

Western Dominance in Self-Healing and Adolescent Mental Health Research (1975-2025): A Bibliometric Mapping and Implications for Islamic Counselling

Dominasi Barat dalam Penyelidikan *Self-Healing* dan Kesehatan Mental Remaja (1975-2025):
Pemetaan Bibliometrik dan Implikasinya terhadap Kaunseling Islam

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ABSTRACT

Adolescent mental health has become an urgent global concern, often associated with depression, anxiety, and psychosocial risks. This study presents the first bibliometric mapping of research on self-healing and adolescent mental health from 1975 to 2025, based on 1,836 Scopus-indexed publications. Employing bibliometric analysis and visualisation using VOSviewer software, the study identifies significant growth trends, with medicine, psychology, and nursing emerging as the dominant fields. The United States, the United Kingdom, and Australia are the most productive contributors, while King's College London, the University of Melbourne, and Harvard Medical School lead in institutional output. Keyword co-occurrence analysis reveals ten thematic clusters, including digital interventions, resilience strategies, psychosocial risks, and cultural or stigma-related factors. Despite the field's interdisciplinary expansion, the findings highlight persistent Western dominance and the limited inclusion of spiritual perspectives. To address this gap, the study proposes the integration of Islamic counselling principles such as tazkiyat al-nafs (self-purification), sabr (patience), tawakkul (trust in God), and rahmah (compassion) into self-healing frameworks. This integration enriches global scholarship by aligning mental health approaches with the holistic vision of a Madani society, in which well-being encompasses professional, cultural, and spiritual dimensions. In doing so, the study contributes to Islamic studies by incorporating faith-based counselling principles into the global discourse on adolescent mental health and self-healing.

Keywords: Adolescents; bibliometric analysis; da'wah; mental health; self-healing

ABSTRAK

Kesehatan mental remaja telah menjadi isu global yang semakin mendesak, sering dikaitkan dengan kemurungan, kebimbangan dan risiko psikososial. Kajian ini mempersembahkan pemetaan bibliometrik pertama terhadap penyelidikan mengenai self-healing dan kesehatan mental remaja dari tahun 1975 hingga 2025, berdasarkan 1,836 penerbitan yang diindeks dalam Scopus. Melalui analisis bibliometrik dan visualisasi menggunakan perisian VOSviewer, kajian ini mengenal pasti pola pertumbuhan yang

ketara, dengan bidang perubatan, psikologi dan kejururawatan mendominasi. Amerika Syarikat, United Kingdom dan Australia merupakan penyumbang utama, manakala King's College London, University of Melbourne dan Harvard Medical School muncul sebagai institusi peneraju. Analisis perkaitan kata kunci mengenal pasti sepuluh kluster tema termasuk intervensi digital, strategi daya tindak, risiko psikososial serta faktor budaya dan stigma. Walaupun bidang ini bersifat antara disiplin dan berkembang pesat, dapatan menunjukkan dominasi Barat dan kekurangan perspektif spiritual. Bagi menutup jurang ini, kajian mencadangkan pengintegrasian prinsip kaunseling Islam seperti tazkiyat al-nafs (penyucian jiwa), sabr (kesabaran), tawakkul (kebergantungan kepada Allah) dan rahmah (kasih sayang) dalam kerangka self-healing. Pendekatan ini memperkaya wacana global dengan menyatukan dimensi profesional, budaya dan spiritual selaras dengan visi masyarakat Madani. Dalam hal ini, kajian ini turut menyumbang kepada bidang pengajian Islam dengan mengintegrasikan prinsip kaunseling berasaskan keimanan ke dalam wacana global mengenai kesihatan mental remaja dan self-healing.

Kata kunci: Analisis bibliometrik; dakwah; kesihatan mental; remaja; self-healing

INTRODUCTION

Adolescence is a developmental period of profound biological, psychological and social change, during which mental disorders account for a substantial burden of disease (Patton et al. 2016). Young people frequently face stressors such as academic pressures, family conflict and challenges of identity formation and global evidence highlights the significant burden of depressive and anxiety disorders in adolescence (Patton et al. 2016). These challenges may have been further intensified by contemporary influences, including pervasive social media use (Nesi 2020) and, more recently, the COVID-19 pandemic, which has been linked to declines in adolescents' mental health and health-related quality of life (Ravens-Sieberer et al. 2022). Such developments highlight the importance of exploring mechanisms that enable adolescents to maintain and restore psychological well-being.

The concept of self-healing has roots in multiple disciplines, tracing back to earlier notions of recovery and self-regulation in medical and psychological contexts. Self-healing refers to processes through which individuals actively contribute to restoring balance and health via psychological strategies, lifestyle modifications or spiritual resources. Over time, research in related areas such as self-care, stress management and resilience gained prominence, particularly from the late 20th century onward (Windle 2011). More recent studies frame self-healing as a holistic construct encompassing coping strategies, emotion regulation and personal growth; empirical qualitative work suggests that self-healing mechanisms operate through physiological, psychological and socio-environmental factors (Chu et al. 2022). These integrative perspectives resonate especially with youth development interventions.

A parallel concept is resilience, broadly defined as the capacity to adapt and recover in the face of adversity. Historically, early research on resilience emphasized personality traits and protective environmental factors, whereas contemporary perspectives conceptualize resilience as a dynamic, modifiable process (Masten 2014). Empirical findings demonstrate that higher levels of resilience are associated with lower symptoms of depression and anxiety among adolescents (Shi et al. 2022). Other similar research reports that resilience predicts better overall mental health outcomes in youth, particularly reductions in psychological distress (Wen et al. 2023). In addition, studies on adolescents exposed to bullying have demonstrated that resilience mediates the relationship between adverse experiences and mental health difficulties, thereby protecting against depression and anxiety (Anderson et al. 2022). Furthermore, resilience has been theorized as an adaptive outcome of self-healing mechanisms, positioning it as both a mediator and an indicator of psychological well-being in youth populations (Luthar 2000).

Youth mental health has attracted scholarly attention since the late twentieth century, initially through research in developmental psychopathology and risk behaviours. Over time, the research agenda expanded to encompass subjective well-being, coping strategies, self-esteem and constructs from positive psychology. For instance, A Global Decline in Adolescents' Subjective Well-Being documents a decline in life satisfaction across many countries over time, suggesting shifting social influences on youth development (Marquez et al. 2020). More recently, global studies also identify socioeconomic and income inequalities as key correlates of emotional distress in youth (Elgar et al. 2024).

