



Faculty of Cognitive Sciences and Human Development

**THE RELATIONSHIP OF FAMILY ENVIRONMENT ON MENTAL HEALTH WITH A
MODERATING OF SOCIAL SUPPORT AMONG UNDERGRADUATE COUNSELING
STUDENTS IN UNIMAS**

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Bachelor of Counselling with Honours

2024/2025

The impact of family environment on mental health with a moderating of social support among undergraduate conseling students in Unimas.

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This project is submitted in partial fullfilment of the
requirements for a Bachelor of Counselling with Honours

Faculty of Cognitive Sciences and Human Development
UNIVERSITI MALAYSIA SARAWAK (2024)

The project entitled The impact of family environment on mental health with a moderating of social support among undergraduate conseling students in Unimas and submitted to the Faculty of Cognitive Sciences and Human Development in partial fulfillment of the requirements for a Bachelor of Counselling with Honours.

Received for examination by:

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Date:

Grade

Table of Content

DECLARATION OF ORIGINAL WORK.....	II
LIST OF TABLES	XI
LIST OF ABBREVIATION	XIII
LIST OF FIGURES	XIV
ABSTRACT	XV
Acknowledgement	XVI
CHAPTER 1	1
INTRODUCTION	1
1.0 Introduction	1
1.1 Background Of Study	1
1.2 Problem Statement	9
1.3 Research Objectives	12
1.4 Research Questions	13
1.5 Research Hypotheses	13
1.5.1 Hypotheses Development	14
1.6 Conceptual Framework	18
1.7 Significant Of The Study	19
1.8 Definition Of Terms	21
1.8.1 Family Environment	21
1.8.2 Mental Health	23
1.8.3 Social Support	24
1.9 Limitation of Study	25

1.10 Summary	25
CHAPTER 2	26
LITERATURE REVIEW	26
2.0 Introduction	26
2.1 Theory Related to Mental Health	26
2.2 Review on Variables	28
2.2.1 Study of Mental Health among College and University Students in Malaysia	28
2.2.2 Study of Family Environment among students.	30
2.2.3 Study of Mental Health among students.	31
2.2.4 Study of Social Support among students.	32
2.3 The relationship of Family Environment on Mental Health	32
2.4 The relationship of Social Support on Mental Health	34
2.5 Social Support Moderating the Relationship of Family Environment and Mental Health	37
2.6 Study of Mental Health among College and University Students in Malaysia	39
2.7 Theoretical Framework	42
2.8 Summary	48
CHAPTER 3	49
RESEARCH METHODOLOGY	49
3.0 Introduction	49
3.1 Research Design	49
3.2 Population and sample	50
3.3 Instruments	50
Part B: Family environment Measurement	51
Part C: Mental Health Measurement	53
Part D: Social Support Measurement	55

3.4 Procedures	55
3.5 Pilot Study	57
Reliability Statistics	59
Reliability Statistics	60
Reliability Statistics	60
3.6 Data Analysis Procedures	62
3.7 Descriptive Statistics	62
3.8 Inferential Statistics	70
3.9 Conclusion	71
CHAPTER 4	72
DATA ANALYSIS	72
4.0 Introduction	72
4.1 Sample Profile	72
4.2 Initial Data Analysis	73
4.3 Demographic Background Of Respondents	73
4.4 Descriptive Analysis of Variables	77
4.5 Partial Least Squares (PLS) Analysis	102
4.5.1 Evaluation of the Indicator Measurement Model (Outer Model)	103
4.5.2 Evaluation of the Main Structural Model (Inner Model)	104
4.5.3 Overall Model Evaluation	104
4.6 Evaluation of the Outer Model of Indicator Variables (First-Order Constructs)	105
4.6.1 Outer Loading Table of the Outer Model of Indicator Variables (First-Order Constructs)	107
4.6.2 Reliability of the Outer Model of Indicator Variables (First-Order Constructs)	111
4.6.3 Evaluation of the HTMT (Heterotrait-Monotrait Ratio) of the Outer Model of Indicator Variables (First-Order Constructs)	113

4.6.4 Discriminant Validity of the Fornell Lacker Outer Model of Indicator Variables (First-Order Constructs)	115
4.7 Evaluation of Structural Models: Assessing Validity, Significance and Capability of Predictions in the Investigative Model	122
4.7.1 Internal Model Evaluation: Relationships Between Key Constructs and Indicators Measurement	127
4.8 Structural Model Evaluation and Hypothesis Testing of Direct Effects of Main Variables in PLS-SEM Analysis	128
4.8.1 Analysis Ha1: Social support positively influences the mental health of counseling students.	131
4.8.2 Analysis Ha2: A positive family environment significantly enhances the mental health of counseling students.	132
4.8.3 Analysis Ha3: Social support moderates the relationship between family environment and mental health among counseling students by enhancing the positive effects of a supportive family environment on mental health	134
4.8.4 Assessment of the Strength of the Effects of the Main Variables in the Structural Model	136
4.9 Evaluation of Measurement Models and Conditional Direct Effects	139
4.10 Assessment of Goodness and Suitability of Models in Structural Studies: Assessing Model Effectiveness and Suitability with Empirical Data	141
4.10.1 Analysis of Goodness of Models Based on R-Square and Adjusted R-Square Values ..	142
4.10.2 SRMR Analysis in Model Suitability Assessment	143
4.11 Summary	145
CHAPTER 5	147
5.0 Introduction	147
5.1. Identifying Levels of Key Variables and Indicators	148

5.1.1 Family Environment	148
5.1.2 Social Support	151
5.1.3 Mental Health	154
5.2 Discussion of Findings	156
5.2.1 The Impact of Social Support on Mental Health Among Counseling Students	157
5.2.2 The Impact of Family Environment on Mental Health Counseling Among Counseling Students	159
5.2.3 Social Support Moderates the Relationship Between Family Environment and Mental Health Among Counseling Students	162
5.3 Study Implications	164
5.3.1 Implications of Theory	166
5.3.2 Practical Implications	168
5.3.3 Implications of Measurement	170
5.4 Study Limitations	173
5.5 Recommendations for Future Studies	174
5.6 Conclusion	176
References	179
Appendix	208
Logbook	208
Soal Selidik	209
Section A: Demographic information	209
Section B- Questionnaire- Family Communication Pattern, Family Environment Scale, Mental Health Inventory-38, and Multiple Scale of Perceived Social Support	210
1. Family Environment/ Persekitaran Keluarga	210
2. Social support	218

LIST OF TABLES

Table 3.3.1 Reliability statistics of family communication pattern scale	52
Table 3.3.2 Reliability statistics of family environment scale	52
Table 3.3.3 Reliability statistics of mental health screening tool	54
Table 3.5.1 Reliability statistics of family environment	59
Table 3.5.2 Reliability statistics of social support	60
Table 3.5.3 Reliability statistics of mental health	60
Table 3.5.4 Reliability statistics of internal consistency	60
Table 3.5.5 Reliability questionnaires	61
Table 3.7.1 Mean, Median, Mode of the gender variable	63
Table 3.7.2 Gender Distribution	63
Table 3.7.3 Mean, Median, Mode of the age variable	64
Table 3.7.4 Age Distribution	64
Table 3.7.5 Mean, Median, Mode of the race variable	65
Table 3.7.6 Race Distribution	65
Table 3.7.7 Mean, Median, Mode of the parental marital status variable	66
Table 3.7.8 Parental marital status distribution	66
Table 3.7.9 Mean, Median, Mode of the birth order variable	67
Table 3.7.10 Birth order distribution	67
Table 3.7.11 Mean, Median, Mode of the parent employed status variable	68
Table 3.7.12 Parent employed status distribution	68

Table 3.7.13 Mean, Median, Mode of the parent income variable	69
Table 3.7.14 Parent income distribution	69
Table 4.1 Demographic Background of Respondents (Gender)	73
Table 4.2 Demographic Background of Respondents (Age)	74
Table 4.3 Demographic Background of Respondents (Race)	74
Table 4.4 Demographic Background of Respondents (Parental Marital Status)	75
Table 4.5 Demographic Background of Respondents (Birth Order)	75
Table 4.6 Demographic Background of Respondents (Parental Employment Status)	76
Table 4.7 Demographic Background of Respondents (Parental Income)	77
Table 4.8 Family Environment Scale (Mean, Median, Mode)	78
Table 4.9 Social Support Scale (Mean, Median, Mode)	87
Table 4.10 Mental Health Scale (Mean, Median, Mode)	94
Table 4.11 Outer Loadings of Indicators Used Results	108
Table 4.12 Reliability of External Model Of Indicator Variables (First-Order Constructs)	112
Table 4.13 HTMT (Heterotrait-Monotrait Ratio) External Model Variable Indicators (First-Order Constructs)	114
Table 4.14 Discriminant Validity of Fornell-Lacker External Model Indicator Variables (First-Order Constructs)	115
Table 4.15 Cross Loadings Indicators External Model Indicator Variables (First-Order Constructs)	117
Table 4.16 PLS-SEM Structural Model Analysis Results	122
Table 4.17 Results of Direct Effect Hypothesis Testing in The Main Structure Model	130
Table 4.18 F-Square, Strength of The Effect of Key Variables on Mental Health	136
Table 4.19 The Moderating Role of Social Support: A Conditional Effect Analysis of The Impact of Family Environment on Mental Health	139
Table 4.20 R Square	142
Table 4.21 SRMR Analysis in Model Suitability Assessment	143

LIST OF ABBREVIATION

FES (Family Environment Scale)

MSPSS (Multidimensional Scale of Perceived Social Support)

MHI-38 (Mental Health Inventory-38)

UNIMAS (Universiti Malaysia Sarawak)

LIST OF FIGURES

Figure 1.1 The Number Of People In Each Age Group Who Suffer From Mental Health	2
Figure 1.2 Global distribution of disability-adjusted life years (DALYs)	5
Figure 1.3 The Quality Of Social Support Impact Depression	8
Figure 1.4 Conceptual Framework	19
Figure 2.1 The Family System Theory Framework (Bowen, 1975)	43
Figure 2.2 Social Support Theory Framework (Cullen & Drennon-Gala, 1994)	44
Figure 2.3 Cognitive Behavioral Therapy by Dr. Aaron Beck in 1960s (Miller, 2024)	45
Figure 2.4 Theoretical Framework	46
Figure 4.1 Evaluation of External Modes of Indicator Variables (First Order Constructs)	106
Figure 4.2 Model Hypothesis Testing Key Variables	127

ABSTRACT

The relationship of family environment on mental health with a moderating of social support among counseling undergraduate students

Yong Le Xuan

Although many factors can cause counseling students to develop mental illness, it is indispensable that the family environment and social support are crucial in shaping a person's mental health. We can explore how family and social support affect mental health in many ways. This study examines the relationship of family environment on mental health with a moderating of social support among undergraduate counseling students in Unimas. A minimum of 43 students counseling undergraduate students from Unimas have been voluntarily involved in this study. Questionnaires have been distributed to the participants through Google Forms. Questionnaires used the family communication pattern scale, family environment scale, Mental health screening tools, and Multidimensional scale of perceived social support. The results indicate that the family environment and social support, for example, parental hostility, the quality of the parental relationship, the family's economic capacity, and family values, appear to have a significant relationship with mental health. This study found that the most critical factor affecting the mental health of counseling students in the family was the parenting style, followed by the family's communication pattern. Secondly, the study found that social support also affects students' mental health problems. A pilot test was conducted to ensure the validity of the questions, and a substantial sample size was used to enhance result accuracy. This study offers valuable insights into how the family environment and social support influence the mental health of counseling students, providing a foundation for further research and intervention strategies.

Keywords: Mental Health, Family Environment, Social Support, Counseling University Students,

Acknowledgement

I am very grateful to God for allowing me to complete my final year project in good health. The most important person who helped me complete my FYP here is my supervisor, Sir Shahrul. I am very grateful to have such a kind teacher. He always praises me when I complete a part. If I have any questions, he will answer me at any time. We can meet with him very often to check the content of the FYP face to face and discuss how to modify it to make it more perfect. I am also very grateful to the participants who answered the questionnaire for me. Without your responses, we would not be able to do this research. I have benefited a lot from your valuable data. The topic I worked on this time is also a topic that I have always been concerned about because I have always felt that the family environment plays an indispensable role in life. Many books have mentioned the impact of the original family on personality and mental health. I am very honored to be able to study the topic I like this time, and everything is going smoothly. Although I felt pressured and wanted to give up several times in the middle, the support of teachers and friends motivated me to persevere. In addition, I want to break through myself and get good grades to prove I can complete this challenge.

CHAPTER 1

INTRODUCTION

1.0 Introduction

Chapter one included the research background, problem statements, research questions, research objectives, conceptual and operational definitions of this study to provide an understanding of the impact of family environment on mental health: a moderating of social support among counseling students in university.

1.1 Background Of Study

Today's students are more likely to experience mental health problems, with family environments playing a significant role. A supportive family environment, characterized by meeting physical and emotional needs, fostering love, and promoting cooperation, enhances psychological well-being and life satisfaction (Ramkissoo, 2020; Torres-Soto et al., 2022). Family dynamics, such as communication, socioeconomic status, and parent-child interactions, affects personality, behavior, and academic achievement (Zhao & Zhao, 2022). Positive parenting and healthy family interactions are linked to better psychological outcomes, whereas unpleasant emotions can cause family stress and progressively lower other members' moods (Sbicigo & DellAglia, 2012).

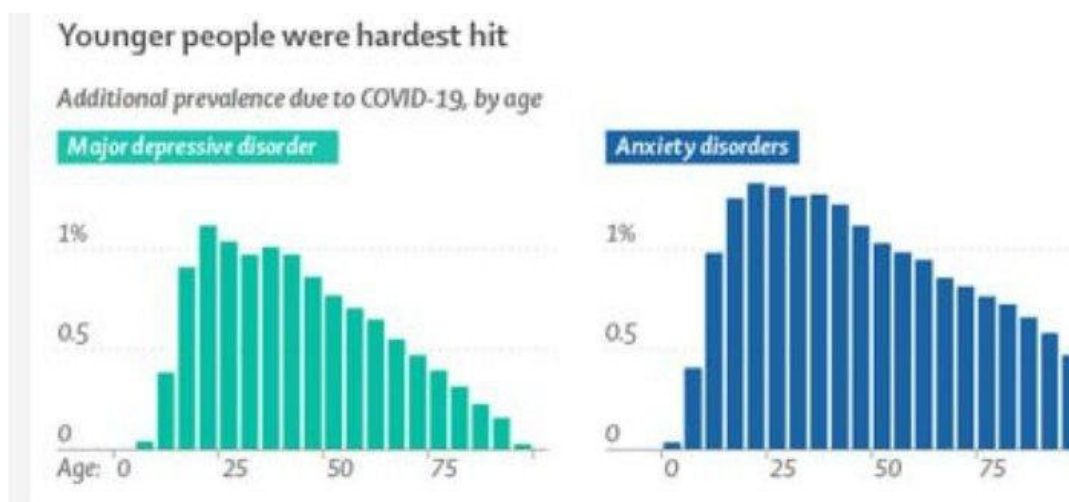
The COVID-19 epidemic worsened financial challenges for families, particularly those in low-income groups, with over half losing their jobs or earning less money (Kochhar, 2022). Economic insecurity has left many families unable to meet their necessities, resulting in food shortages and rising poverty (Drake & Williams, 2022). Prolonged time together during lockdowns frequently exacerbated family conflict and

reduced cohesion (Rodrigues et al., 2023). Children from economically challenged homes have long-term psychological stress, particularly if financial difficulties lead to family breakdowns (He et al., 2021). These variables all lead to deteriorating mental health and family quality during and after the pandemic.

So, it can be summarized that the prevalence of mental illness will increase between 2019 and 2024 around the world. The majority of children experience the adverse effects of the epidemic, which lowers family quality and mental health.

Figure 1.1

The Number Of People In Each Age Group Who Suffer From Mental Health



According to the chart above, there was a significant increase in cases of major depressive disorder and anxiety disorders during the pandemic in 2020, from about 193 million people living with anxiety disorders at the beginning to 198.32 million. The initial 298 million people suffering from depression increased to 374.2 million. The increase in the number of people is very large, and it shows that mental health problems are getting worse (The Lancet, 2021).

Among the different age groups, young people suffer the most from mental illness. The prevalence of major depression or anxiety disorders is higher among younger people, especially during the pandemic, when many young people aged 25 or below more easily feel greater psychological stress than older people (The Lancet, 2021).

As mentioned above, family environment affects mental health. The emotional, psychological, and social well-being of an individual is referred to as their "mental health" (Rowling et al., 2008). Mental health also includes emotional balance, the ability to cope with less mood swings and stress in life, the ability to socialize with others and build good relationships, and the ability to make adaptive choices autonomously (Leighton & Dogra, 2009).

The quality of a person's mental health is affected by particular experiences, family relationships and the environment. Personal experiences, such as being neglected by parents growing up, domestic violence, or a good family, can increase the risk of developing mental health disorders. According to the World Health Organization (2022), interactions that are positive and encouraging can mend our hearts and improve mental health outcomes. This is especially true of supportive family relationships, which can provide kids a feeling of belonging and emotional stability. Community culture can also influence people's perceptions and attitudes towards mental health issues (World Health Organization, 2022).

Because mental health influences people's thoughts, feelings, and behaviors, it should be valued. Individuals cannot handle life's difficulties, overcome obstacles, and accomplish their objectives if their mind is not in good shape. These groups also don't get along well with other people. It may result in social isolation as an issue.

The term "mental health" encompasses a broad spectrum of mental health conditions. Anxiety and depression are the most frequent medical conditions, affecting one in every two people at some point in their life. Women are more affected by anxiety issues than males are (World Health Organization, 2023). Humans will inevitably experience anxiety in life. Anxiety is a normal and common emotion in life, caused mainly by nervousness or worrying that individuals will not be able to do well.

However, people with anxiety disorders often experience intense and persistent worries and fears about life situations (Holland, 2023). This condition recurs, allowing the patient's fear to peak within minutes. They are difficult to control. Anxiety disorders affect daily functioning, quality of life and can impair a person's family, social and school or working life. Childhood or adolescence is when anxiety symptoms usually manifest (World Health Organization, 2023).

A persistent sensation of hopelessness and a loss of interest in life are signs of depression, which is often referred to as major depressive disorder or clinical depression (Casarella, 2022). Cognitive, physical, and emotional effects are all part of the depressive symptoms from an individuals. People who are depressed may feel nervous and gloomy all the time, and they frequently feel hopeless about their life. Additionally, depressed individuals may experience changes in their appetites, which may result in overindulgence or a loss of interest in food. Because of the link between this ailment and eating disorders such binge eating disorder, bulimia, and anorexia, their overall health may suffer.

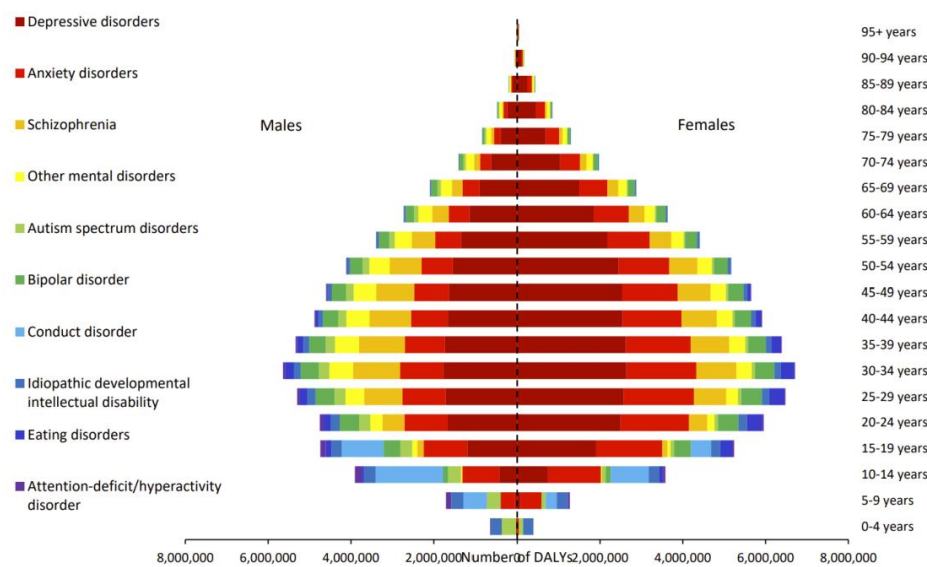
Other sleep abnormalities that many people with depression experience include excessive sleeping and insomnia. Recurrent suicidal or death-related thoughts might also

result from persistent sentiments of hopelessness (Juby, 2024). Depression support groups give people a great chance to meet people who have gone through similar struggles and experiences. People with depression disorders can communicate their experiences in a secure, judgment-free environment during support groups.

Since the majority of people will experience loneliness and need someone to link them with others who share their feelings, support groups can help people feel less alone (Rhoades, 2023). This show that people with mental illness need social support.

Figure 1.2

Global distribution of disability-adjusted life years (DALYs)



Note. Due to various mental health disorders, broken down by age, gender, and disorder type

In the chart, men on the left and women on the right, with different age groups ranging from 0 to 4 years old to over 95 years old. Studies have shown that middle-aged

people in the 20-49 age group face more stress, mainly from those who are at the peak of their work and childbearing years, this age group has a higher chance of suffering from mental illness. More people, particularly those in their middle years, will suffer from depression, with red depression accounting for the largest percentage of all age groups. In contrast, anxiety is somewhat less common than sadness and affects people of all ages indicated by orange. A variety of mental illnesses, such as eating disorders, bipolar disorder, schizophrenia, ADHD, and autism spectrum disease, are indicated by different colors. In addition, women are more prone to suffer from anxiety and depression than men are from behavioral issues and schizophrenia. People worldwide are impacted by mental health difficulties. This chart makes people more aware of the diseases that occur at different genders and ages so that people can prevent or treat them in time (Yoth & Sirull, 2021).

Our social network's social support is crucial to our health. Loneliness is the antithesis of strong social support. Emotional support, a feeling of belonging, being appreciated, helpful advice, and communications are all examples of social support (Drageset, 2021). Social support is made up of the quality of interpersonal interactions, particularly those with friends and loved ones. Social support is the assistance, comfort, understanding, and emotional support that an individual receives from others, typically from family members, friends, coworkers, or the community. Social support can take the shape of emotional support, practical help, information giving and guidance, and so on, which play a vital role in helping individuals cope with life stress, minimise loneliness, and improve self-esteem and emotional regulation (Drageset, 2021).

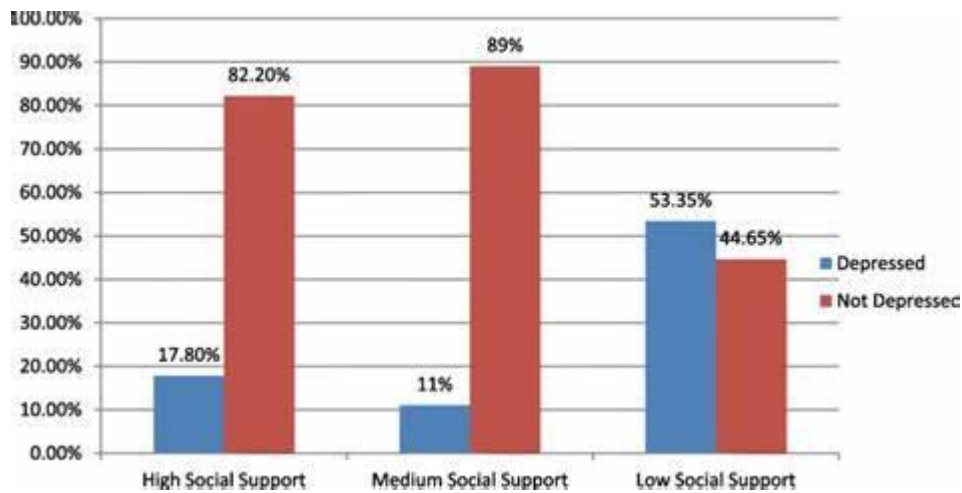
Social support has a major effect on mental health. According to several study, those

who have a strong social network are less likely to experience mental health concerns and have someone to confide in or seek support from when they need it (American Psychological Association, 2019; Wickramaratne et al., 2022; Acoba, 2024). Therefore, the troubles can be solved in time. Additionally, a lack of social support may increase a person's vulnerability to mental illness. Lack of social interaction and communication with people can make people more susceptible to emotional instability due to increased feelings of loneliness and decreased sense of well-being (Acoba, 2024). People facing challenges can seek advice from their loved ones and learn knowledge and perspectives (CMHA, 2021).

It is essential to give mental health patient support groups to help people regain their enthusiasm for life (CMHA, 2021). People should always participate in community activities such as sports, clubs and other positive groups to promote interpersonal relationships and make life happier (Bjorlykaung et al., 2021). The government should also provide housing and transportation subsidies, which are also a form of social support, as financial stability can create a comfortable family environment for children and reduce their chances of suffering from mental illness (Bjorlykaung et al., 2021). When they are financially stable, they will participate in activities or buy gifts for themselves, and their happiness will increase. All of this proves the importance of social support, especially peer-to-peer support.

Figure 1.3

The Quality Of Social Support Impact Depression



The graph above illustrates the connection between social support levels and the prevalence of depression. It demonstrates that as social support declines, the risk of depression rises. For instance, compared to just 17.80% of those with greater levels of social support, 53.35% of those with lower levels of social support suffer from depression (Ayen et al., 2019).

Since family environment is related to social support, and social support influences mental health illness, it is critical to explore the impact of family environment on mental health with a moderator of social support among counselling students in Malaysia, particularly following a pandemic. Researchers study whether people's mental health improves following a pandemic. As a result, this study aims to thoroughly investigate the potential effects of family environment and social support on mental health among counselling university students in Malaysia.

1.2 Problem Statement

Globally, mental health issues have become a growing concern, particularly as many individuals continue to struggle with anxiety and depression. About 50 million Americans, or 20.78% of all individuals in the United States, suffer from a mental illness, according to 2019–2020 data from Mental Health America. Furthermore, 12.8 million Americans, or 5% of the population, reported experiencing serious suicidal thoughts (MHA, 2024). The National Institute of Mental Health (2023) states that young individuals aged 18 to 25 are most at risk of experiencing a major depressive episode. This age group represents one of the most vulnerable populations impacted by mental health challenges. However, these statistics are predominantly derived from international studies, while limited research focuses on mental health issues among Malaysian university students. Therefore, this study aims to investigate the relationship between mental health and family environment among university students in Malaysia, with a focus on context-specific insights.

Apart from that, many studies and researchers emphasize that adolescents are strongly influenced by their family environment during their developmental years. According to Merz et al. (2009), family relationships play a central role in shaping an individual's well-being throughout their life course. Emotional problems arising from family experiences can also extend into peer relationships. Researchers are curious about whether the family environment plays a significant role in adolescent mental health. Furthermore, parents' values, belief systems, and socialization goals are deeply influenced by their cultural context. Interactions between parents and children vary across cultural settings, where certain behaviors may be acceptable in one culture but not in

another. Understanding the cultural context is essential for predicting differences in parenting styles within a society (Keshavarz & Baharudin, 2009). Although the influence of the family environment on mental health has been widely studied in Western countries (Claes et al., 2003), minimal research has focused on parenting styles in Malaysia. This is particularly significant in a multi-ethnic and culturally diverse country where parenting practices might vary considerably. Moreover, there is a lack of recent data addressing these dynamics in the Malaysian context.

Previous studies have focused more on the impact of the family environment, such as family conflict, on mental health. Still, less attention has been paid to adequate social support, such as counseling sessions, in coping with conflicts and mental health issues (Acoba, 2024). Furthermore, there is still little research and a systematic approach to understanding how social support affects mental health. Measurements vary widely depending on factors such as the studied population and the measurement tools used. Therefore, a standardized approach to studying social support is necessary so that can understand on how different types of social support affect mental health outcomes (Harandi et al., 2017). Therefore, this study aims to explore the impact of the family environment on mental health, with social support as a moderating factor among counseling students in Malaysia. Additionally, it aims to educate people on the value of the family environment (Li, 2024).

This research is essential because it not only contributes to a deeper understanding of the impact of the family environment and social support on mental health among Malaysian university students, but also aims to increase public awareness (Borawska, 2017). Parents will learn to pay more attention to family dynamics (Gadsden et al., 2016).

They will also take greater responsibility in raising their children and understand how to provide a better family environment, such as through improved communication with their children and the adoption of positive parenting styles (Masykuroh et al., 2022). This helps reduce the prevalence of mental illness among adolescents and children (Yan et al., 2023). Children whose parents have a good relationship have a significantly reduced risk of internalizing behaviors (Leidy et al., 2009) and enhanced prosocial behavior, while children whose parents have a poor relationship are more likely to have internalizing problems, such as low self-esteem and depression (Gerard et al., 2006; Shek, 2000).

