Depression Caused by Financial Struggle, Economic Struggle or Working Environment by Working Adults in Malaysia

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Abstract

Depression is a large public health problem that hurts many aspects of life. It is the leading cause of disability-adjusted life years among adolescents. examines determinants that influence depression in financial struggle, economic struggle and working environment among the working adults in Klang Valley, Malaysia. The survey questionnaire was prepared via Google Survey Questionnaire forms with an online link for this research, 150 respondents were applied for this questionnaire and were distributed in which 100 responses were received, with 50 responses not recorded. The researcher sought to understand the relationship between each variable and how depression impacts the working adult. The study adopted explanatory research, with a positive method to test and verify theories and hypotheses among the variables and shows a significant relationship between the three independent variables and the independent variables. Furthermore, quantitative methods use predetermined variables and close-ended questions to ensure statistical significance, validity, and reliability measurements. Also, SPSS (Statistic Package for Social Science) software was applied to investigate the relationship between variables. The limitations of the study and proposed recommendations for future research are also presented in this research study. Thus, the awareness of depression is a continuous effort needed to reduce depression, particularly because many people are affected.

Keywords: *Depression, Personal Financial, Economic Struggle, Working Environment*

1. INTRODUCTION

Depression is often described as a mood disorder that causes the loss of joy and interest. It is a persistent feeling of sadness that can change an individual's appetite, sleeping issues or weight disorder. Thus, depression can also affect the way think and behave, leading to various emotions and psychological disorders or intermittent suicidal thoughts. In 2013, depression was the second leading cause of years lived with a disability worldwide, behind lower back pain. In 26 countries, depression was the primary driver of disability. In 2014, 19.7% of people in the UK aged 16 and over showed symptoms of anxiety or depression 1.5% increase from 2013 (Van Rhenen, 2015).

This percentage was higher among females (22.5%) than males (16.8%), source by (Mental Health Foundation, 2016). The National Institute of Mental Health (NIMH) estimates that 16.2 million adults have a least one major depressive, which represents 6.7% of the US adult population. Mental Health America reports that 30-70% have died by suicide have depression. Thus, the prevalence of mental health problems has steadily increased worldwide in the last few years, and there is no sign of slowing down.

The National Health and Morbidity Survey (NHMS), has been playing a vital role in being a useful platform for monitoring the health of the population in Malaysia. With the current prevalence of 29.2%, every three in ten adults aged 16 years and above will have some sort of mental health problem(s) in the course of their lives, which means that 4.2 million out of 14.4 million Malaysians aged 16 and above will suffer from a form of mental illness (Tan and Yadav, 2015). A brief review of studies in Malaysia indicated commonly higher paces of extreme depressive side effects of a significant depressive issue. These discoveries, nonetheless, are to some degree, hard to decipher on the grounds that. Figure 1 below shows Malaysia's mental health issues for 2019.

This statistic shows the result of a survey amongst respondents who have experienced mental health issues in Malaysia as of June 2019 by demography. During the survey, 11% of respondents aged 18 to 24 stated that they have experienced mental health issues, compared to 2% of those aged 55 years old and above (Rashid and Tahir, 2015). Thousand ringgits and above are most likely to have experienced mental health issues, with 13 %, than those who earned three thousand ringgits and less, at 6%. Furthermore, an evaluation study conducted shows 11.3% pace of discouragement utilizing the Hospital Anxiety and Depression Scale (Wong and Lua, 2011).

A recent report applying Geriatric Depression Scale in Penang state shows that, 19.2% of its older members encountered serious depressive side effects (Rashid and Tahir, 2015). Hence these investigations show that the depression rate in Malaysia is likely to be more than 19%, and there is no sign of a decrease. One conceivable clarification for the conflicting discoveries is that these past investigations frequently utilized proportions of general prosperity rather than those explicitly intended to survey depressive side effects. The present investigation intended to address these issues by utilizing Beck's Depression Inventory (BDI-II; Beck et al., 1996) and a bigger, increasingly different example of in any healthy adult.

2. REVIEW OF THE LITERATURE

2.1 Overview of Depression

Depression is a major health disorder that influences how we think and behave, impacting the individual tremendously. According to (Angst et al., 1984), depression is a "dysphoric mood" syndrome that entails feeling sad, hopeless, irritable, and losing interest and/or pleasure. It can prompt various enthusiastic and physical issues and diminish an individual's ability to function at work and at home. As stated by (Wheeler, 2007), depression refers to the amount of force that impacts the individual human life by living in such circumstances. Most often, depression influences the mind of an individual by various forms of emotions related to worry, anxiousness, regret, low self-esteem, and negative thinking. Many of these behaviours are associated with depression and possible thoughts of suicide (Andrews & Wilding, 2004; Cohen & Herbert, 1996).

The NHMS results (2015) indicated that age is also a factor causing mental wellness issues to increase among Malaysian females (30.8%) than males (27.6%). According to (Tan and Yadav, 2015), males are more depressed than females based on the urban poor and different investigations have also resulted in no sex contrast (Wong and Lua, 2011). In America, 18 to 29 years of age are diagnosed with depression multiple times compared to the elderly group aged 60 years and above (American Psychiatric Association, 2013). An investigation of Malaysians who matured 60–69 years in 2005 members uncovered that the pervasiveness of depression expanded with age (Rashid and Tahir, 2015). Most examinations, in any case, show that depression is increasingly basic among more youthful age gatherings (Tan and Yadav, 2015).

