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RESEARCH ARTICLE

Impact of Mental Health on the Quality of Life in Young Adults

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ARTICLE INFO	ABSTRACT
	Young adults' mental health plays an important role in defining their overall quality of life, with studies consistently linking poor mental health to decreased well-being and impaired functioning. However, educational stress, racial trauma, cyberbullying, and financial anxiety might become an obstacle to their life. The purpose of this study is to investigate the mediating role of mental health in the relationships between the predictors (educational stress, racial trauma, cyberbullying, and financial anxiety) using 230 responses to a questionnaire. As part of the data analysis process, reliability analysis, Pearson correlations, and mediating analyses are performed using SPSS. According to the results, racial trauma and financial anxiety do not significantly affect mental health and quality of life as educational stress and part of cyberbullying do. The results may aid researchers and educators in identifying major factors or sources of bad mental health in the modern age and deciding which factors to focus on first to help improve the quality of life.

INTRODUCTION

According to a famous health institute (World Health Organization, 2022), mental health is referred to as the mental state of an individual that enables them to cope with many life stresses, realize their abilities and potential, learn better, work better, as well as contribute to the communities that the individuals they themselves are a part of. It is a very important aspect to everyone as mental health indirectly influences how we think, act, behave, and interact with the people and environment in our daily lives (Anwar, 2021). Mental health can be influenced by many different factors or domains, some commonly known examples are relationships, education, and even employment. Better mental health can also positively influence those same factors, making the relationship between them bidirectional. Despite that information, bad mental health or mental health cases have been very present in the last few years. In 2023, mental health cases were a worrying trend among the youth in Malaysia. An approximate number of 424,000 children were diagnosed with mental health issues (Vethasalam, 2023), they state that the surveys and research that they had done had led to the discovery that one in every four teenagers had experienced mental health issues such as depression, one in every eight suicidal thoughts, and one out of every ten had attempted suicide. This is a very serious issue that many young adults are facing in our current times. Those individuals are the ones who will be picking up and continuing the task that their predecessors had left behind, to create a better society for all that exists in it, if they possess bad mental health, they are prone to mental health illnesses such as bipolar disorder, anxiety disorders and the commonly known mental health illness

of them, depression. Mental health issues affect all people equally, as it does not discriminate against one's ethnicity, age, or even gender (Mental Health Malaysia: Overcoming Stigma | Prudential Malaysia, n.d.).

For many years, the Malaysian government has been trying to understand how the aforementioned factors affect mental health to combat this prevalent issue. For educational stress, it causes pressure, anxiety, and mental health challenges associated with academic performance and educational environments. Factors such as gender, cultural background, and academic struggles contribute to the complexity of educational stress. In the case of racial trauma, it explores the psychological and emotional impact of racism on individuals, as well as highlights how repeated experiences of it can lead to traumatic stress symptoms. In the case of cyberbullying, it is the prevalence and effects of cyberbullying on young people that emphasize the psychological distress and negative impacts on mental health, including depression, anxiety, and suicidal thoughts. Last but not least, financial anxiety, which is caused by poverty, debt, job insecurity, inflation, and educational expenses, has the consequences of an individual developing mental illnesses, including depression and suicidal thoughts. The current solution that they are sticking with is establishing more mental health institutions, and enhancing current healthcare services (Ragu, 2023). Their idea is to provide better mental health care and make it more accessible to the public to allow them to treat their mental health illnesses. While it is a commendable act, the effects are not so perceivable. Mental health cases and suicide rates are still on the rise. This may be because most Malaysians are overworked, not getting enough sleep, and feeling stressed (Bernama, 2023). However, this research is to prove that the factors have a deeper relationship between mental health and quality of life.

Therefore, this study focuses on exploring the factors of bad mental health, namely educational stress, racial trauma, cyberbullying, and financial anxiety among young adults with associated impacts on their quality of life. Although those aforementioned factors may be present in an individual life, does that mean they will negatively affect their mental health? Will those factors along with mental health affect an individual's quality of life? It is crucial to reveal the relationships that surround mental health since it is an aspect that we cannot simply ignore in our everyday lives. We used a survey to collect the data from young adults. The data will reveal the hidden relationships between the different factors and how they affect the mental health of an individual, as well as how their quality-of-life changes. Understanding the relationship between those factors and mental health may be utilized in creating solutions to help improve mental health or at least prevent further mental health deterioration. Identifying which factor brings higher impact on the mental health of young adults is important as it allows us to know what aspects to focus on first to help deal with the ever-increasing mental health cases and improve or maintain their quality of life. The findings of this study are also crucial as input for researchers and educators in helping individuals with mental health cases to potential self-harm by designing appropriate counselling or education that assist in maintaining good mental health for the young adults of society and ensuring their quality of life.

2.0 LITERATURE REVIEW

2.1 Educational Stress

There are still many stress-related health issues in our society, despite the hundreds of years of academic study on stress. The effects of it are both mental and physical, as it has become part of our lives (Tuncay et al., 2020). In psychology, stress is specified as anything that interferes with or puts at risk to interfere with a person's ability to go about their usual activities and forces them to adjust in order to cope (Prabu, n.d.,2015). Furthermore, stress can be interpreted differently by each person as well can have diverse meanings for them. This is defined as occurrences or circumstances that make people feel anxious, under stress, and negatively charged feelings like rage and fear (Prabu, n.d.,2015). Apart from that, one of the biggest causes of stress for adolescents around the world is education which seems to be particularly bad in Asian nations (Sun et al., 2011). Educational stress, as defined by Arslan (2015), is psychological discomfort caused by certain thoughts of dissatisfaction connected to poor educational performance, failure as perceived, or even as conscious.

The degree of educational stress brought on by changes in learning varies according to financial circumstances, sex, and moral foundation (Arslan, 2015). According to recent studies, there are differences between stress levels in men and women (Tuncay et al., 2020). Generally speaking, men

indicate fewer tension and strain than women (Arslan, 2015). The result could have its roots in the proven fact that women are more inclined to worry about poor grades and view educational achievement as extremely important. Apart from that, students from Asian and other ethnic minorities in occidental nations encounter more challenging educational encounters than other students (Arslan, 2015).

According to Kouzma and Kennedy, high school pupils' primary sources of stress are things connected to high school like exams, assessments, learning, and the pressure to succeed that they place on themselves (Kouzma & Kennedy, 2004). There is also recent research indicating that a range of pressures such as peer pressure, individual issues, and pressure from school can have an impact on college life (Ogakwu et al., 2023). Moreover, students who consistently struggle academically as a result of heavy tasks run the risk of becoming ill and visiting the college's healthcare (Manafa et al., 2022; Ogakwu et al., 2023). According to the latest research, during the global epidemic, 54.6% of undergraduates experienced pressure signs, 37.9% experienced feeling anxious, and 37.1% suffered from depressive disorders (Martínez-Líbano et al., 2023; Valdés et al., 2022). Additionally, adolescents' psychological and mental health is negatively impacted by depressive symptoms and anxiety, based on current research (Martínez-Líbano et al., 2023).

