

## MENTAL HEALTH CHALLENGES AND HELP-SEEKING BEHAVIOURS AMONG UNDERGRADUATE STUDENTS IN BRUNEI DARUSSALAM: A PILOT STUDY

*Cabaran kesihatan mental dan perilaku mencari bantuan dalam kalangan pelajar ijazah sarjana muda di Brunei Darussalam: satu kajian rintis*

\*Hanisah Aminuddin<sup>1</sup>, Siti Kholijah Kassim<sup>1</sup>, Aishah Hanim Abd Karim<sup>1</sup>

<sup>1</sup>Kulliyah of Education  
International Islamic University Malaysia  
53100 Gombak, Kuala Lumpur, Malaysia.

\*Corresponding author's email: [nisahaminuddin18@gmail.com](mailto:nisahaminuddin18@gmail.com)

Submitted:	Accepted:	Revised:	Published:
03-Nov-2025	24-Nov-2025	05-Apr-2026	30-Jun-2026

### Abstract

Mental health issues among university students have become a pressing global concern, with rising cases of depression, anxiety, and stress affecting academic performance, coping abilities, and overall well-being. This study aimed to identify the levels of depression, anxiety, and stress among undergraduate students in Brunei Darussalam and to explore their help-seeking behaviours and perceived barriers to accessing mental health care. A mixed-methods design with a sequential explanatory strategy was employed, beginning with a quantitative phase using the Depression, Anxiety and Stress Scale (DASS-21), followed by qualitative interviews for deeper exploration. Thirty students from three public universities participated in the quantitative phase, while two students identified with moderate depression and anxiety were interviewed. Quantitative results revealed that 33.3% of participants experienced moderate depression and 40% reported extremely severe anxiety, while nearly half (46.7%) exhibited mild stress. Female students displayed significantly higher anxiety levels than males ( $p = .004$ ), and final-year students showed higher depression, anxiety, and stress levels compared to other year groups. Qualitative findings highlighted three major barriers to help-seeking: lack of awareness, stigma, and perceived difficulty in accessing counselling services. Many students preferred informal support from friends rather than professional counselling due to fears of confidentiality breaches and social judgment. These results suggest that despite increasing awareness of mental health issues, stigma and systemic barriers continue to hinder effective help-seeking among Bruneian undergraduates. The findings underscore the urgent need for universities to enhance mental health literacy, increase accessibility to on-campus psychological services, and foster supportive environments that normalise seeking professional help. Although this pilot study involved a small sample size, its findings provide important preliminary insights for developing culturally sensitive, student-centred mental health policies in Brunei's higher education context.

**Keywords:** Brunei Darussalam, help-seeking behaviour, mental health, undergraduate students

### Abstrak

*Isu kesihatan mental dalam kalangan pelajar universiti kini menjadi kebimbangan global yang semakin mendesak, dengan peningkatan kes kemurungan, kebimbangan dan tekanan yang menjejaskan prestasi akademik, keupayaan daya tindak serta kesejahteraan keseluruhan. Kajian ini bertujuan mengenal pasti tahap kemurungan, kebimbangan dan tekanan dalam kalangan pelajar prasiswazah di Brunei Darussalam serta meneroka tingkah laku pencarian bantuan*

dan halangan yang dihadapi dalam mendapatkan perkhidmatan kesihatan mental. Reka bentuk kaedah campuran dengan strategi penjelasan berurutan digunakan, bermula dengan fasa kuantitatif menggunakan instrumen Depression, Anxiety and Stress Scale (DASS-21), diikuti dengan temu bual kualitatif bagi penerokaan mendalam. Seramai tiga puluh pelajar dari tiga universiti awam menyertai fasa kuantitatif, manakala dua pelajar yang dikenal pasti mengalami tahap kemurungan dan kebimbangan sederhana telah ditemu bual. Hasil kuantitatif menunjukkan bahawa 33.3% peserta mengalami kemurungan sederhana dan 40% melaporkan kebimbangan yang amat teruk, manakala hampir separuh (46.7%) menunjukkan tekanan ringan. Pelajar perempuan mencatatkan tahap kebimbangan yang lebih tinggi berbanding pelajar lelaki ( $p = .004$ ), manakala pelajar tahun akhir menunjukkan tahap kemurungan, kebimbangan dan tekanan yang lebih tinggi berbanding kumpulan tahun pengajian lain. Dapatan kualitatif menonjolkan tiga halangan utama terhadap pencarian bantuan, iaitu kekurangan kesedaran, stigma, dan kesukaran yang dirasakan dalam mengakses perkhidmatan kaunseling. Ramai pelajar lebih cenderung mendapatkan sokongan tidak formal daripada rakan-rakan berbanding kaunseling profesional disebabkan kebimbangan terhadap kerahsiaan dan penilaian sosial. Hasil kajian ini menunjukkan bahawa walaupun kesedaran terhadap isu kesihatan mental semakin meningkat, stigma dan halangan sistemik masih menjadi penghalang kepada pencarian bantuan yang berkesan dalam kalangan pelajar prasiswazah di Brunei. Kajian ini menegaskan keperluan mendesak untuk meningkatkan literasi kesihatan mental, memperluas akses kepada perkhidmatan psikologi di kampus, serta mewujudkan persekitaran yang menyokong dan menormalkan amalan mendapatkan bantuan profesional. Walaupun kajian rintis ini melibatkan saiz sampel yang kecil, dapatan ini memberikan pandangan awal yang penting bagi membangunkan dasar kesihatan mental yang sensitif terhadap budaya dan berpusatkan pelajar dalam konteks pendidikan tinggi di Brunei.

**Kata kunci:** kesihatan mental, tingkah laku pencarian bantuan, pelajar prasiswazah, Brunei Darussalam

## 1.0 INTRODUCTION

University students are a population at heightened risk of mental health difficulties due to the academic, social, and emotional transitions they experience during tertiary education (Arthur et al., 2025; Zubairi et al., 2025). Recent global and regional statistics underscore the severity of this issue; for instance, a 2025 study found that 37% of Malaysian undergraduates experienced extremely severe anxiety and 13.1% exhibited extremely severe depression (Zubairi et al., 2025), while similar prevalence rates have been reported internationally, such as 29.5% of students experiencing moderate to severe depression at King Khalid University (Al-Garni et al., 2025). Psychological distress, including depression, anxiety, and stress, has been shown to significantly affect students' academic performance, motivation, and interpersonal functioning (Kwak et al., 2022; Bhattacharyya, 2025). Although studies in neighbouring contexts such as Malaysia and Indonesia have examined student mental health extensively (Zubairi et al., 2025; Razali et al., 2025), empirical evidence from Brunei Darussalam remains limited, particularly in the post-pandemic period. The few available studies have reported concerning levels of poor mental well-being among undergraduates but lacked specific analyses of depression, anxiety, and stress dimensions (Abdul Rahman et al., 2023; Idris et al., 2021).

