

## COUNTERING DIGITAL-ERA MENTAL HEALTH CHALLENGES THROUGH ISLAMIC-BASED PROGRAMS IN BRUNEI DARUSSALAM

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### Abstract

Mental health has become increasingly prevalent among digital natives. The social landscape for youth has transformed with mobile phones, screen time, gaming, and social media that shape youth. The social landscape for youth has transformed significantly due to the widespread use of mobile phones, increased screen time, gaming, and social media, which now shape many aspects of young people's lives.. More research is therefore needed to identify balanced and responsible patterns of technology use among youth.. Brunei Darussalam has seen rising mental health issues despite its Malay Islamic Monarchy (MIB) philosophy. Known as 'the abode of peace', the nation faces increasing youth mental health concerns. This study investigates how Islamic-based initiatives address mental health issues among Bruneian youth, examining their therapeutic and preventive measures. These programs provide a comprehensive approach by incorporating Islamic teachings, spiritual practices and community support systems aligned with cultural and religious values. The research aims to examine the current mental health challenges faced by Bruneian youth in the context of societal pressures. Using quantitative methods, the study sampled 77 youth respondents from Brunei Darussalam through random sampling. Findings showed that mental health arose from family expectations (81%) sourced through social media (75%), particularly in education (70%). Findings indicated balanced and fragmented views on the effectiveness of Islamic-based programs in reducing stress while supporting spiritual wellbeing and personal development. This research advocates for systematic implementation of Islamic-based programs to help Bruneian youth manage societal pressures.

Keyword: Mental Health, youth, FOMO, Islamic-based initiatives, Digital culture

### INTRODUCTION

In recent years, mental health is becoming increasingly ubiquitous among the digital natives. It cannot be denied that social landscape for youth has drastically revolutionized with the advent of mobile phones, excessive screen time, gaming culture, social media, among other digital cultural trends that shape a substantial amount of a youth's life. Based on recent literature, the aftermath of COVID-19 was seen as a catalyst of the rise in mental health

issues leading to a global shift in the culture of interaction through online communication, learning and interaction (Amran & Jamaluddin, 2022; Ho, 2022; Hu et al., 2022; Idris et al., 2021; Prihadi et al., 2022). With these changes, more research is needed to find a balance in how youths can leverage technology more prudently. Brunei Darussalam has particularly experienced a rise in mental health issues despite being grounded in the philosophy of Malay Islamic Monarchy (MIB). Popularly known as ‘the abode of peace’, the nation has seen a rise in the percentage of youth experiencing mental health issues. Reports indicate a rise in suicide rates, increasing from an average of five cases annually between 2010 and 2015 to about ten cases from 2016 to 2020 (PMO, 2023). Approximately 7,000 individuals—equivalent to 1.5% of Brunei’s total population—have received treatment for mental illness, with the Adult Psychiatry Services recording up to 40 new adult cases and around 600 follow-up visits each month (PMO, 2023). According to Bru-HIMS data from 2021, about 1,515 people were diagnosed with anxiety disorders, while over 900 suffered from depressive disorders (PMO, 2023). In response, a national health helpline has been established to provide crisis assistance, and numerous awareness initiatives are being conducted by the government, private institutions, and NGOs to promote mental health literacy, reduce stigma, and strengthen community support (PMO, 2023). These reports raise questions on the role of Islamic-based initiatives towards combating these issues as the nation’s development heavily depends upon Islamic worldview (*Negara Zikir*) which prioritizes Islam as a religion of peace and tranquillity (Ahmad, 2020; O. Al-Jayyousi et al., 2022). This study therefore aims to investigate how efficiently Islamic-based initiatives or programs function to tackle address mental health issues among the youth in Brunei, while highlighting their implementation as both therapeutic and preventive measures. The initiatives and programs provide a comprehensive approach to mental health by incorporating Islamic teachings, spiritual practices and community-based support systems, all of which are consistent with cultural as well as religious values. This study explores literature of mental health issues between the years 2021 to 2025 covering studies from global countries with particular focus on Brunei Darussalam. The synthesis of literatures explores how digital behaviors, psychosocial stressors, and structural factors shape mental health outcomes across different demographic and occupational groups. The integration broadens the prior FoMO-centric model to include cultural, occupational, and structural health determinants, particularly within Southeast Asian contexts such as Brunei Darussalam. The combined studies illuminate how digital overuse, social media dependency, and contextual vulnerabilities (e.g., migration, pandemic stress, and academic demands) converge to influence mental well-being. Several themes were developed converging Psychological and Sociostructural Mechanisms.

## **DIGITAL ENGAGEMENT AND EMOTIONAL REGULATION**

Emotional regulation in the form of psychological and social wellbeing has been linked with the use of problematic smart phone usage with a statistic of 98-99% of youth in the world using smart phones (Takács & Seregély, 2025). Problematic smartphone usage has been attributed to excessive screen time which inhibits daily functioning and interactions with the community (Takács & Seregély, 2025). As such, it has led to a regression in youth’s ability to interact interpersonally in real-time (face-to-face communication) (Takács & Seregély, 2025). Across gaming, social media, and online communication, compulsive engagement is consistently linked to deficits in emotion regulation. One phenomenon known as FoMO (Fear of Missing Out) has been widely discussed in recent studies as influencing the behavior of youth who are classified as ‘heavy process users’ of smart phones. Fear of Missing Out is defined as a worried feeling that one may miss exciting events, information, and experiences that other people are going through, related to excessive SU (Takács & Seregély, 2025).

FoMO and sensation seeking persist as underlying motivators, but the Brunei-based evidence highlights collectivist stressors—fear of social exclusion and pressure to maintain harmony online—that intensify compulsive behaviors. A study on Hungarian university students confirmed this causal effect (Takács & Seregély, 2025) while another scoping review from on 22 studies from several other countries (Bangladesh, Canada, China, Egypt, India, Nigeria, Pakistan, Saudi Arabia, Turkey, and the United States) also produced the same outcome among college students (Fatima et al., 2025). Based on the scoping review, the feeling of missing out often arose from students frequently engage in social comparison and experience feelings of missing out (FoMO), which exacerbate emotional distress (Fatima et al., 2025).

## **STRUCTURAL DETERMINANTS OF DIGITAL MENTAL HEALTH**

Ho (2022) and Alkaff (2025) foreground the structural layer: socioeconomic precarity, migrant status, and media discourses modulate mental-health outcomes beyond personal psychology. The accessibility of mental-health literacy and digital support infrastructures becomes a key protective factor. Migrant Workers and Pandemic Stress: Ho (2022) documented how Brunei's migrant domestic workers faced acute isolation and mental strain during COVID-19. Restricted mobility, surveillance anxiety, and digital dependence for transnational communication magnified emotional vulnerability—echoing FoMO-like dynamics tied to social disconnection and powerlessness. Meanwhile, Alkaff (2025) examined how mental health reporting in Brunei and Malaysia constructs transnational discourses that shape stigma, awareness, and accessibility of care. Limited media normalization perpetuates under-reporting and hinders early help-seeking, illustrating how digital culture and policy communication mediate public mental health understanding. One study has identified the digital divide as a determinant factor, reporting that wealthier nations have higher addiction rates and lower-income regions facing different digital challenges (Bilderback, 2025).

