

Mental Health Services Mapping for School Going Children and Adolescents

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MASA POLICY DEVELOPMENT PROGRAMME

POLICY BRIEF 26

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MASA POLICY DEVELOPMENT PROGRAMME

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PREFACE

Institut Masa Depan Malaysia (MASA) is an independent think tank that brings together experts in government and academia to provide quality research, policy recommendations, and analysis on the full range of public policy issues guided by the shared prosperity values.

Since its inception, MASA has been actively involved in shaping national policies and frameworks. MASA Policy Development Programme (MPDP) was introduced as a pioneering initiative aimed at promoting policy research among researchers from public and private universities across the country, in alignment with the Shared Prosperity Vision 2030 and the Sustainable Development Goals, which are integrated with the 12th Malaysia Plan.

Through the MPDP 1.0 initiative, 30 Policy Briefs have been successfully produced, encompassing policy input and recommendations across sectors such as economics, social issues, education, and sustainable development.

MASA expresses its gratitude to Associate Prof Dr. Tengku Amatullah Madeehah Tengku Mohd and her team for the production of this policy brief. The commitment of the MPDP grant recipients, along with close cooperation with relevant stakeholders, is highly appreciated and is hoped to continue making a positive impact on national policy development.

Azril Mohd Amin

Chief Executive Officer

Institut Masa Depan Malaysia

ABOUT MASA

Institut Masa Depan Malaysia (MASA) is an independent think tank that brings together experts in government and academia to provide quality research, policy recommendations, and analysis on the full range of public policy issues guided by the shared prosperity values.

MASA was established in January 2019. The formation of the organisation was inspired and mandated by the Seventh Prime Minister, YABhg. Tun Dr Mahathir Mohamad and the Eighth Prime Minister, YB Tan Sri Dato' Haji Muhyiddin Bin Haji Md Yassin. It was founded out of a passion to forward the philosophy of shared prosperity in Malaysia and this region.

MASA also was commissioned by the government of Malaysia to author and develop the Shared Prosperity Vision 2030 plan as the new socioeconomic plan for Malaysia.

Our Vision

To be a thought leader on policy ideas and analysis guided by shared prosperity values.

Our Mission

To create a world where no one is left behind by influencing policymakers to develop data-driven policies that ensure equitable wealth distribution and continuous improvement of people's well-being.

ABOUT MPDP

MASA Policy Development Programme (MPDP) is a pioneering effort in promoting policy research that has become part of MASA's flagship project, in line with the 12th Malaysia Plan which is aligned with the Shared Prosperity Vision and the Sustainable Development Goals.

The research grant, introduced for the first time in 2021, received an encouraging response public and private institutions of higher learning as well as non-governmental organizations.

MPDP researchers have produced studies across various strategic areas, including multidimensional poverty, education for the B40 group, sustainable urban planning for low-income communities, regional inclusivity in Sabah and Sarawak, social enterprise models for Micro, Small and Medium Enterprises (MSMEs), green economy potential and food security.

Other strategic areas of studies include empowerment of the ecotourism sector, climate change, health preparedness and crisis resilience, addressing learning loss, business acceleration, affordable housing and social protection.

All these are reflections of the initiatives and aspirations, inspired by the 8th Prime Minister and Chairman of MASA, Tan Sri Dato' Haji Muhyiddin bin Hj. Md. Yassin.

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23.	Ruang Hijau Bandar Sebagai Indeks Untuk Dasar Kesihatan Mental Mampan Semasa Pandemik	Assoc. Prof. Dr. Mohd Ramzi bin Mohd Hussain
24.	Assessing Organizational Resources for Post Pandemic Resiliency and Employees' Well-Being	Asst. Prof. Dr. Low Mei Peng
25.	Model T-Digital dalam Memupuk Perpaduan Masyarakat Majmuk di Malaysia	Dr Khairul Azhar bin Meerangani

NO	TITLE	PROJECT LEADER
26.	Mental Health Services Mapping for School Going Children and Adolescents	Dr. Tengku Amatullah Madeehah bt Tengku Mohd
27.	COVID-19 Outbreak-Analysis Visualization and Classification of Food Insecurity Among Vulnerable Groups	Assoc. Prof. Dr. Mohd Asrul Affendi Abdullah
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BIOGRAPHY

TENGGU AMATULLAH MADEEHAH TENGGU MOHD

Tengku Amatullah Madeehah is an accomplished healthcare professional and academic. She holds a DrPH and an MPH and currently serves as a Senior Lecturer at Universiti Sains Islam Malaysia. She is dedicated to teaching community health and research methodology. Her research focuses on cataract prevalence, COVID-19 impact, family planning, and mental health. She has secured research grants and received awards for her contributions to healthcare and academia. Her career reflects a commitment to advancing public health knowledge and mentoring future healthcare professionals.

CHOO WAN YUEN

Choo Wan Yuen is a distinguished Professor of Social Epidemiology at the University of Malaya, with a robust academic background and a Ph.D. from Queensland University of Technology. She has held significant positions, including Associate Professor and Senior Lecturer at the University of Malaya. Choo's expertise encompasses Elderly Health, Elder Mistreatment, Adolescent Health, and Sexual & Reproductive Health, along with strong research methodology and biostatistics knowledge. She has played key roles in research management and has led the groundbreaking Preventing Elder Abuse and Neglect Initiative (PEACE). Her prolific contributions to academic literature and mass media demonstrate a deep commitment to public health and community well-being.