Given this gap, the present study seeks to examine the current state of mental health among undergraduate students in Brunei Darussalam by assessing their levels of depression, anxiety, and stress using the Depression, Anxiety, and Stress Scale (DASS-

21). Understanding the prevalence and severity of these symptoms is essential for universities to recognise the psychological challenges their students face and to design targeted mental health interventions. Crucially, the rationale for this study is deeply intertwined with Brunei's national and institutional health objectives. The results of this study could be beneficial to the third strategy in the National Mental Health Action Plan 2026-2030, currently in the planning stage, which is extended from the Brunei Darussalam Mental Health Plan 2022-2025 ("Brunei pilots nationwide", 2026). The third strategy in the mental health plan is to strengthen mental health services, in which one of the priority actions is to develop and offer counselling training programmes in higher institutions (Ministry of Health, 2022). By providing empirical data on specific student vulnerabilities, this study can directly inform these policy initiatives, ensuring that emerging institutional mental health resources are contextually relevant and appropriately targeted.

Beyond measuring symptom levels, this study also explores the barriers that Bruneian undergraduates encounter when addressing their mental health needs. Prior studies have identified stigma, low mental health literacy, and lack of confidence in counselling services as key deterrents to help-seeking in various cultural settings (Hardy et al., 2025; Zhao et al., 2025). However, it remains unclear how these factors manifest within Brunei's unique socio-cultural and institutional context. Furthermore, this study investigates students' help-seeking behaviours to determine whether they prefer formal psychological support, such as counselling, or informal sources, such as family and peers. Cultural norms and social expectations have been shown to shape how students perceive mental illness and influence their willingness to seek professional help (Cogan et al., 2023; Alqhtani et al., 2025). Therefore, understanding Bruneian undergraduates' help-seeking patterns and the barriers they face is crucial for the development of culturally responsive and student-centred mental health initiatives within higher education institutions.

In sum, this study pursues three primary objectives, namely (1) to identify the levels of depression, anxiety, and stress among undergraduate students in Brunei Darussalam, (2) to examine the barriers that hinder students from addressing their mental health needs; and (3) to explore their help-seeking behaviours and preferences in managing mental health concerns. By achieving these objectives, the study aims to provide empirical evidence that can guide policymakers, counsellors, and educators in strengthening campus-based mental health initiatives and promoting psychological well-being within Brunei's higher education sector.

## 2.0 LITERATURE REVIEW

This section presents a review of existing literature relevant to the current study on mental health and help-seeking behaviours among undergraduate students. It begins by outlining the theoretical framework that underpins the study, followed by a discussion of empirical evidence on the prevalence of depression, anxiety, and stress within the undergraduate population. The section then explores help-seeking behaviours among university students, with particular attention to factors influencing their willingness to access formal and informal support services. Together, these areas provide a conceptual and empirical foundation for understanding the mental health challenges faced by students and the gaps that the present study seeks to address.

### 2.1 Theoretical Framework

To ground this study in established psychological and counselling literature, this research is informed by models of help-seeking behaviour, such as the Theory of

Planned Behaviour (TPB), alongside psychological frameworks of mental health stigma. The TPB suggests that an individual's intention to seek formal psychological help is shaped by their attitudes, subjective norms, and perceived behavioural control. In the context of university students, negative attitudes toward counselling, cultural norms that discourage the open discussion of psychological distress, and a perceived lack of accessibility to services collectively reduce the likelihood of seeking professional help. Furthermore, theoretical distinctions between public stigma (societal prejudice) and self-stigma (internalised prejudice) help explain why students, particularly in collectivist societies, may avoid professional services and rely heavily on informal networks to bypass social judgment. Integrating these theoretical perspectives provides a robust lens through which to examine not only the prevalence of psychological distress but also the complex, culturally situated behavioural responses of Bruneian undergraduates.

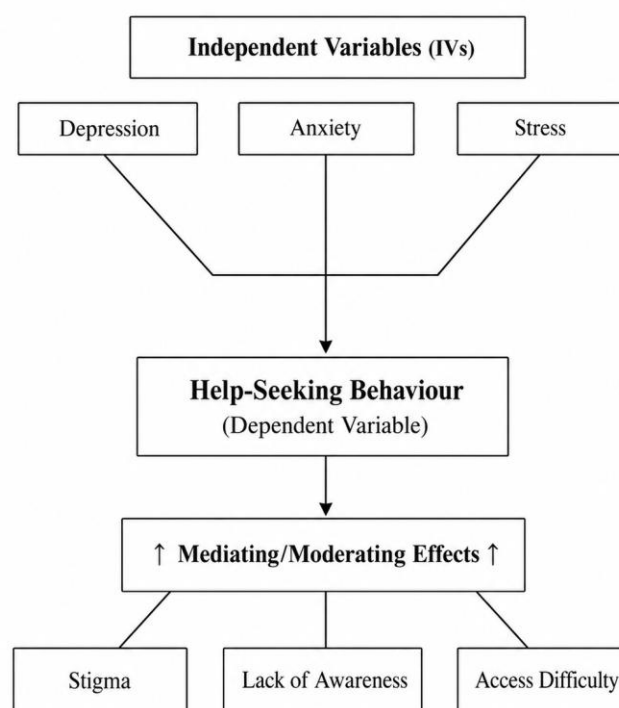


Figure 1: Conceptual Framework of Psychological Distress and Help-Seeking Behaviours.

## 2.2 Prevalence of Depression, Anxiety, and Stress among Undergraduate Students

Depression, anxiety, and stress are among the most prevalent psychological challenges affecting university students globally. The transition to higher education often exposes students to academic demands, social adaptation, and financial pressures that heighten psychological distress. Empirical findings consistently indicate high levels of mental health problems across diverse educational settings. For instance, at King Khalid University, 29.5% of students experienced moderate to severe depression, and 39% reported moderate to extremely severe anxiety (Al-Garni et al., 2025). Similarly, Amadu et al. (2024) found that over half of Ghanaian undergraduates exhibited severe symptoms of depression, anxiety, and stress, while Zubairi et al. (2025) reported that 37% of Malaysian students experienced extremely severe anxiety, 15.9% severe stress, and 13.1% extremely severe depression.

