

RESEARCH SUMMARY



MENTAL HEALTH

YAYASAN
HASANAH

 A foundation of Khazanah Nasional



**Review and Mapping of
Mental Health and Psychosocial
Services in Malaysia**

ACKNOWLEDGEMENTS

Summary Reports are abbreviated research documents commissioned by Yayasan Hasanah to support evidence-based policy recommendations for its impact areas and the nation. These reports may not necessarily reflect the official views of Yayasan Hasanah.

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INTRODUCTION

The adolescent stage of life (defined as age 10 to 19 by the World Health Organisation) is a pivotal one. At this developmental stage, adolescents face the transition from childhood to adulthood, leading to changes in physical, psychological and socio-emotional capacities, and are at greater risk of developing mental health disorders (Ang et al., 2017; Thabrew et al., 2019).

Mental health disorders are major public health challenges in any society and have been identified as one of the leading causes of illness and disability among adolescents worldwide (WHO, 2019). Without proper diagnosis and treatment, mental health disorders such as depression can lead to adverse outcomes including self-harm and suicide.



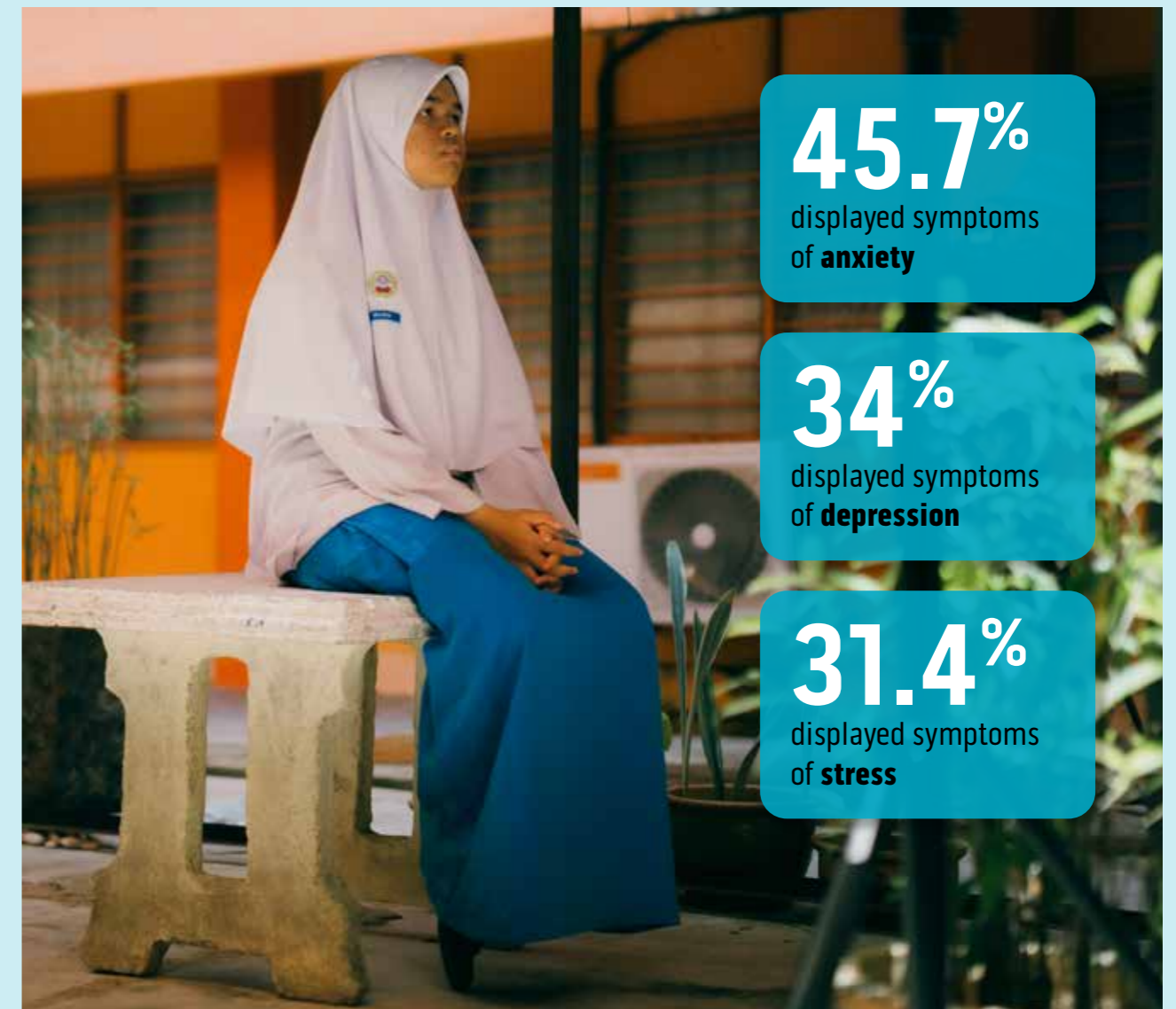
MENTAL HEALTH IN MALAYSIA

In Malaysia, studies have consistently shown the prevalence of depressive symptoms among adolescents. Parents and teachers, including school counsellors, were also found to play critical roles in the development, identification and management of mental health issues among adolescents.

