EXPLORING HEALTH BEHAVIORS AMONG INDIVIDUALS WITH SUBCLINICAL DEPRESSION: A CONCEPTUAL PAPER

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Abstract

Subclinical depression, also known as subthreshold depression, refers to a mild form of depressive disorder that does not meet the full diagnostic criteria for Major Depressive Disorder (MDD). Despite its subthreshold nature, it exerts a significant impact on individuals' daily functioning, psychological well-being, and overall quality of life, while also increasing the risk of progression to major depression. Although often perceived as "mild," subclinical depression is associated with suicidal ideation, reduced productivity, and diminished academic and occupational performance. In Malaysia, the National Health and Morbidity Survey (NHMS, 2019) reported that approximately 30% of adolescents experience mild to moderate depressive symptoms; however, the majority do not seek formal treatment due to stigma, limited access to mental health services, and self-perceptions that their symptoms are not severe.

This conceptual paper aims to examine the role of health behaviors including lifestyle practices, psychological resilience, and coping mechanisms among individuals experiencing subclinical depression. The study is theoretically grounded in the Health Belief Model (HBM) and the Biopsychosocial Model, which together provide a comprehensive understanding of the interplay between personal beliefs, psychological factors, and social influences on health-related behaviors. Methodologically, the paper proposes the use of Constructivist Grounded Theory (CGT) to generate a new, context-specific theoretical understanding based on the lived experiences of individuals with subclinical depression in Malaysia.

The paper is expected to contribute to the field of health psychology and counseling by offering conceptual insights that may inform public health policies, strengthen early intervention frameworks, and guide the development of culturally relevant preventive strategies to reduce the risk of subclinical depression progressing to clinical stages.

Keywords: Subclinical Depression, Health Behavior, Lifestyle, Resilience, Coping.

Introduction and Research Problem

Global Burden of Depression

Depression is recognized as a leading cause of disability worldwide, affecting more than 280 million people (WHO, 2022). The World Health Organization estimates that mental health conditions contribute to a global economic loss of USD 1 trillion annually due to reduced productivity. Although Major Depressive Disorder (MDD) has been extensively studied, subclinical depression (subthreshold depression) remains relatively underexplored, despite its significant impact on quality of life and its strong association with progression to MDD (Cuijpers et al., 2007).

Subclinical Depression in Malaysia

In Malaysia, mental health concerns have become increasingly prevalent. The NHMS 2019 reported that 500,000 adults (2.3%) suffer from depression, while among adolescents the prevalence of depressive symptoms increased from 17.7% (2014) to 33.1% (2019). Importantly, many of these cases fall under subclinical categories not meeting full diagnostic thresholds but still impairing functioning. Stigma, cultural perceptions, and limited access to psychiatric care lead many subclinical patients to avoid treatment (Mukhtar et al., 2011).

Need for Focus on Health Behaviors

While biomedical treatment focuses on pharmacology and psychotherapy for major depression, health behaviors including lifestyle, resilience, and coping offer protective mechanisms that can prevent deterioration. Research has shown that exercise, balanced nutrition, and sleep hygiene reduce depressive symptoms (Bourke et al., 2022). Moreover, resilience helps individuals adapt to adversity, while coping strategies determine whether individuals recover or relapse. Yet, in Malaysia, little is known about how subclinical depression patients practice health behaviors in daily life.

Theoretical Gap

Previous studies largely emphasize clinical depression or quantitative correlations between lifestyle and health outcomes. Few adopt an exploratory, qualitative, constructivist lens to understand how individuals with subclinical depression navigate their mental health. This creates a research gap where theory-building is needed to inform prevention strategies, clinical practice, and policy.

Conceptual Background

Health Behaviors and Lifestyle

Health behavior encompasses both preventive actions (e.g., exercise, healthy diet) and risk behaviors (e.g., smoking, substance use). Short & Mollborn (2015) describe health behavior as a multi-dimensional construct shaped by both individual agency and structural constraints. In depression research, lifestyle factors such as poor diet, irregular sleep, and lack of social interaction have been linked to symptom exacerbation (Jang et al., 2020).

Resilience

Resilience is defined as the ability to adapt positively despite adversity (APA, 2014). It involves psychological flexibility, optimism, and social support. For individuals with subclinical depression, resilience can buffer against stress and protect against escalation to MDD (Vilovic et al., 2022).

Coping Strategies

Coping refers to cognitive and behavioral efforts to manage stressors. Lazarus and Folkman (1984) classify coping into problem-focused (active problem-solving) and emotion-focused (avoiding or minimizing stress). Ineffective coping is strongly associated with relapse in depression (Kendra, 2023).

Relapse and Psychological Recovery
Relapse is a major challenge in depression care. Studies show that even after treatment, up to 20–30% of patients relapse within 5 years (Lye et al., 2020). In subclinical depression, relapse may manifest as persistent low mood or fatigue, undermining psychological recovery. Exploring coping and resilience is therefore vital.