The COVID-19 pandemic further intensified students' psychological distress. Challenges such as prolonged isolation, online learning fatigue, and uncertainty about academic progression contributed to persistent anxiety and depressive symptoms. Han et al. (2025) reported that 15.5% of Chinese students experienced anxiety and 9.8% depression post-pandemic, while ElBarazi and Tikamdas (2024) observed an 8.2% rise in depression prevalence within one year, highlighting its enduring effects. These findings suggest that post-pandemic recovery among students remains incomplete, particularly in the psychological domain.

Multiple studies have linked students' declining mental health to personal and academic stressors, including difficulty adapting to university life, strained relationships, academic workload, financial hardship, and employability concerns (Liu et al., 2023; Nway et al., 2023; Han et al., 2025; Kumara et al., 2025). The negative correlation between depression and academic performance has also been well documented. Zubairi et al. (2025) found that higher depression scores were associated with poorer academic outcomes, whereas Zulkefli et al. (2025) highlighted academic pressure as a major contributor to anxiety and depressive symptoms among final-year students.

Overall, the literature underscores the alarming prevalence and persistence of psychological distress among undergraduates. However, while prevalence studies provide crucial epidemiological insights, many lack exploration of behavioural responses and help-seeking tendencies. A more holistic understanding of how students perceive and manage their mental health is therefore essential for informing university-based interventions and preventive strategies.

### **2.3 Help-seeking Behaviours among Undergraduate Students**

Although depression, anxiety, and stress are increasingly prevalent among university students, numerous studies indicate a persistently low rate of professional help-seeking. Zhao et al. (2025) reported that only 28% of students with mental health concerns actively sought support, while Yonemoto and Kawashima (2023) found no significant increase in help-seeking behaviour during the pandemic despite heightened psychological distress. These findings suggest that awareness of mental health issues does not necessarily translate into help-seeking action.

Even among students in health-related disciplines, where mental health literacy is presumed higher, utilisation of formal counselling services remains limited. Alqhtani et al. (2025) revealed that only 25.9% of nursing students accessed campus counselling despite being familiar with available resources. Instead, students often rely on informal networks such as friends, family members, or academic advisors (Storman et al., 2022; Pei et al., 2024; Alqhtani et al., 2025). This reliance is frequently shaped by cultural expectations and social norms. For example, in Saudi Arabia, mental health difficulties are often regarded as private family matters rather than issues requiring professional intervention (Alqhtani et al., 2025).

Beyond cultural influences, structural and personal barriers further impede help-seeking. Financial constraints, time limitations, and perceptions of counselling as ineffective or inaccessible have been widely documented (Zhao et al., 2025). Stigma, both self-stigma and public stigma, remains a particularly powerful deterrent (Cogan et al., 2023; Özdemir et al., 2023; Pei et al., 2024). Many students fear social judgment or breaches of confidentiality, which undermines their trust in mental health professionals. For international students, language barriers and cultural misunderstandings further discourage engagement with counselling services.

Overall, the literature highlights a persistent gap between mental health needs and help-seeking behaviours among undergraduates. While global studies provide valuable insight, limited attention has been paid to how these behavioural patterns

manifest within Southeast Asian contexts such as Brunei Darussalam. Understanding how cultural, social, and institutional factors shape students' willingness to seek help is essential for developing culturally sensitive and student-centred mental health interventions in higher education.

In summary, while the existing literature demonstrates the alarming global prevalence of depression, anxiety, and stress among university students, as well as the complex socio-cultural and systemic barriers that impede formal help-seeking, empirical evidence specific to Brunei Darussalam remains sparse. To address this contextual gap and build upon the theoretical foundations of help-seeking behaviour outlined above, this study poses three central research questions: (1) What are the levels of depression, anxiety, and stress among undergraduate students in Brunei Darussalam? (2) What barriers hinder these students from addressing their mental health needs? and (3) What are their help-seeking behaviours and preferences in managing mental health concerns? By explicitly linking epidemiological prevalence data with psychological theories of stigma and help-seeking, this study aims to provide a comprehensive, culturally responsive understanding of Bruneian students' mental health landscape to better inform institutional interventions.

### 3.0 METHODOLOGY

This section outlines the methodological approach adopted in the present study. It begins by describing the overall research design, followed by a discussion of the participants and sampling strategy employed to ensure the suitability of the study sample. The section then details the instrumentation used for data collection, including the measures applied to assess the relevant variables. Finally, it explains the procedures used for data analysis in order to address the research objectives and answer the research questions. Together, these components provide a clear account of how the study was conducted and how the data were systematically gathered and analysed.

#### 3.1 Research Design

This study adopted a mixed-methods sequential explanatory design, integrating quantitative and qualitative approaches in two consecutive phases. According to Creswell and Plano Clark (2018), such a design provides a comprehensive understanding of complex phenomena by combining numerical data with participants' personal experiences. The quantitative phase aimed to assess levels of depression, anxiety, and stress among Bruneian undergraduates, while the qualitative phase explored their help-seeking behaviours and perceived barriers to accessing mental health care. This integration enabled a more contextualised interpretation of findings, aligning with the multidimensional nature of mental health.

During the quantitative phase, data were collected using the Depression, Anxiety and Stress Scale (DASS-21) developed by Lovibond and Lovibond (1995). Thirty undergraduate students from three public universities participated, selected through convenience sampling. As a pilot study, the sample size met the minimum threshold for instrument reliability testing (Bujang et al., 2024). Data were analysed using IBM SPSS Statistics Version 30, employing descriptive statistics to summarise symptom levels and inferential tests (independent samples t-tests and one-way ANOVA) to identify group differences by gender, age, and year of study.

The qualitative phase followed to provide deeper insight into the quantitative results. Two students with moderate levels of depression and anxiety were purposively selected for semi-structured interviews. Interviews explored participants' experiences,

help-seeking preferences, and barriers to accessing mental health support. Sessions were conducted online or face-to-face, audio-recorded with consent, transcribed verbatim, and analysed thematically following Braun and Clarke's (2006) six-step framework. This sequential design allowed the qualitative data to elaborate on quantitative findings, enhancing interpretive validity and contextual depth (Creswell & Plano Clark, 2018).

### 3.2 Participants and Sampling

Participants comprised undergraduate students from three public universities in Brunei Darussalam. These institutions were chosen to represent diverse academic disciplines and student demographics. Recruitment followed the two-phase structure of the mixed-methods design.