According to the National Health Morbidity Survey (2017), one in five adolescents in Malaysia were suffering from depression. In previous studies, mental health screening at schools, greater awareness, periodic counsellor monitoring, and peer support groups were recommended as solutions, but limited groundwork has been carried out so far to map the accessibility and suitability of these initiatives.

This study commissioned by Yayasan Hasanah seeks to provide baseline data of the mental health landscape in Malaysia, identify gaps in existing policies and programmes, and earmark promising practices to promote mental health and well-being among children and adolescents.

The research project encompassed four phases: a) desk review, b) scoping review, c) online snapshot survey and d) in-depth interviews. From April to June 2022, a total of 960 students (aged 10-19) participated in an online survey.



KEY FINDINGS

This research project uncovered several findings of note. Of the respondents, 45.7% displayed symptoms of anxiety, 34% displayed symptoms of depression and 31.4% displayed symptoms of stress. The majority of students displaying symptoms were also found to have been insufficiently diagnosed or treated, contributing to negative outcomes including poor academic performance and behavioural problems.

Stakeholder interviews revealed a lack of continuous training for school counsellors, impacting their ability to manage mental health among students. The lack of a framework for mental health promotion programmes in schools has also resulted in a dependence on informal channels, such as social media.

Another key finding is that adolescents with mental health disorders faced several barriers to access of healthcare. This included a lack of awareness

and support among family members, coupled with transportation challenges causing them to be unable to meet scheduled appointments.

This study urgently recommends cross-sectoral management of children and adolescent mental health in Malaysia that includes updated policies, mandatory training for school counsellors, upskilling programmes enhancing resilience, as well as the involvement of mental health professionals and parents in mental health management.

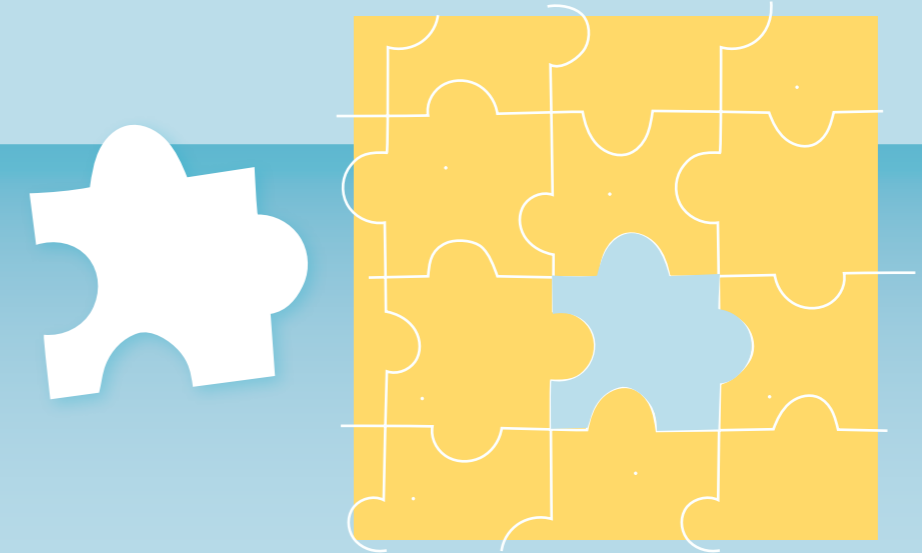
RESEARCH OBJECTIVES

In order to contribute meaningfully to the advancement of mental health amongst adolescents in Malaysia through this study, the following research objectives were established:

1. To provide **baseline data** of the situation in the country with regards to mental health policy, programmes and services for adolescents and their families.



2. To identify **gaps in policy frameworks, programmes and service provision and formulate recommendations** for overcoming the challenges.

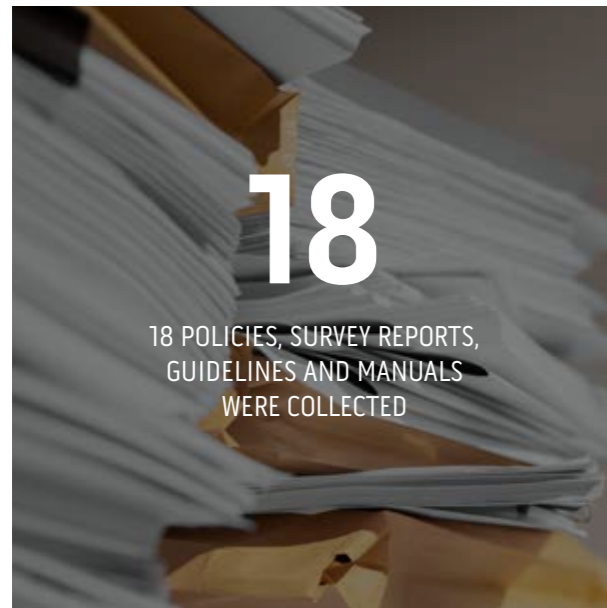


3. To identify and document **promising practices to promote an exchange of knowledge** on initiatives for adolescent mental health and psychosocial wellbeing.