In Asia, adolescent mental health has increasingly been recognized as a pressing concern, shaped by rapid social, cultural and economic transitions (Tan, Keng, & Abu Talib 2023). Studies in Southeast Asia document substantial levels of stress, anxiety and depression among youth and identify correlations such as academic competition, family expectations and urbanisation (Pham et al. 2024). In Malaysia, national surveys report worrying patterns of emotional distress, self-harm and risk behaviours among adolescents (Institute for Public Health 2022).

In Indonesia, adolescents aged 10-17 often experience anxiety disorders, with one in three adolescents (34.9%) experiencing symptoms of mental disorders (Wahdi et al. 2023). The prevalence of mental disorders in adolescents has reached 5.5%, consisting primarily of anxiety disorders (3.7%) and major depressive disorder (1.0%), according to the Indonesian National Youth Mental Health Survey (I-NAMHS) (Wahdi et al. 2023). Nationally, the prevalence of depression in 2023 was recorded at 1.4%, with the highest rate of depression occurring in the 15-24 age group (Kemenkes 2024). However, the number of depressed adolescents seeking treatment remains low, at only 10.4% (Kemenkes 2024).

Stigma and cultural norms often impede help-seeking, highlighting the importance of interventions that improve mental health literacy and reduce stigma (Octavia, Doorbar & Chan 2025). Scholars also emphasise integrating religious and spiritual dimensions, including Islamic counselling, to make interventions more culturally sensitive and acceptable to Muslim youth (Tanhan & Young 2022). Regional public health perspectives likewise underline the need for context-appropriate, culturally anchored strategies (Lemon et al. 2024).

Despite the growing body of literature, research on self-healing in youth mental health remains relatively fragmented, with differences in conceptual definitions, methodological approaches and target populations. Some investigations focus on clinical or diagnostic samples, whereas others examine general youth, student or community cohorts. To date, there has been limited integrative synthesis of how the concept of self-healing has evolved in adolescent mental health scholarship. Bibliometric analysis offers a promising strategy for addressing this gap, as it can systematically map scientific output, discern influential authors and institutions and trace thematic trajectories across periods (Donthu et al. 2021).

The present study employs bibliometric analysis of literature indexed in Scopus from 1975 to 2025, covering a 50-year span. A total of 1,836 peer-reviewed articles and reviews were analyzed to capture both the historical emergence and the contemporary expansion of research on self-healing, mental health and adolescence. The analysis examined trends in publication output, collaboration networks and keyword co-occurrence to identify dominant clusters and emerging thematic directions. Such a holistic overview consolidates existing knowledge and highlights critical research gaps. For example, the limited integration of personality constructs or culturally informed frameworks, thus offering important pathways for future inquiry (Donthu et al. 2021). Beyond mapping the field, this study is the first to interpret the global evidence through the lens of Islamic counselling and Malaysia's Madani agenda, providing a culturally anchored roadmap for research and practice.

Based on preliminary bibliometric patterns, the study anticipates several key findings. First, the literature is expected to demonstrate a strong concentration in Western institutions and health-related disciplines such as medicine and psychology. Second, dominant research themes are likely to revolve around resilience, coping strategies and digital mental health interventions. Third, the analysis may reveal a limited integration of spiritual or faith-based perspectives, including Islamic counselling approaches. By highlighting these patterns, the study provides a clearer understanding of research gaps and opens new directions for integrating Islamic counselling principles into adolescent mental health scholarship.

LITERATURE REVIEW

Research on adolescent mental health has consistently highlighted the vulnerability of young people to psychological distress. This vulnerability is especially evident in the context of anxiety, depression and stress associated with academic and social pressures (Patton et al. 2016). Psychotherapeutic approaches aimed at improving psychological well-being, such as well-being therapy, have been introduced as complementary to conventional interventions (Fava & Tomba 2009). Resilience frameworks are also central in this domain, having been conceptualised as protective processes that enable young people to adapt positively in the face of adversity (Windle

2011). Reviews further stress that resilience and well-being are essential in empowering adolescents to play an active role in their own recovery (Ungar 2011). Despite these contributions, much of the scholarship remains narrow in scope, emphasising specific populations, interventions or qualitative methodologies.

From an Islamic perspective, psychological well-being is closely associated with the purification and development of the human soul (*tazkiyat al-nafs*), a concept widely discussed in classical Islamic scholarship. Al-Ghazali emphasised that inner tranquillity and emotional balance can be achieved through the purification of the heart from destructive traits and the cultivation of virtuous character (*akhlaq*) (Al-Ghazali 1998). Ibn Qayyim al-Jawziyyah (2003) also highlighted the importance of spiritual awareness, remembrance of God (*dhikr*), patience (*sabr*) and reliance upon God (*tawakkul*) as essential elements in overcoming emotional distress and restoring inner harmony. Contemporary discussions in Islamic psychology also highlight the importance of integrating spiritual principles with psychological well-being (Haque 2004).

Building on this perspective, Muslim scholars have also explored how Islamic spiritual practices can contribute to emotional regulation and psychological healing in modern contexts (Badri 2013). In recent years, Islamic counselling approaches have increasingly integrated these concepts with contemporary therapeutic practices to promote resilience and spiritual growth among Muslim clients (Rothman & Coyle 2018). Such integration highlights the relevance of Islamic perspectives in enriching current discussions on self-healing and adolescent mental health (Tanhan & Young 2022).

It has been shown that individuals experiencing symptoms of mental disorders often seek religious guidance as a means of recovery, with data from Indonesia indicating that 20.5% of adolescents seek help from religious or traditional leaders (Kemenkes 2024). Mechanisms of meaning-making through religious practices such as reading the Quran, *dhikr* (remembrance) and *du'a* (supplication) have been shown to reduce stress by facilitating cognitive reframing and spiritual coping (Sharifah Nadirah 2025; Sabki et al. 2018). Similarly, the development of digital platforms, such as e-counseling based on prophetic principles, has become a preferred choice for students to help them cope with the anxiety and negative emotions associated with academic procrastination (Rahman 2020).

Although research continues to expand, there remains a lack of integrative synthesis that maps the development of self-healing in adolescent mental health across time. Current studies remain fragmented, typically addressing discrete themes such as coping, mindfulness or resilience without consolidating these strands into a unified field (Zhou et al. 2022). A bibliometric approach is therefore valuable as it can systematically reveal dominant research clusters, highlight influential authors and institutions and trace thematic trends across decades of scholarship (Donthu et al. 2021).