In the quantitative phase, 30 students were recruited through convenience sampling. Although this sample size is small ( $n=30$ ), it is highly appropriate for the exploratory intent of a pilot study designed to assess study feasibility, evaluate the appropriateness of the research protocols, and identify preliminary trends prior to launching a full-scale generalisable investigation (Bujang et al., 2024). Participants represented different genders, age groups, and years of study, ensuring heterogeneity within the small-scale sample.

In the qualitative phase, two participants were purposefully selected from the quantitative pool based on their DASS-21 results. While a sample size of two is inherently insufficient to achieve theoretical data saturation, this limited inclusion purposefully aligns with the exploratory framework of the pilot study. The primary objective at this stage was not to capture an exhaustive range of qualitative themes, but rather to pilot the semi-structured interview protocol, confirm its cultural appropriateness, and extract initial narrative insights to contextualise the quantitative data (Creswell & Poth, 2018). Purposeful sampling was used to identify individuals capable of providing rich, detailed accounts of mental health experiences and help-seeking behaviours (Creswell & Plano Clark, 2018).

All participants were informed of the study's objectives and provided written consent prior to participation. Ethical considerations, including anonymity, confidentiality, voluntary participation, and the right to withdraw without penalty, were strictly observed.

### 3.3 Instrumentation

Two instruments were used: the Depression, Anxiety and Stress Scale (DASS-21) for quantitative data and a semi-structured interview protocol for qualitative data. This combination supported the study's mixed-methods objective of integrating statistical assessment with experiential insights.

The DASS-21 (Lovibond & Lovibond, 1995) measures three emotional states, namely depression, anxiety, and stress, using 21 items rated on a four-point Likert scale (0 = "Did not apply to me at all" to 3 = "Applied to me very much or most of the time"). Higher scores indicate greater distress. The DASS-21 has been widely applied among university students globally (Zubairi et al., 2025; Han et al., 2025; Kumara et al., 2025) and shows strong internal reliability ( $\alpha = .91$  for depression,  $.84$  for anxiety, and  $.90$  for stress). Participants completed the online questionnaire via Google Forms.

A semi-structured interview protocol was developed for the qualitative phase to explore lived experiences and barriers to mental health care. Questions were adapted from previous studies on stigma, awareness, accessibility, and coping strategies (Cogan et al., 2023; Rahim et al., 2025; Zhao et al., 2025) and reviewed by experts in educational psychology to ensure clarity and cultural appropriateness.

Interviews, lasting between 45 to 60 minutes, were conducted in English with allowance for Malay expressions. All recordings were transcribed verbatim and analysed thematically (Braun & Clarke, 2006).

### 3.4 Data Analysis Procedure

Data were analysed according to the sequential explanatory mixed-methods approach (Creswell & Plano Clark, 2018). Quantitative results guided the qualitative exploration to provide a comprehensive interpretation.

For the quantitative phase, DASS-21 responses were coded and analysed using IBM SPSS Statistics Version 30. Descriptive statistics (means, standard deviations, and frequencies) described the prevalence and severity of depression, anxiety, and stress, while inferential tests (t-tests and ANOVA) identified demographic differences. Significant results ( $p < .05$ ) were examined further using Tukey's HSD post hoc tests.

For the qualitative phase, interview transcripts were analysed using Braun and Clarke's (2006) six-step thematic framework: familiarisation, coding, theme generation, review, definition, and interpretation. Themes were compared and connected with quantitative findings to provide contextual explanations for observed patterns.

To enhance the trustworthiness and credibility of the qualitative findings, particularly given the limited sample, peer review and methodological triangulation were employed. Specifically, the thematic coding process underwent peer debriefing, where initial codes and extracted themes were reviewed with experts in educational psychology to minimise individual researcher bias and ensure an accurate interpretation of participants' accounts. The integration of both data strands enabled methodological triangulation and reinforced the validity and depth of interpretation. Quantitative results established the extent of psychological distress, while qualitative insights explained underlying sociocultural and institutional factors influencing help-seeking behaviours.

## 4.0 RESULTS

### 4.1 Research Question 1: Level of Depression, Anxiety, Stress and Bruneian Undergraduate Students

Analysis of DASS-21 responses from 30 undergraduate students revealed notable levels of psychological distress. As shown in Table 1, 33.3% of respondents experienced moderate depression, 40.0% reported extremely severe anxiety, and 46.7% exhibited mild stress. These results indicate that anxiety was the most prevalent concern among the sample, followed by stress and depression.

Table 1 Percentages of Levels of Depression, Anxiety, and Stress Among Bruneian Undergraduate Students Based on DASS-21 Scores

	Depression (%)	Anxiety (%)	Stress (%)
Normal	26.7	10	36.7
Mild	13.3	10	46.7
Moderate	33.3	26.7	6.7
Severe	16.7	13.3	10
Extremely Severe	10	40	0

#### 1. Gender Differences

Independent samples t-tests were conducted to examine gender differences in mental health outcomes. Female students recorded higher mean scores for both

depression ( $M = 17.82$ ,  $SD = 8.70$ ) and anxiety ( $M = 21.55$ ,  $SD = 9.93$ ) compared to males ( $M = 11.88$ ,  $SD = 6.29$ ;  $M = 9.75$ ,  $SD = 5.70$ , respectively). The difference in anxiety levels was statistically significant,  $t(28) = 3.09$ ,  $p = .004$ , while the difference in depression did not reach significance,  $p > .05$  (see Table 2).

Table 2 Independent Sample t-Test Between Male and Female Students' Depression, Anxiety, and Stress Scores

	Male (n=8)	Female (n=22)	t(28)	p	Mean Difference	95% CI
Depression	11.88 (6.29)	17.82 (8.70)	-1.76	0.089	-5.94	[-12.85, 0.97]
Anxiety	9.75 (5.70)	21.55 (9.93)	-3.15	0.04	-11.80	[-19.46, -4.13]
Stress	8.75 (6.32)	15.55 (8.60)	-2.04	0.051	-6.80	[-13.63, 0.04]

## 2. Differences by Year of Study

A one-way ANOVA was conducted to examine variations in mental health scores across academic year levels. As presented in Table 4, there were statistically significant differences across groups for all three subscales: depression,  $F(3, 26) = 3.19$ ,  $p = .045$ ; anxiety,  $F(3, 26) = 3.49$ ,  $p = .005$ ; and stress,  $F(3, 26) = 3.16$ ,  $p = .036$ . Post hoc Tukey HSD tests indicated that final-year students reported significantly higher scores for depression ( $M = 20.50$ ,  $SD = 9.54$ ), anxiety ( $M = 26.17$ ,  $SD = 10.36$ ), and stress ( $M = 18.83$ ,  $SD = 8.92$ ), shown in Table 3, than students in Years 1–3 ( $p < .05$ ).

