

LEGAL PERSPECTIVES OF MENTAL ILLNESS AMONG CHILDREN IN MALAYSIA: A CRITICAL REVIEW

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ABSTRACT

A recent report published by the Malaysian Ministry of Health demonstrates an increasing numbers of Malaysian children affected with mental problems. Mental health, if left untreated, might not only endanger those children who suffer from such illness but also people around them. Untreated mental illness jeopardizes the future of children and the nation. The Child Act 2001 (Amendment 2016) provides general protection of children with mental problems. Most of the provisions in these Acts highlight on protecting children who are victims to abuse or juvenile who are in need of protection. Early intervention and identifying the problems of young people with mental illness might be a taboo for some members in our society, yet, if the problems are not properly addressed, the future generation will be affected. By analysing secondary data, the authors explored the existing laws related to mental illness among children in Malaysia. In tackling mental health issue among children, this paper discussed possible legal mechanism and the principles of maqasid syariah. In addition, the World Health Organization (WHO) (2003) produced a general guideline entitled "Investing in mental illness" and many world leaders regarded the promotion of mental health and well- being should be included as health priorities within global development agenda, which is included in the United Nations Sustainable Development Goals (SDG). The suggestions in improving mental health should not be too idealistic to be implemented but it is to ensure the problems are under control by the members of the society. Finally, this paper suggested a cohesive collaboration from all government agencies as well as private sectors in addressing this critical issue as prevention is better than cure.

Keywords: Mental illness, child law, Malaysian law, maqasid syariah

1. Introduction

The announcement by the Malaysian Director of Health that there will be more Malaysians suffer from mental health ought to be taken as a precaution by all Malaysians especially during this unprecedented pandemic Covid-19. In a recent survey by the National Health and Morbidity Survey (NHMS) (2019) found that a total of 424,000 children in Malaysia suffer from mental health problems, while as many as a quarter of Malaysian adults experience functional difficulties. A recent survey by a non-governmental organization (NGO), the World Vision found that 19 per cent of children experienced severe stress and five per cent have experienced mental illness during lockdown due to Covid-19. These worrying figures force us not only to think on the causes and the roots problem that contribute to mental health but also, what should be the legal response in dealing with mental disorder among members of the society. In addition, the world leaders have recognised mental illness as one of ailments that need to be addressed as part of Sustainable Development Goals (SDG). The inclusion of mental health and substance abuse in the Sustainable Development Agenda, which was adopted

at the United Nations General Assembly in September 2015, is likely to have a positive impact on communities and countries where millions of people will receive much needed help. The issue of mental illness has been burdensome to the global community as well as local community. Yet, it seems like there is no adequate measure taken to control this problem, not only in medical community but also from the legal perspective. The worst scenario is the victim of mental illness commit suicide and they may inflict injury to others and even, to a certain extent, take other people's life. The perception of the public towards those who suffer mental problem is considered as a taboo in the Malaysian society, backlashing them who suffer, as those who suffer from mental disorder are assumed that they do not have a strong faith in the religion that they professed. The issue of mental health is seen as private and confidential to members of society and it is a sad scenario that mental health is not regarded as disability. Thus, those who suffer from mental health can be from all walks of life, from toddlers to adult. Children and women are regarded vulnerable group who can be easily exposed to mental health. This paper aims to discuss on how law should respond to children who suffer from mental health? Again, mental health covers a wide issue such as learning disability; hence, identifying types of mental illness is also crucial in responding to this silent problem especially within the school environment.