In Asia, adolescent mental health has emerged as an urgent concern shaped by rapid socio-cultural and economic change. Empirical findings from Indonesia, for instance, present high levels of depression, anxiety and stress among adolescents, with strong associations to academic competition and family expectations (Pham et al. 2024). Broader reviews also document barriers to help-seeking caused by stigma and cultural norms, which limit access to conventional support systems (Octavia, Doorbar, & Chan 2025). Regional perspectives underscore the need for culturally anchored strategies that combine formal interventions with community-based and alternative practices (Lemon et al. 2024).

In Malaysia, national surveys report increasing prevalence of emotional distress, suicidal ideation and risky behaviours among adolescents (Institute for Public Health 2022). Empirical studies have examined depression among secondary school students (Abd Aziz et al. 2018), rural-urban differences in self-esteem and mental health (Cong et al. 2020), suicidal ideation among adolescents (Ibrahim et al. 2023) and psychological distress among vulnerable youth populations (Mohd Nasir et al. 2024). Similarly, the rate of suicidal ideation among young people in Indonesia is alarming. According to the 2023 Indonesian Health Survey (SKI), 61% of young people aged 15–24 who experienced depression in the past month had considered ending their lives (Kemenkes 2024). In contrast, only 1.7% of young people who did not experience depression had considered suicide (Kemenkes 2024). This data indicates that the proportion of depressed youth thinking about suicide is 36 times greater than those without depression (Kemenkes 2024).

Life skills education has been identified as a promising intervention to improve emotional well-being for adolescents in institutional care settings (Sulaiman et al. 2020). However, the explicit

integration of self-healing within the framework of Islamic counselling and da'wah remains limited. This highlights the importance of contextualising bibliometric insights within the values of Malaysia Madani, where cultural and religious dimensions are central to holistic youth well-being, particularly for vulnerable groups such as unmarried pregnant adolescents.

Discussions within the Islamic intellectual tradition have highlighted the close relationship between moral development and counselling practices in shaping human well-being. For instance, Awang (2005) noted that Islamic ethical thought emphasises the purification of the soul and the cultivation of virtuous character as key elements in guiding individuals towards psychological balance and moral development. Research has also indicated a strong societal demand for spiritual counselling services, indicating the importance of integrating spiritual dimensions within counselling practices to support psychological well-being (Deraman et al. 2017). Islamic counselling perspectives also emphasise that spiritual guidance, particularly the concept of purification of the soul derived from al-Ghazālī's teachings, can strengthen counselling practices and contribute to individuals' psychological well-being (Hamjah 2010).

In addition, several studies have explored the role of Islamic spiritual guidance in addressing psychological and social challenges within the Muslim community. For example, Zulkipli et al. (2023) have highlighted the potential of Nabawi psychotherapy as a complementary approach in addressing mental health issues by integrating spiritual and psychological elements derived from prophetic teachings. Research on Islamic psychotherapy also suggests that al-Ghazālī's concept of *maqāmāt* provides a spiritual framework for the purification of the soul and the development of psychological well-being (Ibrahim, Usman & Shahabudin 2022). This approach has developed in Indonesia, Malaysia and other Asian countries as a means to provide culturally congruent mental health care. Cognitive Behavioral Therapy (CBT), originally developed by Aaron T. Beck, was integrated with Islamic values into Religiously Integrated Cognitive Behavioral Therapy (RICBT) in 2015. This model was subsequently adapted into Islamic Integrated Cognitive Behavior Therapy (IICBT), which utilizes Islamic practices such as remembrance (dhikr), prayer (solah) and reciting the Quran to identify and replace unhelpful thoughts and

produce a sense of calm in clients with depression and anxiety (Sabki et al. 2018). By 2025, this framework was further expanded to integrate core spiritual concepts such as patience (sabr), trust in God (tawakkul) and self-reflection (muhasabah) to foster deeper psychological and spiritual well-being (Sharifah Nadirah 2025).

Furthermore, studies on adolescent psychological disturbances indicate that emotional instability and spiritual factors can contribute to behavioural and psychological symptoms among youth (Saparudin, Sham & Hamjah 2014).

Therefore, efforts to integrate religious values into psychotherapy are crucial, as psychological well-being is often viewed as inseparable from spiritual health in Islamic thought. In Indonesia, Gestalt Therapy, which is based on the work of Frederick Perls, has been integrated with Islamic values to create Gestalt Prophetic Therapy (G-Pro). This approach, developed by Imas Kania Rahman (2020), has proven effective in improving the self-regulation and self-awareness of students, helping them to cope with academic procrastination and find a true purpose in life.

Although substantial progress has been made in examining resilience, coping and mindfulness, the literature on self-healing and adolescent mental health remains conceptually scattered. There is currently no global mapping that systematically consolidates these domains into a coherent intellectual framework. Addressing this gap through bibliometric analysis is therefore crucial, as it provides the historical overview and thematic structure needed to inform more integrated, culturally sensitive and future-oriented approaches. Thus, while resilience, coping and mindfulness have been examined, no systematic mapping exists that consolidates self-healing scholarship in adolescent mental health across five decades, especially from a faith-sensitive perspective.

METHODOLOGY

SEARCH STRATEGY AND QUANTITATIVE BIBLIOGRAPHIC OUTPUT

This study employed a bibliometric design to provide a systematic overview of research on self-healing and adolescent mental health. The Scopus database was selected as the primary source for its wide coverage of peer-reviewed journals across multidisciplinary fields, particularly psychology, health and social

sciences. Using a single high-quality database ensured consistency and replicability of the dataset (Donthu et al. 2021).

The search strategy was designed to capture the intersection of self-healing, mental health and adolescent populations. The Boolean string applied was:

("self-healing" OR "self healing" OR "self-care" OR "selfrecovery" OR "psychological healing" OR "emotional healing" OR "healing process" OR "inner healing") AND ("mental health" OR "psychological well-being" OR "psychological well-being" OR "emotional well-being" OR "emotional well-being" OR "stress management" OR "coping strategies" OR resilience OR "psychological adjustment" OR "emotional regulation")

AND

("adolescent" OR "teen" OR "youth" OR "young people" OR "emerging adult" OR "college student" OR "secondary school student" OR "young adult"). The search was carried out in September 2025 and covered the period from 1975 to 2025 to reflect five decades of scholarship.