Table 3 Means and Standard Deviations of Depression, Anxiety, and Stress Scores by Year Group

Year Group	Depression M (SD)	Anxiety M (SD)	Stress M (SD)
Year 1	11.58 (6.40)	13.17 (7.46)	9.67 (7.52)
Year 2	16.00 (5.66)	15.00 (1.41)	13.00 (7.07)
Year 3	17.50 (5.97)	12.50 (5.97)	11.00 (2.00)
Year 4	20.50 (9.54)	26.17 (10.36)	18.83 (8.92)

Table 4 Tukey HSD Post Hoc Comparisons of Scores by Year Group

Dependent Variable	Group Comparison (I - J)	Mean Difference (I - J)	SE	p	95% CI (Lower, Upper)
Depression	Year 1 vs. Year 4	-8.92	3.19	.045	[-17.68, -0.16]
Anxiety	Year 1 vs. Year 4	-13.00	3.49	.005	[-22.57, -3.43]
	Year 3 vs. Year 4	-13.67	4.94	.047	[-27.21, -0.13]
Stress	Year 1 vs. Year 4	-9.17	3.16	.036	[-17.84, -0.49]

Overall, the results reveal that anxiety and depression are substantial psychological concerns among Bruneian undergraduates, particularly among female and final-year students. However, given the small sample size inherent to this pilot study ( $n=30$ ), caution must be heavily emphasised when interpreting these inferential statistical findings. The limited statistical power means that these group differences, while statistically significant within this specific sample, may not be fully generalisable to the wider student population and should be validated in larger subsequent studies. Although stress levels were generally mild, the elevated anxiety and depression scores highlight the need for enhanced mental health support services and preventive interventions within Brunei's higher education institutions.

## 4.2 Research Question 2: Barriers to Addressing Mental Health Needs

Thematic analysis of the interview data identified three primary barriers that prevented students from addressing their mental health issues: (1) lack of awareness, (2) stigma, and (3) perceived difficulty in accessing mental health services.

### **1. Theme 1: Lack of Awareness**

Both participants acknowledged experiencing emotional distress but normalised it as part of the typical student experience. They attributed their mental health challenges to personal relationships and academic workload rather than recognising symptoms of depression or anxiety. Despite being aware of the existence of counselling services, they were unfamiliar with the procedures for accessing support. This limited awareness extended to national mental health resources as well.

### **2. Theme 2: Stigma**

Stigma emerged as a central deterrent to professional help-seeking. Although both participants recognised their need for support, they expressed strong reluctance to approach counsellors or university staff due to concerns about trust and confidentiality. One participant stated:

"I heard one of the teachers talking badly about another student who complained about being stressed to other teachers in the staffroom. What if they will do the same about me if I go to the counsellor?" (P2)

This fear was compounded by anxiety over parental reactions and social exposure within Brunei's small community:

"I'm scared if I make a call to the helpline, they will contact my parents to inform them. What if they know someone I know? Brunei is a small place." (P1)

Although participants acknowledged increasing societal acceptance of mental health discussions, they observed that the topic still carried casual disregard within their families. This familial indifference intensified their fear of judgment, reinforcing their preference to remain silent rather than seek professional help.

### **3. Theme 3: Perceived Difficulty in Accessing Mental Health Care**

Participants also highlighted practical and procedural barriers that discouraged them from engaging with counselling services. One participant reported that the lack of visible information on counselling programs hindered their willingness to reach out, while another preferred turning to close friends due to convenience and emotional safety.

Other factors included limited time, uncertainty about counselling procedures, and discomfort with discussing personal issues in unfamiliar settings. Collectively, these findings indicate that both systemic barriers (lack of visibility and accessibility) and psychological barriers (fear, mistrust, and anxiety) play significant roles in discouraging help-seeking.

## **4.3 Research Question 3: Help-Seeking Behaviours among Bruneian Undergraduate Students**

Two overarching themes emerged in relation to students' help-seeking behaviours: (1) preference for informal sources of help, and (2) help-seeking as a last resort.

### **1. Theme 1: Preference for Informal Sources of Help**

Both participants expressed a preference for seeking emotional support from friends or family members rather than mental health professionals. They described informal support as more comfortable, trustworthy, and non-judgmental. One participant voiced concern that professional help might lead to breaches of confidentiality:

"I'm afraid that if I talk to a counsellor, my story won't stay private. Everyone knows everyone here." (P1)

This preference reflects cultural and social influences in Brunei's close-knit society, where personal struggles are often managed within private circles rather than through formal institutional channels.

## **2. Theme 2: Help-Seeking as a Last Resort**

Participants viewed counselling as appropriate only for severe or crisis situations. They indicated a tendency to seek help only when distress became overwhelming, describing professional support as a "last resort." This belief contributed to their avoidance of early intervention and reinforced a pattern of self-reliance and informal coping. Such perceptions underscore the persistence of stigma and limited mental health literacy even among university students, suggesting that early help-seeking is not yet normalised within Brunei's higher education environment.

In summary, the qualitative findings reveal that limited awareness, persistent stigma, and systemic barriers collectively hinder students from accessing mental health support. Moreover, Bruneian undergraduates tend to rely on informal social networks and view professional counselling as a final measure rather than a preventive resource. These insights highlight the need for culturally sensitive outreach initiatives and improved visibility of university-based mental health services to foster trust, awareness, and proactive help-seeking behaviour.

## **5.0 INTEGRATION**

The integration of quantitative and qualitative findings reveals a stark discrepancy between the high reported levels of depression, anxiety, and stress among the students and their limited help-seeking behaviours. Quantitative results showed that students experienced significant mental health burdens, with a substantial proportion reporting moderate depression (33.3%) and extremely severe anxiety (40%). However, the qualitative narratives provide crucial context for why these severe levels of distress do not translate into engagement with official counselling services. Specifically, the qualitative data indicate that intense concerns about public stigma, fear of confidentiality breaches within a small community, and practical procedural barriers actively deter students from pursuing professional assistance, despite their elevated symptom scores.

Additionally, participants had limited awareness of how severe their symptoms were, often normalising their quantitative distress as standard academic stress, which further hindered their help-seeking behaviour. Informal help was particularly preferred as the primary source of support, and professional help-seeking was considered a strict last resort. Taken together, these integrated findings suggest that while the severity of symptoms (as measured quantitatively by the DASS-21) is an indicator of need, socio-cultural and structural factors uncovered in the interviews serve as the primary barriers that delay engagement with official mental health services. Reiterating the limitations of this pilot design, both the inferential statistical differences and the qualitative themes should be interpreted with caution and are not generalisable to the wider student population.