Depression is a common but serious illness, according to the National Institute of Mental Health (2009). It is well known that mental health problems are related to deprivation, poverty, inequality and other social and economic determinants of health. Economic crises are, therefore, highly risky to the mental well-being of the population; the people affected, and their families. Having good mental health promotes cognitive and emotional flexibility, which are the basis of social skills and release from stress-related disorders. As stated by (Wingert and Kantrowitz, 2002), depression is accepted by the public and mainstream media as a neuropsychiatric disorder with a continuous cycle of remission, recovery, relapse and recurrence. A key aspect of depression decreases in the individual's intellectual and performance capabilities with unsafe behavior (Frank et al., 1991).

Depression differs from simple grief or mourning, which are appropriate emotional responses to losing loved persons or objects. Where there are clear grounds for a person's unhappiness, depression is considered to be present if the depressed mood is a disproportionately long precipitating event. It is not just a change in mood but an actual syndrome of illness (Angst et al, 1984). A person with depression may suffer from personality disorders, instability of mood, and social impairment (Angst et al., 1984).

Behaviour analysis has been the foundation and principles of behaviourism and its condemnation of the misappropriation of lay terms as scientific and technical (Skinner, 1945). The outcome of stress related to depression often leads to worsening health conditions and impacts the overall condition of an individual in physiological and psychological areas.

2.2 Financial Struggles

Financial-related hardship can concentrate on an outright need regarding nourishment, cover, attire and restorative consideration (Krieger, Williams, and Moss, 2007) or consider hardship comparative with social standards (Whelan et al., 2001). Difficulties fulfilling the essential prerequisites of everyday living due to constrained financial related assets may straightforwardly affect mental health, being a wellspring of continuous stress and stress, causing emotions of disheartening, ensnarement and absence of control, constraining social also, instructive chances and prompting vulnerability about the future (Brown, 2014). Depression will impact an individual's relationships with family, friends and colleagues. At the same time, time off work or reduced productivity at work can significantly affect the financial situation and push people into debt.

Symptoms of depression also reduce the quality of life for an individual while putting the person at increased risk of accidents and self-harm. As such, when people experience financial results, contemplations are made to bear a financial hardship, to what extent the hardship will last, and in what capacity one can turn around or limit the harm done. Financial

affliction has appeared to affect people with psychological health issues causing depression disproportionately (Evans-Lacko et al., 2013). According to WHO's International Classification of Diseases, mental health disorders are complicated and fall into many categories. It is important to promote awareness to help the public to recognize the symptoms and seek treatments which be an essential focus for global health.

Financial health plays an important role in the functioning of families and the community. Therefore, societies can be less resistant to the impact of stressors during an economic crisis. The financial struggle can affect mental and physical well-being after some time, similar to the impacts of constant weight on well-being and prosperity (Schneiderman et al., 2015). Depression, anxiety and other psychological conditions cost the UK an estimated £77 billion annually. In EU countries, a family support programmer provides each US$ 100 per person to prevent the impact on unemployment related to the suicide rate.

The family support includes the cost of children and other dependents, including welfare, maternity leave, and parental leave. Experts predict that by 2020 depression will be second only to heart disease as an international health problem (Janlert U, 2019). People with genuine psychological sicknesses like depression are more inclined to budgetary hardship than the all-inclusive community (Padgett, 2007; Mangurian et al., 2013; Wilton, 2004). According to Williams' examination (2013), financial prosperity as contained money income, genuine or on the other hand, full pay, understanding about circulation, and psychic income or saw perceived adequacy of income.

Various researcher has tried to create a calculated model for the determinants of financial health utilizing differing research techniques (Hayhoe, 2002; Joo, 2010; Porter and Garman, 2011; Wilhelm and Varcoe, 2015; Williams, 2016). The risk of financial-related decay itself is just a single piece of the condition. For instance, the commonness of nourishment uncertainty has been assessed to be more than multiple times higher in people with depression contrasted with the all-inclusive community (Mangurian et al., 2013).

H1: There is a significant relationship between financial struggles and depression.

2.3 Economic Struggles

In the year 2007, the global financial crisis presented major challenges in the WHO European Region. Empirical evidence shows that various economic crises established mixed results pertaining to the relationship between health and macroeconomic changes. Therefore, this has led to a major decline in economic activities, increased employment trends, depressed housing markets and a rise of people living in poverty (Bernstein et al. 2008). Furthermore, economic shocks can also interrupt public service budgets and affect the education system and healthcare facilities.

Moreover, the rise of the national debt has indirectly forced the government to implement severe cuts in public spending. There is several significant risks that still remain in the world economy, and many countries are in the verge of facing changes in an era of austerity in health and welfare services. Depression has high socio-economic costs. In 2010 it was estimated that depression cost the European economy 92 billion, of which approximately 54 billion (59%) was related to indirect costs. According to (Phinney and Haas, 2003), a depressed individual usually faces many challenges, such as financial difficulties, domestic responsibilities, and an imbalance of economic stability.

A new study from the LSE and King's College London has shown that depression costs employers £70 billion annually in lost productivity. Depression is every circumstance or event that threatens to disrupt people's daily functioning and causes them to make adjustments. The current COVID-19 pandemic resulting in economic downturns has negatively affected many people's mental health. Furthermore, it has also created new challenges for people who are already suffering from mental illness and substance use disorders.

