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Research Article

Elucidating Suicide Susceptibility Among B40 and M40 Groups in Malaysia

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ABSTRACT

Suicide cases among Malaysians are increasing from year to year and various causes are assumed to contribute to the occurrence of this incident. This article presents finding from a national cross-sectional study on the susceptibility of suicide tendency among the Malaysian community with regard to two main group in Malaysia that are B40 and M40 groups. A total of 1096 respondents responded to the survey out of 1200 surveys distributed and the SmartPLS 4.0 was used to analyze the data. The results showed technology, social, and faith were found to be significantly and positively related to suicide while technology is identified as the key factor within the study. This study suggested that people who have strong religious or spiritual beliefs tend to have lower thoughts about suicide while adequate social support is pivotal in lowering suicidal thoughts. The variability in findings highlights the need for further research that considers different contexts, methodologies, and populations to better understand the relationship between the likely causes of suicide. The findings can lead to the development of community-based support systems and outreach programs, fostering environments that promote mental well-being and reduce stigma in line with current government national policy where psychological well-being remains a priority thrust for realizing the National Mental Health Strategic Plan 2020-2025.

Keywords: Suicide Susceptibility, B40 Group, M40 Group, Malaysia

INTRODUCTION

The number of suicide cases in the nation is increasing in comparison to prior years. Mental health difficulties have been reported to be becoming more serious as a result of the agony experienced by Malaysians during the implementation of Movement Control Order (MCO) 3.0 in year 2021 to curb the increasing number of COVID-19 infection cases. According to data from the Royal Malaysian Police (PDRM), there were 609 suicide incidents recorded in 2019, 631 instances reported in 2020, and 468 suicides reported between January and May 2021 [1]. Since 2020, the number of patients in Kuala Lumpur Hospital's psychiatric unit has climbed by 20 percent [2]. It is believed that suicides occur for a variety of reasons, including the inability to bear the pain of the disease, inability to see family members in distress, starvation due to a lack of food, lack of knowledge and strong religious beliefs, and other factors whose veracity has yet to be determined. According to PDRM, excessive debt burden accounted for 25 percent of the 266 suicide cases investigated, followed by family problems (24%), and domestic cases (14%). Workload, relationship troubles, hallucinations, mental challenges, and social media variables are among the other causes of suicide, with drug considerations accounting for 13 percent [1]. Suicide victims were ranged in age from 15

to 40 years old, with 872 victims aged 15 to 18 years old and 668 victims aged 19 to 40 years old. In terms of gender, men account for 55 to 60 percent of suicides, while women account for 40 to 45 percent [3].

Meanwhile, the statistical report of suicide cases reported from the season of MCO 1.0 until MCO 3.0 from the year 2020 until 2022 is shocking and gives great concern to the government and religious institutions, where it is seen as the effect of severe mental and physical damage among Malaysians regardless of race and religion. The highest cases of COVID-19 infection have resulted in many economic and business sectors having to close, and as a result, many workers have been laid off and have no source of income. Similarly, in major cities in other states in Malaysia, suicide cases show alarming figures, as happened in Penang, Johor, and also Terengganu [4].

LITERATURE REVIEW

Suicidal ideation is related to suicidal thoughts or ideas and planning. It is a broad term used to describe repetitive desire, planning, and state of thinking toward death and suicide [5]. Past studies have found that suicidal behaviors can be seen in a continuum that would typically begin with thoughts of self-destruction, including threats, body movements and gestures for suicide, suicide attempts and eventually suicide [6]. Suicidal tendencies and suicidal behaviors are complex and dynamically influenced by interactions between biological, psychological, social, spiritual, cultural, and environmental factors [7]. Past studies on the issue of suicide have looked at risk factors that can contribute to suicidal behavior such as predisposing factors, vulnerability factors and triggering factors for the incident based on the context of the individual involved. Based on that finding, several identified factors that contribute to the existence of suicidal tendencies were identified and among the following factors are personal, biological, psychological, social, economic and technological factors [8].