The initial search yielded 2,195 documents. After applying inclusion and exclusion criteria, the dataset was limited to peer-reviewed journal articles and reviews in English. Conference proceedings, book chapters, editorials and notes were excluded to maintain consistency in quality. Following the data cleaning process, 1,836 documents were retained for analysis. Full records and cited references were exported in CSV format, including titles, abstracts, keywords, author details, affiliations, source titles, publication years, citation counts and Digital Object Identifiers (DOIs). These fields provided the basis for quantitative bibliometric analyses of publication trends, citation patterns and keyword co-occurrence.

The full records and cited references of the 1,836 articles were exported from Scopus in CSV format. The metadata included titles, abstracts, author keywords, index keywords, author names, affiliations, source titles, years of publication, citation counts and DOIs. These fields were selected since they provide the necessary information for

quantitative bibliographic analysis, including productivity trends, citation impact, authorship patterns and keyword co-occurrence. The extracted dataset thus served as the foundation for subsequent bibliometric analysis and visualisation.

BIBLIOMETRIC ANALYSIS AND MAPPING USING VOS-VIEWER

Data analysis was conducted using VOSviewer, a software designed for constructing and visualising bibliometric networks (Aria & Cuccurullo 2017). Three types of analyses were undertaken. First, co-authorship analysis was used to examine collaboration among authors, institutions and countries. Second, citation and co-citation analyses were performed to identify the most influential publications and intellectual linkages. Third, keyword co-occurrence analysis was employed to detect thematic clusters and emerging trends. VOSviewer was selected for its capacity to generate network visualisations that highlight bibliometric relationships and thematic structures. Through these analyses, the study systematically mapped the intellectual foundations, research hotspots and thematic evolution of self-healing and adolescent mental health across five decades. Our methodology, outlined in Figure 1, provides a detailed description of our approach.

RESULTS AND DISCUSSION

PATTERN IN THE YEARLY DEVELOPMENT OF PUBLICATIONS

The bibliometric search identified 1,836 documents published between 1975 and 2025 on self-healing and adolescent mental health. Early contributions in the late 1970s and 1980s were sporadic, rarely exceeding one or two articles per year. A gradual rise became visible in the 1990s, followed by steady growth during the 2000s. After 2010, publication activity accelerated substantially and by 2015, the annual output surpassed 100 articles for the first time. The most dramatic surge occurred in the past decade, culminating in 221 publications in 2025, the highest in the dataset.

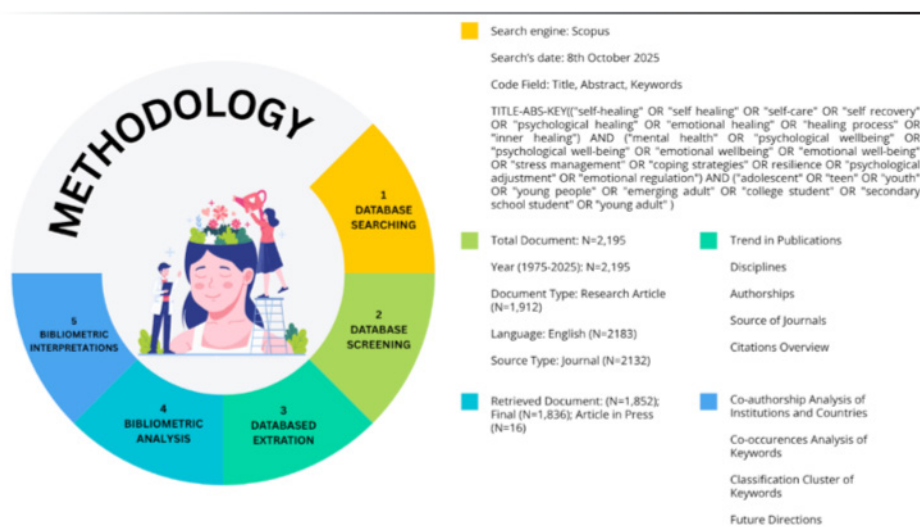


FIGURE 1. Schematic design of the bibliometric methodology for self-healing, mental health and adolescents

This growth pattern reflects the increasing global prioritisation of adolescent mental health and the diversification of approaches to self-healing. Patton et al. (2016) underscored adolescence as a period of heightened vulnerability to mental disorders, aligning with the surge in scholarly attention observed in this study. The sharp increase after 2015 also coincides with a rise in research on resilience and digital interventions, as evidenced by bibliometric analyses by Zhou et al. (2022). Moreover, the COVID-19 pandemic acted as a catalyst for further growth, with numerous studies examining psychological recovery, coping and self-healing strategies among youth populations. Collectively, the yearly distribution illustrates both the field's expansion and maturation, with recent decades marked by a shift from clinical observation to holistic, technology-enabled approaches to adolescent well-being.

HETEROGENEITY SUBJECT AREA BASED ON SCOPUS CATEGORIES

The subject-area distribution of the 1,836 documents demonstrates that research on self-healing and adolescent mental health is heavily concentrated in the health sciences. Medicine accounted for 1,386 publications (75.5%), establishing it as the dominant discipline. This was followed by Psychology (320; 17.4%), Nursing (228; 12.4%) and Social Sciences (198; 10.7%), collectively representing more than two-thirds of the total output. The strong presence of medicine, psychology and nursing reflects the field's clinical and therapeutic orientation, while the inclusion of social sciences highlights

attention to contextual and societal factors. Within psychology and nursing in particular, researchers have increasingly emphasized non-pharmacological approaches such as coping, resilience and self-healing practices. This aligns with global calls for holistic youth mental health strategies (Patton et al. 2016; Windle 2011).

Beyond these core fields, a diverse array of disciplines contributed smaller yet significant shares. Neuroscience (108 documents), Health Professions (87), Biochemistry, Genetics and Molecular Biology (70) and Environmental Science (64) illustrate the biological and environmental dimensions of adolescent health. The Arts and Humanities (46) emphasize spirituality, expressive practices and meaning-making as pathways to healing, while Multidisciplinary outlets (64) reinforce the cross-cutting character of this scholarship. Other subject areas, such as Pharmacology (23), Computer Science (19), Engineering (13), Dentistry (12) and even Veterinary Sciences (1), demonstrate that the field has expanded into highly specific niches. Many of these contributions focus on comorbidity, technological innovation, or methodological tools.