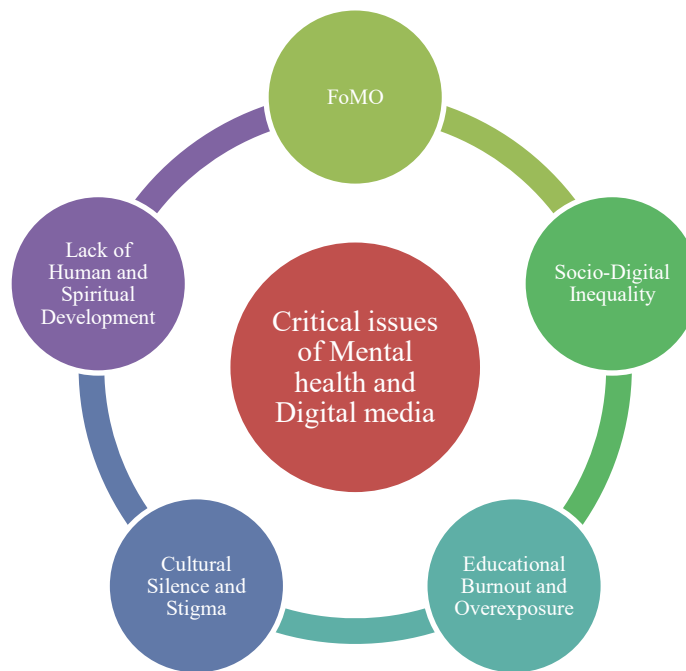
## **ACADEMIC AND OCCUPATIONAL OVERLOAD**

Findings from Idris et al. (2021) parallel Prihadi et al. (2022) and (Hu et al., 2022): academic workload and confinement stress compound FoMO-related anxiety. Both students and educators suffer digital exhaustion—a phenomenon amplified by remote-learning platforms and constant online expectations. Mental health was seen to be affected with policies enforced during the COVID-19 pandemic such as study-from-home policy (SFH) which was seen to clash with the youth online learning efficacy (OLE) (Prihadi et al., 2022). As a result of this, FoMO was identified to have a significant impact on anxiety levels which would further lead to depression if not addressed via the approach of 'societal mattering'. Similarly, in the context of China, this phenomenon was reported to affect Chinese college students during the COVID-19 pandemic. This was due to the culture shock of isolation and stress during lockdown usually results in various psychological problems, such as depression, sleeplessness, stress, irritability, and anxiety (Hu et al., 2022). In the context of Brunei Darussalam, mental health, on the other hand, was reported to result from physical strain of online learning (Idris et al., 2021). While positive impacts were noted such as independence and creativity among students, negative impacts were also identified such as inability to focus, compromised hands-on learning skills, and uncertainty in terms of fair assessment (Idris et al., 2021). Factors leading up to mental health were suspected to originate from physical strain of continuously watching the screen and sedentary habits leading to back pain, strained and dry eyes and carpal tunnel syndrome (Idris et al., 2021).

## MODERATING DIGITAL CULTURE

Studies on the culture of online gaming (Mahalle & Zailani, 2025), social media (Fatima et al., 2025) and cultural narratives (Alkaff, 2025) contribute towards the intersection of digital behaviour post pandemic which have shaped the lives of youth and play a role towards exacerbating mental health. Mahalle and Zailani (2025) together with Fatima et al. (2025) demonstrate that digital platforms possess dual potential—they can either nurture social connection or deepen loneliness. When engagement is purposeful and socially anchored, these spaces foster belonging and emotional stability; when escapist or compulsive, they precipitate social withdrawal, disrupted sleep, and emotional dysregulation. In Brunei, where online gaming and social networking form core aspects of youth interaction, this duality underscores that the harm does not stem from technology itself but from unbalanced use, weak self-regulation, and poor integration of online and offline relationships. Studies have also shown that this issue does not necessarily only affect youth but is also common among employees affecting their work-life balance and mental health (Bilderback, 2025). This interdisciplinary study intersecting psychology, organizational behavior and technology has shown that excessive screen time crosses the line of demarcation between work and personal life, calling for a conceptual framework to enhance work-life balance (Bilderback, 2025). The digital era particularly encourages leaders to upskill their emotional intelligence and empathy in order to facilitate better work-life balance for their employees (Azahari & Ahmad, 2025). Complementing this, Alkaff (2025) identifies that cultural narratives—emphasising emotional restraint and privacy—limit open discussion and help-seeking behaviours. The preference for maintaining composure and avoiding vulnerability, particularly in digital spaces marked by “high-visibility but low-authenticity” personas, prevents early recognition and intervention for distress. This cultural silence, compounded by digital pressures such as fear of missing out (FoMO), sustains cycles of internalised anxiety and isolation. Similarly, concepts such as YOLO which may be framed within western psychology theory as a present-hedonistic orientation, rooted in theories such as Time Perspective Theory and hedonistic consumer psychology, where immediate pleasure, personal freedom, and short-term gratification are prioritised over delayed outcomes. This orientation contrasts with the Islamic worldview, which emphasises accountability to Allah, balance (*wasatiyyah*), self-discipline, and preparation for both worldly life and the Hereafter, making impulsive YOLO-driven behaviour conceptually inconsistent with Islamic principles of purposeful living and moral restraint (Prawitasari et al., 2025).

A remedial approach therefore requires embedding mental-health literacy and self-regulation skills into digital education while developing Islamic-based, culturally resonant counselling platforms that normalise help-seeking and spiritual dialogue. Preventive measures should focus on guiding youth toward value-aligned, purposeful digital engagement, integrating *akhlaq-based* online ethics, time-management training, and peer-support systems rooted in communal care. Such interventions bridge the gap between technology use and spiritual-emotional resilience, transforming digital culture from a source of vulnerability into a platform for holistic well-being.

**Figure 1 Critical Mental Health Issues Emerging from Digital Media**

Based on the above literature, the figure highlights the five main patterns that contribute towards critical mental health issues stemming from digital media. Whilst also facilitating connectivity and efficiency in learning and communication, digital media also leads to FoMO phenomenon which incubates anxiety, isolation, and escapism. The digital divide is also seen as an impending issue where migrant and lower-income groups face compounding digital and emotional burdens, revealing a moral imperative to design inclusive digital well-being policies. The concept of future of work is also projecting towards a more competitive job market (Hite & McDonald, 2020) stressing the need to excel in studies and education leading to burnout (Idris et al., 2021). This can be observed from the studies which revealed that the pandemic pedagogy normalized hyper connectivity (Prihadi et al., 2022), blurring academic–personal boundaries and depleting psychological reserves among students and lecturers (Hu et al., 2022).

