The Relationship Between Social Support, Academic Expectation, and Depression on Suicidal Intention Among Youth in Malaysia, India, and Indonesia

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ARTICLE INFORMATION

ABSTRACT

This research aims to explore the relationships between social support, academic expectations, and depression regarding suicidal intention among youth in Malaysia, India, and Indonesia. Given the rising concern over youth mental health in these regions, a quantitative approach was employed, utilizing an online questionnaire distributed via Google Forms to gather data from 150 participants. The findings indicate that both academic expectations and depression positively correlate with suicidal intentions, highlighting the significant emotional distress caused by high academic pressures. Conversely, the study revealed that social support negatively correlates with suicidal intention among youth, suggesting that stronger social networks may mitigate these risks. This study contributes to a limited body of research on suicidal ideation in Malaysian, Indian, and Indonesian youth, providing valuable insights into how social support, academic expectations, and depression interplay in influencing suicidal thoughts and behaviors. The results highlight the need for targeted mental health interventions that address the challenges youth face, raising awareness of the harmful effects of academic stress and the value of supportive relationships.

Keywords: Academic Expectations; Depression; Social Support; Suicidal Intention; Youth

INTRODUCTION

The World Health Organization (WHO) defines suicide as a global phenomenon present in all regions of the world and the second most common cause of death in 2016 for individuals aged 15-26 years. The many changes that occur during adolescence, such as physical, hormonal, social, and psychosocial changes, often trigger emotional instability in adolescents, leading to suicidal ideation. Therefore, it is essential for adolescents to develop the ability to adapt well, one way being to increase resilience.

In the twenty-first century, the lives of young people are full of challenges, struggles, and difficulties. Many individuals experience depression, anxiety, and stress. Pressure from academic expectations can lead to negative thoughts, including suicidal intentions (Ng et al., 2023). Students must fulfill various academic obligations such as school exams, pop quizzes, assignments, comprehending lectures, and competing with peers to meet the expectations of teachers and parents. If they fall short of their own or others' expectations, they may experience anxiety, depression, and sadness. These negative feelings can significantly impact their lives, especially college students, who are at a higher risk of experiencing suicidal ideation, including planning and attempting suicide (Sun et al., 2017). This risk arises as they face pressure to perform, adapt, commit, and meet others' expectations while also setting lofty, sometimes unattainable, goals for themselves (Okechukwu et al., 2022). A study by Nandagaon and Raddi (2020) found that academic expectations are strongly associated with depression and suicide among adolescent students. Effective stress management may help reduce these stress levels.

Suicide does not have a single cause. Individuals who commit suicide often have low social support systems, such as kinship and friends, or faith, work, and community support groups. The presence of divorced parents, for instance, can affect adolescents, leading to shyness, irritability, difficulty concentrating, loss of respect for parents, blaming parents, feelings of guilt, lack of purpose, insecurity, and more. Family conflicts can trigger prolonged distress and negative emotions like stress, anger, and shame. Individuals experiencing psychological distress have a higher risk of suicide than those without such distress.

Resilience is known to mitigate psychological pain, reducing the likelihood of suicide. Resilience can be defined as having a healthy response to stressful environments (Shaferi et al., 2022). Adolescent resilience predicts the ability to thrive under less favorable or stressful conditions. Resilient adolescents have improved lives as resilience boosts impulse control, optimism, empathy, and self-efficacy. This capacity helps them positively interpret challenging situations and turn them into opportunities for growth and independence. Therefore, understanding depression is crucial for suicide prevention. Depression is a severe public health issue, with WHO noting that it was the fourth leading cause of disease globally and predicting it to become a major health problem. The suicide rate is notably high among the youth.

Into the Light Indonesia (2019) highlighted that suicidal thoughts are typically influenced by biological, psychological, and social factors. These include genetic predispositions, brain structure, and stress management. Social factors encompass experiences of bullying, discrimination, family conditions, and access to mental health services. Suicidal thoughts result from the long-term accumulation of these factors.