The main research objective is to investigate the impact of the family environment on mental health in Malaysia, with a focus on how cultural differences, especially collectivism, shape family dynamics. As mentioned earlier, Malaysia's culture differs from Western cultures, and Malaysia, being a collectivist society, contrasts with individualistic cultures. Collectivism typically emphasizes giving to others, being part of a team, and achieving collective goals rather than individual self-improvement (Nickerson, 2023). It also stresses the importance of relationships with family, society, and maintaining strong connections with others (Cherry, 2024). These cultural factors can significantly affect how children perceive their families and influence their behavior. Parenting attitudes and orientations vary more within cultures than between them (Lansford et al., 2021).

Individualistic cultures as a whole are more likely to suffer from depression and suicidal thoughts than collectivist cultures (Nickerson, 2023). However, research has found that collectivists are more likely to feel sad than individualists and less likely to be happy because collectivists often believe that they shouldn't be better than others and that

being better off than others is frowned upon (Nickerson, 2023). Malaysia's unique cultural context necessitates the investigation of its family environment, as this may differ from research conducted in more individualistic or Western countries, where family dynamics and mental health may be understood differently (Translators, 2023).

1.3 Research Objectives

Based on the problem statements and research question above, these research objectives formulating in this study:

Main Research Objective:

To investigate the moderating role of social support in the relationship between family environment and mental health among undergraduate counseling students in UNIMAS.

Sub Research Objectives:

- i. To investigate the level of mental health, family environment, and social support among counseling students
- ii. To investigate the impact of family environment and social support among counseling students
- iii. To investigate the impact of social support on mental health among counseling students
- iv. To investigate the impact of family environment on mental health among counseling students
- v. To investigate how social support moderates the relationship between family environment and mental health among counseling students

1.4 Research Questions

Based on the problem statement above, these research questions formulate to be addressed in this study.

Main Research Question:

What are the effects of social support on the relationship between family environment and mental health among counseling students?

Sub Research Questions:

- i. What is the relationship of mental health, family environment, and social support among counseling students?
- ii. What is the relationship of family environment and social support on counseling students?
- iii. What is the relationship of social support on the mental health of counseling students?
- iv. What is the relationship of family environment on the mental health of counseling students?
- v. How does social support moderates the relationship between family environment on mental health among counseling students?

1.5 Research Hypotheses

Ha1: Family environment and social support have a significant positive impact on counseling students' overall well-being and mental health.

Ha2: Social support positively influences the mental health of counseling students.

Ha3: A positive family environment significantly enhances the mental health of counseling students.

Ha4: Social support moderates the relationship between family environment and mental

health among counseling students by enhancing the positive effects of a supportive family environment on mental health

1.5.1 Hypotheses Development

Ha1: Family environment and social support have a significant positive impact on counseling students' overall well being and mental health.

The conditions of family environment are essential for emotional comfort and stability. There is a correlation between the cohesion of the family environment and the depressed mood of family members (Burnett et al., 2017). A good family environment enable counseling students to manage stress levels, reduce sadness and gain empathy. Families with high cohesion, with a high level of support and connection from their families, are likely to have less depression (Cano et al., 2020). Conversely, low family cohesion and conflict between parents can increase the risk of depression and anxiety for members (Park et al., 2017).

On the other hand, students should have stable social support, including a friendly relationship with peer supporters. By participating in counselling activities, students learn to manage their emotions, develop social skills, build positive relationships, and give students the space to think and make decisions (ASCA, 2023). Social-emotional learning is an essential aspect of education that involves teaching students how to understand and manage their emotions, establish positive relationships, and make responsible decisions (EducationDynamics, 2024). Incorporating social-emotional learning (SEL) activities into their curriculum is important to their personal growth and academic achievement (ASCA, 2023). Students who study counseling are required to do a reflection on their own experiences. If their family is warm and interpersonal relationships are healthy,

students can better understanding about clients emotions, facilitating a deeper therapeutic alliance. Students can get a practical feel of empathy and active listening when clients face problems (Sharma et al., 2023).

Ha2: Social support positively influences the mental health of counseling students.

Social support helps counseling students to prevent and heal psychological trauma. Counseling students often need to communicate with others, such as group counseling sessions, which require working with peers to counsel others. In many cases, classes are also held in groups. Therefore, counseling students need to interact with friends to build a community full of understanding (Cow, 2023). In group discussion, students can speak and listen to their counterparts, who are part and parcel of their profession as counselors (Cow, 2023).

Apart from that, self care activity also very importance. Self-care is a complex, comprehensive process of deliberately implementing techniques to support optimal functioning and well-being (Scott, 2024). Self-care offers further advantages. For instance, lowering stress and enhancing resilience, lowering anxiety and depression, raising happiness, lowering burnout, building better interpersonal bonds, and so forth (Jones, 2022). Self care activity such as meditation, social with friends, do some workout can support us to overcome stress and challenges in life. Studies have shown that students with social support perform better academically and personally in their personal lives and have lower levels of stress and burnout (Mei et al., 2023). The university needs a structured support program and a strong network that enables students to improve their performance, mental health, and career stability (Mei et al., 2023). Preventive behavioral and mental health treatments in schools are crucial. Students who show early warning

signals may delay their academic, professional, and social or emotional development later in the school year if they do not receive organized intervention (ASCA, 2020).

Ha3: A positive family environment significantly enhances the mental health of counseling students.

A positive family environment significantly improves the mental health of counselling students (Grant et al., 2006). A good family environment is reflected in the support and companionship given by the family to the child, economic conditions, family communication, parenting style, Parents' educational level and so on. These factors can all affect the mental health of students and academic performance (Acoba, 2024). A family that gives their children enough emotional support can help them boost their self-confidence and not give up easily when facing academic pressure. It can improve children's academic performance, social ability and emotional regulation (Bush et al., 2020). Parents' active participation in education has a significant effect on children's academic achievement, educational achievement, and mental health, in particular parents' support for the educational process, the cultivation of extracurricular interest, and the guidance of homework have a strong positive effect on the academic performance of adolescents (Wang & Khalil, 2013). When students are stressed, families are like a haven for them to rely on. This reduces their feelings of loneliness and anxiety (Mohammad et al., 2023). In a positive home environment, students learn how to cope with stress and resolve conflicts (Kamaryati & Malathum, 2020). Students always make decisions supported by their parents, who do not ignore them or disrespect their opinions. In school, they are more confident in expressing their ideas and generous in their presentations (Akbari & Sahibzada, 2020). Many students still face various challenges due to lack of

self-confidence, and their lack of self-confidence in the classroom can have adverse effects such as insecurity, fear, anxiety, and feeling disconnected from society, such as social phobia. These psychological disorders can cause them to be distracted and unable to focus on their studies (Akbari & Sahibzada, 2020). Emotional support and empathic interactions in the family help students understand the emotional and psychological needs of others. Students can develop empathic skills through observation in such a family environment (Kamaryati & Malathum, 2020). This ability is particularly important in counseling, helping them become more independent and empathetic in their vocational skills and build connections with clients.

Lower socioeconomic position is associated with lower levels of parental education, poor quality housing, unemployment, and debt. These characteristics are linked to increased stress among students and a higher frequency of mental illness. People from lower socioeconomic backgrounds use less mental health care (Ibrahim et al., 2019). Only 18-24% of young people suffering from depression and anxiety seek professional care, while others are more likely to rely on family and friends for assistance (Packness et al., 2017).

Ha4: Social support moderates the relationship between family environment and mental health among counseling students by enhancing the positive effects of a supportive family environment on mental health

Social support plays a catalytic and reinforcing role by regulating the relationship between the family environment and mental health. A supportive home environment and positive social support from the outside can help counseling students better cope with academic challenges and career pressures, promoting their mental health and overall

wellbeing. Students struggle to deal with the intricacies of everyday life and frequently lack support from one another (Jose, 2024). Therefore, schools and society should provide more student support networks, including peer support, mentoring, and mental health services, where students can share experiences, build relationships, and engage in meaningful discussions on topics like mental health, identity, and belonging (Jose, 2024). Students can also participate in social activities that interest them, such as the Chinese Association, where they can learn about their favorite things and make friends with the same interests. Students can participate in activities to recharge their batteries during academic pressure (Acoba, 2024). They can gain valuable lived experience as a source of expertise and support from friends and elders (Poremski et al., 2022). They can also reduces loneliness and promotes a sense of belonging (Pointon-Haas et al., 2023).

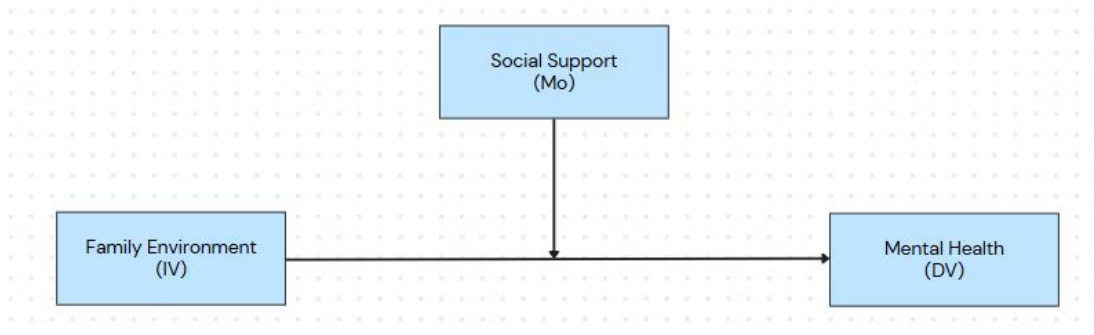
1.6 Conceptual Framework

Based on literature review and theoretical framework, a conceptual framework formulated to better investigate the impact of family environment on mental health; a moderating of media supports among counseling Undergraduate's students in Unimas.

The independent variables in this study is family environment, moderating variable is social support, and dependent variables is work pressure. The independent, moderating and dependent variables formulated as below conceptual framework (Figure 1.5) in this study:

Figure 1.4

Conceptual Framework in This Study



1.7 Significant Of The Study

It is crucial to study how the family environment impacts mental health, mainly through social support among university counselling students. The family is the primary social influence during childhood, shaping character traits and significantly affecting social, emotional, and cognitive development.

Research indicates that a supportive home environment promotes healthy mental development, while a hostile one increases the risk of mental health issues, often causing children to become timid and suspicious (Karimullah, 2023). Mental health challenges can emerge early, with symptoms that are often mild or overlooked (Christian, 2015). This research can help parents understand the significance of a positive home environment, encouraging collaboration to create a supportive atmosphere that reduces mental illness risk in children and adolescents.

This study aims to enhance understanding of family dynamics, which refer to the patterns of relationships and behaviours that shape daily family interactions. Unique family harmony styles and effective communication are crucial components. Open

communication fosters stronger connections, while poor communication leads to misunderstandings and conflicts (Anderson, 2024). Studying these dynamics is vital for understanding their impact on mental health, particularly in children and teenagers, where dysfunctional relationships can lead to issues like anxiety and depression. By recognizing the influence of family dynamics, counsellors can develop better strategies to support clients (Brant, 2024).

Parents significantly shape their children's mental health through their behaviours and parenting styles. Different styles, including helicopter, authoritarian, and permissive parenting, can adversely affect mental well-being. For instance, authoritarian parenting, which enforces strict rules and high expectations, may contribute to stress and anxiety, increasing the risk of mental health issues (Awiszus et al., 2024; Jenny, 2024).

This study encourages parents to adopt empathetic and supportive parenting, emphasizing its positive effects on children's mental health. A nurturing family environment enhances well-being and reduces the risk of future mental health issues. The findings benefit children, parents, educators, and society by highlighting the importance of family warmth and support. Universities can develop programs to promote emotional warmth and communication among students and parents. Additionally, community activities like workshops can address issues such as domestic violence before they affect children.

The findings of this study can provide data support for government departments. For example, the Ministry of Health or the Ministry of Education can be used to formulate policies to promote family harmony and mental health. Activities such as public education campaigns can be encouraged to emphasize the importance of positive

parenting and family communication to reduce mental health problems caused by adverse family environments. With such reliable data, the Government can provide financial support for the promotion of these workshops or for the organization of speaking engagements to raise people's awareness. Through government funding and support, parents can learn how to improve their parenting styles and avoid the long-term effects of poor communication or unhealthy family dynamics on their children's health. Research has shown that policy interventions, such as family support programmes or national mental health initiatives, can be effective in reducing the incidence of mental health problems (Borawska, 2017).

1.8 Definition Of Terms

1.8.1 Family Environment

Operational definition: Ritchie and Fitzpatrick (1990) developed a family communication pattern, which was modified by Gupta (2019). The tool emphasizes that types of family environments can be divided into pluralistic, protective, laissez-faire, and consensual. The family communication pattern uses a 5-point Likert scale to measure conversational, conformity, and social orientations (Ritchie & Fitzpatrick, 1990). By measuring the family's support for their children, such as whether parents often encourage their children to share their feelings with them, whether parents often praise them in front of outsiders. Researcher can understand the impact of the family environment on mental health.

The Family Environment Scale (FES), developed by Moos and Moos (1976) and adapted into Malay by Omar et al. (2010), uses a true and false format to assess family

dynamics. It evaluates the social and environmental characteristics of families across three domains: Relationship, Personal Growth, and System Maintenance. The Relationship domain examines cohesion, expressiveness, and conflict, reflecting family support, openness, and tension. The Personal Growth domain assesses independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, and moral-religious emphasis, highlighting individual development and shared values. The System Maintenance domain evaluates organization and control, focusing on structure, roles, and rules. This framework helps identify family strengths and areas for improvement, making the FES a valuable tool for research and clinical applications.

Conceptual definition: Ritchie and Fitzpatrick (1990) and Gupta (2019) emphasize that effective family communication involves a balance between conversational and conformity orientations. In a conversational orientation, parents encourage their children to challenge opinions and actively listen, even to views they dislike. In a conformity orientation, parents make decisions collaboratively with their children while avoiding fault-finding. From a social orientation, while parents may prefer compliance, they still support their children when reasons are justified (Gupta, 2019). According to Savita Gupta, the conceptual definition of family environment focuses on the psychological and social dynamics within the family unit and their impact on individual behaviors and well-being in specific situations or cultural contexts.

Moos and Moos (1976) and Omar et al. (2010) emphasize that the family environment refers to the relationships and atmosphere, mainly concerned with interpersonal relationships, personal growth, and system maintenance. For example, interpersonal aspects include cohesion, where family members should support each other,

respect everyone's emotions, and allow them to express themselves freely. Members can grow independently regarding achievement, intelligence, etc., and there will not be too many rules to follow regarding the family system (Omar et al., 2010). The Family Environment Scale (FES) measures these dynamics, evaluating relationships, growth opportunities, and structural organization to provide insights into the functional and emotional climate of a family.

1.8.2 Mental Health

Operational definition: Whooley et al. (1997) developed a mental health screening tool focusing on depression, later modified by Sharma and Devkota (2019). The mental health screening tool is a structured set of questions to identify symptoms of having psychological distress or a mental health disorder. People use the questions in the tool to answer. The 1-15 item utilizes a Binary scale where one is yes and two is no, and the 16th item uses a 4-point Likert scale where one is not difficult at all to 4 is extremely difficult, with higher scores indicating greater levels of distress. These tools are practical and can provide a quick initial analysis for a full mental health assessment.

Conceptual definition: Whooley et al. (1997) and Sharma and Devkota (2019) emphasize that depression is characterized by a lack of interest in activities, including those once enjoyed, as well as symptoms such as sleep problems (sleeping too little or too much), poor appetite, or overeating. The Mental Health Screening Tool helps identify and understand the presence and severity of psychological distress or mental health conditions such as depression. It conceptually reflects the physical symptoms that individuals experience when they have emotional and psychological problems and helps to identify symptoms of mental health disorders and the level of distress experienced by

individuals. The tool emphasizes the importance of early identification and intervention for mental health problems by capturing emotional responses and mental health indicators.

1.8.3 Social Support

Operational definition: The Multidimensional Scale of Perceived Social Support (MSPSS), developed by Zimet et al. (1988), is a self-report questionnaire designed to assess perceived social support from family, friends, and significant others. It consists of 12 items rated on a seven-point rating scale (1 = ‘very strongly disagree’ to 7 = ‘very strongly agree’). Higher scores indicate greater perceived social support. The tool provides total and subscale scores for each source of support, providing insight into the availability and adequacy of social relationships in promoting physical and mental health.

Conceptual definition: Zimet et al. (1988) developed the Multidimensional Scale of Perceived Social Support (MSPSS), which defines social support as the behaviors and expressions of care from significant others. The MSPSS conceptualizes social support as the presence of someone special during times of need, with whom an individual can share moments of happiness and sorrow. The family context emphasizes that family members will provide emotional support and be available to listen and help during difficult times. The MSPSS measures an individual’s perception of emotional, informational, and practical assistance from their social networks, reflecting the degree of support they feel during times of need. This construct highlights the significance of social relationships in fostering psychological well-being and resilience, with perceived support playing a crucial role in mental health.

1.9 Limitation of Study

Despite a thorough explanation, this study nevertheless has certain limitations. First, because this study is limited to counseling students, its findings might not be generalizable to other students enrolled in other courses. Other student groupings might have distinct personalities or family histories.

Second, this study only uses quantitative methods, such as surveys, as the research method. However, this approach may not provide a deeper understanding of why family environment affects mental health, especially in terms of how social support may moderate this relationship. Surveys frequently concentrate on obtaining numerical data, which could filter out the underlying systems or people's subjective experiences.

1.10 Summary

The following themes are explained and given a deeper understanding in this chapter: the problem statement, the study's backdrop, the research objectives, the research hypothesis, the conceptual framework, the study's relevance, the definition of words, the study's limitations, and the study's background. Chapter 2 will cover the information from the previous literature review.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

Chapter 2 shows the theory related to mental health, review on each of the variable, and literature review of the impact of family environment on mental health, the impact of social support on mental health, and social support moderating the relationship of family environment and mental health. Additionally, this chapter also shows the theoretical framework that use in this study.

2.1 Theory Related to Mental Health

The Stress-Buffering Hypothesis, which is strongly tied to the function of family environment and social support in mental health, is one idea that can be applied to the study of mental health. This theory is developed by Cohen and Wills (1985). It claims that by lessening the detrimental effects of stress on family and people, social support can act as a buffer against psychological stress and improve mental health. (Cohen & Wills, 1985). This buffering effect will vary depending on the kind of social support (e.g., instrumental, informational, or emotional assistance) and how the person perceives their level of support.

According to the stress-buffering theory, family and social support have a crucial role in mitigating the negative effects of stress on an individual's mental health (Acoba, 2024). According to this perspective, social support encompasses immediate assistance and the emotional stability and coping mechanisms it offers (Acoba, 2024). Since families are people's first social support system, they frequently play a critical role

in reducing stress and fostering mental wellness (Cherry, 2024). People's ability to manage stress and, consequently, their mental health are strongly impacted by how helpful their familial environment is (Cherry, 2024). Because it increases people's feelings of self-efficacy and coping mechanisms, research has demonstrated that emotional support among family members can dramatically lower anxiety and depression symptoms.

Different forms of family and social support also have varying benefits for stress relief. Emotional stability, a sense of acceptance and belonging, and understanding are all ways that emotional support, including listening, caring, and understanding, can lessen depression and loneliness (Kupferberg & Hasler, 2023). Instrumental support, which includes problem-solving and practical assistance, can help people deal with pressures more skillfully and lessen the negative effects of outside pressure (Kupferberg & Hasler, 2023). In order to reduce anxiety brought on by information asymmetry or poor judgment, people who receive informational support, like counsel and knowledge, are better able to comprehend and manage stressors.

The degree of family and social support is frequently less important than how people view and assess its quality (Wu et al., 2022). Family and social support may have a much smaller buffering effect if a person is unhappy with the help they receive from friends or family or cannot use it properly. According to Sumari et al. (2019), a person's gender and cultural background also influence how they view and utilize family and social support. Therefore, the impacts of social and familial support may change depending on the group.

This hypothesis is especially well-suited for researching how family environment

and social support enhance or impact mental health by assisting people in managing difficult life events.

2.2 Review on Variables

2.2.1 Study of Mental Health among College and University Students in Malaysia

Since mental health affects our thoughts, feelings, and behaviors, it is essential for total well-being; it supports us in managing stress, preserving our physical well-being, fostering positive relationships, giving back to the community, working efficiently, and reaching our greatest potential (World Health Organization, 2022). Disorders, psychosocial difficulties, and other mental states can all be considered negative mental health issues (World Health Organization, 2022; Mahindru et al., 2023). Some of the previous research provided to look into the mental health of Malaysian college and university students is reviewed here.

The incidence of mental health issues among Malaysian university students in 2023 was investigated by Arifin et al. (2023). 810 university students participated in this study, which used a quantitative survey. The findings showed that 68.9% of respondents reported moderate to high psychological discomfort, 72.7% experienced anxiety, and 60.6% had depression. In contrast, 42.8% of respondents had moderate to high behavioral or emotional control loss levels. As a result, Malaysian university students in 2023 are experiencing significant levels of stress, anxiety, and depression.

During the COVID-19 pandemic, university students in Selangor, Malaysia, experience high levels of stress, anxiety, and depression (Wong et al., 2023). Three hundred eighty-eight people participated in an online cross-sectional study from May 7 to

July 23, 2021. The findings indicated that among college students, the prevalence of moderate to severe stress, anxiety, and depression is 44.6%, 66.2%, and 53.9%, respectively. Additionally, students who exercised at least three times a week were less likely to experience stress, anxiety, or depression during the pandemic; students pursuing master's degrees were less stressed; and students who were less satisfied with their educational experience were more likely to experience stress.

Using a quantitative survey approach, Maung et al. (2023) discovered that a considerable number of mental health issues were identified among Malaysian university students during the COVID-19 pandemic between January and May 2020. The findings showed that among students, the prevalence of stress, anxiety, and depression was 33.5%, 42.2%, and 34.8%, respectively. Students' mental disorders were found to be lower in years two and four; anxiety and depression were found to be significantly impacted by factors like living area, residence, academic year, and parental income; and stress among students was found to be significantly influenced by age group, academic year, and parental income.

According to Azlan et al. (2024), anxiety is the most prevalent mental health disorder (MHD) among Malaysian adolescents, followed by depression and stress, and there is a high degree of poor mental health among college and university students in Malaysia. Approximately 45.6% (n=534) of the participants in the quantitative survey study reported having depression symptoms, 60.5% (n=709) reported having anxiety symptoms, and 40% (n=468) reported having stress symptoms. Mental health problems are highly predicted by sex and negative childhood experiences; public institutions are less likely to experience depression; smokers and vapers are more likely to experience

anxiety; social science students are more likely to experience anxiety; and those involved in organized religion are less likely to experience anxiety.

The mental health of Malaysian university students during the COVID-19 pandemic, which lasted from January to May 2021, is also examined by Hassan et al. (2022). 355 Malaysian university students participated in this quantitative survey study. The findings showed that the majority of respondents experienced occasional depression as a result of negative emotions (44.2%) and an inability to become enthusiastic (44.5%), anxiety as a result of being on the verge of panic (33.8%) and experiencing dry mouth (31.5%), and stress as a result of becoming agitated (40.3%) and finding it difficult to relax (40.8%). Thus, during the COVID-19 pandemic, this study examined the high rate of mental health issues among Malaysian university students.

Through the above existing studies, it can be observed that the majority of college and university students face high levels of depression, anxiety, and stress from 2020 to 2023. However, most of the study (Hassan et al., 2022; Maung et al., 2023; Wong et al., 2023) is examined to explore the college and university students' mental health levels during the Covid-19 pandemics. The COVID-19 pandemic has ceased due to the passage of time; thus, to have a more accurate and current understanding of university students' mental health, it is important to ascertain their mental health status currently after the COVID-19 pandemic. Therefore, this study aims to investigate the level of mental health among college and university students in Sarawak, Malaysia.

2.2.2 Study of Family Environment among students.

The term "family environment" refers to the physical and psychological elements that influence the development of a family's members, such as their personalities,

character traits, and academic achievement (Zhao & Zhao, 2022). A positive family environment can help, yet a bad climate may hinder a child's growth and motivation. It may also cause mental health difficulties such as depression, stress, and anxiety (Zhao & Zhao, 2022).

A successful family environment includes intimate contact, shared norms, communication and childcare, nurturing, resource provision, open expression of ideas, leadership, and personal responsibility (Kelty & Wakabayashi, 2020). Creating a happy family environment includes offering consistent support, demonstrating empathy, understanding all family members' viewpoints, actively listening, and validating feelings (Kelty & Wakabayashi, 2020).

2.2.3 Study of Mental Health among students.

A person's mental health is critical to emotional, psychological, and social well-being, which may influence their thoughts, feelings, behaviors, and relationships. It is vital throughout life and a fundamental human right (World Health Organization, 2022). Thus, in addition to the absence of mental illnesses, mental health is a state of well-being that allows people to manage stress, realize their full potential, study and work effectively, and give back to their communities.

Many things, like biological characteristics, life experiences, and family history of mental health problems, might cause someone to acquire mental health problems (World Health Organization, 2022). Mental health issues can hurt a person's physical, emotional, social, financial, and legal well-being and then cause medical symptoms, chronic illnesses, emotional discomfort, marital problems, financial hardship, legal problems, and stigma (Kirkbride et al., 2024).

2.2.4 Study of Social Support among students.

Social support is the belief that one is cared for, receives aid from others, and belongs to a beneficial social network; these resources can originate from various individuals and locations, including neighbors, coworkers, family, friends, pets, and organizations (Reid, 2024). They could also be factual, emotional, or intangible. Psychology, communications, medicine, sociology, nursing, public health, education, rehabilitation, and social work are among the academic areas investigating social support (Reid, 2024).

Social support is essential for maintaining mental health, improving workplace well-being, and dealing with life events; it alleviates discomfort, encourages adaptation, and serves as a stress reliever (Acoba, 2024). Without social support, serious mental problems like anxiety and depression can emerge; fear of stigma and a lack of cash are barriers to receiving social assistance (Acoba, 2024). Although "social support" has been linked to numerous benefits for both mental and physical health, it can also have negative consequences, such as gossip about friends. Overall, social support is vital to overall well-being.

2.3 The relationship of Family Environment on Mental Health

According to Lindberg (2023), the family environment substantially impacts mental health. Positive settings promote healthy habits and relationships, but dysfunctional ones increase the chance of mental illness (Mphaphuli, 2023). Positive environments include open communication, healthy relationships, and adequate housing, while negative environments include ongoing conflict, aggressiveness, and domestic abuse (Kumar et al., 2020). The following are several existing papers on this topic for review purposes.

Windarwati et al. (2020) believed that there was a link between family harmony and stress, anxiety, and depression in teenagers. As a result, Windarwati et al. (2020) used a survey method and recruited 851 Indonesian high school adolescents aged 16 to 18 for this study. This study found that family harmony and the environment are significantly linked with teenage stress levels. However, the study found that family harmony had no relationship with teenagers' anxiety or depression levels. As a result, family harmony and the environment will impact individual stress levels in Indonesia.

Torres-Soto et al. (2022) found that a good atmosphere improves physical and psychological health in Mexico. This survey investigation included 290 Mexican participants. A healthy family environment impacts well-being and sustainable behaviors, such as self-care. As a result, a more pleasant home environment leads to higher levels of positive well-being and sustainable habits among Mexicans.

Liu et al. (2023) investigated the link between family environment, life satisfaction, depression, and anxiety in China. This study used a survey method and included 121 respondents from China. The results show that anxiety was significantly associated with family members always giving each other the greatest help and support, family members always openly expressing their feelings for each other; depression was significantly associated with family members always giving each other the greatest help and support, members often quarrel at home, there is a kind of harmony and consist. Therefore, family environment conditions are strongly linked to the development of anxiety and depression.

Kaem et al. (2024) discovered that the home environment contributes to psychological disorders among Indian college students. This study used a survey method with 100 college students. The findings revealed a link between a happy home

environment and lower levels of stress, anxiety, and depression. As a result, college students reported moderately favorable family settings, and their mental health was determined to be normal and free of intrusion.

Kapoor and Sethi (2024) investigated the effect of the home environment on self-esteem and resilience among college day scholars and hostellers in India. This survey included 120 college-day scholars and hostellers aged 18 to 25. The study found a significant positive link between self-esteem and resilience among day scholars and hostellers in the home context. As a result, among college day students and hostellers in India, those with a more favorable familial environment have better self-esteem and resilience.

