

THE CONUNDRUM IN CHILD MENTAL HEALTH SERVICES IN MALAYSIA

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ABSTRACT:

Mental health problems for children and teenagers worldwide are becoming increasingly trendy. The National Health Statistics in 2017 reveals that in England and Wales, one in eight children and teenagers between the ages of 5 and 19 have at least one mental illness. In Malaysia, the rates of mental health issues in young people are on the rise, with the rates jumping from 13.0 per cent in 1996, to 19.4 per cent in 2006, and 20.0 per cent in 2011. Studies indicate that young people who have mental health problems are more likely to have difficulties with education, have difficulty finding work opportunities, or having difficult problems with staying jobs. Previous research has shown that those who use e-cigarettes would be more likely to have used other drugs to feel "high" or feel "good," as well as be more than likely to be associated with a law-breaking activity. The Malaysian literature on this subject indicates that scientific research shows the need for systemic psychological and medical solutions rather than just focusing on treating the problem of difficulty in finding jobs, suicide and physical injuries. Centred on the current legal and social landscape, this paper seeks to explore the current state of children's mental health services and the obstacles they face. Since the approach used in this study is systematic, it adopts a doctrinal research methodology, a systematic means of legal reasoning, including evaluating the primary and secondary tools. The results suggest that the levels of children's wellbeing and their mental health concerns are very poor, prior to the pandemic Covid-19. However, it becomes a matter of concern, particularly after the crisis reaches the world and becomes the most debated subject across the globe. Also, the paper finds that there are children who do not have access to the mental health services they need, as well as the quality of education and care which lacks emphasize on the mental health.

KEYWORDS: Mental Health, Children, Adolescent, Child Right Convention, Artificial Covid19 and Malaysia

1.0 INTRODUCTION

In certain parts of the world, the mentally disordered are an underprivileged minority, frequently rejected by social groups and without recourse to care. Despite being the developed nation, there are often severe shortcomings in the care and treatment for persons with mental disorders, mentally disabled persons, patients suffering from chronic or episodic psychosis, and

other groups (Hodgetts et al., 2020). Since mental health is least discussed issues worldwide, nevertheless, its impact is huge on many aspects of human development and social being. Mental health issues among adolescents are on the rise. A study indicates the potential benefits of any school intervention required before a child's entrance to the secondary level. This is important due to the grave concern that by 2020 mental illness will be the second biggest health problem affecting Malaysians after heart disease. Some studies in the past year involving over 6000 children have shown that more than one-fifth have at least one mental condition (Behere, 2017). Besides, Carsley (2017) contends that schools in Europe address students' mental health challenges in recent years. She identified that one in five children and adolescents had reported significant mental health difficulties (e.g., anxiety, depression) during their school years (Carsley, 2017). This indicates a steady increase in children's mental health problems in developed nations. Mental health problems, such as the suicide rate among teenagers and children, have increased over the last few years. Recently, there are many reported cases of suicide among school students, the recent incident in January 2020 whereby a Form Four student, S.K. Logamitraa. The 16-year-old took his own life after claiming that he had suffered from depression after being allegedly "targeted" by several teachers at his school (Chern, 2020; New Straits Times, 2020). The scholarly literature on mental health in Malaysia is minimal and drawn predominantly from investigative reports in newspapers. However, a previous study has focused on mental health's general issues (Razali et al., 2014), its medical dimensions (Abdul Rahim et al., 2012) and adult mental health problems.

Given the above, the purpose of this paper is to resolve the conundrum of mental health services for children in Malaysia. The concepts and trends of children's mental wellbeing are discussed in the first segment. International law as well as the effective governance of mental wellbeing are discussed in the second section. The third part is the focus of the study and discusses the relevant aspects of the medical and educational aspects of Malaysia's mental health and its governance of children. The fourth section explores the way forward or guidelines that could be placed in place to improve mental health services for children in Malaysia, including the improvement of mental health services for children during the Covid-19 pandemic, and the final section concludes the paper.