This multidisciplinary approach underscores the complexity of adolescent mental health as a research domain. The concentration within medicine and psychology provides a strong clinical foundation. At the same time, the contributions from environmental, social and cultural disciplines reflect the recognition that adolescent well-being cannot be reduced to biomedical factors alone. Echoing Patton et al. (2016), effective strategies require integrated approaches that combine medical, psychological and social perspectives. The involvement of the

humanities and multidisciplinary journals also suggests a growing openness to cultural and spiritual dimensions, although such perspectives remain relatively marginal compared to dominant clinical paradigms. These findings reinforce the need for broader interdisciplinarity to capture the diverse realities of adolescent experiences and to develop culturally anchored frameworks, especially in contexts such as Malaysia and the wider Muslim world.

AUTHORSHIP-MOST ACTIVE AUTHORS

Over the 50-year span (1975-2025), research on self-healing and adolescent mental health attracted 9,902 contributing authors in total, including all authorship positions. The majority of these authors published

only once or twice, demonstrating the highly dispersed and fragmented nature of contributions in this area. This pattern reflects a typical Lotkaian distribution, where a small proportion of prolific authors accounts for a disproportionately large share of scholarly output (Donthu et al. 2021).

The most active authors are listed in Table 1. Helgeson, V.S. leads the ranking with 11 first-authored publications, followed by Lovell, K. (10) and Bee, P. (10). Several authors including Hilliard, M.E. (7), Treasure, J. (7) and Becker, D. (7) produced substantial contributions, while Escobar, O. (6) and Pryjmachuk, S. (6) also maintained consistent engagement. Rounding out the top contributors, Brooks, H. and Songprakun, W. authored five publications.

TABLE 1. Top 10 most active authors in self-healing, mental health and adolescents

Rank	Authors	Articles on the Topic	Affiliation	Research Focus/Notes
1.	Helgeson, V.S.	11	Carnegie Mellon University, USA	Health psychology, chronic illness, coping, adjustment in adolescents
2.	Lovell, K.	10	University of Manchester, UK	Mental health nursing, psychosocial care
3.	Bee, P.	10	University of Manchester, UK	Nursing, community mental health, service delivery
4.	Hilliard, M.E.	7	University of Texas, USA	Paediatric psychology, diabetes, self-care
5.	Treasure, J.	7	King's College London, UK	Eating disorders, adolescent psychiatry
6.	Becker, D.	7	University of Pittsburgh, USA	Paediatric endocrinology, diabetes distress
7.	Escobar, O.	6	University of Barcelona, Spain	Paediatric care, adolescent health
8.	Pryjmachuk, S.	6	University of Manchester, UK	Nursing education, adolescent well-being
9.	Brooks, H.	5	University of Manchester, UK	Service-user involvement, mental health care
10.	Songprakun, W.	5	Chiang Mai University, Thailand	Guided self-help, depression, resilience

This distribution underscores the intellectual leadership of a small group of authors who have shaped the trajectory of scholarship in self-healing and adolescent mental health. Many of these scholars are affiliated with institutions in the United States, the United Kingdom and Australia, reflecting the dominance of Anglophone research environments. Their work spans diverse foci: Helgeson's extensive contributions in health psychology and chronic illness, Lovell's and Bee's emphasis on nursing and psychosocial interventions and Treasure's work on eating disorders and adolescent care. Together, these contributions reveal that while the broader field is fragmented, a small nucleus of prolific researchers has provided sustained direction and thematic consolidation. However, very few of these prolific authors are from Asia, the Middle East or Muslim-majority countries, reflecting a gap in culturally grounded scholarship.

TOP 5 SOURCES OF JOURNALS ON THE RELATIONSHIP

The distribution of publications by source journals highlights a strong concentration in multidisciplinary and health-related outlets (Figure 2). The most prolific source was the *International Journal of Environmental Research and Public Health* (57 publications). This journal has a broad scope that covers environmental health, psychology and social determinants of well-being, making it a natural platform for studies exploring the intersection of adolescent mental health and self-healing practices. Its open-access model and global readership further facilitate the wide dissemination of youth-centred interventions.

The second largest outlet was PLOS ONE (52 publications), a multidisciplinary journal known

for its methodological inclusivity and openness to innovative approaches. The presence of PLOS ONE reflects how self-healing and adolescent mental health research is often interdisciplinary and benefits from open-access visibility. Studies published here frequently integrate digital health, psychosocial interventions and epidemiological perspectives.

BMJ Open (48 publications) ranked third, highlighting the medical and clinical underpinnings of this research field. As an outlet focused on transparent reporting and public health relevance, BMJ Open has become a venue for intervention studies, particularly those emphasizing resilience-building and self-help strategies for young populations.

The fourth major source was BMC Psychiatry (43 publications). Its emphasis on mental health conditions and psychiatric interventions underscores the clinical orientation of the field. Research in this journal often situates self-healing strategies within

psychiatric contexts, including depression, anxiety and eating disorders among adolescents.

Finally, the Journal of Medical Internet Research (28 publications) represents the growing importance of digital interventions and technology-mediated health care. Its presence in the top five indicates the strong influence of e-health, mHealth and telehealth in shaping adolescent self-healing pathways. Studies in this journal have examined mobile apps, online counselling and digital resilience-building programs, demonstrating how technology is increasingly integrated into traditional counselling practices.

Taken together, these top five journals illustrate the dual trajectory of the field. On one side, the dominance of medical and psychiatric outlets highlights the clinical foundations of adolescent mental health research. On the other hand, the prominence of open-access and digital health journals reflects the evolving