Collectively, these studies highlight how digitalization, academic stress, and pandemic-related disruptions have intensified mental health vulnerabilities among youths and adults across Asia. They emphasize risk factors such as screen-time addiction, fear of missing out (FoMO), social isolation, and cultural or occupational stressors (e.g., migrant workers, students), while noting the lack of adequate systemic or culturally grounded responses. However, the main research gap lies in the absence of localized, religion-based, and preventive frameworks that address mental well-being from a holistic perspective. Specifically, most works adopt psychological or sociological lenses but neglect the role of Islamic-based or spiritually anchored interventions in fostering resilience and emotional regulation among young people—particularly in Brunei’s sociocultural context. Few studies empirically evaluate how community, faith, and spiritual development programs can complement conventional mental health strategies, leaving a significant gap for research integrating mental health, digital behavior, and Islamic-based spiritual models.

## CURRENT STUDIES ON MENTAL HEALTH IN BRUNEI DARUSSALAM

Across these studies, an emerging Islamic-based mental health framework for Brunei Darussalam can be identified through the integration of Maqasid al-Shariah, Islamic governance values, and culturally grounded psychosocial support. Ahmad, N. (2024) and Zainal, N., Ahmad, N., and Zamri, Z. H. (2025) highlight the harmonization of mental health legislation with Islamic norms, human rights, and holistic well-being, suggesting a governance model rooted in compassion (*rahmah*), dignity, and communal responsibility. Maiga, M. H. (2025) specifically advances preservation of intellect (*hifz al-'aql*) and religion (*hifz al-din*) as central Maqasid dimensions relevant to mental resilience and prevention. Alam, M. (2021) demonstrates the psychological strain of online learning among university students, implying the need for spiritually informed coping strategies, while Ng, S. S. and Putten, M. V. D. (2024) show that cultural understandings and stigma strongly shape help-seeking behaviour in Brunei and neighbouring societies. Alkaff, S. N. H. (2025) further frames mental health as a transnational issue requiring policy learning across borders. However, major gaps remain: existing literature is largely conceptual, legal, or descriptive, with limited empirical evaluation of Islamic-based intervention programmes for youth; there is little measurement of programme effectiveness on anxiety, depression, stress, or digital-era problems such as social media addiction and FOMO; few studies focus specifically on Bruneian youth populations outside universities; and no consolidated Brunei-specific Islamic mental health framework yet links spiritual practices, counselling, family support, digital wellness, and policy implementation. This creates a strong rationale for this study to develop evidence-based Islamic programmes tailored to contemporary Bruneian youth mental health challenges.

## METHODOLOGY

The survey aimed to assess respondents' understanding of mental health and their perceptions of factors contributing to mental health challenges. The study used a basic quantitative approach involving a sample of 77 respondents. The survey comprised of a total of ten questions using a combination of 4-point Likert scale questions as well as opinion questions. The sample population used convenience sampling method. The criteria for the respondents are Bruneian youths between the ages of 15 and 40 years, regardless of their religious involvement, their educational background and their expertise. The aim of the survey questions was to serve as an introductory to mental health, to evaluate their perspectives on mental health issues and what are the variables contributing to it. The primary target audience for this research were youth who were involved in the Islamic-based programs under the division of the Ministry of religious Affairs in the country. The survey was circulated through social media apps such as WhatsApp and Facebook to target youths who were heavy users of smartphones.

## FINDINGS

The purpose of the survey was to better understand and address the various factors influencing the youth's mental health in Brunei Darussalam. The sample consisted of respondents from different demographic backgrounds as follows: 62.3% of respondents are around 15-20 years old, 19.5% of respondents are around 21-25 years old, 11.7% are those around the age 26-30 years old and the lowest rate percentage of 6.5% are those around the age of 31-40 years old.

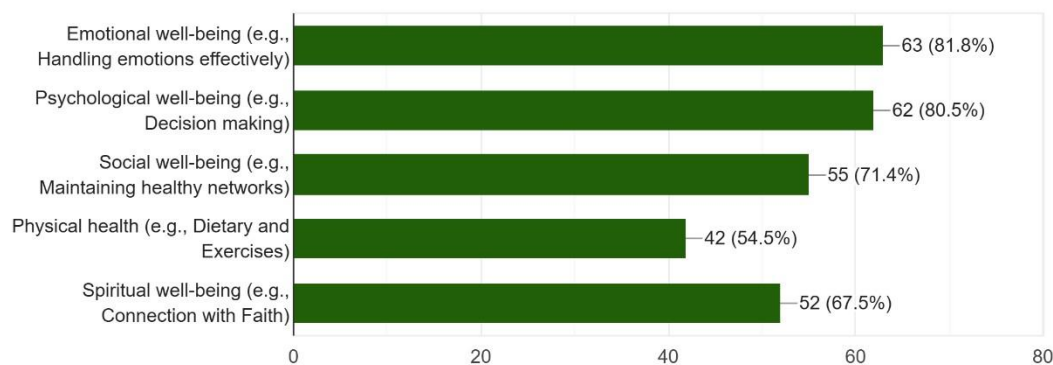
Around 68.8% of the respondents comprised of females while the remaining 31.2% of respondents are of the male. The responses make up a majority of undergraduate students with 68.8%, the second highest is pre-university or college with a percentage of 28.6%, the third category of respondents are from Postgraduates with a percentage of 20.8% and lastly secondary school with a percentage of 16.9%. More than 50% of the responses were from government sectors while less than 20% made up from the private sector.

In terms of mental health literacy, slightly less than half (49.4% ) admitted that they were somewhat literate with the concept of mental health. The remaining responses showed that most of them were somewhat illiterate with mental health and what it entails. About 10.4% of the respondents confessed to not be familiar with the concept of mental health at all.

Based on their personal understanding, Out of a total of 77 respondents, 63 of them (around 81.8%) agree that mental health include emotional well-being, 62 respondents (around 80.5%) agree with psychological well-being, 55 respondents (around 71.4%) claim that social well-being include in mental health, 52 respondents (around 67.5%) agree with spiritual well-being and 42 respondents (around 54.5%) claim that physical health is included in mental health.

The findings can be grouped into the following themes: (1) Perceptions on the Importance of Mental Health versus Physical Health; (2) Common Causes of Mental Health Struggles Among Bruneian Youth; (3) Sources of Mental Health Information; (4) Impact of Societal Pressure including contributors and expectations; (5) Areas of Life Where Pressure is Most Felt; (6) Participation in Islamic-Based Programs and its discerned effectiveness on mental well-being; among others.