KHADIJAH HASANAH ABANG ABDULLAH

Khadijah Hasanah Abang Abdullah is a Medical Lecturer and Psychiatrist at Universiti Sains Islam Malaysia, with a background that includes work in the United Kingdom and Malaysia. She has contributed to various research projects, publishing several papers on psychiatric morbidities, the effects of cannabis on depression, and non-communicable diseases. Her research spans diverse topics such as healthcare practitioners' experiences in managing postnatal depression. With a strong foundation in medicine and psychiatry, Khadijah is an active researcher and an expert in her field.

SUHAILA SANIP

Suhaila Sanip is a Medical Lecturer at the Faculty of Medicine and Health Sciences with a Ph.D. in Medical Education from the University of Leeds and a master's degree from the University of Sydney. She specializes in medical science and has a very high level of expertise. Suhaila has received prestigious awards, including "One Health Emas Dan Setara" and "Oh I Did: A One Health Interactive Discovery Of Infectious Disease Teaching Module" at national and international levels. She has also been honored with accolades like "Anugerah Khidmat Terpuji" and "Anugerah Khidmat Cemerlang" from USIM, highlighting her dedication to medical education and research.

Executive Summary

The prevalence of mental health among school children and adolescents affects 424,000 children every year. The National Health and Morbidity survey in 2019 estimated the prevalence of mental health problems among school going children and adolescents at 9.5%. Since the COVID-19 pandemic, mental health problems has risen due to the effect of national lockdown.

Untreated mental health among school going children and adolescents has long term consequences on health, productivity and well-being in later life. Unfortunately, the current ratio of psychiatrist to the population is below the recommended ratio by WHO and the needs of mental health services among school children and adolescents requires further inspection.

A combination of a policy critique, scoping review and a qualitative study among stakeholders were used for this policy brief. The databases included PubMed, EBSCOHost, Scopus, Ovid, ERA, MyCite, dan Google Scholar, producing a final search of 23 documents.

The review was followed by a qualitative study consisting of focus group discussions and in-depth interviews with relevant stakeholders using framework analysis. Themes that emerged include accessibility of mental health services, structural and attitudinal barriers of accessing services and unmet needs; and recommendations for healthcare professionals and the services.

Evidence from this policy will assist policymakers and stakeholders on planning and filling up the gap of mental health services in Malaysia. This policy brief will discuss the policies on mental health among children and adolescents, challenges and recommendations to improve mental health.

Introduction

The National Health Morbidity Survey (NHMS) in 2019 showed that 1 in 10 children aged 10-15 years suffered from mental health problems. This equates to 9.5% and 424,000 children aged 10-15 years respectively (1). Other studies have shown a prevalence between 4.4% to 54.6% depending on the population and study location (2-4). Ahmad et al. reported on the increasing trends of mental health problems amongst this population increasing from 13% in 1996 to 20% in 2011. In the 2017 NHMS, the prevalence of depression among adolescents was 18.3%.

According to a recent UNICEF report on Mental Health in Malaysia, between 18 March to 30 October 2020, 1 in 4 of the reported 266 cases of suicide were committed by teenagers aged 15 and 18 (5). The NHMS in 2017 reported that 10% of adolescents have suicidal ideation compared to 7.9% in 2012. Suicide attempts among adolescents also rose to 6.9% in 2017 compared to 6.4% in 2012 (6,7).

Children and adolescents make up approximately 28% of the Malaysian population, which is around 9 million (8). Based on modelled estimates for the Global Burden of Disease Study 2019, mental disorders and self-harm account for 19% of the total burden of disease among 10-19 year-olds (9). It is estimated that the lost human capital from mental disorders during childhood and adolescence in East Asia and Pacific is the highest of any region, which is USD 74.68 billion a year (8).

Although mental health disorders account for 7% of the total burden of disease (10), government expenditure on mental health is only 2% of the total health expenditure (11).

From 2011 to 2017, the NHMS reported increasing trends for mental health issues including depression, anxiety, and suicide-related behaviours. Generally, the mental health issues in these categories were highest in the year 2017. It is important to note that although there is increasing in trends for mental health problems, the age group for the year 2011 is different (16-24 years old) with the year 2012 and 2017 (13-17 years old) (6,7,12).

Aside from depression, anxiety, and suicide-related behaviours, there is an decreasing trend of mental health issues for overall mental health problems (comprising of peer problem, hyperactivity problem, conduct problems, and emotional health problems) from 2015 to 2019. However, there is no decrease in the issue of peer problems (1,13).

All of these figures show that mental health is a huge burden to our health care system and is only the tip of the iceberg as mental health problems are commonly underreported (14).

Key Messages and Recommendations

Recommendation 1

- Strengthening personal resilience and family relationships.

Recommendation 2

- Building Children Friendly Learning environment.

Recommendation 3

- Improving the Healthcare system and Policy for better coverage.

Critique of Current Policy Options

(1) National Strategy Plan for Mental Health 2020-2025 (2)

This is the latest document that outlines the national strategic plan for mental health. Its objective 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. It is based on the Mental Health Framework developed in 2001.

It has identified eight main strategies. For each strategy, a comprehensive plan, monitoring and evaluation indicators has been devised. The plan has also put in place prevention, screening, integrated care and accessibility to mental health services. The target for Malaysia is presented in Table 1.

(2) National Adolescent Plan of Action 2015-2020 (15)

This policy is a collective effort by government and non-governmental agencies that are involved in adolescent programmes, with the Ministry of Health as the main contributor. It covers all aspects of health: education, social, sexual, nutrition, mental health, and high risk behaviours. This is due for revision for the current year.

