

ORIGINAL ARTICLE

# ACCESSIBILITY AND CHALLENGES TO MENTAL HEALTH SERVICES FOR SCHOOL-GOING CHILDREN IN MALAYSIA FROM STAKEHOLDERS' PERSPECTIVES

Tengku Mohd Tengku Amatullah Madeehah<sup>1</sup>, Abang Abdullah Khadijah Hasanah\*<sup>2</sup>, Zulkifli, Syara Shazanna<sup>3</sup>, Sanip, Suhaila<sup>2</sup> and Choo, Wan Yuen<sup>4</sup>

<sup>1</sup>Public Health Unit, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, Negeri Sembilan, Malaysia

<sup>2</sup>Faculty of Medicine and Health Sciences, Universiti Sans Islam Malaysia, Negeri Sembilan, Malaysia

<sup>3</sup>Department of Psychology, Faculty of Human Development, Sultan Idris Education University, Perak, Malaysia

<sup>4</sup>Department of Social Preventive Medicine, Centre for Evidence-Based Practice, University of Malaya, Kuala Lumpur, Malaysia.

\*Corresponding author :Khadijah Hasanah Abang Abdullah

Email : [k.hasanah@usim.edu.my](mailto:k.hasanah@usim.edu.my)

## ABSTRACT

*The prevalence of mental health issues among children and adolescents in Malaysia is a growing concern, amplified by the impact of the COVID-19 pandemic. This paper investigates the avenues through which school-going children and adolescents access public mental health services in Malaysia, the challenges associated with accessing these services and offers recommendations for enhancement. In-depth interviews were conducted with eight stakeholders in the mental health and education sectors, encompassing school counsellors, a family medicine specialist, representatives from the Ministry of Education, and NGO representatives. Thematic analysis was employed to analyse the interview transcripts. Three primary pathways for accessing mental health services were identified: (1) through schools, where counsellors play a key role in initial screening and referrals; (2) via NGOs, which provide support, therapy, and intervention programs; and (3) directly through public health services, including clinics and hospitals. Challenges in accessing these services include trust issues, limited parental awareness, overburdened school counsellors, and stigma. The provision of multiple pathways empowers school children and adolescents to select the most suitable route for seeking help. To address challenges, recommendations include teacher training in basic counselling, regular counsellor training, parental education, awareness campaigns, and the establishment of an efficient referral system with community involvement. Enhancing access to mental health services for school-going children and adolescents in Malaysia necessitates addressing trust issues, raising awareness, and fostering collaboration among stakeholders. Policy reforms and resource allocation are imperative to ensure effective mental health support for this vulnerable population.*

**Keyword:** Mental Health Services, School-Going, Children, Adolescent, Pathway.

## INTRODUCTION

The Malaysian National Health and Morbidity Survey (NHMS) 2019 reported that 7.9% of the total children population had issues with their mental health (1). The COVID-19 pandemic has caused an increase in the prevalence of mental health issues among children and adolescents worldwide with anxiety and depression being the most frequently reported psychological reaction (2). Given the rise in mental health issues globally, it is therefore important for Malaysia to reflect on the access to mental health services for children and adolescents.

Mental health services in Malaysia started in the 1700s for colonial soldiers, followed by the establishment of a mental asylum in the 1800s. The initial services were mainly provided in mental hospitals prior to the independence of Malaysia. In 1964, Malaysia had its own medical school, while proper training for psychiatrists began in 1973 (3). The mental health service is under the purview of the Ministry of Health and is governed by the Medical Division through services

in hospitals and by the Public Health Division through primary care (health clinics) (4).

The first counselling services in schools were introduced by the Malaysian Ministry of Education in 1963 (5). Currently, school counsellors in primary schools are appointed with a minimum certification in counselling, while school counsellors in secondary schools most commonly have counselling or related qualifications (6). The ratio of school counsellors to students has constantly improved throughout the years, from a 1:750 ratio in 1996 to the current 1:500 for secondary school, and 1:350 for primary school (7,8). In addition to duties for extracurricular activities (10%), school counsellors primarily provide guidance and counselling services (90%) to the students (8), and serve as one of the primary sources for detecting early mental health issues.

There are also several non-governmental organisations (NGOs) that were founded to address mental health issues, such as the Mental Illness Awareness and Support Association (MIASA), and the Malaysian Mental Health

Association (MMHA). These NGOs have played an important role in advocating and providing mental health services, especially among vulnerable populations. NGO refers to an organisation that operates to assist the government in various societal affairs (9). As of 2022, there are 72 444 legally registered NGOs in Malaysia, according to the Registrar of Societies (10). An NGO has several roles to fulfil, and this includes improving the well-being of the community (11). Given that there is an increase in trust towards NGOs by the Malaysian population, the role of NGOs in mental health among school-going children and adolescent need to be explored.

