

The Relationship between Social Supports on Mental Health among University Students in Klang Valley

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Abstract

This study aimed to investigate the relationship between social support and mental health among university students in Klang Valley. A total of 357 students from Universiti Putra Malaysia (UPM), Universiti Kebangsaan Malaysia (UKM), and Universiti Malaya (UM) participated, selected through stratified sampling. Data were collected using self-administered questionnaires, including the Social Support Questionnaire (SSQ) by Sarason et al. (1987) and the Depression Anxiety Stress Scale (DASS-21) by Lovibond & Lovibond (1995). The results indicated a negative correlation between social support and mental health. Family support, friends support, and teachers support also showed negative correlations with mental health. Students' mental health levels were evaluated, showing moderate depression, severe anxiety, and mild stress. The study concluded that family and teacher support are significant predictors of mental health, with family support being the strongest. Friends' support was not a significant predictor. To improve students' mental well-being, the role of the counseling department and student affairs should be intensified through mental health awareness programs. Future studies should include more universities and larger sample sizes for better generalizability and reliability.

Keyword: Social Support, Mental Health, Students, Stress, Anxiety.

Introduction

University students' mental health has become a major global problem in recent years. According to data collected from 373 campuses nationwide by the Healthy Minds Study, over 60% of college students met the criteria for at least one mental health issue during the 2020–2021 academic year (Lipson et al., 2022). The widespread prevalence and severity of mental health issues among university students have prompted some scholars to describe the

situation as a “mental health crisis” in higher education (Hernández-Torrano & Ibrayeva, 2024).

When students transition from secondary school to university, they encounter a demanding environment that can significantly affect their mental health. Research indicates that this transition is associated with increased stress, social and emotional challenges, and psychological distress. Approximately 35% of college freshmen report symptoms consistent with diagnosable mental health disorders (Donaldson et al., 2023). University life introduces newfound freedom, but it also comes with unexpected pressure. Students may face challenges related to making new friends, managing their time, and coping with academic demands. Malaysia, especially the bustling Klang Valley with its numerous universities and diverse student population, provides an excellent context for studying the relationship between social support and mental health among university students. Researchers can explore how social networks, peer interactions, and community resources impact students' well-being during this critical life transition. The prevalence of mental health issues in Malaysia is indeed concerning. Ahmad et al (2017), highlighted that one in three adults aged 16 years and above experiences mental health challenges. However, it's important to recognize that the actual number of affected individuals may be even higher due to underreporting. Unfortunately, some patients do not receive the attention and treatment they need. Efforts to raise awareness, reduce stigma, and improve access to mental health services are crucial in addressing this issue.

In the context of mental health, individuals facing mental illnesses benefit from comprehensive social care. This includes support in establishing and nurturing social, familial, and personal connections. Additionally, those with mental health conditions may require assistance related to housing, employment, educational programs, and other essential services. University students often face mental health challenges, including anxiety, sadness, and eating disorders (Habib, 2021). Social support, a multidimensional concept, refers to the perceived availability of help, concern, and acceptance from social networks. Understanding its role is crucial for promoting resilience and mitigating stressors. Researchers are actively investigating how social support affects the well-being of university students. Recent studies indicate that student mental health is deteriorating. During the 2020–2021 academic year, over 60% of college students met the criteria for at least one mental health problem (Abrams, 2022). Academic pressure, social adjustments, and external stressors contribute to this trend.

The Klang Valley, with its diverse student population, offers a compelling context for studying the relationship between social support and mental health. Students in this region have access to various support networks, including family, friends, and university services, which can significantly influence mental health outcomes. Understanding the role of these networks is crucial for developing targeted interventions to enhance student well-being. Transitioning to university life presents numerous stressors, including balancing academic demands, social interactions, and personal well-being, which can adversely affect mental health. Depression is particularly prevalent among college students, exacerbated by academic pressures, economic uncertainties, and societal expectations (Qing & Li, 2021). Recognizing these challenges is vital, and students are encouraged to seek support through university services, counseling, or professional help to maintain overall well-being.