In Malaysia, the Royal Malaysian Police (PDRM) reported that 872 young people committed suicide between January 2019 and May 2021. The COVID-19 pandemic and its mitigation measures, such as lockdowns, negatively impacted many young people's mental health, stripping them of vital social connections during crucial stages of their

lives. Consequently, suicides in Malaysia have worsened. In 2021, suicides across all age groups nearly doubled in five months (94 per month) compared to 2019 (51 per month) (Rashed, 2021). There is limited research on the influence of social support, academic expectations, and depression on youth suicidal intentions in Malaysia. Many factors contribute to youth suicidal intentions, often following stressful life events or issues that harm self-esteem, such as inadequate social support, chronic bullying, depression, or academic struggles.

This study contributes to the literature on suicide intentions by integrating concepts such as social support, academic stress, and depression to offer a comprehensive understanding of their interrelations. The study applies the interpersonal-psychological theory of suicidal behavior (Joiner, 2009), which posits that a person will only commit suicide if they have both the desire and the capability. This theory aids in understanding the link between social support, stress, pressure, and depression and helps in identifying solutions for prevention. It suggests that a frustrated sense of belonging and a perceived burden are key to suicidal desire. Increasing social support and fostering connections can enhance one's sense of belonging and substantially lower suicide risk (Baumeister & Leary, 2017). Specifically, marriage, children, and friendships are linked to a reduced risk of suicide (Motillon-Toudic et al., 2022), as social belonging is crucial for mental health and well-being. A perceived burden, the belief that one is a burden to others or society, can contribute to suicidal thoughts, such as believing "my death is worth more than my life" when facing academic failure or depression (Baumeister & Leary, 2017).

Awareness Against Suicide (AWAS) points out that there are many misconceptions about mental health (Wong, 2023). Awas advocates for the decriminalization of suicide attempts and seeks comprehensive reforms in mental health care. Additionally, due to the lack of understanding about mental health, young people may hesitate to discuss it openly or seek professional help, leading to missed opportunities for timely intervention and tragic outcomes. Youth must be more aware of mental health issues and their severity to seek help or find solutions before considering suicide.

In Malaysia, the government has implemented laws under Articles 305 and 306 to penalize individuals who abet children or mentally ill persons in suicide and those who assist others in suicide (Criminal Code No. 574 of 2018, 2018). Under Section 305, the punishment can include the death penalty or imprisonment for up to ten years. These laws aim to prevent the encouragement of suicidal behavior. However, despite such initiatives, youth suicide rates continue to rise (Aziz & Razak, 2021). Even with these laws, more comprehensive efforts are needed, such as media education about suicide. Additionally, training nursing staff to detect risky behaviors and provide effective interventions can be beneficial.

LITERATURE REVIEW

Suicide
Suicide is a tragic event in which an individual ends their own life, while attempted suicide refers to instances where a person inflicts self-harm with the intent to die but survives. Various external and social factors contribute to the rising number of suicide attempts and deaths. Suicide often results from a combination of factors, including family issues and impulsivity. The decision to commit suicide is typically not impulsive but develops over time, influenced by difficult life changes and problems that prove emotionally overwhelming. Individuals who die by suicide often struggle more with problem-solving compared to their peers. They tend to be passive, reactive, and reliant on others to resolve their issues. Additionally, they frequently face high and sometimes unreasonable expectations from family members and peers, which can foster feelings of helplessness,

insecurity, stress, and a lack of self-control. To successfully navigate these challenges and build resilience, adolescents need access to essential support systems, such as a stable home environment, close relationships, structured guidance, and financial resources (Bilsen, 2018).

