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## Supporting youth mental health in Brunei

### POLICY LAB

Increasing rates of youth mental ill-health mean countries around the world are considering how best to support young people. In April 2026 the policy options available in Brunei were considered by representatives from government, services, community organisations, health professionals, researchers and young people. They identified and developed three policy proposals to continue to improve mental health support for young Bruneians.



### Sikit-sikit lama-lama jadi bukit.

Little by little, little becomes much.

- Malay proverb.

The Brunei Mental Health Action Plan 2022-2025 has concluded. This presents an opportunity for renewing the actions for government, services, and communities deployed to support young people. As part of the Orygen Global ASEAN-Pacific Youth Mental Health Fellowship, a Policy Lab was hosted in Bandar Seri Begawan. The Policy Lab was guided by the policy question: **How can youth mental health be further improved through the next Mental Health Action Plan?**

## Youth mental health in Brunei

Young people undergo considerable physical, social and emotional development between childhood and adulthood. **Most lifetime experiences of mental ill-health have onset by the age of 25 years.** Approximately one-third (34.6%) of lifetime mental health conditions begin by the age of 15 years, increasing to more than one-in-four (43.4%) by 18 years and more than three in five (62.5%) by 25 years.(1) Supporting young people's healthy development at home, school, in the community and at work is important as they become more independent.

Globally, suicide is the third-leading cause of death among young people (15–29 years).(2) In Brunei one-in-five students (19.9%) reported in the Global School-based Student Health Survey (2019) that they had had suicidal thoughts and 12.2 per cent reported having made a suicide attempt. (3) Mental illness represents a contributing factor of approximately **25 per cent in shortened life expectancy** for young people (10–19 years).(4)

Countries are supported in developing mental health services by international resources developed by the World Health Organization and UNICEF. Service guidance published in 2024 highlighted the need for community-based services that are responsive to young people's needs and identified a network of interconnected services and a stepped care approach as central to mental health services. (5) This international focus on youth mental health also supports young people's education, employment and social participation.(6)

### Evidence

Evidence for awareness and prevention programs in the South-East Asia region provides direction for policy. Peer education initiatives to disseminate information are more successful when supported by adults (e.g., teachers, community leaders).(7) Most prevention programs focus on individuals, however they need to be expanded to the community. (8) Effective suicide prevention strategies include both school-based awareness and skill training programs and community-based interventions. (9) An evidence-informed mental health literacy and self-management app has been developed with young people in Indonesia.(10)

## Policy Lab

A Policy Lab facilitates the identification, prioritising and development of policies by a group of experts, informed by evidence and focused on a policy question.(11, 12) Having a diverse range of expertise present including

from within government enables knowledge exchange to answer the policy question and to extend collaboration beyond the Policy Lab.

Thirty people participated in the Policy Lab in Bandar Seri Begawan in April 2026. Within the participant group were representatives from the Prime Minister's Office, Ministry of Health, Ministry of Education, Ministry of Culture, Youth and Sports, non-governmental organisations, universities, services, and young people, and the Australian High Commission. Participants were sent a briefing pack ahead of time to provide everyone with a summary of the policy issue, context and available evidence. On the day they were allocated to table groups to provide a range of perspectives and experience to support broad discussion.

### Identifying and prioritising policy opportunities

The first discussion among participants, working in table groups, focused on what is working and where has progress been made in supporting youth mental health. This progress was summarised into three categories:

- Increased awareness and help-seeking, reduced stigma,
- Expanded support options and capacity beyond health services,
- Accessible services through tailored programs and technology.

Participants then identified a range of opportunities to further improve support for youth mental health through the next Mental Health Action Plan. Table groups were asked to select the top two opportunities. These identified opportunities fit into four themes:

1. **Awareness** raising through parents sharing their lived experience, media content for older populations.
2. **Collaboration** between government and NGOs, with Ketua Kampongs, Mukims.
3. **Services** enhanced through a regulatory body for counsellors, peer supporters; expand JIWA (peer support) platform.
4. **Technology** to enable increased understanding through BruHealth app data, AI assisted data integration, centralised service directory.

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

1. Regulatory body for counsellors and peer supporters,
2. Community outreach programs supported by Government and NGO collaboration,
3. Expand JIWA platform to nationwide access to support at a Mukim level.

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## Policy development

Priority policies were distributed between table groups which, in turn, considered the barriers and enablers for policy implementation, and the instruments available to government for the allocated policy. Participants then synthesised this information and summarised the policy


developed for reporting back to the group. Following the Policy Lab this data was reviewed and drafted for consistency, with reference to the data collected. In two instances policy ideas from two tables were merged. The draft policy proposals were shared with participants for review with minor changes suggested.

## Policy proposals

Proposal	Rationale	Instruments	Outcomes
 <p><b>Progress the establishment of a regulatory body for counsellors, peer supporters to support professional development and quality care</b></p>	<p>There is national interest in establishing a regulatory body for counsellors and peer supporters; however, establishing this entity requires leadership. A national-level custodian is required to coordinate fragmentation within the professions.</p> <p>The existing draft Code of Ethics provides a foundation for developing a national professional standard for counsellors and a model for peer supporters.</p>	<p>There are procedural and leadership instruments available for coordinating national regulatory bodies.</p> <p>The Ministry of Health taskforce and certification of education and training from the Ministry of Education provide a basis for future multi-ministerial approaches to include counsellors and peer supporters working in different settings.</p> <p>Existing counsellor associations and the proposed guidelines for peer support services provide components for building a national body.</p> <p>Community leadership (i.e., Penghulu and Ketua Kampong) is available to support a national initiative.</p>	<p>A national practice standard provides a framework for training, education and professional development.</p> <p>A nationally shared professional identity is developed among counsellors and peer supporters respectively.</p> <p>The new standard provides a national measure for the delivery of quality care.</p>
<p>Commission a white paper to develop frameworks for national regulatory bodies for counsellors and peer supporters. An implementation strategy built on short-, medium- and long-term objectives, and a dedicated taskforce, are required.</p>			