**Figure 2 Personal Understanding of Mental Health**



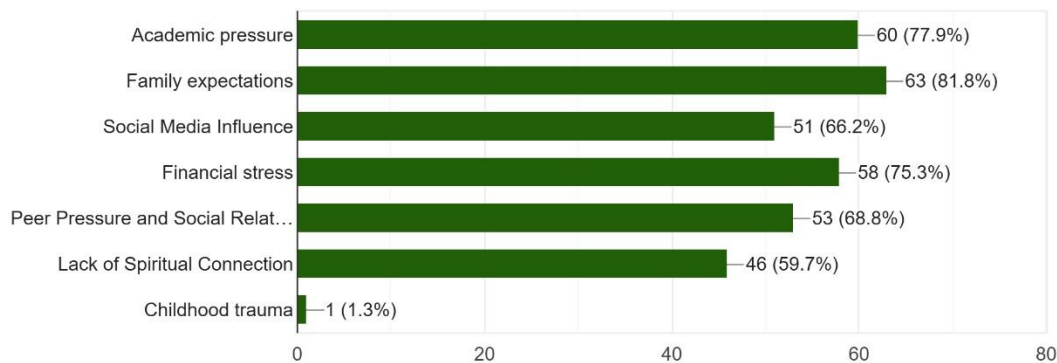
## PERCEPTIONS ON THE IMPORTANCE OF MENTAL HEALTH VERSUS PHYSICAL HEALTH

The findings also shows that 68.8% of respondents agree that mental health is equal as important as physical health, 15.6% of respondents says that mental health is somewhat important as physical health. On the contrary, 7.8% of respondents claim that physical health is more important than mental health and lastly 7.8% of respondents are not sure whether mental health is as equal as important as physical health.

## COMMON CAUSES OF MENTAL HEALTH STRUGGLES AMONG BRUNEIAN YOUTH

As shown in figure 3, the highest cause of mental health as reported in the survey is by family expectations with a percentage of 81.8% while 77.9% of the responses claim that academic pressure is the common cause of mental health struggles among the youth. Then with 75.3% the respondent agree that financial stress can be the factor of mental health. Following a 68.8% which is peer pressure and social relations, and social media influence with 66.2% and lastly lack of spiritual connection with 59.7%. However, one respondent added that childhood trauma can also be the cause that leads to mental health issues.

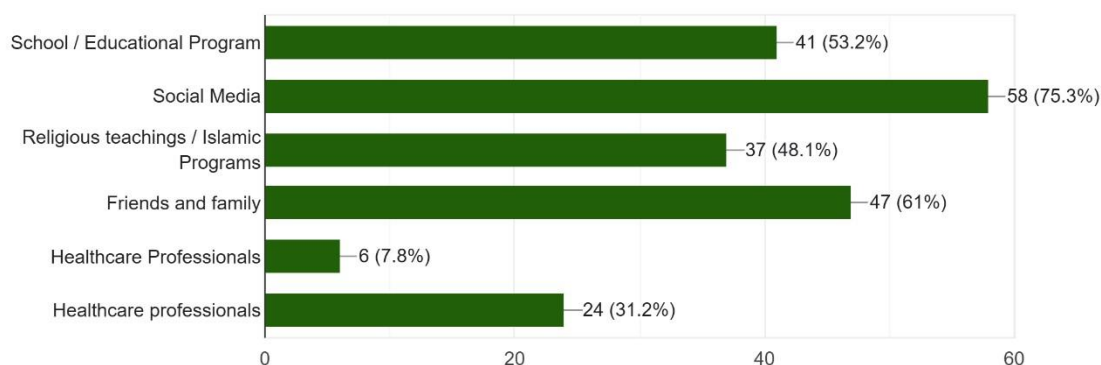
**Figure 3 Common Causes of Mental Health Struggles Among Bruneian Youth**



To support the responder's opinion even more, mental health conditions are significantly influenced by the emotional quality of family relationships, particularly the existence or lack of emotional support. Due to the strong adherence to Islamic principles and a collective custom, Bruneian families frequently place a higher value on respect modesty, and family image than on expressing their emotions. Furthermore, youths are frequently taught to repress their emotions in order to prevent embarrassing or worrying their families; this behavior is connected to internalized distress and social disengagement.

## SOURCES OF MENTAL HEALTH INFORMATION

The majority of the respondents usually get information regarding mental health as shown in figure 3 through social media with the highest votes of 75.3%, and follow with the second highest votes of information from friends and family with 61%, then the third highest votes are information from school or educational programs with 53.2% votes. According to the respondents, information regarding mental health can also be obtained from religious teachings or Islamic programs with a total vote of 48.1%, and healthcare professionals with a total of 39% votes.

**Figure 4 Sources of Mental Health Information**

As of January 2023, 98.1% of Brunei's population had internet access, and 94.4% of the country's total population was active on social media, according to data from the Digital 2023 report (Kemp, 2023). This significant level of participation indicates that social media is widely used in Bruneian daily life, especially by young people. Because of this, social media platforms have the highest voting rates.

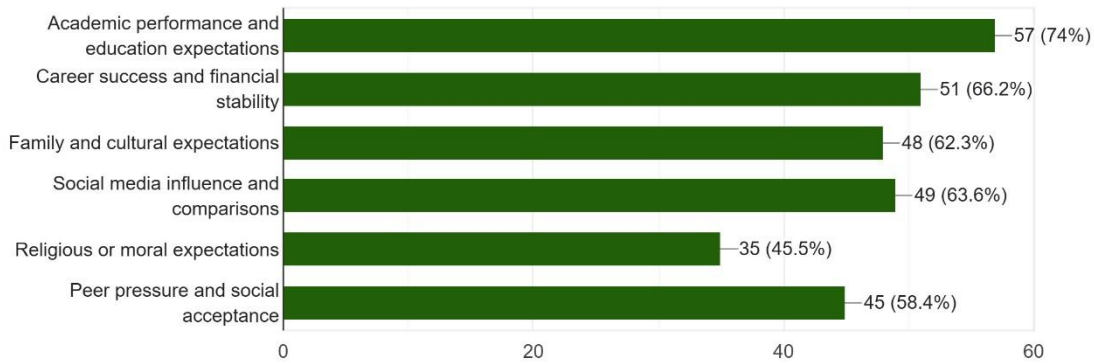
### IMPACT OF SOCIETAL PRESSURE

The study also uncovered different multifaceted perspectives towards how youth may define societal pressure. More than half of the respondents agree with the fact that societal pressures can be defined as an expectation imposed by their family, community, or society, including the need to conform to social norms and standards, as well as pressure to succeed academically or professionally. While 16.9% of the respondents define societal pressure as expectations imposed by family community and society only. 10.4% of the respondents define societal pressure as the need to conform to social norms and standards, a minority of respondents define it as the pressure to succeed academically and professionally. Only a marginal group of youths were not sure what or how to define societal pressures.