Social Support

Social support refers to the emotional and physical comfort provided by family, friends, and others, making individuals feel cared for, loved, respected, and valued (Allen et al., 2002). Social support can be categorized into several specific types. The first is informational support, where someone in need receives understanding, advice, and strategies for managing a stressful situation (Cherry, 2023). The second type is instrumental support, which includes financial help, services, and related assistance (Cherry, 2023). For instance, if a fire destroys residents' homes, someone might arrange temporary shelter, provide food and essential supplies, or donate money to help the victims navigate the hardship. The third type is emotional support, which involves expressing care and affection to make individuals feel valued and significant, such as through reassurance, encouragement, and genuine concern (Parincu, 2022). When someone is experiencing loss or depression, support from friends and family is crucial. On the other hand, inadequate social support, such as experiences of bullying, exclusion, slander, or abuse, can increase suicidal thoughts and intentions.

Consequently, social support has been shown to have a significant negative relationship with suicidal ideation. Gutierrez et al. (2012) emphasized the importance of studying risk and protective factors in addressing depression. Recent research has aimed to provide evidence linking spirituality, social support, and suicidal behavior to bolster theoretical frameworks. Findings indicate that low social support in families is associated with suicidal thoughts and attempts. Adolescents who reported suicidal tendencies often described their families as less engaged, less affectionate, and less trustworthy (Kerr et al., 2006). This lack of mutual understanding between parents and teens can adversely affect how young people perceive the support they receive from both family and friends (Ibrahim et al., 2019).

Academic Expectations

Stress can be described as the body's response when individuals experience repulsion or an unacceptable environment. Academic pressure stems from the high expectations of parents, oneself, or lecturers and can be defined as the body's response to academic demands that exceed a student's adaptability. It is estimated that 10-30% of students encounter some level of academic stress during their studies. Universities with high academic standards often place significant pressure on students, potentially impacting both their physical and mental health (Thompson et al., 2022). Academic stress was identified as the leading health barrier affecting college students (Barbayannis et al., 2022; Kee et al., 2022). Stress can have adverse physical and social effects on students, influencing their learning and overall performance. Understanding the prevalence, contributing factors, and coping strategies associated with academic stress can help develop effective counseling strategies to support students' growth and ensure their academic and professional success. Even in economically developed countries, many students faced increased academic pressure during the COVID-19 pandemic. However, research on strategies to reduce stress, especially in areas with inadequate facilities, remains limited.

Additionally, numerous studies have demonstrated a positive correlation between academic expectations and suicidal thoughts. For instance, research by Nandagaon and Raddi (2020) found that academic pressure is strongly linked to depression and suicidal tendencies among young students. Managing academic stress can potentially prevent

these negative outcomes. Moreover, findings from a study by Ogba highlighted a concerning prevalence of suicidal ideation among Nigerian university students due to academic stress, which was exacerbated by overwhelming academic demands and students' inability to recover from stress-inducing academic challenges (Okechukwu et al., 2022). Therefore, whether academic pressures are short-term or long-term, they can substantially impact adolescents' coping abilities (DeRosier et al., 2013). Students experiencing academic stress and negative emotions may face an increased risk of suicide if they lack effective coping mechanisms.

Depression

Depression is an important public health issue that deserves significant attention. In 2015, it was ranked among the top three causes of disability worldwide. The estimated lifetime risk of experiencing a major depressive episode in the United States is nearing 30% (Park & Zarate, 2019). The rate of suicide among those diagnosed with depression has been rising, making it the 10th leading cause of death in the United States. Major depressive disorder is a complex and varied condition, presenting with diverse symptoms. Depression is associated with cognitive biases in self-referential processing, attention, interpretation, and memory. The use of maladaptive, rather than adaptive, cognitive emotion regulation strategies and deficits in cognitive control over emotions can lead to cognitive biases and the adoption of maladaptive regulation strategies, further intensifying and perpetuating depressive symptoms. These symptoms, including a persistently sad mood, insomnia, inattention, and suicidal ideation, are distinct in nature and vary in their biological effects, level of impairment, and associated risk factors. Additionally, specific life events have been shown to predict increases in certain depressive symptoms (Askeland et al., 2020).