## 6.0 DISCUSSION

The preliminary findings of this study indicate that mental health challenges, particularly depression, anxiety, and stress remain prevalent among Bruneian undergraduate students. These results mirror global patterns of increasing psychological distress among higher education populations. Quantitative analysis revealed that a substantial proportion of students experienced moderate to severe levels of depression and anxiety, with female and final-year students reporting the highest levels. These findings are consistent with prior research suggesting that gender and academic stage significantly influence students' emotional well-being (Arthur et al., 2025; Tan et al., 2023). Going beyond mere comparison, these results underscore how localized academic and social pressures intersect; female students may face compounded emotional and cultural expectations within Brunei's society, whereas final-year students experience acute distress from the transition out of university, aggravated by career uncertainties and the pressure to succeed (Hoedoafia et al., 2024; Fang et al., 2025).

Despite these elevated levels of psychological distress, the qualitative data revealed that students' help-seeking behaviours remain limited. Participants demonstrated a strong preference for confiding in friends and family rather than accessing formal counselling. This behavioural pattern can be robustly explained using the Theory of Planned Behaviour (TPB). According to the TPB, subjective norms, the perceived social pressure to perform or not perform a behaviour, strongly dictate help-seeking intentions. In Brunei's collectivist cultural context, maintaining social harmony and protecting family reputation are paramount, creating a subjective norm that views emotional distress as a private family matter rather than a clinical issue. Similar tendencies have been documented across Southeast Asian contexts, where individuals perceive emotional distress as a private matter best resolved within close social circles (Cogan et al., 2023; Pei et al., 2024). While informal support networks can offer empathy and belonging, reliance on such sources may delay professional intervention and prolong distress.

Furthermore, the qualitative findings identified several barriers to professional help-seeking, including stigma, limited awareness, and perceived inaccessibility of counselling services. Interpreting these barriers through the theoretical framework of stigma provides deeper insight into students' avoidance behaviours. The students' narratives vividly illustrate the debilitating impact of public stigma, the fear of societal judgment and breaches of confidentiality within Brunei's small, close-knit community. For instance, students' concerns about teachers casually discussing psychological distress exemplify how negative environmental cues reinforce adverse attitudes toward counselling. Such apprehensions echo findings by Sum et al. (2024) and Rahim et al. (2025), who reported that both self-stigma and negative societal perceptions remain powerful deterrents to mental health service utilisation among university students. In TPB terms, these structural and psychological barriers severely diminish students' perceived behavioural control, making them feel that seeking formal help is both socially risky and procedurally opaque. In addition, participants' limited understanding of how to access on-campus counselling services suggests inadequate visibility and outreach by university mental health units.

Collectively, these findings highlight the urgent need for institutional and systemic interventions to promote psychological well-being within Brunei's higher education sector. Universities should move beyond providing counselling services to implementing mental health literacy programmes that teach students to recognise symptoms, normalise professional help-seeking, and understand the importance of early intervention. Training academic staff and peer mentors to identify signs of distress

and refer students appropriately could further enhance the support network. Additionally, increasing the visibility and accessibility of counselling services through digital platforms, awareness campaigns, and inclusion in orientation programmes may reduce uncertainty and encourage help-seeking.

From a broader perspective, the results reinforce that improving student mental health requires more than individual coping efforts; it necessitates systemic transformation. Addressing stigma, promoting open dialogue, and embedding psychological support within the educational ecosystem are critical for creating emotionally resilient and academically engaged student communities. By adopting culturally sensitive, student-centred approaches, Bruneian universities can play a vital role in advancing national efforts to promote youth mental health and foster a supportive higher education environment.

## **7.0 CONCLUSION**

This mixed-methods pilot study provides crucial preliminary insights into the mental health landscape of undergraduate students in Brunei Darussalam. The findings indicate that psychological distress, particularly anxiety and depression, remains highly prevalent, with female and final-year students demonstrating the greatest vulnerability. However, there is a stark discrepancy between these elevated levels of distress and students' willingness to utilise professional campus services. Driven by deep-seated fears of public stigma and breaches of confidentiality within Brunei's close-knit community, students overwhelmingly default to informal coping mechanisms.

To bridge this gap, universities must transition from merely offering counselling services to actively embedding mental health literacy into the educational ecosystem. Proactive measures, such as digital outreach, orientation programmes, and peer-mentorship training, are essential to dismantle stigma and normalise early intervention. While the small sample size of this pilot limits broad generalisability, the results highlight that improving student well-being requires systemic, structural changes rather than relying solely on individual resilience. Future large-scale research should continue to explore how cultural paradigms and institutional structures intersect to shape mental health outcomes. Ultimately, by adopting a culturally responsive and student-centred framework, Bruneian higher education institutions can foster both the emotional and academic success of their communities.

## **8.0 FUNDING AND ACKNOWLEDGEMENT**

The authors would like to thank the participating universities and students for their cooperation and valuable contributions to this study. No funding was received for the conduct of this research.

## **9.0 ARTIFICIAL INTELLIGENCE STATEMENT**

The authors acknowledge that ChatGPT (OpenAI, 2025) was used in the preparation of this manuscript for language refinement, summarisation, and formatting assistance. The AI tool was not used to generate research data, interpret findings, or draw conclusions. All intellectual and analytical contributions are those of the authors.

## 10.0 CONFLICT OF INTEREST

The author declares that there is no conflict of interest regarding the publication of this article. The research was conducted independently without any financial, commercial, or personal relationships that could have influenced the findings or interpretation of the study.

## 11.0 ACKNOWLEDGEMENTS

The author would like to express sincere gratitude to the participants of this study for their valuable contributions and willingness to share their experiences. Appreciation is also extended to the academic supervisors for their continuous guidance, constructive feedback, and support throughout the research process. The author further acknowledges the support provided by the institution in facilitating the completion of this study.

## 12.0 AUTHOR CONTRIBUTIONS

This article is based on a single-author research project. The author is fully responsible for all aspects of the study, including conceptualisation, literature review, research design, data collection, data analysis, interpretation of findings, and manuscript writing. The author also prepared and approved the final version of the manuscript for submission.