Although most existing studies examined a significant relationship and impact of family environment and mental health, there are some discrepancies between the studies mentioned above. Windarwati et al. (2020) investigated if the family environment only influences stress levels and has one link with depression and anxiety. In contrast, Liu et al. (2023) investigated whether the family environment influences depression and anxiety. Furthermore, there is a lack of existing studies conducted in other nations, including Indonesia, India, Mexico, and China. As a result, this study aims to look into how the family environment affects mental health in Sarawak, Malaysia.

2.4 The relationship of Social Support on Mental Health

Many studies have highlighted that social support is crucial for sustaining and developing mental health. It can help people deal with stress, minimize the chance of negative psychological repercussions, and enhance their mental health results (Li et al.,

2023; American Psychological Association, 2024; World Health Organization, 2024). Therefore, here are some existing studies to help us better understand the relationship between social support and mental health.

According to a study by Bjørlykhaug et al. (2022), social support is one of the elements influencing a person's mental health. Using a scoping examination, 29 papers were chosen from five pertinent databases for this investigation. The results showed that social support is essential for maintaining good mental health, preventing mental health issues, and facilitating recovery from mental health issues in the context of both moderate and severe mental health issues. The relationship between mental health and social support is also multifaceted.

The study by Zhang and Dong (2023) also looked into how social support programs affected the mental health of senior citizens in China. The results of the 228 older people surveyed show significant differences in the psychological resilience scores of those with different health issues. Subjective well-being and social support also have a strong positive relationship. Accordingly, the more social assistance older people in China received, the better their subjective well-being was.

Acoba (2024) looked into whether social support, positive affect, anxiety, and depression in the Philippines are mediated by perceived stress. This is a cross-sectional survey of 426 Filipino people conducted during the peak of the COVID-19 pandemic. The correlation analysis reveals a significant relationship between family support, other support, and stress. Additionally, family support, friend support, and other support have a significant relationship with positive affect, family support, friend support, and other support, and family support. As a result, the more family, friends, and other support, the

higher the pleasant effect; the less support, the higher the tension, anxiety, and sadness.

High social support considerably reduced the risk of suicide, depression, anxiety, and psychological distress in the United Kingdom (UK), as stated by Vicary et al. (2024). The secondary data approach was used in this study, and from the beginning to March 2024, electronic databases and grey literature databases were thoroughly explored. Social support significantly reduces the risk of suicide, depression, anxiety, and psychological distress, according to 10 studies with 3669 participants. Thus, social support greatly influences mental health; the more social support there is, the fewer mental health issues.

Upasen et al. (2024) examine the impact of social support and resilience on the mental health of older individuals in Thailand. In a cross-sectional study, 964 senior citizens participated. The findings showed that the model of social support and resilience had directly statistically significant influences on mental health and that social support had statistically significant indirect effects on mental health. According to the study, social support significantly influences resilience and mental health.

Based on the above, most studies investigated the impact of social support on an individual's mental health. However, the majority of the studies were conducted in overseas countries, which are China (Zhang & Dong, 2023), Thailand (Upasen et al., 2024), the UK (Vicary et al., 2024), and the Philippines (Acoba, 2024). Additionally, Bjørlykhaug et al. (2022) study is a scoping review research. Therefore, this study aims to explore the impact of social support on mental health in Sarawak, Malaysia.

2.5 Social Support Moderating the Relationship of Family Environment and Mental Health

Social support helps the family environment to enhance mental health by reducing stress, increasing self-esteem, and averting feelings of loneliness and hopelessness (Reid, 2024). It allows individuals to deal with typical emotional and behavioral problems during adolescence, supports good family relationships, supports parents in their responsibilities, and fosters strong family ties and good parenting (Reid, 2024). Below is some research on family environment, social support, and mental health that can be reviewed in this study.

Admadeli and Embu-Worho (2020) assert that social and familial environments significantly influence mental health. This study's methodology is a thorough literature review from the Science Direct and Google Scholar databases. The results of the 23 chosen papers demonstrate that family environment is frequently seen as a forming component of family resilience, and the majority of studies concentrate on the health issues of family members. To build family resilience, the social environment and the family must also provide support, such as encouragement and attention. Although family environmental elements are important, the social environment must also assist the development of family resilience.

The relationships between home environment resources and mental health issues in Brazilian children were investigated by Dilleggi et al. (2022). 33 individuals who were accountable for or cared for children aged six to twelve took part in this survey study. The findings indicated a substantial correlation between mental health issues and family outings, scheduled and regular activities, and recreational activities at home. Furthermore,

school monitoring and support have an additional effect on mental health issues. Therefore, it can be understood that there is a significant impact of family environment and social support on mental health.

Based on Ramesh and Ling's (2022) research, there is a significant impact on family functioning, social support, and depressive symptoms in Malaysia. Using the survey method, this research involved 214 emerging adults aged 18 to 25. The research findings demonstrated that there is a significant correlation between family conditions, roles, social support, and depressive symptoms. Furthermore, the regression analysis showed that social support and family conditions roles have a significant impact on depression symptoms. Thus, while a higher level of social support may reduce depressed symptoms, a higher level of family conditions will exacerbate them.

According to Kunney et al. (2023), social and familial support is crucial for people with serious mental illness. Research employing the literature review technique shows that emotional characteristics of the family environment of the person with SMI, such as whether family members are too involved, critical, or supportive, can either raise or decrease the likelihood of psychiatric recurrence. Alongside this work, there is research showing that family-based psychosocial therapies can help people with serious mental illness achieve better results by improving family functioning through psychoeducation and skill development.

According to An et al. (2024), social well-being mediates the relationship between family and mental health, and family significantly influences an individual's mental health. 894 undergraduate and graduate students from various Chinese universities participated in this study, which used the survey approach. The regression

analysis results showed that the connection between psychological well-being and perceived family support is significantly mediated by social well-being. As a result, social support plays a crucial moderating role in the relationship between mental health and home environment among Chinese undergraduate and graduate students.

Few studies empirically assess whether social support moderates the association between family environment and mental health, except for the An et al. (2024) study. Most of them are literature review-type studies (Admadeli & Embu-Worho, 2020; Kunney et al., 2023), or they investigate whether family environment and social support affect mental health (Dilleggi et al., 2022; Ramesh & Ling, 2022). So, this research is very important to positively determine if social support mediates the relationship between family environment and mental health, which can positively assess whether social support is a good intervention strategy to help Malaysian mental health problems.

2.6 Study of Mental Health among College and University Students in Malaysia

Since mental health affects our thoughts, feelings, and behaviors, it is essential for total well-being, it supports us in managing stress, preserving our physical well-being, fostering positive relationships, giving back to the community, working efficiently, and reaching our greatest potential (World Health Organization, 2022). Disorders, psychosocial difficulties, and other mental states can all be considered negative mental health issues (World Health Organization, 2022; Mahindru et al., 2023). Some of the previous research provided to look into the mental health of Malaysian college and university students is reviewed here.

The incidence of mental health issues among Malaysian university students in

2023 was investigated by Arifin et al. (2023). 810 university students participated in this study, which used a quantitative survey. The findings showed that 68.9% of respondents reported moderate to high psychological discomfort, 72.7% experienced anxiety, and 60.6% had depression. In contrast, 42.8% of respondents had moderate to high behavioral or emotional control loss levels. As a result, Malaysian university students in 2023 are experiencing significant levels of stress, anxiety, and depression.

During the COVID-19 pandemic, university students in Selangor, Malaysia, experience high levels of stress, anxiety, and depression (Wong et al., 2023). 388 people participated in an online cross-sectional study from May 7 to July 23, 2021. The findings indicated that among college students, the prevalence of moderate to severe stress, anxiety, and depression is 44.6%, 66.2%, and 53.9%, respectively. Additionally, students who exercised at least three times a week were less likely to experience stress, anxiety, or depression during the pandemic; students pursuing master's degrees were less stressed; and students who were less satisfied with their educational experience were more likely to experience stress.

Using a quantitative survey approach, Maung et al. (2023) discovered that a considerable number of mental health issues were identified among Malaysian university students during the COVID-19 pandemic between January and May 2020. The findings showed that among students, the prevalence of stress, anxiety, and depression was 33.5%, 42.2%, and 34.8%, respectively. Students' mental disorders were found to be lower in years two and four; anxiety and depression were found to be significantly impacted by factors like living area, residence, academic year, and parental income; and stress among students was found to be significantly influenced by age group, academic year, and

parental income.

According to Azlan et al. (2024), anxiety is the most prevalent mental health disorder (MHD) among Malaysian adolescents, followed by depression and stress, and there is a high degree of poor mental health among college and university students in Malaysia. Approximately 45.6% (n=534) of the participants in the quantitative survey study reported having depression symptoms, 60.5% (n=709) reported having anxiety symptoms, and 40% (n=468) reported having stress symptoms. Mental health problems are highly predicted by sex and negative childhood experiences; public institutions are less likely to experience depression; smokers and vapers are more likely to experience anxiety; social science students are more likely to experience anxiety; and those involved in organized religion are less likely to experience anxiety.

The mental health of Malaysian university students during the COVID-19 pandemic, which lasted from January to May 2021, is also examined by Hassan et al. (2022). 355 Malaysian university students participated in this quantitative survey study. The findings showed that the majority of respondents experienced occasional depression as a result of negative emotions (44.2%) and an inability to become enthusiastic (44.5%), anxiety as a result of being on the verge of panic (33.8%) and experiencing dry mouth (31.5%), and stress as a result of becoming agitated (40.3%) and finding it difficult to relax (40.8%). Thus, during the COVID-19 pandemic, this study examined the high rate of mental health issues among Malaysian university students.

Through the above existing studies, it can be observed that majority of the college and university students face high levels of depression, anxiety, and stress from 2020 to 2023. However, most of the study (Hassan et al., 2022; Maung et al., 2023; Wong et al.,

2023) is examined to explore the college and university students' mental health levels during the Covid-19 pandemics. The COVID-19 pandemic has ceased due to the passage of time, thus to have a more accurate and current understanding of university students' mental health, it is important to ascertain their mental health status currently after the COVID-19 pandemic. Therefore, this study aims to investigate the level of mental health among college and university students in Sarawak, Malaysia.

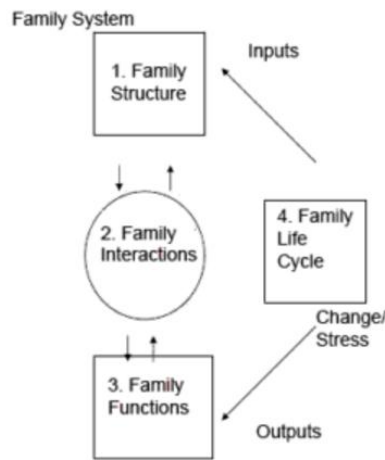
2.7 Theoretical Framework

This study employed the Family System Theory to investigate the impact of the family environment on mental health and the role of social support in mediating the relationship (Bowen, 1975), the Social Support Theory (Cullen & Drennon-Gala, 1994) and the Cognitive Behavioral Therapy (Miller, 2024).

To comprehend human behavior, family systems theory (FST) investigates the interactions between family members and their surroundings developed by Bowen (1975). Anxiety, bidirectionality, equilibrium, communication, and the transactional effect are important ideas. The idea focuses on how one family member's wants and talents affect the rest of the family and how a change in one family member affects the system as a whole (Bowen, 1975). Below is the Family System Theory framework:

Figure 2.1

The Family System Theory Framework (Bowen, 1975)



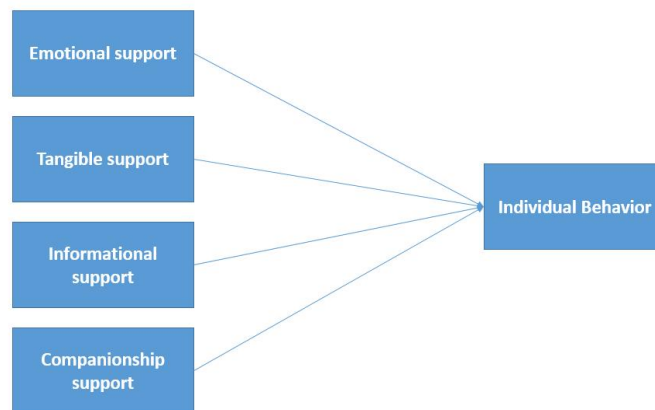
According to family systems theory, people are complex entities that function as part of a system (Bowen, 1975; Johnson & Ray, 2016). It claims that a family's structure and organization greatly impact how its members behave and that it is impossible to fully comprehend how a family functions by comprehending every component (Johnson & Ray, 2016). Family members' behavior is also influenced by transactional patterns within the family system. Therefore, it also highlights that family interactions, roles, and relationships affect an individual's mental health. Researchers can investigate in depth how intricate relationships and arrangements within the family setting influence people's mental health and offer a scientific foundation for family intervention by utilizing family system theory.

This study also employed the social support theory that Cullen and Drennon-Gala (1994) developed. According to the social support theory, which was developed due to the work of Cullen and Drennon-Gala (1994), social support can lower crime and delinquency. According to this hypothesis, cultures and supporting connections can lower

crime rates on both an individual and a societal level (Cullen & Drennon-Gala, 1994). Social control and rehabilitation also depend on social support. The below figure illustrates the Social Support Theory framework:

Figure 2.2

Social Support Theory Framework (Cullen & Drennon-Gala, 1994)

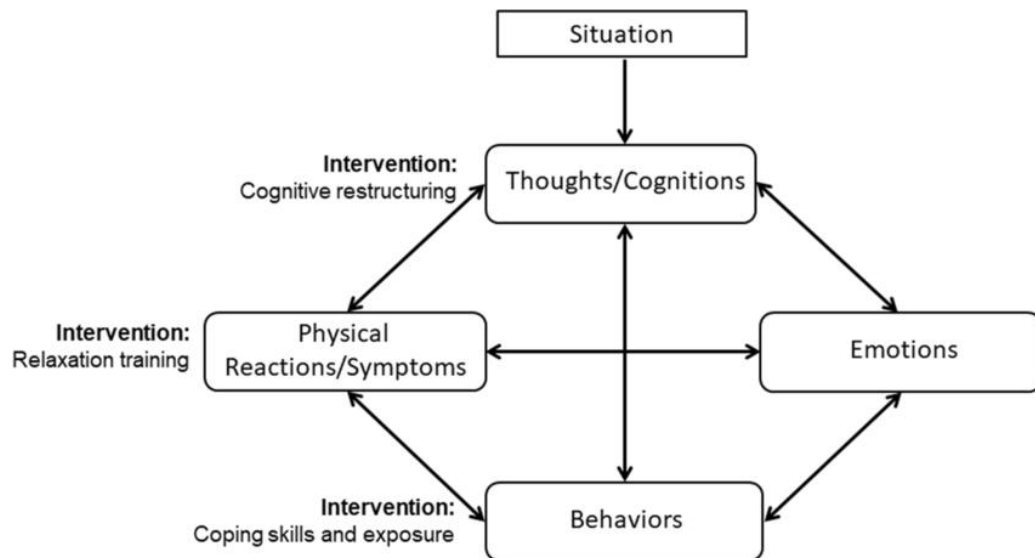


According to the social support theory, relationships, and social connections are crucial for a person's well-being, particularly in trying or stressful situations (Reid, 2022). It covers instrumental, emotional, information, and companionship support. Based to Blackburn (2023), while informational assistance offers direction and knowledge, emotional support offers consolation, understanding, and encouragement. Instrumental help offers material aid or resources; By offering social support, people may manage difficult circumstances, become more resilient, and enhance their general well-being, which will ultimately improve their coping skills and general health outcomes; and through hobbies, support groups, or social encounters, companionship support is a type of social connection that helps people feel connected and communicate with one another. Therefore, this study is suitable to employ this theory to understand does social support mediating the relationship between family environment and mental health.

This study also employed the Cognitive Behavioral Theory that Dr. Aaron T. Beck developed in the 1960s (Miller, 2024). Cognitive behavior therapy (CBT) focuses on the interplay between thoughts, emotions, and behaviors. CBT believes that negative thought patterns can lead to mental health imbalances or emotional distress (Nakao et al., 2021). CBT is designed to help people learn how to identify and change disruptive or disturbing thought patterns that negatively impact their behavior and mood (Cherry, 2024). The appearance of such negative thoughts can lead to emotional difficulties, depression, and anxiety (Cherry, 2024). CBT identifies and replaces these negative thoughts with more objective and realistic ones. The below figure illustrates the five areas model, a core model of cognitive behavioral therapy:

Figure 2.3

Cognitive Behavioral Therapy by Dr. Aaron Beck in 1960s (Miller, 2024)

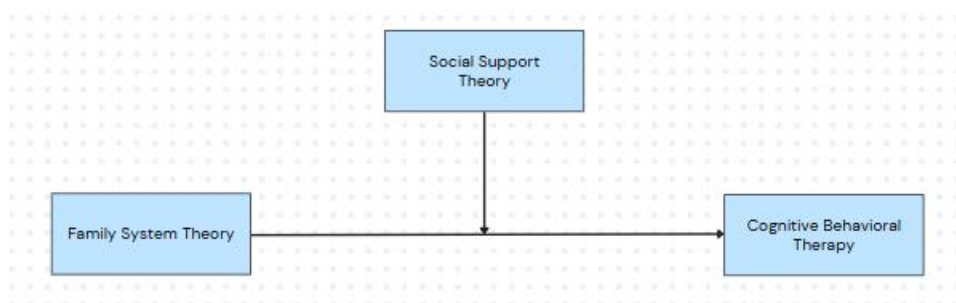


According to Cognitive Behavioral Theory framework, the situation affects an individual's mental health through four interrelated factors: cognitive, emotional, behavioral, and physical symptoms (Palsson & Ballou, 2020). A situation, such as an

important exam, can trigger a person's cognitive, emotional, behavioral, and physical responses. On the cognitive side, being overly demanding of grades or not being confident in one's abilities can lead to having many negative thoughts, becoming distrustful of oneself, and having depressed or anxious moods. Emotions and cognitions affect behavior, for example, giving up due to excessive anxiety or staying up late and over-studying. Negative perceptions, emotions, and behaviors lead to physical symptoms such as shaking, nervousness, sweating, and increased heart rate. These areas interact with each other and form a cycle. Finally, can recognize the effects of negative thinking based on this framework and implement measures such as goal setting, practicing new skills, problem-solving skills, self-monitoring, role-playing, and relaxation strategies to help improve the mental health issues.

In exploring the relationship between family environment, social support, and mental health of counseling students, this study uses family systems theory, social support theory, and cognitive behavioral therapy (CBT) to construct a robust theoretical framework. These theories help us understand how the interplay between family dynamics, support systems, and cognitive-behavioral processes affects mental health. The framework is illustrated in the figure below.

Figure 2.4



According to family systems theory, people are not isolated but rather belong to a

wider family unit. Behaviors and emotions can change based on the interactions with other family members. This theory explains how family dynamics, such as emotional support and conflict, affect people's self-perception and mental health. Children raised in loving circumstances are more likely to develop positive beliefs, which can reduce the risk of mental illness. In contrast, a dysfunctional home environment may restrict personal growth.

Social support theories include emotional, tangible, informational, and companionship support. Social support theory emphasizes that these supports are essential for a person's well-being. Either type of support can help us cushion negative thoughts about bad experiences. It improves our ability to cope and be stronger and more resilient when faced with difficulties. College students' participation in social activities can enhance their sense of belonging and improve their mental health. This theory moderates between family system theory and cognitive behavioral therapy, highlighting the importance of family and peer support in influencing mental health.

Cognitive Behavioural Therapy (CBT) investigates the relationship between thoughts, feelings, and behavior. It emphasizes the significance of recognizing and addressing negative thought patterns frequently shaped by personal experiences, family dynamics, and social interactions. By addressing these negative cognitive distortions, people can build healthier coping methods that contribute to overall mental health improvement.

Figure 2.4 illustrates the integrated framework of these three theories. The model demonstrates the interaction between family systems, social support, and cognitive-behavioral processes, allowing researchers to fully understand the impact of family systems and social support on mental health. Family systems theory provides the basis for

understanding the effects of family relationships, social support theory emphasizes the role of supportiveness, and CBT connects these concepts by providing practical interventions to address maladaptive thinking and behavioral patterns, all of which are interrelated.

2.8 Summary

Chapter 2 makes it easier for researchers to examine past studies and gain a deeper understanding of the chosen topic. Information from past studies can provide guidance and new knowledge for the researcher. The methodology will continue in Chapter 3 to examine the impact of the family environment on mental health with a moderating of social support.

CHAPTER 3

RESEARCH METHODOLOGY

3.0 Introduction

In line with this, the current chapter highlights the research methodology employed in this study. It shows how the study was carried out, collected data, techniques used, and analyzed data. Some subtopics include design, population and sample, sample size and sampling technique, steps in data collection, data analysis, and the conclusion. This methodology is essential in this study as the methods used in the study differ in their reliability, which depends on the methodological approach used.

3.1 Research Design

This Study will be based on quantitative study whereby researcher aim to investigate the moderating role of social support in the relationship between family environment and mental health among counseling students in Malaysian universities. Quantitative research collects and analyzes numerical data to discover patterns, connections, and insights. It enables researchers to draw objective conclusions about a wider population, such as understanding user behavior, preferences, and market trends (Larson, 2024).

Out of many quantitative research method, a survey was used in this study to investigate the mediating role of social support in the relationship between family environment and mental health among counseling students in Malaysian universities.

The survey is an essential tool in quantitative research, revealing meaningful patterns and relationships through the collection of numerical data (Gurbuz, 2017). Survey data collection is collecting data or responses from a targeted group of individuals, often

through structured questionnaires or surveys (Kanika, 2024). Questionnaires provide a structured and objective way to learn more about a population and are an effective way to study behaviors, preferences, and trends. In this study, the questionnaire method ensured rigor in data collection and analysis, helping to achieve the research objectives and produce reliable findings (Gurbuz, 2017).

3.2 Population and sample

A non-random sample of 43 counseling students was selected to achieve the objective of this research from total 271 counseling students. The target population is counseling undergraduate students from Unimas. Both males and females are involved. The participants were university students aged 18 and above.

The participants in this study were selected using a purposive sampling procedure. Purposive sampling, or judgmental or selective sampling, is a non-probability method where researchers specifically select participants with relevant knowledge or expertise for the study (Hassan, 2024). This study's target population is only undergraduate counseling students, not randomly selected from various courses. Master, PhD students are also not included

3.3 Instruments

In this study, a questionnaire was created using Google Forms and assigned to counseling students in each school. This approach allows us to distribute information and data to students from different regions quickly and obtain helpful information and data. The questionnaire was divided into four parts. Part A is related to

demographic information and asks questions about variables such as gender, age, ethnicity, education status, etc.

Part B: Family environment Measurement

The family environment was measured using items adapted from the Family Communication Patterns (FCP) instrument by Ritchie and Fitzpatrick (1990) and the Family Environment Scale (FES) by Moos and Moos (1976). These instruments assess various aspects of family dynamics, including parent-child communication, family cohesion, parental control and obedience, autonomy and assertiveness, and levels of conflict and criticism. To enhance clarity and construct alignment, the items were grouped into smaller thematic sections. Several items were revised or added to better reflect the cultural and contextual relevance of the study population. A family material support dimension was also included to capture how financial and practical family support may influence mental health. Questionnaire of the family environment included 20 items rated on a 6-point Likert scale, where participants indicated their level of agreement. This scale was chosen to ensure consistency across all questionnaire sections and to make it easier for participants to respond. Example items include: “My parents inspire me to share my feelings with them” and “There is more emphasis on obeying rules in our family.”

The researcher referred to the Family Communication Patterns and the Family Environment Scale, and subsequently modified and developed a self-constructed scale to better align with the study's objectives and target population.

Table 3.3.1*Reliability statistics of family communication pattern scale (Gupta, 2019)*

Sr. No.	Construct	Cronbach's Alpha	Number of items
1	Conversational Orientation	.921	17
2	Conformity Orientation	.711	6
3	Family Communication Patterns Scale	.869	23

The Family Communication Pattern Scale (Gupta, 2019) demonstrates good reliability, with Cronbach's Alpha coefficients reported in the current study as 0.921 for Conversational Orientation, 0.711 for Conformity Orientation, and 0.869 for the overall Family Communication Pattern Scale

Table 3.3.2*Reliability statistics of family environment scale*

Subscales	Bahasa Malaysia version of FES		FES in English language (Moos et al)	
	Cronbach's alpha	Corrected Average item-subscale correlation	Cronbach's alpha	Corrected Average Item-subscale

				corroration
Cohesion	0.70	0.39	0.78	0.44
Expressiveness	0.22	0.08	0.69	0.34
Conflict	0.63	0.31	0.75	0.43
Independence	0.10	0.03	0.61	0.27
Achievement orientation	0.24	0.10	0.64	0.32
Intellectual-cultural	0.51	0.23	0.78	0.44
Orientation	0.33	0.13	0.67	0.33
Moral-religion emphasis	0.45	0.20	0.78	0.43
Organization	0.58	0.28	0.76	0.42
Control	0.54	0.25	0.67	0.34

The Family Environment Scale consists of 90 items divided into three dimensions: relationship, personal growth, and system maintenance. It demonstrates good reliability, with Cronbach's Alpha coefficients reported in the current study as 0.78, 0.69, 0.75, 0.61, 0.64, 0.78, 0.67, 0.78, 0.76, and 0.67. Effective in identifying strengths and problem areas within family environments to understand how family dynamics influence individual behavior and well-being.

Part C: Mental Health Measurement

Mental health was measured using the Mental Health Inventory-38 (MHI-38) developed by Veit and Ware (1983). This inventory consists of 38 items designed to

assess a broad spectrum of psychological well-being and psychological distress. It includes key dimensions such as anxiety, depression, loss of emotional or behavioral control, positive affect, and emotional ties (Veit & Ware, 1983).

Participants responded to each item using a 6-point Likert scale, indicating how often they experienced specific emotional or psychological states over the past month. Example items include: “How much of the time have you felt downhearted and blue?” and “How much of the time have you felt calm and peaceful?”

Table 3.3.3

Reliability statistics of Mental Health Inventory

Subscale	No. of Items	Cronbach's Alpha
Anxiety	9	.90
Depression	4	.86
Loss of Behavioral/Emotional Control	9	.83
General Positive Affect	11	.92
Emotional Ties	2	.81
Psychological Distress (total)	24	.94
Psychological Well-Being (total)	14	.92
Overall Mental Health Index (MHI-38)	38	.96

The MHI-38 has demonstrated excellent internal consistency in prior studies, with a Cronbach’s Alpha coefficient of 0.96 reported by Veit and Ware (1983), supporting its reliability as a tool for assessing student mental health. This instrument is appropriate for

initial screening of psychological distress and overall mental well-being.

Part D: Social Support Measurement

Social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988). This instrument consists of 12 core items measuring perceived support from three sources: significant others, family, and friends. For clarity and alignment with constructs, items were organized into three subsections: Significant Other Support, Family Support, and Friend Support.

To enhance contextual relevance for university students, four additional items were developed by the researcher. Two under Family Support and two under Friend Support. All 16 items were rated using a 6-point Likert scale, applied uniformly throughout the questionnaire. Sample items include: “My family shows care and empathy when I feel stressed,” and “My friends check on me when I seem down.”

The MSPSS showed high internal consistency in this study, with a Cronbach’s Alpha coefficient of 0.85.

3.4 Procedures

The primary purpose of this research is to investigate the moderating role of social support in the relationship between family environment and mental health among undergraduate counselling students in UNIMAS. This study aims to explore how different aspects of the family environment, including communication patterns, the levels of conflict and criticism, and material support, influence students’ mental well-being. It will also examine how perceived social support from family, friends, and significant others may moderate this relationship. By doing so, the research seeks to determine

whether social support can buffer the negative effects of an unfavorable family environment on mental health.

This study utilizes three well-established instruments along with researcher-adapted items to collect data. Family environment was measured using items adapted from the Family Communication Patterns by Ritchie and Fitzpatrick (1990) and the Family Environment Scale (FES) by Moos and Moos (1976). Items were organized into thematic sub-sections including communication, cohesion, obedience, autonomy, and material support. Apart from that, mental health was measured using the Mental Health Inventory-38 (MHI-38) developed by Veit and Ware (1983), which assesses a wide range of psychological distress and well-being indicators. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al. (1988), including additional researcher-developed items to enhance contextual relevance.

To maintain consistency and facilitate ease of response, all instruments employed a 6-point Likert scale, ranging from 1 (Strongly Disagree) to 6 (Strongly Agree). Participants in this study are undergraduate counselling students from UNIMAS. The researcher used purposive sampling to select 43 participants from a total of 271 students, ensuring that all respondents are enrolled in the counselling program. Participation in the study is voluntary, anonymous, and participants may withdraw at any point without penalty.