METHODOLOGY

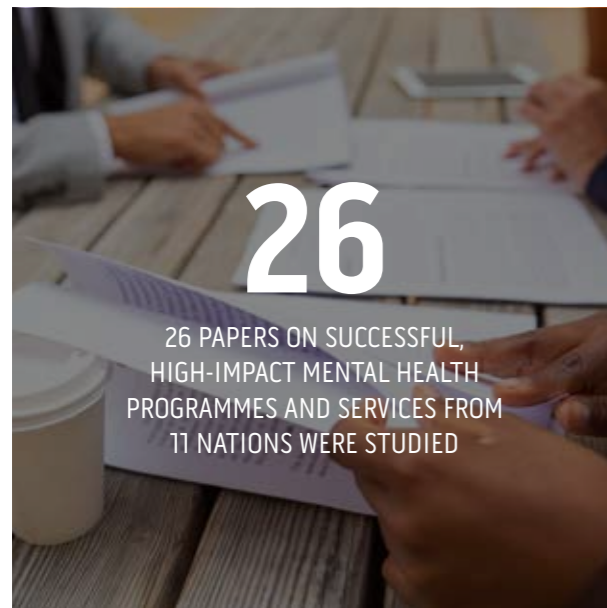
To obtain a holistic approach to reviewing, mapping and improving the mental health landscape in Malaysia, four phases of this study were established: a desk review, scoping review, online snapshot survey and in-depth interviews:



DESK REVIEW

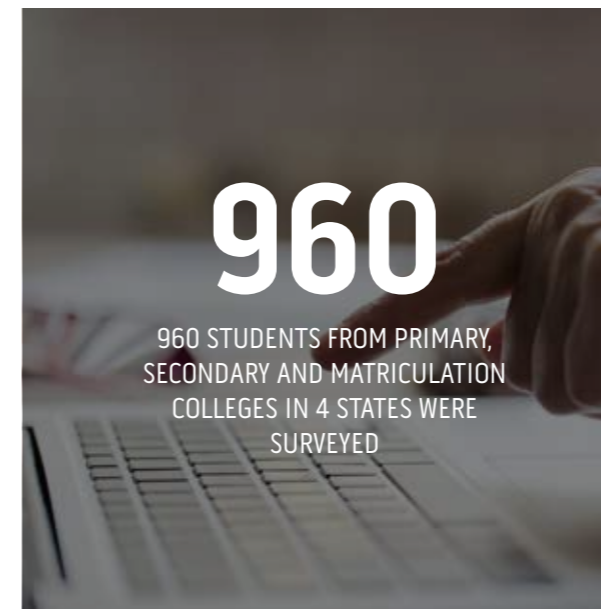
The research team studied the official websites of relevant agencies and ministries in Malaysia (Ministry of Health, Ministry of Education, Ministry of Women, Family and Community Development, Ministry of Youth and Sports, National Population and Family Development Board, Kelab Remaja ISMA).

A total of 18 documents comprising policies, survey reports, guidelines and manuals on mental health amongst children and adolescents in Malaysia were collected and studied.



SCOPING REVIEW

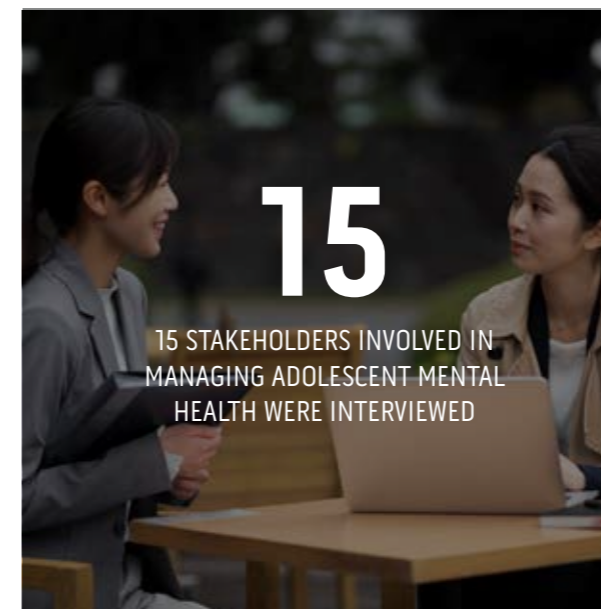
A scoping review identified a total of 26 papers outlining successfully implemented high-impact mental health and psychosocial support programmes and services from 11 countries including Australia, Belgium, Brazil, Egypt, United Kingdom, United States, Vietnam, India, Indonesia, Denmark, and Korea. The papers were studied to identify programmes for possible implementation in Malaysia.



ONLINE SNAPSHOT SURVEY

An online survey was conducted from April to June 2022 with 960 students from primary, secondary and matriculation colleges in Negeri Sembilan, Pahang, Perak and Selangor. Survey respondents were aged 10-19 years old.

The survey sought to obtain a snapshot of the participants' mental health and identify risk factors for developing mental health issues. Survey results will provide a comparative view and complement findings from the other methodologies utilised in this study.