Table 1
Mental Health Target for Malaysia 2025

No.	Indicator	Global Target	Malaysia	
			Baseline	Target (2025)
1	Develop or update laws for mental health in line with international and regional human rights instruments	50% of countries	Developed	To update
2	Service coverage for severe mental disorders	To increase by 20%	0.2%* 0.4%**	>1,0%* 10%**
3	Prevalence of mental health problems	16% of Global Burden	29.2%	≤15%
4	Prevalence of Depression among the adolescents	4.3% of Global Burden	18.3%	≤10%
5	National Suicide Registry	Registry established	None	Functioning registry
6	Suicide rate	To reduce by 10%	1.3%	≤1.0%

*Beds in general hospitals or in Neuro-psychiatric hospitals

**In primary care, % of patients with a diagnosis of mental illness

(3) Mental Health Act 2001 (16,17)

The Mental Health Act 2001 was passed in August 2001 by the Malaysia Parliament. However, it did not come into operation 10 years later in 2010 when the Mental Health Regulations 2010 came into force. The act gives the definition of mental disorder and provides the statutory criteria for detention. It states that consent in the case of a minor needs to be given by their guardian. A revision is required for the Mental Health Act as it is long overdue to ensure better coverage for the current situation.

(4) Psychiatry Operational Policy (18)

This policy gives operational details on the psychiatric service such as organization, human resource and asset requirements as well as patient management, ethics and clinical governance. The intention is to provide guidance for mental health care providers, hospital managers and policy makers on the requirement, operation and development of psychiatric services in hospitals and health clinics within the Ministry of Health. The policy does not mention the pathway for child/adolescent to seek treatment without a guardian present.

(5) National Adolescent Health Policy 2001 (19)

This national health policy for adolescents covers those aged 10 to 19 years old and covers all aspects of health including mental health. The objective of the policy is to support the development of adolescents by encouraging healthy habits, prevent risky health habits and encourage the participation of adolescents actively in prevention and health promotion. This policy is just an outline designed to cover all aspects of health in adolescents.

Policy Implications

The mental health policies in Malaysia cover the prevention, management and promotion of mental health in Malaysia. The latest national action plan on mental health is comprehensive and includes child and adolescents' mental health. The policies are well designed and comprehensive but the implementation requires monitoring to see the changes desired.

A key issue identified for inclusion to improve the current policies is informed consent. The issue of children and adolescents requiring treatment. The current policies clearly states that minors require the consent of guardians for informed consent. However, in some circumstances the consent of the guardian is not obtained and the treatment cannot be delivered. Policies for these circumstances should be put in place as the treatment could be lifesaving and prevent worsening problems later. A child's act that protects a child's right to mental health treatment despite a parent or guardian's objection should also be considered.

There are also other policies that have some overlap with mental issues among children and adolescents such as The National Social Welfare Policy (1990), the National Education Policy and the Education Development Plan 2013-2025, Malaysian Youth Policy 2015 and the National Plan of Action for Children 2001-2020.

All these policies should ensure coverage of mental health issues among children and adolescents. For example, if a situation puts a child in the care of social welfare and their mental health is a cause for concern, the social welfare policy should ensure that any health concerns including mental health should be taken care of too.

Result and Discussion

(A) Methods

The results of this policy brief has been compiled through a scoping review and qualitative methodology via in-depth interview and focus group discussion of stakeholders.

The scoping review was conducted based on 7 databases namely PubMed, EBSCOHost, Scopus, Ovid, ERA, MyCite, dan Google Scholar. The search strategy included the following keywords: (“mental health” OR depression OR anxiety) AND (“school-based services” OR “school health services” OR hospital OR “health clinic” OR “health service” OR “school counsellor” OR clinic OR utilisation) AND (“school going children” OR “school children” OR “primary school” OR “secondary school” OR children OR adolescent OR teenager) AND Malaysia.

After removing duplicates and screening the abstracts, a total of 69 articles were included for full-text screening and 23 articles were included. Manual search of reference lists for relevant articles were also conducted to identify further relevant literature.

For the qualitative methodology, a total of eight in-depth interviews(IDI) and one focus group discussion (FGD) was conducted with a total of 13 participants. These participants consisted of school counsellors from primary and secondary school from urban and rural areas (4), child psychiatrist (1), family medicine specialist (1), paediatrician (1), clinical psychologist (1), Ministry of Education officer (1), Ministry of Health officers (2) and non-governmental organizations that focus on mental health issues (2).

All the participants were stakeholders aged 18 years and over. All interviews were done face-to-face except for one via zoom meeting due to logistic reasons. Interviews were conducted in English or Bahasa Malaysia. All participants were given an information sheet and signed the consent form. Interviews were audio-recorded (IDI) and video-recorded (FGD), and transcribed verbatim. Transcripts were analysed thematically using a Framework Analysis method.

Ethics approval was obtained from the Medical Research and Ethics Committee (MREC) Malaysia: NMRR ID-22-00909-JW6 (IIR), and the Ministry of Education Malaysia: KPM.600-3/2/3-eras(12531).

(B) Limitations

Not all policy or strategy documents were available online but we filled the gaps by interviewing key informants mainly from the Ministry of Health and Ministry of Education.