Proposal	Rationale	Instruments	Outcomes
 <p><b>Commission government-funded community outreach programs delivered by the NGO sector to increase mental health awareness</b></p> <p>Commission a five-year community outreach program.</p> <p>Include co-creation, utilise digital technology and schedule evaluation cycles to develop needs-based, responsive and sustainable programs.</p> <p>Incorporate strategic funding decisions that strengthens the capacity, effectiveness and sustainability of NGO services across Brunei.</p>	<p>Existing passionate and interactive community activities and programs provide a basis for developing community outreach programs.</p> <p>The profile of community mental health outreach programs within government compared with other health programs and services needs to be raised.</p> <p>Alignment with related initiatives and social financing funding would enable the development of community outreach programs and strengthen existing programs.</p> <p>Development through national instruments, including funding, needs to balance competition and cohesion within the NGO sector.</p>	<p>The whole-of-nation approach provides a framework for collaboration between Government and the NGO sector. Explore options for charitable support. Existing engagement avenues (e.g., Mengalinga app, social media) provide platforms for raising awareness of outreach programs.</p> <p>Evaluation (data and research) informs development cycle for programs.</p>	<p>Increased mental health literacy and awareness of available support.</p> <p>Increases available options for help-seeking.</p>



Proposal	Rationale	Instruments	Outcomes
 <p><b>Develop guidelines for peer support services based on the JIWA platform to facilitate nation-wide with access at a Mukim level</b></p> <p>Commission the development of national Mukim-based peer support training and service guidelines based on the JIWA platform.</p> <p>Include development of:</p> <ul style="list-style-type: none"> <li>• curriculum standards and trainer accreditation, and quality assurance</li> <li>• a pilot program to test and evaluate the guidelines in three demographic and geographically diverse Mukims.</li> </ul>	<p>The delivery of peer support services is currently constrained by the levels of awareness, credibility and resourcing.</p> <p>These constraints can be addressed through applying existing government services; raising awareness through media and roadshow events; and building upon existing peer support groups and trainers, and collaborative support from agencies and communities.</p>	<p>The whole-of-nation approach provides a framework for coordinating informed engagement from Ministries; NGO and community organisations, higher education institutes and workforce training, social enterprises, and Penghulu/ village leaders.</p>	<p>Government can confidently invest in the expansion of peer support services based on an established platform.</p> <p>Increased access to mental health support in the community.</p> <p>Guidelines are a foundation for continued improvement.</p>

## Supporting the policy proposals

We encourage you to share this report. Policy Labs support people with a shared commitment to improving young people’s mental health to make or strengthen their connections. What opportunities are there to continue this collaboration to promote these policies?



## Participants

Orygen Global is grateful for the considered and enthusiastic engagement from all participants who represented a range of stakeholders.

### Dk Farah Amirah binti Pg Redzuan

Acting Senior Special Duties  
Officer, Welfare Office, Prime  
Minister's Office

### Noor Amal Azirah binti Haji Azlan

Special Grade Administrative  
Officer,  
Civil Service and Governance  
Office,  
Prime Minister's Office

### Nadzirah Hj Abdullah

Health Promotion Centre,  
Ministry of Health

### Nuratikah Sapar

Clinical Psychology Division,  
Ministry of Health

### Syahirah Chua

Community Psychology  
Division, Ministry of Health

### Dr Shaheen Zinna

Psychiatry Unit,  
Ministry of Health

### Awang Mohamad Adi

Hamdi bin Haji Aminuddin  
Ministry of Culture,  
Youth and Sports

### Ahmad Faisal bin

Haji Zainal Abidin  
Counselling Unit,  
Ministry of Education

### Pg Hamiosmera bin

Pg Haji Othman  
Counselling Unit,  
Ministry of Education

### Ak Amirnur Aminuddin

Pg Hj Mohd Salleh  
Penghulu Mukim

### Ahmad Hussaini

Bin Hj Mohsin  
Penghulu Mukim

### Jennifer Zhao

Australian High Commission

### Zulfan

JIWA

### Bazillah

JIWA Peer Supporters

### Jin

JIWA Peer Supporters

### Eddy

JIWA Peer Supporters

### Syafina

Orygen Global Youth Mental  
Health Fellow

### Nurin Syahra

Orygen Global Youth Mental  
Health Fellow

### Raden Mukhriz

Orygen Global Youth Mental  
Health Fellow

### Tina

Orygen Global Youth Mental  
Health Fellow

### Izyan

Brunei Youth Council

### Fisha

Big Begawan Project

### Didi Malai

SMARTER Brunei

### Ammar

MindBridge

### Dr Mona Kassim

muBn Learning and  
Growth Company

### Zalikhah

Girl Up

### Amalina

AM Counselling

### Aziz Zulazmi

Self-Space Counselling

### Nadia

Counsellink

## 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.

## Declaration

All tools were used for some initial data analysis.

## Authors

David Baker  
Muhammad Asyraf Bin Zulkipli  
Maddison O'Gradey-Lee

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## ORYGEN LTD

35 POPLAR ROAD PARKVILLE  
VIC 3052 AUSTRALIA

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