The National Young Development Policy in Malaysia defines youth as individuals aged 15 to 40, which includes most university students. Research indicates that these students are particularly vulnerable to mental health issues such as stress, anxiety, and depression. The National Alliance on Mental Illness (NAMI) reports that one in four students has a diagnosable mental disorder (Habib, 2021). Additionally, the National Mental Health Study revealed that in 2017, at least one in ten of Malaysia's 5.5 million youth had contemplated suicide. The study also found that one in five teenagers experiences feelings of sadness, while one in ten suffers from stress-related symptoms. Statistics indicate that Malaysia faces a significant mental health crisis among young people, necessitating urgent action from all stakeholders (Hamid et al., 2022). Anxiety disorders affect approximately 11.9% of college students, making them the most common mental health issue in this group. Depression is also prevalent, with rates ranging from 7% to 9%. Additionally, bipolar disorder (BAD) affects 3.2% of college students. Research shows that most individuals with BAD begin experiencing symptoms during childhood or adolescence, with at least one-third developing the disorder before the age of 12 (Pedrelli et al., 2014). These findings underscore the importance of early intervention and support to address mental health challenges in youth effectively.

Past studies have shown a significant relationship between social support and mental health among university students. Yang et al (2022), noted that a lack of social support is linked to poor physical and mental health, with research identifying various reasons for this connection. Students receiving emotional support from their families tend to achieve greater academic success. Promoting effective communication between parents and children is crucial, as it allows for honest discussions about stress, anxiety, and concerns. Lai et al (2020), emphasized that from early adolescence to midlife, family relationships play a vital role in students' mental health. Supportive families help students cope with daily pressures, safeguard their well-being, and foster overall development. This highlights the positive impact of family support on students' mental health. Positive social interaction with family and friends can be claimed to lessen anxiety and develop a sense of stability (Harandi et al., 2017). Hefner et al. (2009) found that having strong support from friends significantly reduces the risk of depression. This finding is crucial, given the focus on depression among university officials and in the literature on college students' mental health. Rubin et al (2016), further supported this by highlighting that peer interactions are beneficial for mental health and overall well-being. Such interactions provide a vital source of social support, helping students navigate stressful situations. This underscores the importance of fostering supportive friendships and peer networks to enhance students' mental health resilience.

Therefore, social support plays a crucial role in the university's student health. While existing research has explored the relationship between social support and mental health outcomes, there is a notable gap regarding the inclusion of teachers as significant sources of support. Most studies focus on family, peers, and other networks, but teachers' direct impact remains underexamined (Pedrelli et al., 2014). Investigating teachers' behaviours, communication patterns, and emotional support could provide valuable insights (Abdul Hamid, 2019). Addressing this gap is essential, especially given the mental health challenges faced by Malaysian students. By understanding teachers' influence, universities can design targeted interventions and foster positive teacher-student relationships, ultimately promoting student well-being. In short, the general objective of this paper is to explore the social support

component among university students' mental health in Klang Valley, Malaysia. The detailed objective showed as below:

1. To describe the socio-demographic characteristics of the university students.
2. To determine the level of mental health (depression, anxiety, stress) among university students.
3. To determine the differences between demographic background and mental health among university students.
4. To determine the relationship between social support and mental health among university students.
5. To determine the moderation factor of age between social support and mental health among university students.

Literature Review

Increasing awareness of the impact of mental health issues on college students highlights the challenges they face. Transitioning from high school to university involves academic pressure, adapting to new environments, increased workload, and social obligations, all of which can exacerbate mental health problems. The absence of traditional support networks further intensifies these issues. Research consistently shows that social support plays a crucial role in protecting and enhancing mental health. It involves having individuals nearby who provide assistance, empathy, and understanding. Social support is essential for managing stressors, building resilience, and improving psychological well-being.

Mental Health

Our mental health influences our ability to think, feel, learn, work, form lasting relationships, and contribute to society. It encompasses more than the absence of mental disorders; it's a foundational aspect of overall health and well-being (WHO, 2024). Scriven (2023), emphasizes that maintaining good mental health involves having positive attitudes towards oneself and others and experiencing happiness and love. Various factors, including environmental, social, psychological, and biological influences, impact mental health (Bhugra, 2013).