(a) Personal Factor

Personal influence plays a significant role in suicide intention and within the interpersonal dynamic, it underscores the importance of intimate relationships within the suicidal ideation [9]. Intimacy involves close, personal relationships characterized by emotional closeness, support, and mutual understanding. It can encompass romantic relationships, close friendships, and familial bonds [10]. Studies have shown that the quality of intimate relationships can significantly impact suicide risk. Poor relationship quality, lack of support, or relationship conflict can contribute to feelings of isolation and hopelessness, which are associated with increased suicide risk. Conversely, strong, supportive intimate relationships can act as protective factors [11]. A more recent study explores the role of positive relationships in relation to suicide risk and found positive family relationships act as protective factors against suicide [12]. Many studies collectively demonstrate that supportive relationships offer a protective buffer against suicidal thoughts and behaviors by addressing key psychological needs and providing practical and emotional assistance.

(b) Biological Factor

Biological health refers to the state of physical well-being of an individual, assessed through various biological and physiological parameters. It encompasses the proper functioning of the body's systems and organs, the absence of disease [13][14]. Biological health impacts various aspects of mental and physical well-being, and disturbances in biological health can contribute to an increased risk of suicide. Studies have identified biological markers associated with suicide risk, such as altered levels of brain-derived neurotrophic factor and changes in brain structure and function [15]. Disruptions in brain function, neurotransmitter systems, genetic and epigenetic factors, chronic physical conditions, hormonal imbalances, and stress response systems all play roles in influencing suicide risk [16]. Sleep disturbances are also closely linked to an increased risk of suicidal ideation and behavior. Poor sleep can exacerbate mental health conditions such as depression and anxiety, which are significant risk factors for suicide [17]

(c) Psychological Factor

Psychology is the scientific study of the mind and behavior while A mental disorder is defined by a clinically notable disruption in a person's cognition, emotional regulation, or behavior. In previous studies, it was found psychological factors influence a person to commit suicide and mental health disorder such as depression and bipolar influence individuals' suicidal behavior [18][19][20]. In an example of a study investigating suicides in India, the highest reason of suicides has been caused by frustration and mental illness (16.67%) followed by several other causes of suicide such as family problems (13.81%), love affairs (10.00%), poverty (9.05%), harassment (8.57%) and sexual harassment (7.62%) [21]. In another example of a study in China, the children were found facing increased stress and competitiveness at school, coupled with high parental expectations and a swift shift in socio-economic conditions

[22]. This environment may contribute to the risk of suicidal behavior, further exacerbated by the lack of mental health services, making suicide a leading cause of death among Chinese adolescents [23] [24].

(d) Social Support

Social support refers to a network of family, friends, neighbors, and community members who provide psychological, physical, and financial assistance during times of need [25]. Relationship quality includes positive aspects of the relationship, such as the emotional support given by others as well as support when there is a tense relationship, such as conflict and stress [26]. According to research, individuals who want to kill themselves are more likely to not socialize most of the time. Individuals who experience loneliness following the sudden death of a friend or relative are at a higher risk of having suicidal thoughts and attempting suicide after the loss, even when taking into account the size of their social network and the perceived stigma associated with bereavement. Recent studies confirm that social support remains a critical protective factor against suicide and enhancing social support networks can significantly reduce suicide risk. For instance, a 2023 study found that strong social support networks can significantly reduce suicide risk by providing emotional, instrumental, and informational resources during crises [27]. Findings also emphasize that perceived quality of social support is more impactful than the mere presence of support for instance a study showed that individuals who perceive their support as meaningful and reliable are less likely to experience suicidal thoughts, even if they have fewer social connections [28].