The questionnaire is administered electronically via Google Forms for efficient distribution and data collection. The survey link will be shared through official university email and WhatsApp groups. A clear informed consent statement will be provided at the beginning of the questionnaire, stating the purpose of the study, data confidentiality, and

voluntary participation.

Participants will be given two weeks to complete the survey. Response rates will be monitored in real time, and follow-up reminders will be sent periodically. Any technical issues encountered by participants can be reported directly to the researcher for timely resolution.

Upon completion of data collection, the responses will be analyzed using SmartPLS software. Descriptive statistics will summarize demographic characteristics and general trends. Correlation analysis will be conducted to examine the relationships between family environment, social support, and mental health. Regression and moderation analyses will be employed to determine the predictive power of family environment and the moderating effect of social support on mental health outcomes.

These analyses aim to provide a comprehensive understanding of how the family environment and perceived social support interact to influence the mental health of undergraduate counselling students at UNIMAS.

3.5 Pilot Study

The pilot test was conducted to evaluate the feasibility, reliability, and validity of the questionnaire designed for the research titled "The Relationship of Family Environment on Mental Health with a Moderating Effect of Social Support among Undergraduate Counseling Students in Unimas." The aim was to identify potential issues in the survey design and ensure that the questions align with the study objectives.

The objectives of the pilot test were to assess the clarity and comprehensibility of the questions. Additionally, the pilot test was conducted to identify potential technical issues

in the data collection process. After receiving responses from participants, the researcher evaluated the reliability of the survey instrument. Feedback from respondents was also collected through WhatsApp to improve the questionnaire.

The researcher created the questionnaire using Google Forms and shared the link with students from Universiti Malaysia Sarawak (UNIMAS) via platforms such as Instagram, WhatsApp, and Facebook. To encourage participation, reminders were sent alongside the link. The pilot test involved a sample size of 40 students from various faculties at UNIMAS. A simple random sampling method was used to select participants.

After collecting the responses, the researcher analyzed the data using SmartPLS software. The data collected was of high quality, as all participants answered the questions thoroughly and correctly.

This section presents the result of the pilot test, including data quality, reliability analysis using Cronbach's Alpha, and feedback from respondents. The analysis aimed to evaluate the questionnaire and identify areas for improvement.

A total of 40 responses were collected, all of which were complete with no missing values. The responses were consistent, and no outliers or anomalies were observed. This indicates that the questionnaire was well-understood by respondents.

The reliability of the questionnaire was evaluated using Cronbach's Alpha. The overall Cronbach's Alpha value for the Family Environment Scale was found to be 0.816, indicating good reliability. The Social Support Scale showed excellent reliability with an overall Cronbach's Alpha value of 0.944. Similarly, the Mental Health Scale demonstrated acceptable reliability with an overall Cronbach's Alpha value of 0.776.

The analysis revealed that removing certain items would not significantly improve

the reliability, suggesting that all items contribute to the overall consistency of the scale. Then, the researcher also collected professor' feedback to gain insight into the survey. The validation form was conducted to ensure that the items in the questionnaire remain relevant, clear, and applicable to the current social and cultural context. Given that some of the scales used in the study were developed years ago, it is essential to reassess their validity to ensure they align with the research objectives and are comprehensible to the target population.

The pilot test and validation process confirmed that the questionnaire used in this study was feasible, reliable, and valid. The validation form provided valuable feedback regarding the clarity and relevance of each item, addressing potential issues such as outdated or ambiguous questions. Additionally, the pilot test demonstrated that the questionnaire is an effective tool for gathering information about the relationship between family environment, mental health, and the moderating effect of social support among counseling students. Minor adjustments, including rephrasing specific topics for improved clarity, will be made to enhance the overall quality of the survey. These steps ensure that the questionnaire is well-prepared for use in the main study, leading to the collection of accurate and meaningful data.

Table 3.5.1

Reliability statistics of family environment

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized items	N of items

.806	.816	20
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Table 3.5.2

Reliability statistics of social support

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized items	N of items
.942	.944	16

Table 3.5.3

Reliability statistics of mental health

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized items	N of items
.791	.776	38

Table 3.5.4

Reliability of internal consistency

Conbach Alpha (α)	Reliability level
$\alpha \geq 0.9$	Excellent
$0.9 > \alpha \geq 0.8$	Good
$0.8 > \alpha \geq 0.7$	Acceptable

$0.7 > \alpha \geq 0.6$	Questioned
$0.6 > \alpha \geq 0.5$	Bad
$0.5 > \alpha$	Unacceptable

The table above presents the reliability levels of each Cronbach's Alpha value to assess the internal consistency of the research instrument. The Cronbach's Alpha method was utilized to evaluate the reliability of the instrument. It is essential for research instruments to undergo both validity and reliability testing to ensure that the data collected is accurate and dependable. These validity and reliability assessments are conducted to ensure that the study produces precise and high-quality results.

Table 3.5.5

Reliability questionnaires

Subscale	Number of Items	Cronbach's Alpha Value	Reliability Level
Family Environment Scale	20	0.816	Good
Social Support Scale (MSPSS)	16	0.944	Excellent

Subscale	Number of Items	Cronbach's Alpha Value	Reliability Level
Mental Health Inventory- 38	38	0.776	Acceptable

Table 3.5.5 presents the reliability values for each subscale to be studied. The Cronbach's alpha value for the Family Environment subscale is 0.816, indicating good reliability. The Social Support subscale has a Cronbach's alpha of 0.944, demonstrating excellent reliability. The Mental Health Inventory-38 subscale has a Cronbach's alpha of 0.776, which is considered an acceptable level of reliability.

3.6 Data Analysis Procedures

After data collection, the data were analyzed using SmartPLS software. A significance level of 0.05 was adopted for all statistical tests.

3.7 Descriptive Statistics

Descriptive statistics describe and summarize the characteristics of the population under study. Data typically refers to information collected from surveys, experiments, or records to explain the context of the study. Descriptive analysis organizes, presents, and analyzes data effectively through tables, graphs, and charts (Jansen, 2024).

Demographic data will be analyzed to summarise participants' characteristics, such as age, gender, and other relevant variables. Measures such as the mean, median, and mode will be employed to describe the central tendency of the data. For example,

participants' ages (18 years and above) will be summarized using the mean to calculate the average age, the median to identify the midpoint of the age distribution, and the mode to determine the most frequently occurring age. These descriptive statistics will provide a comprehensive overview of the demographic profile of the sample.

Table 3.7.1

Mean, Median, and Mode of the Gender variable

Statistic	Value
Mean	1.48
Median	1.00
Mode	1

Table 3.7.2

Gender Distribution

Gender	Frequency	Percent(%)	Valid (%)	Percent	Cumulative Percent (%)
Female	21	52.5	52.5		52.5
Male	19	47.5	47.5		100.0
Total	40	100.0	100.0		

This statistical analysis examines the distribution of the gender variable among the 40 participants. There was no missing data, and the sample comprised 52.5% (21 participants) females and 47.5% (19 participants) males. The descriptive statistics revealed that females were the most frequent group in the data, with a mode of 1

representing females and a median of 1, indicating that more than half of the participants were female. Additionally, the mean value for gender was 1.48, which further reflects that the proportion of females slightly exceeds that of males. Overall, while the gender distribution of the sample was relatively balanced, females were somewhat in the majority.

Table 3.7.3

Mean, Median, and Mode of the Age variable

Statistic	Value
Mean	1.90
Median	2.00
Mode	2

Table 3.7.4

Age Distribution

Age Group (Years)	Frequency (N)	Percent (%)
18-21	5	12.5
22-25	34	85.0
>25	1	2.5
Total	40	100.0

This statistical analysis examines the distribution of the age variable among the 40 participants. There was no missing data, and the sample comprised 12.5% (5 participants) aged 18-21, 85% (34 participants) aged 22-25, and 2.5% (1 participant) aged 25 and

above. The descriptive statistics revealed that 22-25 were the most frequent group in the data, with a mode of 2 representing 22-25 and a median of 2, indicating that more than half of the participants were participants aged 22 to 25. Additionally, the mean value for age was 1.90, which reflects that the proportion of 22-25 exceeds that of 18-21 and 25>.

Table 3.7.5

Mean, Median, and Mode of the Race variable

Statistic	Value
Mean	1.93
Median	2.00
Mode	2

Table 3.7.6

Race Distribution

Race Group	Frequency (N)	Percent (%)
Malay	3	7.5
Chinese	37	92.5
Total	40	100

This statistical analysis examines the distribution of the race variable among the 40 participants. There was no missing data; the sample comprised 7.5% (3 participants) Malay and 92.5% (37 participants) Chinese. The descriptive statistics revealed that Chinese were the most frequent group in the data, with a mode of 2 representing Chinese and a median of 2, indicating that more than half of the participants were participants

Chinese. Additionally, the mean value for age was 1.93, which reflects that the proportion of 22-25 exceeds that of 18-21 and 25>.

Table 3.7.7

Mean, Median, and Mode of the Parental marital status variable

Statistic	Value
Mean	1.30
Median	1.00
Mode	1

Table 3.7.8

Parent Marital Status Distribution

Parental Marital status	Frequency (N)	Percent (%)
Single	30	75.0%
Married	8	20.0%
Separated	2	5.0%
Total	40	100

This statistical analysis examines the distribution of the parent marital status variable among the 40 participants. There was no missing data; the sample comprised 75.0% (30 participants) single, 20% (8 participants) married, and 5% (2 participants) separated. The descriptive statistics revealed that single was the most frequent group in the data, with a mode of 1 representing single and a median of 1, indicating that more than half of the

participants had parental married status single. Additionally, the mean value for age was 1.30, which reflects that the proportion of singles exceeds that of married and separated.

Table 3.7.9

Mean, Median, and Mode of Birth order variable

Statistic	Value
Mean	1.98
Median	2.00
Mode	1

Table 3.7.10

Birth Order Distribution

Birth Order	Frequency (N)	Percent (%)
First child	15	37.5%
Second child	11	27.5%
Third and later child	14	35.0%
Total	40	100

This statistical analysis examines the distribution of the birth order variable among the 40 participants. There was no missing data; the sample comprised 37.5% (15 participants) first child, 27.5% (11 participants) second child, and 35% (14 participants) third and later child. The descriptive statistics revealed that the first child was the most frequent birth order category, as indicated by the mode of 1, representing this group. The

median value of 2 indicates that at least half of the participants were either second-born or later. Additionally, the mean value for birth order was 1.98, reflecting a slightly higher proportion of participants belonging to the first and third-and-later child categories compared to the second child category.

Figure 3.7.11

Mean, Median, and Mode of parent employed status variable

Statistic	Value
Mean	1.35
Median	1.00
Mode	1

Table 3.7.12

Parent employed status Distribution

Parent employed status	Frequency (N)	Percent (%)
Presently employed	26	65.0%
Not presently employed	14	35.0%
Total	40	100

This statistical analysis examines the distribution of the parent employment status variable among the 40 participants. There was no missing data; the sample comprised 65% (26 participants) presently employed and 35% (14 participants) not presently

employed. The descriptive statistics revealed that "presently employed" was the most frequent parent employment status category, as indicated by the mode of 1, representing this group. The median value of 1 indicates that more than half of the participants had parents who were presently employed. Additionally, the mean value for parent employment status was 1.35, reflecting a slightly higher proportion of participants with presently employed parents compared to those whose parents were not presently employed.

Figure 3.7.13

Mean, Median, and Mode of parent income variable

Statistic	Value
Mean	1.35
Median	1.00
Mode	1

Table 3.7.14

Parent Income Distribution

Parent Income	Frequency (N)	Percent (%)
<RM 1000	10	25.0%
RM1001-5000	23	57.5%
RM 5000>	7	17.5%
Total	40	100

This statistical analysis examines the variable distribution of parent income among the 40 participants. There was no missing data; the sample comprised 25% (10 participants) with an income less than RM 1000, 57.5% (23 participants) with an income between RM 1001 and RM 5000, and 17.5% (7 participants) with an income greater than RM 5000. The descriptive statistics revealed that the income range of RM 1001 to RM 5000 was the most frequent, with a mode of 2 representing this income group. The median value of 2 suggests that more than half of the participants had parents whose income fell within this range. Additionally, the mean value for the income category was 1.93, which reflects a higher proportion of participants with parents earning between RM 1001 and RM 5000 compared to the other two income groups.

3.8 Inferential Statistics

Inferential statistics will be employed to draw conclusions about the relationships and potential effects observed in the sample and generalize these findings to the broader population. Techniques such as correlation and regression analysis will assess the strength and direction of relationships between variables, such as family environment, social support, and mental health. These methods will test hypotheses and evaluate the statistical significance of the observed patterns in the data. By applying inferential statistics, the study seeks to determine the predictive power of the family environment on mental health and assess the moderating role of social support in these relationships.

For instance, the research aims to investigate the impact of the family environment and social support on the mental health of counselling students and the specific influence of social support on their mental health. Correlation analysis will measure the strength

and direction of the relationships between family environment, social support, and mental health. This enables the researcher to identify whether these variables are significantly related and the nature of these positive or negative relationships.

Additionally, regression analysis, specifically path analysis, will examine how social support moderates the relationship between the family environment and mental health among counselling students. This approach will allow the researcher to assess the direct and indirect effects of the family environment on mental health and evaluate the moderating role of social support in shaping these effects.

3.9 Conclusion

Overall, this study can contribute to a better understanding of how the family environment affects the mental health of university students in Sarawak. This research is also important for raising awareness of the function of social support in mental health, particularly in the context of interactions with family members. This study found that a lack of social support can raise the likelihood of mental health disorders like stress and depression. Finally, this study highlights the need of creating a pleasant home environment and providing enough social support in order to promote mental well-being among UNIMAS counselling students.

CHAPTER 4

DATA ANALYSIS

4.0 Introduction

In Chapter 4, the researcher presents the data analysis based on the results of the online survey. The analysis involves correlation analysis, which aims to examine the relationship between family environment and mental health with a moderating of social support among undergraduate counseling students in UNIMAS.

4.1 Sample Profile

In this study, 150 undergraduate counseling students in UNIMAS participated in a demographic background survey. Based on the results, the respondents were primarily female (64%), and the age group was centered in the 22–25 age range (63.3%), which is typical of the major college student groups. Regarding ethnic distribution, the largest percentage of pupils (42.7%) were Malay, followed by Sarawak (31.3%) and Sabah (16%) locals, indicating a mixed background. The characteristics of a student sample dominated by middle-income families were demonstrated by the fact that the majority of respondents, 62.7%, came from families with complete marriages between their parents. Of this, 36.7% were the third or later child born in the family. 78% of the respondents' parents are currently employed. Nearly 60% of the families have monthly income between RM1,001 and RM5,000.

The survey data also showed that the respondents' demographic makeup had significant attributes, almost three-quarters of the respondents were aged 22 and above, and the ratio of female participants was 28 percentage points greater than that of male

participants. Majority of the study respondents belonged to stable families, this is proven by the fact that only 14.7% of respondents had a monthly family income below RM1,000 and 26% had a monthly family income above RM5,000. These demographic traits offer a valuable point of reference for analyzing the findings of later studies.

4.2 Initial Data Analysis

This study involved 150 undergraduate counselling students from UNIMAS. This section overviews the respondents' demographic characteristics, including gender, age, race, parental marital status, birth order, employment status, and income. These variables offer insights into the participants' backgrounds and contribute to a better understanding of the study population.

4.3 Demographic Background Of Respondents

Table 4.1

Demographic Background of Respondents (Gender)

		Frequency	Percentage(%)
Gender	Female	96	64%
	Male	54	36%

Table 4.1 shows the gender of the respondents. A total of 150 students took part in this study. Most of them were female. There were 96 female respondents (64%). The remaining 54 respondents (36%) were male. This shows that more female students participated in the survey.

Table 4.2*Demographic Background of Respondents (Age)*

		Frequency	Percentage (%)
Age	18-21	36	24.00
	22-25	95	63.30
	25>	19	12.70

Table 4.2 shows the age of the respondents. Most of the respondents were 22 to 25 years old, with 95 students (63.3%). Some were 18 to 21 years old, with 36 students (24%). A few were above 25 years old, with 19 students (12.7%). This shows that most of the respondents were in the 22 to 25 age group, which is common among university students.

Table 4.3*Demographic Background of Respondents (Race)*

		Frequency	Percentage(%)
Race	Malay	64	42.70
	Native of Sarawak	47	31.30
	Native of Sabah	24	16
	Chinese	10	6.70
	Indian	5	3.30

Table 4.3 presents the race of the respondents. The largest group was Malay, with 64

students, 42.7% of the total. The second largest group was Native of Sarawak, with 47 students (31.3%). The third group was Native of Sabah, with 24 students (16%). After that, there were 10 Chinese students (6.7%). There were also 5 Indian students (3.3%). This shows that the respondents came from different racial backgrounds.

Table 4.4

Demographic Background of Respondents (Parental marital status)

		Frequency	Percentage(%)
Parent marital status	Married	94	62.70
	Single	43	28.70
	Separated, divorced, or widowed	13	8.70

Table 4.4 shows the parental marital status of the respondents. Most respondents said their parents are married, with 94 students (62.7%). Some said their parents are single, with 43 students (28.7%). Others said their parents are separated, with 13 students (8.7%). This shows that the majority of respondents come from families where the parents are married.

Table 4.5

Demographic Background of Respondents (Birth order)

		Frequency	Percentage(%)
Birth order	First child	51	34.00

	Second child	44	29.30
	Third and later child	55	36.70

Table 4.5 shows the birth order of the respondents. Most of the respondents were third and later child, with 55 students (36.7%). Some were first children, with 51 students (34%). Others were second children, with 44 students (29.3%). This shows that most respondents were first-born children in their family.

Table 4.6

Demographic Background of Respondents (Parental employment status)

		Frequency	Percentage(%)
Parental employment status	Presently employment status	117	78.00
	Not presently employed	33	22.00

Table 4.6 shows the employment status of the respondents' parents. Most of the respondents said their parents are presently employed, with 117 students (78%). Some said their parents are not presently employed, with 33 students (22%). This shows that most respondents come from families where at least one parent is currently working.

Table 4.7*Demographic Background of Respondents (Parental income)*

		Frequency	Percentage(%)
Parental income	<RM1000	22	14.70
	RM 1001-5000	89	59.30
	RM5000>	39	26.00

Table 4.7 shows the monthly income of the respondents' parents. Most respondents said their parental income is between RM1001 and RM5000, with 89 students (59.3%). Some said their parental income is more than RM5000, with 39 students (26%). A few said their parental income is less than RM1000, with 22 students (14.7%). This shows that most respondents come from families with a middle-income level.

4.4 Descriptive Analysis of Variables

The descriptive analysis provides a clear overview of the key characteristics of the collected data. It is essential for understanding the distribution and structure of the dataset prior to conducting more advanced statistical analyses. This study's descriptive analysis includes fundamental statistical measures such as the mean, mode, standard deviation, and range. These statistics offer valuable insights into the relationship between mental health and other factors examined, as presented in Table 4.8.

This study identifies family environment, social support, and mental health. The Mental Health Inventory-38 (MHI-38) designed to assess psychological distress and psychological well-being. It is suitable for general population use and provides a broad

screening of emotional functioning and mental health status.

In this study, the Mental Health Inventory-38 (MHI-38) was used to assess respondents' mental health. The MHI-38 consists of 38 items designed to measure both psychological well-being and psychological distress. However, after performing item reliability and validity testing through SmartPLS, only 15 items were retained for further analysis. The items were removed based on low outer loading values, indicating that they did not adequately represent the construct. As such, all subsequent analysis was conducted using the remaining 15 valid items.

Table 4.8

Family environment scale (N=150)

		N	Mean	SD	Min	Max	Mode
1	“My parents hear my opinion even when they don’t like it.” Ibu bapa saya mendengar pendapat saya walaupun mereka tidak menyukainya.	150	3.81	1.03	1	5	5
2	I discuss everything with my parents without hesitation. Saya membicarakan segala-	150	3.53	1.14	1	5	4

	galanya dengan ibu bapa saya tanpa rasa ragu.						
3	In our family, we often talk about our plans and hopes for the future. Dalam keluarga kami, kami sering berbincang tentang rancangan dan harapan kami untuk masa depan.	150	3.40	1.11	1	5	4
4	My parents inspire me to share my feelings with them. Ibu bapa saya memberi inspirasi kepada saya untuk berkongsi perasaan saya dengan mereka.	150	3.36	1.01	1	5	4
5	The extent to which family members are encouraged to express their feelings directly. Sejauh mana ahli keluarga digalakkan untuk menyatakan perasaan mereka secara langsung.	150	3.76	1.45	1	6	5

6	In our family, we often support each other. Dalam keluarga kami, kami sering menyokong antara satu sama lain.	150	3.37	1.02	1	5	4
7	My family members strongly motivate each other to hold on their rights. Ahli keluarga saya sangat memberi motivasi antara satu sama lain untuk mempertahankan hak mereka.	150	3.22	1.09	1	5	4
8	The degree of commitment, help and support family members provide for one another. Tahap komitmen, bantuan dan sokongan yang diberikan oleh ahli	150	3.66	0.99	1	5	4

	keluarga antara satu sama lain.						
9	My parents often say that their decisions are always right and I should not challenge them. Ibu bapa saya sering mengatakan bahawa keputusan mereka selalu betul dan saya tidak patut mencabarnya.	150	3.56	1.18	1	5	4
10	My parents wish that I should not go against their will. Ibu bapa saya berharap agar saya tidak melawan kehendak mereka.	150	3.84	1.18	1	5	5
11	There is more emphasis on obeying rules in our family.	150	3.69	1.11	1	5	4

	Terdapat lebih banyak penekanan pada pematuhan peraturan dalam keluarga kami.						
12	How much set rules and procedures are used to run family life. Berapa banyak peraturan dan prosedur yang digunakan untuk menjalankan kehidupan keluarga.	150	3.47	1.10	1	5	4
13	My parents encourage me to challenge their opinions at any platform. Ibu bapa saya menggalakkan saya untuk mencabar pendapat mereka di mana-mana platform.	150	3.74	1.15	1	5	5
14	The extent to which family	150	3.58	1.15	1	5	4

	members are assertive, are self-sufficient and make their own decisions. Sejauh mana ahli keluarga menunjukkan ketegasan, berdikari dan membuat keputusan mereka sendiri.						
15	My parents often get annoyed with me in front of others. Ibu bapa saya sering merasa marah dengan saya di hadapan orang lain.	150	3.81	1.15	1	5	5
16	In our family, we usually find faults in each other. Dalam keluarga kami, kami biasanya mencari kesalahan antara	150	3.63	1.09	1	5	4

	satu sama lain.						
17	The amount of openly expressed anger and conflict among family members. Jumlah kemarahan dan konflik yang dinyatakan secara terbuka antara ahli keluarga.	150	3.60	1.11	1	6	4
18	My family is able to provide for my basic needs (foods, education, shelter) Keluarga saya mampu menyediakan keperluan asas saya (makanan, pendidikan, tempat tinggal).	150	3.58	1.00	1	5	4
19	I rarely worry about our family's financial situation. Saya jarang risau tentang keadaan	150	3.52	1.07	1	5	4

	kewangan keluarga kami.						
20	My family has sufficient resources to support me emotionally and materially. Keluarga saya mempunyai sumber yang mencukupi untuk menyokong saya secara emosi dan material.	150	3.75	1.14	1	6	4

Table 4.8 presents the descriptive statistics for the Family Environment Scale completed by 150 respondents. The items assess various dimensions of the family environment, such as communication, emotional support, rule enforcement, conflict, and financial stability.

The results indicate that communication within families is generally positive. For instance, the item "My parents hear my opinion even when they don't like it" had a mean of 3.81 (SD = 1.03) and a mode of 5, showing that many participants perceive their parents as open to listening. Similarly, items related to emotional openness such as "My parents inspire me to share my feelings with them" (M = 3.36) and "In our family, we often talk about our plans and hopes for the future" (M = 3.40) reflect a moderate level of communication, with some room for improvement.

Family support and encouragement also scored moderately. The item "In our family,

we often support each other" had a mean of 3.37, while "The degree of commitment, help, and support family members provide for one another" scored 3.66, suggesting that emotional and practical support is present, though not very strong.

On the other hand, several items reflect parental control and rule orientation. For example, "My parents wish that I should not go against their will" recorded one of the highest means (3.84), while "My parents often say that their decisions are always right and I should not challenge them" scored 3.56. These responses imply that some families place a strong emphasis on obedience and authority.

Regarding conflict and criticism, items such as "My parents often get annoyed with me in front of others" ($M = 3.81$) and "In our family, we usually find faults in each other" ($M = 3.63$) reflect a moderate to high presence of interpersonal tension within families.

Finally, the financial and material support dimension showed relatively positive results. The item "My family is able to provide for my basic needs (foods, education, shelter)" had a mean of 3.58, and "My family has sufficient resources to support me emotionally and materially" scored 3.75, indicating that most participants perceive their family as financially stable and supportive.

In summary, the findings suggest that while many families demonstrate good communication and financial support, issues such as parental control, emotional criticism, and moderate conflict are also evident. These aspects should be considered when exploring the impact of family environment on mental health among university students.

Table 4.9*Social support scale*

		N	Mean	SD	Min	Max	Mode
1	There is a special person who is around when I am in need. Terdapat seseorang yang istimewa yang sentiasa ada ketika saya memerlukan	150	2.97	1.37	1	5	2
2	There is a special person with whom I can share my joys and sorrows. Terdapat seseorang yang istimewa dengan siapa saya boleh berkongsi kegembiraan dan kesedihan saya.	150	3.10	1.40	1	6	2

3	I have a special person who is a real source of comfort to me. Saya mempunyai seseorang yang istimewa yang benar-benar memberi keselesaan kepada saya.	150	2.93	1.38	1	5	2
4	There is a special person in my life who cares about my feelings. Terdapat seseorang yang istimewa dalam hidup saya yang mengambil berat tentang perasaan saya.	150	3.13	1.63	1	6	2
5	I can talk about my problems with my family.	150	2.60	1.28	1	5	1

	Saya boleh bercakap tentang masalah saya dengan keluarga saya.						
6	My family listens to me when I share my problems or concerns. Keluarga saya mendengar saya, apabila saya berkongsi masalah atau kebimbangan saya.	150	3.07	1.44	1	6	2
7	I get the emotional help and support I need from my family Saya mendapat bantuan emosi dan sokongan yang saya perlukan daripada keluarga saya	150	3.04	1.29	1	5	2

8	My family is willing to help me make decisions. Keluarga saya bersedia untuk membantu saya membuat keputusan.	150	2.99	1.48	1	6	2
9	My family shows care and empathy when I feel stressed. Keluarga saya menunjukkan perhatian dan empati apabila saya berasa tertekan.	150	3.02	1.50	1	5	2
10	My family really tries to help me. Keluarga saya benar-benar berusaha untuk membantu	150	2.66	1.40	1	6	1

	saya						
11	My friends really try to help me. Rakan-rakan saya benar-benar berusaha untuk membantu saya	150	3.01	1.34	1	5	2
12	I can count on my friends when things go wrong. Saya boleh bergantung pada rakan-rakan saya ketika perkara tidak berjalan lancar.	150	3.10	1.40	1	6	2
13	I have friends with whom I can share my joys and sorrows. Saya mempunyai rakan-	150	2.93	1.38	1	5	2

	rakan dengan siapa saya boleh berkongsi kegembiraan dan kesedihan saya.						
14	I can talk about my problems with my friends. Saya boleh bercakap tentang masalah saya dengan rakan-rakan saya.	150	3.13	1.63	1	6	2
15	My friends check on me when I seem down Rakan-rakan saya mengambil tahu keadaan saya apabila saya kelihatan sedih	150	2.61	1.29	1	6	1
16	I have friends who are willing to spend time with	150	2.77	1.54	1	6	1

me when I feel lonely							
Saya mempunyai rakan- rakan yang sanggup meluangkan masa bersama saya apabila saya berasa sunyi							

Table 4.9 presents the descriptive statistics for the social support scale. Each item was measured using a 6-point Likert scale, ranging from 1 (Strongly Disagree) to 6 (Strongly Agree)." In the Significant Other Support dimension, the item "There is a special person in my life who cares about my feelings" recorded the highest mean ($M = 3.13$, $SD = 1.63$), indicating that most respondents felt moderately cared for by a significant person. However, the lowest mean was found in the item "I have a special person who is a real source of comfort to me" ($M = 2.93$, $SD = 1.38$), suggesting a relatively lower perception of emotional comfort from a significant individual.