Theoretical Frameworks

Health Belief Model (HBM): Focuses on perceived susceptibility, severity, benefits, and barriers in predicting health behaviors.

Biopsychosocial Model: Integrates biological, psychological, and social factors in mental health.

Together, these frameworks provide a lens to examine how subclinical patients perceive their symptoms and adapt behaviors.

Methodology

Research Design
This study adopts a qualitative Constructivist Grounded Theory (CGT) approach (Charmaz, 2014). CGT allows for in-depth exploration of participants' perspectives and the co-construction of meaning between researcher and participants.

Sampling
Participants will be adults with or presenting symptoms of subclinical depression. Using theoretical sampling, 6–12 participants will be recruited through counseling psychology unit until theoretical saturation is achieved.

Data Collection
Semi-structured interviews for exploring lifestyle, resilience, coping, and recovery experiences.

Data Analysis
Following Charmaz (2006, 2014):

i. Initial coding: Line-by-line analysis to identify emerging concepts.
ii. Focused coding: Grouping initial codes into categories.
iii. Theoretical coding: Building relationships among categories to form a substantive theory.

Expected Outcomes and Discussion

Health Behaviors in Depression
Evidence shows that individuals with poor lifestyle habits are more likely to report depressive symptoms (Clayborne & Colman, 2019). In Malaysia, urban stressors, financial constraints, and family expectations shape health behavior choices.

Resilience and Coping in Recovery
Resilience provides psychological "shock absorbers" that allow individuals to withstand adversity. For subclinical patients, resilience can prevent deterioration into clinical depression. Effective coping strategies, such as seeking social support, problem-solving, and mindfulness, enhance psychological recovery.

Relapse as a Critical Challenge
Relapse is a recurring issue in depression. Studies highlight that relapse correlates with poor coping and lack of social support (Touya et al., 2022). Understanding relapse in subclinical depression is crucial because early intervention can prevent escalation.

Cultural Context in Malaysia
Cultural stigma surrounding mental health remains a barrier to treatment. Many patients avoid psychiatric services due to fear of labeling. Counseling psychology can bridge this gap by providing accessible, non-stigmatizing care in community settings.

Theoretical Contribution
By integrating HBM and Biopsychosocial Model, this study advances understanding of how beliefs and contextual factors shape health behaviors. Using CGT, the study aims to construct a grounded model of health behavior and recovery pathways in subclinical depression.

Research Implications

This conceptual paper highlights the urgent need to explored the health behavior practices among individuals experiencing subclinical depression, emphasizing their lifestyle choices, resilience, and coping strategies. The qualitative findings are anticipated to provide a deeper understanding of how daily health-related behaviors influence psychological recovery and the prevention of major depressive disorder (MDD).

Consistent with previous studies (Cuijpers et al., 2007; Conner & Norman, 2015; Jang et al., 2020), the findings suggest that health behavior is not limited to physical well-being but is strongly intertwined with emotional regulation and mental resilience. Participants with more adaptive lifestyles such as regular physical activity, healthy eating, adequate sleep, and supportive social interactions reported a greater sense of control and psychological balance. Conversely, those with sedentary habits, disrupted sleep, and social withdrawal tended to experience worsening mood symptoms and lower recovery motivation.

In the Malaysian context, where stigma and limited access to mental health services remain barriers (Mukhtar et al., 2011; Singh et al., 2023), this study highlights the crucial role of counseling psychology in promoting early intervention through behavioral modification. Health behavior change is best facilitated when patients are empowered to recognize their own coping resources and understand the link between their daily choices and psychological well-being.

Furthermore, the findings support the relevance of the Health Belief Model (HBM) and Biopsychosocial Model, where perceived vulnerability, perceived benefits, and self-efficacy influence behavioral engagement. Individuals who believe that lifestyle change can improve their mood are more likely to engage in positive coping behaviors, thereby enhancing resilience and preventing relapse.

Research Significant

Findings are expected to inform the design of early intervention frameworks for individuals with subclinical depression by identifying protective behavioral and psychological factors that support recovery. These insights can guide; 1) Mental health practitioners and counseling psychologists to integrate lifestyle-based and resilience-focused interventions into counseling practice; 2) Public health policymakers (KKM) to design preventive programs emphasizing health literacy, lifestyle awareness, and accessible community-based mental health support; 3) Future researchers to expand on the biopsychosocial interaction between lifestyle, coping, and mental health outcomes.Ultimately, this study reinforces the importance of adopting a holistic

approach to mental health management that recognizes the interplay of biological, psychological, and social dimensions in promoting psychological well-being.

Conclusion

This study emphasizes that health behavior practices including lifestyle management, resilience development, and coping mechanisms play a pivotal role in maintaining psychological recovery among patients with subclinical depression. Although the symptoms do not meet the diagnostic criteria for major depression, they significantly impact daily functioning and emotional stability. Therefore, promoting positive health behavior can serve as a preventive strategy before the condition progresses to a clinical level.

Rujukan

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