2.0 TRENDS ASSOCIATED WITH CHILD MENTAL HEALTH

The mental health of children is just as important as their physical health and deserves the same quality of supports. Over the past 30 years, a variety of epidemiological studies have been undertaken to track disease burden and provide mental wellbeing for children with emotional and behavioural issues (Idris, 2017). According to Roberts and colleagues, in Western countries, the prevalence of mental and behavioural issues ranged from 1% to 51% (Nikapota, 1991). Global epidemiological data show that up to 20% of children and adolescents have a mental illness, with suicide being the third leading cause of death among adolescents (Srinath et al., 2010) In recent years, the burden of care for users of mental illness services has been alarming due to lack of resources in Malaysian mental health services. Malaysian sits at the

heart of South-East Asia with 23 million people of diverse ethnicity, cultures, and religious background (Tsuey Chong et al., 2013).

On 31 December 2019, the World Health Organization (WHO) was informed that several cases of pneumonia of unknown origin had been found in the city of Wuhan, China. The most unprecedented health crisis of our time has been called, but the Covid-19 pandemic is also a humanitarian crisis and a socio-economic crisis that exposes injustice and its lasting consequences. In March 2020, the WHO declared that COVID-19 had reached a pandemic status, putting the world in a state of maximum warning, and increasing to dimensions that have not yet been measured (World Health Organization, 2020a). Virtually all nations have been affected by the corona viral disease (Covid-19). Uncertain health risks and rising financial losses can easily lead to widespread emotional distress and an increased risk of psychiatric disorders. Posttraumatic disorders, anxiety, and depression are likely to occur during and after the pandemic. Some groups, such as teenagers, are more vulnerable to long term mental health consequences (Marques de Miranda et al., 2020) The first case was registered in Malaysia on 25 January 2020 involving three Chinese nationals from Wuhan who entered Malaysia from Singapore on 23 January 2020. Since then, positive cases have steadily increased to 22 on 15 February 2020 and remain for almost 2 weeks (Mat et al., 2020) The pandemic has a significant effect on everyone's mental health, including children. The lack of income for poor children in this country would make it more difficult for them to have basic access to water, food, education, and health care.

A multifactorial approach to the COVID-19 pandemic is the heterogeneity and plurality of biopsychosocial stressors, resulting in unclear effects on the emotional wellbeing of vulnerable groups such as adolescents. (Shanan et al,2021) However, the crisis puts children at greater risk of abuse, exploitation, and violence. Both locally or abroad, the economic consequences of a movement control order or a lockout increase safety risks for children who are already vulnerable. Children and adolescents have long been concerned with mental and behavioural problems across a broad spectrum of fields (i.e. social science, psychology, public health and education) (Idris, 2017). A recent household study commissioned by World Vision found that 19 per cent of children encountered intense stress and 5 per cent experienced mental illness during lock-up. Children are the most vulnerable and endangered during this pandemic. However, they are among the greatest victims in the world. All children, of all ages and in all countries, are affected, by socio-economic impacts and, in some cases, by prevention interventions that may unintentionally cause more harm than good (World Vision,2020).

The April 2020 study analyzed data from Google Trends to find that since the coronavirus pandemic began to take place around the world, searches related to loneliness, boredom, and anxiety have significantly increased. These feelings of isolation, however, are especially worrying when they affect children (Singh et al., in 2020). A higher risk of mental health issues in children, including signs of depression and anxiety, is associated with social isolation. Children and adolescents were also significantly affected by the sudden withdrawal from

education, social life and outdoor activities. (De Figueiredo et al 2021) Children are social creatures because they spend a lot of time actively engaging with other children every day, and in various socio-cultural contexts during their lives. During the ongoing Covid-19 pandemic, most parents had to adjust to how to cope with their jobs and their children's care (Livari, Sharma, & Ventä, 2020). Recently, a study in China looked at 1,036 quarantine children and adolescents between 6 and 15 years of age, of whom 112, 196 and 68 had depression and anxiety (Then et al., 2020).