Depression has a strong positive relationship with suicidal ideation and attempts, influencing a rise in suicide rates. One reason depression leads to suicide is that individuals experiencing depression may lose interest in daily activities and life itself. When they lose their sense of purpose and life expectations, they may feel worthless and believe that continuing to live has no value. These individuals may also exhibit unusual or peculiar behavior, deviating from their typical actions. A depressed person might express statements such as, "I want to commit suicide" or "I want to kill myself." However, after a period of deep despair, they may suddenly appear to brighten up, giving an impression that everything is normal. This sudden shift can be misleading, as suicidal threats often signal a profound cry for help and indicate that support is needed. Therefore, any verbalization of suicidal thoughts, intentions, or plans should be taken very seriously. Anyone expressing such thoughts should receive immediate medical attention (Hopkins, 2019).

Hypotheses Development

Below are the hypotheses of this research:
H1: There is a negative and significant relationship between social support and suicidal intention.
H2: There is a positive and significant relationship between academic expectations and suicidal intentions.
H3: There is a positive and significant relationship between depression and suicidal intention.

RESEARCH METHOD

Sample

The target population for this study included all youth in Malaysia, India, and Indonesia, as the research aimed to examine how the three variables—social support, academic

expectations, and depression—affect suicidal intentions in youth. This research employed a quantitative design. A total of 150 participants aged 18 to 35 from Malaysia, India, and Indonesia completed the survey through a Google Forms questionnaire, which was shared via Facebook, Instagram, WhatsApp, and Telegram for convenience and ease of access at any time preferred by the participants.

In outcome research, purposive sampling involves the intentional selection of respondents based on specific criteria. It is a non-random method that does not depend on any theoretical framework or a specific number of participants. For quantitative studies, Delice (2010) indicates that a sample size between 30 and 500 is generally sufficient and acceptable. Therefore, the sample size of 150 respondents was considered adequate to yield reliable results for this study.

Data Collection Method
The research questionnaire consists of five sections. Section A gathers socio-demographic data from the respondents, while Sections B, C, D, and E measure the dependent and independent variables. In Section A, demographic information such as location, age, gender, education level, race, and fields of study was collected. Section B assesses suicidal ideation using the Suicidal Ideation Attributes Scale (SIDAS), developed by van Spijker et al. (2014), which includes five items measured on a 5-point Likert scale ranging from 1 (Never) to 5 (Always).

Section C employs the Multidimensional Scale of Perceived Social Support (MSPSS) from Zimet et al. (1988), originally comprising twelve items; however, this survey uses eight items focusing on social support from relatives and friends. Section D utilizes the Academic Expectations Stress Inventory (AESI) by Ang and Huan (2006), containing nine items divided into two factors: parent/teacher expectations (five items) and self-expectations (four items). Section E incorporates the Depression scale from the DASS-21, originally developed by Lovibond and Lovibond (1995), selecting six items specific to depression for this survey. The measurements in Sections C, D, and E were assessed on a 5-point Likert scale from 1 (Strongly Disagree) to 5 (Strongly Agree). Additionally, a purposive sampling method was applied.

Research Instruments
Demographic Profile
These items are used to identify the demographic of the responder, such as gender, age, race, location, education level, and fields of study.

Suicidal Ideation Attributes Scale (SIDAS)
Table 1. Suicidal Ideation Attributes Scale (SIDAS) Items

No.	Question Items
1	In the past month, how often have you had thoughts about suicide?
2	In the past month, how much control have you had over these thoughts?
3	In the past month, how close have you come to making a suicide attempt?
4	In the past month, to what extent have you felt tormented by thoughts about suicide?
5	In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks, or social activities?