The current economic crisis tends to increase the social exclusion of vulnerable groups, low-income people and people living near the poverty line. In a recent KFF Health Tracking poll shows that 45% of adults in the United States reported that their mental health had been negatively impacted due to the loss of jobs due to the Coronavirus. The loss of employment is a major problem for the lowest income households, which cause interruption and problem in the household. Therefore, those who had a job loss due to coronavirus face financial difficulties paying bills and affording household expenses.

The KFC Health Tracking Poll in Figure below shows 54% of those who lost income or employment and are impacted negatively by Coronavirus's stress, and those who had not lost income or employment show 40%. However, people experiencing job or income loss reported having major negative impacts showing 26% compared to 40% who had not lost income or employment. With that, 28% of people experiencing job or income loss reported major negative impacts on their mental health, compared to 15% of those who had not experienced job or income loss.

The effect of the economic pressure in areas of high socioeconomic deprivation, social fragmentation and unemployment resulted in a risk of suicide. Increasing income inequality has been linked to increasing suicide rates. Even though the economic crisis is a macro-level shock to societies as a whole, it may impact some groups more than others. Thus, we should be equally concerned with the potential influence of the economic crisis on health and health inequality. Mental health plays an important role in economic situations, and good population mental health contributes to economic productivity and prosperity, making it crucial for economic growth. Coping with economic consequences can become a major concern, and it is important to understand which factors influence economic struggles.

H2: There is a significant relationship between economic struggle and depression.

2.4 Working Environments

Several studies on the consequences of working environment outcomes identified the effects of mental health consequences of employees. Empirical evidence from representative samples indicates poor mental health is associated with participation with work capacity and productivity, which may lower earrings (Chatterji et al., 2011; Banerjee et al., 2017). There is ample of evidence to show that working environment outcomes affect an individual's mental health. The workplace stands out as a potentially important source of stress purely because of the time spent in the setting (Björklund et al., 1998; Paul et al., 2009). Furthermore, unemployed individuals have deteriorating mental health, worsening the situation (Faulkner and Patiar, 1997). Sweden underwent a worldwide financial crisis in 1990-1994, resulting in a high rise in unemployment, deflated severe credit crunch, and widespread bank insolvency. In response, the government took over failed banks as a benchmark for crisis management (Nordbanken, Palmstierna, 2008). However, the same financial crisis occurred in Spain in the 1970s, whereby multiple banking sectors failed. This gave way to high unemployment rates and suicide (Hansen and Lindberg, 2000).

Furthermore, according to (Hortlund, 2005), Finland and Sweden faced a deep economic recession and an increase in unemployment due to this. Mental health worsens, leading to poor health. However, the suicide rates declined, possibly due to social benefits, which broadly remained. However, mental illnesses are associated with lower incomes through their result is sensitive to estimation method and specification (Marcotte et al., 2000). Job loss has been hypothesized to worsen mental health through a variety of channels, including increased stress and anxiety, reduced income, constrained health investments, and the loss of the psychological, sense of control, a sense of purpose, goals and social benefits of employment (McKee-Ryan et al., 2005).

A recent national survey conducted in Canada by Morneau Shepell Employee Assistance Programs (EAPs) reveals that one in three working Canadians are reported to suffer from mental health conditions such as anxiety and depression. Furthermore, an analysis of employee data indicates that 33% of the employees are reported to have health conditions, followed by 27% showing signs of significant symptoms (Shepell's EAP, 2016). The survey analysis also shows that the relationship between stresses in the working environment has been well documented. 58% of employees have been negatively impacted due to stress at work, and 45% revealed that they have second thoughts of staying in their current job and could leave if the stress becomes overwhelming. In addition, 33% of employees have also resorted to taking time off because of work stress, followed by 25% who have become sick in the last six months due to work-related stress too (Shepell's EAP, 2016).

H3: There is a significant relationship between the working environment and depression.

2.5 Underlying Theory

Stress theory is a psychological theory that considers stress as a physiological and psychological response to the various challenges and difficulties people face in their daily lives (Leedy & Omrod, 2001). According to this theory, when individuals face stress, the body and mind automatically activate a series of coping mechanisms to deal with the stress and challenges (Chatterji et al., 2011; Banerjee et al., 2017).

Stress theory suggests that the source of stress can be internal (e.g., health problems, emotional problems) or external (e.g., work, family, money problems) (Nordbanken, Palmstierna, 2008). An individual's response depends on his or her personal characteristics and coping strategies, such as coping skills, social support, belief systems, etc (Hortlund, 2005). These coping strategies can help individuals adapt to stress and restore balance when appropriate. However, in some cases, stress may exceed an individual's ability to cope, resulting in physical and psychological fatigue, stress, anxiety, depression, and other uncomfortable reactions (Marcotte et al., 2000).

In studies of depression caused by financial struggles, economic struggles, or work situations, stress theory can be used to explore how individuals cope and adapt when faced with financial, economic, and work stress (Phinney and Haas, 2003). For example, research can explore how financial struggles and economic struggles lead to physiological and psychological responses in individuals and whether individuals' coping mechanisms can mitigate these responses. Research can also explore how stresses and challenges in the work environment affect individuals' emotions and behaviours and explore appropriate coping strategies to help individuals cope with these stresses (Mangurian et al., 2013).