IN-DEPTH INTERVIEWS

To explore and understand the perceptions, experiences and barriers facing those involved in managing adolescent mental health, the research team conducted in-depth interviews (45-60 minutes each) with 15 stakeholders:

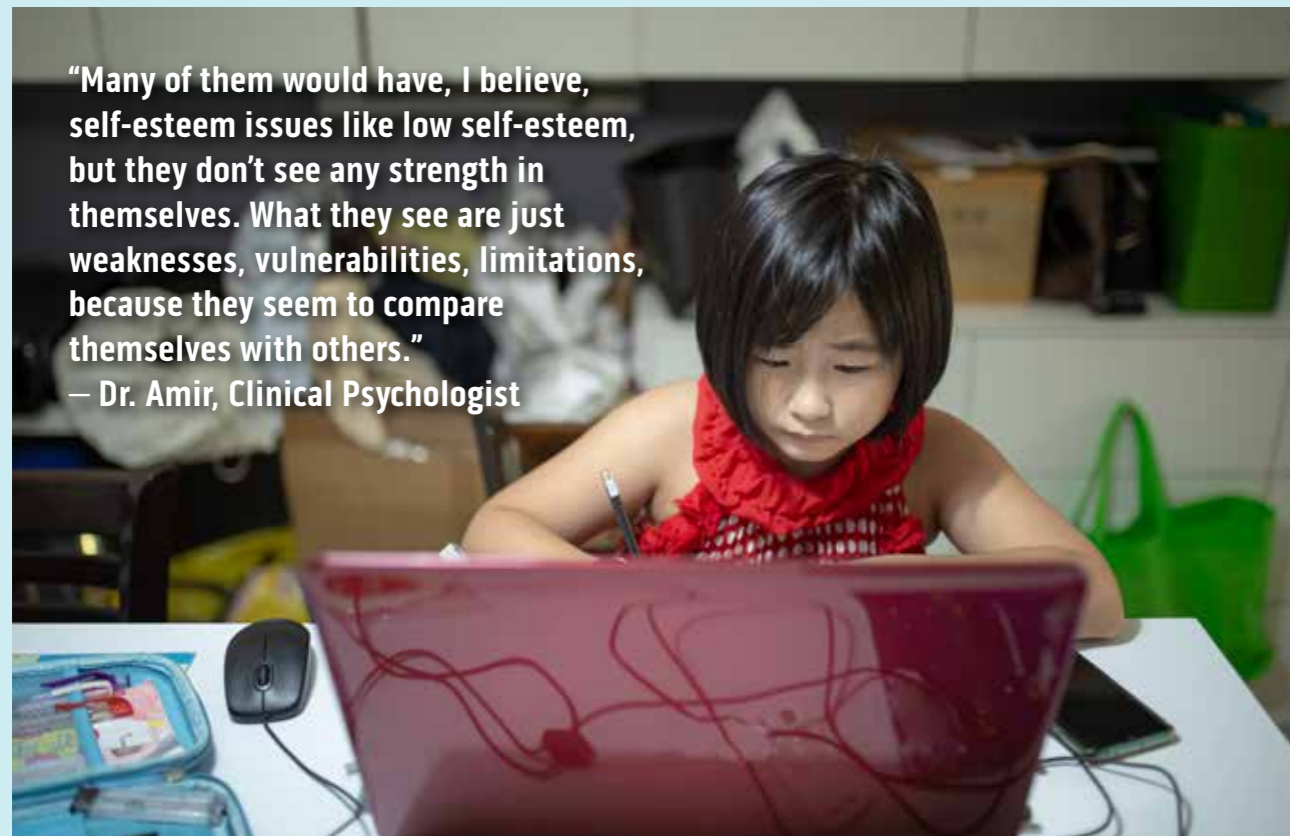
- 7 school counsellors
- 2 psychiatrists
- 2 clinical psychologists
- 2 representatives from NGOs
- 2 parents

The inclusion criteria for interviewees were a) at least of six months working in the areas of adolescent mental health (for health professionals and school counsellors), b) experience dealing with some form of mental distress (for parents) and c) able to converse in Malay or English.

In the interviews, stakeholders were asked about current mental health issues facing adolescents in Malaysia, existing mental health services and their knowledge of existing policies, programmes and services for adolescents.

RESEARCH FINDINGS

SURVEY FINDINGS



“Many of them would have, I believe, self-esteem issues like low self-esteem, but they don’t see any strength in themselves. What they see are just weaknesses, vulnerabilities, limitations, because they seem to compare themselves with others.”

— Dr. Amir, Clinical Psychologist

MENTAL HEALTH ISSUES ON THE INCREASE AMONG ADOLESCENTS IN MALAYSIA

Study findings revealed an alarming increase in depression, anxiety and stress amongst adolescents in Malaysia. Almost one in two adolescents displayed anxiety symptoms and one in every three experienced symptoms of stress and depression.

Based on the findings of the online snapshot survey, there was an increased rate of 10% for depression, 10% for anxiety and 20% for stress among adolescents aged 10-19 in Malaysia. Secondary school students (13-17 years old) also recorded significantly higher problems in mental health compared to the older age group (16-24 years old).

Students in Pahang displayed the highest levels of depression while in Perak, students showed the most

symptoms of anxiety. However, students from B40 families across all states recorded the highest levels of anxiety.