### MAJOR CONTRIBUTORS TO SOCIETAL PRESSURES AMONG BRUNEIAN YOUTH

Figure 5 indicates the major contributors to societal pressures among the youth in Brunei Darussalam, whereby out of 77 respondents, 57 of them (74%) agree that academic performance and education expectations are of the highest contributor, 51 of them (66.2%) claim that career success and financial stability are one of the contributors to societal pressure. The third highest contributor to societal pressures is from social media influence and comparison which was agreed by 49 of the respondents with the percentage of (63.6%). The fourth highest factor claimed by 48 of the respondents are family and cultural expectations with the percentage of 62.3%. while 45 of the respondents (58.4%) also agreed that peer pressure and social acceptance can also be one of the factors. And last but not least, 35 of the respondents (45.5%) claimed that religious or moral expectations are the causes of societal pressures.

**Figure 5 Major Contributors to Societal Pressures Among Bruneian Youth**



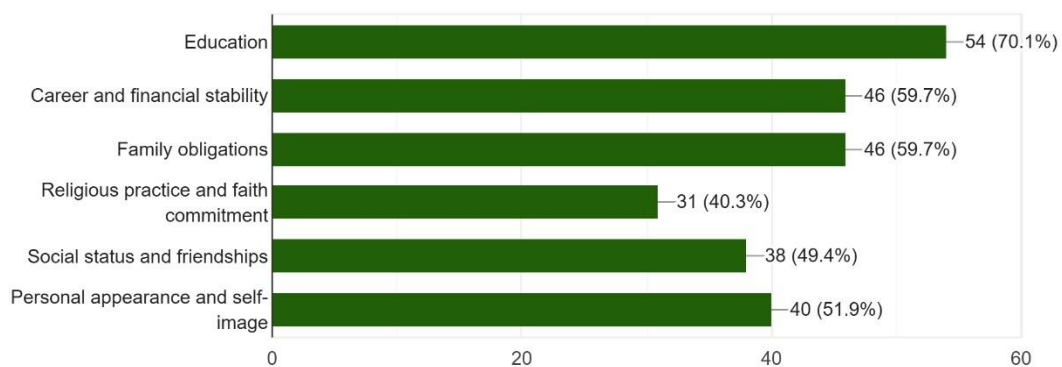
**FREQUENCY OF FEELING PRESSURED BY SOCIETAL EXPECTATIONS**

19.5% of the respondents claimed that they always feel pressured by societal expectations, while 23.4% of them claimed they often feel pressured. The highest votes with the percentage of 40.3% of the respondents claimed that they sometimes feel pressured towards societal expectations. And in contrary, 9.1% of the respondents rarely affected by societal expectations and only 7.8% of the respondents claimed that they never felt pressured to meet societal expectations as shown in figure 14 below. The majority of respondents stated that they "sometimes" felt under pressure to live up to social norms. It is brought on by particular circumstances, such as examinations or social media, shifts in self-esteem, and variations in individual resilience. Pressure can fluctuate depending on the situation, support network, and emotional state.

**AREAS OF LIFE WHERE PRESSURE IS MOST FELT**

Figure 6 reveals the areas of life where the youth felt most pressured, whereby 70.1% of the respondents voted for education, 59.7% of the respondents voted for both career and financial stability and family obligations, 51.9% of them voted for personal appearance and self-image, 49.4% of the respondents voted for social status and friendships and lastly 40.3% of the respondents voted for religious practice and faith commitment as the area of life where they mostly felt pressured.

**Figure 6 Areas of Life Where Pressure is Most Felt**



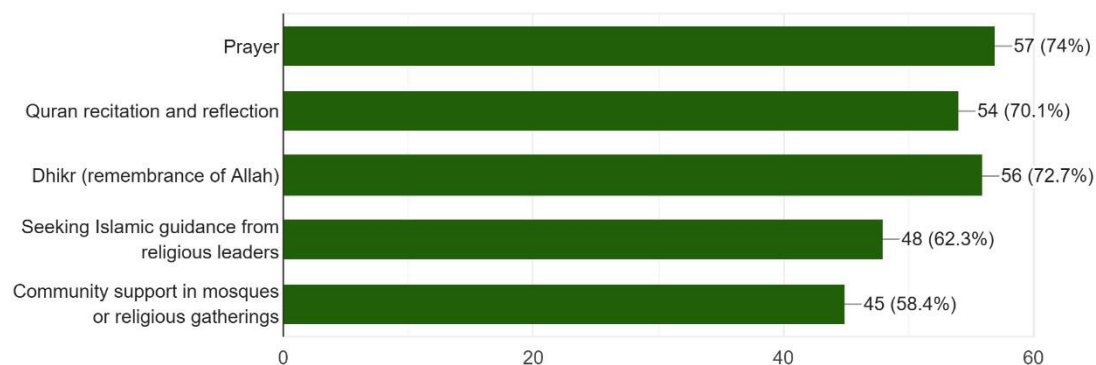
## EFFECTIVENESS OF ISLAMIC-BASED PROGRAMS ON MENTAL HEALTH AND SPIRITUAL DEVELOPMENT

11.7% of the respondents stated that the programs established to improve mental health and spiritual development was very effective, 28.6% of the respondents stated it was somewhat effective, 39% of them claimed the programs was neutral, 9.1% stated that the programs was not very effective and another 11.7% of the respondents stated that the programs was not effective at all in improving mental wellbeing and developing spiritual.

## HELPFUL ASPECTS OF ISLAMIC TEACHINGS IN COPING WITH MENTAL HEALTH CHALLENGES

Figure 7 pointed out some of the aspects of Islamic teachings that helps cope with mental health challenges. 74% of the respondents agreed that prayer helps the most in coping mental health challenges, 72.7% of the respondents voted for dhikr which is remembrance of Allah, 70.1% voted for Quran recitation and reflection, 62.3% of them voted for seeking Islamic guidance from religious leaders and 58.4% voted for community support in mosques or religious gatherings.