The Suicidal Ideation Attributes Scale (SIDAS) was developed by van Spijker et al. (2014) to screen individuals' suicidal thoughts within the community and assess the severity of these thoughts. SIDAS includes five items (Table 1) that focus on attributes of suicidal ideation such as frequency, controllability, proximity to attempting suicide, the

level of distress related to the thoughts, and the impact on daily functioning ("Suicidal Ideation Attributes Scale (SIDAS)", 2022). The measurement for SIDAS is conducted using a 5-point Likert scale ranging from 1 (Never) to 5 (Always). The items are coded such that a higher total score indicates more severe suicidal thoughts.

The Multidimensional Scale of Perceived Social Support (MSPSS)
Table 2. The Multidimensional Scale of Perceived Social Support (MSPSS) Items

No.	Statement Items
1	My family really tries to help me.
2	I get the emotional help & support I need from my family.
3	I can count on my friends when things go wrong.
4	My friends really try to help me.
5	I can talk about my problems with my family.
6	I have friends with whom I can share my joys and sorrows.
7	My family is willing to help me make decisions.
8	I can talk about my problems with my friends.

The MSPSS was developed by Zimet et al. (1988) to assess the extent of perceived support from three sources: family, friends, and significant others. This scale, which includes 12 items, is well-established and widely used. Numerous studies indicate that a high level of perceived social support is associated with reduced levels of anxiety and depression (Zimet et al., 1988). In this survey, only eight items (Table 2) related to the social support provided by family and friends were included, as these were most relevant to the research. The MSPSS uses a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

Academic Expectations Stress Inventory (AESI)
Table 3. Academic Expectations Stress Inventory (AESI) Items

No.	Statement Items
1	I blame myself when I cannot live up to my parent's expectations of me.
2	I feel I have disappointed my teacher when I do badly in school.
3	I feel I have disappointed my parents when I do poorly in school.
4	I feel stressed when I know my parents are disappointed in my exam grades.
5	I feel lousy when I cannot live up to my teacher's expectations.
6	I feel stressed when I do not live up to my own standards.
7	When I fail to live up to my own expectations, I feel I am not good enough.
8	I usually cannot sleep and worry when I cannot meet the goals, I set for myself.
9	When I do not do as well as I could have in an examination or test, I feel stressed.

The Academic Expectations Stress Inventory (AESI), used by Ang and Huan (2006), consists of nine items (Table 3) that assess the extent to which academic expectations contribute to stress among Asian students. The inventory is divided into two factors: expectations of self (four items) and expectations from parents and teachers (five items). The AESI is measured using a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

Depression (DASS-21)
Table 4. Depression (DASS-21) Items

No.	Statement Items
1	I could not seem to experience any positive feeling at all.
2	I felt that I had nothing to look forward to
3	I felt downhearted and blue.
4	I was unable to become enthusiastic about anything.

| 5 | I felt I was not worth much as a person. |
| 6 | I felt that life was meaningless. |

The Depression, Anxiety, and Stress Scale (DASS-21) was adopted from Lovibond and Lovibond (1995), originally comprising a total of twenty-one items. For this survey, we utilized only six items from the DASS-21 depression scale (Table 4). This section was measured using a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

Statistics Analysis
The Statistical Package for the Social Sciences (SPSS) and Partial Least Squares Structural Equation Modeling (PLS-SEM) was utilized in this survey. SPSS is widely used by academics across various fields for conducting quantitative analyses on large and complex datasets. It can analyze a diverse range of data types, including client databases, Google Analytics, website server log files, and sources of scientific research. SPSS supports the analysis and manipulation of various data types and almost all structured data formats, including spreadsheets, plain text files, and relational databases.

Furthermore, PLS-SEM is chosen for its well-established ability to handle both formative and reflective measures (Hair et al., 2011). Additionally, PLS-SEM has minimal constraints on sample size (Hair et al., 2011). It is also capable of modeling complex structural equation models with multiple constructs (Urbach & Ahlemann, 2010). The analysis of the PLS-SEM model involves two main steps: measurement models and structural models. The measurement model evaluates the validity and reliability of the model's latent variables, while the structural model examines the relationships between those variables (Hair et al., 2011).