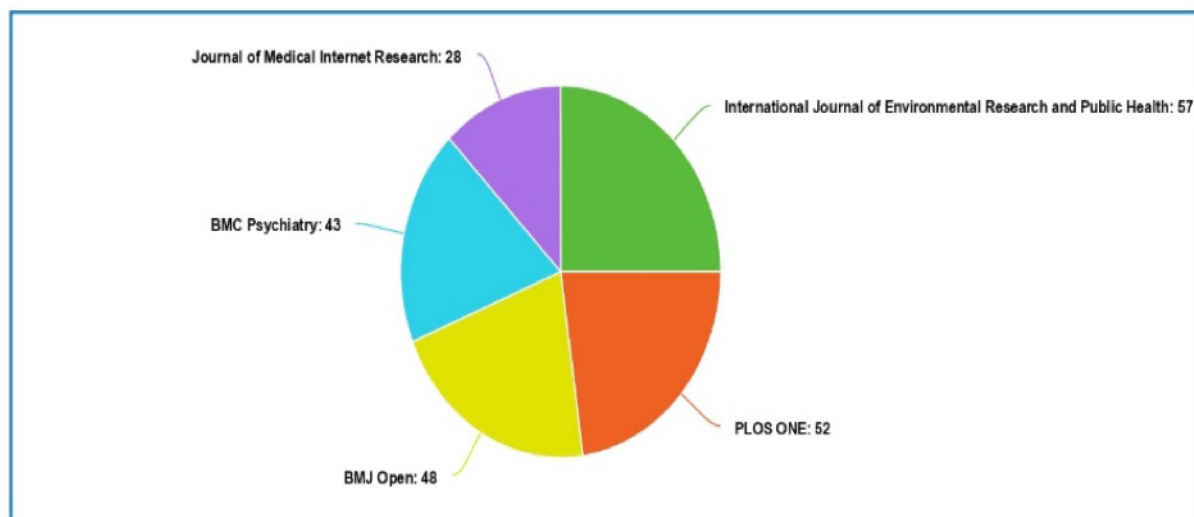


FIGURE 2. Top 5 source journals in self-healing, mental health and adolescents

reliance on innovation, interdisciplinarity and technology to enhance self-healing outcomes. This distribution suggests that self-healing and adolescent mental health are at the crossroads of clinical medicine, psychology, public health and digital innovation, underscoring their holistic and cross-disciplinary nature.

CITATION OVERVIEWS

The citation analysis highlights a set of highly influential publications that have shaped the field of self-healing and adolescent mental health. The most cited article was Wang et al. (2020) in *Brain*,

Behaviour and Immunity, which received more than 2,000 citations. This landmark paper documented the global mental health consequences of the COVID-19 pandemic, with specific implications for adolescents facing stress, uncertainty and disrupted social support systems.

Another pivotal study was Liu et al. (2020) in *The Lancet Global Health*, with 1,141 citations, which focused on the psychological burden among healthcare workers during the pandemic but has been widely referenced for its broader implications on resilience and stress management in vulnerable populations, including youth.

Beyond pandemic-related work, Torous et al. (2021) in *World Psychiatry* (653 citations) introduced the role of digital psychiatry and mobile health technologies. This study is especially significant for the self-healing paradigm, as it demonstrates how digital platforms can complement traditional counselling in enhancing youth well-being. Similarly, Luo et al. (2017) in *Value in Health* (506 citations) and Richardson et al. (2014) in *Patient* (408 citations) made methodological advances in health-related quality of life measurement, providing tools for evaluating self-healing interventions more rigorously.

Earlier contributions also remain central. Huppert and Whittington (2003) in the *Journal of Happiness Studies* emphasized positive well-being and life satisfaction, while Feldman et al. (2010) in the *Journal of Positive Psychology* explored mindfulness and acceptance, both of which form the conceptual roots of self-healing practices.

Collectively, these highly cited papers illustrate three dominant intellectual trajectories:

1. Public health crises as accelerators of mental health research (e.g., COVID-19).
2. Measurement development and quality of life frameworks, which enable systematic evaluation of interventions.
3. Integration of mindfulness and digital technologies, reflecting the field's shift toward holistic and innovative approaches.

This pattern demonstrates that the field of self-healing and adolescent mental health is anchored in both crisis-driven scholarship and long-term theoretical development. It also reveals that while resilience, coping and well-being have strong foundations, the challenge remains in adapting these insights to diverse cultural contexts such as Islamic counselling in Malaysia.

CO-AUTHORSHIP ANALYSIS OF INSTITUTIONS

The institutional analysis (Figure 3) displays that research on self-healing and adolescent mental health is highly concentrated in a relatively small number of globally recognized universities and medical schools. King's College London emerged as the most productive institution with 54 publications, reflecting its strong tradition in psychiatry, psychology and adolescent well-being research.

In Australia, several universities demonstrated sustained leadership, including the University of Melbourne (46 publications), Monash University

(34), The University of Sydney (35), The University of Queensland (31) and UNSW Sydney (28). Collectively, these institutions underscore Australia's pivotal role in resilience and youth-centered mental health research. Their contributions frequently emphasise longitudinal cohort studies, resilience-building frameworks and school-based interventions.

In North America, the University of Toronto (43 publications) was the most prolific Canadian institution, contributing extensively to paediatric psychology, quality of life studies and youth counselling approaches. From the United States, Harvard Medical School (31 publications) featured prominently, with a strong emphasis on behavioural health, digital psychiatry and preventive interventions for young people.

The United Kingdom continued to demonstrate significant leadership beyond King's College, particularly through The University of Manchester (35 publications) and University College London (33), both of which integrate social science approaches into medical and psychological research.

Taken together, these institutions reflect the geographic concentration of scholarship in Anglophone contexts, with the UK and Australia dominating alongside North America. The prominence of medical schools and public health faculties indicates the clinical orientation of the field. In contrast, their growing collaborations with Asian institutions (notably in digital health and resilience studies) reveal the beginnings of international partnerships.

This distribution confirms that while global research is still anchored in Western institutions, collaborations are increasingly bridging disciplines and regions, paving the way for more inclusive and culturally responsive frameworks in self-healing and adolescent mental health.

CO-AUTHORSHIP ANALYSIS OF COUNTRIES

The country-level analysis suggests that scholarship on self-healing and adolescent mental health remains heavily concentrated in high-income, Anglophone nations (Figure 4). The United States leads with 650 publications, underscoring its robust research infrastructure, significant funding capacity and long-standing expertise in adolescent psychology and psychiatry. The United Kingdom leads with 313 documents, followed by Australia with 243, reflecting the strength of Commonwealth

institutions such as King’s College London, the University of Manchester, the University of Melbourne and Monash University. These countries have consistently pioneered work on resilience, psychosocial well-being and digital health interventions.

Canada, with 170 publications, further highlights North America’s regional leadership in paediatric psychology, community-based youth counselling and mental health policy research. In Asia, China contributed 93 publications, marking a growing engagement in adolescent well-being studies, particularly in resilience and digital therapy.