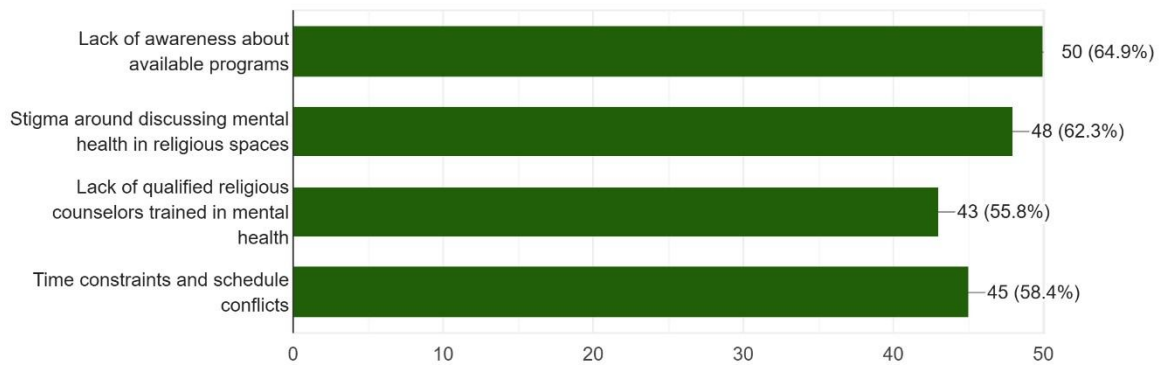
**Figure 7 Helpful Aspects of Islamic Teachings in Coping with Mental Health Challenges**



## CHALLENGES IN ACCESSING ISLAMIC-BASED MENTAL HEALTH SUPPORT

Figure 8 indicates the challenges in accessing mental health support in Islamic perspectives. According to 64.9% of the respondents, the challenges are lack of awareness about the availability of the programs, 62.3% agreed it was due to the stigma around discussing mental health in religious spaces, 58.4% of the respondents agreed it was due to time constraints and schedule conflicts while another 55.8% of the respondents stated the challenges was due to the lack of qualified religious counselors that are trained in mental health field.

**Figure 8 Challenges in Accessing Islamic-Based Mental Health Support**

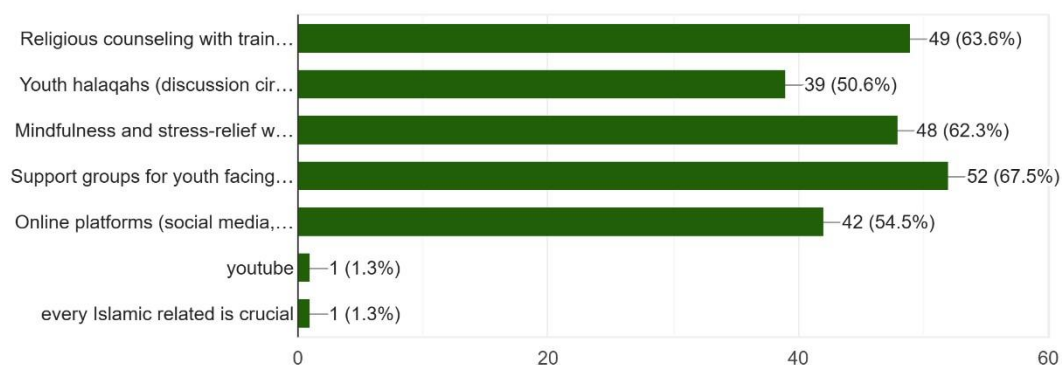


### **OPINIONS ON INTEGRATING MENTAL HEALTH AWARENESS INTO ISLAMIC-BASED PROGRAMS**

Respondents were also asked their feedback on integrating mental health awareness into Islamic-Based Programs. Their responses were balanced between full integration and partial integration. In contrary, 9.7% of the respondents do not agree with the integration of mental health awareness as they claimed it should be addressed separately from religious programs and the other 9.7% does not sure whether or not to include mental health awareness into Islamic-Based Programs. Mental health awareness provides scientific understanding and practical strategies to manage stress, anxiety, and emotional problems, while Islamic teachings offer spiritual guidance, purpose, and inner strength. This is in line with the saying "healthy body, healthy mind." Less than half of the respondents believe that Islamic teachings provide sufficient guidance on handling stress, anxiety and emotional struggles, while 33.8% of the respondents also agreed with the statement but somehow needed more awareness on the issue. On the other hand, 15.8% of the respondents does not agree with the statement and instead agree with the idea that mental health issues need professional intervention beyond religious teachings and the other 7.8% of the respondents were not sure whether or not Islamic teachings is sufficient in handling the issues.

### **PREFERRED TYPES OF ISLAMIC-BASED MENTAL HEALTH PROGRAMS FOR YOUTH**

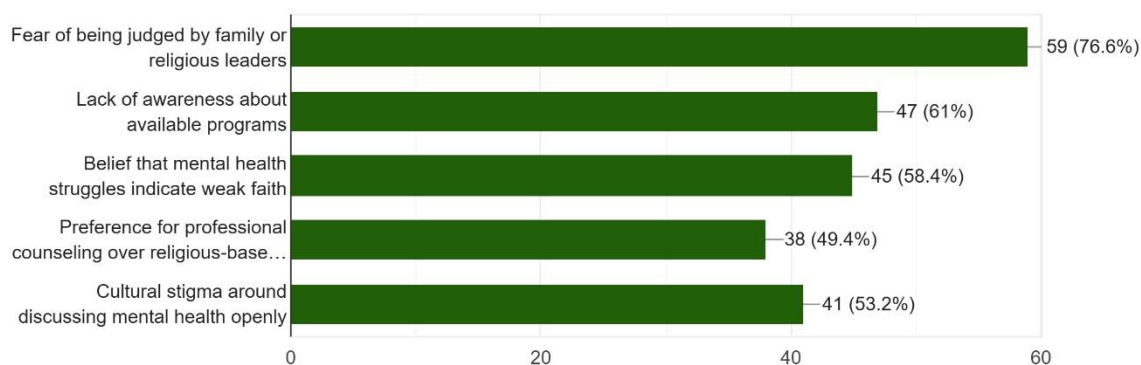
Figure 9 reveals the preferred and most beneficial types of Islamic-Based programs for youth as voted by 77 of the respondents. The most preferred types with total votes of 67.5% is support groups for youth facing mental health challenges within an Islamic framework, and the next preferred programs with a total vote of 64.9% is religious counselling with trained Islamic scholar and mental health professionals, next up is mindfulness and stress relief workshops through Islamic practices with total votes of 62.3%. Some respondents with total votes of 55.8% preferred programs through online platforms to discuss regarding mental wellbeing and around 50.6% respondents preferred “*Halaqah*” as favorable program.

**Figure 9 Preferred Types of Islamic-Based Mental Health Programs for Youth**

Since today's youth prefer two-way communication over one-way, the responder favored support groups. Many young Muslims fear judgment when discussing mental health issues with elders or other authority figures. Because support groups normalize or validate their issues, they make people feel a little less isolated. Support groups are also regarded as a Secure Environment for Sincere Expression since Youth often hide their struggles for the sake of their families or to avoid being labeled "dramatic." As a result, support groups offer confidentiality and the freedom to express oneself without fear of consequence. The respondents were also asked about their level of comfort in discussing mental health with Islamic scholars or religious leaders. A majority of the respondents of approximately 24.7% of the respondents are not comfortable at all. In contrast, only 13% of the respondents are comfortable enough to share their issue with Islamic scholar while 14.3% of them also somewhat comfortable. And the other 19.5% of the respondents are neutral.