RESULTS

Data analyses involved the use of the SPSS and SmartPLS software (Ringle et al., 2023). SmartPLS is based on structural equation modeling and allows for the simultaneous assessment of large amounts of complex data within a single model (Urbach & Ahlemann, 2010). Moreover, PLS-SEM is highly regarded for its capacity to handle both formative and reflective indicators (Hair et al., 2011). Additionally, SmartPLS does not require the assumption of normality, and the sample size is minimally constrained in PLS (Chin et al., 2003; Hair et al., 2011).

A two-step approach is employed for data analysis. The first step involves assessing the validity and reliability of the measurement model, while the second step utilizes the structural model for hypothesis testing (Anderson & Gerbing, 1988; Hair et al., 2011).

Reliability Coefficients
Table 5. Reliability Coefficients of Research Instruments

Variables	Items	Cronbach's Alpha	Sources
Suicidal Ideation Attributes Scale (SIDAS)	5	0.91	van Spijker et al. (2014)
The Multidimensional Scale of Perceived Social Support (MSPSS)	8	0.91	Zimet et al. (1988)
Expectations of Parents/Teachers	5	0.85	Ang and Huan (2006)
Expectations of Self	4	0.84	
Depression Scale from DASS-21	6	0.81	Lovibond and Lovibond (1995)

Table 5 presents the reliability coefficients (Cronbach's alpha) for several research instruments used in the study, each designed to measure different psychological and social variables. Cronbach's alpha is a statistic used to assess the internal consistency or reliability of a set of items within a scale. A higher alpha indicates that the items within the scale are more consistently measuring the same underlying construct.

The SIDAS consists of 5 items and has a Cronbach's alpha of 0.91, indicating a high level of reliability. This suggests that the items within the SIDAS scale consistently measure attributes related to suicidal ideation, aligning with the findings of van Spijker et al. (2014). Similarly, The MSPSS has 8 items and also reports a Cronbach's alpha of 0.91, reflecting strong internal consistency and reliability in assessing perceived social support, based on Zimet et al. (1988).

The Expectations of Parents/Teachers and Expectations of Self scales, with 5 and 4 items respectively, show reliability coefficients of 0.85 and 0.84. These scores indicate acceptable to good reliability, implying that the items within each scale are sufficiently cohesive in measuring expectations related to parental, teacher, and self-demands. These scales follow the frameworks established by Ang and Huan (2006). Finally, the Depression Scale from DASS-21, a subset consisting of 6 items, shows a Cronbach's alpha of 0.81, which is also acceptable, indicating that the items reliably measure depressive symptoms. This measure is based on the work of Lovibond and Lovibond (1995).

Overall, all scales exhibit Cronbach's alpha values above 0.80, suggesting good internal consistency and that these instruments are reliable tools for measuring the constructs in question. This reliability is essential for ensuring that responses to these scales accurately reflect the targeted psychological and social factors.

Measurement Model
Table 6. AVE Test Results

First Order Constructs Items Loadings AVE CR				
Academic Expectations	AE1	0.799	0.649	0.943
	AE2	0.815		
	AE3	0.843		
	AE4	0.818		
	AE5	0.824		
	AE6	0.777		
	AE7	0.765		
	AE8	0.819		
	AE9	0.787		
Depression	D1	0.897	0.806	0.961
	D2	0.885		
	D3	0.912		
	D4	0.914		
	D5	0.859		
	D6	0.919		
Social Support	SS1	0.822	0.533	0.898
	SS2	0.909		
	SS3	0.639		
	SS4	0.548		
	SS5	0.840		
	SS6	0.553		
	SS7	0.869		