2.6 Research Framework

The research framework proposed in Figure 1 depicts the visual diagram that captures the key factors, variables relationship, and the correlation between financial struggles and economic contribution towards depression. The intervening variable of mental health leads to depression which is the dependent variable.
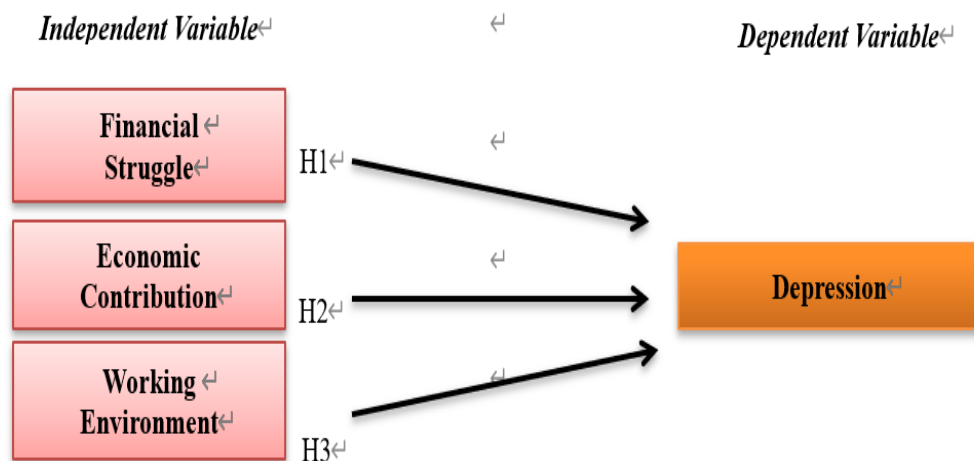

Figure 1: Research Framework

3. METHODOLOGY

The quantitative explanatory research method is adopted during this study to gauge the correlation of motivation towards working-life balance by counting on sampling and structured data instruments and summary result. Thanks to the huge sampling size, the interview wasn't an option as this may be time-consuming and not cost-effective (Leedy & Omrod, 2001). Hence, the primary data-gathering source was the questionnaire data collection method. Questionnaires provide a comparatively cheap, quick, and efficient way of obtaining large amounts of data from an outsized sample of individuals.

Data are often collected relatively quickly because the researcher wouldn't got to be present when the questionnaires were completed. Furthermore, using the method of a survey questionnaire, it helps to ensure better sample coverage from all individuals and therefore reduces coverage error (Dillman, Smyth, & Christian, 2014; Singleton & Straits, 2009). Target population refers to targeted respondents who meet the particular criteria in a research study (Alvi, 2016). The process of selecting the population segment for further review is known as sampling and selecting a sample data set, consisting of the population's characteristics, beliefs, and attitudes which could be measured and evaluated.

This will confirm that the instrument performs, as intended, for the study with the population that's being studied, albeit it's just like the aim and population for which the instrument was initially developed. The research data responses collected from the questionnaire are compiled and analysed using computer software such as Microsoft Excel or Statistical Package for Social Sciences (SPSS). As one of the most commonly used tools, the researcher will then analyze the research data using statistical charts. The demographic characteristic of the research data was analyzed accordingly through descriptive frequencies

and percentages. Regression and correlation analysis techniques are applied to examine the relationship between the variables and interest. This statistical method predicts the impact of the independent variables based on the higher or lower impact that influences the dependent variable.

4. RESULTS

The territorial size, growth rate, and composition of the population, of which changes in demography would indicate social mobility, territorial, natality, and mortality (Duncan & Hauser, 1972) will be studied in this section. The purpose of descriptive statistics is to describe the features and characteristics of a large or specific data set into a short summary for easy understanding. There are seven items in the demographic section related to this study, gender of the respondents, race, age, work industry, working years, education level, property, vehicle, credit limit, and loan. Each of the items are tabulated and analysed through the Descriptive Analysis in SPSS software to gather the statistics. Below are the descriptions and statistics of the demographic section.

Table 1: Demographic Profile

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	39	39.0	39.0	39.0
Female	61	61.0	61.0	100
Total	100	100	100	
Race	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid Malay	5	5.0	5.0	5.0
Chinese	10	10.0	10.0	15.0
Indian	73	73.0	73.0	88.0
Others	12	12.0	12.0	100
Total	100	100	100	
Age	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid 18-25	4	4.0	4.0	4.0
26-33	29	29.0	29.0	33.0
33-41	40	40.0	40.0	73.0
42-49	16	16.0	16.0	89.0
50 above	11	11.0	11.0	100
Total	100	100	100	
Work Industry	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid Government Sector	2	2.0	2.0	2.0
Private Sector	79	79.0	79.0	81.0
Own/Family Business	8	8.0	8.0	89.0
Others (Freelancer)	11	11.0	11.0	100
Total	100	100	100	

The respondent's gender is divided into male and female categories, of which 39% of the female respondents took part in the questionnaire, equivalent to 31 out of 100 respondents. This is followed by 61% who are male, which is equivalent of 61 out of 100. The respondent's race is divided into four groups: Malay, Chinese, Indian and Others. 5% of the respondents who took part in the questionnaire are Malays, followed by 10% of Chinese, 73% of Indians and 12% of others, which all equivalent to 100 out of 100. The respondents' age is divided into five age groups ranging from 18-25 years old, 36-33 years old, 33-41 years old, 42-49 years old and above 50 years old. 40% of the respondents who took part in the questionnaire are in

the age group of 33-41 years old, which is equivalent to 40 out of 100 respondents. This is followed by a 29% which is 29 out of 100 respondents who is in the age group of 26-33 years old, 16% which is 16 out of 100 respondents who is in the age group of 42-49 years old, 11% which is 11 out of 100 respondents who is in the age group of above 50 years old and lastly, the lowest percentage is 4% whereby there are only 4 respondents in the age range of 18-25 years old. The respondents' work industry is divided into the government sector, private sector, own or family business, and freelancing. A large number of the respondents are in the private sector, which is 79%, and that's equivalent to 79 out of 100 respondents. This is followed by 11% of them in freelancer positions, which are 11 respondents. 8% of them are from own or family businesses, which consists of 8 respondents and lastly, only a small number of 2 respondents from the government sector, which consists of 2 out of 100 respondents. In general, 79% of the respondents are salaried employees and therefore, financial or economic struggles can impact them.