The mental health services provided by the government are well known but the pathways to gain access to the services have not been well-described in the Malaysian setting. Describing the pathways gives insight into the adequacy and efficiency of the available services as well as opens the opportunity for discussion and recommendations for improvements. This paper aims to (1) map the pathways for accessing public mental health services, (2) discuss the challenges in accessing public mental health services by school-going children and adolescents and (3) recommend improvements to the mental health services pathway.

**METHODS**

**Study Design**

A qualitative study was conducted utilising in-depth interviews among stakeholders in the field of mental health for school-going children and adolescents.

**Sampling and participants**

Purposive sampling was used to select the participants for this study. Eight stakeholders within the fields of mental health, including four school counsellors of primary and secondary schools from urban and rural areas in Selangor, one family medicine specialist, one

representative from the Ministry of Education, and two representatives from NGOs were selected. The inclusion criteria for the participants were currently working in the mental health field or education field with school-going children and adolescents, and have at least 3 years of working experience.

**Data collection and analysis**

The data collection began in early June 2022 until the end of August 2022. The semi-structured in-depth interviews were conducted either via face-to-face or video interviews. The interviews were recorded, transcribed verbatim and analysed thematically for emerging themes.

**Ethical application**

Ethical approvals were obtained from the National Medical Research & Ethics Committee (NMRR ID-22-00909-JW6), and the Ministry of Education Malaysia (KPM.600-3/2/3-eras[12531]).

**RESULTS**

**Pathways for Accessing Mental Health Services**

Findings from the interviews identified three pathways for accessing mental health services in Malaysia, which are through the school system, NGOs, and public health services.

**School**

School counsellors are the main reference for dealing with children’s issues regarding mental health, and social, and academic matters at school. They conduct initial screening for mental health issues and provide counselling services where necessary. If the student requires further mental health services, counsellors have the authority to refer the student to health clinics, and hospitals for psychiatric and psychological services. They also have an open-door policy whereby any students can make an appointment to see them voluntarily. Figure 1 shows the flow of accessing mental health services through school.

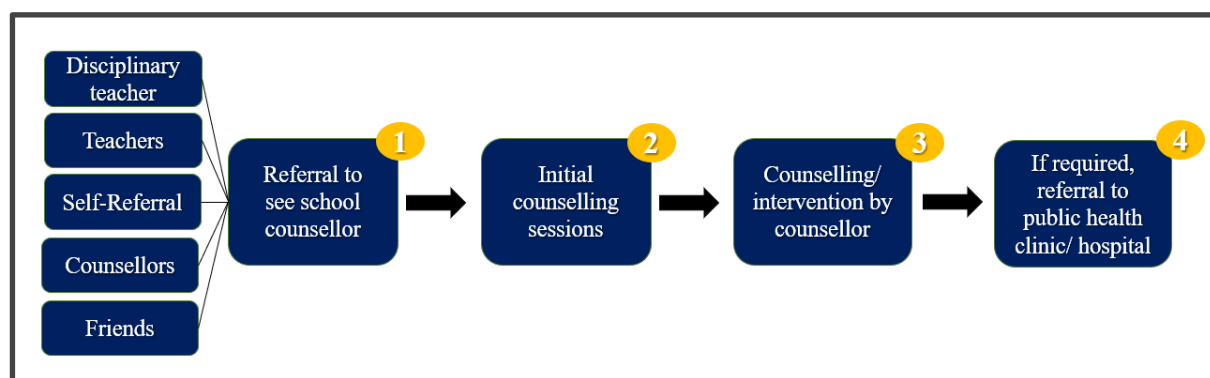


Figure 1: Pathway to Access Mental Health Services Through School

Part of the school counsellor’s role is to promote mental health through the “Program Minda Sihat” (Healthy Mind Programme) designed in 2011 by

the collaboration of the Ministry of Education and the Ministry of Health Malaysia (12). Annual screening of mental health is conducted through

this programme, as mentioned by one of the participants:

“We have Minda Sihat, Patient Health Questionnaire (PHQ), Generalized Anxiety Disorder (GAD) assessment, and we did Depression, Anxiety, and Stress Scale (DASS) for every student.” (Participant 3, School Counsellor)

