, 1, 607.
- Seaward, B. L. (1999). *Managing stress: Principles and strategies for health and wellbeing*. Sudbury, MA: Jones and Bartlett.
- Shamsuddin, K., Fadzil, F., Ismail, W. S. W., Shah, S. A., Omar, K., Muhammad, N. A. Jaffar, A., Ismail, A. & Mahadevan, R. (2013). Correlates of depression, anxiety and stress among Malaysian university students. *Asian Journal of Psychiatry*, 6(4), 318–323.
- Sherina, M. S., Rampal, L., & Kaneson, N. (2004). Psychological stress among undergraduate medical students. *The Medical Journal of Malaysia*, 59(2), 207–11. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15559171>
- Sim, T. N., & Ng, E. L. (2007). Parental attachment and adjustment to higher learning institutions: The role of stress for a Malaysian sample of late adolescents. *Journal of Counseling and Development: JCD*, 85(4), 467.
- Siu, A. F., & Chang, J. F. (2011). Coping styles and psychological distress among Hong Kong university students: Validation of the collectivist coping style inventory. *International Journal for the Advancement of Counselling*, 33(2), 88-100.

- Skinner, E. A., & Zimmer-Gembeck, M. J. (2009). Challenges to the developmental study of coping. *New Directions for Child and Adolescent Development*.
- Tabachnick, B. G. and Fidell, L. S. (1996). Using multivariate statistics. 3rd Edition. New York Harper Collins College Publishers.
- Tanaka, N., Uji, M., Hiramura, H., Chen, Z., Shikai, N., & Kitamura. (2006). Cognitive patterns and depression: Study of a Japanese university student population. *Psychiatry and Clinical Neurosciences*, 60(3), 358–364.
- Teng, A. K. (2011). Current perspectives in Mental health: Malaysia Mental Health Association.
- Teo, K. Y., & Say, Y. H. (2012). Prevalence of Depression and Cognitive Distortion among a Cohort of Malaysian Tertiary Students. *Research in Neuroscience*, 1(1), 1-7.
- Vitasari, P., Wahab, M. N. A., Othman, A., & Awang, M. G. (2010). A research for identifying study anxiety sources among university students. *International Education Studies*, 3(2), 189
- Wolfradt, U., Hempel, S., & Miles, J. N. V. (2003). Perceived parenting styles, depersonalisation, anxiety and coping behaviour in adolescents. *Personality and Individual Differences*, 34(3), 521–532.
- Wong, J. G., Cheung, E., Chan, K. K., & Tang, S. W. (2006). Web-based survey of depression, anxiety and stress in first-year tertiary education students in Hong Kong. *Australian and New Zealand Journal of Psychiatry*, 40(9), 777–782.
- World Health Organization. (2001). *Health research methodology: a guide for training in research methods (Vol 5)*. World Health Organization.
- World Health Organisation. (2003). *Investing in Mental Health*. Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health, World Health Organization, Geneva.
- World Health Organization, (2013). Mental health action plan 2013-2020
- Yahaya, N., Momtaz, Y. A., Othman, M., Sulaiman, N., & Arisah, F. M. (2012). Spiritual well-being and mental health among Malaysian adolescents. *Life Science Journal*, 9(1), 440–448.
- Yasin, A. S., & Dzulkifli, M. A. (2011). Differences in depression, anxiety and stress between low-and high-achieving students. *Journal of Sustainability Science and Management*, 6(1), 169–178.

- Yusoff, M. S. B. (2010). A multicenter study on validity of the 30-items Brief COPE in identifying coping strategies among medical students. *International Medical Journal (IMJ)*, 1(4).
- Yusoff, M. S. B., Abdul Rahim, A. F., Baba, A. A., Ismail, S. B., Mat Pa, M. N., & Esa, A. R. (2013). Prevalence and associated factors of stress, anxiety and depression among prospective medical students. *Asian journal of psychiatry*, 6(2), 128-133.
- Yusoff, M. S., Yee, L. Y., Wei, L. H., Siong, T. C., Meng, L. H., Bin, L. X., & Rahim, A. F. (2011). A study on stress, stressors and coping strategies among Malaysian medical students. *International Journal of Students' Research*, 1(2), 45.
- Yusoff, N., Low, W.Y., & Yip, C. (2010). Reliability and validity of the Malay version of Brief COPE scale: A study on Malaysian women treated with adjuvant chemotherapy for breast cancer. *Malaysian Journal of Psychiatry*, 18(1).
- Zuckerman, M., & Gagne, M. (2003). The COPE revised: Proposing a 5-factor model of coping strategies. *Journal of Research in Personality*, 37 (3), 169-204
- Zulkefly, N. S., & Wilkinson, R. B. (2014). Measuring Specific Attachment Relationships of Mother, Father and Peer in Malaysian Adolescents. *Child Indicators Research*, 1-22.