The "educational stressors hypothesis" which states that an increase in problems associated with educational institutions is the reason for an increase in mental health issues among young adults, is one of the more well-known explanatory theories found in the field of psychology (Högberg, 2021). Adolescents facing intense academic demands are at heightened risk of experiencing mental health challenges and engaging in self-harming behaviours, including suicidal tendencies (Sun, 2012). Moreover, there remains a lack of comprehensive understanding regarding the various factors – whether stemming from individual characteristics, familial dynamics, school environment, or peer interactions that contribute to educational stress among adolescents and its impact on their mental well-being (Sun, 2012). Apart from that, young adults who struggle academically often experience severe psychological issues (Ogakwu et al., 2023). Surprisingly, studies have revealed that unresolved educational issues, such as poorer self-confidence in school, ineffective time management, as well as increased anxiety during exams, may have an impact on high school graduation rates and persistence. According to (Malhotra & Patra, 2014), they reported more than 23% of Indian students met these criteria, over 37% in Ethiopia (Hadgu, n.d.)as well as 26% in Malaysia was also reported (Wintre & Yaffe, 2000, Ogakwu et al., 2023). Thus, these country-by-country reports on the increasing incidence of stress suggested that anxiety is a worldwide problem that requires sustained studies along with therapy recommendations to lessen its negative effects (Ogakwu et al., 2023).

Adolescent's quality of life is impacted by stress that is caused by school (Berdida & Grande, 2022, Kristensen et al., 2023). The recent research indicates that psychological distress, such as symptoms of anxiety and depression is impacted by educational stress which includes responsibility and stress from the educational environment as well as anxiety about school (Högberg et al., 2020, (Kristensen et al., 2023)). Other than that, young adults who are unable to appropriately manage their stress may develop mental health issues (Assana, 2017). The psychological well-being and quality of life of young adults in Asian countries including Japan, Korea, China, Vietnam, Singapore, and Thailand are impacted by mental health issues (Koyama et al., 2014). Apart from that, prior research revealed that studying, the thinking and reasoning process, personal expectation, peer connection, and expectations from parents all had an impact on adolescent's mental health and quality of life both short and long terms (Gatab et al., n.d.; Moksnes et al., 2010).

2.2 Racial Trauma

Racial trauma is the psychological, emotional, and bodily harm caused by real or imagined racism and it is also named race-based traumatic stress (Mosley et al., 2021). A small number of research have examined the relationship between the occurrence and handling of post-traumatic stress disorder (PTSD) and racial trauma since the former is rarely caused by a single event instead of the accumulation of several discriminating encounters (M. T. Williams et al., 2021). A risky, terrifying, or violent experience that involves the threat and threatened death to one's bodily integrity is considered a traumatic event (Saleem et al., 2020). Post-traumatic stress disorder(PTSD) and racial

trauma overlap symptoms, which include avoidance, arousal, reliving the experience, and bad mood and thoughts (Mosley et al., 2021). On the other hand, it differs from PTSD in that it emphasizes the combined impact of repeated instances of racism as well as historical and general experiences that are not covered in the symptoms of PTSD (Mosley et al., 2021).

Racial trauma may be caused by explicit and implicit racism (M. T. Williams et al., 2021), racism is defined as a whole culture supporting the exercise of power over a racial minority considered inferior (T. R. Williams et al., 2021). For example, the expression of colorblind ideology will lead to negative impacts on racial and ethnic minorities that are far-reaching and conveyed as well-meaning comments that are supported in interpersonal encounters but come out as condescending or exclusive (M. T. Williams et al., 2021). Furthermore, it is able to faced firsthand or indirectly, like the videos in the age of social media, racial trauma may become viral, it leads to anxiety, depression, and more ("Supplemental Material for Posttraumatic Growth and Flourishing in the Face of Racial Trauma," 2023). A study discovered that people who saw and read racially traumatizing incidents increased the symptoms of sadness and PTSD, they may also hear the event through their family or friends as they are talking about the traumatic event (Tynes et al., 2019).

Moreover, one such instance is the Race-Based Traumatic Stress Symptom Scale (RBTSSS), which is a tool designed to evaluate the symptoms related to encounters with racism and ethnic discrimination (M. T. Williams et al., 2022). However, it presents numerous drawbacks like the complicated score system, emphasis on a single unforgettable discrimination, and noncompliance with the DSM-5 guidelines to diagnose the trauma (M. T. Williams et al., 2022). Apart from that, the other exception is the UConn Racial/Ethnic Stress and Trauma Survey(UnTESTS), which is an interview that evaluates the overall effect of a person's lifelong noteworthy experiences with racism, the symptom checklist is modified from DSM-5 PTSD diagnostic guidelines (M. T. Williams et al., 2022). Although the technique is effective, and user-friendly, it still requires more than an hour to complete the evaluation (M. T. Williams et al., 2022).

As a combination, racial trauma will affect mental health and it has some detrimental effects (M. T. Williams et al., 2021). Racial trauma exacts a psychological and physiological impact on people of color (Cole et al., 2021). In a similar vein, data from survey research discovered a connection between substance use, problems, anxiety, and depression with routine encounters of racial prejudice (M. T. Williams et al., 2021) along with poor academic results including a falling GPA and college dropout ("Supplemental Material for Posttraumatic Growth and Flourishing in the Face of Racial Trauma," 2023). Moreover, the consequences of alcohol use and mental health issues are also included in the physiological impacts (T. R. Williams et al., 2021). Personal trauma may have a long-term impact on a person's psychological, social, physical, and spiritual health ("Supplemental Material for 'White People Stress Me Out All the Time': Black Students Define Racial Trauma," 2022). Table 2 summarizes the factors that cause racial trauma and its impacts on young adults.

Indicators of quality of life involve, however, are not restricted to happiness with life, socioeconomic status, and physical and mental health (Utsey et al., 2002). In line with the findings about the primary life domains impacted such as performing duties and activities that are necessary for employment, this research showed compromised occupational functioning in PTSD patients (Jellestad et al., 2021). Apart from that, there is data from a previous meta-analytical analysis on the quality of life in anxiety-related illnesses, showed that PTSD patients had lower quality of life as controls in the areas of social, jobs and home and family (Jellestad et al., 2021).