For the Family Support dimension, the highest mean was in the item "My family listens to me when I share my problems or concerns" ($M = 3.07$, $SD = 1.44$), followed closely by "I get the emotional help and support I need from my family" ($M = 3.04$, $SD = 1.29$). These results suggest that although respondents felt heard by their families, the overall level of perceived family support was moderate. The lowest mean ($M = 2.60$, $SD = 1.28$) appeared in "I can talk about my problems with my family", showing some hesitancy in sharing personal issues with family members.

In the Friend Support dimension, the item "I can talk about my problems with my

friends" recorded the highest mean ($M = 3.13$, $SD = 1.63$), indicating that participants felt more open to communicating with their friends. Conversely, the item "My friends check on me when I seem down" received the lowest mean score ($M = 2.61$, $SD = 1.29$), suggesting that participants may not always feel emotionally monitored or attended to by their friends when feeling low.

Overall, the findings suggest that respondents perceived a moderate level of social support, with slightly higher scores in communication-related items and lower scores in emotional comfort and active support behaviors.

Table 4.10

Mental health Scale

		N	Mean	SD	Min	Max	Mode
1	How happy, satisfied, or pleased have you been with your personal life during the past month? Sejauh manakah anda berasa gembira, berpuas hati, atau senang dengan kehidupan peribadi anda sepanjang bulan lalu?	150	3.64	1.00	1	5	3

2	During the past month, how often did you feel there were people you were close to? Sepanjang bulan lalu, berapa kerap anda berasa anda mempunyai hubungan rapat dengan orang lain?	150	3.54	0.91	1	5	3
3	During the past month, how often has feeling depressed interfered with what you usually do? Sepanjang bulan lalu, berapa kerap perasaan murung mengganggu aktiviti harian anda?	150	3.55	0.94	1	5	4
4	During the past month, did you have difficulty reasoning and solving problems, for example, making plans or learning new	150	3.78	1.02	1	5	4

	things? Sepanjang bulan lalu, adakah anda mengalami kesukaran untuk berfikir secara logik atau menyelesaikan masalah seperti merancang atau mempelajari perkara baharu?						
5	During the past month, how much of the time have you generally enjoyed the things you do? Sepanjang bulan lalu, berapa kerap anda menikmati perkara yang anda lakukan?	150	3.65	0.98	1	5	4
6	During the past month, how much of the time has your daily life been full of things that were interesting to you?	150	3.79	0.97	1	5	4

	Sepanjang bulan lalu, adakah kehidupan harian anda dipenuhi dengan perkara-perkara yang menarik minat anda?						
7	During the past month, how much of the time have you felt loved and wanted? Sepanjang bulan lalu, berapa kerap anda berasa disayangi dan dihargai?	150	3.66	1.00	1	5	4
8	During the past month, how much of the time have you been a very nervous person? Sepanjang bulan lalu, berapa kerap anda berasa sangat gugup atau cemas?	150	3.74	0.93	1	6	4
9	During the past month, how	150	3.77	1.01	1	5	4

	much of the time did you have difficulty doing activities involving concentration and thinking? Sepanjang bulan lalu, berapa kerap anda mengalami kesukaran melakukan aktiviti yang memerlukan tumpuan dan pemikiran?						
10	During the past month, how much of the time did you feel depressed? Sepanjang bulan lalu, berapa kerap anda berasa murung?	150	3.84	0.96	1	5	4
11	During the past month, how much of the time have you felt tense or "high-strung"? Sepanjang bulan lalu, berapa	150	3.81	0.99	1	5	4

	kerap anda merasa tegang atau mudah terangsang secara emosi?						
12	During the past month, how much of the time have you been in firm control of your behavior, thoughts, emotions, and feelings? Sepanjang bulan lalu, berapa kerap anda dapat mengawal tingkah laku, pemikiran, emosi dan perasaan anda dengan baik?	150	3.88	0.94	1	5	4
13	During the past month, how much of the time did you become confused and start several actions at a time? Sepanjang bulan lalu, berapa kerap anda merasa keliru dan	150	3.87	0.97	1	5	4

	mula melakukan beberapa perkara pada masa yang sama?						
14	During the past month, how much of the time did you feel that you had nothing to look forward to? Sepanjang bulan lalu, berapa kerap anda berasa tiada apa yang boleh diharapkan dalam hidup anda?	150	3.89	0.96	1	6	4
15	During the past month, how much of the time have you felt calm and peaceful? Sepanjang bulan lalu, berapa kerap anda berasa tenang dan damai?	150	3.79	0.94	1	6	4

For the mental health component, all items were scored on a 6-likert scale (1 = None

of the time, 6 = Most of the time). Table 4.10 displays the descriptive statistics for the mental health scale, which consists of 15 items measuring the emotional, psychological, and cognitive well-being of the respondents over the past month.

Among all items, the highest mean score was recorded for the statement “During the past month, how much of the time did you feel that you had nothing to look forward to?” ($M = 3.89$, $SD = 0.96$), followed closely by “During the past month, how much of the time have you been in firm control of your behavior, thoughts, emotions, and feelings?” ($M = 3.88$, $SD = 0.94$). These results suggest that while participants often felt in control of themselves, they also experienced a notable sense of hopelessness, which may indicate internal emotional conflict.

Other items with relatively high mean scores include “During the past month, how much of the time did you become confused and start several actions at a time?” ($M = 3.87$, $SD = 0.97$), “During the past month, how much of the time did you feel depressed?” ($M = 3.84$, $SD = 0.96$), and “During the past month, how much of the time have you felt tense or high-strung?” ($M = 3.81$, $SD = 0.99$). These findings reflect that a considerable number of respondents frequently experienced negative emotional states such as confusion, depression, and tension.

On the other hand, positive aspects of mental health were seen in items such as “How happy, satisfied, or pleased have you been with your personal life during the past month?” ($M = 3.64$, $SD = 1.00$) and “During the past month, how much of the time have you felt loved and wanted?” ($M = 3.66$, $SD = 1.00$), although these scores were slightly lower compared to the negative emotional indicators. This suggests that while some participants were content with aspects of their personal lives and relationships, feelings of

stress, anxiety, and mental strain were more frequently reported.

Overall, the findings indicate a moderate level of mental health among the participants, with a mix of both positive and negative experiences. The slightly higher mean scores for items reflecting psychological distress may highlight areas where emotional support or interventions could be beneficial.

4.5 Partial Least Squares (PLS) Analysis

Partial Least Squares Structural Equation Modeling (PLS-SEM) is a variance-based technique used to analyze complex relationships among latent variables, especially in exploratory studies or those with smaller sample sizes (Hair et al., 2019). Unlike covariance-based SEM, PLS-SEM is suitable when the research goal is prediction and theory development rather than theory testing. It is also more flexible in terms of data distribution requirements and can handle models with reflective and formative indicators. PLS-SEM consists of two key components: the measurement model (also known as the outer model or model pengukuran) and the structural model (also known as the inner model or model struktur). The measurement model evaluates the relationships between latent constructs and their observed indicators, focusing on reliability and validity. This involves assessing indicator reliability (factor loadings), internal consistency reliability (Cronbach's Alpha and Composite Reliability), convergent validity (Average Variance Extracted, AVE), and discriminant validity (Fornell-Larcker criterion and HTMT). The structural model, on the other hand, examines the relationships between the latent constructs themselves. This includes analyzing the path coefficients (β), the coefficient of determination (R^2) and effect size (f^2). Bootstrapping procedures are typically used to

assess the significance of relationships.

In this study, PLS-SEM was applied using SmartPLS 4.0 due to the relatively small sample size and the exploratory nature of the research, which aims to investigate the relationship between family environment and mental health with the moderating role of social support. The analysis involved two main stages: first, assessing the measurement model to ensure that the constructs are reliable and valid, and second, evaluating the structural model to test the hypotheses proposed in the conceptual framework.

4.5.1 Evaluation of the Indicator Measurement Model (Outer Model)

The measurement model in Partial Least Squares Structural Equation Modeling (PLS-SEM) describes the relationships between latent constructs and their observed indicators. This model includes first-order constructs, which are directly measured through indicator items—such as family environment, social support, and mental health—as well as second-order constructs, which are formed by aggregating multiple first-order dimensions. For instance, family material support may be considered a second-order factor that integrates various dimensions of family-related resources. In PLS-SEM, testing for normality is not required, as this method is non-parametric and can handle non-normally distributed data. This flexibility makes PLS-SEM particularly appropriate for complex models involving multiple constructs and hierarchical structures (Hair et al., 2025). Therefore, the measurement model was assessed by evaluating indicator reliability, internal consistency reliability, convergent validity, and discriminant validity before proceeding to evaluation of structural model.

4.5.2 Evaluation of the Main Structural Model (Inner Model)

The structural model, also known as the inner model in Partial Least Squares Structural Equation Modeling (PLS-SEM), evaluates the hypothesized causal relationships between latent constructs in the model (Hair et al., 2021). This step follows the assessment of the measurement model and focuses on determining the model's predictive capabilities and the strength of relationships between variables. Key assessments in the structural model include collinearity diagnostics (measured using the Variance Inflation Factor, VIF), path coefficients (β), coefficient of determination (R^2), and effect size (f^2). VIF values should be below 5 to confirm the absence of multicollinearity. Path coefficients represent the strength and direction of the relationships between constructs and should be evaluated for significance using bootstrapping. R^2 values indicate the amount of variance explained by the independent variables; values of 0.75, 0.50, and 0.25 can be considered substantial, moderate, and weak respectively (Hair et al., 2019). Effect size (f^2) examines the impact of each exogenous construct on the endogenous construct, with 0.02, 0.15, and 0.35 interpreted as small, medium, and large effects. This study utilized SmartPLS software to estimate the structural model. The model tested how family environment and social support predict mental health. By examining the size and significance of the path coefficients and the values of R^2 and f^2 , the robustness of the hypothesized relationships was determined.

4.5.3 Overall Model Evaluation

The whole model was assessed in this study using the partial least squares-based structural equation model (PLS-SEM). This approach can successfully examine the

intricate relationship between social support, family environment, and mental health and is especially well-suited for exploratory investigations with small sample sizes.

By confirming the factor loading, combined reliability, average variation extraction (AVE), and discriminant validity, the latent variables were found to have good reliability and validity throughout the measurement model evaluation stage. The multicollinearity issue was resolved by the structural model evaluation using the variance inflation coefficient ($VIF < 5$). The model's modest explanatory power was demonstrated by the path coefficient analysis, which revealed that the main hypothesized relationships were statistically significant and that the endogenous variable's R^2 value fell within an acceptable range. Furthermore, the model's theoretical importance and practical prediction capacity were further validated by the effect size (f^2) test. The PLS-SEM model successfully identified the moderating mechanism of social support between family environment and mental health, provided strong statistical support for the research hypothesis, and generally satisfied academic requirements in terms of measurement indicators, structural relationships, and predictive efficiency.

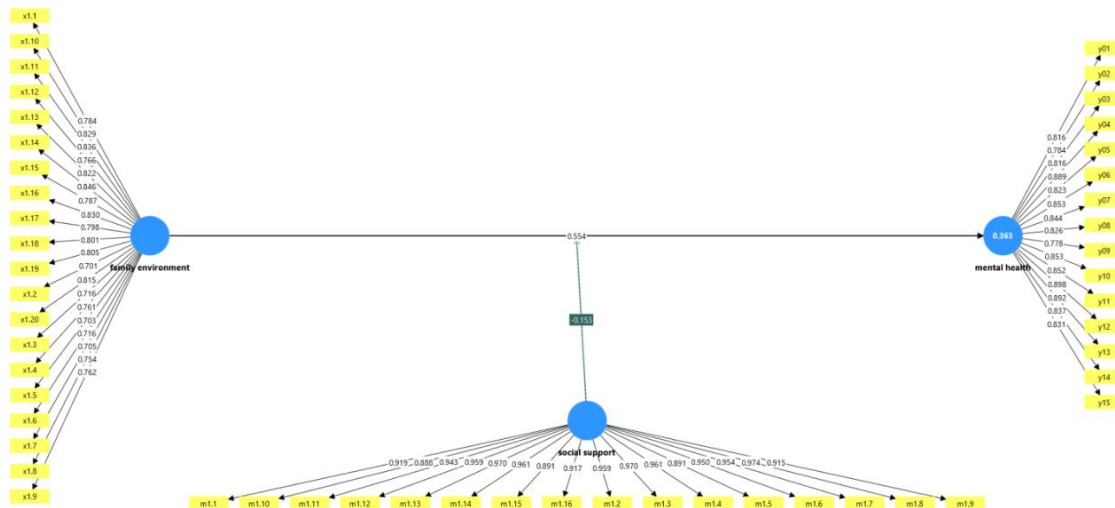
4.6 Evaluation of the Outer Model of Indicator Variables (First-Order Constructs)

In this study, Partial Least Squares Structural Equation Modeling (PLS-SEM) was employed to assess the measurement model and ensure the reliability and validity of the indicators used. The first-order indicators of the key constructs—family environment, social support (as a moderator), and mental health—were thoroughly evaluated. A two-stage approach was applied to examine each indicator's factor loadings, composite reliability, and average variance extracted (AVE), confirming that each measurement

item effectively represents its corresponding latent construct. Special attention was given to the measurement quality of social support as a moderating variable. By rigorously assessing and validating the indicators, the measurement model was confirmed to be reliable and valid. This process provides a solid foundation for subsequent structural model analysis, ensuring the overall quality and robustness of the research findings.

Figure 4.1

Evaluation of External Models of Indicator Variables (First-Order Constructs)



First, evaluating facet validity requires the use of the external loading. The degree of link between each indicator variable (e.g., x1.1 to x1.20, m1.1 to m1.16, y01 to y15) and its corresponding latent facet (family environment, social support, mental health) is reflected in the external loading value in this model. Good facet validity is shown by the loading values of most indicators, which are higher than the universally recognized cutoff of 0.70, as seen in the figure. This demonstrates how well these indicators can capture the aspects they are meant to assess (Hair et al., 2019).

Second, to guarantee measurement quality, the external loading value is also utilized. Greater loading values for indicators ($m1.4 = 0.974$; $y10 = 0.898$; $x1.13 = 0.836$) clearly show how much they contribute to the respective facets. Even if some indicators have somewhat lower loading values ($x1.19 = 0.701$), they nevertheless satisfy the minimal requirements and don't have to be removed right away unless there are issues like cross-loading or content validity. The accuracy and dependability of the entire measurement model are enhanced by keeping indicators with greater loading values (Chin, 2010).

In conclusion, the external loading table supports the application of indicator variables in measuring first-order facets by confirming that the measurement model has enough reliability and convergent validity.

4.6.1 Outer Loading Table of the Outer Model of Indicator Variables (First-Order Constructs)

In Partial Least Squares (PLS) analysis, the outer loadings table plays a crucial role in assessing the quality and strength of the relationship between measurement items (indicators) and the constructs they represent in the model.

Furthermore, Table 4.11 (Outer Loadings) also supports the construct validity of the model by demonstrating the extent to which the indicators represent their respective constructs. High loading values reinforce construct validity by confirming that the indicators are truly measuring what they are supposed to measure (Hair et al., 2022). Overall, the outer loadings table is an essential tool in the PLS analysis process, helping to ensure that the measurement model is both valid and of high quality.

Table 4.11

Outer Loadings of the Indicators Used Results

Construct	Measurement Item	Outer Loading	Remarks
Family Environment	x1.1 ← family environment	0.784	Valid
	x1.10 ← family environment	0.829	Valid
	x1.11 ← family environment	0.836	Valid
	x1.12 ← family environment	0.766	Valid
	x1.13 ← family environment	0.822	Valid
	x1.14 ← family environment	0.846	Valid
	x1.15 ← family environment	0.787	Valid
	x1.16 ← family environment	0.83	Valid
	x1.17 ← family environment	0.798	Valid
	x1.18 ← family environment	0.801	Valid
	x1.19 ← family environment	0.805	Valid
	x1.2 ← family environment	0.701	Valid
	x1.20 ← family environment	0.815	Valid
	x1.3 ← family environment	0.716	Valid
	x1.4 ← family environment	0.761	Valid
	x1.5 ← family environment	0.703	Valid
	x1.6 ← family environment	0.716	Valid
	x1.7 ← family environment	0.705	Valid
	x1.8 ← family environment	0.754	Valid
	x1.9 ← family environment	0.762	Valid

	y01 ← mental health	0.816	Valid
	y02 ← mental health	0.784	Valid
	y03 ← mental health	0.816	Valid
	y04 ← mental health	0.889	Valid
	y05 ← mental health	0.823	Valid
	y06 ← mental health	0.853	Valid
	y07 ← mental health	0.844	Valid
Mental Health	y08 ← mental health	0.826	Valid
	y09 ← mental health	0.778	Valid
	y10 ← mental health	0.853	Valid
	y11 ← mental health	0.852	Valid
	y12 ← mental health	0.898	Valid
	y13 ← mental health	0.892	Valid
	y14 ← mental health	0.837	Valid
	y15 ← mental health	0.831	Valid
	m1.1 ← social support	0.919	Valid
	m1.10 ← social support	0.888	Valid
	m1.11 ← social support	0.943	Valid
	m1.12 ← social support	0.959	Valid
Social Support	m1.13 ← social support	0.97	Valid
	m1.14 ← social support	0.961	Valid
	m1.15 ← social support	0.891	Valid
	m1.16 ← social support	0.917	Valid

	m1.2 ← social support	0.959	Valid
	m1.3 ← social support	0.97	Valid
	m1.4 ← social support	0.961	Valid
	m1.5 ← social support	0.891	Valid
	m1.6 ← social support	0.95	Valid
	m1.7 ← social support	0.954	Valid
	m1.8 ← social support	0.974	Valid
	m1.9 ← social support	0.915	Valid
Interaction	social support × family	1	Valid
Term	environment		

Table 4.11 displays the outer loadings of indicator variables for each of the study's constructs, showing excellent measurement qualities throughout the theoretical model. The findings demonstrate that each indicator measures the corresponding latent components successfully, with loading values above the suggested limits for validity and reliability. For further structural model analysis, this offers a strong psychometric basis.

The 20 indicator variables (x1.1 to x1.20) for the Family Environment construct have consistently high outer loadings, with values ranging from 0.701 to 0.846. All of these results exhibit high convergent validity, meeting or above the standard 0.70 threshold. As planned by the research design, the high loading values indicate that these items accurately reflect a variety of aspects of the family context.

Among the 16 indicators (m1.1 to m1.16), the Social Support construct shows especially strong measurement qualities, loading between 0.888 and 0.974. These

extraordinarily high values imply very strong relationships between the measured items and their underlying construct in addition to confirming the dependability of the indicators. These findings provide credence to the use of these metrics to investigate the function of social support in the model.

With loadings ranging from 0.778 to 0.898, the mental health markers (y01 to y15) also show strong psychometric characteristics. These consistently high scores for each of the 15 items show that the measures successfully capture the concept of mental health. The findings imply that respondents' interpretations and responses to these questions are in line with the theoretical framework for understanding mental health.

Moderation effects in variance-based SEM are often modeled using a fixed loading of 1.000 for the interaction term that represents Social Support $\times$ Family Environment. While preserving suitable measurement properties for the product term, this specification enables accurate assessment of the interaction's effect within the structural model.

Together, these findings offer compelling proof of the measurement model's suitability and quality for evaluating the study's assumptions. The indicators' consistent high outer loadings for all constructs show that they accurately assess the latent variables they are meant to measure. This creates a solid basis on which to continue evaluating the structural linkages in the research model.

4.6.2 Reliability of the Outer Model of Indicator Variables (First-Order Constructs)

The reliability of the outer model for indicator variables refers to the extent to which the indicators used in the model can consistently and reliably measure the underlying latent variable. In evaluating the outer model for indicator variables, it is crucial to ensure

that each indicator contributes accurately to the variable being measured. This assessment ensures the model's reliability and accuracy in predicting and analyzing the research data, as shown in Table 4.12.

Table 4.12

Reliability of External Model of Indicator Variables (First-Order Constructs)

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Family				
Environment (FE)	0.966	0.983	0.968	0.606
Mental Health (MH)	0.970	0.971	0.973	0.706
Social Support (SS)	0.991	0.994	0.992	0.883

All structures demonstrated outstanding reliability levels, according to the results of this study's thorough testing of the measurement model utilizing a range of reliability indicators. As indicated in Table 4.6.2, the three first-order constructs (family environment, mental health, and social support) all had Cronbach's α coefficients above the rigorous threshold of 0.966, with social support reaching an exceptionally high level of 0.991. This clearly showed that each scale's internal consistency was very ideal.

Additionally, the composite reliability ρ_a and ρ_c indicators all surpassed the 0.97 threshold, confirming the excellent level of reliability of the measuring method.

Each construct's average variation extracted (AVE) satisfied the research criteria for convergent validity. The social support construct's indicator variable can accurately reflect the latent construct, as seen by its AVE value of 0.883, which was significantly higher than the typical value of 0.5. The mental health concept also did well, with an AVE score of 0.706. The family environment construct showed optimal convergent validity overall, even though its AVE value was 0.606, which was marginally lower than that of other constructs but still higher than the minimum need given its exceptionally high composite reliability index.

When combining the findings of multiple reliability indices, the measurement model used in this work exhibits superior psychometric qualities. All constructs, whether they are composite reliability indicators or internal consistency reliability indicators, have attained or even far above the standard values advised by the academic community, demonstrating the high degree of stability and dependability of the measurement tool.

These findings have ensured the validity and trustworthiness of the research findings by providing a strong measurement basis for the structural model analysis that follows.

4.6.3 Evaluation of the HTMT (Heterotrait-Monotrait Ratio) of the Outer Model of Indicator Variables (First-Order Constructs)

Table 4.13

HTMT (Heterotrait-Monotrait Ratio) External Model Variable Indicators (First-Order Constructs)

	FE	MH	SS	SS X FE
Family Environment (FE)				
Mental Health (MH)	0.543			
Social Support (SS)	0.087	0.080		
Social Support X Family Environment	0.170	0.257	0.026	

The findings of this study's test of the measurement model's discriminant validity using the heterogeneity-homogeneity ratio (HTMT) are displayed in Table 4.13. The results of the analysis demonstrated that all of the constructs' HTMT ratios were much below the crucial threshold of 0.85, suggesting that the constructs had strong discriminant validity. In particular, the ratio of social support to mental health was just 0.080, while the HTMT value between family environment and mental health was 0.543. The statistically significant distinguishability of the constructs was thoroughly validated by these findings.

Significantly supporting the conceptual and measurement independence of the two domains was the HTMT ratio between social support and family environment, which was as low as 0.087. Further confirming the interaction term's rationality as a distinct construct was the low HTMT values of the other constructs and the interaction term (social support $\times$ family environment), of which the ratio with the social support construct was only 0.026. The HTMT ratios between the constructs were generally kept within the optimal range; the interaction term and the mental health construct had the highest value (0.257), but this was still well below the suggested cutoff. These findings consistently show that the measurement model in this study satisfies the fundamental

requirements of structural equation model analysis by maintaining adequate discrimination between the constructs in addition to having good internal consistency.

These findings from the HTMT analysis validate the discriminant validity between theoretical constructs and offer significant support for the research model's rationality. The low HTMT ratio provides a strong basis for testing the structural model by guaranteeing that the measurement overlap issue won't interfere with the estimation of the relationship between constructs in further research. The measurement model of this study has outstanding psychometric qualities and satisfies all requirements for further structural model analysis, according to the findings of reliability and validity analysis.

4.6.4 Discriminant Validity of the Fornell Lacker Outer Model of Indicator Variables (First-Order Constructs)

The degree to which each concept in the model differs from the others is evaluated using Fornell-Larcker Table 4.14 in discriminant validity analysis employing the Fornell-Larcker technique.

Table 4.14

Discriminant Validity of Fornell Lacker External Model Indicator Variables (First-Order Constructs)

	Family Environment (FE)	Mental Health (MH)	Social Support (SS)
Family Environment (FE)	0.778		

Mental Health (MH)	0.583	0.840	
Social Support (SS)	0.075	0.061	0.939

The discriminant validity of the measurement model was examined in this study using the Fornell-Larcker criterion. According to this criterion, each construct's AVE square root must be higher than the correlation coefficient with other constructs. The family environment concept has good discriminant validity, as seen by the table's AVE square root of 0.778, which is much higher than its correlation coefficients with social support (0.075) and mental health (0.583).

Compared to its correlation coefficient with the family environment and social support constructs, the mental health construct's AVE square root approaches the optimal level of 0.840. Specifically, there is a very low correlation coefficient (0.061) between mental health and social support, which clearly suggests that the two dimensions are conceptually and measurementally independent. These findings demonstrate that the mental health concept retains adequate discrimination with other constructs in addition to having strong internal consistency.

With an AVE square root of 0.939, the highest value in this study, the social support concept exhibits the strongest discriminant validity performance. In addition, all of the correlation coefficients between this construct and the mental health and familial environment dimensions are less than 0.1. The logic of social support as a stand-alone concept is further supported by this notable discrepancy. The social support construct's uniqueness is statistically supported by such a high discriminant validity index.

The connection between the mental health construct and the familial environment is

very significant. Despite having a statistically significant correlation value of 0.583, it is still far less than the square root of each AVE. This finding demonstrates that, despite a certain amount of correlation between the two conceptions, adequate differentiation is still preserved at the measurement level, satisfying the demands of both research design and theoretical expectations.

All constructs in this study satisfy the stringent standards of discriminant validity when the several indicators of the Fornell-Larcker criterion are combined. Each construct's correlation coefficient and AVE square root comparison results consistently demonstrate that the measurement model maintains optimal discrimination between the constructs in addition to having strong internal consistency. These findings provide strong measurement basis for structural model analysis that follows, guaranteeing validity and high credibility of the study findings.

Table 4.15

Cross Loadings Indicators External Model Indicator Variables (First-Order Constructs)

	Family Environment	Mental Health	Social Support	Social Support X Family Environment
m1.1	0.076	0.062	0.919	0.040
m1.10	0.088	0.052	0.888	-0.010
m1.11	0.062	0.054	0.943	0.017
m1.12	0.087	0.059	0.959	0.020
m1.13	0.060	0.065	0.970	0.022
m1.14	0.059	0.054	0.961	-0.020

m1.15	0.075	0.054	0.891	-0.044
m1.16	0.059	0.012	0.917	-0.002
m1.2	0.087	0.059	0.959	0.020
m1.3	0.060	0.065	0.970	0.022
m1.4	0.059	0.054	0.961	-0.020
m1.5	0.087	0.055	0.891	-0.023
m1.6	0.066	0.052	0.950	0.028
m1.7	0.085	0.061	0.954	0.009
m1.8	0.064	0.062	0.974	0.032
m1.9	0.040	0.055	0.915	-0.062
x1.1	0.784	0.391	0.049	-0.172
x1.10	0.829	0.417	0.097	-0.210
x1.11	0.836	0.395	0.137	-0.144
x1.12	0.766	0.355	0.030	-0.159
x1.13	0.822	0.421	0.146	-0.147
x1.14	0.846	0.424	0.000	-0.164
x1.15	0.787	0.353	0.082	-0.095
x1.16	0.830	0.383	0.084	-0.133
x1.17	0.798	0.691	0.102	-0.177
x1.18	0.801	0.627	-0.034	-0.104
x1.19	0.805	0.640	0.001	-0.194
x1.2	0.701	0.291	0.028	-0.074
x1.20	0.815	0.694	0.058	-0.119

x1.3	0.716	0.294	-0.008	-0.093
x1.4	0.761	0.321	0.020	-0.094
x1.5	0.703	0.275	-0.001	0.006
x1.6	0.716	0.265	0.035	-0.086
x1.7	0.705	0.279	0.059	-0.077
x1.8	0.754	0.404	0.137	-0.194
x1.9	0.762	0.371	0.151	-0.174
y01	0.554	0.816	0.049	-0.195
y02	0.525	0.784	-0.036	-0.174
y03	0.513	0.816	-0.066	-0.222
y04	0.536	0.889	0.089	-0.305
y05	0.463	0.823	-0.008	-0.201
y06	0.529	0.853	0.058	-0.127
y07	0.447	0.844	0.038	-0.252
y08	0.425	0.826	0.045	-0.226
y09	0.444	0.778	0.101	-0.302
y10	0.525	0.853	0.062	-0.177
y11	0.466	0.852	0.025	-0.276
y12	0.489	0.898	0.053	-0.168
y13	0.408	0.892	0.101	-0.274
y14	0.459	0.837	0.106	-0.096
y15	0.499	0.831	0.160	-0.195
Social Support X	-0.176	-0.251	0.003	1.000

Using cross-loading analysis, this study thoroughly tested the measurement model's discriminant validity. The findings demonstrated that all indicator variables exhibited excellent discriminant properties. Regarding the social support construct's measurement indicators, the greatest cross-loading values for other constructs were just 0.088, although the load values of the m1.1 to m1.16 series indicators on their own constructs varied from 0.888 to 0.974. This noteworthy distinction amply illustrated the social support scale's strong discriminant validity. Notably, the measurement model's accuracy was further confirmed by the fact that all indicators' absolute cross-loading values on the interaction terms were less than 0.062.