(e) Economic Factor

Unstable economic situation, especially during the pandemic era, have impacts on individual jobs, lives and lifestyles. During the pandemic era, the unemployment rate was high not only in the country but all over the world [29]. The increased risk of suicide mortality is due to pandemic-driven factors triggered by the economic stress along with other psychosocial factors [30]. The pandemic era in Malaysia also shows an increase in the use of the phrase suicide on social media [31]. At the moment, the country's uncertain economic changes have negatively influenced on the low-income group. Low-income households, often known as B40 families, have a ceiling monthly household income of RM5,249 or less, while the median group income known as M40 group hold monthly household income between RM5,250 to RM11,819 [32]. The lower income and lower financial ability were associated with a greater degree of suicide risk [33]. This is true when a country's economy is under stress, this segment is particularly sensitive to high suicidal risk. Low-income earnings have negative impact on individual psychological features and family well-being due to lower income individuals have limited financial means and poor level of education, thus limiting their chances of acquiring better career [34]. It is highlighted the poverty factors are the reason among suicides case where financial strain from poverty can lead to increased stress, depression, and hopelessness, contributing to suicidal thoughts. Another study explored the relationship between poverty, economic insecurity, and suicide risk in the United States. It found that individuals experiencing poverty and economic insecurity had significantly higher suicide rates compared to those with stable financial conditions. The study emphasized the impact of financial hardship on mental health, suggesting that economic insecurity is a critical factor in suicide risk [35].

(f) Technological Factor

Most people, regardless of age, use technology such smart phones, tablets, and computers as medium channels for information search. The intricacy of technology is demonstrated by specific platform applications, like Facebook, Instagram, and TikTok, which facilitate the exchange of fascinating content that supports daily activities and education. Unfortunately, some internet users abuse technology by making disparaging and hurtful remarks about some people. Social media gives users an uncensored forum to share their thoughts and feelings, which may be very insightful into how the general public feels about a certain subject. A study found that adolescents who experienced both traditional and cyberbullying faced higher risks of negative outcomes, including suicidal ideation alone, suicidal ideation combined with self-harm, and suicide attempts [36] while another study found that some social media/internet use, versus no use, may be associated with fewer suicide attempts [37]. Suicide incidents can also stem from the influence of support available on social media. For example, the issue of teenagers committing suicide in Kuching, Sarawak as a result of getting suicide votes on social media [38].

(g) Faith

Faith can offer coping mechanisms that help manage stress and mental health challenges. Religious coping strategies, such as prayer, meditation, and seeking spiritual guidance, are associated with reduced suicide risk [39]. Studies on

faith and suicide often explores how religious beliefs, practices, and spiritual support can influence suicide risk. Many highlights on how religion and spirituality influence suicide risk. The connection between suicide and religion has been extensively studied and most studies reveal that increased religiosity protects against suicide where individuals with strong religious beliefs may have a lower risk of suicide due to the sense of purpose, meaning, and hope that faith provides. In the study, it finds that religious involvement is generally associated with a lower risk of suicide, though the relationship can vary based on religious context and individual experiences [40][41]. Other study highlighted that religious prohibitions against suicide could contribute to lower suicide rates among Muslims by providing a strong moral and spiritual deterrent [42].

MOTIVATION AND OBJECTIVES:

Suicide cases among Malaysians are increasing from year to year and various causes are assumed to contribute to the occurrence of this phenomenon. Among them are the increasingly urgent needs of life, lack of religious knowledge, intolerance to diseases or illnesses suffered by family members, marginalized by family and society, hereditary factors and so on that invite depression and subsequently suicidal tendencies. The outbreak of COVID-19 cases that is plaguing Malaysia is also assumed to have contributed to the increase in suicide cases in most big cities [43]. A comprehensive study on the causes and tendency of suicide cases among the Malaysian community is deemed important hence remedial measures can be taken immediately. This is due to the concern that, should responsible parties fail to act promptly to prevent suicide instances from occurring, this affliction—which is particularly concerning for Malaysia's diverse and multireligious populace—may worsen and spread across society like cancer. This article presents finding from a national cross-sectional study on the susceptibility of suicide tendency among Malaysian with regard to two main group in Malaysia that is B40 and M40.