3.0 THE INTERNATIONAL LAW ON CHILD MENTAL HEALTH

The International Law on the Rights of the Child is set down in the United Nations Convention on the Rights of the Child (UNCRC). It is an international treaty signed by almost every country in the world. Every five years, a jury of 18 independent UN experts scrutinizes all States parties about how much they recognize and encourage children's rights (Azmi & Basir, 2019).

Article 24, on the UNCRC, stated that “Every child has the right to the best possible health. The government must provide a good quality health care, clean water, nutritious food, and a clean environment and education on health and wellbeing so that children can stay healthy”. Healthcare for children and young people should be as good as possible and goes further than this by saying children and young people have the right to be both physically and mentally fulfilled (Detrick, 1999). The UNCRC guarantees the right of every child to freedom from violence and the highest attainable standard of mental health. Similarly, the UN 2030 agenda for Sustainable Development Goals (SDG) has undertaken the pledges to end all forms of violence and to promote mental health and wellbeing as it appears in the SDG 4, the quality education (Maalla M’Jid, 2020).

The application of the United Nation Convention Rights of Children in Malaysia started on 17 February 1995. When Malaysia joined the convention, it had 12 reservations. Since July 19, 2010, Malaysia has withdrawn all seven reservations, except for Articles 2, 7, 14(a), and 28, but retains one (or returns) reservation on the following points: Articles 2, 37. Also, Malaysia signed two of the three Protocols in 2012: The Optional Protocol on the participation of children in armed conflict and the Optional Protocol on the selling of children and the use of children to produce child pornography. There is currently no way to ratify the new communications procedure, which was placed in place in place in 2014. The United Nations states that, because the reservations made by Malaysia are subject to accordance with domestic law, there is also a strong suggestion that it should work actively to put domestic legislation in line with the CRC and thus remove the remaining five reservations (CRC, Committee,2019).

Malaysia has taken significant steps since ratifying the CRC to fulfil its commitments under the Convention and to guarantee that the rights enshrined in it are recognised in domestic law. Malaysia enacted the Child Act in 2001 to contribute to the CRC, and the Child Act, in principle, provides security and assistance to any child in Malaysia in any circumstance, regardless of ethnic origin, colour, sex, faith, social origin, or physical, mental, or emotional

disabilities (Women's Aid Organization, 2019). Additionally, the Child Act is founded on the CRC's four essential values, including nondiscrimination, the child's best interests, the right to be heard, and the right to life, survival, and growth. However, the laws enacted to safeguard children's interests have not been fully implemented. Concerning mental health, (Che Ngah et al., 2017) noted that Article 25 of the Convention on the Rights of the Child recognises the right of a child who has been put for care, protection, or treatment of his or her physical or mental health by competent authorities. While Article 24, which deals with the right to health and access to health care, is significant for children of all ages. (2016) (Ruck et al.).

Another International law that discusses the rights get medical treatment of a person with mental illness is through The United Nations Convention on the Rights of Persons with Disabilities (CRPD). Introduced in 2007, the CRPD was considered a progressive move forward for people with disabilities to advocate and provide for them (Chile et al., 2014). Article 12 (adopted in 2014) states that all individuals have a capacity for decision-making which means that the right to fair recognition before the law is incompatible with that of substitute decision-making. Related aspects of the CRPD will be identified and the obstacles to unwanted care will be discussed (Chile et al., 2014). The consent of the child is given by his guardian, as the child is one of the parties who are unable to consent to surgery, psychiatric studies and electroconvulsive care for patients dealing with mental illness. The clear reference to another person's likelihood of making choices on behalf of the person with a disability (Chile et al., 2014).

Under Article 17 of CRPD, it recognizes for a person with disabilities have the right to respect for physical and mental integrity on an equal basis with other people. Without permission, Minkowitz (2007) argues that such care is unconstitutional. It points out that the CRPD Reporting Provisions for Article 17 require the States Parties to report, without free and informed consent, on steps taken to protect people with disabilities from medical or other care. The prevention of coercion and the implementation of assisted decision-making in mental health services includes consistently paying attention to and incorporating all related rights in mental health services.