Globally, one in eight people is affected by mental disorders, characterized by significant disruptions in thought, emotion, or behaviour, often causing distress or impairment in daily functioning. The COVID-19 pandemic exacerbated mental health issues, with a reported 26% increase in major depressive disorders and a 28% rise in anxiety disorders in 2020. Despite effective prevention and treatment methods, many do not have access to these resources, often due to stigma and human rights violations (Daly and Robinson, 2022).

The COAG Health Council (2017), defines a clinically diagnosable mental disorder as one that significantly impairs cognitive, emotional, or social abilities, including anxiety, affective, psychotic, and substance use disorders. Even those not meeting diagnostic criteria can experience detrimental effects on their mental health (COAG Health Council, 2017; Slade, 2009). Socioeconomic factors, such as resource availability, living conditions, and employment, significantly influence mental health, impacting individuals and their families (McGuinness et al., 2022). In China, mental health concerns affect 16-30% of college students, with similar trends in Malaysia, where mental health issues, including suicidal behavior, have

risen alarmingly. The incidence of suicide in Malaysia increased by 81% in 2021, demanding urgent prioritization of mental well-being (Ministry of Health, 2022).

Stigma remains a significant barrier: 62.3% of individuals with mental disorders would conceal their illness, 61.0% believe those affected are not responsible, and 51.7% perceive them as hostile. A substantial proportion (76.5%) believe no one can be free from mental health problems, often attributing them to spiritual causes like demon possession. Malaysia's ethnic diversity offers varying definitions of mental health, reflecting a wide range of perspectives (Hassan et al., 2018). Mental illness is one of the most neglected health issues, with untreated conditions leading to suicide, claiming 800,000 lives annually (Lamm et al., 2020). Declining mental health is linked to social constraints, poor health perception, low sleep quality, increased stress, lack of family support, and financial instability. Remote learning has also affected students' mental health (Matsuo et al., 2022). Studies indicate that individuals with good mental health report higher life satisfaction and perform better academically (Mat Wajar et al., 2022).

Social Support & Mental Health

Previous studies have identified a strong relationship between social support and mental health among university students. Social support can be provided by family, friends, teachers, community, and social organizations. Scardera et al. (2020) found that emerging adults with high levels of social support had fewer mental health issues, even if they had mental health challenges during adolescence. Students perceiving strong social support are often protected from mental health problems. High social support correlates with fulfilling experiences, desired outcomes, higher self-esteem, and a positive life outlook. In contrast, inadequate support is often linked to dissatisfaction and difficulties in fulfilling personal responsibilities (Pasinringi et al., 2022).

Research consistently demonstrates that perceived social support enhances mental health, particularly under stress. Those with minimal support show poor mental health outcomes when experiencing anxiety or depression. Social support significantly influences the progression and recovery from depression (Yang et al., 2022). Wang and Eccles (2012), noted that higher depression symptoms are associated with lower social support levels, emphasizing the importance of perceived emotional support. Reduced stress and mental discomfort, alongside increased well-being, are significantly correlated with perceived social support (Wang et al., 2018). Most studies focus on family support, with limited exploration of peer support (Oktavia, 2024). A review revealed that perceived social support is more crucial than actual support in preventing depression, with parental support being particularly significant (Newhart, 2023). Social support assists in minimizing depression, anxiety, and stress, with lack thereof linked to psychological issues like sadness and isolation (Yasin & Dzulkifli, 2010). Longitudinal studies suggest that robust social support enhances resilience and minimizes stress, serving as a protective factor for students. Resilience traits such as empathy and collaboration may shield students from risk factors. However, research on college students often overlooks the relationship between life satisfaction, resilience, and social support (Hu et al., 2022).

Social support significantly impacts quality of life by reducing societal and environmental stressors, maintaining health, and fostering stress management (Ramezankhani et al., 2013).