2.3 Cyberbullying

Young people's interactions now mostly involve the utilisation of technological communication tools (Kim et al., 2018). As a side effect of the increasing use of smartphones and other digital communication tools, such as the Internet, cyberbullying is a comparatively recent problem (Edwards et al., 2016). Cyberbullying escalates into a serious issue because, unlike conventional bullying, which often takes place while in the school day, cyberbullying can happen around-the-clock (Universitas Negeri Malang. Fakultas Teknik & Institute of Electrical and Electronics Engineers, 2020). The victim of cyberbullying experiences clear effects which begin with changes in his or her demeanour and conduct (Huang & Chou, 2010). Additionally, gender has long been shown to have a substantial impact on violent behaviour, which can lead to various forms of bullying directed towards

youth (Huang & Chou, 2010). Academic success is yet another major component of bullying (Huang & Chou, 2010). With an emphasis on Canada, Li (2007a) found that 50% of cybervictims had scored better than average and predicted that academic success may be a common component of cyberbullying (Huang & Chou, 2010). Likewise, a decline in educational achievement and grade point averages may be the outcome of bullying (Huang & Chou, 2010). People may now threaten other people via modern digital communication tools (Ali & Shahbuddin, 2022). Due to in contrast to conventional bullying, indirect bullying is thought to be the most practical and safest tactic (Ali & Shahbuddin, 2022). Those harmed by bullying who refuse to have their identities being disclosed might be easily frightened (Ali & Shahbuddin, 2022). Digital media allows even the ones who do bullying activities, the perpetrators to swiftly spread the word about their actions to a wider audience (Kowalski et al., 2014). There is little doubt that cyberbullying has significant mental health consequences (Universitas Negeri Malang. Fakultas Teknik & Institute of Electrical and Electronics Engineers, 2020). Sadly, a lot of individuals fail to see the seriousness of cyberbullying (Universitas Negeri Malang. Fakultas Teknik & Institute of Electrical and Electronics Engineers, 2020).

Psychological distress such as stress, anxiety, violent conduct and poor self-esteem are among the mental health issues that cyberbullying could be contributing to (Kowalski et al., 2014). Anger, helplessness, sadness, and worry are the main psychological and non-physical effects of cyberbullying (Kowalski et al., 2014). Hence, higher degrees of rage, helplessness, sadness, and fear are experienced by the victims of cyberbullying (Ramsey et al., 2016). The signs of depression may appear in adolescents who have been cybervictimized (Ramsey et al., 2016). Teenagers or adults can be the target of cyberbullying, and victims frequently report that they will not seek assistance if they face cyberbullying online (Universitas Negeri Malang. Fakultas Teknik & Institute of Electrical and Electronics Engineers, 2020). They usually manage to get away from the strain they endure (Universitas Negeri Malang. Fakultas Teknik & Institute of Electrical and Electronics Engineers, 2020). In this case, this may suggest that the victims will often harbour suicidal and depressive thoughts (Universitas Negeri Malang. Fakultas Teknik & Institute of Electrical and Electronics Engineers, 2020). It will also make other victims feel helpless and make them keep things to themselves if they are unaware of who is cyberbullying them (Universitas Negeri Malang. Fakultas Teknik & Institute of Electrical and Electronics PeerEngineers, 2020). Moreover, not only do suicidal thoughts come to them, but with a higher intensity, the cyberbullying they endured damaged their reputation, impaired their ability to focus and also hindered their capacity to form friendships with others (Edwards et al., 2016).

A crucial component of teenagers' quality of life is their sense of community support (Varela et al., 2019). Adolescents' life satisfaction can be negatively impacted by negative cyberbullying encounters and this effect might extend to other areas of their lives such as social factors (Varela et al., 2019). Several conceptions have been put out as psychological measures of subjective satisfaction in addition to happiness (Navarro et al., 2015). Nonetheless, the scant research on bullying and its effects on mental health has mostly examined the connection between peer victimisation and life satisfaction, which is a personal assessment of one's general quality of life (Navarro et al., 2015). According to Flouri and Buchanan's (2002) research, a sample of boys in England, ages 13 to 19, were asked to rate their level of happiness with life on a scale that was anchored with the words "least happy" and "most happy," discovered that being a victim had a negative correlation with life satisfaction (Navarro et al., 2015). When Martínetal (2008) looked into this similar link, she discovered that teenagers' levels of life satisfaction are lower when they have negative peer experiences associated with victimisation processes (Lippman et al., 2011).

2.4 Financial Anxiety

Financial anxiety has been defined in many different ways. For example, Grable et al., 2015, refer to financial anxiety as "holding an unhealthy attitude about one's financial situation", while Jonkoping University (Financial Anxiety and Saving Intentions during the Covid-19 Crisis, 2021), defined it as "a psychosocial syndrome that results in someone having an unhealthy attitude toward thinking about, engaging with, or administering their personal financial situation in an effective manner". Financial anxiety is a more common situation that anyone could get, but for the sake of our study, we will be focusing on young adults. As financial anxiety is about one's worry about their financial situation, an exceptionally common factor for its presence is poverty (Financial Anxiety and

Resilience among Rural Poor: An Exploration of Social Work Implication | Innovation Journal of Social Sciences and Economic Review, 2023). People that are in a state of poverty don't feel secure about their economic status as they sometimes have to live in remote areas that are not as developed as other regions, and even lack even the basic necessities to support themselves or even their families, which also acts as a constant reminder of their financial situation (Wong, 2010). Another factor for financial anxiety is the fear of debt (Norvilitis & Linn, 2021) . Surprisingly, while debt is a common reason for one to develop financial anxiety, the fear of debt is something that is more prevalent among college students pursuing a higher education (Perry et al., 2023). Those students are usually are more educated and often have better knowledge of financial literacy, so they have a better understanding of how much having debt could alter their course in life in a direction that they never want, resulting in the manifestation of the fear of debt in their minds and they subconsciously do things like save money on every occasion and acquire and practice good financial practices (Perry et al., 2023). So an individual may be financially stable, that does not mean they are free of financial anxiety. In addition, another factor for financial anxiety is job insecurity. During covid-19, many businesses unfortunately had to close down their business permanently due to the inability to adapt to the drastic changes, or even health issues (Bartik et al., 2020). Those that fortunately manage to get by, and upon witnessing those businesses that are sometimes similar to the ones that they own or operate, begin to develop a sense of insecurity for their jobs. The thought or idea of losing their jobs and income shakes them to their core as they are afraid of being unable to support themselves and their families, and the more they think about it, the more financial anxiety they possess (Sadaqa Basyouni, 2021).