Descriptive Statistics of Depression Caused by Financial, Economic Struggle or Work Environment by Working Adults in Malaysia of the independent and dependent variables results are found in Table 2.

Table 2: Descriptive Statistic Analysis

	N	Minimum	Max	Mean	Std. Deviation
I feel clinical depression is a serious but treatable, mental illness. It is a medical condition not a personal weakness.	100	2.00	5.00	4.3200	.82731
I feel working adults in Malaysia encounter more physiological wellness issue such as tension & depression.	100	2.00	5.00	4.3300	.66750
I feel besides major illness, depression can be caused by personal financial problem, economic struggle and work environment.	100	2.00	5.00	4.0800	.89533
I feel woman are more likely to get depression compared to men.	100	2.00	5.00	4.2600	.89533
I feel people with depression are more likely to attempts suicide compared to the rest.	100	2.00	5.00	3.7500	1.08595
I feel depression if untreated, could lead to more major symptoms/damages.	100	2.00	5.00	4.0300	.91514
Valid N (listwise)	100				
Average				4.1283	.88109

From the above Table 2, depression can cause by financial, economic struggle or work environment where the cumulative mean was 4.33 and 4.32 out of the possible 5.0. These findings indicate that most of the respondents strongly agreed that depression is a key driver and the independent variable. The average mean for the six items will be 4.12, and the mean for each will range from 3.75 to 4.33.

Table 3: Descriptive Statistic of Financial struggle

	N	Minimum	Max	Mean	Std. Deviation
I feel I'm on the right track to save enough for retirement.	100	2.00	5.00	4.1000	.84686
I feel I have enough savings.	100	2.00	5.00	4.1700	.77921
I need a handler on my monthly expenses, cash flow and budget.	100	3.00	5.00	4.2000	.65134
I'm struggling to pay off debt such as personal loans, student loans or credit card.	100	2.00	5.00	4.1000	.68902
I need help evaluating my investment options for my retirement plan.	100	1.00	5.00	4.4100	76667
I have concerns about the rising cost of healthcare.	100	2.00	5.00	4.3700	.76085
Valid N (listwise)	100				
Average				4.225	4.225

Based on the results above, most respondents agree they are on the right track to save money for retirement and can handle their monthly expenses, cash flow and budget for the future. However, the mean value of 4.41 shows that respondents to need help in evaluating investment options for their retirement plan. These findings indicate it is strongly agreed that depression can be caused by poor finance management, and this could hurt the overall working individual, where the lowest mean value of 4.10. The average mean for the six items will be 4.22, and the mean for each will range from 4.10 to 4.41.

Table 4: Descriptive Statistic of Economic Struggle

	N	Minimum	Max	Mean	Std. Deviation
I feel the allocation by government during the recent crisis (COVID-19) is not being distributed fairly to all Malaysians.	100	3.00	5.00	4.4600	.65782
Due to the current political situation in Malaysia, I feel the economic policies that the government has imposed to control growing public debt has defined by the increased of frugality.	100	2.00	5.00	4.1600	.78779
I feel that subsidy scheme should be revamped to ensure the wellbeing of Malaysians is not jeopardies.	100	3.00	5.00	4.4200	.69892
I feel the government is playing its role in successfully developing the country.	100	1.00	5.00	3.9800	.98453
I feel the global economy is on track for a sustainable growth to recovery.	100	2.00	5.00	4.2800	.88854
I feel the economic struggle will pay off in the next 5 years.	100	1.00	5.00	3.7700	1.00358
Valid N (listwise)	100				
Average				4.1783	.83686

Based on the results above, most respondents strongly agree that economic struggle has taken a toll due to the current political situation in Malaysia. The respondents feel allocation was not being distributed fairly to all Malaysians during the recent crisis (COVID-19). Furthermore, the economic policies imposed by government to control growing public debt have been defined by increased frugality. The mean value of 4.42 indicates that respondents strongly feel that the subsidy scheme should be revamped to ensure the well-being of Malaysians is not jeopardized. These findings show that the economic struggle is visible, and the government must step up and successfully implement plans to improve and eradicate

economic struggle with a mean of 3.98. However, some respondents feel the economic struggle will pay off in the next 5 years, with the lowest mean of 3.77. The average mean for the six items will be 4.17, and the mean for each will range from 3.77 to 4.46.