(C) Mental Health Services

The National Strategic Plan for Mental Health (2020-2025) stated that there are currently a total of four psychiatrist institutions in Malaysia (Hospital Permai in Johor Bahru, Hospital Bahagia Ulu Kinta in Perak, Hospital Mesra Bukit Padang in Sabah, and Hospital Sentosa in Kuching, Sarawak) with 3772 beds. Aside from the specific mental institution, general hospitals providing services for mental health have a total of 935 beds.

Until 2019, government health clinics that provide services in mental health are 1,001. Among the clinics, 319 clinics have 517 Family Medicine Specialist that also provide services for mental health. Lastly, since 2012, a total of 25 Community Mental Health Centres (MENTARI) have been developed (2).

(1) Human resource

Based on the Malaysia National Specialist Register record, there are 495 psychiatrists in Malaysia with 25 sub specializing in Child and Adolescent Psychiatry and half are working in the public sector.

They are spread throughout the country, with a primary focus in the urban areas. Klang Valley has roughly 170 psychiatrists while other states have less in terms of ratio based on the population size (13,20). This amounts to a ratio of 1:100,000 while the ratio suggested by the World Health Organisation (WHO) is 1:10,000.

Currently, 204 psychiatrists are serving in the Ministry of Health (MoH), 4 psychiatrists serving in the Ministry of Defence (MoD), while the remaining 177 are serving in the private practices and as academic psychiatrists in the university setting (21).

The current statistics of clinical psychologists in Malaysia is unknown, however it is noted in the Strategic Plan that clinical psychologists in Malaysia are amounted to more than 100 psychologists, of which 30 are working in the MoH. A total of 148 psychology officers whom are counsellors are also working in the MoH (2).

(2) Access to mental health care services

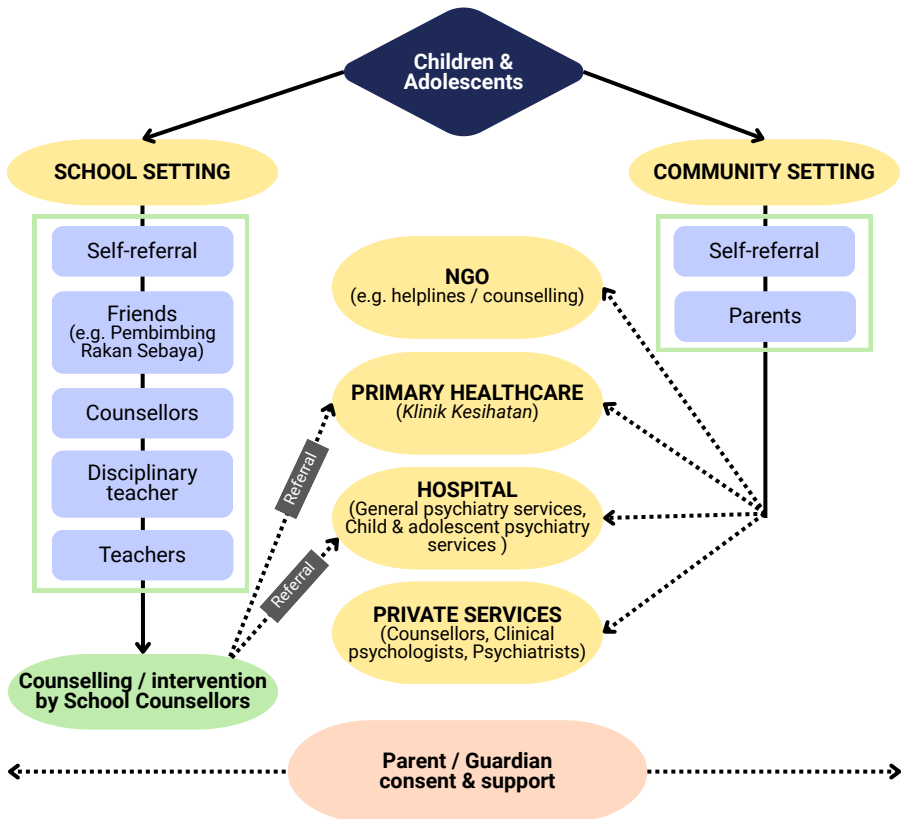
A child or adolescent can access mental health services mainly via two ways; self-referral or by recommendation from teachers, family or doctors. In the school setting, if a child or adolescent wants to seek help or assessment, they can walk in to see the school counsellor via their open-door policy. They can also be recommended to be seen by the school counsellor via their teachers, the disciplinary teachers or their friends, especially the *Pembimbing Rakan Sebaya (PRS)*. The school counsellor will make an initial assessment and either follow them up for individual or group counselling. There may or may not be parental involvement depending on the case and severity of the condition.

If the school counsellors deemed that the client needs further assessment or intervention, the school counsellor may refer the client to the doctor at the primary health care centre (*Klinik Kesihatan*) or psychiatrist at the hospital (*Klinik Pakar Psikiatri*). If an outside referral is necessary, the parents or guardian will be contacted to arrange the appointment. Cooperation from parents or guardian are needed as the child cannot be treated unless consented by the parents or guardian.

If the child or adolescent wants to seek help outside of the school, they can contact the NGO via their helplines or walk in. They can also walk-in to the primary health care centre (*Klinik Kesihatan*) and request for assessment. However, these agencies cannot proceed for treatment planning unless with parental or guardian consent.

If the parents or guardian wants to bring the child or adolescent for assessment or treatment, they can request a referral to the Specialist Psychiatry Clinic (*Klinik Pakar Psikiatri*) in government hospitals or make an appointment in a private psychiatry clinic. The pathways are presented in Figure 1 below.