Another component that contributes to the increase of financial anxiety is inflation. According to Cedar Onar (2010), inflation refers to the rate of increase of cost of necessities to life over a significant period of time. Inflation is a very high source of financial anxiety as it essentially makes so that as prices get higher and higher, the more erode an individual's capability to purchase basic necessities such as food, water and rent (Das, 2024). Last but not least, it is believed that education, higher levels of education to be exact, cause financial anxiety. People that pursue higher levels of education understand that it is not cheap, and many students from lower income families will take on loans to pursue college education, which will follow them for many years to come and cause serious financial anxiety (L.|Dale, 2013). Student loans acquired in college are very high, and those students will now bear the responsibility of needing to spend a portion of their pay checks from when they get jobs every month not on themselves or on supporting their cherished ones, but to pay enormous amounts of student debt, causing them to be financially anxious.

Financial anxiety is no laughing matter as there are many consequences to it, with the most common one being engaging in toxic behaviours or relationships. If an individual possesses financial anxiety, there is a chance that they may engage in sugar dating. Sugar dating is when young adults engage in a pseudo-romantic relationship with an older, but wealthy individual. This type of relationship is very persistent among those with financial anxiety, preferably women, as they accept or receive payment in the form of money, or even gifts like designer goods, jewellery, support or other material benefits in exchange for sex, companionship or a dating-like relationship (Tran et al., 2021). They also may switch their 'partner' in pursuit of a more stable one that can provide them safety, comfort and respect rather than achieving it through their own efforts (Gunnarsson, 2023), making the relationship toxic as they would abandon their partners on a moment's notice. Other than that, having financial anxiety can cause a person to become depressed. Based on Guan et al., 2022, financial anxiety and depression are positively associated with each other, meaning the more financially anxious a person is, the more depressed they will be thinking about their living cost, expenses and bills. In the worst case scenario, financial anxiety can even cause suicidal intentions. As financial anxiety continues to increase, the more stressed out a person becomes, and slowly but surely, the individual's mental health deteriorates (Elbogen et al., 2020). As proven by Mamun et al., 2020, youths, when their money is not enough, face serious mental breakdowns, which if are untreated, will developed into thoughts of suicide to end it all.

There is no strict term or explanation for the quality of life. However, we do know that the quality of life is multidimensional concerning the physical, functional, emotional and social well being (Cella, 1994). An individual's quality of life is about how they can maintain control elements of it, especially their finances (Amonhaemanon & Isaramalai, 2020). To help boost the quality of life for all, facilities,

both private and public need to enforce financial knowledge as it is the basis to help improve and promote financial behavior and financial attitude as those that lack it suffer in many ways (Amonhaemanon & Isaramalai, 2020). Since everyone is different in terms of age, race, education level as well as socioeconomic level, they will have different levels of perceived quality of life (Çopur, 2016). Therefore it is important to create different lessons on financial literacy that cater for different groups of people to help them achieve financial literacy in the general, physical, and social quality of life (Çopur, 2016). For those without financial literacy, their chance of having financial anxiety is higher, and it in turn negatively effects their quality of life (Huang et al., 2020). The more materialistic things they worry about, the less satisfied they are with their lives (Huang et al., 2020).

2.5 Mental Health & Quality of Life

A major factor influencing quality of life is mental health(Bovier et al., 2002). Mental health problems that are not addressed may have a negative effect on people's lives as well as the community (Celebre et al., 2021). Remarkably, people with mental health disorders along with people with physical illness face substantially poorer quality of life (QoL) in comparison to the overall population (IsHak et al., 2011, Mendlowicz, 2000). Other than that, the concept of quality of life (QoL) is not universally accepted, but it is generally acknowledged to be a multifaceted contract that incorporates multiple area, including mental, physical as well as psychological health (Celebre et al., 2021,). The evaluation and enhancement of quality of life (QoL) have gained prominence in recent times as crucial elements of medical treatment, especially mental health care (IsHak et al., 2011).

As shown in Figure 1, a conceptual framework was developed based on the study conducted in the previous sections.
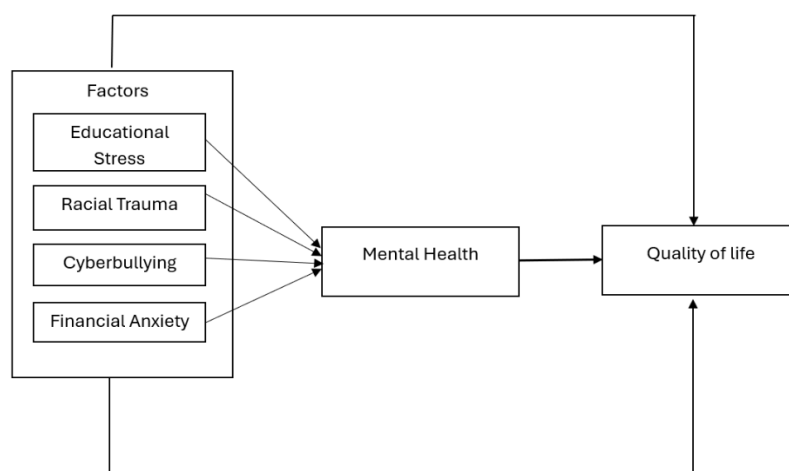

Figure 1 Conceptual Framework Table

H1: There is a positive relationship between educational stress and mental health.

H2: There is a mediating role of mental health in the relationship between educational stress and quality of life.

H3: There is a positive relationship between educational stress and quality of life.

H4: There is a positive relationship between racial trauma and mental health.

H5: There is a mediating role of mental health in the relationship between racial trauma and quality of life.

H6: There is a positive relationship between racial trauma and quality of life.

H7: There is a relationship between the frequency were cyberbullied and mental health.
H8: There is a relationship between the reason why we think we were bullied and mental health.

H9: There is a relationship between the person who bullied us and mental health.

H10: There is a relationship between the impact of cyberbullied and mental health.

H11: There is a relationship between whether we have reported the cyberbullied and mental health.

H12: There is a relationship between to whom we reported to about the cyberbullied and mental health.

H13: There is a relationship between the reason why we didn't report about the cyberbully and mental health.

H14: There is a relationship between whether the parents or guardians know about the experiences of us that being cyberbullied and mental health.

H15: There is a relationship between the feeling when we cyberbullied other within the past 12-months and mental health.

H16: There is a relationship between the reason why we cyberbullied the others and mental health.

H17: There is a relationship between have we ever intervened to try and help the person who being cyberbullied within the past 12-months and mental health.

H18: There is a relationship between the reason why we didn't intervene to cyberbully the others and mental health.

H19: There is a relationship between what will happened to us when we intervened in the cyberbully case and mental health.

H20: There is a relationship between the frequency were cyberbullied and quality of life.
H21: There is a relationship between the reason why we think we were bullied and quality of life.

H22: There is a relationship between the person who bullied us and quality of life.

H23: There is a relationship between the impact of cyberbullied and quality of life.