	SS8	0.539		
Suicidal Intention (SI)	SI1	0.948	0.820	0.958
	SI2	0.756		
	SI3	0.939		
	SI4	0.947		
	SI5	0.922		

Following the recommendations of Hair et al. (2019) and Memon et al. (2021), this research first examined the measurement model to determine the validity and reliability of the instruments. We assessed the loadings, average variance extracted (AVE), and composite reliability (CR) of the measurement model. The values for loadings should be ≥0.5, the AVE should be ≥0.5, and the CR should be ≥0.7. As shown in Table 6, all AVE values exceed 0.5, and all CR values are above 0.7. The loadings were also deemed acceptable, with only four loadings having a value of less than 0.708 (Hair et al., 2019).

Structural Model
Table 7. Hypothesis Testing Direct Effects

	Hypothesis Relationship	Std Beta	t-values	p-values	Decisions
H1	Academic Expectations -> SI	0.195	2.474	0.013	Supported
H2	Depression -> SI	0.514	5.465	0.000	Supported
H3	Social Support -> SI	-0.117	0.799	0.424	Not Supported

Following the suggestions of Hair et al. (2019), this study reported the path coefficients, standard beta values, t-values, and p-values for the structural model using a bootstrap resampling procedure with 5,000 iterations (Ramayah et al., 2018). Additionally, this study tested the effects of the three independent variables on Suicidal Intention. As shown in Table 7, Academic Expectations (β = 0.195, p < 0.01) and Depression (β = 0.514, p < 0.01) were both positively and significantly related to Suicidal Intention, thereby supporting H2 and H3. Conversely, Social Support (β = -0.117, p < 0.01) was found to have a negative relationship with Suicidal Intention; however, this relationship was not significant, leading to the conclusion that H1 was not supported.

DISCUSSION

The primary objective of this study is to ascertain whether factors such as social support, academic stress, and depression impact suicidal intention among youth in Penang. Of the proposed hypotheses, two were supported, while one was not. The findings indicate that the most significant predictor of suicidal intention is depression, followed by academic expectations.

The results support H2, demonstrating that academic expectations are a major contributor to suicidal intentions among youth. This indicates a significant and positive relationship between academic expectations and suicidal ideation, corroborating previous research by Ismail et al. (2022). The pressure exerted by academic expectations from parents, oneself, or educators often results in emotional distress for students, affecting their physical and mental well-being. Academic stress is the most significant health barrier impacting college students' academic performance (Barbayannis et al., 2022). Such stress can lead to adverse physical and social effects on students, ultimately impairing their learning and overall performance.

The study also supports H3, indicating that depression is the second major factor contributing to suicidal intentions among youth. It is summarized that depression is significantly and positively related to suicidal ideation. The estimated lifetime risk of experiencing a major depressive episode approaches 30% in the United States (Park &

Zarate, 2019). Depression can lead to suicidal thoughts as individuals may lose interest in daily activities. When they feel devoid of purpose and have no expectations for their future, they may perceive themselves as worthless and believe their existence contributes nothing to society. Furthermore, depression is associated with cognitive biases in self-referential processing, attention, interpretation, and memory. The reliance on maladaptive cognitive emotion regulation strategies and deficits in cognitive control over emotion-consistent material can exacerbate and perpetuate depressive symptoms (Askeland et al., 2020). Individuals suffering from depression may express unusual thoughts or exhibit strange behaviors. For instance, they might verbalize intentions such as "I want to commit suicide" or "I want to end my life." This expression of despair often masks a plea for help. Thus, it is crucial to take any expression of suicidal thoughts seriously and ensure that individuals communicating such feelings receive immediate medical attention (Hopkins, 2019).