Students with low social support are at greater risk for depressive symptoms. Social support promotes psychological well-being and reduces depression risk (Khan & Arif, 2019). It can alleviate academic pressures and daily stressors, highlighting its role as a protective factor against stress, anxiety, and depression (Dollete et al., 2004; Ngaru & Kagema, 2017).

Family & Mental Health

Positive social interactions with family and friends can reduce anxiety and foster stability (Harandi et al., 2017). Including a patient's support network, such as family and friends, in the care process can enhance therapy outcomes for young adults with depression. Botha and Booysen (2013), found that effective family functioning can improve personal performance and productivity, contributing to life satisfaction. Families with strong coping skills positively correlate with higher life satisfaction (Tamannaifar & Behzadmoghaddam, 2016). Support from friends and family significantly predicts life satisfaction, enhancing cognitive mechanisms, coping strategies, and behaviors, thus increasing overall life satisfaction (Chin et al., 2019).

Social support from family and friends is vital for addressing mental health issues such as anxiety and depression. Family support particularly enhances self-compassion, positively impacting well-being (Berryhill et al., 2018). Families influence students' mental health directly through support and indirectly through social behavior modeling, affecting happiness and potential psychopathology (Newheart, 2019). Social support during stress facilitates better coping mechanisms. Studies by Roos and Cohen highlight the importance of family support in mitigating stress effects (Abbas et al., 2022). Research indicates that family support plays a crucial role in reducing stress's negative impacts. Moreover, the relationship between social support and mental health is moderated by age, with friends' support reducing symptoms in those over 20, and family support being more beneficial for those aged 16 to 19.

Friends & Mental Health

Hefner et al. (2009) found that support from friends significantly reduces the risk of depression, highlighting its importance in college students' mental health. Rubin et al. (2016) noted that peer interaction promotes well-being by providing essential support during stressful times. Studies indicate that peer support is more influential than family support in mitigating depression symptoms among college students, likely due to the shared experiences and proximity within the university setting (Alsubaie et al., 2019).

During the developmental stage of 18 to 24 years, peers become a primary support source (Pasiringi et al., 2022). Acceptance and connection with friends are crucial for students' sense of belonging (Wright, 2016). Peer support is vital, as friends often share similar interests and provide identification, offering support during challenging times (Khan & Arif, 2019). Close peer relationships can protect against depression and anxiety, decrease victimization, and reduce dropout rates (White, 2009). Perceived social support from friends significantly reduced pandemic-related stress by 10.8%, surpassing other support sources. University students often rely on peers for navigating new social and academic environments (Sari & Khaira, 2021). This aligns with Pettit et al. (2011), who found high social support levels mitigate depression in young adults (Ramesh & Ling, 2022).

Educators & Mental Health

Teachers regularly interact with students and can identify signs of anxiety, depression, and other mental health issues such as irritability, social withdrawal, and attention changes (Shelemy et al., 2019). As primary points of contact for students and parents, teachers are ideally positioned to refer students to mental health services. Research indicates that increased emotional support from teachers correlates with reduced behavioral issues and depressive symptoms in students (Shelemy et al., 2019).

Lecturers play a crucial role in supporting university students' mental well-being by providing guidance and fostering a supportive environment (Mohd Khir, 2022). Students who perceive strong social support from teachers are more engaged in their studies and less likely to exhibit undesirable behaviors. Teacher support influences behavioral and cognitive engagement through guidance, academic assistance, and classroom management. Conversely, students may disengage behaviorally if they feel unsupported or disrespected by teachers (Martinot et al., 2022). Positive perceptions of teacher support enhance mental health, linking to higher life satisfaction and well-being. Supportive teacher-student interactions also boost academic interest and extracurricular participation, leading to better grades and stronger peer relationships (White, 2009).