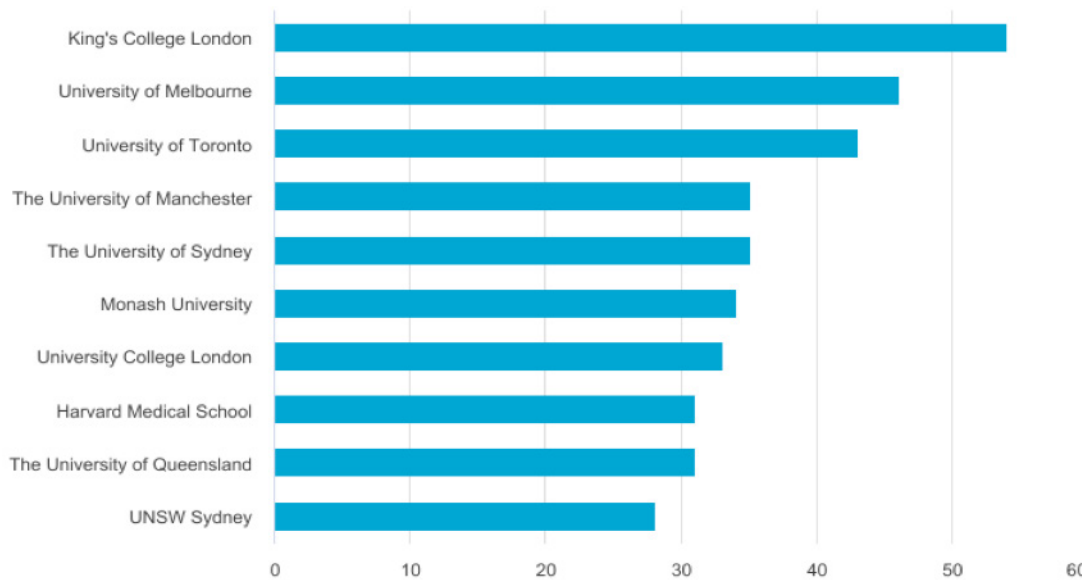


FIGURE 3. Co-authorship of institutions in self-healing, mental health and adolescents

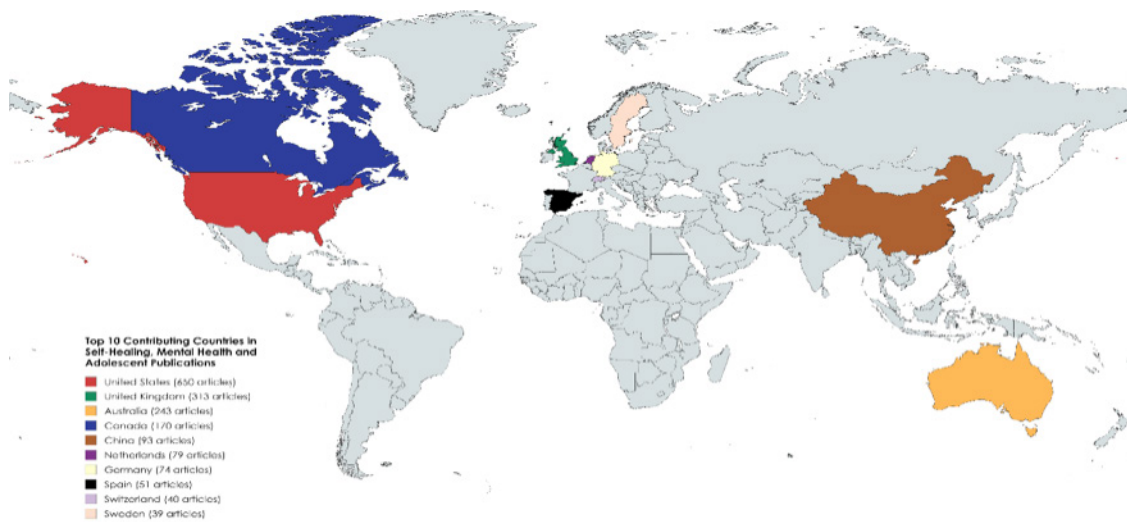


FIGURE 4. Top 10 contributing countries in self-healing, mental health and adolescent publications

- schizophrenia, chronic kidney disease, loneliness, HRQoL, highlighting comorbidity in adolescent health outcomes.
5. Cluster 5 - Evidence-Based Interventions (28 items): Includes cognitive behaviour therapy, bibliotherapy, systematic review, self-help, e-mental health, reflecting the prominence of rigorous therapeutic approaches.
 6. Cluster 6 - Resilience and Mindfulness-Based Self-Care (28 items): Terms such as mindfulness, yoga, meditation, adolescent health, self-regulation, stress management, suggesting the rise of holistic and self-care practices.
 7. Cluster 7 - Family, Body Image and Eating Disorders (26 items): Featuring anorexia nervosa, eating disorders, body image, caregivers, families, transgender youth, underscoring socio-emotional vulnerabilities.
 8. Cluster 8 - Psychosocial and Cultural Issues (24 items): Including stigma, pregnancy, trauma-informed care, women's health, culture, social support, highlighting gendered and cultural determinants.
 9. Cluster 9 - Neurological and Infectious Conditions (4 items): Focus on epilepsy, seizures, chronic illness and coronavirus, which, although limited, remain relevant to adolescent care.
 10. Cluster 10 - Core Public Health Themes (4 items): Terms like anxiety, mental disorders, public health and well-being remain central to the field's evolution.

Together, these clusters highlight the thematic breadth and interdisciplinarity of the field. The literature spans clinical interventions, resilience-building, cultural and gender issues and digital health innovations. However, two critical gaps remain evident:

1. First, the underrepresentation of non-Western and Muslim-majority contexts, which limits the cultural applicability of existing models for adolescent populations in Asia, the Middle East and Africa.
2. Second, the absence of integrative frameworks that embed spiritual or Islamic counselling perspectives into global discourses of resilience and self-healing. While concepts such as resilience, coping and mindfulness dominate the literature, faith-based dimensions such as *tazkiyat al-nafs*, *sabr* and *tawakkul* are virtually absent.

From an Islamic counselling perspective, these themes resonate with concepts such as *tazkiyat al-nafs*, *sabr* and *tawakkul*, which emphasize emotional regulation, resilience and spiritual growth. Integrating these values into adolescent mental health interventions may provide culturally relevant self-healing strategies for Muslim communities. These perspectives provide an important interpretative lens for understanding the cultural and spiritual dimensions that remain underrepresented in the current global literature.

By situating these findings within the Madani society vision, this study advances a distinctive scholarly contribution: it is the first bibliometric synthesis to connect self-healing and adolescent mental health research with the potential of Islamic counselling and da'wah frameworks. This novelty consolidates fragmented international literature while charting a culturally grounded pathway forward, ensuring that future interventions are evidence-based, context-sensitive, faith-sensitive and globally relevant.

FUTURE DIRECTIONS AND POTENTIAL STRATEGIES

The bibliometric mapping of self-healing and adolescent mental health underscores several critical avenues for advancing scholarship, practice and policy in the decades to come.