(a) Research Objectives and Hypotheses

The paradigm of this study is based on the Biopsychosocial model, which proposes that in order to comprehend an individual's health status, whether physical or mental, psychological and social aspects must be assessed in addition to biological factors. Problem-solving skills, community skills, family relationships, self-esteem, and mental health are examples of psychological factors, while social factors include individual involvement in local associations/organizations, participation in community activities, interaction with community members, and community intimacy. This framework is supplemented with other factors that have been identified as having a direct or indirect effect on suicidal tendencies in previous studies, such as economic, technological factor and personal factor as contributors to suicidal tendencies. Faith is also considered within this study as to look its effect on individual's suicide susceptibility. The main objective of this study is to determine factors that are most likely to influence suicide susceptibility among the B40 and M40 groups in Malaysia. Fig.1. shows the research model framework which is measured through seven variables (personal, biology, psychology, social, economy, technology and faith) on individual's suicide susceptibility. The study's hypotheses attempted to find whether; (H1) personal factor influence suicide susceptibility, (H2) biological factor influence suicide susceptibility, (H3) psychological factor influence suicide susceptibility, (H4) social factor influence suicide susceptibility, (H5) economic factor influence suicide susceptibility, (H6) technological factor influence suicide susceptibility, and (H7) faith influence suicide susceptibility.

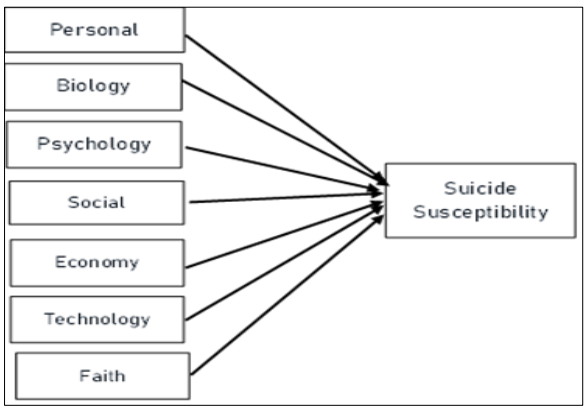

Figure 1(a) Research Framework

RESEARCH METHODOLOGY

This national cross-sectional study involves two household groups in Malaysia that are B40 and M40 groups from fourteen capital states in Malaysia. The sample was identified based on a proportionate stratified random sampling method on the total number of populations for each state that accumulated 29.919 million of Malaysian [44]. A total of 1,200 respondents sampled for the study using a simple random sampling targeting individuals from the B40 and M40 groups. The questionnaires were circulated at public places (public markets, shopping malls, groceries and retail stores) limiting to B40 and M40 respondents living in the state capitals and aged between 25-45 years. The scale for suicidal intention is on a continuum from 1 to 7 with "1" represents the least thought while "7" is the most frequent. Personal, biology, psychology, social, economic, technology and faith use "1" to "5" scales with "1" represents the lowest scale of agreement and "5" represents the highest agreement. The adapted suicidal items had reliability values of 0.90 while factors personal, biology, psychological, social, economic, technological and faith had reliability value of 0.82, 0.86, 0.78, 0.73, 0.86 and 0.81 respectively. The ethical clearance was obtained from the research ethics and committee in Faculty of Business and Management, Universiti Teknologi MARA prior conducting the study.

RESULTS

Out of 1200 surveys distributed, 1096 participants responded, and the data were analyzed using the SmartPLS 4.0 statistical software application. Prior analysis, technological facet and two items from physical, two items from psychological and one item from economic facet were reversed coded. All the items were reversed from negative to positive scaling with response values of "1" through "5" with higher scores indicating a lower satisfaction level throughout all facets. There are 3 responses were found incomplete while the initial perusal of z scores yielded 52 cases over> ± 3.29 indicating having univariate outliers and they are further deleted. This leaves 1041 cases used in the subsequent data analyses. The Shapiro-Wilk test results reveal that all variables have significant values of 0.00, indicating that the data are not normally distributed. To further assess this, the skewness and kurtosis values of the data were calculated. The findings confirm a non-normal distribution, with approximately 80% of the data showing skewness and kurtosis values exceeding the recommended range of -1 to +1.