Since the pandemic, the Ministry of Education has made it a priority to screen all secondary school students and Year 6 primary students for mental health issues using various screening tools (13) mentioned above. The results of the screening will alert the school counsellor of students who are struggling and in need of follow-up. All reports are sent to the Ministry of Education. Through “Program Minda Sihat”, students are also taught how to practice good mental health techniques (13,14). Besides the school counsellor, students requiring mental health services can also seek help through the class teacher, and the elected guidance peers (*Pembimbing Rakan Sebaya*, PRS) (4). Class teachers are in a great position to know students well as they are in charge of a particular class and know the students’ personalities better than other teachers. Meanwhile, the PRS are specifically trained by the school counsellor in the usage of soft skills to identify students who are in trouble regarding mental health or causing trouble, as shared by the participant:

“Sometimes we will channel this PRS to help their friends. They know more than us. They tell us about their friends because their friends prefer to share more with them.”

(Participant 4, School Counsellor)

**Non-Governmental Organisation**

Both representatives of the NGOs stated that their role is to identify children and adolescents with mental health issues and support them when they seek help. Both NGOs have their own intervention programmes, counselling and therapy sessions for the children and adolescents. These sessions are led by registered counsellors and certified clinical psychologists. In addition, NGOs also train peer support volunteers to provide help. The programmes are conducted long-term, as mentioned by the participant:

“The longest one can be like 6 months, 8 months, depending on the programme. But we have had youths coming back to us for 2 years.”

(Participant 1, NGO)

NGOs could also accompany the adolescents to the authorities (for example the police) whenever they have suspected abuse, and to the health clinic or hospital when they feel the child or adolescent requires more support than they could provide. Figure 2 shows the pathway for seeking access to mental health services through NGO initiatives.

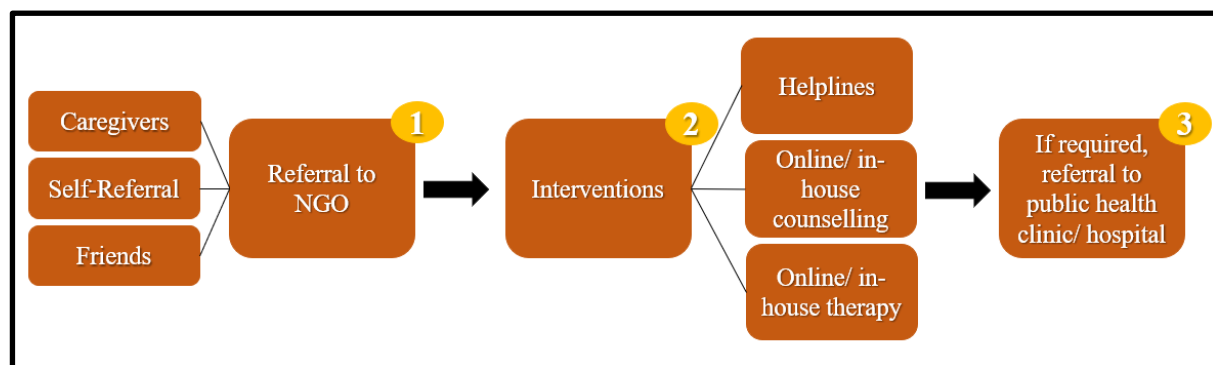


Figure 2: Pathway to Access Mental Health Services Through NGO

**Public Health Services**

Alternatively, school-going children, adolescents, and their caregivers may directly seek mental health assistance from public health clinics and hospitals. Initially, children below 18 years old may walk-in into the clinic/hospital for preliminary assessment and consultation. If further examination or treatment involving medication is required, the healthcare provider will request parental consent. Figure 3 shows the pathways to access mental health services through public health clinics and hospitals.

There are several services provided in the public health clinics, such as occupational therapies for children with social communication issues, and

counsellors to help with other mental health-related problems for both children and family members. Accordingly, children requiring medications may be referred to a psychiatrist, as mentioned by the participant:

“For children, I don't usually start medications. I usually refer them to their psychiatrist. Adolescents, well, for example, young adolescents, I don't usually start them on medication but if it is the middle or late adolescents, I start them with Sertraline, that's the safest I usually go to. I don't start any other antidepressants.”

