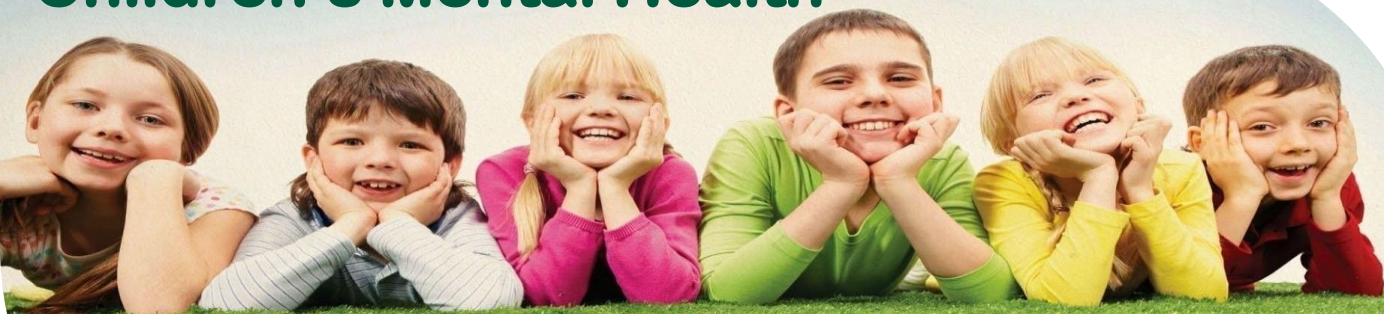


Children's Mental Health



Collaborative Interventions for Children of Low Socioeconomic Status in Malaysia



Background

Children develop physical cognitive abilities and learn social-emotional skills very early in life, which determines their social competence thus shaping their roles in society as they grow into adulthood. Mental health problems among children, if left untreated, may severely affect their development as they transition into adulthood. Children from lower socioeconomic group is found to be among the strongest predictors of having mental health problems (1). Addressing mental health problems among children with socioeconomic disadvantage involves multi-level efforts through evidence-based interventions, adoption of social policies as well as fostering multi-stakeholder collaboration.

This policy brief presents a summary of evidence-based interventions for children with mental health problems especially those from low socioeconomic status. The policy brief also provides information on how this social determinant of health of low socioeconomic status impact poor mental health among children and potential actions recommended for the government ministries, local private agencies, community members as well as healthcare professionals. These recommendations are targeted towards achievable interventions in Malaysian settings.

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Main indicators of family's socioeconomic status:

 **Parent's level of education**

 **Household income**

 **Parent's employment status**

The Current Situation

Developmental disabilities, depression, anxiety, and behavioral disorders are some of the major causes of mental illness and disability among children. Mental health problems among children are more likely to occur between 7 to 12 years old (2). According to the World Health Organization (WHO), around 1 in 7 children and adolescents suffer from mental health problems, accounting for 13% of the global disease affecting this age group (3). In another local study, a total of 456,142 children in Malaysia are found to suffer from mental health problems. This is equivalent to 8.8% of the rural population and 9.2% of the bottom 40 percent income group (B40) based on the National Health and Morbidity Survey (NHMS) 2019 (1).

Health and illness follow a social gradient; the lower the socioeconomic position, the worse the health (4). The impact of low socioeconomic status (SES) on mental health is stronger in early childhood than adolescence (5). There are three main indicators of family's socioeconomic status reported to have significant association towards children's mental health:(6)

Parent's level of education

Parental education was the strongest predictor. Children with higher-educated parents showed a lower risk of developing mental health problems compared to their peers with lower-educated parents (2). Education does not only affect income and occupational success but also helps people to make

decisions that creates awareness on mental health issues which enable parent to address this issue at an early stage. On the other hand, children whose fathers had no formal education and mothers with primary education showed a higher prevalence of mental health problems(6).

Household income

Poor mental health outcomes are found to be more common in lower income groups. A Malaysian population-based study had reported 13.9% of children with lowest household income experience mental health problems, compared to 8.0% of children with highest household income (7). Children living in poverty are often unable to participate in social and leisure activities and incapable of keeping up with the latest lifestyle trends which might affect their emotions and mental well-being (6).

Parent's employment status

Parental unemployment or low occupational status are found to have lesser impact on children's mental health problems (5). Although this is the case, this SES indicator should not be disregarded completely. In a local study, mental health problems are found to be prevalent among children whose parents work in the private sector (6). Parents in high-stress jobs tend to develop psychological distress, thus bringing a negative atmosphere at home and consequently affect children's mental health (8).

The Current Action

The lowest socioeconomic group in Malaysia i.e., B40 has limited income and relatively little savings. Low education background prevents them from obtaining high-paying employment (7). For years the government has implemented several policies for the B40. Various initiatives were undertaken in the 11th Malaysia Plan to increase the income and buying power of B40 for socioeconomic betterment. The eRezeki program, *Pemeriksaan Ekonomi Komuniti Bandar* (PEKB), *Pemangkin Usahawan Sosial Hebat* (PUSH), and *Program Agropreneur Muda* have all offered financial aid and training to the B40 community in order to better their socioeconomic standing (9).

Malaysia's present healthcare system guarantees its citizens universal access to healthcare, enabling accessibility and equity of he-

-alth. The government established *Skim Peduli Kesihatan untuk Kumpulan B40* (PeKa B40) program to meet the healthcare requirements of the B40 group, with an emphasis on noncommunicable illnesses. The program provides four benefits: health screening, medical equipment, transportation subsidies, and encouragement to complete cancer treatment. These macrolevel reforms, implemented through the Malaysian government's policy initiative, progressively improve Malaysia's social circumstances, resulting in healthier and more equal societies by making health a shared value. It is suggested that continual priority be assigned. Simultaneously, shortcomings in policy implementation should be identified collectively by agencies and groups so that health equity could be achieved.