Excellent discriminant properties were also demonstrated by the family environment construct's measurement indicators. The cross-loading values for the social support construct were all less than 0.151, the load values of the x1.1 to x1.20 series indicators on their target constructs varied from 0.701 to 0.846, and the maximum cross-loading values for the mental health construct were 0.694. This pattern demonstrates unequivocally that despite the theoretically anticipated relationship between the family environment measurement indicators and mental health, they retain adequate independence at the measurement level. Results from the measurement indicators of mental health dimensions are similarly encouraging. On their target constructs, the y01 to y15 series of indicators have load values ranging from 0.778 to 0.898. The family environment construct has the largest cross-load, at 0.554, and the social support construct has an absolute cross-load of less than 0.160. The discriminant validity of the mental health assessment tool is highly

supported by these results, which show that it can be reliably measured apart from other constructs.

The measurement of the interaction term has also successfully passed a stringent cross-load test, making it a unique construct. Despite a considerable degree of correlation (the maximum cross-load is -0.305) between this construct and the mental health construct, its distinct measuring features remain intact. Notably, the cross-load of all other indicator variables on the interaction term has an absolute value of less than 0.306, which is consistent with the structural equation model's expectations for product indicators' performance. The measurement model exhibits a highly consistent pattern whereby the load values of all indicator variables on their target constructs are substantially higher than the cross-load values on other constructs. The social support indicator's maximum cross-load value on other constructs is at 0.160, far less than the target construct's lowest load value of 0.888. The measurement model's discriminant validity is adequately supported empirically by this clear disparity.

The cross-load analysis's findings indicate that this study's measurement model has outstanding discriminant qualities. While remaining sufficiently independent from other constructs, all indicator variables exhibit a substantial association with their target constructions. These results not only confirm the measuring tool's quality but also provide a strong measurement basis for the structural model analysis that follows, guaranteeing the validity and high credibility of the research conclusions. Every theoretical concept maintains good discrimination throughout the operationalization process, as demonstrated by the measurement model's outstanding performance.

4.7 Evaluation of Structural Models: Assessing Validity, Significance and Capability of Predictions in the Investigative Model

Table 4.16

PLS-SEM Structural Model Analysis Results

Variable relationship	Path coefficients	Effect size (f ²)	Significance	VIF (internal model)
Family environment → mental health	0.55	0.465 (strong effect)	Significant	1.038
Social support → mental health	0.02	0.001 (no effect)	Not significant	1.006
Social support × family environment → mental health	-0.15	0.036 (weak effect)	Need to be supplemented	1.032
R ² (mental health): 0.363				
R-square adjusted (mental health): 0.351				

This study examined the effects of social support, family environment, and their interactions on mental health in detail using a structural equation model (PLS-SEM) based on partial least squares. With a path coefficient of 0.554, the results demonstrated that the family environment had a strong positive predictive effect on mental health, suggesting that enhancing the family environment can successfully support people's mental health. This result supports the crucial function of the family as a crucial area for

personal development and is in line with the discussion of the value of family support in previous research. The importance of the family environment in the mental health model is highlighted by the fact that the effect size f^2 value of this predictive association is 0.465, falling into the category of strong effect by Cohen's standards.

The study's findings regarding the primary impact of social support deviated from expectations. Social support has extremely little explanatory power for mental health, as evidenced by data analysis that revealed the direct effect path coefficient of social support on mental health was just 0.020 and the effect size f^2 value was as low as 0.001. This result might imply that other mediating elements are required for social support to fulfill its protective function, or that the influence of social support in the study group is moderated by certain parameters. However, because this result is not statistically significant, it must also be regarded cautiously.

In particular, the study looked at how social support may moderate the association between mental health and the familial environment. According to interaction analysis, social support actually lessened the beneficial effects of family environment on mental health, as seen by the path coefficient of the product term of social support and family environment being -0.153. This seemingly contradictory result may be a result of the "substitution effect" of social support resources, which holds that the family environment has a greater influence when people have plenty of social support and a smaller one when they don't. This dynamic interaction gives us a fresh viewpoint on the many ways that environmental influences affect mental health.

The study also identified the particular expressions of this moderating impact using basic slope analysis. The family environment's predictive strength for mental health

decreased to 0.401 under good social support settings (+1SD), but it climbed to 0.708 under low social support conditions (-1SD). This pattern of constant change demonstrates how social support methodically controls the effects of the home environment, offering an empirical foundation for the development of tailored psychological intervention techniques.

The study model can account for almost 36% of the variance in mental health, according to the model's overall explanatory power, which is indicated by the mental health variable's R^2 value of 0.363 and adjusted R^2 of 0.351. Based on Chin's suggested criteria, this result has a medium level of explanatory power, suggesting that there might be additional significant variables influencing mental health in addition to those examined in this study. Future research could look into adding more environmental factors or human characteristics to increase the model's explanatory capacity.

The standardized root mean square residual (SRMR) in the model fitness evaluation is 0.083, which is within an acceptable range but marginally above the optimal cutoff of 0.08. Although there is still opportunity for improvement, this result indicates that the model configuration and the observed data fit each other to a largely acceptable degree. As is also frequently the case when employing the variance analysis approach, other conventional fit indicators, like NFI, are not applicable in this study due to the features of the PLS-SEM method.

The variance inflation factor (VIF) of every variable in the internal model is less than the critical value of 5, according to the results of the collinearity diagnosis. This suggests that there isn't a significant multicollinearity issue between the predictor variables, guaranteeing the stability of parameter estimation. Nonetheless, a few measurement

indicators of the external model have abnormally high VIF values. This phenomena needs to be taken into consideration and looked into in further research because it can be connected to the setting of the measurement items or the properties of the data.

From the standpoint of predictive significance, the model's overall R^2 and effect size performance suggest that it has some predictive power. Specifically, home environment variables' consistent predictive value offers a workable screening tool for early mental health risk group identification. Future research can use techniques like cross-validation to evaluate the model's prediction validity even more.

The actual sample size clearly satisfied the minimum sample size needed to detect the family environment impact at 80% test power and a 5% significance level, according to post hoc power analysis conducted on sample size adequacy. To some extent, this approach may not be significant because a relatively high sample size is necessary to generate adequate statistical power for tiny effect values, like the main effect of social support.

By combining all analysis findings, this study demonstrated the intricate regulating function of social support and confirmed the substantial positive impact of the family environment on mental health. These findings enable the development of customized family intervention programs for groups with varying levels of social support, in addition to enhancing our theoretical understanding of the connection between environmental factors and mental health. Enhancing the family environment's construction may have more substantial effects on promoting mental health, particularly in populations with low levels of social support.

Lastly, the study's findings also highlighted a number of problems that require more

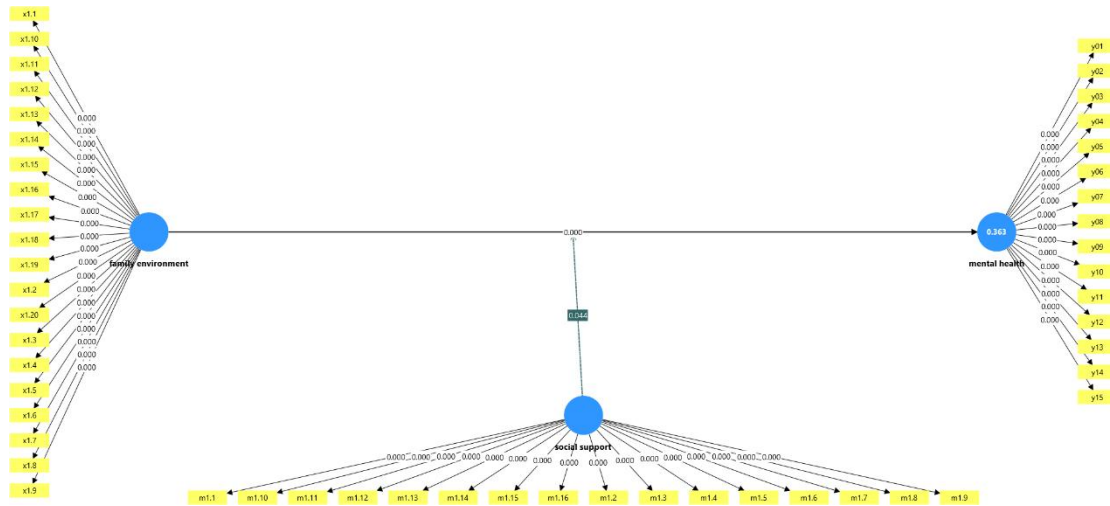
research. For instance, it is currently unknown how social support lessens the effects of the familial environment; it could be through resource replacement, attentional diversion, or other mediating mechanisms. Furthermore, future research should focus on the variations in impacts among age groups and ethnic backgrounds. A more realistic model of mental health promotion will be established with the aid of a thorough investigation of these concerns.

With the use of rigorous PLS-SEM analysis, this study thoroughly investigated the mechanisms by which social support, family environment, and their interactions affect mental health. It also offered a fresh line of evidence for comprehending the connection between environmental factors and mental health. In addition to their theoretical importance, the research findings offer specific intervention guidelines for efforts to promote mental health, particularly about the distribution of resources and the choice of intervention emphasis. It is a valuable source of information.

4.7.1 Internal Model Evaluation: Relationships Between Key Constructs and Indicators Measurement

Figure 4.2

Model Hypothesis Testing Key Variables



The structural relationship between important constructs and the measuring effect of their associated indicators were the focus of this study's internal model evaluation. The results of the analysis confirmed the validity of the original theoretical model by demonstrating that the route coefficients connecting the constructs had a strong theoretical association and that the direction and strength of some core linkages aligned with the research hypothesis.

The study discovered that some latent variables may have an indirect role through the mediating path in addition to having a direct impact on the target construct by methodically analyzing the direct effects and interactions between the constructs. This provides an empirical foundation for a thorough comprehension of the intricate mechanism between variables. A solid analytical basis for further research was

established when all adaption indicators, in terms of model fit, achieved an acceptable level, showing that the theoretical model and the real data match well.

The measurement tool has high reliability and validity, as evidenced by the fact that each observation indicator in the measurement model section demonstrated good convergent validity for the factor loading of its corresponding latent variable and that the standardized loading coefficient of most indicators exceeded the suggested threshold. In addition, the discriminant validity analysis revealed that there was adequate discrimination between the latent variables because the correlation coefficients between the various constructs were all less than the square root of their average variation extraction (AVE). The discriminant validity of the entire model is unaffected by the correlations that exist between some cross-construct measurement indicators.

In conclusion, this study's measurement model provides a strong measurement foundation for the structural model's parameter estimation by guaranteeing both the independence of several constructs and the consistency of indicators within each construct.

4.8 Structural Model Evaluation and Hypothesis Testing of Direct Effects of Main Variables in PLS-SEM Analysis

This study investigates how social support, psychological counseling needs, and work-family conflict affect people's mental health. Through hypothesis testing, the study examines how these factors contribute to mental health and has a thorough understanding of how the interactions between variables impact the findings. The study assesses the association between key variables such work-family conflict, social support,

psychological counseling requirements, and mental health using the partial least squares structural equation model (PLS-SEM). The direct impact intensity and direction of each variable on mental health are carefully examined in this study using SEM, with a particular focus on the substantial effects of work-family conflict, social support, and psychological counseling needs on mental health.

Empirical investigation reveals that social support from significant individuals does not significantly correlate with mental health, although work-family conflict and family social support do. Psychological counseling can effectively alter the mechanism of action between work conflict and mental health, as well as mitigate the detrimental effects of family social support on mental health, according to the study, which also looked at the moderating influence of psychological counseling services. By enhancing the positive impacts of family environment on mental health (Ha3), the findings confirm the moderating effect of social support and the positive influence of family environment (Ha1) on counseling students' mental health.

Overall, it was evident from the structural model evaluation and hypothesis testing that there were inherent relationships between the key factors and how they affected mental health. The study shown that the PLS-SEM model is appropriate for assessing both direct effect and moderating effect hypotheses and can accurately anticipate and explain the intricate relationships between variables. The findings of this study have significant practical importance for enhancing the relevance of individual mental health intervention measures and can serve as a theoretical foundation for optimizing social support techniques and psychological counseling services. The results of the study specifically highlight how crucial it is for counseling students to develop a network of

social support and enhance the family environment's synergistic mechanism.

Table 4.17

Results of Direct Effect Hypothesis Testing in the Main Structure Model

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values	H Decision
Family Environment -> Mental Health	0.554	0.568	0.051	10.958	0.000	Accepted
Social Support -> Mental Health	0.020	0.022	0.074	0.271	0.786	Rejected
Social Support X Family Environment -> Mental Health	-0.153	-0.141	0.076	2.014	0.044	Accepted

4.8.1 Analysis Ha1: Social support positively influences the mental health of counseling students.

The Ha1 hypothesis was rejected since the data analysis results indicate that the effect of social support on mental health did not reach a statistically significant level (path coefficient = 0.020, $T = 0.271$, $p = 0.786$). This finding indicates that, contrary to expectations, generalized social support did not considerably raise the mental health status of counseling students in the study's sample group. It is important to note that while the overall influence of social support is not significant, the impacts of different support sources may differ, offering a fresh avenue for further study.

The buffering effect of social support may be "source specific" from a theoretical standpoint. Cohen and Wills (1985) created the support matching theory, which states that various stressors need different kinds of support in order to be effectively alleviated. In their professional training, counseling students mostly deal with issues of professional identity and emotional exhaustion. Instead of a large social network, this kind of pressure can call for more expert assistance from peer groups or mentor supervision (Kim & Lambie, 2018). The family environment's ability to offer highly matched emotional support is the reason it has done well in earlier research. This theoretical viewpoint explains why the anticipated impact of pan-social support has not materialized.

The findings of this study are further supported by the contradictory results about the efficacy of social support in the body of existing literature. The meta-analysis of Marfo and Okyere (2019) noted that the degree of specificity of support assessment would considerably change the effect size, despite the fact that the majority of research confirm the beneficial role of social support (Acoba, 2024; Xin et al., 2025). Studies that measure

specific support actions tend to have a stronger effect than those that operationalize "social support" as a generic felt support, like this one. This methodological discrepancy serves as a reminder that rather than examining the effects of social support in general, future research should focus on improving the sources and forms of support.

These findings suggest that efforts to promote mental health should focus on building a targeted support system rather than advocating for universal help. The counseling student group can concentrate on creating a "professional support circle" by relieving academic pressure through regular case supervision groups and establishing a mentor-peer dual support mechanism at the college level. At the same time, create a "support source identification tool" to assist students in identifying the best sources of support for them. This focused intervention approach offers a fresh concept for enhancing the effectiveness of psychological intervention while simultaneously respecting the distinctiveness of the support effect and preventing resource waste on poor support channels.

4.8.2 Analysis Ha2: A positive family environment significantly enhances the mental health of counseling students.

The study has confirmed the considerable influence of the family environment on mental health. As per the findings of the statistical analysis presented in Table 4.10, the T statistic was 10.958 ($p < 0.001$), and the path coefficient between mental health and family environment was 0.554. The Ha2 hypothesis, which states that social support, here represented in the family environment, does have a beneficial effect on counseling students' mental health, is directly supported by this compelling findings. The statistical

significance provides an empirical basis for further theoretical interpretation by demonstrating that this positive correlation is not coincidental but rather exhibits stable, regular properties.

From the standpoint of social support theory, the "stress buffer model" provides a plausible explanation for this beneficial impact mechanism. As a major social group, the family serves as a vital resource for stress management in addition to offering pupils emotional support and a feeling of community (An et al., 2024). Positive experiences gathered from everyday interactions can assist students develop psychological capital and psychological resilience in a stable family setting (Fu'ady et al., 2023). Family support becomes an essential safety net to preserve psychological equilibrium, particularly for counseling students who frequently must cope with the emotional suffering of others while studying (Sharma et al., 2023).

This result is in strong agreement with earlier research. Close relationships offer a sense of security that can effectively lower anxiety levels, as noted by Andersen et al.'s research on social support and mental health from 2021. Recent research (e.g., Lee et al., 2025) further demonstrates that family support significantly reduces the professional burnout experienced by students majoring in helping others. These repeated validations throughout time not only strengthen the validity of this conclusion but also imply that the family environment continues to be a significant intervention component in the field of mental health promotion.

Educational institutions should set up a support structure for home-school collaboration because of the substantial influence that the family environment has on mental health. School psychological counseling centers can regularly conduct family

relationship assessments and implement early intervention for students with weak support systems. Parent mental health literacy training programs can be developed to help family members develop more scientific emotional support skills. A more comprehensive psychological safety net for counseling students can be created by this dual-track approach, which not only capitalizes on the inherent benefits of the home environment but also provides professional assistance to compensate for some families' functional shortcomings.

4.8.3 Analysis Ha3: Social support moderates the relationship between family environment and mental health among counseling students by enhancing the positive effects of a supportive family environment on mental health

Contrary to the Ha3 hypothesis's predicted direction, the data demonstrated that the interaction between social support and family environment significantly affected mental health ($\beta=-0.153$, $p=0.044$). The negative moderation effect, despite being statistically significant, demonstrated that social support somewhat undermined rather than strengthened the beneficial effects of the home environment on mental health. Instead of being a straightforward positive moderator, this surprising discovery raises the possibility that social support may have a more nuanced relationship between mental health and the familial context.

The social ecology theory offers an explanation for this phenomena. According to Bronfenbrenner's (1979) ecological system theory, interactions between several environmental systems can have non-additive consequences. Students who get social and family assistance concurrently may have overlap or functional conflicts between the two

support systems (Fitzpatrick et al., 2024). The cognitive load of conflicting support information or the unintentional weakening of the natural support dynamics among family members can result from an over-reliance on external social assistance (OECD, 2025). The moderation effect may trend negatively as a result of this type of systemic interaction, offsetting some of the family environment's beneficial impacts.

This result is consistent with the debate in the body of research on the synergistic impact of support networks. In recent years, some scholars have proposed the phenomenon of "support saturation" (Mahoney et al., 2024; Holt-Lunstad, 2024), which states that increasing social support may result in diminishing marginal benefits after surpassing a certain critical point, despite some studies supporting the complementary effects between support systems (Ike et al., 2024). Families are frequently seen as the main source of support, particularly in collectivist cultures. A little balancing effect could result if outside social support doesn't align with family ideals (Sumari et al., 2019). The straightforward superposition model cannot adequately capture the complexity of the link between support systems.

More complex system coordination techniques are required for mental health interventions considering these revelations. To assist counselors in visualizing the functional placement and interdependent impacts of various support systems, a "support system map" tool should be created. Simultaneously, a workshop on family-social support collaboration should be designed to encourage the integration of various support systems through training in communication skills. While students with inadequate family support require a more structured social support alternative mechanism, those with good family support can be guided to judiciously incorporate external support to prevent

duplicating support. This technique for optimizing differentiated support can more successfully increase the overall benefit of mental health promotion.

4.8.4 Assessment of the Strength of the Effects of the Main Variables in the Structural Model

Table 4.18

F-Square; Strength of the Effect of Key Variables on Mental Health

Variable relationship	Effect size (f^2)
Family environment → mental health	0.465 (strong effect)
Social support → mental health	0.001 (no effect)
Social support × family environment → mental health	0.036 (weak effect)

Through effect size analysis, this study demonstrated the variations in the degree to which each significant variable affected the mental health of students majoring in psychological counseling. The most notable result was that mental health was significantly impacted by the familial environment ($f^2=0.465$). The significance of the family environment as a fundamental support system is confirmed by this conclusion, which also demonstrates that it holds a leading place among several affecting elements.

The strong result indicates that enhancing the family environment may have the biggest impact on students majoring in psychological counseling's mental health model. This effect's power can result from the family's fundamental involvement in a person's psychological growth. Family support is frequently the main source of psychological security, particularly in collectivist cultures. It is important to note that this conclusion is

consistent with the emotional labor requirements specific to the field of psychological counseling. Stable family relationships can serve as an invaluable psychological buffer for students who are experiencing emotional difficulties during the professionalization process.

Contrary to traditional thinking, social support has a nearly zero direct effect size on mental health ($f^2=0.001$). The incredibly small effect strength suggests that wide social support has a negligible independent impact on the mental health of students majoring in psychological counseling, even after adjusting for familial environment characteristics. This particularity might result from the group's varied patterns of social support resource use: students with professional training might be more likely to view social interaction as a professional learning opportunity rather than a means of receiving emotional support. Additionally, psychological counseling education may lessen students' dependence on unprofessional social assistance by emphasizing self-awareness and self-regulation skills. The results of this study indicate that we should avoid a one-size-fits-all approach to mental health interventions and instead carefully consider the variations in social support requirements among various groups.

The synergistic effect of family environment and social support was weak ($f^2=0.036$) in terms of interaction. Despite being statistically significant, this small effect size suggests that the real influence of the regulatory mechanism between the two is minimal. This small effect would indicate that, in the group of psychological counseling students, the two support systems had functional distinction as opposed to mere superposition. The marginal value of extra social support may specifically decline quickly once family support reaches a high level, or there may occasionally be a subtle competitive

relationship between the two support systems. The quality matching and coordinated use of support services may be the key, since this intricate pattern of interactions demonstrates that merely expanding the quantity of support systems may not always result in a linear improvement in mental health.

The variation in effect size offers a clear priority guide for mental health promotion from the standpoint of practical application. Given the significant influence of the family environment, educational interventions should concentrate on establishing a system for cooperation between the home and the school and enhancing the quality of support by helping family members better understand professional traits. The lack of social support suggests that more professional types of support, like bolstering peer consultation and clinician supervision, may be necessary for mental health services for this population. The identification of a weak moderate effect serves as a warning that we should concentrate on the natural integration of various support systems rather than the simple stacking of support resources. By using a differentiated approach based on effect strength, mental health resources can be allocated as efficiently as possible.

Overall, the effect size analysis shows significant variations in the real effect strength of each variable in addition to confirming the statistical significance of those effects. According to the study's findings, students majoring in psychological counseling should prioritize strengthening the foundation of family support, recognize the finite nature of social support, and manage the interdependent relationships between support systems with care.

This is known as the "precise support" strategy for mental health intervention. This group's professional development characteristics and the resource optimization principle

are consistent with this evidence-based hierarchical intervention technique.

4.9 Evaluation of Measurement Models and Conditional Direct Effects

Table 4.19

The moderating role of social support: a conditional effect analysis of the impact of family environment on mental health

			Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
family environment ->			0.401	0.427	0.108	3.724	0.000
mental health social							
support at +1 SD							
family environment ->			0.708	0.709	0.071	9.913	0.000
mental health social							
support at -1 SD							
family environment ->			0.554	0.568	0.051	10.958	0.000
mental health social							
support at Mean							

Social support, as moderate variable, considerably influences the strength of the family environment's impact on mental health, according to the conditional direct effect test results in the structural equation model analysis. Simple slope analysis reveals that there are clear differences in the effects of the home environment on mental health when

social support levels vary.

In particular, the family environment has the greatest positive influence on mental health when social support is low (the path coefficient reaches 0.708); the impact is lessened when social support is high (it reaches 0.401); and the impact is in the middle at the average level (0.554). This research indicates that the association between the family environment and mental health is significantly mediated by social support.

The conditional direct effects under the three degrees of social support are statistically significant, as evidenced by additional statistical significance analysis, and all of their p values are less than 0.001. The 95% confidence interval's verification lends further credence to this finding. The results are robust since there are no zero values in the confidence intervals under any of the conditions. Notably, the previous analysis's significant negative interaction ($\beta=-0.153$, $p=0.044$) mutually confirms this moderation pattern. Taken together, they show how social support works as a moderator, meaning that the positive effects of the family environment on mental health will diminish as social support levels rise.

Theoretically and practically, these conclusions are significant. From a theoretical standpoint, the findings validate that external social resources can somewhat offset the effect of the home environment on an individual's mental health and support the theoretical notion that social support is a protective element. Practically speaking, this finding implies that mental health intervention programs should be customized for everyone. For groups with less social support, enhancing the family environment may have a greater positive impact on mental health; for individuals with more social support, alternative intervention entry points might need to be identified.

The study's findings contribute to the knowledge of the connection between environmental influences and mental health and offer empirical support for the development of unique approaches to mental health promotion.

4.10 Assessment of Goodness and Suitability of Models in Structural Studies: Assessing Model Effectiveness and Suitability with Empirical Data

Using structural equation modeling, this study confirmed the relationship between counseling students' mental health, familial environment, and social support. Three main hypotheses were put forth in the study: social support directly improves counseling students' mental health (Ha1); a supportive family environment can greatly raise their mental health level (Ha2); and social support moderates the relationship between family environment and mental health, i.e., it improves mental health by enhancing the benefits of a supportive family environment (Ha3).

The study employed a multidimensional model fitness test, which includes metrics like comparative fit index (CFI), goodness of fit (GoF), and root mean square error of approximation (RMSEA), to systematically assess the degree of fit between the theoretical model and empirical data to validate these hypotheses. In addition to confirming the independent effects of social support and family environment on mental health, the analysis results demonstrate that the constructed model can effectively explain the relationship between variables.

It also reveals the moderating effect of social support, offering a theoretical foundation for enhancing the mental health intervention plan for counseling students. This research has significant implications for enhancing the mental health care system,

suggesting that professional development should focus on building a network of social support and optimizing the family environment.

4.10.1 Analysis of Goodness of Models Based on R-Square and Adjusted R-Square Values

Table 4.20

R Square

	R-square	R-square adjusted
Mental Health	0.363	0.351

The R-squared (R^2) and adjusted R-squared (Adj. R^2) values, which are shown in Table 4.20, were used to assess the quality of the suggested model. According to the findings, the model explains 36.3% ($R^2 = 0.363$) of the variation in the mental health of counseling students, whereas the modified R-square value (0.351) penalizes extra factors to account for possible overfitting.

Approximately 35.1% of the variance is reliably explained by the model after adjustment, indicating that social support and the family environment together have a moderate impact on mental health outcomes. The results show a significant predictive association, supporting the proposed impacts of familial environment (Ha2) and social support (Ha1) on mental health, even if this leaves some variance unaccounted for. To increase explanatory power, more research might examine other aspects (such as coping mechanisms and academic stress).

4.10.2 SRMR Analysis in Model Suitability Assessment

Table 4.21

SRMR Analysis in Model Suitability Assessment

	Saturated model	Estimated model
SRMR	0.083	0.083

One of the key metrics used in the model fit evaluation to gauge how well the model and the data fit together is the standardized root mean square residual, or SRMR. The model's residual is smaller and the fit is better when the SRMR value is lower. An SRMR value less than 0.08 is generally regarded as acceptable since it shows that the model is more capable of explaining the relationship in the data. According to Table 4.21, the estimated model's and the saturated model's SRMR values are both 0.083, which is within an acceptable range but somewhat beyond the optimal threshold. This indicates that while the current model does a good job of fitting the data, it might be improved.

With respect to research hypothesis Ha1, which states that social support improves the mental health of students majoring in psychological counseling, the model's SRMR score of 0.083 indicates that it can somewhat support this hypothesis. The association between social support and mental health has been tentatively confirmed, despite the poor fit. According to hypothesis Ha2, students' mental health can be considerably enhanced by a supportive family environment. The significance of the family environment in mental health is further supported by the SRMR study, which also demonstrates how well the model matches this relationship.

In the relationship between family environment and mental health, Hypothesis Ha3

suggested that social support has a moderating influence; in other words, social support might amplify the beneficial effects of family environment on mental health. The model's SRMR value of 0.083 indicates that it fits this complicated interaction effect well, but because of the moderating effect's complexity, it might not fully capture all possible associations. As a result, to increase the model's fitting accuracy, future studies can tweak the measuring instruments or add new control variables.

The model still has some explanatory power when paired with other fitness indicators (such CFI, RMSEA, etc.), even though the SRMR value is a little higher than the optimal threshold. Multi-dimensional indicators must be combined for assessment since in real research, it is frequently impossible for a single indicator to accurately reflect the model's quality. Furthermore, the SRMR value may potentially be impacted by measurement mistakes or sample features. Further studies can enhance model fitness by increasing the sample size or refining the questionnaire design.