In contrast, the results indicate that social support does not significantly impact suicidal intention among youth in Penang, which contradicts to H1 and the findings from previous research (Kerr et al., 2006). This study suggests that individuals who are suicidal perceive their families as less engaged, affectionate, and trusting compared to their non-suicidal, non-depressed peers. Another study highlights that a lack of mutual understanding between adolescents and their parents negatively influences how children perceive the support they receive from both friends and family (Ibrahim et al., 2019). During times of loss and depression, individuals most require the support of friends and family. Conversely, inadequate social support—manifested through bullying, ostracism, slander, and abuse—can heighten suicidal intent.

This study enhances understanding of suicidal ideation among youth, as there is limited research on this aspect in Malaysia. The research explored suicide intention and the factors contributing to its rise. Although the phenomenon of suicide has existed for several years, recent trends indicate an alarming increase, drawing significant social attention. Most reports have primarily focused on factors that lead to suicide. Therefore, this study emphasizes the importance of being attentive to the well-being of relatives, friends, and family members to prevent such tragedies from affecting those closest to individuals.

Furthermore, through simple, proactive actions, relevant personnel can be enabled to address the needs of individuals exhibiting suicidal tendencies in a timely manner, ultimately aiming to reduce the suicide rate. This research highlights that unmanaged life stress can lead to depression. Additionally, academic expectations have been identified as a contributing factor to suicidal thoughts. When youth are burdened by high expectations from parents, they may fear criticism and comparisons with peers. Over time, this pressure can result in avoidance behaviors and overwhelming stress, eventually leading to crisis situations.

Suicidal thoughts typically do not emerge suddenly; rather, they develop gradually. Initially, individuals may exhibit a lack of interest in life, accompanied by noticeable personality changes. This may culminate in frequent mentions of suicide. This research aims to raise awareness of this issue and facilitate support for individuals with friends or family members experiencing stress and depression, thereby helping to prevent additional suicide cases.

CONCLUSION

The primary aim of this study was to investigate the impact of factors such as social support, academic stress, and depression on suicidal intentions among youth in Penang.

The results revealed that while academic expectations and depression significantly contribute to suicidal intentions, social support did not show a meaningful effect, contrary to previous research findings. Specifically, the study established that depression is the most significant predictor of suicidal intention, highlighting its profound relationship with suicidal ideation. Additionally, academic expectations emerged as a critical factor, with high pressure from parents, self, or educators causing emotional distress that can adversely affect students' mental and physical health. In contrast, the lack of significant impact from social support suggests that suicidal individuals may perceive their family relationships as less supportive, particularly during times of distress. Overall, the findings underscore the urgent need for increased awareness and timely intervention strategies to address the mental health challenges faced by youth, emphasizing the importance of understanding both the risks posed by academic pressures and the complexities of social support systems.

While this study focuses on suicidal intentions among youth in Penang, it is essential to acknowledge certain limitations. Notably, the social support factor was not endorsed by the respondents, potentially due to misunderstandings regarding the items related to social support. The eight items included in the instrument focused on social support from family and friends, which may have limited response options. Future research should reconsider the items included in the survey to enhance clarity and comprehensiveness.

Based on the findings, this study proposes several policy recommendations. Firstly, regarding suicide attempts, while the government may impose penalties, it is crucial that these are not excessively harsh. In Malaysia, individuals who attempt suicide may face imprisonment or significant fines, which can exacerbate their feelings of frustration and hopelessness. It is essential to recognize that suicidal thoughts may persist even after a failed attempt. Thus, alongside punitive measures, the government should seek to address the underlying issues. For instance, individuals who feel hopeless and perceive their lives as worthless could be encouraged to participate in community service, fostering a sense of purpose and achievement.

Furthermore, the rising rates of suicide attributed to academic pressure warrant increased attention from the government regarding the physical and mental health of both secondary and college students. Implementing regular counseling sessions in colleges, along with mental health questionnaires, can help identify those in need of support. Additionally, providing teachers with basic training in psychological counseling can enable them to recognize early signs of suicidal intentions among students, facilitating timely intervention.

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DECLARATION OF CONFLICTING INTERESTS
The authors declared no potential conflicts of interest.

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