Figure 1
Mental Health Service Mapping



(3) School mental health services

Currently, Malaysia has a total of 10,230 schools, with 7,778 primary schools and 2,452 secondary schools. Within the school, 2 570 874 students are male, and 2 502 483 are female, occupying preschool, primary, and secondary education levels.

While, the human resources in the education setting are a total of 417 280 teachers, with 119 624 male teachers and 297 656 female teachers (22). Meanwhile there are 9522 school counsellors in Malaysia and there has been discussions to increase these numbers (23).

Mapping of needs and services should be done especially in areas that have lower numbers of psychiatrists and school counsellors. The first circular by the Ministry of Education (1996) on the ratio of school counsellor to students was 1:750 (24).

In 2002, the ratio was reduced to 1:500 school counsellors to students for secondary school, and 1:350 school counsellors to students for primary school (25). This circular is currently still in use until today, supported by the news from Sun Daily (26).

According to the Guidelines For The Implementation of Guidance And Counselling Services In Primary And Secondary Schools by the Ministry of Education (2015), the detailed ratio of school counsellors to students are in Table 2 and 3 below.

Table 2

Ratio of Full-Time Guidance and Counselling Teachers to Students in Primary School

Number of Student	Number of Guidance and Counselling Teachers
350	1
851-1350	2
1351-1850	3
1851 - 2350	4
2351 - 2850	5

Table 3

Ratio of Full-Time Guidance and Counselling Teachers to Students in Secondary School

Number of Student	Number of Guidance and Counselling Teachers
500	1
501-1000	2
1001-1500	3
1501-2000	4
2001-2500	5

According to the circular by the Ministry of Education (2012) (27), all guidance and counselling teachers are required to focus on four main aspects: (1) personality development; (2) discipline; (3) career education; and (4) psychosocial and mental health, with 90% of a counsellor's responsibility is to be given to guidance and counselling services and the remaining 10% can be for outside school activities. Under the aspects of psychosocial and mental health, counsellors are required to conduct annual screenings of mental health, namely "Program Minda Sihat".

Since the pandemic the target for all schools is 100% screening and it is conducted online. The Ministry of Education have access to these results and report back to the teachers in order to identify which students requires further support and follow-up. Counsellors then make an appointment to meet these students and conduct an assessment of the child and plan an intervention. If they require counselling or other services, counsellors will either have more follow-up sessions or refer to psychiatric services where necessary.

(D) Challenges and Issues

The scoping review and qualitative study reveal many challenges and issues faced among school going children and adolescents on mental health. The main points are summarised in Table 4 below and described in this section.

Table 4

Challenges and Issue for Mental Health for School Going Children and Adolescents

<p>Individual</p>	<ul style="list-style-type: none"> • Variety of problems: • Learning problems (e.g. ADHD, autism) • Mood disorders (e.g. anxiety, depression) • Psychotic disorders • Trauma/abuse • Addiction • Behavioral problems (e.g. truancy, aggression) • Self-harm behaviours • Suicidal ideation & attempts • Delayed diagnosis • Comorbidities
<p>Parents</p>	<ul style="list-style-type: none"> • Lack of awareness on mental health issues • Denial • Stigma • Childcare costs • Poor parenting skills • Social insecurity • Financial insecurity
<p>School</p>	<ul style="list-style-type: none"> • Limited number of school counsellors • Counsellor' task not specific to mental health • Counsellors classification not standardized • Lack of regular training & skills development • Lack of monitoring • Lack of trust from students (e.g. confidentiality breached) • Poor mental health literacy among other teacher

Table 4 (continued)

<p>Primary Health Care</p>	<ul style="list-style-type: none"> • High number of patients • No specific clinic for children/adolescents • Need parental consent to treat • Pasukan Petugas Sekolah unable to cater to mental healths needs (focused on vaccination programmes etc)
<p>Hospital</p>	<ul style="list-style-type: none"> • Limited number of Child & adolescent psychiatrist/psychologists • Only few hospital has specialized Child and Adolescent Psychiatric Clinic • No special pathway for child and adolescent in general psychiatric setting (resulting in non compliance to appointments) • Missing school to come for appointments
<p>Community</p>	<ul style="list-style-type: none"> • Limited collaboration between NGO & government agencies/schools • High stigma, less empathy in government agencies • Pandemic effects on children & adolescents (missing social interaction needs, poor socioeconomic status)

(1) Individual

In Malaysia there are still children and adolescents who are not diagnosed early and are only diagnosed in adulthood. Mental health issues among children and adolescents should be detected early so that they can receive early intervention and fulfil their fullest potential.

There are a variety of problems that a child or adolescent may have, for example learning problems, mood disorders, psychotic disorders, trauma or abuse, neurodevelopmental disorder (Attention Deficit and Hyperactive Disorder (ADHD) and Autism), addiction problems and behavioural issues.

Late detection of mental health problems would result in the child or adolescent to have poor development and lead to a progressive deterioration in function. However, some may even suffer from multiple problems and when left undetected will result in worsening of the problems and severe symptoms. The more severe the symptoms and the longer the condition have been left untreated, the harder it is to treat. These problems then continue to adulthood which reduces the potential, well-being and quality of life of the individual.

When the issues become overwhelming, it may present itself in the form of self-harm behaviours, suicidal ideation and suicidal attempts. When this happens it is already a late sign of a cry for help.

By then the individual already feels let down by the system which may contribute to the actions. The child or adolescent may have tried to tell the people surrounding them but were dismissed. These actions may be the only way of coping or their last resort.