### **BARRIERS PREVENTING YOUTH FROM SEEKING ISLAMIC-BASED MENTAL HEALTH SUPPORT**

Figure 10 below reveals barriers that prevent youth from seeking help and support for their mental wellbeing. Majority of the respondents with total percentage of 76.6% agreed that they fear being judged by family or religious leaders. 61% of the respondents lack awareness about the availability of the programs, 58.4% of them believe that mental health struggles indicate weak faith, 53.2% of the respondents still believed in cultural stigma around discussing mental health openly and lastly 49.4% of the respondents preferred professional counselling over religious-based counselling.

**Figure 10 Barriers Preventing Youth from Seeking Islamic-Based Mental Health Support**

## **USE OF ISLAMIC-BASED COPING STRATEGIES TO MANAGE STRESS OR ANXIETY**

Around 51.9% of the respondents occasionally use Islamic-Based coping strategies to manage stress or anxiety, while 27.3% of the respondents regularly practice Islamic-Based as their coping mechanism to manage stress and anxiety. In contrast, 9.15 of the respondents rarely practice it and 11.7% of them never use nor practice Islamic-Based strategies to cope with stress and anxiety.

## **DISCUSSION**

Mental health issues that youths in Brunei encounter are mostly influenced by a variety of social, family-related, academic, and religious factors. These factors commonly work together to increase psychological stress and negatively impact emotional well-being. Acknowledging these factors is crucial in developing effective mental health solutions that fit the culture and environment. In particular, Brunei Darussalam is a Zikr nation that incorporates the Melayu Islam Beraja philosophy.

The increasing influence of social media and peer pressure, which frequently outweighs pressure from family or academic, exposes the youths to the culture of comparing, unrealistic expectations, and online validation-seeking, all of which can reduce self-esteem and increase anxiety. Additionally, as family expectations change and standard obligations to "repay" parents become less significant, the youths find themselves stuck between their newfound freedom and deeply embedded hierarchies or family traditions. Moreover, procrastination and last-minute anxiety, especially when under pressure, are signs of poor time management and emotional control. Also, strict religious regulations can worsen anxiety and cause spiritual issues especially among the youths who feel bounded by the perceived strict Islamic interpretations.

The results from the survey were analyzed to be linked to another contemporary term known as "YOLO" which has also been linked with the term "FOMO," particularly when it comes to leisure and lifestyles. "You Only Live Once," or "YOLO," is a saying that urges people to enjoy life, take chances, and try new things without worrying too much about the potential drawbacks (Viskovich et al., 2021). It displays an attitude centered on savoring the present and seizing chances when they present themselves. A program named "YOLO (You Only Live Once)" was evaluated for promoting life-satisfaction and wellbeing among university students. The term originated from youth/pop culture, linked with risk-taking, living for the moment, sometimes irresponsibility or hedonism (Castle & Silva, 2019). This influence shows that Muslim youth in Brunei have been exposed to this culture through mass digital media which have somewhat interfered with their traditional Islamic worldviews creating a misunderstanding towards their purpose in life as a Muslim. As a result, this term can also impact them, in positive as well as negative ways. On the positive side, when used responsibly, the term "YOLO" can foster resilience, confidence, and personal development by encouraging young people to be fearless, try new things, and be adventurous. However, because youths may act without thinking through the long-term effects, it can also result in impulsive or risky behaviors like substance use or participating in unsafe activities. Peer pressure can be worsened by this mindset, encouraging people to engage in risky behaviors in an effort to blend in with their social circles. Furthermore, a "YOLO" mindset can encourage

a live fast mentality, ignoring future planning, which could lead to stress or regret in the future.

However, "FOMO" is typically linked to poor mental health outcomes. When young people use social media to compare themselves to others, it can lead to feelings of anxiety, loneliness, and discontent (Cui et al., 2024; Fatima et al., 2025). When the youths attempt to participate in every activity to avoid missing out, "FOMO" can cause burnout or over commitment, as well as lower self-esteem and feelings of exclusion. Additionally, depression and sleep issues are associated with "FOMO", particularly in heavy social media users. "FOMO" is frequently motivated by fear rather than true interest, though it may occasionally inspire some young people to interact socially or try new things. In contrary, when it comes to religious constraints, people tend to complain or differentiate as to why they are not permitted to perform certain things. They even frequently make comparisons with other youths.

In Brunei Darussalam, programs that are youth-focused and Islamic-Based have significantly improved mental health. These include preventative strategies that give young people practical and emotional coping mechanisms by mixing leadership development with spiritual resilience. Many programs have also shifted toward interactive, youth-friendly methods to encourage deeper engagement, replacing traditional lectures with engaging activities like forums, mosque tours, and peer conversations. While initiatives to promote inclusivity, like providing accommodations for youths with disabilities or those who are not from a religious background, help reduce stigma and improve access to mental health care, a comprehensive approach that prioritizes mental, physical, and spiritual health guarantees that well-being is addressed from several angles. Because these programs are designed to meet the needs of different youths, they are important for building resilience and a feeling of community.

Although there have been improvements in Brunei's approach in treating youth mental health issues, there are still a number of major barriers, such as resistance to conventional or standard methods like one-way lectures that usually do not appeal to young audiences. Typically, in Brunei, the majority of religious talks or programs struggle to effectively reach their intended youth audience, which contributes to their limited impact and perceived ineffectiveness in addressing pressing issues such as mental health and societal pressures. Most importantly, even when support networks are available, many of the youth refuse to seek treatment because they internalize or digest what they believe to be judgments and opinions from others.

In order to successfully treat mental health issues among young people in Brunei, several innovative initiatives have emerged, such as promoting two-way communication through open forums and Q&A sessions normalizes discussions about mental health, making them more approachable and less stigmatized.

Secondly, promoting partnerships between communities expands the influence and scope of mental health initiatives by working with government agencies and well-known individuals. And most importantly, by integrating religious concepts with scientific mental health methods, it is possible to bridge the gap between a religious-based and psychological healing, offering a more holistic approach to wellbeing.

Successful initiatives like "Nadwah Kemurnian Rohani" which PDI used to do demonstrated how creating safe, accepting spaces for conversation may benefit not only the youth but the

society in general from all backgrounds and religions by encouraging openness and understanding. Belia Daie and Da'wah Academy are two more examples of successful initiatives. Apart from encouraging and exposing the youth to team-building activities or Islamic-based programs, these two programs also subtly increase participant's self-confidence through peer support.