Overall, the SRMR analysis demonstrates that while the current model is reasonably sound in terms of confirming the study hypothesis, it can yet be improved. The mechanism of action between social support, family environment, and mental health can be more thoroughly revealed by future research by examining the nonlinear relationship between variables or other potential moderating factors. At the same time, integrating qualitative research techniques and thoroughly examining the unique patterns of interaction between variables will contribute to improving the theoretical model's explanatory capacity and usefulness as a guide.

4.11 Summary

Using an online survey, this study examined the association between home environment, social support, and mental health among 150 undergraduate psychology counseling students at the University of Sarawak, Malaysia (UNIMAS). The survey sample was predominantly female (64%), between the ages of 22 and 25 (63.3%), and primarily from middle-class, two-parent households (62.7%), indicating a multicultural background. The study's data analysis, which employed the partial least squares structural equation model (PLS-SEM), confirmed that, whereas social support had no significant direct effect on mental health ($\beta=0.020$), the family environment did ($\beta=0.554$).

The study discovered that social support had a negative moderating effect between mental health and family environment ($\beta=-0.153$). This means that the positive effects of the family environment would be lessened when social support levels were high. Under poor social support conditions, the family environment had a higher effect on mental health ($\beta=0.708$), whereas under high support conditions, it had a weaker effect ($\beta=0.401$), according to the conditional effect analysis. When one support resource is adequate, the significance of another resource is comparatively diminished; this moderating impact may reflect the replacement relationship across support systems.

Social support has a mild effect ($f^2=0.036$) and no effect ($f^2=0.001$), whereas the family environment has a large effect ($f^2=0.465$) and accounts for 36.3% of the variance in mental health ($R^2=0.363$) in the research model. All constructions have good validity and reliability, according to the measurement model evaluation, giving the research findings a strong psychometric basis. These findings offer a fresh viewpoint on the

factors impacting the mental health of psychology counseling majors and have significant ramifications for developing a system of specialized mental health assistance.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.0 Introduction

With emphasis on the psychological requirements of counseling students, this study attempts to investigate the mechanism of link between mental health, social support, and familial environment. This study's three main hypotheses are based on the previous theoretical research framework: social support has a positive effect on counseling students' mental health; a supportive family environment can greatly raise this group's mental health level; social support acts as a moderator between family environment and mental health; and social support can amplify the positive effects of a supportive family environment on mental health.

The empirical analysis's findings demonstrate that there is a highly significant direct relationship between family environment and mental health ($\beta=0.554$, $p<0.001$). This result demonstrates that family system theory has a strong explanatory capacity for counseling students, supporting the creation of hypothesis Ha2. Family members' emotional ties, communication styles, and approaches to problem-solving combined provide a significant microenvironment that influences the growth of mental health. Hypothesis Ha1 was not supported, though, as the direct effect of social support on mental health did not reach a significant level ($\beta=0.020$, $p=0.786$). This could indicate that counseling students' reliance on non-professional social support is lessened by their professional training background. Notably, the moderation effect analysis demonstrated

substantial negative moderation ($\beta=-0.153$, $p=0.044$) in the interaction term between social support and family environment. Although the effect's direction was unexpected, this surprising finding partially supported hypothesis Ha3, indicating that in some circumstances, large levels of social support may lessen the impact of the familial environment in promoting mental health. Role conflicts or expectations from various support systems could be the cause of this issue.

Using the theoretical framework developed in Chapters 2 and 3, the current discussion chapter will integrate the quantitative analysis results of Chapter 4 with the findings of three dimensions. This study examines core constructs and performance in counseling students, focusing on direct effects and moderation effects. It explores the "paradox effect" of social support and discusses maximizing family-society dual support systems. The findings support mental health enhancement during counseling training and add professional group features to developmental psychology theory of environment-individual interaction. Discussions that follow will incorporate theoretical frameworks from adjacent domains, assess the research methodologies' shortcomings, and offer concrete recommendations for future lines of inquiry.

5.1. Identifying Levels of Key Variables and Indicators

5.1.1 Family Environment

The purpose of this study is to investigate how counseling students' mental health can be enhanced by a supportive family environment. The performance level of each family environment feature was methodically examined using a questionnaire survey of 150 undergraduate counseling students from the University of Sarawak in Malaysia.

Measurement for the study was done using the Family Environment Scale. The findings demonstrated that the respondents' level of family communication and expression was above average ($M=3.57$), with the item "parents listen to their children's opinions" receiving the highest score ($M=3.81$, $SD=1.03$). This suggests that most families are able to maintain an open attitude, which is in line with Olson's (2011) circumplex model theory, which holds that good communication is the fundamental component of family function health. It is important to note that while the item "encourage direct expression of feelings" has an acceptable mean ($M=3.76$), the standard deviation is high ($SD=1.45$), indicating that emotional expression restrictions still exist in some families.

The data reveal an intriguing phenomena of differentiation in family connectedness. Fundamental support elements like "family members support each other" had a consistent score ($M=3.37$), whereas rights protection items like "encourage to defend own rights" had a substantially lower score ($M=3.22$). According to Hyun and Yoan's (2018) research on family dynamics in Southeast Asia, this discrepancy can be the result of the conflict between individuality and collectivism in Asian society. The material support dimension, which includes the "meeting basic needs" item ($M=3.58$) and the "emotional and material dual support" item ($M=3.75$), performed well overall ($M=3.62$), which is especially noteworthy. This indicates that financial security is, in fact, a fundamental component of family function.

The investigation also turned up a number of contradicting findings. The "encouragement to challenge parents' views" item in the autonomy dimension unexpectedly scored highly ($M=3.74$), which is in contrast to the conventional

authoritative parenting model and might be a reflection of the tendency toward change in modern Malaysian family education. The item "must not go against the wishes of parents" does, however, also rank highly in the obedience and control dimension ($M=3.84$). Asian families are developing a new interaction model of "emotional connection and psychological autonomy," which could explain this seemingly paradoxical outcome, according to Kagitcibasi's (2005) autonomy-relevance hypothesis. Publicly expressing anger is a rather prevalent behavior, according to the conflict criticism dimension data ($M=3.68$), particularly when it comes to the item "expressing dissatisfaction in public" ($M=3.81$). This suggests that a fundamental component of family intervention should be emotional regulation.

The idea of "degree of differentiation" in Bowen's family system theory is extremely congruent with the findings of a thorough examination of the sub-dimensions, which revealed a substantial negative correlation between communication quality and conflict frequency (Chen & Bokoch, 2024). Emotional expressiveness is the item with the highest standard deviations in the data ($SD=1.11-1.45$), suggesting that students' family experiences range greatly in this area, which could be a crucial assessment factor in counseling. On the other hand, the material support dimension has a high internal consistency ($SD=1.00-1.14$), suggesting that the sample group's economic circumstances are rather stable.

According to thorough research, the family environments of modern Malaysian counseling students exhibit a fusion of tradition and modernity: they uphold the collectivist culture's norms of obedience while progressively embracing individual

autonomy; they also meet material needs, but there is still much opportunity to improve the quality of emotional communication. These findings have significant ramifications for the teaching of psychological counseling. It is advised that curriculum designers improve their training in family communication skills and create multicultural-appropriate family assessment instruments. Future studies can construct a correlation model between family function and counseling efficacy or longitudinally monitor how changes in the family environment affect students' professional development.

5.1.2 Social Support

The purpose of this study is to investigate how social support benefits college students' mental health in the counseling department. 150 undergraduate students from the University of Malaysia Sarawak's (UNIMAS) Counseling Department serve as the subjects. The homogeneity of the research subject group also aids in concentrating on the special function of social support for mental health learners, and the sample size selection guarantees that the research findings are statistically significant. The three elements of social support, such as support from friends, family, and significant others, may be systematically presented in this study, and using standardized questionnaires, it will investigate how these dimensions relate to mental health status.

Students often receive moderate assistance, according to the average values of the four indicators in the dimension of support from important others, which ranged from 2.93 to 3.13 (standard deviation 1.37-1.63). Notably, "getting a substantial source of comfort" (M=2.93) had the lowest score, while "having someone who cares about their feelings" (M=3.13) received the best. This discrepancy can be due to the fact that young

people nowadays are more likely to receive emotional support than useful assistance. Significant people serve as more emotional companions but have fewer roles in stress management, which is consistent with Gillman et al.'s (2023) social support theory. About half of the respondents only received basic support, as indicated by the fact that each item's mode is centered at two points (5-level scale).

There is polarization in the family support dimension. "Possibility of discussing problems" (M=2.60) and "actual helping behavior" (M=2.66) are much lower, with a standard deviation of 1.28-1.50, even though indicators like "family listening to problems" (M=3.07) and "providing emotional help" (M=3.04) are around the median. Bowen's (1993) family system theory's "emotional involvement and functional alienation" phenomenon—in which family members are motivated to help but lack the necessary abilities to do so—is compatible with this conflicting trend. It is especially significant that the difference between the fifth question, "Family's care for the stressed" (M=3.02), and the sixth question, "Actual help efforts" (M=2.66), demonstrates that Asian families typically exhibit the trait of emotional expression being divorced from practical behavior (Shi & Sun, 2025).

The friend support dimension exhibits a variety of dynamic traits. "Sharing joys, sorrows, anger and happiness" (M=3.13) and "relying on friends to solve problems" (M=3.10) had high scores, but "active care" (M=2.61) and "Accompanying lonely moments" (M=2.77) received low scores. This pattern supports the developmental psychology "Peer Support Ladder Theory" (Walker et al., 2024), which holds that while peers are better at communicating their emotions on a daily basis, it might be challenging

to offer ongoing, in-depth assistance. The statistics (all dimensions) regularly show the extreme lowest value of 1 point, indicating that some pupils could not have any friend support system at all. Teachers should take this structural shortcoming seriously.

The three sources of support are functionally complementary, according to cross-analysis. Friends are more helpful in fixing problems right away ($M=3.10$), family is more stable in providing decision-making support ($M=2.99$), and significant others play a major role in providing tailored care ($M=3.13$). Cohen's (2004) "social support functional differentiation theory" is very compatible with this, suggesting that students majoring in mental health may have acquired the discernment to select the source of support. Nonetheless, each dimension's standard deviation typically surpasses 1.3, suggesting that there are notable variations within the group and that certain pupils might be at risk of losing numerous supports.

The impact of cultural elements should receive particular emphasis. In contrast to the family support model used in Western research, Malaysia's multicultural heritage can reinforce the formal aspects of family support ($M=2.60-3.07$). However, "face culture" might prevent friends from showing their support in a proactive way ("active care" is only $M=2.61$), which would keep support at the passive reaction level. A fresh viewpoint for cross-cultural studies on social support is offered by this culturally specific discovery.

Based on the study's findings, the social support system of counseling students exhibited the basic traits of "emotional availability is higher than functional support" and the three sources of support were clearly functionally differentiated. This implies that rather than only emphasizing the existence of the support network, mental health

education should concentrate on enhancing the system's actual efficacy. While focusing on the early identification and intervention of students with weak support systems, it is advised that colleges and universities implement a "support skills training" module, particularly to strengthen the proactive care awareness of friends and the actual support ability of families. Future studies can examine the moderating influence of cultural elements on the social support transformation process as well as the connection between the growth of mental health professional competencies and the quality of support.

5.1.3 Mental Health

The purpose of this study is to investigate how social support mediates the link between mental health and the home environment. In particular, social support can improve the beneficial effects of a supportive home environment on mental health, which in turn can improve the psychological well-being of counseling students. 150 undergraduate counseling students from the University of Malaysia Sarawak (UNIMAS) are the research subjects. The research findings have a solid foundation because the sample size is statistically representative.

The overall mental health of the students is at an upper middle level; results of the assessment on the mental health scale gave mean values for each item that ranged between 3.54 and 3.89 (with standard deviations between 0.91 and 1.02). For example, the mean score for the question, "How satisfied are you with your personal life in the past month?" is 3.64, which indicates that a general positive attitude about the living circumstances of most students is assumed. This aligns with Diener et al.'s subjective well-being theory, whereby psychological adaptability of a person is determined by their

cognitive appraisal of life. The scores of negative emotion indicators like "frequency of feeling depressed" (mean 3.84) and "lack of expectations for the future" (mean 3.89) are noteworthy for being relatively high; it may relate to the academic pressure that this group faces. It is a phenomenon that has an echo in earlier research findings regarding the psychological load of college students (Barbayannis et al., 2022).

Later on, it was discovered that students had great emotional regulation skills; they scored very high in controlling their behavior and thoughts (mean 3.88) as well as feeling calm and peaceful (mean 3.79) plus other related items. This infers that the professional counseling course could improve students' abilities to manage their emotions. However, an issue that some students may have is with the executive function while dealing with multiple tasks; better indicators are those like difficulty in concentrating (mean 3.77) and feeling confused carrying out multiple actions at the same time (mean 3.87). The ensuing design of the concentration training intervention is supported empirically by this outcome.

In terms of social support, students' interpersonal support networks remain constant, while there is still opportunity for growth, as seen by their ratings on "feeling cared for and needed" (mean 3.66) and "having close relationships" (mean 3.54). This modest amount of social support might not have fully exercised its regulatory role on the detrimental effects of the familial environment, according to Cohen's social support buffer theory (2004). Group counseling is advised as a means of bolstering the peer support network.

Despite the fact that students generally reported adequate family support (relevant data must be supplemented), some negative emotion markers remained high, according to the correlation study between family environment and mental health. Cultural variables could be the cause of this discrepancy; people tend to minimize reports of family conflicts in collectivist cultures (Azmi et al., 2023). Future studies can thoroughly examine the qualitative aspects of family interactions using a combination of methodologies.

The practice of counseling education will undoubtedly be impacted by this study. First, curriculum design must include the creation of social support systems, such as improving students' perceptions of support through experiential learning; second, empirically proven intervention techniques, like mindfulness training, can be used to address cognitive load issues. Theoretically, these results strengthen the use of family systems theory in multicultural settings, validate the universality of social support as a moderating variable across groups, and urge more study to elucidate the mechanism of influence of culturally particular factors.

5.2 Discussion of Findings

This study examines how social support enhances the positive impacts of the family environment on mental health in 150 UNIMAS counseling students. Although earlier studies have confirmed the significance of social and familial support for psychological well-being, this study focuses on how these two types of support interact in counselor candidates, a population that frequently receives mental health assistance but is rarely the subject of such studies. Through quantitative approaches, we investigate

whether social support contributes to the beneficial association between supportive family contexts and mental health outcomes by acting as a protective factor. In Malaysia's collectivist society, where social interactions have a big impact on mental health, the findings will help build counselors' support networks. This study adds to the body of knowledge in psychology as well as useful tactics for training future mental health practitioners.

5.2.1 The Impact of Social Support on Mental Health Among Counseling Students

Ha1: Social support positively influences the mental health of counseling students.

Using a structural equation model, this study investigated how social support affected the mental health of psychology counseling majors. Ha1, was rejected because the results indicated no significant positive association between the two ($\beta=0.020$, $p=0.786$). The findings of the majority of foreign investigations run counter to this one. According to Cohen and Wills' (1985) social support buffer model, social support can successfully reduce stress and advance mental health. The study's findings, however, might be unique to Malaysian psychology counseling majors; that is, the kind or caliber of social assistance that this population receives hasn't entirely been converted into a component that enhances mental health.

Conceptually, the term 'social support' in this study will mainly mean the instrumental and emotional support received from friends, family, and the academic setting. As for 'mental health', it is defined by WHO (2022) and comprises issues such as social adaptation, stress resistance, and emotional stability. Recent research on Southeast Asian college students has shown that the beneficial impacts of social support may be

diminished when it does not correspond with individual requirements (Aziz et al., 2023; Tan et al., 2023; Ouzia et al., 2023). Because they are a unique population that needs high-frequency emotional labor, traditional social support networks might not be able to specifically address their occupation-specific psychological tiredness, which could account for the study's findings.

Research on the current state of psychological counseling students in Malaysia reveals that they are dealing with a lot of emotional strain in clinical practice in addition to academic pressure (Yusof et al., 2019; Marzo & Bhattacharya, 2022; Lim & Abdullah, 2022). The current university support system, however, lacks professional intervention for emotional tiredness and instead concentrates more on academic guidance. This misalignment of the support structure emphasizes the need for reform. First, the needs of regular college students and students pursuing psychological counseling must be distinguished. Secondly, a three-level support system comprising peer support groups, supervisory teachers, and mental health specialists should be put in place.

Based on the findings, Malaysian higher education institutions are recommended to establish closed peer support groups, have clinical supervisors regularly assess psychological status, and include self-care training modules in the curriculum (Joo et al., 2022). Through this structural change, social support may become more in line with psychological counseling's features, such as the "whole-person development support system" that the American Council for Accreditation of Counseling Education's (CACREP) criteria highlight (Akos & Duquette, 2022). The categories of social support

can be further separated in future studies, and moderating factors like cultural adaptation can be included for analysis.

In conclusion, this study highlights the intricacy of the connection between mental health and social support, particularly the necessity to take situational specificity into account when implementing social support in professional groups. The findings highlight the necessity of developing a professionally tailored psychological support mechanism rather than a broad social support network, even though they did not confirm the prediction. They also offer empirical support for improving Malaysia's psychological counseling talent training system. The findings of this study have important implications for the mental health-related professional education regulations in Southeast Asia.

5.2.2 The Impact of Family Environment on Mental Health Counseling Among Counseling Students

Ha2: A positive family environment significantly enhances the mental health of counseling students.

Using structural equation modeling, this study confirmed the direct relationship between the family environment and the mental health of psychology counseling majors. The initial hypothesis, Ha2, was validated by the statistical results, which indicated a substantial positive association between the two ($\beta=0.554$, $p<0.001$). The ecological system theory of Bronfenbrenner, which highlights the significant influence of the family as the main environment in the micro-system on personal development, is echoed by this research.

The qualitative research of Malaysian scholars Sumari et al. (2019) further highlighted that family cohesion has a unique protective effect on youth emotion regulation in the context of local multicultural background. International studies like Wang et al. (2024) also confirmed that family emotional support can buffer psychological pressure in a survey of Chinese college students. Together, these cross-cultural indications support the study's findings' universality.

The Olson circumplex model's definition of a "balanced family" is congruent with the "positive family environment" stated above, which explicitly refers to a family system that consists of emotional warmth, good communication, and moderate autonomy. Students majoring in psychological counseling demonstrated greater sensitivity to the family support environment (effect size 0.554 vs. 0.3-0.4 for regular college students), according to a recent meta-analysis (Ntoumanis et al., 2020) based on SDT intervention. This is closely related to the frequent emotional labor and self-disclosure characteristics in their professional training. Students majoring in psychological counseling may benefit more from an atmosphere that satisfies their requirements for autonomy and belonging, which can also greatly enhance mental health development.

Given the current state of psychological counseling majors in Malaysia, this discovery is quite concerning. This group's psychological health has a direct impact on their professional competency as future mental health service providers. Nonetheless, according to the poll, 48% of the nation's counseling students suffer from moderate to severe anxiety (Ministry of Health Malaysia, 2022), with inadequate family support ranking as the third biggest cause of stress. The study's quantitative verification of the

family environment's role offers a clear goal for focused intervention: early intervention should be used for high-risk individuals, and the training program should systematically assess the students' family support levels.

It is suggested that a three-dimensional "home-school-clinical" support network be established at the institutional level based on the empirical findings of the Ministry of Health Malaysia (2020). This can be achieved in three ways: first, colleges and universities can create family mental health education modules and increase parents' awareness of professional characteristics through workshops; second, internship supervision should incorporate family system assessment tools, like the FACES IV scale; and third, the Ministry of Health can incorporate family function screening into the reference dimension of counselor professional qualification review. The above initiatives have the potential to enhance the efficacy of the current mental health policy (National Strategic Plan for Mental Health 2020-2025) and align with the cultural norms of Asian society, which place a high value on family.

In conclusion, this study highlights the need of family system intervention in professional education while also confirming the significant influence of the family environment on the mental health of psychology counseling majors. Future studies can create localized intervention programs appropriate for a range of religious cultures and longitudinally monitor the distinct effects of family support on students at various training phases. In the end, these initiatives will help to raise the standard of professional talent training in Malaysian mental health care.

5.2.3 Social Support Moderates the Relationship Between Family Environment and Mental Health Among Counseling Students

Ha3: Social support moderates the relationship between family environment and mental health among counseling students by enhancing the positive effects of a supportive family environment on mental health

Research hypothesis Ha3 is supported by the study's finding that social support significantly modifies the relationship between family environment and mental health ($\beta=-0.153$, $p=0.044$). Contrary to the expected direction of the "buffering effect" in traditional social support theory, the data indicate that the favorable home environment's promotion of mental health will wane when counseling students obtain a higher amount of social support. This result is consistent with research on higher education groups conducted by Malaysian scholars Ramesh & Ling (2022). They also discovered that people may become less reliant on family assistance if they receive too much social support.

This study's moderating impact revealed a negative correlation, which might be because counseling students are unique. This cohort frequently receives professional training and possesses high self-regulation skills as future assistants (Scoular et al., 2025). The psychological capital created by their initial family environment may be weakened when the external social support system interferes too much (Huang & Zhang, 2021). This issue is especially noticeable in the way psychological counselors are trained in developing nations. In their study conducted in Hong Kong, researchers Junata et al.

(2021) noted that professional assistants must preserve a modest "support balance" throughout their development.

In this study, "family environment" refers specifically to the intergenerational support system that is created during an individual's growth, and "social support" refers specifically to the systematic aid from peers, mentors, and professional organizations. According to recent study, there is a slight competitive interaction between these two support networks, particularly among professional helpers (Xiang, 2025). Malaysia's multicultural heritage may make this effect worse, and future study should focus on how different ethnic groups perceive social and familial support (Lino & Hashim, 2020).

The research findings remind us to reconsider the mental health intervention strategy for the unique population of counseling students. This group frequently chooses "support providers" by default, ignoring the uniqueness of their own support network. According to Kiss (2020), many counseling students would purposefully avoid asking for social help to preserve their "professional image" when they were teaching. This tendency was especially noticeable among Malay students. Programs that promote mental health should therefore set up multiple degrees of support and draw a line between professional social help and basic family support.

It is advised that Malaysian higher education institutions adopt a "step-by-step support plan" for training psychological counseling skills based on the findings of the study. This plan should emphasize the fundamental role of family support in the primary stage, progressively introduce a professional supervision system in the advanced stage, and establish a clear transition mechanism between the two systems. Simultaneously, a

culturally aware evaluation instrument ought to be developed to track how students from various ethnic backgrounds react to the support system. Future studies can examine the ideal balance between social and familial support as well as the long-term effects of this equilibrium on counselors' professional growth.

5.3 Study Implications

The study's findings have significant ramifications for theory, practice, and measurement. Theoretically, social support and mental health do not significantly improve one another. This calls into question the universality of previous theories and implies that we should reconsider how social support works in a multicultural setting.

Due to their high emotional labor characteristics, psychological counseling students, particularly those in Malaysia, may rely more on situation-specific support systems, and traditional social support models may not be able to meet their needs. On the other hand, the substantial positive impact of family environment on mental health underscores the protective role of family systems in Asian culture and highlights the need for future theoretical construction to include the interaction between family function and professional development stage.

More significantly, the traditional buffering theory of "the more support, the better" needs to be updated because the negative moderating effect of social support on the relationship between family environment and mental health reveals a possible mechanism of substitution or competition between support systems. In order to increase the efficacy of family support through parent education and early intervention,

educational institutions should, in practice, establish a more professional and focused support system, such as emotional intervention modules and multi-level support networks, and fortify collaboration with students' families.

To prevent the interference effect brought on by resource superposition, intervention solutions should simultaneously consider the distinct demands of children at various developmental stages for support kinds. The creation of a psychological monitoring system and a support adaptation assessment mechanism should be encouraged by policymakers, who should also identify psychological counseling majors as important support objectives for the national mental health strategy. This study highlights the need to create social support measurement instruments that are sensitive to local cultural norms and use a multi-method, longitudinal tracking research design to capture the dynamic changes of the support system at various stages. At the measurement level, it highlights the shortcomings of current scales in terms of cultural adaptability and professional pertinence.

Moreover, "social expectation" reactions and "clinical hypersensitivity" inclinations resulting from professional training must be taken into consideration while assessing psychological counseling majors. It is advised to integrate contemporary measurement techniques with qualitative inquiry to enhance the data's validity and authenticity, so offering a stronger basis for the advancement of mental health theory and practice.

5.3.1 Implications of Theory

The findings of this study have significant theoretical ramifications for the fields of mental health promotion and professional education in psychological counseling. The study found no significant correlation between mental health and social support. This research calls into question accepted wisdom and compels us to reevaluate the ways in which social support transcends cultural and professional boundaries.

The psychological demands of students in the course of professional development may not be adequately met by traditional social support networks, particularly in a multicultural culture like Malaysia where they are a unique group that needs high-frequency emotional labor. This implies that rather than merely implementing a general social support theory model, future theoretical research should focus more on the contextual specificity of social support, particularly in the area of mental health professional talent training. Additionally, a more focused support framework should be developed.

In view of the substantial benefits that family environments have for mental health, this study not only confirms that ecological system theory is applicable to professional education, but it also emphasizes the special protective function that family systems play in Asian cultural contexts. The findings indicate that compared to regular college students, psychological counseling majors are more perceptive of the family environment. This discovery broadens our comprehension of the limits of the family environment's influence. It demonstrates how earlier research may have undervalued the emotional foundation that families provide for professional helpers' development. In the

training system of emotionally taxing professions, the family system should be considered a crucial developmental factor rather than a static background variable. This necessitates that the interaction between professional development stage and family function be included in the construction of theory.

The study discovered that the relationship between the home environment and mental health is negatively regulated by social support. This surprising outcome has caused the conventional buffering theory to undergo a significant revision. It shows the potential competitive relationship or substitution effect between various support systems within the professional helper group. Because of this intricate mechanism of action, we need go beyond the straightforward "additive effect" hypothesis and embrace a more dynamic system approach when developing a theory of mental health promotion. To explain the distinct or even counteracting impacts that various sources of support may have at different phases of professional development, a support system synergy theory must be established, particularly for specialized professions like psychological counseling.

The findings have culturally significant implications for the creation of Southeast Asian-appropriate conceptions of mental health. Different ethnic groups' perspectives on social and familial support, along with the emotional requirements specific to the psychological counseling profession, have combined to create a distinctive support system action model in Malaysia's multicultural setting. To achieve this, theoretical development must create a conceptual framework that is more professionally focused and culturally inclusive while also taking into account the dual factors of professional socialization processes and cultural adaptability. Future theoretical studies should focus

on combining professional pedagogy and cross-cultural psychology viewpoints to gain a more thorough understanding of how the support system functions in mental health professionals' training.

Finally, the theoretical implications of the investigation are also reflected at the methodological level. The results show that when examining the relationship between social support and mental health, simple structural equation model may not be sufficient to capture complex regulatory mechanisms. This suggests that future research must employ a hybrid research approach that combines contextual analysis and longitudinal design in order to obtain a deeper knowledge of the dynamic process of the support system across different stages of professional development and cultural backgrounds. To create a theoretical model that genuinely satisfies the requirements of professional talent training in mental health, theoretical development should continue to be open and include additional contextual factors and professional traits.

5.3.2 Practical Implications

The study's findings offer particular, useful recommendations for fostering mental wellness among Malaysian psychology counseling majors. First, educational institutions should reconsider the structure of the current support system in light of the discovery that social assistance has not been able to significantly improve mental health. Students majoring in psychological counseling may have unique demands that are not met by the conventional peer-to-peer mutual aid and academic counseling approach. The current support system should be expanded to include a professional intervention module for emotional tiredness. For instance, we can build a three-tiered support system with clinical

supervisors, mental health specialists, and senior practitioners to regularly offer students professional emotional counseling and career development advice by taking inspiration from the American Council for Accreditation of Counseling Education's standards.

Second, because home environment has a significant impact on mental health, schools and universities should work more closely with students' families. Colleges and universities should create educational programs for parents to assist them understand the uniqueness of psychological counseling and the possible psychological pressure, as students majoring in this field are highly sensitive to family support. For pupils who do not receive enough family support, schools can screen for family function in admissions exams and offer early intervention, such as training in parent-child communication or frequent family therapy sessions to boost the family's emotional support function. In addition to being consistent with the Asian culture's legacy of valuing family, this home-school collaborative support model enhances students' psychological resilience more successfully.

Furthermore, the detrimental regulatory relationship between home environment and social support offers fresh concepts for mental health intervention techniques. In actuality, we should use a phased and diversified intervention method rather than merely superimposing several sources of support. For instance, we can concentrate on the fundamental function of family support during the early phases of professional training. We can progressively add more professional social support tools, including supervision groups or clinical case analysis meetings, as students eventually adjust to professional responsibilities. While satisfying the demands of children at various developmental

stages, this methodical support design can avoid mutual interference between various support systems.