The other challenge children and adolescents face is unawareness of where to find help when their family is dismissive. Our scoping review revealed that many children were unsure what mental health services are available to them and how they can seek help. Some may face stigma by their family if they complain about mental issues and are unable to access help without their family or guardian consent.

(2) Parents

Parents or guardians play a major role in a child or adolescent's life. There are multiple behaviours from parents that might lead a child to not have the access to mental health services they need. A parent that lacks awareness on mental health issues, not interested to talk about and not open to discussion about mental health will hinder a child's access to mental health. A child or adolescent may actually suffer from mental health issues but are not able to express to their parents due to the parents lack of awareness. For example, a child who is depressed due to being bullied at school may have behavioural changes at home, but parents are unaware. That child may then develop thoughts of self-harm and when they complain to their parents, the parents simply dismiss it and say that it is just childish.

Some parents do have knowledge and awareness but deny that their child has mental health issues as they feel they might have done a good job or they might feel ashamed that they have a child suffering from it.

A school counsellor said that some parents just do not accept suggestions by the teacher that their child has a mental health issue despite being informed. Stigma is also the contributory factor that leads to denial among parents. Having a son or adolescent who is seen as 'crazy' is not something everybody can cope with and denial is one of the solutions.

Childcare costs require money and some parents may not have enough money for child care. As such some parents leave their child at home unsupervised while at work. The child is left unattended and mostly do not have adequate attention from their parents. This leads to neglect of the children. Young children require attention, stimulations and relationships to develop. This can be especially damaging if they do not have the proper care from a young age.

In addition, parenting skills are very important for parents. Parents with poor parenting skills may create an environment that is hostile, demeaning, and un-nurturing. This environment can lead to many mental health problems as the children and adolescent have developed poor relationship skills and coping skills.

Parents are also influenced by outside factors that become a challenge for them to function well. Social insecurity has been an issue that has cropped up from the interviews. Broken families provide an unstable environment for children and adolescents. It can be caused by divorce or death of one or both parents.

The process of divorce is a traumatic event for the children and they suffer the consequences. Before the divorce, parents usually have arguments that may or may not include violence. The unstable nature of the relationship puts the child in an emotional rollercoaster and when the divorce is finalised, the child usually bears the brunt of resentment and emotions.

Meanwhile, children who have lost their parents lose the love and attention of a parent. Broken families are usually associated with financial security as they might live with a single parent or other relatives.

Financial insecurity affects the mental health of children and adolescents. Parents who are constantly in need to work for money cannot afford to take time off work. Low income families usually have parents that work day and night. Parents will have less time for their children. If their child does require mental health services, they are unable to send their child for the appointments as this takes time off work.

Figure 2

Quotes on Broken Family

““

I'll tell you the case that we had here, the one that had the name on the wall, and he has domestic violence since he was very young, father abandoned the family, went through children's home because sexually physically abused.

NGO 1

““

Divorced parents come from broken family and so on, so these children are always said to be invisible, like invisible in that relationship, right? They are usually the ones who receive all the stress but the parents don't see it, don't notice it.

NGO 2

““

They have family like high expectations from the family and then they cannot perform. And then they have favouritism among the family members.

Family Medicine Specialist

““

Because when we look at these troubled students, when we ask the family, maybe they are from divorced parents, right? Those who don't take care, those who don't stay with their parents but stayed with their grandparents, like that.

School Counsellor

(3) School

The challenges in the school are the number of school counsellors which is limited. School counsellors have four duties apart from their duties as a counsellor. Their duty is not specifically for mental health. Teachers have expressed that these responsibilities are heavy for them to perform well. They have to fulfil their 4 roles and conduct counselling sessions with students during school sessions. As such the follow up sessions not as frequent as they would like.

Counsellors have brought into light that they lack training to consistently improve their skills. Primary school counsellors are not required to have a bachelor in counselling and have undergone a few weeks of training for counselling,

while most secondary school counsellors come from a counselling background. All the counsellors we interviewed felt that they did not feel adequately trained and wanted to upgrade their skills consistently. Some training is provided yearly by 'Majlis Guru Kaunseling' but this is still inadequate. The teachers also express that they lack monitoring of their duties and support for certain cases that they receive. Most support each other when they need it.

Poor mental health literacy among teachers and reliance on counsellors to solely take responsibility for students' mental health is also a challenge. Some teachers may lack awareness and knowledge on mental health issues.

They might not be aware that students under their care are suffering from mental health issues and cause more harm by talking insensitively and giving more pressure. Their behaviours could also be a cause of mental stress to the students. There have been some newspaper reports that have written about cases of children or adolescents not trusting of the teachers including school counsellors. Cases of breaking confidentiality have been reported. Lack of trust among child and adolescents towards teachers is a challenge that needs to be addressed as this will hinder access to the services needed.

Lack of funding for counsellors has also been a challenge in schools. Many counsellors use the limited funding they have to decorate and provide materials for their students. They even use their own salary to fund projects.

(4) Primary Health Care

There is a high number of patients with mental health issues attending primary health care clinics. However, not many doctors are trained in dealing with children and adolescents and only 2 family health doctors have a subspeciality training in children and adolescents in the Ministry of Health. Those without training have difficulty in identifying patients who need mental health service as the presenting symptoms can be non-specific. This leads to a mis or late diagnosis of the patient.