In order for Islamic-based initiatives to continue to adapt to the growing concerns of the youths, continuous research and raising awareness efforts are necessary. Therefore, it is important to expand Talian Harapan and other anonymous support networks because they provide essential safe spaces for young people who fear criticism from others. Special care is needed to address internalized stigma, which often turns out to be harder to overcome than external barriers. When applied appropriately, religious-based coping mechanisms can be very useful instruments for resilience, particularly when they are offered within inclusive frameworks that respect a variety of needs and perspectives. This comprehensive approach would address both structural and individual barriers while utilizing Brunei's unique cultural-religious setting to offer more effective mental health treatment.

In a nutshell, there are numerous more strategies to reduce youth mental health issues outside Islamic-based initiatives. Programs may serve as an important bridge between individuals and the challenges they experience, particularly in addressing mental health concerns. , The most crucial component is the individual's thinking (mindset), not the fact that current initiatives are inadequate or ineffective in addressing this issue.

Islamic teachings emphasize spiritual awareness and alignment of intentions, which may contribute to psychological resilience among youth. . It is necessary to fix the intention, which is that all we do is for the sake of pleasing Allah. This endeavour is rooted in the Islamic concept of *Tajdid Niat* which highlights the importance of gaining not just material success in this world but everlasting success in the hereafter (Azahari et al., 2024).

Furthermore, resist the urge to let negativity rule our thoughts because its influence can limit our true potential, prevent us from seeing positive chances, and keep us caught in a never-ending stress cycle. By concentrating solely on the negative, we lose sight of things beyond our control, fail to see the joy and answers that are often there in front of us, and gradually worsen our mental and physical health. On the other hand, when we accept negative emotions without letting them rule us, we empower ourselves to respond more rationally, get past challenges, and create a happier, more meaningful existence.

In light of the data gathered, and viewed through the guiding values of Islamic-based development, it is clear that a comprehensive and morally appropriate approach is required to address the mental health problems that youths in Brunei face as a result of societal pressures. The findings of this study reveal that these pressures are complex which consist of social, familial, academic, and digital areas. As a result, the youths are more likely to experience stress, anxiety, and emotional distress. Islamic teachings place a strong emphasis on the spiritual and social dimensions of well-being, which must be fostered in addition to the psychological aspects in order to effectively address these complex issues.

Mental health interventions should be framed within the larger understanding that all facets of life, including mental health, are connected to one's submission to Allah and the pursuit of spiritual fulfillment, in accordance with the principle of Tawhid (Oneness of God)(Azahari et al., 2024). This promotes the establishment of programs that use Islamic principles and

spiritual practices to assist young people in realigning their coping mechanisms, sense of purpose in life, and resilience. Simultaneously, *Khilafah* and *Amanah* emphasize the importance of youth as agents of positive change in their communities and stewards of their own well-being (Ogunbado et al., 2022). This underscores the need for programs that empower youth to take charge of their mental health while encouraging social engagement and leadership abilities.

In addition, the principles of 'Adl (justice), Mizan (balance), and Maslahah (public welfare) (O. Al-Jayyousi et al., 2022; O. R. Al-Jayyousi, 2016) demand that interventions foster equity and fairness, guaranteeing that all young people, irrespective of their socioeconomic background, have access to safe spaces that support their well-being, education, and mental health services. These results provide support to the need for community-based strategies and systemic changes that address mental health issues at the individual and societal levels.

Last but not least, interventions can guarantee that they holistically safeguard and foster the essential components of youth well-being, such as their faith, intellect, dignity, and life purpose, by incorporating the *Maqasid al-Shariah* (objectives of Islamic law) into the structure of the programs (Azahari et al., 2025). This all-encompassing, values-based strategy emphasizes how crucial it is to prioritize mental health as a part of the larger framework for Islamic-based development that promotes the ethical, spiritually aligned, and sustainable growth of Bruneian youth.

## CONCLUSION AND RECOMMENDED FUTURE RESEARCH

Social pressures, such as academic expectations, societal competition and cultural norms surrounding success and conformity are increasingly influencing mental health issues among young people in Brunei Darussalam. Feelings of loneliness, despair and anxiety are frequently brought on by these stressors. Nonetheless, this study shows that programs with an Islamic foundation provide a significant and culturally relevant method of providing mental health care.

Islamic teachings promote virtues like patience, gratefulness and faith in divine wisdom through spiritual counseling, prayer and *dhikr* (remembering God). These practices all help people develop inner peace and emotional resilience. Combining mental health education in Islamic programs facilitates the integration of emotional and spiritual support. This results in a more comprehensive and culturally significant approach to promoting Bruneian youth's well-being.

Youth are subject to societal challenges, which emphasizes the need for a comprehensive and culturally appropriate approach to address the psychological needs of youths in Brunei. This study investigated how Islamic-based programs or initiatives serve as efficient intervention and prevention techniques that promote mental wellbeing of the youth. By combining spirituality-based growth with mental health learning, these programs provide the youth with the resiliency, self-awareness and peacefulness required to deal with the never-ending demand and pressures from family, society and academic.

The interventions based on Islamic education, religious-based support groups and Islamic counselors provide religious education and a strong sense of belonging. The agreement of spiritual and ethical concepts with their cultural and religious identities makes them easier to comprehend and understandable for Bruneian youths. These programs help to reduce stigma

and encourage treatment-seeking, in addition to convince people that it is okay and that we hear them through prayer, self-awareness and community involvement.

More longitudinal research can be done on fulfilling the following initiatives to add value to this contribution. The following recommendations provide a blueprint on how the various educators religious leaders, community and mental health leaders can work together effectively on the issues identified. Thus, to improve the treatment of youths with mental illnesses, the specific strategies that can be adopted has been outlined. First, by launching local community initiatives which focus on mental health education and awareness that combine Islamic teachings with building resilience and coping strategies. Workshops, seminars, and support groups can be established to initiate conversations about mental health amongst youth and their families and friends.

Second, by enhancing collaboration between mental health professional educational institution and religious bodies could develop structured programs integrating spiritual and psychological aspects to deal with mental health issues among the youths. Mental health institutions should incorporate spiritual activities such as meditation, prayer and volunteer work. Third, by doing these things, it can boost emotional health and provide the youth with better coping skills in dealing with stress and anxiety.

Fourth, Developing Networks of community-based support for instance the creation of peer support groups, youth circles and also religious based programs with a mental health focus can provide a strong network of support.

Finally, by discussing mental health in talks and community gatherings, religious leaders help to lessen the stigma attached to mental illness and uphold the Islamic principle that seeking for help is encouraged. It is possible to come up with therapeutic approaches that are both effective and religiously sound by encouraging the study and development of mental health treatments that incorporate Islamic principles, such as faith-based psychological therapy.

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