## 13.0 REFERENCES

- Abdul Aziz, N. A., Baharudin, N. S., & Alias, N. A. (2023). Association between stress and social support perceived among undergraduate health sciences students. *The Malaysian Journal of Medical Sciences*, 30(3), 176–183. <https://doi.org/10.21315/mjms2023.30.3.16>
- Abdul Rahman, H., Julaini, N. N., Zaim, S. N. N., Masri, N. A., & Abdul-Mumin, K. H. (2023). Mental wellbeing and health-risk behaviours of university students in Brunei: A cross-sectional study during COVID-19 pandemic. *Healthcare*, 11(16), 2327. <https://doi.org/10.3390/healthcare11162327>
- Al-Garni, A. M., Shati, A. A., Almonawar, N. A., Alamri, G. M., Alasmre, L. A., Saad, T. N., Alshehri, F. M., Hammouda, E. A., & Ghazy, R. M. (2025). Prevalence of depression, anxiety, and stress among students enrolled at King Khalid University: A cross-sectional study. *BMC Public Health*, 25(1), 354. <https://doi.org/10.1186/s12889-025-21277-7>
- Alqhtani, S. S., Aldhafeeri, N. A., Alotaibi, L., Alanzi, H., Alshamrani, W., Alqhtani, N., & Selim, A. (2025). Nursing students' attitudes and intentions towards seeking professional psychological help: The mediating role of emotional intelligence. *BMC Psychology*, 13(1), 144. <https://doi.org/10.1186/s40359-025-02474-w>
- Amadu, P. M., Hoedoafia, R. E., Dassah, G., Cletus, L. K., Kpebu, S. E., Aarah-Bapuah, M., & Abem, V. K. (2024). The prevalence of depression, anxiety, and stress among undergraduate nursing students in the University for Development Studies, Tamale. *Fortune Journal of Health Sciences*, 7(2), 178–191. <https://doi.org/10.26502/fjhs.176>
- Arthur, A. N., Fraikue, J., Adu-Amankwah, B., Ofori, R., Sekyi, D., Boateng, A. A., Asamoah, E., & Appiah, S. C. Y. (2025). Exploring the relationship between

- mental health issues and academic performance of undergraduate students in a Ghanaian tertiary institution: A cross-sectional study. *Discover Mental Health*, 5, 6. <https://doi.org/10.1007/s44192-025-00130-8>
- Avramova, N. T. (2023). Prevalence of depression, anxiety and stress after the COVID-19 pandemic period among students at the Medical University of Sofia; significance of demographic, educational, and pandemic-related variables. *Journal of Mind and Medical Sciences*, 10(2), 260–266. <https://doi.org/10.22543/2392-7674.1376>
- Bhattacharyya, S. (2025). Study of relationship between academic stress and depression among undergraduate medical students. *International Journal of Medical Science and Current Research*, 8(1), 283-292.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Borneo Bulletin. (2026, January 28). Brunei pilots nationwide work-life balance policy for workplaces.
- Bujang, M. A., Omar, E. D., Foo, D. H. P., & Hon, Y. K. (2024). Sample size determination for conducting a pilot study to assess reliability of a questionnaire. *Restorative Dentistry & Endodontics*, 49(1), e3. <https://doi.org/10.5395/rde.2024.49.e3>
- Chen, B., Wang, W., & Yang, S. (2024). The relationship between academic stress and depression among college students during the COVID-19 pandemic: A cross-sectional study from China. *BMC Psychiatry*, 24, 46. <https://doi.org/10.1186/s12888-024-05506-8>.
- Cogan, N. A., Liu, X., Chin-Van Chau, Y., Kelly, S. W., Anderson, T., Flynn, C., Scott, L., Zaglis, A., & Corrigan, P. (2023). The taboo of mental health problems, stigma and fear of disclosure among Asian international students: Implications for help-seeking, guidance and support. *British Journal of Guidance & Counselling*, 52(4), 697–715. <https://doi.org/10.1080/03069885.2023.2214307>
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research* (3rd ed.). Sage Publications.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.
- ElBarazi, A., & Tikamdas, R. (2024). Investigating depression in college students during and after the COVID-19 condition. *Journal of College Student Mental Health*, 39(1), 70–85. <https://doi.org/10.1080/28367138.2024.2312432>
- Fang, Y., Yang, M., Huang, W., Zhang, Y., Gao, X., Chen, Y., Meng, S., & Zeng, S. (2025). The evaluation of depression, anxiety, and stress among undergraduate dental students in graduation year in mainland China: A cross-sectional study. *BMC Medical Education*, 25, 543. <https://doi.org/10.1186/s12909-025-07141-7>
- Han, S. S., Zhang, Y. S., Zhu, W., Ye, Y. P., Li, Y. X., Meng, S. Q., Feng, S., Li, H., Cui, Z. L., Zhang, Y., Zhang, Q., Wang, G. X., Lou, H., Li, B., & Xu, C. Y. (2025). Status and epidemiological characteristics of depression and anxiety among Chinese university students in 2023. *BMC Public Health*, 25, 1189. <https://doi.org/10.1186/s12889-025-22443-7>
- Hardy, R., West, H., & Fisher, P. (2025). Exploring attitudes towards seeking help for mental health problems among university students from racially minoritised backgrounds: A systematic review and thematic synthesis. *BMC Public Health*, 25, 1428. <https://doi.org/10.1186/s12889-025-22521-w>
- Hoedoafia, R. E., Amadu, P. M., & Hussein, H. (2024). Psychological impacts of COVID-19 pandemic on students of the School of Medicine University for Development Studies (UDS), Tamale, Ghana. *Journal of Psychiatry and Psychiatric Disorders*, 8, 59–69. <https://doi.org/10.26502/jppd.2572-519X0211>