Age as Moderator

The majority of mental health issues emerge during adolescence, with 75% of individuals experiencing their first symptoms by age 25 (Hossain et al., 2022). Mental health problems can affect anyone, regardless of demographic factors. Schizophrenia typically begins in early adolescence and persists into early adulthood. Research by Sham et al. found that the risk of schizophrenia onset increases significantly in late adolescence and the early twenties for both genders, then declines in the late twenties. Hafner et al. also observed an early onset peak around young adulthood (Pedrelli et al., 2014). Currently, at least 20% of children and adolescents have a diagnosable mental health condition, with 10% experiencing significant impairment (Knopf et al., 2023). A survey indicated that 21.8% of American children aged 3 to 17 have prevalent mental, emotional, or behavioral issues. The incidence of mental health issues varies with exposure to social and relational risks (Bitsko, 2022).

Anxiety disorders are prevalent among adolescents, affecting 3.6% of those aged 10 to 14 and 4.6% of those aged 15 to 19. Depression impacts 2.8% of teens aged 15 to 19 and 1.1% of those aged 10 to 14. Both conditions are associated with rapid mood changes, affecting academic performance and social engagement, potentially leading to increased isolation and suicidal risk (WHO, 2021). Cognitive and emotional issues are also prevalent among older adults, with 15% experiencing depressive symptoms. Late-life depression is linked to increased disability and mortality (McKinnon et al., 2016).

Globally, young people are significantly affected by mental illnesses and associated risky behaviors, often undiagnosed until later in life. A comprehensive 2003 study in Egypt identified anxiety and depressive disorders as the most common mental illnesses (Liu et al., 2017). Data from various studies indicate that the 12-month prevalence of major depression (MDD) in young adults ranges from 8.3% to 12.4%. The Dunedin study showed a prevalence of 16.8% at age 21 and 16.3% at age 32. Anxiety disorders were also prevalent, affecting 20.3% at age 21 and 22.2% at age 32 (Gustavson et al., 2018). According to the Department of

Health, a significant proportion of elderly patients in medical settings experience mental health issues, with depression being the most common. It affects 22% of men and 28% of women aged 65 and over, and 40% of nursing home residents. Anxiety affects one in twenty elderly individuals (Royal College of Psychiatrists, 2018).

The pattern of mental illness mirrors that of physical illness across the lifespan, often beginning in adolescence and early adulthood. Rates of depression, suicidal behavior, eating disorders, and substance use among young people have increased over recent decades. Statistics show that one in five young people experiences depression or anxiety, with significant numbers reporting suicidal attempts and self-harm. Notably, 47% of females and 62% of males exhibited schizophrenia symptoms before age 25, suggesting prodromal symptoms may appear in college-aged adults before full psychotic disorders manifest (Jurewicz, 2015; Pedrelli et al., 2014).