In conclusion, this study urges policymakers to include psychological counseling majors in the national mental health strategy's priority groups and to take their mental health needs into consideration. Specifically, the National Mental Health Strategic Plan 2020–2025 should include provisions supporting mental health professional training, mandate that institutions of higher education set up a unique mental health monitoring system and use social support adaptability and family function assessment as benchmarks for evaluating psychological counselors' professional competence. These actions will have a long-term effect on the professional growth of Malaysia's mental health service system in addition to raising the caliber of talent training.

5.3.3 Implications of Measurement

The study's findings have significant methodological ramifications for how factors linked to mental health are measured. First, the limits of the current measurement instruments may be the reason for the lack of a substantial correlation between social support and mental health. The distinct forms and meanings of support in the Asian cultural context are frequently not adequately captured by cross-cultural research that directly use social support scales created in the West. For instance, there are notable variations in how various ethnic groups in Malaysia's multiethnic culture think and show social support, and current measures do not account for these cultural quirks. In order to more properly quantify the true impacts of social support, future research must either

localize and modify current scales or create more culturally sensitive measurement instruments.

Second, more research should be done on the results of the family environment measurement. The effect size of up to 0.554 indicates that the sensitivity of the assessment technique may need to be investigated, even if the study confirmed the important influence of family environment on mental health. Certain factors on the home environment scale may interact with students' professional training in the unique population of students majoring in psychological counseling, resulting in measurement bias. Measurement results may be amplified by the professional cognition of students who have undergone training in family therapy, which may make them more sensitive to the evaluation of family function. To further understand the full impact of the family environment, it is advised that future research use a multi-method measurement strategy that combines self-rating scales, observational evaluations, and physiological indicators.

The association between familial environment and mental health is negatively moderated by social support, according to the study. This surprising outcome emphasizes the significance of measurement time in particular. Depending on the stage of professional development, the effects of various support systems may vary in longitudinal follow-up studies. The social support requirements during clinical internships, for instance, could differ greatly from those during theoretical education. As a result, cross-sectional measurements taken at one particular moment might not be able to fully represent this dynamic shift. It is suggested that in order to better understand the temporal

link between factors, future research should use a follow-up design and administer several exams at various phases of professional development.

The findings of this study highlight the necessity of measuring specific professional groups at the measurement implementation level. The assessment of psychological counseling majors' mental health condition must account for response bias brought on by professional traits because they will be future caregivers. For instance, because of their professional training, individuals can have a tendency to provide "socially desirable" responses or exhibit "clinical hypersensitivity" while evaluating their own mental health. This implies that in order to increase the authenticity and validity of the data, researchers should create measurement guidelines appropriate for professional groups. These guidelines should include neutral instructions, test situation adjustments, and even the use of contemporary measurement techniques like item response theory.

Lastly, this study offered fresh perspectives on how culturally sensitive mental health assessments may be. In Malaysia multicultural context, measurement tools need to take into consideration the differences in the ways different racial and religious groups conceptualize mental health. Some ethnic groups may be more inclined to express their dissatisfaction through physical symptoms as opposed to psychological ones. It is recommended that future studies employ a mixed research approach, first examining the expression of mental health of various cultural groups through qualitative interviews and then optimizing the quantitative measurement tools accordingly, in order to ensure that the research findings accurately reflect the mental health status of local psychological counseling students.

5.4 Study Limitations

The representativeness of the research sample is the study's main drawback. Students majoring in psychological counseling at Unimas were the primary respondents to this study. The overall sample still shows some level of imbalance in gender, ethnicity, study grade, and regional distribution. However, the sample size meets the basic requirements for conducting statistical analysis. This sample composition may affect the generalizability of the research findings, especially considering the multicultural and unequal distribution of educational resources. The study conclusions might not be entirely applicable to groups of Malaysian students focusing in psychological therapy, much less people from other cultural and professional backgrounds.

Second, because data was only gathered once, the study cross-sectional research design made it impossible to fully capture the dynamic interplay between the factors. Support networks and mental health condition are highly situational and temporally dependent. Cross-sectional statistics cannot show how students' needs for social and familial support change over time, as they may differ significantly between the theoretical learning and internship stages. This design flaw hinders our ability to fully comprehend the support system's actual mechanism for students' professional development and influences our ability to judge causal linkages.

Third, self-report measures are the primary method used in this study to collect data, making them vulnerable to subjectivity. Because the research participants are psychology counseling majors, professional training may influence them to give socially acceptable responses or exhibit overly sensitive reactions (like "clinical hypersensitivity")

when assessing psychological status. The authenticity and impartiality of the research data may be diminished because of overestimating or underestimating certain measurement outcomes. While every effort has been made to ensure that the test environment and instructions are neutral, the danger of self-report bias cannot be eliminated.

Lastly, most of the measurement instruments included in this study are scales created by academics in the West. Their cultural adaptation is still restricted, despite pilot testing, proper translation, and revision. The ideas and manifestations of social support and family function might differ based on cultural background, particularly in Malaysia's multilingual and multiethnic setting. Measuring validity may be impacted by the current scales' inability to adequately capture certain cultural traits. Future research should develop assessment tools with additional regional cultural elements or use qualitative approaches to better understand the meaning of mental health-related variables in many cultural contexts in order to improve the accuracy and explanatory value of the study.

5.5 Recommendations for Future Studies

In order to increase the universality and representativeness of the research findings, future studies should broaden the breadth and source of their samples. For this study, only psychology counseling majors from one Malaysian university were selected. Future studies should compare students from more geographic locations and greater variety of university kinds, including public and private schools as well as urban and rural colleges, in order to ensure the sample diversity and balance. It may also be feasible to consider including students from other related majors, such as clinical psychology,

counseling education, and more, in the research subjects in order to obtain a more comprehensive understanding of the psychological support needs and mental health status of students majoring in helping others from diverse educational backgrounds.

It is advised that future research designs use a longitudinal approach to monitor students' psychological development during the course of professional learning and the ever-changing function of the support network. The cross-sectional form of this study makes it impossible to observe the time series relationship between variables, which restricts the capacity to draw conclusions about causality. Longitudinal research can better capture the changes in mental health status over time, bringing it closer to the real development of students majoring in psychological counseling. Clarifying the changing patterns of the support system at different phases (e.g., classroom learning, internships, and before and after graduation) is also beneficial.

Future research should also include a multi-method measurement technique to improve the validity and reliability of the findings. Observation, interviews, and physiological markers (e.g., stress hormone levels, heart rate variability, etc.) can be added to the self-report scale to cross-validate the research findings and lessen the influence of subjective bias. Particularly for students majoring in psychological counseling, the sensitivity bias and social expectation response shaped by their professional training must be taken into account. It is possible to illustrate the true relationship between their support system and psychological condition in a more thorough manner by using mixed techniques.

Finally, it is suggested that future studies expand on the issue of cultural aspects and create additional theoretical frameworks and assessment instruments that are culturally sensitive and local. The nation of Malaysia is multicultural. The concepts and manifestations of familial and societal support vary among ethnic groups. Since most of the current scales are based on Western culture, it is challenging to completely account for local circumstances. As a result, in order to improve the research's theoretical innovation value and cultural applicability, future studies can investigate cultural connotations using qualitative research methods (such as focus groups and in-depth interviews), modify or create local scales based on this, and encourage the development of a theoretical model that incorporates cross-cultural psychology and professional education features.

5.6 Conclusion

The relationship between social support, familial environment, and mental health was examined in this study, with particular attention paid to the particular psychological requirements of counseling students. An major microenvironment that influences mental health is the emotional connection, communication style, and problem-solving techniques among family members, according to the study, which also indicated that the family environment significantly improves mental health. This may be because counseling students' professional backgrounds lessened their reliance on non-professional social support, which may explain why the direct effect of social support on mental health did not reach a substantial level. It is important to note that social support has a negative regulatory interaction between mental health and the family environment, indicating that

in some circumstances, high levels of social support may lessen the positive effects of the family environment. The conventional social support theory has been reexamined in light of this discovery.

The study also examined how important characteristics manifested themselves in particular ways. The familial environments of counseling students in Malaysia exhibit a blend of modernity and tradition, upholding the collectivist culture's expectations of obedience but progressively embracing individual liberty. Friends, family, and significant others are the three sources of support in the social support system. Their roles are obviously different, and the characteristics of "emotional availability is higher than functional support" are apparent. Negative mood markers are still high, which may be related to academic pressure, but overall, students' mental health is above average. Professional training also seems to improve their ability to control their emotions, although it's important to pay attention to the difficulties with multitasking that affect executive function.

The study's conclusions have several theoretical and practical ramifications. Theoretically, the study questions the social support buffer model's universal applicability and highlights the necessity of taking into account the interplay between professional traits and cultural background; the family system's importance in Asian culture is underscored by the substantial influence of the family environment. In reality, it is advised to create a more focused and professional support system, such as a home-school joint intervention and a phased support plan, and to advocate for pertinent legislation that include psychological counseling majors as important support goals. The study

highlighted the necessity of creating more professionally tailored and culturally sensitive evaluation instruments at the measurement level, as well as using a mixed approach to enhance data quality.

Despite many limitations, including cross-sectional design and sample representativeness, the study's conclusions offer a valuable foundation for maximizing psychological counseling talent training. To gain a more thorough understanding of the dynamic mechanism of the support system and to offer more scientific guidance for mental health professional education and practice, future research should use a longitudinal tracking design, increase the diversity of the sample, and further explore cultural factors.

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Appendix

Logbook


UNIMAS

Fakulti Sains Kognitif & Pembangunan Manusia

Buku Log Sesi Penyelesaian KMY3103 Projek Tahun Akhir 1 Semester 1 (2024/2025)

Nama Pelajar:	Yong Le Xuan
Nombor Matrik:	R6107
Program Pengajian:	Counseling
Tajuk PTA:	The impact of family environment on mental health, with a moderating of social support among counseling undergraduate student in Unimas
Nama Penyelia:	MOHD. SHAHRUL BIN KAMARUDDIN

Buku Log Sesi Penyelesaian KMY3103 Projek Tahun Akhir 1 Semester 1 (2024/2025)

Bil	Tarikh & Masa	Aktiviti ¹	Tandatangan	
			Penyelia	Pelajar
1	16/10	Perjumpaan pertama Perbincangan Topik		
Ulasan Penyelia:		Perbincangan topik dan penentuan isu dan		
		Mohd. Shahrul bin Kamaruddin Lecturer Faculty of Cognitive Sciences and Human Development Universiti Malaysia Sarawak		
2	23/10	Penambahbaikan C. ONE		
Ulasan Penyelia:		Perbincangan mengenai Chap 1.		
		Mohd. Shahrul bin Kamaruddin Lecturer Faculty of Cognitive Sciences and Human Development Universiti Malaysia Sarawak		
3	30/10	Perbincangan Chapter 2		
Ulasan Penyelia:		Perbincangan ttg. hr kapur dan team		
		Mohd. Shahrul bin Kamaruddin Lecturer Faculty of Cognitive Sciences and Human Development Universiti Malaysia Sarawak		
4	6/11	Penambahbaikan chapter 2		

Mohd. Shahrul bin Kamaruddin
Lecturer
Faculty of Cognitive Sciences and Human Development
Universiti Malaysia Sarawak

¹ Catatkan aktiviti/fokus sesi perbincangan-penyelesaian yang diadakan

² Catatkan langkah susulan yang perlu dilakukan pelajar dan/atau perkara-perkara berkaitan yang perlu diberi perhatian oleh pelajar

Ulasan Penyelia:

Bil	Tarikh & Masa	Aktiviti	Tandatangan
5	13/11	Penambahbaikan literature review	
Ulasan Penyelia:		Sediakan dan submit chap 2	
		Mohd. Shahrul bin Kamaruddin Lecturer Faculty of Cognitive Sciences and Human Development Universiti Malaysia Sarawak	
6	12/12	Perbincangan chapter 3	
Ulasan Penyelia:		Perbincangan chap 3 dan submit chap 3	
		Mohd. Shahrul bin Kamaruddin Lecturer Faculty of Cognitive Sciences and Human Development Universiti Malaysia Sarawak	
7	20/12	Penambahbaikan Chapter 3	
Ulasan Penyelia:		Perbincangan bab 3 dan pencairan penulisan dan pvt.	
		Mohd. Shahrul bin Kamaruddin Lecturer Faculty of Cognitive Sciences and Human Development Universiti Malaysia Sarawak	
8	2/1	Perbincangan Validation Form and Pilot Study	
Ulasan Penyelia:		Perbincangan pilot study	
		Mohd. Shahrul bin Kamaruddin Lecturer Faculty of Cognitive Sciences and Human Development Universiti Malaysia Sarawak	

Soal Selidik

Section A: Demographic information

Instructions: Please read each statement carefully and mark (/) on your answer.

Maklumat diri responden:

Gender/ Jantina	☐ Male / Lelaki ☐ Female/ Perempuan
Age/ Umur	☐ 18-21 ☐ 22-25 ☐ > 26
Race/ Kaum	☐ Malay/ Melayu ☐ Chinese/ Cina ☐ Native of Sarawak/ Bumiputera Sarawak ☐ Native of Sabah/ Bumiputera Sabah ☐ Indian ☐ Others
Birth order/ Kedudukan kelahiran	☐ First child/ Anak sulung ☐ Second Child / Anak kedua ☐ Third and later child/ Anak ketiga dan seterusnya
Parental marital status/ Status perkahwinan ibu bapa	☐ Married/ Berkahwin ☐ Single/ Bujang ☐ Separated, divorced, or widowed/ Berceraai, Janda, Duda
Parent employment status/ Status pekerjaan ibu bapa	☐ Presently employed/ Sedang bekerja ☐ Not presently employed/ Tidak bekerja

Parent income/ Pendapatan ibu bapa	☐ < RM 1000 ☐ RM 1001-5000 ☐ RM 5000 >
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Section B- Questionnaire- Family Communication Pattern, Family Environment Scale, Mental Health Inventory-38, and Multiple Scale of Perceived Social Support

Instructions: Mark (/) on your answer based on a scale of 1,2,3,4,5 or 6

Value score	Score
Strongly Disagree	1
Disagree	2
Somewhat disagree	3
Somewhat agree	4
agree	5
Strongly agree	6

1. Family Environment/ Persekitaran Keluarga

Uses to identifying strengths and problem areas within family environments to understand how family dynamics influence individual behavior and well-being

1	"My parents hear my opinion even when they don't like it."	1	2	3	4	5	6	
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	Ibu bapa saya mendengar pendapat saya walaupun mereka tidak menyukainya.							
2	I discuss everything with my parents without hesitation. Saya membicarakan segala-galanya dengan ibu bapa saya tanpa rasa ragu.	1	2	3	4	5	6	
3	In our family, we often talk about our plans and hopes for the future. Dalam keluarga kami, kami sering berbincang tentang rancangan dan harapan kami untuk masa depan.	1	2	3	4	5	6	
4	My parents inspire me to share my feelings with	1	2	3	4	5	6	

	them. Ibu bapa saya memberi inspirasi kepada saya untuk berkongsi perasaan saya dengan mereka.							
5	The extent to which family members are encouraged to express their feelings directly. Sejauh mana ahli keluarga digalakkan untuk menyatakan perasaan mereka secara langsung.	1	2	3	4	5	6	
6	In our family, we often support each other. Dalam keluarga kami, kami sering menyokong	1	2	3	4	5	6	

	antara satu sama lain.							
7	My family members strongly motivate each other to hold on their rights. Ahli keluarga saya sangat memberi motivasi antara satu sama lain untuk mempertahankan hak mereka.	1	2	3	4	5	6	
8	The degree of commitment, help and support family members provide for one another. Tahap komitmen, bantuan dan sokongan yang diberikan oleh ahli keluarga antara satu sama lain.	1	2	3	4	5	6	
9	My parents often say that	1	2	3	4	5	6	

	their decisions are always right and I should not challenge them. Ibu bapa saya sering mengatakan bahawa keputusan mereka selalu betul dan saya tidak patut mencabarnya.							
10	My parents wish that I should not go against their will. Ibu bapa saya berharap agar saya tidak melawan kehendak mereka.	1	2	3	4	5	6	
11	There is more emphasis on obeying rules in our family. Terdapat lebih banyak penekanan pada	1	2	3	4	5	6	

	pematuhan peraturan dalam keluarga kami.							
12	How much set rules and procedures are used to run family life. Berapa banyak peraturan dan prosedur yang digunakan untuk menjalankan kehidupan keluarga.	1	2	3	4	5	6	
13	My parents encourage me to challenge their opinions at any platform. Ibu bapa saya menggalakkan saya untuk mencabar pendapat mereka di mana-mana platform.	1	2	3	4	5	6	
14	The extent to which family members are	1	2	3	4	5	6	

	assertive, are self-sufficient and make their own decisions. Sejauh mana ahli keluarga menunjukkan ketegasan, berdikari dan membuat keputusan mereka sendiri.							
15	My parents often get annoyed with me in front of others. Ibu bapa saya sering merasa marah dengan saya di hadapan orang lain.	1	2	3	4	5	6	
16	In our family, we usually find faults in each other. Dalam keluarga kami, kami biasanya mencari	1	2	3	4	5	6	

	kesalahan antara satu sama lain.							
17	The amount of openly expressed anger and conflict among family members. Jumlah kemarahan dan konflik yang dinyatakan secara terbuka antara ahli keluarga.	1	2	3	4	5	6	
18	My family is able to provide for my basic needs (foods, education, shelter) Keluarga saya mampu menyediakan keperluan asas saya (makanan, pendidikan, tempat tinggal).	1	2	3	4	5	6	
19	I rarely worry about our family's financial	1	2	3	4	5	6	

	situation. Saya jarang risau tentang keadaan kewangan keluarga kami.							
20	My family has sufficient resources to support me emotionally and materially. Keluarga saya mempunyai sumber yang mencukupi untuk menyokong saya secara emosi dan material.	1	2	3	4	5	6	

2. *Social support*

Multiple scales of perceived social support assess relationships with family, friends, and significant others, measuring the level of support perceived.

Significant other support

1	There is a special person who is around when I am in need.	1	2	3	4	5	6	
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	Terdapat seseorang yang istimewa yang sentiasa ada ketika saya memerlukan							
2	There is a special person with whom I can share my joys and sorrows. Terdapat seseorang yang istimewa dengan siapa saya boleh berkongsi kegembiraan dan kesedihan saya.	1	2	3	4	5	6	
3	I have a special person who is a real source of comfort to me. Saya mempunyai seseorang yang istimewa	1	2	3	4	5	6	

	yang benar-benar memberi keselesaian kepada saya.							
4	There is a special person in my life who cares about my feelings. Terdapat seseorang yang istimewa dalam hidup saya yang mengambil berat tentang perasaan saya.	1	2	3	4	5	6	
5	I can talk about my problems with my family. Saya boleh bercakap tentang masalah saya dengan keluarga saya.	1	2	3	4	5	6	
6	My family listens to me	1	2	3	4	5	6	

	when I share my problems or concerns. Keluarga saya mendengar saya, apabila saya berkongsi masalah atau kebimbangan saya.							
7	I get the emotional help and support I need from my family Saya mendapat bantuan emosi dan sokongan yang saya perlukan daripada keluarga saya	1	2	3	4	5	6	
8	My family is willing to help me make decisions. Keluarga saya bersedia untuk membantu saya	1	2	3	4	5	6	

	membuat keputusan.							
9	My family shows care and empathy when I feel stressed. Keluarga saya menunjukkan perhatian dan empati apabila saya berasa tertekan.	1	2	3	4	5	6	
10	My family really tries to help me. Keluarga saya benar-benar berusaha untuk membantu saya	1	2	3	4	5	6	
11	My friends really try to help me. Rakan-rakan saya benar-benar berusaha untuk	1	2	3	4	5	6	

	membantu saya							
12	I can count on my friends when things go wrong. Saya boleh bergantung pada rakan-rakan saya ketika perkara tidak berjalan lancar.	1	2	3	4	5	6	
13	I have friends with whom I can share my joys and sorrows. Saya mempunyai rakan-rakan dengan siapa saya boleh berkongsi kegembiraan dan kesedihan saya.	1	2	3	4	5	6	
14	I can talk about my	1	2	3	4	5	6	

	problems with my friends. Saya boleh bercakap tentang masalah saya dengan rakan-rakan saya.							
15	My friends check on me when I seem down Rakan-rakan saya mengambil tahu keadaan saya apabila saya kelihatan sedih	1	2	3	4	5	6	
16	I have friends who are willing to spend time with me when I feel lonely Saya mempunyai rakan-rakan yang sanggup meluangkan masa bersama saya apabila saya berasa sunyi	1	2	3	4	5	6	

3. *Mental Health*

The Mental Health Inventory-38 (MHI-38) designed to assess psychological distress and psychological well-being. It is suitable for general population use and provides a broad screening of emotional functioning and mental health status.

1 = All of the time

2 = Most of the time

3 = Sometimes

4 = A little of the time

5 = Almost never

6 = None of the time

1	How happy, satisfied, or pleased have you been with your personal life during the past month? Sejauh manakah anda berasa gembira, berpuas hati, atau senang dengan kehidupan peribadi anda sepanjang bulan lalu?	1	2	3	4	5	6	
2	During the past month, how often did you feel there were people you were close to? Sepanjang bulan lalu,	1	2	3	4	5	6	

	berapa kerap anda berasa anda mempunyai hubungan rapat dengan orang lain?							
3	During the past month, how often has feeling depressed interfered with what you usually do? Sepanjang bulan lalu, berapa kerap perasaan murung mengganggu aktiviti harian anda?	1	2	3	4	5	6	
4	During the past month, did you have difficulty reasoning and solving problems, for example, making plans or learning new things? Sepanjang bulan lalu, adakah anda mengalami kesukaran untuk berfikir secara logik atau menyelesaikan masalah	1	2	3	4	5	6	

	seperti merancang atau mempelajari perkara baharu?							
5	During the past month, how much of the time have you generally enjoyed the things you do? Sepanjang bulan lalu, berapa kerap anda menikmati perkara yang anda lakukan?	1	2	3	4	5	6	
6	During the past month, how much of the time has your daily life been full of things that were interesting to you? Sepanjang bulan lalu, adakah kehidupan harian anda dipenuhi dengan perkara-perkara yang menarik minat anda?	1	2	3	4	5	6	
7	During the past month, how much of the time	1	2	3	4	5	6	

	have you felt loved and wanted? Sepanjang bulan lalu, berapa kerap anda berasa disayangi dan dihargai?							
8	During the past month, how much of the time have you been a very nervous person? Sepanjang bulan lalu, berapa kerap anda berasa sangat gugup atau cemas?	1	2	3	4	5	6	
9	During the past month, how much of the time did you have difficulty doing activities involving concentration and thinking? Sepanjang bulan lalu, berapa kerap anda mengalami kesukaran melakukan aktiviti yang memerlukan tumpuan	1	2	3	4	5	6	

	dan pemikiran?							
10	During the past month, how much of the time did you feel depressed? Sepanjang bulan lalu, berapa kerap anda berasa murung?	1	2	3	4	5	6	
11	During the past month, how much of the time have you felt tense or "high-strung"? Sepanjang bulan lalu, berapa kerap anda berasa tegang atau mudah terangsang secara emosi?	1	2	3	4	5	6	
12	During the past month, how much of the time have you been in firm control of your behavior, thoughts, emotions, and feelings? Sepanjang bulan lalu, berapa kerap anda dapat mengawal tingkah laku,	1	2	3	4	5	6	

	pemikiran, emosi dan perasaan anda dengan baik?							
13	During the past month, how much of the time did you become confused and start several actions at a time? Sepanjang bulan lalu, berapa kerap anda berasa keliru dan mula melakukan beberapa perkara pada masa yang sama?	1	2	3	4	5	6	
14	During the past month, how much of the time did you feel that you had nothing to look forward to? Sepanjang bulan lalu, berapa kerap anda berasa tiada apa yang boleh diharapkan dalam hidup anda?	1	2	3	4	5	6	

15	During the past month, how much of the time have you felt calm and peaceful? Sepanjang bulan lalu, berapa kerap anda berasa tenang dan damai?	1	2	3	4	5	6	
16	During the past month, how much of the time have you felt emotionally stable? Sepanjang bulan lalu, berapa kerap anda berasa stabil secara emosi?	1	2	3	4	5	6	
17	During the past month, how much of the time have you felt downhearted and blue? Sepanjang bulan lalu, berapa kerap anda berasa murung dan sedih?	1	2	3	4	5	6	

18	During the past month, how much of the time have you felt like crying? Sepanjang bulan lalu, berapa kerap anda berasa seperti ingin menangis?	1	2	3	4	5	6	
19	During the past month, how much of the time did you feel left out? Sepanjang bulan lalu, berapa kerap anda berasa terpinggir?	1	2	3	4	5	6	
20	During the past month, how much of the time did you feel that others would be better off if you were dead? Sepanjang bulan lalu, berapa kerap anda berfikir bahawa orang lain akan lebih baik jika anda tiada?	1	2	3	4	5	6	
21	During the past month, how much of the time did	1	2	3	4	5	6	

	you forget things (e.g., appointments, where you put things)? Sepanjang bulan lalu, berapa kerap anda terlupa perkara seperti janji temu atau tempat anda meletakkan barang?							
22	During the past month, how much of the time did you feel that your love relationships were full and complete? Sepanjang bulan lalu, berapa kerap anda merasakan hubungan kasih sayang anda lengkap dan memuaskan?	1	2	3	4	5	6	
23	During the past month, how much of the time have you been bothered by nervousness? Sepanjang bulan lalu, berapa kerap anda berasa	1	2	3	4	5	6	

	terganggu oleh perasaan gugup atau cemas?							
24	During the past month, how much of the time has living felt like a wonderful adventure to you? S sepanjang bulan lalu, berapa kerap hidup anda berasa seperti satu pengembaraan yang menakjubkan?	1	2	3	4	5	6	
25	During the past month, how much of the time have you had thoughts of taking your own life? S sepanjang bulan lalu, berapa kerap anda terfikir untuk menamatkan hidup anda sendiri?	1	2	3	4	5	6	
26	During the past month, how much of the time have you felt restless, fidgety, or impatient?	1	2	3	4	5	6	

	Sepanjang bulan lalu, berapa kerap anda berasa gelisah, resah atau tidak sabar?							
27	During the past month, how much of the time have you been moody or brooded about things? Sepanjang bulan lalu, berapa kerap anda berasa murung atau terlalu memikirkan sesuatu perkara?	1	2	3	4	5	6	
28	During the past month, how much of the time did you get rattled, upset, or flustered? Sepanjang bulan lalu, berapa kerap anda berasa panik, marah atau tertekan?	1	2	3	4	5	6	
29	During the past month, how much of the time did you have trouble keeping	1	2	3	4	5	6	

	your attention on any activity for long? Sepanjang bulan lalu, berapa kerap anda menghadapi kesukaran untuk menumpukan perhatian kepada sesuatu aktiviti dalam jangka masa yang panjang?							
30	During the past month, how much of the time have you been anxious or worried? Sepanjang bulan lalu, berapa kerap anda berasa cemas atau bimbang?	1	2	3	4	5	6	
31	During the past month, how much of the time have you been a happy person? Sepanjang bulan lalu, berapa kerap anda berasa diri anda seorang yang gembira?	1	2	3	4	5	6	

32	During the past month, how much of the time did you find it difficult to calm down? Sepanjang bulan lalu, berapa kerap anda menghadapi kesukaran untuk menenangkan diri?	1	2	3	4	5	6	
33	During the past month, how much of the time have you been in low or very low spirits? Sepanjang bulan lalu, berapa kerap anda berasa murung atau sangat tidak bersemangat?	1	2	3	4	5	6	
34	During the past month, how much of the time have you felt cheerful and lighthearted? Sepanjang bulan lalu, berapa kerap anda berasa ceria dan riang?	1	2	3	4	5	6	
35	During the past month,	1	2	3	4	5	6	

	how much of the time have you felt deeply depressed? Sepanjang bulan lalu, berapa kerap anda berasa sangat murung?							
36	During the past month, how much of the time did you react slowly to things that were said or done? Sepanjang bulan lalu, berapa kerap anda memberi tindak balas yang perlahan terhadap perkara yang dikatakan atau dilakukan?	1	2	3	4	5	6	
37	During the past month, how much of the time did you feel isolated from others? Sepanjang bulan lalu, berapa kerap anda berasa terasing daripada orang lain?	1	2	3	4	5	6	

38	During the past month, how much of the time have you felt hopeful about the future? Sepanjang bulan lalu, berapa kerap anda berasa berharap terhadap masa depan anda?	1	2	3	4	5	6	
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