Supporting youth mental health in Malaysia

POLICY LAB

Around the world young people are reporting a worsening in their mental health. In August 2025, representatives from governments, services, health professionals, researchers and young people collaborated to inform policy responses in Malaysia. Three priority policies that could be implemented in the short-term were identified and developed.

Policy directions

Increase collaboration to maximise the co-development of youth focused services

Incorporate peer support roles in mental health services

Involve youth with a lived experience in promoting resources and services

A 'policy window' is currently open in Malaysia with the renewal of the National Strategic Plan for Mental Health and development of a National Plan of Action for Children and Adolescent Mental Health. The *Malaysian Youth Mental Health Index 2023* (MyMHI'23) identified recommendations in several domains to inform this policy window. The ASEAN Youth Mental Health Round Table Discussion and Conference (June 2025) also provided direction to inform policy development in Malaysia.

To support this policy process Orygen Global hosted a Policy Lab in Kuala Lumpur as part of the ASEAN-Pacific Youth Mental Health Fellowship programme. The Policy Lab facilitated collaborative consideration of the policy opportunities, between the National Centre of Excellence for Mental Health in Malaysia, national and state governments, national and international non-governmental organisations, young people, universities.

The Policy Lab was guided by the policy question: **What are the best opportunities for improving youth mental health that can be reasonably implemented within 2-3 years, and what is required for implementation?**

Youth mental health in Malaysia

Between childhood and adulthood, young people grow and develop physically, socially and emotionally. The mix of people and environments (including home, school and digital spaces) that young people live, learn, work and play in contributes to their wellbeing and development. Young people who experience mental health challenges are at a higher risk of experiencing social exclusion, educational difficulties and discrimination.

Globally, one in seven young people (10–19 years) experience a mental health condition and suicide is the third leading cause of death among young people aged 15–29 years.(1) Approximately a third (34.6%) of lifetime mental health conditions begin by the age of 15 years, nearly half (43.4%) by 18 years and more than three in five (62.5%) by 25 years.(2) Several studies have measured the prevalence of mental ill-health among Malaysian adolescence and university students. For example, the MyHeART study found psychological distress doubled (from 15.9% to 34.6%) between the age of 15 and 20 years.(3)

In 2021, mental disorders ranked among the top five leading causes of disease burden, accounting for 9.2 per cent (95% UI 7.6–10.8) of total Disability-Adjusted Life Years in Singapore, 7.6 per cent (6.1–9.2) in Brunei, and 6.7 per cent (5.3–8.4) in Malaysia. From 1990 to 2021, the age-standardised prevalence across the ASEAN region rose by 6.5 per cent (95% UI 3.7–9.8; table). Although prevalence remained relatively stable in most countries, notable increases were observed in Malaysia (12.6% [1.7–25.1]). Across ASEAN, Malaysia had the highest age-standardised prevalence of mental health conditions at 13.2 per cent.(4)

The international significance of youth mental health has seen the development of policies and resources by the World Health Organization (WHO) and UNICEF. The 2024 *Mental health of children and young people: Service guidance* emphasised the need for services to be responsive to and appropriate for young people and delivered in the community.(5) Two principles for community-based care were identified: (i) having a network of interconnected services and (ii) a stepped care approach with task-sharing.

Experiences of mental ill-health have immediate and potentially longer-term impacts. It is important, therefore, that young people are supported early and in a way that responds to their needs as a whole person. The *Lancet Commission on global mental health and sustainable development* (2018) promoted the positive impact of providing youth mental health care for young people's education, employment and social participation.(6)

Policy Lab

A Policy Lab is a structured workshop that considers policy context and the available evidence, and gathers expertise and perspectives to inform policy development.(7, 8) The method relies on having a diverse range of expertise present among the participant group, including from within government. This facilitates knowledge exchange to answer the policy question and to inform thinking and practice beyond the Policy Lab.

There were 29 participants representing federal and state governments, non-governmental organisations, universities, services, and young people. This included representatives from the Ministry of Health, Ministry of Youth and Sports, Ministry of Education, Department of Social Welfare, as well as the WHO. In addition, five fellows took part in the Policy Lab.

Participants were provided with a briefing pack summarising the policy issue, context and available evidence. Youth participants were provided with an online pre-briefing session prior to the Policy Lab. Participants were allocated to table groups to ensure a mix of expertise to support broad discussion and knowledge exchange.

Initially table groups considered what is working and where progress has been made in supporting youth mental health in Malaysia. It was identified that mental health awareness and literacy, and accessible support, had increased – with benefits evident in education settings and work, and in supporting families. Screening, assessment and community-based models of care have been implemented, and digital services and interventions and peer support are developing.

Prioritising opportunities and informing policy direction

Participants then identified and prioritised promising opportunities to further improve support for youth mental health in the short-term. There were eleven opportunities identified across four themes:

- Services: school counselling, peer support, continuity of care, feedback.
- Families: mental health awareness, access to services.
- Government: increased collaboration (within the Governmental departments and beyond), increased research to support budget allocation and priorities.
- Youth: lived experience informs promotion, places to socialise, financial literacy.