Table 5: Descriptive Statistic of Working Environment

	N	Minimum	Max	Mean	Std. Deviation
I feel sensitive and irritable at work easily.	100	1.00	5.00	4.1400	.85304
I feel stressed out overall at work.	100	3.00	5.00	4.3800	.69311
I am satisfied with my overall job security.	100	1.00	5.00	3.9500	.96792
I can take my own initiative in my work place without having to get many approvals.	100	2.00	5.00	3.9500	.88597
I feel my general/mental health at the moment is well balanced.	100	1.00	5.00	3.7600	.99615
I am getting enough support/being heard by my manager/colleagues.	100	1.00	5.00	4.0700	.99615
Valid N (listwise)	100				
Average				4.0416	.87533

Based on the results above, most respondents agree working environment impacts or influences depression. The respondents feel stressed and easily irritable in their working environment. The mean value of 4.38 indicates that respondents strongly feel stressed in their working environment. The contributing factors could be related to their mental health or general health related to the individual's well-being. The employees could suffer from a lack of motivation and positive support from the leaders or working peers. Furthermore, responsibilities related to holding a job certainly compound to a heavy load which is bound to result in depression. Some respondents responded that they are satisfied with their overall job and can take their own initiative without getting many approvals from their managers or leaders. The average mean for the six items will be 4.04, and the mean for each will range from 3.76 to 4.38.

Table 6: Correlation Analysis

Variable	Pearson Correlation (r)	Significant
Personal Financial	0.761**	0.000
Economic Struggle	0.754**	0.000
Work Environment	0.022	0.827

The outcome of the correlation analysis indicated that the three variables positively influence depression, and this shows that the hypotheses made earlier are acceptable. However, each value based on Pearson correlation shows the percentage value accordingly. For instance, the Pearson coefficient of $r = 0.761$ for financial struggle shows that the correlation percentage between the two variables is 76.1%, meaning that the increase in depression will increase financial struggle by 84% and vice versa. For another variable, such as economic struggle, the Pearson coefficient of $r = 0.754$ indicates a 75.4% correlation to economic struggle. However, the depression caused at the work environment stands at $r = 0.022$ (2.2%), indicating a poor correlation value may signal to an unsubstantial relationship between the two variables. The factors related to work and well-being for workers due to stress increase high rates of depression or mental health leading to depression. Statistics gathered from correlation analysis show that the work environment has the highest inter-correlation to depression, followed by financial and economic struggles.

Table 7: Regression Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.761	.508	.575	.41509
2	0.798	.637	.630	.38766

The regression analysis also tests the model presented and the hypotheses made earlier. Based on Table 7 above, the result obtained from the regression analysis shows that R = 0.761 indicates that there is a significant influence by the independent variable. This shows that R square = 0.508 indicates that 50% of the variation in the dependent variable (depression) is due to independent variables (financial struggle, economic struggle, and work environment).

Table 8: ANOVA Test

Model	Sum of Square	diff	Mean Square	F	Sig.
1 Regression	23.273	1	23.273	135.07	.000a
Residual	16.886	98	0.172		
Total	40.159	99			
2 Regression	25.582	2	12.791	85.114	.000a
Residual	14.577	97	0.15		
Total	40.159	99			

From the ANOVA test performed as below, the analysis of variance results showed that the regression model F-value = (135.07) is significant at the level of 0.000, which indicates the existence of a positive relationship between financial struggle, economy struggles and work environment. Table 8 illustrates the ANOVA analysis, which provides the statistic test for the overall model fit regarding the F statistic (Hair Jr et al., 2010).

Table 9: Hypothesis Testing

Model	Unstandardized Coefficients		Standardized Coefficient	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.536	.139		3.864	.000
Personal Financial	.134	.101	.134	1.321	.188
Economic Struggle	.343	.100	.343	3.419	.001
Working Environment	.135	.065	.150	.2.078	.039

The representation for this hypothesis testing is B (Power), Standard Error, Beta (Type II Error), t (test), Sig (Significance Probability) Tolerance, and VIF (Variation Inflation Factor). The coefficient table below indicates the significance of each independent variable towards the dependent variable based on the significant value, thus deciding whether the hypotheses made earlier is accepted or rejected.

Hypotheses 1: There is a significant relationship between financial struggles and depression. The first variable, which is a financial struggle is the least variable to depression compared to another variable as it has a Beta of 0.134 and a significance value of 0.000, which is p<0.01. Therefore, the H1 is accepted.

Hypotheses 2: There is a significant relationship between economic struggle and depression. The second variable, which is a financial struggle, is the most influential variable to depression compared to another variable as it has the highest Beta of 0.343 and a significance value of 0.000, which is p<0.01. Therefore, the H2 is accepted.

Hypothesis 3: There is a significant relationship between working environment and depression. The last variable, which is the most influential variable to depression compared to another variable, has the second least Beta of 0.135 and a significance value of 0.000, p<0.01. Therefore, the H3 is accepted.

5. DISCUSSION

This study aims to investigate the depression caused by financial struggle, economic struggle, and work environment by working adults in Malaysia. This study sought to understand all the independent variables and the impact on depression and the research study. Furthermore, the objectives below explain if the independent variables positively and significantly impact depression.

Objective 1: Financial struggles significant impact on depression.

The link between mental illness and money problems are interconnected and can be difficult to untangle cause and effect. Mental health deficiencies can lead to common social problems that often occur in Malaysia. The grinding effect of living in poverty can lead to depression, while the medical effects of depression can make financial problems inevitable. At the same time, other symptoms can propel those struggling with depression into further debt, most notably impaired response inhibition. It means people make financial decisions without thinking them through, and it lies behind the fact that 95% of people with depression say they spend more when they are ill. A research study discovered that simply thinking about the prospect of financial insecurity was enough to increase pain. People reported feeling almost twice as much physical pain after recalling a financially unstable time in their life compared to those who thought about a secure period (The Money and Mental Health Policy Institute Report, 2017). Conversely, poverty, financial problems and social deprivation are major socioeconomic risk factors for mental health problems and disorders.