(Participant 7, Family Medicine Specialist)

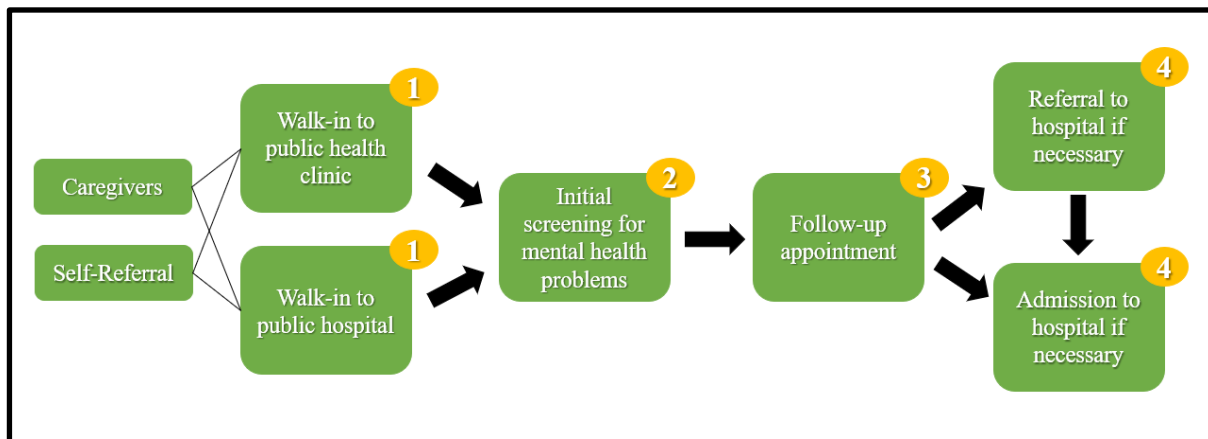


Figure 3: Pathway to Access Mental Health Services Through Public Health Services

### Challenges to Access Mental Health Services

Participants were asked about the challenges faced by school-going children and adolescents in accessing mental health services. The themes that emerged were trust issues, parental awareness as a barrier, inadequate provision of care due to the burden of responsibility, limited training and barriers faced by the NGOs.

In accordance with the Ministry of Education’s circular, the school counsellors’ primary responsibilities are to provide guidance and counselling services (90%) and have smaller responsibilities for extracurricular activities (10%) (8). School counsellors report the struggle of fulfilling these responsibilities.

“So, these 4 roles (personality development, discipline, career education, and psychosocial and mental health) if there is only one counsellor it is not achievable.”  
(Participant 1, School Counsellor).

The counsellors have to find the time to conduct follow-up sessions with students, organise mental health programmes and conduct screening on top of the other roles they play.

In primary schools, not all counsellors are trained in counselling although they do receive some training. However, secondary school counsellors are more commonly from counselling or psychology backgrounds. The school counsellor’s worry is that there are so many different conditions that they need to handle and feel not equipped. Participants also reported that there is a lack of trust from the students toward their school counsellors.

“So, in schools they have counsellors but unfortunately, adolescents do not trust their counsellors and the main reason is that they are not bound to the confidentiality act.”  
(Participant 7, Family Medicine Specialist)

As such, students may not be able to access mental health services in the school setting. In addition, poor parental awareness of mental

health is a barrier for children and adolescents to access the services.

“Some parents are unable to accept the fact that their child has an issue, symptoms of mental health problems.”  
(Participant 4, School Counsellor)

Parents with poor awareness do not consent their children to receive mental health services. Even to see a school counsellor, parents are notified. If the parents are in denial, the child or adolescent will not be able to access the service. Counsellors and healthcare professionals are unable to provide professional help without parental consent. Therefore, stakeholders asserted that a clear referral system is important in giving access to mental health services.

“The most important thing is the referral system... the mental health policy will do very well if the referral system (starts) from how the patients walk in for mental health issues, how they can get help for mental health issues, (and) how they can be screened for mental health issues.”  
(Participant 7, Family Medicine Specialist)

The NGO representative reported facing barriers in getting access to services from the police and social welfare department despite reporting the cases with evidence. They feel that due to the overburden of cases and little resources many of the cases that they report are dismissed by the police and social workers.

“You know, even when we had pictures of huge bruises, burns, cuts ... and these things are quite common, they’re like, uh no .. they’re just stressed.”  
(Participant 1, NGO)

### DISCUSSION

This study has mapped the pathways for accessing public mental health services and identified the challenges to accessing public mental health services from the perspectives of stakeholders in

the mental health field. School-going children and adolescents as well as their family members may engage in either schools, NGOs, or directly to the public health clinics and hospitals for services in mental health. Similarly, school-going children and adolescents may initially walk-in into the counsellor's office, NGO centres, or public health clinics and hospitals for preliminary assessments before seeking parental consent for further mental health management. Having these pathways provides options for children and adolescents to choose pathways that they find comfortable with to access mental health services. A meta-analysis of the rates of mental health utilisation in schools showed that the highest proportion of youth receiving school mental health services was 7.28%, followed by outpatient services (7.26%), primary care services (1.76%) and inpatient services (1.8%) (15). Therefore, school mental health services must be readily accessible and of good quality for children and adolescents.