Recommended Action

Addressing social determinants of health¹⁰

Addressing the social determinant of mental health among children in this case, is the low SES can be done by providing financial incentives to low SES families (11). Financial support, job security and proper housing initiatives to the low SES families which introduced by the government through its 11th Malaysian Plan (2015-2020) and continued in 12th Malaysian Plan (2021-2025). However, the gaps in implementation of policies should be

scrutinized and addressed properly by involving agencies and respective parties. The private sector could play a role by offering robust financial support to low SES families i.e., B40 for instance through enhanced insurance coverage with affordable to zero premiums (10). Nevertheless, agencies involved in providing financial support should not be working in silos so as to avoid mistargeting groups (12). Besides that, collaborations between

Recommended Action (continued)

community leaders (i.e., *Ketua Kampung*) and financial aid agencies (i.e., *Pusat Zakat Negeri, Jabatan Kebajikan Masyarakat*) to search for hard-to-reach low SES families especially in rural areas and those living in squatter houses are also recommended.

Providing information on tools for self-learning¹¹


Mental health services and support must be expanded to children and their caregivers. Parent involvement has immense benefits for both parent and child whereby children can develop a positive attitude towards learning and progress further in their education, while parents have a chance to further understand their child, hence fostering relationships and strengthening the parent-child bond. Previous studies have shown that children with involved parents have better mental health than children whose parents do not get involved in their education (13). In support of parents and caregivers around the globe, the United Nations Children's Fund (UNICEF) created the UNICEF parenting program and early childhood development (ECD) program to equip parents and caregivers with the necessary skills to cope with stress and manage their mental health so that they are better able to care for their children. These programs also raise awareness and empower parents and communities with ECD knowledge, thus allowing early intervention in identifying, preventing and managing disabilities and enabling family-friendly environments at home. The UNICEF parenting resource kit is available for free; however, this kit is only accessible online, making it difficult for low SES parents to have direct access to the kit. Alternatively, healthcare providers either from the private or government sector, may show support through in-home training which is more accessible, especially for parents living in rural areas where internet connection is always a challenge (14). Fur-

Strategies to alleviate mental health problems among children with socioeconomic disadvantage:

 **Addressing social determinants of health**

 **Providing information on tools for self-learning**

 **Improve engagement of the community members or organizations**

 **Improving access to support, care and treatment**

Recommended Action (continued)

-thermore, provision of affordable internet among low SES families especially in rural communities should be engaged by broadband service providers which would promote positive downstream effects on health (15).

Improve engagement of the community members or organizations¹¹

Organizing community-based programs by involving the general public is critically important (10). The Ministry of Health and local NGOs should actively engage with the local community in order to raise public awareness on mental health issues and wellbeing so as to eliminate social stigma and allow for early identification of mental illness, hence encouraging the general public to seek professional help on mental health concerns (10). At a pedagogical level, the Ministry of Education should provide a more comprehensive mental wellbeing education program such as the celebration of World Mental Health Day, promotion of anti-stigma campaigns in schools and enhanced training for teachers on mental health literacy to embed mental health and wellbeing culture among children, teachers and parents, as well as enhancing resilience. Integration of mental health awareness programs and wellness facilities should be strengthened at community level while capacity building programs for community leaders should be enhanced to improve mental health literacy and awareness (12). Social media platforms

should be leveraged by the Ministry of Communications and Multimedia to enhance mental health literacy and counter misleading information that exacerbates the children's mental health problems (10).

Improve access to support, care and treatment for mental health problem among children¹¹

The transportation cost to hospitals with specialists is also a challenge among low SES families especially with geographic isolation i.e., rural areas which make it more challenging for accessing mental health care (16). Several recommendations to address this issue which could increase access to health service:

Adoption of Telemental health

It is the use of telemedicine to provide mental health assessment and treatment at a distance via electronic communications (17). Currently in Malaysia, similar service is provided by local NGOs and has been used more in adults. The Ministry of Health could consider adopting telemental health as part of mental health management especially to children who have logistic issues. Collaboration with the Ministry of Finance is needed for provision of financial incentives to provide such service.

Implementation of integrated care program in primary care setting¹⁸

Integrated care programs support primary care providers in addressing

Recommended Action (continued)

mental health conditions commonly seen in primary care settings. It involves collaborative partnerships between primary medical care practices and mental health care specialists allowing clinicians to collaborate off site. Primary care physicians shall continue to be frontline providers of mental health service in which they are trained to use evidence-based practices to screen and treat conditions such as depression(17). Behavioral Health Integration (BHI) is one approach that can improve accessibility to mental health services for children and their families (17). Collaborations between the Ministry of Health and the Ministry of Finance are needed to provide resources for training and support for primary care physicians to adopt BHI.



Advocate School-Based Behavioral Health Supports¹⁹

School-Based Health Centers (SBHC) is a model to address the issue of children's mental health especially those having logistic issues either caused by financial barriers or remote living location (17). The framework offers primary health care, mental health care, social services, dentistry as well as health education. These services may be provided to school staff, student family members and community by agencies under the Ministry of Health or a qualified private health center. Collaborations between the Ministry of Health, Ministry of Education as well as Ministry of Finance is needed for such intervention to be implemented in Malaysia.

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