Strengthening Interdisciplinary Integration

Current research is dominated by medicine, psychology and nursing, which provide a strong clinical foundation but risk narrowing the conceptual scope of self-healing. Future studies should actively engage with sociology, anthropology, education, religious studies and digital humanities to develop a more holistic framework. Such integration would capture the complexity of adolescent well-being, in which health is shaped not only by biomedical and psychological factors but also by cultural, educational and spiritual contexts. Cross-disciplinary designs can enrich theoretical development and promote innovative interventions that reflect real-world complexities.

Enhancing Regional Inclusivity

The analysis reveals a strong Western and Anglophone dominance, while Asia, Africa and the Middle East remain underrepresented. This

imbalance risks producing knowledge that is insufficiently relevant for adolescents living in diverse socio-cultural environments. Establishing regional research hubs, strengthening South-South collaborations and prioritising funding for context-specific projects are necessary steps. Locally grounded studies in Malaysia, Indonesia and other Muslim-majority countries can ensure that self-healing paradigms evolve in ways that are both globally informed and culturally sensitive.

Advancing Digital Innovation with Equity

The prominence of digital health, mHealth and teletherapy in the dataset highlights the potential of technology to expand access to adolescent mental health care. Future scholarship should move beyond proof-of-concept studies to examine issues of scalability, sustainability, equity and ethics. Hybrid models that combine digital tools with face-to-face counselling and faith-based practices may provide more comprehensive outcomes. Equally important, attention must be paid to digital literacy and socioeconomic disparities to ensure that technology reduces rather than deepens inequalities.

Prioritizing Cultural and Spiritual Integration

A major gap in the literature is the absence of faith-based and spiritual frameworks. Islamic counseling provides rich conceptual resources such as *tazkiyat al-nafs* (self-purification), *sabr* (patience), *tawakkul* (trust in God) and *rahmah* (compassion), that can be incorporated into therapeutic models. Embedding these values into adolescent interventions would ensure that self-healing strategies resonate with Muslim youth and communities, enhancing both cultural acceptability and psychological effectiveness. This integration contributes to global diversity by offering alternatives to Western-centric models.

Bridging Research, Practice and Policy

While bibliometric mapping reveals intellectual structures, the challenge lies in translating insights into tangible interventions. National mental health strategies, school-based programs and NGO initiatives should integrate self-healing, resilience and culturally grounded practices into their frameworks. Policy makers must prioritize stigma reduction, improve mental health literacy and expand services accessible to adolescents in both

urban and rural settings. Collaborative partnerships between academia, health systems, educators, NGOs and religious leaders are vital for ensuring sustainable, contextually relevant change.

Methodological Advancement and Triangulation

Although bibliometric analysis provides a valuable overview, it must be complemented by longitudinal, experimental and mixed-method research. Future work should triangulate bibliometric insights with empirical evidence to test the efficacy of self-healing interventions and explore their adaptability across cultural settings. This combined approach would not only strengthen evidence-based practices but also build theoretical frameworks capable of guiding best practices globally.

In sum, the findings of this bibliometric study highlight both achievements and critical gaps. By embedding Islamic counseling principles within global self-healing frameworks, this research offers a novel pathway that bridges international knowledge with the aspirations of Madani society. Such an approach ensures that adolescent mental health scholarship evolves into a field that is scientifically rigorous, culturally grounded, spiritually enriched and globally inclusive.

CONCLUSIONS

This study provides the first comprehensive bibliometric synthesis of research on self-healing and adolescent mental health over the past five decades (1975-2025). By analyzing 1,836 Scopus-indexed publications, the study has mapped the intellectual evolution of the field, identified dominant themes such as resilience, coping, digital health and quality of life and revealed clear geographical imbalances, with Western nations leading the discourse while Asia, Africa and the Middle East remain underrepresented.

1. **Contribution to Knowledge:** This article advances the conceptualization of self-healing as a multidimensional construct that transcends biomedical perspectives, integrating psychological, social, cultural and spiritual dimensions. The novelty lies in linking global bibliometric evidence with Islamic counseling principles such as *tazkiyat al-nafs*, *sabr*, *tawakkul* and *rahmah* to frame self-healing as both a universal and faith-sensitive pathway for adolescent well-being.

2. Contribution to Practice: The findings provide a basis for designing interventions that are both context-sensitive and culturally grounded. In Malaysia, integrating Islamic counselling into self-healing models aligns with the vision of a Madani society, where mental health care must combine professional expertise with spiritual guidance. Such integration is especially significant for vulnerable groups, such as unmarried pregnant adolescents, who require approaches that are therapeutic, compassionate and culturally acceptable.
3. Contribution to Methodology: By applying bibliometric mapping, the study demonstrates the value of systematic science mapping for consolidating fragmented literatures and identifying research gaps. The methodological contribution lies in indicating how bibliometrics can be used not only to track global trends but also to generate frameworks for integrating spirituality into mental health scholarship.
4. Policy Implications: The results offer evidence-based directions for policymakers, educators and practitioners. National strategies should prioritize resilience, stigma reduction and culturally inclusive interventions, while also incorporating spiritual and community-based resources. By recognizing faith-sensitive approaches, policy can bridge the gap between clinical systems and community realities.

In conclusion, this study contributes to knowledge, practice and policy by consolidating global scholarship on self-healing and adolescent mental health, while opening a novel pathway that aligns international evidence with Islamic counseling traditions. In doing so, it enriches academic discourse and provides a framework for building holistic, inclusive and compassionate strategies for youth well-being within the broader aspirations of Madani society.

By bridging bibliometric evidence with Islamic counselling principles, this study introduces a novel faith-sensitive framework that expands the global discourse on adolescent mental health beyond predominantly Western paradigms.

ETHICS STATEMENT

This study is based exclusively on published bibliographic data retrieved from the Scopus database and does not involve human participants,

personal data or ethical risks. Therefore, ethical approval was not required.

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CONFLICT OF INTEREST STATEMENT

All authors declare no conflict of interest.

AUTHORS' CONTRIBUTIONS

All authors contributed equally to the conceptualization, methodology, data collection, data analysis and writing of this paper. All authors reviewed and approved the final manuscript.

ARTIFICIAL INTELLIGENCE (AI) GENERATED TEXT DECLARATION

This article has utilized artificial intelligence (AI) technology, specifically ChatGPT by OpenAI, as a support tool in drafting and content review. All facts have been re-verified by the author to ensure accuracy and contextual relevance.

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