'Program Kesihatan Sekolah' by the Ministry of Health that offers health services to schools periodically. They focus on vaccination programmes and dental check-ups. However, mental health screening is not part of their portfolio. However, even with identification of a mental health diagnosis, parental consent is required to treat children and adolescents.

(5) Hospital

In the hospital setting, there is also a limited number of child and adolescent psychiatrist or psychologists and only a few hospitals offer specialised services such as the Child and Adolescent Psychiatric Clinic. There is no separation of services in the general psychiatric setting, parents are asked to wait and the waiting time can be long with exposure to so many patients. The long waiting time results in non-compliance with appointments as parents need to miss work and children miss school.

(6) Community

The Malaysian public still has a lot of stigma towards mental health issues. It is still a taboo issue and often associated with the label '*orang gila*'. Many people are not sensitive towards people with mental health and often distance themselves with people they consider 'crazy'. Thus families usually hide the patients from relatives.

This culture also prevents people from seeking help and promotes the act of seeking community healers (*bomoh*) for treatment. For them, it is better than hospital medication.

The pandemic has had a major impact on mental health. Having to stay at home during the Movement Control Order and not being able to communicate with the outside world has resulted in a dramatic increase in mental health issues. Many people also lost their jobs and income which exacerbated their stress and worsened their living conditions.

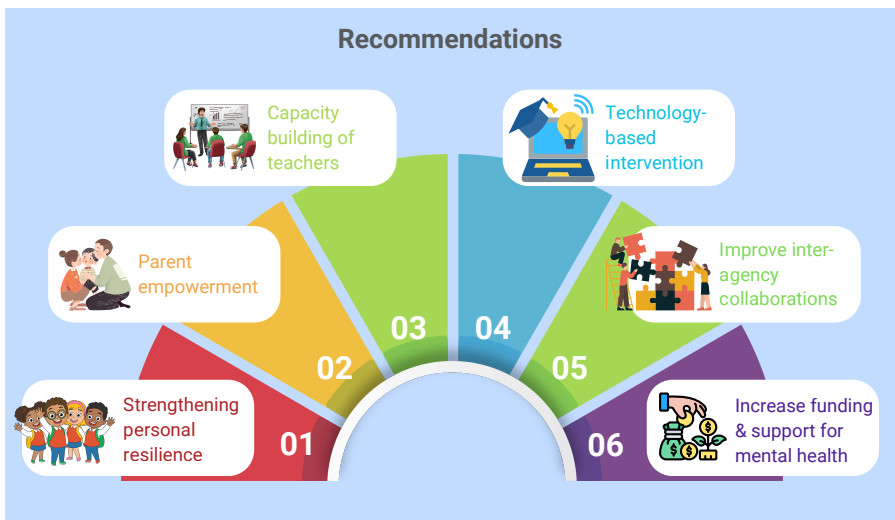
(7) Consent

Consent is a big issue in mental health because children and adolescents require parental or guardian consent to seek treatment. NGOs and teachers have highlighted the issue that sometimes the children or adolescents themselves seek treatment. Without parental or guardian consent, mental health services cannot be given. However, treatment cannot be given as they cannot legally consent themselves. Currently, there is no pathway whereby children and adolescents can seek treatment by their own accord.

Policy Recommendations

Promotion, prevention, and early intervention strategies are key element to minimize any impact on children’s mental health and well-being. Current evidence has showed that poor mental health and well-being are linked to weaker personal and social connections with individuals, families, and communities. Improving children’s relationships with parents and important significant others nurtures the physical, emotional, and social development of the child. A summary of the main six points of our recommendations is shown in Figure 3.

Figure 3
Six Point Summary Recommendations



(1) Strengthening personal resilience and family relationships

Positive relationships are one of the major pillars of individuals' well-being and quality of life. The following strategies could be targeted at different levels:

- A comprehensive resilience programme for children that offers learning life skills-based education promote development of mental resilience, interpersonal and emotional capacities. Other forms of life skills should be integrated in the programme, such as mental health literacy, sexual and reproductive health or vocational training which build up self-esteem, problem-solving, critical thinking and decision-making are useful in a constructive way for children and youth.
- Health promotion activities to promote mental health and well-being targeted at children and adolescents require an innovative and creative approach. This include utilizing social media, infotainment, games, apps or popular animation characters that could help to disseminate information on mental health awareness and empower children's to seek help when needed.
- Evidence has found that Positive Parenting Program is most effective in building healthy family relationship and strengthen psychosocial competence of parents and careers. Evidence-based parenting programs provide parents with practical strategies and skills to help them build strong, healthy relationships, and manage their children's behaviour to prevent family issues.

- The existing Positive Parenting Programme, a multifaceted parent education programme, initiated by Malaysian Paediatric Association in collaboration with major stakeholders has successfully allows parents' access to learning parenting skills, however this has been limited in mainly urban areas and cities. Such programmes should be intensified in rural areas.

(2) Building children friendly learning environment

A safe, conducive and enabling environment is crucial for the development of children's mental health and wellbeing. This requires a multi-prong approach involving peers, parents, teachers and schools.

- Positive peer networks among school children should be promoted in the school environment to curb the issue of bullying and violence. School policies that promote respectful peer relationships such as define and enforce rules in classrooms, and encourage activities that enhance positive behaviour. Monitoring of school environment to address peer-to-peer violence and harassment can be implemented with multi-collaboration between school counsellors, police force and parents. A national programme to address violence or harassment in schools or other education settings is necessary and timely to address the increased number of bullying and harassment reported.