To determine whether all the independent variables have a positive and significant influence on depression, a questionnaire was carried out for this research purpose and distributed to a sample of 100 respondents. Most of the respondents are working adults situated in Selangor and Kuala Lumpur. Therefore, the reliability test is based on the response given by 100 respondents. The results indicate that all three independent variables show Cronbach's alpha value of 0.7 and above. According to the correlation analysis, the outcome revealed that $r = 0.761$ for financial struggle, shows that the correlation percentage between the two variables is 76.1%. However, the hypothesis testing shows there is a positive relationship between financial struggles and depression. The value of Beta 0.134 and the value of 0.000 shows a significant value, p<0.01. Hence, it is justifying financial struggle causes depression on working adults in Malaysia.

Objective 2: Economic struggle significant impact on depression.

The second objective was to identify the influence of economic struggle on depression in Malaysia. An economic crisis affects the factors determining mental health. The domestic economy's developments regarding fiscal and monetary policies are highly sensitive to economic rising and fluctuations. The recent economic crisis during the COVID-19 pandemic negatively affected many people's mental health. The survey respondents feel allocation was not being distributed fairly to all Malaysians during the crisis. The Malaysian government is looking into recovery patterns and the history of epidemics and shocks to glean insights into the path ahead.

The Malaysian government must implement plans to improve and eradicate economic struggle. Besides the impact of the economic crisis, the government must implement equally significant policies that effect on the economy. It is very important that this factor is understood and taken into account when formulating such economic policies. The situation of financial instability builds slowly over a long duration of time. This can be depressive and put the health at risk if the economy does not recover in time but prolong of financial disruption.

The correlation analysis indicates r = 0.754 for the financial struggle, showing that the percentage of correlation between the two variables is 75.4%. Furthermore, the result of the test shows that financial struggles and depression have the highest Beta of 0.343, and a value of 0.000 shows a significant value, which is p<0.01. Hence, it is justifying financial struggle causes depression on working adults in Malaysia. Hence, it is justifiable that economic struggle is a contributing factor that causes depression on working adults in Malaysia

Objective 3: Working environment significant impact on depression.

With the rapid changes in the business environment today, employees face tremendous pressure and are unmotivated. Despite that, most of them are also experiencing health-related issues due to the stress at work. Malaysia, which is one of the developing countries, has a valid concern regarding the health of all the employees at their working place. According to (Lee and Ashforth, 1996), job stress is related to all types of specific demands, work overload, job conflict, and ambiguity. Furthermore, job stress can also harm an individual's physical and emotional if the job performance does not match the employee's capabilities.

Although employment is increasingly emphasised in Malaysia, the major contributing factors of job stress are often cited. This discourages the employee with a mental disorder from replacing a new job or even training opportunities. Stress, anxiety and depression are important outcome measures in various work environments. Important findings of this study reveal that most respondents agree working environment has an impact or influence on depression. It is well-known that mood disorders cause the largest disease burden in the general population and loss of work productivity in the working population. The community knows that work can be stressful and cause, among other forms of distress, depressive symptoms. Furthermore, unemployment and job loss have been consistently reported to elevate the risk for depression to raise the risk for depression and suicide attempts. According to the correlation analysis, the outcome revealed that r = 0.022 for financial struggle, shows that the correlation percentage between the two variables is 2.2%. Additionally, the hypotheses testing for the earlier hypotheses shows a significant relationship between the working environment and the second least Beta of 0.135 and the significance value of 0.000, p <0.01. Hence, a justifiable working environment causes depression on working adults in Malaysia.

6. IMPLICATIONS

The results of the research study have theoretical and practical implications. This study indicates that financial, economic, and working environments largely influence depression. Dealing with financial stress, economic hardship, and a stressful working environment is an unpleasant feeling that one cannot meet financial demands, afford the necessities of life, and have sufficient funds to make ends meet. The research is based on samples of people facing varying degrees of financial stress.

By looking for general patterns, we can conclude common or typical reactions of working adults in the Selangor and Kuala Lumpur region. The research often indicates that people facing

financial stress are at increased risk for particular behaviour problems. The most consistent finding of the research is that financial stress is associated with lowered self-esteem, an increasingly pessimistic outlook on life, and reduced mental health, particularly an increase in depression and hostility.

There is also a link between financial stress and suicide, likely due to increased depression. Financial stress is also associated with declining physical health, and it is important to consider working adults developing problem-solving and financial management skills to mitigate the stress, and increase one's self-esteem, from experiencing negative outcomes of financial stress (Kessler, Berglund, Borges, Nock, & Wang, 2005).

However, the economic crisis has a huge impact on the unemployed individual as he or she might not be aware of how to handle the situation, leading to a series of unhealthy risks. With the stress present in the mind, the individual takes risks coping negatively. People dealing with economic hardship are often worried as the stress is enormous and not being able to make ends meet or feel shameful for being unable to support the family (Gary, 2000). Clearly, unemployment is a major concern during the recent Covid-19 economic crisis.

Prospective studies unsurprisingly show that unemployment has a causal influence on depression (Pelletier, Davidson, Roelandt, & Daumerie, 2009). The higher incidence of stressful working environments consistently highlights that stress at work leads to depression, and many people have serious mental illnesses and no motivation. This may be observed as extremes; lethargic and unmotivated behaviour when depressed, compared with expansive engagement in risky behaviour when manic.