- Female students, secondary school students, boarding school students had a higher rate of mental health issues compared to others.
- Students with four to five siblings showed the most depressive and anxiety symptoms.
- Factors affecting adolescents’ mental health that contributed to negative outcomes were largely environmental (e.g. moving to a new area, transitioning from primary to secondary school), psychological (e.g. low self-esteem, body image issues, low resilience and coping skills) and social (family challenges, peer and school problems, exposure to gadgets).

LIMITED PROGRAMMES, LOW NUMBER OF MENTAL HEALTH PROFESSIONALS AND EXISTING STIGMAS CONTRIBUTING TO MALAYSIA’S SLOW PROGRESS IN MENTAL HEALTHCARE

Study findings showed that whilst there are strategies and existing policies in place addressing mental health issues among adolescents and youth in Malaysia (the scoping review found the most common intervention to be school-based programmes), services and awareness programmes targeting adolescents are limited.

School counsellors who participated in the study indicated that current mental health programmes at their schools were largely personal initiatives. There is also only one psychiatrist to every 100,000 Malaysians at present, with even fewer clinical psychologists available.

An even greater cause for concern was the discovery that at present, there is no specific policy or guidelines available for children and adolescents on depression, bipolar disorder, schizophrenia and anxiety disorders in Malaysia. Stakeholders reported referring to guidelines provided by international organisations such as the World Health Organisation, American Psychological Association and American Psychiatric Association.

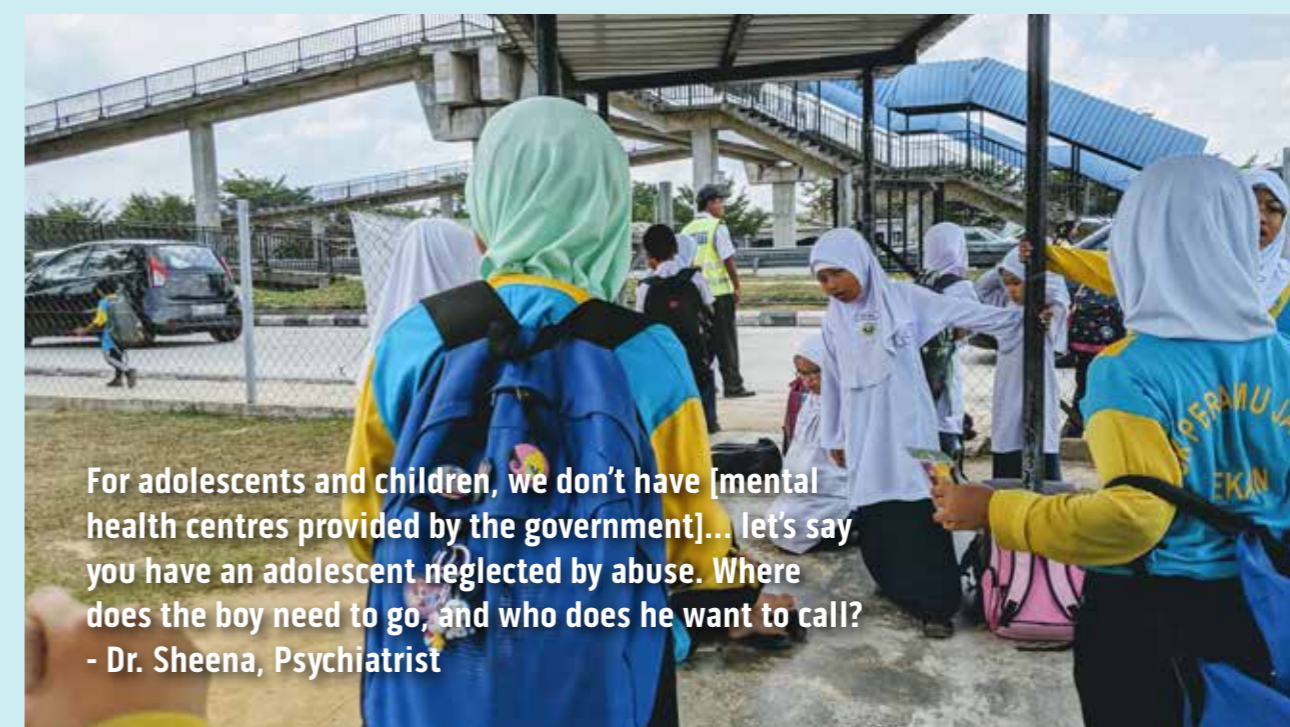
Mental health stigma was also identified as a significant barrier among students and their families, causing negative perceptions toward school counsellors and counselling sessions. At the same time, long waiting times for sessions and follow-up appointments have posed a challenge for psychiatrists and clinical psychologists in the comprehensive management of adolescent mental health.

Other barriers identified included:

- Burden on teachers
- Lack of access and awareness
- Low parental engagement and involvement
- Time constraints
- Intensity of programmes

Through in-depth interviews conducted, school counsellors reported struggling to find time for proper counselling sessions due to busy schedules and efforts not to disrupt the teaching and learning process in schools.