H24: There is a relationship between whether we have reported the cyberbullied and quality of life.

H25: There is a relationship between to whom we reported to about the cyberbullied and quality of life.

H26: There is a relationship between the reason why we didn't report about the cyberbully and quality of life.

H27: There is a relationship between whether the parents or guardians know about the experiences of us that being cyberbullied and quality of life.

H28: There is a relationship between the feeling when we cyberbullied other within the past 12-months and quality of life.

H29: There is a relationship between the reason why we cyberbullied the others and quality of life.

H30: There is a relationship between have we ever intervened to try and help the person who being cyberbullied within the past 12-months and quality of life.

H31: There is a relationship between the reason why we didn't intervene to cyberbully the others and quality of life.

H32: There is a relationship between what will happened to us when we intervened in the cyberbully case and quality of life.

H33: There is a positive relationship between financial anxiety and mental health.

H34: There is a mediating role of mental health in the relationship between financial anxiety and quality of life.

H35: There is a negative relationship between financial anxiety and quality of life.

H36: There is a positive relationship between mental health and quality of life.

H37: There is a mediating role of mental health in the relationship between the frequency were cyberbullied and quality of life.

H38: There is a mediating role of mental health in the relationship between the reason why we think we were bullied and quality of life.

H39: There is a mediating role of mental health in the relationship between the person who bullied us and quality of life.

H40: There is a mediating role of mental health in the relationship between the impact of cyberbullied and quality of life.

H41: There is a mediating role of mental health in the relationship between whether we have reported the cyberbullied and quality of life.

H42: There is a mediating role of mental health in the relationship between to whom we reported to about the cyberbullied and quality of life.

H43: There is a mediating role of mental health in the relationship between the reason why we didn't report about the cyberbully and quality of life.

H44: There is a mediating role of mental health in the relationship between whether the parents or guardians know about the experiences of us that being cyberbullied and quality of life.

H45: There is a mediating role of mental health in the relationship between the feeling when we cyberbullied other within the past 12-months and quality of life.

H46: There is a mediating role of mental health in the relationship between the reason why we cyberbullied the others and quality of life.

H47: There is a mediating role of mental health in the relationship between have we ever intervened to try and help the person who being cyberbullied within the past 12-months and quality of life.

H48: There is a mediating role of mental health in the relationship between the reason why we didn't intervene to cyberbully the others and quality of life.

H49: There is a mediating role of mental health in the relationship between what will happened to us when we intervened in the cyberbully case and quality of life.

3.0 RESEARCH METHODOLOGY

The survey that our group performs focuses on young adults who are between 15 and 24, and the level of study is high school and university or college. The sampling that is implemented in this questionnaire is convenience sampling and simple random sampling. The number of respondents that wish to obtain for this survey is around 200. Other than that, the questionnaire has been distributed using social media such as WhatsApp, Instagram, and XiaoHongShu. The questionnaire question is shown in Table 1.

There are a few sections included in the questionnaire which are educational stress, racial trauma, cyberbullying, financial anxiety, quality of life, and mental health. Educational stress focuses on the study of the young adults, racial trauma focuses on the race of the target audience, and cyberbullying talks about the bullying case on the victims, perpetration, witnesses, and financial anxiety talks about the financial problem. Apart from that, quality of life is about the life satisfaction and situation nowadays of young adults while mental health is about how does young adults feel about their life to measure their mental health.

The analysis methods software used to analyse the data are SPSS and Process Macro. The number of items in all the sections is between 7 and 17. The types of scores used are nominal and ordinal, nominal was used to ask the gender, age, and study level of the participants while ordinal was used on the rest of the questions. For example, on a nominal scale, Male = 1, Female = 2, for age, the range between 15 and 17 is 1, 18 and 21 is 2, and 22 and 24 is 3 while High School = 1 and University/College = 2 for the study level. Other than that, for the ordinal, the point scale involves 5-point Likert Scale, from 1 which is strongly disagree/never to 5: strongly agree/very often; 6-point Likert Scale, from 1: never to 6: every day; 10-point Likert Scale, from 1: not at all to 10: very much.

Table 1: Questionnaire Questions

Questionnaire Items	Resources
Educational Stress	
Q1. There is too much competition among classmates which brings me a lot of academic pressure. Q2. I feel a lot of pressure in my daily studying. Q3. Future education and employment bring me a lot of academic pressure. Q4. My parents care about my academic grades too much which brings me a lot of pressure. Q5. I feel that I have disappointed my teacher when my test/exam results are not ideal. Q6. I feel that I have disappointed my parents when my test/exam results are poor. Q7. Academic grade is very important to my future and even can determine my whole life. Q8. I am very dissatisfied with my academic grades. Q9. I always lack confidence with my academic scores. Q10. It is very difficult for me to concentrate during classes. Q11. I feel stressed when I do not live up to my own standards. Q12. When I fail to live up to my own expectations, I feel I am not good enough. Q13. I usually cannot sleep and worry when I cannot meet the goals, I set for myself. Q14. I feel there is too much homework. Q15. I feel that there is too much school work. Q16. I feel that there are too many test/exams in the school.	(Minh et al., 2010)
Racial Trauma	
Q1. How often had you been treated unfairly by teachers and professors because of your race/ethnic group? Q2. How often had you been treated unfairly by your employers, bosses, and supervisors because of your race/ethnic group? Q3. How often had you been treated unfairly by your co-workers, fellow students and colleagues because of your race/ethnic group? Q4. How often had you been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, bank tellers, and others) because of your race/ethnic group? Q5. How often had you been treated unfairly by strangers because of your race/ethnic group? Q6. How often had you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers, and others) because of your race/ethnic group? Q7. How often had you been treated unfairly by neighbors because of your race/ethnic group? Q8. How often had you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office and others) because of your race/ethnic group?	(Williams et al., 2021)

Q9. How often had you been treated unfairly by people that you thought were your friends because of your race/ethnic group?	
Q10. How often had you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) because of your race/ethnic group?	
Q11. How often had people misunderstood your intentions and motives because of your race/ethnic group?	
Q12. How often had you wanted to tell someone off for being racist towards you but didn't say anything?	
Q13. How often had you been really angry about something racist that was done to you?	
Q14. How often had you been forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some racist thing that was done to you?	
Q15. How often had you been called a racist name?	
Q16. How often had you gotten into an argument or a fight about something racist that was done to you or done to another member of your race/ethnic group?	
Q17. How often had you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because of your race/ethnic group?	
Cyberbullying (Victim Information)	
Q1. Have you ever been cyberbullied? Q2. How frequently were you cyberbullied? Q3. Why do you think you were bullied? Q4. Who bullied you? Q5. How did it impact you? Q6. Did you report it? Q7. To whom did you report it? Q8. From those who didn't report the bullying, why didn't you tell anybody? Q9. Do your parents or guardians know about your experiences of being bullied?	(*The Impact of Cyberbullying on Mental Health of the Victims*, 2020)
Cyberbullying (Perpetration Information)	
Q1. Have you ever cyberbullied others? Q2. Form those who have cyberbullied others within the past 12-months, how did it make you feel when you did it? Q3. Why did you cyberbully them?	(*The Impact of Cyberbullying on Mental Health of the Victims*, 2020)
Cyberbullying (Witness Information)	
Q1. From those who have witnessed bullying within the past 12-months, have you ever intervened to try and help the person being cyberbullied? Q2. From those who didn't intervene, why didn't you intervene? Q3. From those who intervened, what happened to you when you spoke?	(*The Impact of Cyberbullying on Mental Health of the Victims*, 2020)
Financial Anxiety	