Methodology

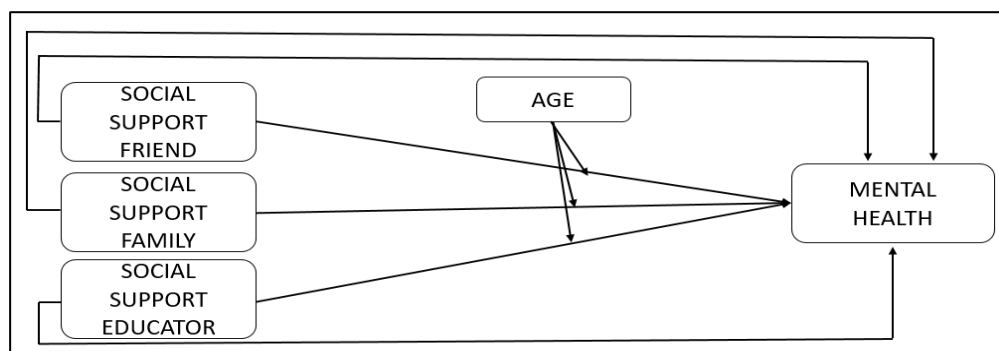


Figure 1: Research Framework

The data for this paper was collected using a stratified random sampling method to ensure that respondents follow the requirements of this study. Out of 48,081 populations, 400 respondents will be selected for this study. The population is then separated into three subgroups, or strata, for the study, which are UPM, UKM, and UM. Each of the 400 respondents will be separated into three groups, one for each university or strata. Therefore, there should be 133 or 134 respondents from each university. This study was employed a structured self-administered questionnaire through a survey method since it was an effective way for a researcher to measure the variables and interests. The questionnaires will be distributed through google form and it will be blast through social media platform such as Whatsapp, Instagram and Twitter. Out of 400 questionnaires, 357 were returned with overall responses rate of 89.25%. The questionnaire was adapted based on previous researches and modified according to this study. To achieve the objective, the instrument will be translated into bilingual, English, and Malay. The questionnaire consists of three sections (Section A, B and C) using the 5-points Likert scale as the response rate of the respondents ranging from "Strongly disagree" to "Strongly Agree". Section A is the students' demographics such as their ages, years of study, and courses. Section B is social support consisting of 36 items adapted from Social Support Questionnaire (SSQ) and Section C is mental health section consists of 21 items adapted from Depression Anxiety Stress Scale (DASS-21). Descriptive statistics such as frequency and percentage were used to fulfil the determined objective. Correlation and multiple linear regression were employed to test the relationship between social support

(friend, family, educator) on mental health and to what extent age factor moderates the relationship between social support (friend, family, educator) on mental health.

Results

This chapter provides an overview of the demographic characteristics of the surveyed respondents, who are students from three universities. The survey encompassed 357 students from Universiti Putra Malaysia, University Kebangsaan Malaysia and Universiti Malaya. The age distribution revealed that the largest proportion fell within the 23-24 age range (46.47%), followed by those aged 21-22 (31.93%) and 19-20 (21.6%). From the data, the majority of the students (34.5%) are from Universiti Putra Malaysia which recorded number at 123, 121 of them (33.9%) are from Universiti Kebangsaan Malaysia (UKM) and 113 of them (31.7%) are from Universiti Malaya (UM). In terms of the study year, the majority of the students (56.9%) are in year 4 which recorded number at 203, 94 of them (26.3%) are in year 2, 50 of them (14%) are in year 3 and 10 of them (2.8%) are in year 1.

Table 1
Demographics Profile

Variables	Frequency	Percentage (%)
Age		
19- 20	77	21.6
21-22	114	31.93
23-24	166	46.47
Universities		
Universiti Kebangsaan Malaysia (UKM)	121	33.9
Universiti Malaya (UM)	113	31.7
Universiti Putra Malaysia (UPM)	123	34.5
Year		
1	10	2.8
2	94	26.3
3	50	14.0
4	203	56.9

Table 2 showed the mental health level of Klang Valley university students that has been categorize into three symptoms which are depression, anxiety and stress. From the data, for the depression symptom, majority of students 55.5% are categorize in severe level, 24.4% are moderate level, 20.2% are mild level and none of the students are in normal and very severe level. Lastly, the mean value is 18.73 which it falls under the range of moderate level. For anxiety symptom, the highest recorded number is 171 (47.9%) which in very severe level, 124 of them (34.7%) are in moderate level, 62 of them (17.5%) are in severe level and none of the students are in normal and mild level. Lastly, the mean value is 19.28 which it falls under the range of severe level. For stress symptom, the highest recorded number is 171 (47.9%) which in moderate level, 119 of them (33.3%) are in stress level, 67 of them (18.8%) are in mild level and none of them are in severe and very severe level. Lastly, the mean value is 18.00 which it falls under the range of mild level.

Table 2

Level of Mental Health

Variables	Frequency	Percentage (%)	Mean	SD
Depression				
Mild	72	20.2	18.73	4.39
Moderate	87	24.4		
Severe	198	55.5		
Anxiety				
Mild	124	34.7	19.28	5.88
Moderate	62	17.5		
Severe	171	47.9		
Stress				
Mild	119	33.3	18.00	4.05
Moderate	67	18.8		
Severe	171	47.9		

Table 3

Pearson Correlation Coefficient of Relationship between Family Support, Friends Supports, Educators Support, Age and Mental Health

Variables	Mental Health
Family Support	-0.527**
Friends Support	-0.497**
Educators Support	-0.496**
Age	0.396**