- Idris, F., Zulkipli, I. N., Abdul-Mumin, K. H., Ahmad, S. R., Mitha, S., Rahman, H. A., Rajabalaya, R., David, S. R., & Naing, L. (2021). Academic experiences, physical and mental health impact of COVID-19 pandemic on students and lecturers in health care education. *BMC Medical Education*, 21, 542. <https://doi.org/10.1186/s12909-021-02968-2>
- Kumara, S., Shamyarb, A., Kumarc, J., Murugesand, R., & Petrosyane, T. (2025). Mental health challenges in medical education: Prevalence of depression and stressors among medical students in Armenia. *Journal of Chemical Health Risks*, 15(1), 568–573. <https://doi.org/10.52783/jchr.v15.i1.7496>
- Kwak, E., Park, S., & Ko, J. W. (2022). The effects of academic stress and upward comparison on depression in nursing students during COVID-19. *Healthcare*, 10(10), 2091. <https://doi.org/10.3390/healthcare10102091>
- Liu, H., Yang, Q., Yu, Z., Ye, B., & Huang, D. (2023). Effects of subjective socioeconomic status on depression: A chain mediation analysis. *Chinese Journal of Clinical Psychology*, 31, 1122–1125. <https://doi.org/10.16128/j.cnki.1005-3611.2023.05.019>
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales* (2nd ed.). Psychology Foundation of Australia.
- Ministry of Health. (2022). *Brunei Darussalam mental health plan 2022–2025*. Government of Brunei Darussalam.
- Mukubvu, O., Tonono, G. C., Mupinga, R. L., Uriga, C. T., Machona, Y. A., Doyce, S. R., Mavindidze, E., Mushonga, R. H., Shava, B. K., Muchemwa, S., Chibanda, D., Hove, A. R., & Dambi, J. M. (2025). Awareness, utility and preferences of campus-based mental health services at tertiary institutions in Harare Zimbabwe: A cross-sectional study. *PLOS Glob Public Health* 6(5). <https://doi.org/10.1371/journal.pgph.0005107>
- Nway, N. C., Phetrasuwan, S., Putdivarnichapong, W., & Vongsirimas, N. (2023). Factors contributing to depressive symptoms among undergraduate nursing students: A cross-sectional study. *Nurse Education in Practice*, 68, 103587. <https://doi.org/10.1016/j.nepr.2023.103587>
- OpenAI. (2025). ChatGPT (large language model). <https://chatgpt.com/>
- Özdemir, Ö., Kaya, Y., & Adagide, S. (2023). Nursing students' attitudes toward seeking psychological help associated with self-stigma and perceived social stigma. *Journal of Caring Sciences*, 12(4), 221. <https://doi.org/10.34172/jcs.2023.33094>
- Pei, J., Amanvermez, Y., Vigo, D., Puyat, J., Kessler, R. C., Mortier, P., Bruffaerts, R., Rankin, O., Chua, S. N., Martinez, V., Rapsey, C., Fodor, L. A., David, O. A., Garcia, C., & Cuijpers, P. (2024). Sociodemographic correlates of mental health treatment-seeking among college students: A systematic review and meta-analysis. *Psychiatric Services*, 75(6), 556–569. <https://doi.org/10.1176/appi.ps.20230414>
- Pinho, L. G., Engström, M., Silva, M. R., Fonseca, C., Lindberg, M., Jelinek, L., Börsting, J., Afonso, A., Jacinto, G., Nilsson, A., Schröder, J., & Schneider, B. C. (2025). Help-seeking preferences and barriers for mental health problems among university students in Portugal, Germany, and Sweden. *Journal of Affective Disorders*, 379, 782–792. <https://doi.org/10.1016/j.jad.2025.03.044>
- Rahim, A., Yueh, L. K., Salleh, S. M., Mumin, A., Ibrahim, F., & Padilla-Valdez, N. (2025). Evaluating mental health facilitation in Brunei's higher education: Student perspectives. *Edelweiss Applied Science and Technology*, 9(5), 1071–1090. <https://doi.org/10.55214/25768484.v9i5.7087>
- Razali, S., Jaris, N., Omar, S. A., & Asih, S. R. (2025). Family dynamics and depression among university students. *Environment-Behaviour Proceedings Journal*, 10(SI30), 133–138. <https://doi.org/10.21834/e-bpj.v10iSI30.6887>

- Storman, D., Jemioło, P., Swierz, M. J., Sawiec, Z., Antonowicz, E., Prokop-Dorner, A., Gotfryd-Burzyńska, M., & Bala, M. M. (2022). Meeting the unmet needs of individuals with mental disorders: Scoping review on peer-to-peer web-based interactions. *JMIR Mental Health*, 9(12), e36056. <https://doi.org/10.2196/36056>
- Sum, M. Y., Chan, S. K. W., Tsui, H. K. H., & Wong, G. H. Y. (2024). Stigma towards mental illness, resilience, and help-seeking behaviours in undergraduate students in Hong Kong. *Early Intervention in Psychiatry*, 18(3), 181–189. <https://doi.org/10.1111/eip.13455>
- Tan, G. X. D., Soh, X. C., Hartanto, A., Goh, A. Y. H., & Majeed, N. M. (2023). Prevalence of anxiety in college and university students: An umbrella review. *Journal of Affective Disorders Reports*, 14, 100658. <https://doi.org/10.1016/j.jadr.2023.100658>
- Wagner, F., Wagner, R. G., Kolanisi, U., Makuapane, L. P., Masango, M., & Gómez-Olivé, F. X. (2022). The relationship between depression symptoms and academic performance among first-year undergraduate students at a South African university: A cross-sectional study. *BMC Public Health*, 22, 2067. <https://doi.org/10.1186/s12889-022-14517-7>
- Ying, C., & Yong, W. (2022). Rooted analysis of college students' suicidal behaviours. *Higher Education Exploration*, 38(2), 122–128. <https://doi.org/10.1590/1518-8345.5320.3495>
- Yonemoto, N., & Kawashima, Y. (2023). Help-seeking behaviors for mental health problems during the COVID-19 pandemic: A systematic review. *Journal of Affective Disorders*, 323, 85–100. <https://doi.org/10.1016/j.jad.2022.11.043>
- Zhang, J., Peng, C., & Chen, C. (2024). Mental health and academic performance of college students: Knowledge in the field of mental health, self-control, and learning in college. *Acta Psychologica*, 248, 104351. <https://doi.org/10.1016/j.actpsy.2024.104351>
- Zhao, R., Amanvermez, Y., Pei, J., Castro-Ramirez, F., Rapsey, C., Garcia, C., et al. (2025). Research review: Help-seeking intentions, behaviors, and barriers in college students—a systematic review and meta-analysis. *Journal of Child Psychology and Psychiatry*, 66(10), 1593–1605. <https://doi.org/10.1111/jcpp.14145>
- Zubairi, A. A., Nasharudin, N. A. S., & Ibrahim, M. K. (2025). The impact of depression, anxiety, and stress on academic performance among university students. *Jurnal Pendidikan Bitara UPSI*, 18(1), 22–29. <https://doi.org/10.37134/bitara.vol17.1.3.2025>
- Zulkefli, I. Z., Abdul Rahman, H., & Abu Bakar, A. S. (2025). Sociodemographic and academic burden factors associated with anxiety and depression among final-year health sciences undergraduates in Malaysia. *National Journal of Community Medicine*, 16(8), 778–784. <https://doi.org/10.55489/njcm.160820255364>