Another key finding from interviews with parents revealed concern regarding psychiatric sessions in government hospitals, and that clinicians at times did not try to communicate with them throughout the process of therapy. A further concern raised was that as their children do not always see the same psychiatrist at each session, progress is hindered due to the lack of trust and relationship-building.



For adolescents and children, we don’t have [mental health centres provided by the government]... let’s say you have an adolescent neglected by abuse. Where does the boy need to go, and who does he want to call?
- Dr. Sheena, Psychiatrist

CHALLENGES FACED BY STUDENTS AND SCHOOLS IN MENTAL HEALTH POLICY, PROGRAMME AND SERVICE DELIVERY

TIME CONSTRAINT

- Lack of time to complete programmes
- Too many school activities
- Academic commitments

LOW ATTENDANCE

- Students' absence from school
- High attrition rate amongst students
- Inability to complete most of the programmes

LOW ENGAGEMENT

- A lack of interest due to the inability of programmes to sustain pupils' attention
- Inability of programmes to adapt to students' levels

CONTENT DIFFICULTIES

- Difficulties understanding content
- Too text-based
- Not interactive
- Not age-appropriate

LOW AWARENESS

- Students lacked awareness in mental health
- Fear, shame and stigma surrounding the programmes

INTENSIVE PROGRAMMES

- Programmes were intensive
- Students felt burdened by the programmes
- Increased withdrawal from both students and schools

BURDEN ON TEACHERS

- Additional workload
- Additional time required
- Time and effort required to understand and adapt to the programmes

STIGMA ON MENTAL HEALTH

- Lack of cooperation between stakeholders
- Absence of transparent framework for mental health

TECHNICAL ISSUES

- Limited access to applications/websites due to poor connectivity
- Forgetting website URLs
- Forgetting passwords

LOW PARENTAL INVOLVEMENT

- Difficulty to obtain consent
- Refusal to consent
- Low participation in programmes

PROGRAM ADAPTABILITY

- Some programmes are only applicable near the beach or water
- Difficulty for students in urban areas far from the beach

REVIEW & MAPPING

The desk review of secondary data conducted provides researchers with a helpful **overview of current mental health policies, programmes and services** for adolescents in Malaysia.

MENTAL HEALTH PROGRAMMES AND SERVICES IN MALAYSIA

SOURCE	SERVICES/PROGRAMMES	DETAILS
Ministry of Health Malaysia	Human Resources in Mental Healthcare	There are currently 385 psychiatrists in both public and health sectors with a ratio of 1: 100,000 population. In the Ministry of Health, there are 100 clinical psychologists, 30 psychologists, 148 counsellors and 517 family medicine specialists. The National Strategic Plan for Mental Health 2020-2025 lists as many as 3,772 beds for psychiatric patients.
Ministry of Health & Ministry of Education	Healthy Mind Programme (Program Minda Sihat)	A programme for all age groups including adolescents that are being implemented in public schools. The programme involves a module that educate individuals on general knowledge of mental health, signs and symptoms of mental health problems, risk evaluation, and intervention.
	Adolescent Health Status Screening (Saringan Status Kesihatan Remaja)	Part of a compulsory programme in schools to screen for adolescents' overall health including physical, nutritional, sexual and reproductive health, risky behaviours and mental health.
Ministry of Youth and Sports Malaysia	Young Friends (Rakan Muda) Comfort Room	The Young Friends Comfort Room acts as a support centre for mental health and early intervention programmes, mental health assessments and support group activities that provide mental health services for youth affected by COVID-19 pandemic in Kuala Lumpur and surrounding areas.
Ministry of Education Malaysia	Peers Guidance Club (Kelab Pembimbing Rakan Sebaya)	A school club that instils counselling skills in students and promotes awareness on mental health issues among peers with the objective of producing members that are able to help their peers in a positive, effective, and skilled manner.
Befrienders Kuala Lumpur (NGO)	Helpline, outreach and support programmes	An initiative by the NGO, Befrienders aiming to help individuals to develop better emotional self-awareness leading to improved emotional health and well-being through a suicide helpline, phone calls, emails, face-to-face engagement, and outreach programmes.