Affective symptoms might also manifest in disordered modulation, inappropriate affect for the situation, mood swings, or flat affect (Cohen & Minor, 2010). According to (Crosby, Han, Ortega, Parks, & Gfroerer, 2011), coping strategies are difficult for those who are suffering from alcohol substance and contemplating suicide which is what pertinent areas of study in psychiatry are. Many studies indicated that financial stress's effects are largely indirect and attributable to depression.

Despite these concerns, local mental health agencies are finding new ways to address the issue of employment and training by addressing public service campaigns seeking to motivate the working adults (Corrigan & Fong, 1999). Furthermore, with the economic struggle, Malaysia's government should implement successful plans to improve and eradicate the financial crisis. Depression is a serious mental disorder that not only robs people of their joy of life but it also has significant motivational, cognitive, and behavioural consequences.

7. LIMITATION

Despite meeting the primary objective of this study, the research could not be done in all states in Malaysia. Therefore, the chosen state for this research is Selangor and Kuala Lumpur. The survey questionnaire was mainly administered through Google Survey link, which highly depends on the availability of the participants to complete the questionnaire. The survey questionnaire was only administered through online platforms for the convenience of the respondents. Due to time constraints, there were only 100 questionnaires received for this research study.

This also leads to a lack of sampling size for this research as it does not represent a bigger population of working adults in Malaysia. To add on, the survey questionnaire was only prepared in English, and this could have been a language barrier to certain individuals who

have lower education levels. Data integrity was also a major concern as the respondents may not honestly answer the questionnaire, which could be a huge gap analysis for the research study. Lastly, as the research is in the initial stage of development could not adapt to the quantitative research methods. The study does not rule out the possibility of the suggested factors related to financial depression, which could be valuable.

8. RECOMMENDATION FOR FUTURE WORKS

The research study conducted had only 100 respondents from Selangor and Kuala Lumpur regions. Therefore, targeting a bigger segment from other states of Malaysia is highly recommended for future research. This could be beneficial for future research to investigate in depth and gauge more sampling data studies. As part of the recommendations based on data retrieved and analysed, it's highly recommended that government agencies or working organizations should aid young people or working adults in developing these coping techniques to use during stressful situations can provide the opportunity to look and feel good, self-esteem, work performance, reduce the risk of depression and suicide, and improve quality-of-life.

The Malaysian government must look into mental health policies and legislation according to the dynamic changes in the macro-environment. This could increase the awareness of the mental health problems in the country, and the government should be responsible for reducing the disease growing for future generations. With the alignment in place, strategies could be developed and implemented to ensure that this goal could be achieved.

There are many lessons that can be learned from Malaysia's experience with the economic crisis, and it is important to formulate policies to manage and maintain good macroeconomics in the future. Above all, the crisis has shown that a measure of coherence in policymaking must always be maintained. With the economy turning the corner and key indicators showing signs of recovery, the time is perhaps ripe to look at new crises at the new drivers of economic growth.

Furthermore, to improve the planning and development of services for mental health, the Malaysian government and local agencies must strengthen their technical capacity planning to develop these services; its best if demonstration projects are planned and implemented to raise awareness of mental health best practices. Furthermore, this will also encourage operational research in developing and disseminating resources accordingly. The research findings also highlighted that depression at the working environment was largely based on stress. This is because; depression directly interferes with the individual's ability, whereby only 20% is focused in completing the physical job, whereas 35% reduces cognitive performance. According to (Price, Choi, and Vinokur (2002), about 57% of employees reported suffering from mild depression and 40% of employees are experiencing critical depression and are receiving treatment to control depression symptoms.

Employers can play an important role in promoting awareness about the importance of mental health and stress management. This commitment to introduce programs has proven successful when they combine mental and physical health interventions. Mental health interventions should be delivered as part of an integrated health and well-being strategy that covers prevention, early identification, support and rehabilitation.

Occupational health services or professionals may support organizations in implementing these interventions where they are available. Organizations are responsible for supporting individuals with mental disorders in continuing or returning to work. If depression is the

lynchpin, then this suggests that preventing or limiting depression will reduce or eliminate the effects of stress on the working individual is important (Wasserman, 1992). Therefore, many of the initiatives suggested above can help individuals with mental disorders if the employer and government or local agencies strongly commit to raising awareness and eradicating the growing disease. Furthermore, employers can introduce flexible working hours, redesign their job tasks, address negative workplace dynamics, and be supportive and confidential communication with people who can help them to handle their work situations and overcome depression gradually. Importantly, (Price et al., 2002) found that the effect of financial strain on health is mediated by one's sense of personal control and depression.

9. CONCLUSION

The primary focus of this study was to determine the relationship between depression three variables of financial struggle, economic struggle, and working environment. The objectives were achieved, as this research study found that the relationship between these variables was examined, and the findings revealed all three independent variables has a significant influence on depression among working adults. The overall outcomes of the study imply that working adults with high levels of stress, misuse of substances, and poor general health are more likely to be depressed. Future research should also continue to examine factors that are related to stress and depression in the working adult. The investigation could be enhanced to measure the level of stress and the risk related accordingly. The ultimate impact of the current crisis on mental health will not be known immediately. However, from research studies and empirical reports, we can predict that the outcomes are not likely to be positive. A careful evaluation would be logical to invest in mental health programs to avoid higher costs in medical care. It is crucial that we recognize and commit every step to eliminate the effect of depression related to individual mental health.

Acknowledgement

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