Descriptive Statistics

Table 1. presents the demographic information of the respondents who took part in the study.

Table 1. Demographic Details

Characteristics	Classification	*N*	Percentage (%)
Gender	Male	386	37.1
	Female	655	62.9
Age	18-19 years	3	1.7
	20-29 years	84	48.3
	30-39 years	73	42
	40-49 years	14	8
Race	Malay	162	77.5
	Chinese	11	6.3
	Indian	1	0.6
State	Selangor	56	32.2
	Johor	16	9.2
	Pulau Pinang	9	5.2
	Perak	10	5.7
	Pahang	4	2.3
	Negeri Sembilan	3	1.7
	Kedah	3	1.7
	Melaka	20	11.5
	Terengganu	8	4.6
	Kelantan	4	2.3
	Sabah	2	1.1
	Sarawak	10	5.7
	Kuala Lumpur	16	9.2

	Putrajaya	12	6.9
Occupational Level	Professional	58	33.3
	Support	43	24.1
	Student	64	36.8
	Self-employed	6	3.4
	Unemployed	4	2.3
Total		1041	95

(a) Measurement Model Assessment

The composite reliability for each construct in this study is from 0.836 to 0.976, exceeding the recommended threshold of 0.70, demonstrating adequate internal consistency reliability for all items. Three constructs in the measurement model showed indicator loadings more than 0.70 indicating the items measured are reliable (technology, social and faith) while personal, economic, psychological, and biological constructs showed several outer loadings below the recommended threshold value. Thus, nine items were removed (one item from personal, two items from economy, two items from psychology, and four items from biology) and the AVE value for the constructs increased after removing the item. Subsequently, the PLS algorithm and bootstrap test were retest, and all items showed satisfactory indicator reliability. The convergent validity for the model was found to be adequate, exceeding the recommended threshold value.

Next, the results for the discriminant validity showed all off-diagonal elements were lower than the square roots of the AVE, confirming that Fornell and Larcker's criterion was met. Additionally, the loadings of each block were higher than those of any other block in the same rows and columns, confirming that the cross-loading output met the requirements for discriminant validity. All HTMT values were below the 0.9 threshold, and none of the confidence intervals included the value of 1. All relationships' lower and upper bounds ranged from 0.070 to 0.878, further confirming that the discriminant validity of the measurement model was met.

Structural Model Assessment

The VIF values for all constructs indicate there are no collinearity issues (VIF < 5). The model explains 15.7% of the variance in suicide susceptibility through various factors such as personal, biological, psychological, social, economic, technological, and faith-based factors. R^2 values range from 0 to 1, with higher values indicating better predictive accuracy. Based on conventional benchmarks, the R^2 value of 0.157 for intention to use is considered moderate within the behavioral sciences [45]. The f^2 effect size for personal, biological, psychological, and economic factors is very small, with values of 0.002, 0.002, 0.004, and 0.003, respectively, suggesting no significant effect on the endogenous variable [46]. In contrast, the f^2 effect sizes for faith, technological, and social factors in relation to suicide susceptibility are small (0.020, 0.040, and 0.020, respectively). Finally, to assess the model's predictive capability, the Q^2 value for the endogenous construct is 0.102, which is well above zero, indicating that the model has predictive relevance [47].