POLICIES AND GUIDELINES ON MENTAL HEALTH IN MALAYSIA

SOURCE	DOCUMENT	OBJECTIVE
Ministry of Health Malaysia	Psychiatric and Mental Health Services Operational Policy (2011)	To guide mental health care providers, hospital managers and policy makers on the requirements, operation and development of psychiatric services in the hospitals and health clinics under the Ministry of Health.
	National Adolescent Health Policy (2001)	A policy encouraging adolescents to realise their responsibility for health, empowering them with appropriate knowledge and assertive skills that will enable them to practise healthy behaviours through active participation.
	Manual Managing Mental Health Problems Among Adolescents for Primary Healthcare Providers (2014)	A manual to identify and manage mental health problems among adolescents in the primary care setting. It is also for health care providers to respond more effectively to the adolescents and with greater sensitivity
	National Strategic Plan for Mental Health (2020-2025)	The general objective of the Strategic Plan is to promote mental health well-being, prevent mental disorders, provide care, enhance recovery, and reduce the mortality, morbidity, and disability for persons with mental health problems.
	Child And Adolescent Mental Health Training Module for Specialists (2009)	This training module is carried out for healthcare practitioners, including psychiatrists, paediatricians, and family medicine specialists on the identification and management of children and adolescents' mental disorders.
	Community Mental Health Centre Implementation Guideline (2013)	A community mental health centre (CMHC) is a centre for community care treatment which includes the screening, diagnosis, treatment and rehabilitation of any person suffering from any mental disorder. This is a guideline for the management of CMHC by healthcare practitioners.
	Malaysian Guideline on Suicide Prevention and Management (2013)	Address mental health and psychosocial issues in suicide prevention and management. This guideline for suicide prevention and management can be used by all relevant agencies, government premises (healthcare facilities, prisons, schools and other institutions) as well as at public places and in the community at large.
Ministry of Women, Family, and Community Development Malaysia	Child Act 2001	An Act to consolidate and amend the laws relating to preservation, protection and rehabilitation children and to provide allocation with related matters.
	National Child Policy (2009)	A comprehensive policy aiming to produce individuals who are healthy, fit, knowledgeable, innovative, creative, self-reliant, competitive, progressive and have pure values.
	National Child Protection Policy (2009)	To ensure the protection of every child from neglect, abuse, violence and exploitation. This policy also acts as a catalyst to the awareness and commitment of all parties, including every member society in protecting children.



MENTAL HEALTH PROGRAMMES AT SCHOOL, HEALTHCARE AND COMMUNITY SETTINGS HAVE THE POTENTIAL FOR HIGH IMPACT

Through the scoping review, several high-impact programmes and services for adolescents' mental health were found to be available in school, healthcare and community settings. Several promising practices were identified for consideration and implementation in Malaysia.

A total of 26 papers were studied in the scoping review. Of the number, 15 papers were conducted in schools or student-centric settings. School-based mental health awareness programmes were highly accepted by participants, families, teachers and school counsellors. There were also positive outcomes from such programmes, including an increase in help-seeking behaviour, social skills, mental health literacy. Overall, there was also a reduction in emotional and behavioural problems.

Three papers focused on healthcare-based programmes, and a key finding was the effectiveness of home visits in building engagement between family members and making the home a safe space for therapeutic care.

Community-based programmes were also studied in eight papers, and interventions revolved around recreational activities, online-based programmes and in-person engagement (community centres and family counselling). Outcomes were also positive; researchers saw improved resilience, help-seeking behaviour and general awareness increase.


Notably, a barrier that several programmes faced was the stigma associated with mental health issues, resulting in a high attrition rate amongst parents and adolescents. Although no high-impact programmes have been identified or implemented in Malaysia, the study recognised increasing efforts to destigmatise mental health and disorders through greater awareness and education.

RECOMMENDATIONS


1 STRENGTHENED POLICIES AND EDUCATION SYLLABUSES WILL INCREASE MENTAL HEALTH AWARENESS AND ACCESS TO SUPPORT FOR ADOLESCENTS IN MALAYSIA



STAKEHOLDERS

 Schools and Educational Institutions

 Government and Local Agencies

 Healthcare

Having identified gaps and barriers to comprehensive mental healthcare in Malaysia, study authors identified four recommendations to improve support systems for adolescents struggling with mental health.

A proper set of policies and guidelines must be developed to guide key stakeholders and align efforts to address mental health amongst adolescents. Key stakeholders, from educators to medical officers, should undergo mandatory training in mental health management.

Research findings have revealed training gaps amongst school counsellors and healthcare professionals. It is therefore recommended that every educator and medical officer undergoes mandatory training on mental health, key indicators, management and treatment. School counsellors and teachers must be empowered and taken care of as well.

These efforts can be complemented by a mental health module displayed in hospital wards, schools and health clinics to support stakeholders in their management of mental health.

On the education front, this study recommends a compulsory mental health course for undergraduates in public and private universities as well as the development of a mental health syllabus in primary and secondary schools. Suggested topics include stress management, bullying, peer support, and behavioural management.

RECOMMENDATIONS FOR POLICY FRAMEWORKS, PROGRAMMES, AND SERVICE PROVISION



COMPREHENSIVE MENTAL HEALTH PROMOTION

- Participants work together in programme development
- Provide mental health education to the public
- Employ educational psychologists for schools



EMPOWERMENT OF SCHOOL COUNSELLORS AND TEACHERS

- Policy or circular for mandatory training in mental health education
- Prioritise self-compassion and psychological wellbeing of educators



IN-HOUSE PROGRAMMES AND SERVICE PROVISION

- Comprehensive programmes across all demographics
- More interactive communication
- Constant guidance throughout the programme



PERSON-CENTRED MENTAL HEALTH INTERVENTIONS




- Personalised to the client
- Prioritise mental health literacy level of students
- Intervention standardised at the macro level and modified at the personal level

“THE MEDICAL OFFICER [MAY] NOT HAVE THAT TRAINING, BUT THEY WOULD BE SOMETIMES THE FIRST PERSON TO SEE THE PATIENT OR FOLLOW UP... SO [THE LACK OF TRAINING] WOULD ALSO BE A BARRIER. [THE MEDICAL OFFICER] MAY DOESN'T KNOW HOW TO RELATE, HOW TO BUILD RAPPORT, HOW TO GET THE HISTORY FROM THE CHILD OR ADOLESCENT.” — DR. LING, PSYCHIATRIST