As for The United Nations Convention on the Rights of Persons with Disabilities (CRPD) Malaysia had become the State Party to the CRPD when it signed in 2008 and ratified in 2010. In response to the obligation, Malaysia has enacted the Persons with Disabilities Act 2008 to ensure PWD protected within national legislation (Kelly, 2020). Despite ratification to CPRD, the country maintains formal reservations to Article 15 (freedom of torture or cruel, inhuman, or degrading treatment or punishment) and Article 18 (liberty of movement and nationality) and has not yet ratified the Optional Protocol to the CRPD (Harapan OKU Law Reform Group (2019)). Malaysia has not once submitted its state report to the UN CRPD Committee since becoming a party to the convention. While Malaysia has joined the CPRD, disability schemes are still viewed as welfare benefits, contributing to the social isolation of persons with disabilities (PWD). Due to a lack of implementation and robust domestic legislation, as well as

a lack of knowledge of disability, children with disabilities are frequently socially and institutionally excluded (UNICEF Malaysia (2017)). While Malaysia has the Persons with Disabilities Act 2008, the Act does not completely comply with the CPRD and does not expressly protect against discrimination based on disability status, as does the Federal Constitution (Harapan OKU Law Reform Group (2019)). The Act was described as a "toothless tiger" due to its lack of recourse and compliance mechanisms (Harapan OKU Law Reform Group (2019)).

According to WHO's Mental Health Atlas 2017, 111 countries (i.e., 57% of all WHO the Member States) reported that having a stand-alone law for mental health and 66 reported having updated that law in the previous 5 years (Sugiura et al., 2020). It is important to follow a context-specific approach to achieving the Convention's objectives, as resource variations can involve different approaches, and because local social, cultural, and political factors can affect the implementation.

4.0 THE LAW ON CHILD MENTAL HEALTH IN MALAYSIA

The child-related laws on mental health traced its footage to the introduction of CRC by the United Nation Community. The Malaysian Government ratified the CRC in 1995 and made every effort to safeguard these rights in all government and state areas including the local government, schools, and health services (CRC,2013). As far as mental health programs are concerned, the key law regulating those services is the Mental Health Act 2001. The law was passed by Parliament in Malaysia in August 2001 but did not become effective until 1 March 2010 (Khan,2015). The Mental Health Act 2011 is a law enacted by the Ministry of Health of Malaysia (following the 2010 Mental Health Regulations), which was a turning point for mental health services because it contained detailed service delivery policy guidance. Concerning mental illness, the Act consolidates the laws and defines guidelines for the admission, detention, housing, care, recovery, rehabilitation, supervision and welfare of mentally ill persons and related matters (Khan, 2015).

Under this statute, the provisions relating to children on mental illness are laid down in Section 9 by the admission of a voluntary patient to a psychiatric hospital. In the case of a minor, a person can be admitted as a voluntary patient to a psychiatric hospital on his behalf by his guardian to the Medical Director of the psychiatric hospital (Mental Health Act, 2001). In relation to the granting of consent to surgery for a minor, it has been specified under Section 77. Where a mentally unstable person is expected to undergo surgery, electroconvulsive therapy or clinical trials, permission for a minor shall be granted to his guardian. Only those two parts referred to the rules relevant to the law on children's mental health in Malaysia. According to the CRPD, the provisions of the legislation provided for do not appear to be synchronized with international law providing for the right of a person with disabilities to respect physical and mental dignity on an equal footing with all persons, including children.

In the extended families of Malaysia, children are cherished and seen as precious gifts from