****Correlation is significant at the 0.01 level (2-tailed)**

Based on Table 3, the correlation coefficients highlight the importance of various support systems in mitigating mental health issues. Family support ($r=-0.527^{**}$), friends' support ($r=-0.497^{**}$), and educators' support ($r=-0.496^{**}$) all show moderate negative relationships with mental health problems, indicating that higher levels of support from these sources are associated with fewer mental health issues. Families can offer emotional support, practical assistance, and a sense of belonging, which can help alleviate stress and prevent mental health issues (Kuang & Wang, 2022). Meanwhile, friends can provide empathy, companionship, and social interaction, reducing feelings of loneliness and depression. These co-engaging relationships provide emotional support and companionship, crucial elements in combating depressive symptoms. Additionally, regular social engagement can lead to a more active lifestyle, further contributing to improved mental well-being. Thus, the presence of a supportive social network can act as a buffer against loneliness and depression, promoting

overall mental health in older adults. Educators, such as teachers and mentors, play a significant role in an individual's mental well-being by offering guidance, encouragement, and understanding, which can help lower stress and enhance mental health. This is because teachers can significantly influence the mental well-being of minors, especially when they spend a considerable amount of time with them, thereby enhancing their mental resilience (Nosek, 2023). This consistent support system can substantially enhance the mental resilience and overall well-being of minors. These findings underscore the crucial role that emotional comfort, practical help, empathy, companionship, social engagement, guidance, encouragement, and understanding from family, friends, and educators play in enhancing mental well-being and buffering against stress and mental health difficulties. In terms of age, the correlation coefficient of ($r=0.396^{**}$) indicates a positive relationship between age and mental health issues. This result suggests that as age increases, the prevalence or severity of mental health issues also tends to increase. Jurewicz (2015), notes that mental health disorders commonly first appear at their highest rates during adolescence and early adulthood. A contributing factor may be the rising use of technology, particularly social media. The growing reliance on digital technology has raised concerns among parents, educators, governments, and young people about its effects on sleep patterns, increased anxiety and depression, promotion of cyberbullying, and distortion of body image (OECD, 2018). These factors can contribute to the onset of mental health issues.

Discussion & Recommendation

The results revealed that Klang Valley university students experience substantial mental health challenges, with 55.5% showing severe depression and 47.9% reporting high levels of anxiety. Stress levels are moderate but still significant, with 47.9% of students affected. The result also highlights the importance of support systems in managing mental health. Moderate negative correlations were found for family support followed by friends' and educators' support. This indicates that higher levels of support from these sources are associated with fewer mental health issues. Family support provides emotional and practical assistance, friends offer companionship and reduce loneliness, and educators contribute through guidance and encouragement. The positive correlation between age and mental health issues suggests that mental health problems may worsen with age, potentially due to increased stress, physical health declines, and social isolation. This trend underscores the need for targeted interventions. To address these challenges, universities should enhance their support networks. Creating programs that involve families, foster peer mentoring, and promote teacher-student interactions can provide the necessary support. Additionally, increasing mental health awareness through campaigns and educational workshops can help identify and address issues early. Developing interventions tailored to different age groups and mental health needs, such as stress management programs for older students, is also recommended. Expanding mental health services on campus, including counseling and support groups, is essential. These services should be well-publicized and accessible to all students. Implementing these strategies will support student mental health and foster a more resilient and supportive academic environment.

Theoretical and Contextual Contribution

This research significantly enhances existing knowledge by providing empirical evidence on the complex relationship between social support and mental health among university students in the Klang Valley. The findings underscore the critical role of family, friends, and

educators in mitigating mental health issues, such as depression, anxiety, and stress. The study contributes to the theoretical framework of social support by integrating the role of educators, a dimension often overlooked in prior research. This inclusion broadens the understanding of how different support networks interact to influence mental well-being. Contextually, the research addresses the specific challenges faced by Malaysian students, highlighting the need for tailored interventions in this demographic. The identification of age as a moderating factor further enriches the discussion, suggesting that mental health interventions must be age-appropriate and culturally sensitive. This study thus provides a nuanced understanding that can inform both local and broader educational policies aimed at improving student mental health through enhanced social support systems.

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