Q1. I feel anxious about my financial situation. Q2. I have difficulty sleeping because of my financial situation. Q3. I have difficulty concentrating on my school/or work because of my financial situation. Q4. I am irritable because of my financial situation. Q5. I have difficulty controlling worrying about my financial situation. Q6. My muscles feel tense because of worries about my financial situation. Q7. I feel fatigued because I worry about my financial situation.	(L.|Dale, 2013)
Quality of Life	
Q1. I am able to most things as well as I want. Q2. I feel good about myself. Q3. I feel that I am important to others. Q4. I am pleased with how I look. Q5. I feel understood by my parents or guardians. Q6. I feel am getting along with my parents or guardians. Q7. I feel alone in my life (reverse coded). Q8. I am happy with the friends I have. Q9. I feel I can take part in the same activities as others my age. Q10. People my age treat me with respect. Q11. I feel my life is full of interesting things to do. Q12. I look forward to the future. Q13. I feel safe when I am at home. Q14. I feel I am getting good education. Q15. I am satisfied with the way my life is now.	(Cleofas, 2020)
Mental Health	
Q1. During the past month, how often did you feel happy? Q2. During the past month, how often did you feel interested in life? Q3. During the past month, how often did you feel satisfied with life? Q4. During the past month, how often did you feel that you had something important to contribute to society? Q5. During the past month, how often did you feel that you belonged to a community? Q6. During the past month, how often did you feel that our society is a good place or is becoming a better place for all people? Q7. During the past month, how often did you feel that people are basically good? Q8. During the past month, how often did you feel that the way our society works makes sense to you? Q9. During the past month, how often did you feel that you liked most parts of your personality? Q10. During the past month, how often did you feel good at managing the responsibilities of your daily life? Q11. During the past month, how often did you feel that you had warm and trusting relationships with others? Q12. During the past month, how often did you feel that you had experiences that challenged you to grow and become a better person? Q13. During the past month, how often did you feel confident to think and express your own ideas and opinions?	(Eloff & Graham, 2020)

Q14. During the past month, how often did you feel that your life has a sense of direction or meaning to it?	

Table 2: Pearson's Correlation analyses between covariates, quality of life, and mental health

Variable	M	SD	QoL	MLHEALTH
QoL	93.3391	21.18246	-	.709**
MLHEALTH	53.6522	11.95921	.709**	-
EDUSTRES	52.2087	9.55791	.293**	.342**
RATRAUMA	45.1348	15.17479	-.074	.010
FA	20.2130	5.84089	-.053	.118

Variable	M	SD	QoL	MLHEALTH
CYBERBULLYING_VICTIM:				
CBV_Q1	1.70	2.622	-.147*	-.124
CBV_Q2	1.47	2.456	-.245**	-.230**
CBV_Q3	1.40	2.436	-.239**	-.173**
CBV_Q4	1.36	2.331	-.268**	-.211**
CBV_Q5	.53	.780	-.223**	-.183**
CBV_Q6	1.33	2.193	-.230**	-.182**
CBV_Q7	1.35	2.125	-.183**	-.141*
CBV_Q8	.69	1.060	-.211**	-.162*
CYBERBULLYING_PERPETRATION:				
CBP_Q1	.99	2.141	-.164*	-.151*
CBP_Q2	1.09	2.277	-.122	-.157*
CYBERBULLYING_WITNESSES:				
CBW_Q1	2.22	.997	.075	.090
CBW_Q2	2.75	1.444	-.234**	-.164*
CBW_Q3	3.79	1.790	.146*	.118

Note: M: Mean; SD: Standard Deviation; QoL: Quality of Life; MLHEALTH: Mental Health; EDUSTRES: Educational Stress; RATRAUMA: Racial Trauma; FA: Financial Anxiety; CBV: Cyberbullying Victims; CBP: Cyberbullying Perpetrations; CBW: Cyberbullying Witnesses

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table 3: Direct and Indirect Effect of Mediation Analyses

Predictor	Mediator	DV	Direct Effect	Indirect Effect (BootLLCI, BootULCI)
EDUSTRES	MLHEALTH	QoL	.1266	.5221(.2742, .7782)
RATRAUMA	MLHEALTH	QoL	-.1135	.0096(-.1519, .1872)
FA	MLHEALTH	QoL	-.5036	.3097(-.1310, .7917)

Predictor	Mediator	DV	Direct Effect	Indirect Effect (BootLLCI, BootULCI)

CYBERBULLYING_ VICTIM:				
CBV_Q1	MLHEALTH	QoL	-.4619	-.6562(-1.3415, .0320,)
CBV_Q2	MLHEALTH	QoL	-.7237	-1.2712(-1.8560, -.7315)
CBV_Q3	MLHEALTH	QoL	-.9916	-.9646(-1.5634. -.3766)
CBV_Q4	MLHEALTH	QoL	-1.0771	-1.2191(-1.8270, -.6539)
CBV_Q5	MLHEALTH	QoL	-2.5177	-3.1891(-5.0406, -1.3648)
CBV_Q6	MLHEALTH	QoL	-.9707	-1.1318(-1.8025, -.4977)
CBV_Q7	MLHEALTH	QoL	-.8038	-.9110(-1.6955, -.1645)
CBV_Q8	MLHEALTH	QoL	-1.8961	-2.0830(-3.5233, -.6282)
CYBERBULLYING_PERPETRATION:				
CBP_Q1	MLHEALTH	QoL	-.5499	-.9763(-1.6100, -.3757)
CBP_Q2	MLHEALTH	QoL	-.1102	-.9602(-1.5810, -.3876)
CYBERBULLYING_WITNESSES:				
CBW_Q1	MLHEALTH	QoL	.2450	1.2553(-.6606, 3.2989)
CBW_Q2	MLHEALTH	QoL	-1.5867	-1.5495(-2.8250, -.3112)
CBW_Q3	MLHEALTH	QoL	.7146	.9360(-.0669, 2.0070)

Note: DV: Dependent Variable; CBV: Cyberbullying Victims; CBP: Cyberbullying Perpetrations; CBW: Cyberbullying Witnesses

Note. *p<0.05; DV: Dependent variable; & IE: Indirect effect

4.0 RESULTS AND DISCUSSIONS

The Cronbach's Alpha, which tests the reliability of the questionnaire was conducted to test the questionnaire's reliability which is shown in Table 4. The correlation coefficient for each of the sections in the questionnaire ranges between 0.758 and 0.913. Since the value of the Cronbach's Alpha is more than 0.05, the questionnaire is acceptable to excellent.