Understanding how school-going children and adolescents access mental health services is of paramount importance in ensuring their long-term well-being. This study has identified three key pathways through which these young individuals can access vital mental health support: the school counsellor pathway, the NGO pathway, and the public health services pathway, which encompasses parents and family members. Notably, the NGO pathway has unveiled a novel and critical dimension in addressing the mental health needs of these young individuals. This pathway serves as a lifeline for vulnerable children who may not have readily available resources or supportive networks. By extending mental health services through NGOs, we bridge gaps in accessibility and inclusivity, catering to those who might otherwise remain underserved. The significance of offering multiple pathways to mental health services lies in empowering school children and adolescents to select the most comfortable and suitable route for seeking help (2). This approach not only reduces stigma but also enhances the likelihood that they will reach out for assistance when facing emotional or psychological challenges, ultimately fostering a healthier and more resilient youth population.

### Challenges

Trust issues among children and adolescents towards mental health service is not an isolated issue here. Previous studies have shown that adolescents are reluctant to go to the school counsellor due to concerns about confidentiality and lack of rapport (16-18). The reported lack of trust among students towards their school counsellors has significant implications for the effectiveness of mental health support programs. Trust is foundational to any therapeutic relationship, and when students hesitate to confide in school counsellors due to concerns about the privacy of their disclosures, it can

hinder early detection and intervention for mental health issues.

School counsellors have brought up the issue of too much burden and inadequate training. The four main roles of school counsellors are 1. personality development, 2. discipline, 3. career education, and 4. psychosocial and mental health. Carrying out these four roles is time-intensive. The school counsellors usually find colleagues from other schools to discuss and obtain emotional support. According to the stakeholders, there is no standardised annual training by the Ministry of Education, but the District Education Department or the School Counsellor Association would organise training.

In Malaysia, the healthcare sector plays four important roles in managing mental health, which include providing adequate care, promotion and prevention, and partnership with relevant stakeholders in working and supporting initiatives relating to mental health (19). Although the availability of mental health services in Malaysia has improved, stigma such as negative perceptions toward mental health services and service providers (13) is still prevalent in the community. These stigmas and discrimination have prevented parents, and school-going children from seeking professional mental health assistance. Such parents or guardians are in denial of their children who have mental health issues and are oftentimes not supportive of their children seeking mental health services. Without parent's or guardian's consent, underage children and adolescent are unable to access the services they need.

### Recommendations

Our recommendations include building trust by training all teachers to have a basic knowledge of counselling and respect the privacy of students who seek help. To further enhance the capabilities of school counsellors, continuous training and support are essential, particularly for schools with a diverse range of mental health conditions. Concurrently, initiatives focusing on parental education and awareness campaigns can serve as a vital bridge between the school environment and the home, dispelling misconceptions and stigmas surrounding mental health issues. Nevertheless, reaching out to the parents and guardians poses a big challenge.

Parents should be given education on mental health and how to seek help. Community collaboration such as with the Parent Teacher Association in schools should be encouraged in actively promoting awareness among parents. Empowering the community to be actively involved with mental health programmes accelerates the process of creating a healthy environment. The development and promotion of an effective referral system bolstered by collaboration among educational institutions,

healthcare professionals, and NGOs hold the promise of simplifying access to services. Schools can be made to pair with the local primary care clinic or community psychiatrist where available, and have regular meetings during the year.

Policymakers should also heed the call for resource allocation to law enforcement and social welfare departments, recognizing their role in facilitating child protection. Collectively, these recommendations emphasize the need for policy reform and intervention on multiple fronts, reinforcing the imperative of ensuring that mental health services are accessible and effective for school-going children and adolescents.

## CONCLUSIONS

This paper is published to provide awareness regarding the pathways to seeking mental health services in Malaysia for school-going children and adolescents. Collaboration with all stakeholders involved is required to provide the optimum environment and reduce mental health problems. More online and offline promotions are required to increase awareness of the available services among the public and empower them to be actively involved in this issue. The impacts of mental health problems among children and adolescents can last a lifetime if not addressed early. As such, it is crucial that we provide the best foundation for mental wellness during this important age.

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