The significance level of each relationship is determined by the t-statistics results. The results reveal that most of the paths are not statistically significant at the 0.05 level using a two-tailed test, with the exception of the paths related to social, technological, and faith factors (T-value > 1.96). The analysis of the path coefficients in Table 2. shows that the supported hypotheses are significant at the 0.05 level, exhibit positive directional effects, and have path coefficient values (β) ranging from 0.142 to 0.180. Results showed technological, social and faith were found to be significantly and positively related to suicide susceptibility (β=0.180, t=3.750, p<0.05; β=0.155, t=1.896, p<0.05; (β=0.142, t=2.246, p<0.05). The findings have confirmed that hypotheses (H4), hypotheses (H6), and (H7) are accepted while the result did not support a relationship between personal, biological, psychological, economic factors, and suicide susceptibility (β=-0.073, t=1.155, p>0.005; β=0.045, t=0.828, p>0.005; β=-0.064, t=0.988, p>0.005 and; β=-0.055, t=0.762, p>0.005). This led to the non-acceptance of hypotheses (H1), (H2), (H3), and (H5) within the study.

Table 2. Path coefficients, t-statistics, significance levels, and confidence intervals for all proposed paths

Hypotheses	Relationship	Path coefficient	T values	P values	Significance (p < 0.05)
H1	Personal→ Suicide susceptibility	0.073	1.155	0.248	NS
H2	Biological → Suicide susceptibility	0.045	0.828	0.408	NS
H3	Psychological → Suicide susceptibility	0.064	0.988	0.323	NS
H4	Social Support→ Suicide susceptibility	0.155	1.896	0.037	**
H5	Economic → Suicide susceptibility	-0.055	0.762	0.408	NS
H6	Technological → Suicide susceptibility	0.180	3.750	0.000	**
H7	Faith→ Suicide susceptibility	0.142	2.246	0.025	**

DISCUSSION

This study suggested that technological factor positively influenced the suicide susceptibility among the B40 and M40 individuals in Malaysia and become the key factor within this study (β=0.180, t=3.750, p<0.05). Technological factor is assessed through the influence of negative and disturbing social media contents and comments as well as the actions of being bullied online by someone who has sent or posted cruel gossip and rumors. Within the study, there is positive relationship between low technological factor (Mean=1.823) and low suicide levels (Mean=1.153) means that as the level of technological decreases, the level of suicides also decreases. In other words, there is a correlation in which reducing harassment while using the technology is associated with a reduction in suicide rates. This suggests that addressing and reducing online bullying could have a beneficial impact on mental health, potentially lowering the incidence of suicidal thoughts or actions. This finding is aligned with previous studies highlighted that low level of online bullying through the anti-bullying programs, including those targeting online behavior, can reduce the prevalence of both bullying and related mental health issues [48][49]. By mitigating bullying, the risk of suicidal thoughts and behaviors can also decrease.

Social support and faith were also positively influenced toward the suicide susceptibility among the B40 and M40 individuals in Malaysia (β=0.155, t=1.896, p<0.05; (β=0.142, t=2.246, p<0.05). Through the social support, this study looking into the support that an individual obtained from their co-workers, acquaintances and friends to express feelings such as sadness, disappointment, or happiness. Within the study, the mean scores show on average, individuals within the study report moderate levels of social support (Mean=3.604) and low levels of suicide susceptibility. This suggests that, in general, people experience moderate social support and have relatively low intentions of suicide. The relationship found indicates that social support might play a role in influencing suicide susceptibility, potentially acting as a protective factor. The fact that the mean level of social support is moderate and the mean level of suicide intention is low indicates that, overall, participants have a reasonable amount of social support and experience low levels of suicide susceptibility. This can suggest that social support is generally associated with lower suicide intention and this might imply that even a moderate level of social support can be beneficial in reducing suicide intentions. This is aligned with previous study highlighted perceived quality of social support is more impactful than the mere presence of support while numerous other studies also confirm that social support remains a critical protective factor against suicide [50].

Meanwhile, faith is the highest mean factor within the study (Mean=4.45) and significantly indicates its role in relation to suicide susceptibility. The mean scores suggest that people with high levels of faith have lower suicide susceptibility. This implies that, on average, higher levels of faith are associated with lower intentions to commit suicide. In other words, while there is a relationship between faith and suicide susceptibility, the direction indicated by the mean scores suggests that greater faith is linked to a lower likelihood of having suicide susceptibility. This could be interpreted as faith potentially having a protective effect against suicide susceptibility. Religious beliefs often act as protective factors, providing meaning, hope, and spiritual support that can reduce suicidal thoughts. Numerous research findings also found similar result where religious was linked to lower levels of suicidal ideation.