heaven (Toran et al., 2011). It is known that the gift comes under the obligation of ensuring that children grow up to become responsible adults and contribute to the family and community. Malaysian culture, therefore, puts a great deal of focus on education for children. Recently, the survey conducted in 2019 highlighted the shock of a new mention of a mental crisis among Malaysian children, the so-called secret epidemic. 424,000 children were identified as having a mental health problem in Malaysia, and 8.4% of children between the ages of 5 and 15 were identified as having a mental health problem in Malaysia, according to the National Health and Morbidity Survey (The NHMS, 2019). It is a serious matter that needs to be looked at, as children are the future creators of every country. According to the study, 9.5% of children aged 10-15 have mental health issues (The NHMS, 2019). The lack of a licensed child psychiatrist also leads to an increase in the number of cases of child mental health care in Malaysia. Malaysia had only 20 registered child psychiatrists in 2018, most of whom were based in Kuala Lumpur and Selangor. According to The Malaysian Medical International (MMI), mental wellbeing needs to be discussed by the right person. Malaysian Medics International (MMI) cited the 2018 paper published in the Taiwanese Journal of Psychiatry, which found that Malaysia had only 410 registered psychiatrists in Malaysia as of July 2018, with 50% of them attached to the Ministry of Health (MOH) hospital (Guan et al., 2018)

Also, another observation made by the Malaysian healthcare group reports that the mental health issues in adolescents have been linked with harmful behaviors such as drug abuse, underage pregnancy, school dropout and delinquency (Malaysian Healthcare Performance Unit and Psychiatric Group (2017)). The 2017 Adolescent Health Survey found that 1 in 5 adolescents was depressed, 2 in 5 were anxious and 1 in 10 was depressed (Othman and Essau). The prevalence of adolescents suffering from depression and anxiety disorder rose to 29 per cent from 12 per cent in 2011.

During Pandemic Covid-19, the number of children exposed to severe mental health problems is expected to increase. Wagner (2015) stated that children experienced ADHD, depression, and sleep disturbance. The main concerns related to children's mental health are due to traumatic traumas they have undergone, and home quarantine. Wagner also states that 85.7 per cent of parents found their children's emotions and behaviors changed during the quarantine. The most-reported shifts were feeling troubled (76.6 per cent), feeling bored (52.8 per cent), feeling annoyed (39.8 per cent), feeling impatient (38.8 per cent), feeling nervous (38 per cent), feeling lonely (31.3 per cent), feeling uneasiness (30.4 per cent), and feeling anxious (30.4 per cent) (30.1 percent). About 75% of the parents shared concern for the situation. Parent tension has a strong correlation with the child's records of psychological symptoms. Similar patterns of behaviour have previously been recorded in Malaysia by Tay (2020) in his research on the effects of Covid-19 and the health of children.

5.0 PROPOSED RECOMMENDATION TO IMPROVE CHILD MENTAL HEALTH SERVICES IN MALAYSIA

The impact of the mental health problem is substantial on many aspects of human development and social being (Ismail et al. 2020). On children, such an effect is long-lasting. Carsley, Koury, and Heath (2017) observe that usually children and youth with mental health problems had challenges related to academics and school functioning, including lower academic performance, greater behavioural and attendance issues, and higher dropout levels. Such problems are rampant given that school students spend most of their time in schools and that many groups of students can be reached directly in their classrooms (Carsley, Koury, and Heath, 2017). Therefore, the government needs to take radical steps to resolve mental health problems among children in Malaysia.

The NHMS (2019) indicates that 424,000 children in Malaysia face mental and psychological difficulties. This is a great concern, and it needs to be closely watched, as children are our future and our hope. Malaysia's government needs to increase the number of psychologists, as the Ministry of Health (MOH) currently serves only 148 counselling psychologists and supported by Psychiatric and Mental Health Facilities Operational Policy suggested that there is a shortage of child and adolescent psychiatrists to support children and adolescents in need of psychiatric treatment (The NHMS,2019). More specifically, there is a lack of staff to form multidisciplinary teams that are at par with the international standards for treating children and adolescents requiring psychiatric services. At present, there are not enough clinical psychologists, speech therapists, occupational therapists, psychotherapists and art therapists. Psychiatric services should be strengthened and aim to provide care that, despite their shortcomings, benefits every child or adolescent as much as possible (Whitehead, Hopkins, Hughes, Kehoe, & Pedwell, 2020).