Participants individually prioritised the opportunities, and the top three became the focus for policy development.

1. Increase collaboration between Ministries and Community Service Orgnisations (CSOs) to maximise the co-development of youth focused services.
2. Incorporate peer support roles in mental health services.
3. Involve youth with a lived experience of mental ill-health in creating content to promote available resources and services.

Policy development

Priority policies were distributed between table groups which, in turn, considered the barriers to and enablers for policy implementation, and the available instruments for the allocated policy. The collected data was analysed after the Policy Lab; policy proposals were drafted by the facilitators[1] and shared with participants for review. There was considered engagement from many participants, with youth review facilitated through an online meeting. Facilitators incorporated feedback into the final policy proposals.

Policy proposals

Proposal	Rationale	Instruments	Outcomes
Increase collaboration between Ministries and CSOs to maximise the co-development of youth focused services			
Establish a national youth mental health collaboration committee involving youth. **Committee membership and roles to be equally representative of government (specified national ministries, agencies and departments), CSOs, community/religious leaders, and youth.** **Seats rotated annually for non-government members.** **The committee remit would be to inform the implementation of national strategies.**	There is a lack of leadership, structure and process to enable collaboration between the Government and civil society organisations. This limits the maximisation of service development and delivery for youth. Youth need to be empowered to participate, and other members guided in engaging with youth. Multi-stakeholder committee membership for youth mental health including psychosocial support. Collaboration needs to be open and transparent, including data and knowledge exchange. Inter-ministry collaboration would provide an example for community members.	The renewal of the National Strategic Plan for Mental Health and development of a National Plan of Action for Child and Adolescent Mental Health provide an opportunity to establish a national youth mental health collaboration committee. Youth members could be recruited through education institutes or youth and community centres. Participation and engagement could be strengthened through existing models. Existing CSO coalitions provide a starting point for coordinating committee membership. Future service mapping of the full range of youth services would expand engagement with the committee and relevant membership.	Improved communication and intersection within and between committee membership groups (e.g. government, CSOs). Increased coordination in the delivery of youth mental health services, and reduced duplication and redundancy. Youth mental health services reflect the needs of youth.

1 David Baker (Orygen) and Dr. Mohd Faiz Nazim bin Baidilleh (Fellowship Alumni).

Proposal	Rationale	Instruments	Outcomes
Incorporate peer support roles in mental health services			
Develop guidelines and training curriculum for peer support roles in mental health services. Undertake wide engagement, including with governing and professional bodies, mental health services, CSOs, higher education and training providers, community/religious leaders, and the public (including youth). Develop a three-year pilot, evaluation and implementation plan to establish peer support roles in mental health services nationally.	A range of initiatives outside of government have developed the peer support sector. Progress within mental health services to incorporate peer support is less developed, providing an opportunity for incorporating peer support to expand available mental health services. Developing a peer support role description (including codes of conduct and supervision requirements) will enable workforce development and professional collaboration. While there are many committed people working to promote peer support, there remain organisational and attitudinal barriers to incorporating peer support. Progress already made by CSOs and private sector provides direction for developing policy, processes and programmes within public services. People experiencing mental ill-health and their carers/families can both benefit from peer support.	The renewal of the National Strategic Plan for Mental Health provides an opportunity to embed peer support roles in mental health services. Accreditation of training in Peer Support through Malaysian Qualification Agency. Leverage existing CSO initiatives providing peer support services. Establish a national peer support association to support incorporation of peer support roles.	Accreditation for peer support workers. This supports professional recognition and remuneration. Increased acceptance of peer support roles as a part of the mental health workforce. Expanded resources for delivering early mental health support. Enhanced mental health care for people and their families through peer support.

Proposal	Rationale	Instruments	Outcomes
Involve youth with a lived experience of mental ill-health in creating content to promote available resources and services			
Pilot content creation roles for youth with a lived experience of mental ill-health. The pilot programme would sequentially employ four youth (representing population diversity) in a three-month content creation placement over 12 months. Evaluate the pilot programme progressively after each placement to inform the development of a safe and supported professional lived experience role for content creation. Consider similar roles in state and local government based on evaluation findings.	Youth with a lived experience of mental ill-health know how to communicate with their peers. Involving them in creating content has the potential to enhance the promotion of available resources and services to youth audiences. A lack of public service guidelines for involving youth and valuing their opinions, alongside bureaucratic control over content, are barriers to involving lived experience. Guidelines also need to include safety measures for youth who incorporate their lived experience. Platforms for youth voices and lived experience organisations provide direction for improving public service approaches.	Recruit youth for the role through mental health services promotion. The MySTEP employment programme provides a platform for piloting lived experience roles in the Ministry of Health, the Ministry of Youth and Sports, and possibly others.	Increased youth awareness of available resources and services, and reduced community stigma. Increased profile of lived experience and demonstrated value and capacity in the public service. Staff positions established informed by the pilot programme.

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Disclaimer
The findings reflect the discussions and directions of a broad range of participants, but do not necessarily reflect individual participant's agreement or their organisation's policy.

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