- Enhance regular teacher-parent communication on the safety and wellbeing of children and adolescents via Parent-Teacher Association. Formation of support groups for parents who have children with mental health needs are also important as a platform for parents to gain social support and exchange experiences on how to manage their children.
- Building capacity of education staff through provision of regular training on improve understanding and managing children with mental health needs, and setup programme that could support mental health and well-being of education staff such as debriefing sessions and support groups. Mental health training should be included in all of the teacher training at the undergraduate level.
- Provision of school counsellors in every secondary school in Malaysia has been implemented since 1963. Given the rising challenges faced by school children and mental health problems are also affecting younger children, this provision could be further extended to primary schools and younger students could better benefit from these counselling services.
- While there has been a significant increase in the availability of online or digital mental health services such as the Befrienders and Talian Kasih 15999 helplines that provide emotional support and counselling since the COVID-19 pandemic, information of such services needs to be promoted and widely disseminated to reach targeted populations.

- Schools are a potentially important setting to provide screening and detection of students with symptoms of poor mental health and behavioural problems. Screening and early detection of mental health needs can be instituted at the school level. Teachers can be trained to do simple screening before further referral and treatment in the healthcare setting, to avoid stigmatization of mental health issues faced by schoolchildren. This should include retraining for detection of autism and ADHD.
- Cultivate digital civility and literacy by reframing existing school curriculum or integrating these content into the curriculum. Prolonged time and exposure facing screens, tablets, smart devices and computers can increase mental health issues such as stress and anxiety. Coping strategies needs to be introduced to schoolchildren to help relieve the negative effects of extensive use of technologies.

(3) Improving the healthcare system

It is appalling to find out that accessibility to mental health services is still an issue among the majority of children and adolescents. They still did not know how to get help. Even when they do, they were often not able to go for treatment themselves as they have not reached the age of adulthood. Of those who seek treatment, it was noted that the parents are knowledgeable about mental illness. Several steps can be taken to improve the healthcare system.

- Create a flexible and parent friendly appointment system, for parents of children and adolescents with mental illness to go for initial assessment by Family Medicine Specialist (FMS) at the nearest Health Clinics. This would allow a reduction in waiting time and increase attendance to appointments.
- Empower more FMS to manage mental illness at the health clinics. They should have some basic training to handle mental health issues and manage children and adolescents.
- More clinical psychologist can be posted in health clinics so that they can conduct some intervention programme that does not require hospital admission. This approach can help reduce mental health stigmatization and reduce the psychiatrist burden at the hospitals.
- Train more Psychiatrists, FMS and clinical psychologists to serve the growing number of mental illness patients.
- Apply a multidisciplinary team management approach in managing mental illness in children and adolescents. Ideally, this team should consist of a psychiatrist, a FMS, a clinical psychologist and a school counsellor.
- Majlis Penasihat Promosi Kesihatan Mental need to continue the interagency collaborations in managing mental illness.

- The results of the mental illness screening at the schools should be analyzed, and presented at the Majlis Penasihat Promosi Kesihatan Mental meeting so that appropriate intervention can be initiated.
- A postvention programme should also be initiated to support family members who may be in distress after losing a family member due to mental illness. This has to be done with collaboration with the police, forensic department, emergency department and social welfare department to ensure that the families receive the care they need and prevention service for mental health issues can be given.

(4) Empowering community and environment

The Malaysian community have a critical role to play in supporting children and adolescents with mental illness.

- At the school level, school children should be taught that talking about their feeling is normal. They should also be taught that mental illness should be treated as any other illness.
- The MOH and MOE should produce educational videos targeting the children and adolescents as well as the general community. Short videos can be aired in the television during prime time so that more people will be knowledgeable on mental illness. These educational videos should cover contents such as avoiding stigmatization of mental illness, identifying symptoms of mental illness and of most importance, what to do when they have the symptoms and how to get help.

- Usage of social media in promoting mental health is very important to engage the younger generation. Educational and promotional videos should also be aired in TikTok, Instagram, Facebook, Twitter and so on as these are the medium that children and adolescents use on daily basis.
- Employers should also be encouraged to employ mental illness worker in order to assimilate them into the community. The government can provide incentives to these employers so that more employers will follow suit.
- Consideration should be given to develop technology based interventions for children and adolescents to access easily. NGOs with collaboration from the MOH should consider providing basic treatment through electronic medium. This could also be used in the MOH setting to reduce time taken for appointments.
- Create a better residential environment for those in apartments. The local council should encourage high-rise house developers, especially the low cost housing to provide a green or recreational area where residents can relieve their stress.

(5) Improving policy for better coverage

Mental health treatment is costly and some require years of intervention. The impact of poor mental health reduces productivity of a person in adulthood. It is in the best interest of the country to provide good access to mental health services in Malaysia.

- Increasing funding to all sectors of health, education and welfare. Funding to sustain and improve programmes is needed to provide the best environment for the children and adolescents to grow.
- Inclusion of mental illness in Health Insurance coverage like any other illness. A thorough study on the healthcare burden of mental illness and costs need to be conducted. The result of such study can inform the health insurance provider to propose the appropriate plan of coverage.
- Inclusion of mental illness in the list of illness for the school emergency crisis form, if parents refuse to bring their children for treatment. This recommendation is to target the issue of obtaining consent from the parent to get treatment.

Just as this policy paper was produced, a report entitled “Strengthening Mental Health and Psychosocial Support Systems and Services for children and adolescents in East Asia and Pacific Region” was published, the authors have considered the recommendations published and focused more specifically for school going children and adolescents (28).

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