The second recommendation that can be put forward in improving the child mental health services in Malaysia is there should be an intervention program for children and adolescent focusing on mental health programs. The intervention created should be properly planned to ensure the appropriate strategies are designed taking into account the operational factors and its impediments. The Malaysian Government is responsible for ensuring the affordability, accessibility, acceptability, and consistency of such services and for having regard to high-risk children, including children living in poverty and children in conflict with the law. This requires the right of all mentally ill children to be shielded from crime, violence, stigma, and mistreatment in institutions such as health and social care services and schools. It also requires all children's rights to access preventive services that meet their needs, including mental health, support, and emergency services. The recommendations are necessary due to children and young people under the age of 24 account for 42% of the world's population, and about 90% of them live in low-and middle-income countries (Kieling et al. 2011; United Nations 2017). Besides, children and young people have increased their vulnerability to mental disease and related high levels of mortality due to social and environmental factors such as increased poverty rates, crime, lack of providers of care and affordable medical and

psychological treatment (Lund et al. 2018; Patel et al. 2016). Many psychiatric illnesses occur in children or young adults (Kessler et al. 2007), but they can develop and have detrimental effects over a lifetime.

The next possible recommendation is to minimize the impact of mental health among children through the introduction of a specific school curriculum that focuses on the importance of a person's wellbeing, including mental health. The school intervention is needed to equip children with problem-solving skills and the ability to cope with stress. The school must have a supportive atmosphere as students spend half of their daily life at school. Teachers' roles are important in tracking and preventing any intimidation at school, as they can seriously harm mental health and cause suicide. In line with the results of previous studies, many of these services aimed at school children are conducted in high-income countries or developing countries (Sanchez et al., 2018). However, there is a global paucity of a universal school-based mental health intervention programme in the schools worldwide. The available programmes such as the young doctor service named Doktor Muda, founded in 1989 cover mental health superficially (Sanchez et al., 2018). The initiative of the school to create co-curricular clubs has spread to all primary schools. It is a national health promotion policy that is also being carried out under the ministries of health and education (Sanchez et al., 2018). The teachers do not typically handle mental health issues during recess at the primary school level. However, becoming a Doktor Muda is not a necessary choice under the Muda scheme (Ahmad et al., 2015). Mental health issues identified during health screening by the contacted school health team will be referred to school counseling programs; whose services have been developed in primary schools since 1963 (Ahmad et al., 2015). The school health program addresses issues with mental health by recognizing and intervening in pupils, but only a small measure. This model for addressing mental health problems in a primary school in Malaysia proved to be unpopular, but it lacked cooperation with various educational and health stakeholders, and its services were not optimally used (Ahmad et al., 2015).

Finally, the next recommendation to enhance the wellbeing of a person in Malaysia is to make mental illness a recognised illness and begin to provide care for it. There has been an increase in the public's understanding of the value of mental wellbeing over the last decade due to the growth of mental health awareness. As a result, global organizations and governments have been able to bring about an emphasis on the importance of specialty treatment. A study by Chong (2019) shows that a substantial number of people suffer from mental health problems worldwide. After the MOH started addressing these concerns, the MOH has motivated insurers to fix these problems. Despite this, there is still a lack of knowledge about the different psychiatric conditions, the specific types of illnesses and the origin of symptoms associated with these illnesses (Gomes,2019).

6.0 CONCLUSION

The Covid-19 outbreak has a negative effect on children and teenagers' mental health, resulting

in depression and anxiety. To safeguard children and adolescents in Malaysia, the recommendations should be implemented to ensure the smooth delivery of child mental health services, to address the scarcity of mental health practitioners, implement a school-based intervention, and re-examine counsellor duties. Additionally, the current insurance coverage must recognize mental health as a serious impairment. Finally, it is hoped that mental health needs would be prioritized as we respond to and recover from the Covid-19 pandemic. Addressing the issues will require the cooperation of governments and civil society, aided by global organizations. Failure to address people's emotional needs may result in long-term social and economic consequences. Additionally, to prepare students for future success, the existing policy should be reviewed to ensure and prepare children's development by delivering a quality education to all children and in accordance with the wellbeing and quality of education as envisaged by sustainable developmental goals.

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