Four factors that were found not significant including personal, biological, psychological and economical factors. The notion that personal relationships have no relationship to suicide intention (β=0.073, t=1.155, p>0.05) is not typically supported by existing research. On the contrary, those studies have highlighted the significant impact that personal relationships such as those with family, friends, and romantic partners can have on suicide risk. This non-significant finding is perhaps contributed by the underlying notion that most of the respondents are from ethnic Malay (77.5%). In Malay families, they often follow Islamic traditions, which emphasize respect for elders and family unity, especially

among parents and this definitely creates devoted bound between them. Thus, the selection limitation with regard to ethnic ethnicity can affect the generalizability of the findings. Differences in these characteristics from previous studies may explain inconsistent results.

Biological and psychological showed no significant relationship (β=0.045, t=0.828, p>0.005; β=-0.064, t=0.988, p>0.005) though the mean for biological factor was average indicating the respondents are not really satisfied with their physical health level (Mean=3.35). Studies on the relationship between physical health and suicide have yielded mixed results. While many studies find significant connections between poor physical health and increased suicide risk, others do not find strong or consistent associations. The variability in findings can be attributed to the complexity of the relationship between physical health and suicide. This is explained where physical health might impact suicide risk indirectly through its effects on mental health. For example, chronic illness can lead to depression, which in turn increases suicide risk [51]. If a study does not adequately account for these indirect pathways, it might not find a direct relationship. Besides, the psychosocial factors such as social support, coping mechanisms, and life stressors also play a role in suicide risk. Adequate social support can buffer the negative effects of physical health issues [52]. Physical health issues might interact with these psychosocial factors in complex ways, complicating the detection of a direct relationship [53]. The absence of relationship for psychological factor is similarly explained due to the dynamic and complexity of the relationship which supposedly be indirectly accessed and to consider the psychosocial factors as buffer.

While many studies have found a significant relationship between economic and suicide [54] there are instances where financial factors do not appear to be significantly associated with suicide. The absence of a significant relationship between economic factors and suicide susceptibility can perhaps be attributed to the multicultural context. In some cultures, there may be less stigma associated with seeking help for financial issues or mental health problems, which could impact study results. Majority respondents are from ethnic Malay (77.5%) and Malay culture is strongly collectivist, with a significant emphasis on family cohesion and mutual support. The close-knit nature of Malay families can provide substantial support during financial crises, potentially mitigating some of the stress associated with financial problems [55].

CONCLUSION AND RECOMMENDATIONS

This study gives insight and understanding people who have strong religious or spiritual beliefs tend to have lower thoughts about suicide. Having a deep faith or belief system is often linked to a reduced likelihood of thinking about or planning suicide. Besides that, taking steps to tackle and reduce online bullying could improve mental health and decrease the likelihood of people having suicidal thoughts or taking suicidal actions. Nevertheless, it is crucial to have an adequate social support as is linked to fewer thoughts about suicide and even a little bit of support can help reduce these thoughts. Insights from this study can help the government develop and implement effective public health policies and programs aimed at preventing suicide and supporting mental health. The finding also can lead to the development of community-based support systems and outreach programs, fostering environments that promote mental well-being and reduce stigma in line with current government national policy where psychological wellbeing remains a priority thrust for realizing the National Mental Health Strategic Plan 2020-2025. The variability in findings highlights the need for further research that considers different contexts, methodologies, and populations to better understand the relationship between the likely causes of suicide susceptibility. There is also a need to understand how suicide intentions vary across different demographic groups, including different ages, genders, ethnicities, and socioeconomic statuses, in order to tailor prevention strategies more effectively.

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