Table 4: Reliability measurement of questionnaire questions

Questionnaire Items	Number Of Items	Cronbach's Alpha
Educational Stress	16	0.758
Racial Trauma	17	0.913
Cyberbullying	14	0.880
Financial Anxiety	7	0.758
Quality Of Life	15	0.823
Mental Health	14	0.845

For this questionnaire, 230 respondents were received, which is shown in Table 5. Among the data collected, it shows that the age range between 15-17 is 30.4% with a frequency of 70, 18-21 is 35.2% with a frequency of 81, and 22-24 is 34.3% with a frequency of 79. Apart from that, there are 98 males and 132 females participated in the survey, the frequency is 42.6% and 57.4%. The study level involved in the questionnaire is high school and university or college, the frequency is 76 and 154, and the percentage is 33% and 67%.

Table 5: Data from the questionnaire respondents

		Frequency	Percentage
Age	15-17	70	30.4
	18-21	81	35.2
	22-24	79	34.3
Gender	Male	98	42.6
	Female	132	57.4
Study Level	High School	76	33.0
	University/College	154	67.0
Total Respondents		230	

Pearson Correlation Analysis

Based on Table 2, H1, H3, H8-H16, H18, H20-28, H31-32, H36 are accepted since significant < 0.05. This result is consistent with (Högberg, 2021, Sun, 2012, Ross & Van Willigen, 1997, Cleofas et al, 2020). For the H1, educational stress has a significant relationship with mental health and the Pearson's Correlations value is 0.342. As a result of this study, it appears that there is a positive relationship between educational stress and mental health. This result is consistent with (Högberg, 2021; Sun, 2012)research which shows that the educational stress is related positively with mental health. Other than that, the Pearson's correlation value of 0.293 indicates a significant relationship between educational stress and quality of life for H3. Based on the results of the study compared to the research of (Ross & Van Willigen, 1997), it is found that educational stress has a positive effect on quality of life. Referring to the studies (Lucas-Molina et al., 2022), cyberbullying and ordinary victimisation were all positively correlated with suicide thoughts and actions. Plus, according to the studies (Eyuboglu et al., 2021), the effects cyberbullying has on young people's capacity to function on a daily basis, there is evidence linking cyberbullying to a number of serious mental health issues. Hence, this proves that H8, H9, H10, H11, H12, H13 and H14 have significant relationship between each other. The Pearson's Correlation are -.230, -.173, -.211, -.183, -.182, -.141 and -.162 respectively. Besides that, the result proven in the following studies (Schodt et al., 2021) said that there is not much specific situation is known about the mental health markers are particularly significant correlates of the perpetration of cyberbullying. Thus, this apparently proved that H15 and H16 have a significant relationship between each other. Their Pearson's Correlations are -.151 and -.157. In addition, referring to the studies (Espinoza, 2023), there are evidence of substantial associations between the stress variables, individual and observes cyber victimization and prior-year cyber victimization. Hence, H18 is proven that it is a significant relationship between each other. Its Pearson's Correlation value is -.164. On top of that, shown in the studies (González-Cabrera et al., 2018), there specifically, experiencing relationship cyberbullying has been linked to considerably decreased the Health-Related Quality of Life (HRQoL). Therefore, H20, H21, H22, H23, H24, H25, H26 and H27 have significant relationship between each other, and the Pearson's Correlations are -.147, -.245, -.239, -.268, -.223, -.230, -.183 and -.211. Next, the studies (Chen & Huang, 2015) shown the bullying-related incidents at both times were associated with noticeably improve Health-Related Quality of Life (HRQoL). So, H28 is a significant relationship between each other. Pearson's Correlations value is -.164. Besides that, from the studies (González-Cabrera et al., 2018), it shows that the not involved and cyber-bystander positions consistently scored higher, and there were no discernible distinctions among both groups in any category. Thus, this proved that H31 and H32 are significant relationship. The Pearson's Correlations value of both of it are -.234 and .146 accordingly. Additionally, H36 shows a positive correlation between mental health and quality of life since Pearson's correlation is 0.709 and the significance level is less than 0.05. Compared to Cleofas et al, 2020, show that depression will affect the satisfaction of life. The result of the present study is the same as the previous study.

Apart from that, based on Table 2, H4, H6-H7, H17, H19, H29-30, H33, H35 are rejected since significant > 0.05. This result is inconsistent with ("Supplemental Material for 'White People Stress Me Out All the Time': Black Students Define Racial Trauma," 2022, Utsey et al. 2002, Guan et al., 2022, Huang et al., 2020). Furthermore, for the H4, there is not a significant relationship between racial trauma and mental health, and the Pearson's Correlations value is 0.10. Compared to the study ("Supplemental Material for 'White People Stress Me Out All the Time': Black Students Define Racial Trauma," 2022), the result is different from the research that shows racial positivity related to psychological concerns. Racial trauma has a negative relation with mental health, it is negatively correlated. Aside from that, Pearson's Correlation for the H6 is -0.074, which indicates that there is no significant relationship between racial trauma and quality of life. Compared to Utsey et al. 2002, the result is mismatched with the research paper. Therefore, it is a negative relationship instead of a positive one, it is negatively correlated. Moreover, H7 Pearson's Correlation value is -0.124. Based on (Eyuboglu et al., 2021), the result analysis is mismatched with this study. For H17 and H19, the values of Pearson's Correlation are 0.090 and 0.118. Compared to (Espinoza, 2023), the result is not the same as the previous study. Additionally, the value of Pearson's Correlation is -0.122 for H29.