2 BRIDGING EXISTING GAPS IN MALAYSIA REQUIRES STAKEHOLDER-SPECIFIC POLICIES, MORE HUMAN RESOURCES AND CROSS-SECTORAL MANAGEMENT OF MENTAL HEALTH



STAKEHOLDERS

-  Schools and Educational Institutions
-  Healthcare
-  Families and Communities

The establishment of specific policies and guidelines for healthcare practitioners, school counsellors and educators are crucial to ensure a culturally appropriate assessment, diagnosis, and treatment plan feasible in the Malaysian context. In addition to standardised guidelines, this study proposes the following policies:

-  **1 Patient 1 Psychiatrist:** for adolescent patients to be assigned a specific psychiatrist to foster trust and enhance the effectiveness of interventions.
-  **Pathway for Treatment Without Parental Consent:** a policy that allows adolescents to access non-medication interventions without initial parental consent (due to instances of low awareness among parents). For cases where pharmacotherapy is advised (as by law, parental consent is required), adolescents can then be encouraged to inform or allow a healthcare practitioner to inform and involve parents regarding treatment options.

For mental health management to be effective and efficient, policies and guidelines must be supported by adequate human resources. This study recommends the placement of an educational psychologist at every school to support school counsellors. At the same time, suitable psychology officers from master-level programmes should be placed in health clinics to increase access to mental health services at the community level.

Setting up a multidisciplinary team for mental health with representation from healthcare professionals, school personnel and community leaders is also recommended to regularly monitor progress and identify ways to improve.

3 IMPROVING MENTAL HEALTH SERVICES IN SCHOOLS, CLINICS AND THE COMMUNITY WILL LAY STRONG FOUNDATIONS FOR THE HOLISTIC MANAGEMENT OF ADOLESCENT MENTAL HEALTH



STAKEHOLDERS

-  Schools and Educational Institutions
-  Government and Local Agencies
-  Healthcare
-  Families and Communities

Improving mental health services on the ground for adolescents and the community is imperative if Malaysia hopes to tackle the growing issue of mental health and build resilient future generations.

This study recommends mental health awareness and literacy programmes in schools, primary healthcare centres and the community to decrease stigma and discrimination, as well as approachable and accessible mental health services for adolescents (preferably online with anonymity assured). It is also important to ensure that personnel managing these help-seeking channels are adequately equipped to manage incoming requests.

Other recommended formal and informal programmes include:

-  **Mental health talks** by experts in schools and workplaces to raise awareness.
-  **Mandatory parenting programme** for all new parents on building strong families.
-  **Scheduled visits** by clinical psychologists to schools.
-  **Upskilling programmes for adolescents** to learn resilience, problem solving and appreciation of diversity.

Online-based comprehensive mental health programmes have also been recommended, but at present, study authors are concerned that Malaysia may not have the infrastructure (internet connectivity, counsellor capacity, budget) required to execute such programmes.

4

FUTURE STUDIES OF MENTAL HEALTH AMONG ADOLESCENTS NEED TO BE STANDARDISED, AND GREATER FOCUS CAN BE PLACED ON HEALTHCARE AND COMMUNITY SETTINGS



STAKEHOLDERS



Schools and Educational Institutions



Families and Communities

In the past, efforts to assess adolescent mental health have also not been standardised, making data comparison and pattern identification difficult. This study therefore recommends the development of an assessment tool that holistically measures mental health among adolescents.

Interventions based on cross-sectoral management with the involvement of parents, school personnel, and healthcare practitioners are crucial to maintaining a healthy level of adolescents' mental health. Future studies can further contribute to the findings of this paper by focusing on mental health management in the other two main sectors: healthcare and community settings.



“I FEEL THAT RELATIONSHIPS MUST BE IMPROVED. WE NEED TO EMPOWER PARENTS AND FAMILY MEMBERS WITH SKILLS TO SPEAK THE LANGUAGE OF ADOLESCENTS, TO ACCEPT THAT THEY’RE DIFFERENT FROM HOW WE WERE, SPEND TIME WITH THEM OUTDOORS AND CONNECT WITH THEM THROUGH THEIR INTERESTS.” – DR. ZULKIFLI, CLINICAL PSYCHOLOGIST

A BRIGHTER FUTURE: BUILDING THE NEXT GENERATION



As adolescents navigate an evolving world with rapid advances in technology forcing them to constantly adapt, it is imperative that they be provided with the adequate mental health support to become resilient individuals who thrive and can contribute to the nation. In reviewing and mapping the mental health landscape in Malaysia, this study has revealed the existing gaps in mental health management among adolescents in Malaysia, and the glaring lack of contextually appropriate guidelines and policies for stakeholders involved.

There is an urgent need for a comprehensive, multi-pronged approach involving all respective voices, from the halls of power to community leaders, in order to increase awareness, decrease stigma surrounding mental health, support stakeholders such as educators, counsellors and healthcare professionals as well as improve access to and the quality of mental health services for adolescents in the country.

References

List of References is available within the full research report, which is available upon email request at mle@hasanah.org.my.

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