According to Chen & Huang et al, 2015, the result analysis of this study is different from the previous study. For H30, the value of Pearson's Correlation is 0.075. Compared to , the previous study for cyber witness is positivity related to quality of life. Furthermore, Pearson's Correlation for the H33 is 0.118, meaning financial anxiety does not significantly affect mental health. This finding is consistent with the findings of previous research studies (Guan et al., 2022), where it had stated that financial anxiety and depression, a mental health illness, are positively associated with each other, meaning the more financially anxious a person is, the worse the mental health they have. Therefore, it is a negative relationship between financial anxiety and mental health, it is negatively correlated. The reason on why the relationship between financial anxiety and mental health is not a significant relationship here be since the respondents are mostly young adults pursuing education and have a somewhat stable budget, whereas in the previous study (Guan et al., 2022), the research was targeting people above the age of 18, which introduced individuals that have encountered more financially anxious situations when compare to education pursuing students. Furthermore, H35 has a Pearson's Correlation of -0.053, indicating no significant relationship between financial anxiety and quality of life. This result is in contradiction with the previous study (Huang et al., 2020), where it was found that financial anxiety had a negative relationship with quality of life, meaning the higher the financial anxiety an individual possesses, the lower their mental health. This may be since our study focuses on students pursuing education, where they were not homeowners or working a job, whereas the previous study (Huang et al., 2020) focuses on older adults ages 60 and above, and typically have jobs and a residency.

Mediation Analysis

Direct Effects (DE) and Indirect Effects (IE) with a bootstrap 95% confidence interval for mediation analysis of mental health in the relationship between the predictors and quality of life are recorded in Table 3. Through the use of mediation analysis, It was found that mental health did not significantly mediate the relationship between educational stress and quality of life (IE = .5221), racial trauma and quality of life (IE = .0096), financial anxiety and quality of life (IE = .3097), the frequency were cyberbullied and quality of life (IE = -.6562), the reason why we think we were cyberbullied and quality of life (IE = -1.2712), the person who bullied us and quality of life (IE = -.9646), the impact of cyberbullied and quality of life (IE = -1.2191), whether we have reported the cyberbullied and quality of life (IE= -3.1891), whom we reported to about the cyberbullied and quality of life (IE = -1.1318), the reason why we didn't report about the cyberbully and quality of life (IE = -.9110), whether the parents or guardians know about the experiences of us that being cyberbullied and quality of life (IE = -2.0830), the feeling when we cyberbullied other within the past 12-months and quality of life (IE = -.9763), the reason why we cyberbullied the others and quality of life (IE = -.9602), have we ever intervened to try and help the person who being cyberbullied within the past 12-months and quality of life (IE = 1.2553), the reason why we didn't intervene to cyberbully the others and quality of life (IE = -1.5495), and what will happened to us when we intervened in the cyberbully case and quality of life (IE = .9360). Thus, H2, H5, H34, H37-H49 are rejected. H2 is rejected because there is no significant relationship, which indicates p not below 0.05, while H5, H34, H37-H49 are rejected because the relationship is not significant, the significant value is more than 0.05. Based on the study (Assana, 2017), For H2, it's possible that the impact of educational stress on quality of life is direct and not mediated by mental health, other factors or mechanisms may play a more significant role in explaining this relationship. As a result of this study, the result analysis that they tested generally showed that not having much educational stress, good mental health, and having a high level of well-being were significantly associated with quality of life. For H5, similar to educational stress, racial trauma may directly influence quality of life without relying on mental health as a mediator, cultural factors, coping strategies, or social support systems could be more influential in this context. Based on Cleofas et al, 2020, show that depression will affect the satisfaction of life, and based on Tynes et al, 2019 show that traumatic event online (TEO) is positively correlated with PTSD symptoms. For the case of H34, financial anxiety might directly affect quality of life, independent of its influence on mental health. Economic factors, access to resources, and financial management strategies could be more directly linked to quality of life in this context. For H37-H49, cyberbullying and its effects on quality of life may be directly impactful, bypassing the mediation role of mental health. Factors such as the severity of cyberbullying, coping mechanisms, social support, and individual resilience may be more crucial in determining quality of life outcomes in these scenarios. The act of reporting or not

reporting cyberbullying experiences may not have a direct impact on quality of life mediated by mental health. Instead, factors such as social support, coping strategies, and the severity of the cyberbullying incidents may be more pertinent to quality-of-life outcomes. According to the studies (McLoughlin et al., 2022), it shows that the mediation study revealed that the only factor that partially mediated the relationship between cybervictimization and QoL was intellectual competence.

5.0 CONCLUSIONS

The aim of this investigation was to assess the impact of mental health on the quality of life in young adults. Stress-related to school, racial trauma, cyberbullying, and financial anxiety are all involved. The analysis's conclusion indicates that while racial trauma and financial worry do not have an impact on mental health or quality of life, educational stress does. Because young adults are too worried about their academics, want to do well in school, and don't want to let their parents, teachers, or themselves down, educational stress will lead to mental health issues. As a result, they will study harder, which will cause mental health problems, which will ultimately lower their quality of life. Furthermore, because Malaysia is a mixed nation, racial trauma has affected White people and Black people more than it has Malaysians. We are aware that we must respect the ethnic cultures of others because we live in a multicultural and multiracial society. These days, we socialize with people of different races and take part in their events. This generation's technology is getting ever more advanced, and we can do a lot of things online, such as shopping and entertainment. The public may be critical of people's views that lead to cyberbullying since they have access to videos and news on the internet. Cyberbullying is a form of harassment that occurs online. Social media, messaging apps, and other digital platforms have made it easier for bullies to target individuals anonymously and continuously. This has serious implications for mental health and well-being, especially among young people. However, technology also offers solutions. Many platforms now have built-in features to report and block abusive behavior. For example, Xiao Hong Shu. Despite these challenges, technology continues to connect us in meaningful ways, highlighting the need for responsible and respectful online behavior. Furthermore, technology has transformed the way we work and learn, offering flexibility and opportunities for remote collaboration and education. Overall, technology has greatly improved our quality of life, making tasks easier, communication faster, and access to information more seamless. At the same time, financial anxiety issues do not affect the quality of life and mental health because the country's government will help young adults who are having financial issues. The young adults studying in university or college may apply for study aid to continue their studies. Besides, the university or college and some of the companies will give scholarships to the students who get a satisfactory result.

The age range restriction is the study's drawback. The target audience for the questionnaire survey is limited to young individuals aged 15 to 24. Apart from that, it exclusively concentrates on young adults in Malaysia; hence, the survey's findings only represent this demographic. Furthermore, this inquiry has solely focused on pupils enrolled in high school, university, or college. In addition, this study simply examines the effects of mental health on the quality of life; it makes no recommendations for mitigating such effects. Thus, future research may examine a wider population, such as the Malaysian public in addition to students, and determine how best to mitigate the effects. This may include, among other things, evaluating the effects of mental health on adolescents' and older adults' quality of life at various phases of life. Moreover, in order to ascertain whether cultural variations have an impact on the relationship between mental health and quality of life, future research might compare Malaysian findings to those from other nations. Along with that, a longitudinal study can be used in future research to examine how changes in mental health and quality of life occur over time.

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