1.1 Literature Review

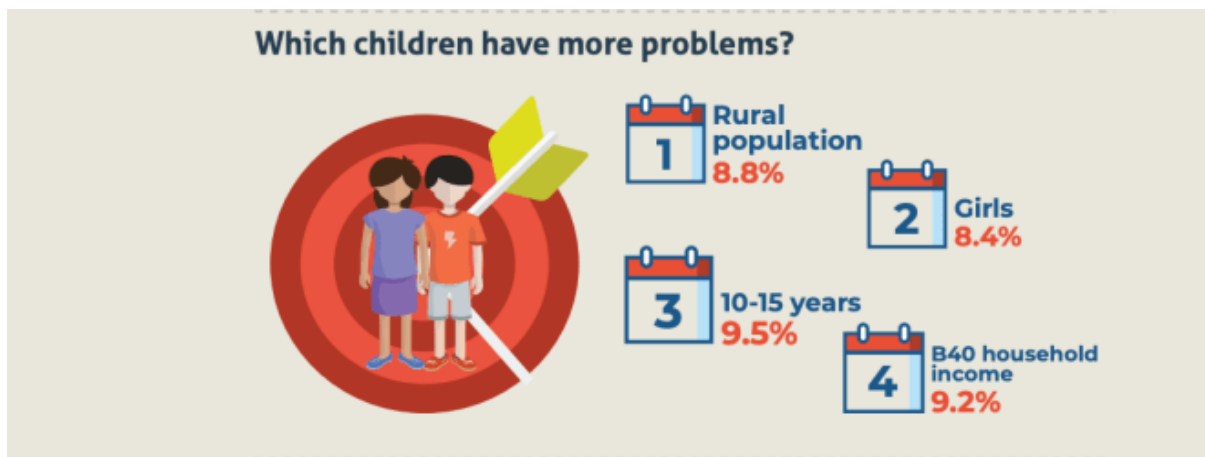
Despite there being no conclusive definition as to what amounts to mental illness, care should be applied in defining such illness. Mental health disorders among children are increasing in trend and there are evidences which show that there will be a better outcome if any school intervention introduced at primary school before entering the secondary level due to the peer influence (Sutan, R, 2018). In Malaysia, related aspects of prevention of mental disorders and promotion of mental health had lagged behind (Jamaiyah, 2000). Mental disorder received a relatively small attention given until recently (Wong L & Mohd Amin, J, 2012). In addition, mental illness has been criticised for getting special treatment under the Criminal Law. Treating people with mental disorder is like a two-edged sword. Failing to do so when it is appropriate is unjust, but the opposite is demeaning, stigmatising and paternalistic (Morse, 2011). The stigmatisation and paternalism become more complex and complicated when it involves children. There is a need in improved responses towards people with mental illness. Often, the police enforcement is called if a mentally ill person acts violently towards others. If there is no violence involved, often the effected person will not be interfered by the public. Thus, police enforcement is not the best agency to rely in respond to mental illness problems. The issue of adequacy of treatment to mental illness is also pivotal in facing the challenges of handling mental problems patients. There have been suggestions in promoting better health care services for mental health patients in Malaysia (Low and Wan Ying, 2015). It is suggested that the efforts taken should not come from the government *per se*, but it should involve all walks of life in the society with the support of viable policies.

In fact, it is crucial that the government also should allocate some budget in tackling issues pertaining to mental illness among the members of society. Rehabilitation and confinement of the patients identified with mental illness are a couple of approaches to be taken in treating mentally ill patients. Besides, the readiness of the members of society to accept those with mental illness- in understanding and supporting the problems that they are facing is also crucial. There is also a need to provide trainings and support to social workers who deal with patients with mental illness to ensure that the current workforce is not only well trained but also capable and competent to deal with mental disorder community. According to Dr. Lim Sheri from Penang Medical College, the stigma related to mental health can be tackled from four aspects,

the society, media, medical education and the field of psychiatry (Brenda Lau, 2017). It is also suggested that besides the four aspects, law also should be seen as a mechanism and tool to curb mental illness problem from exacerbated among the members of society. This paper aims to examine the current practice in schools in Malaysia in dealing with mental illness. Again, the terms mental illness itself are very wide, thus, it may cover also learning disability among school children.

This paper examines the current practices available at the school setting. Currently, government schools have registered, trained and qualified counselors who are given the responsibility to deal with mental health issues among school children. These qualified counselors are governed by the Counsellor Act 1998 [Act 580] which was introduced by the ministry in late 1993 (for the historical development of counselling in Malaysia, refer to See and Ng, 2010, Othman and Abdullah, 2015). Interestingly, the development of counseling in Malaysian school is also inter-related with the Malays culture which often refer to the opinions and advice of the respectful *ustazs*. The compliance with the advice by religious figures puts *ustazs* as the highest of priority, compared to medical or psychological experts. In addition, the Islamic teaching infuses in most aspects of a Malay Muslim's life, especially in the values and behaviours aspect. (Othman and Abdullah 2015). Despite the existence of trained and qualified counselors at schools, the current system in schools should be capable of tracing children with mental illness. Besides that, program such as Peer Support Program (PRS) should also be reviewed by the authorities. Hence, the recent finding by Ministry of Health may guide policy makers in coming out preventive measures to be applied not only by health providers but also in education setting.

1.2 Children with Mental Problems



Source: National Health and Morbidity Survey (NHMS) 2019, Ministry of Health

The NHMS 2019 which dubbed mental health issues among children as “the hidden epidemic” found that factors which contribute to children’s mental health problems by domain, with the majority coming from problems with peers (42.9 per cent); conduct problems made up 15.9 per cent; emotional problems made up 8.3 per cent; and the remaining 2.3 per cent had hyperactivity issues. This recent finding begs us to question with the following research questions.

1.3 *Research Questions*

This article aims to investigate the following questions:

- a) Whether there are any policies that regulate the issue of school children with mental illness at school?
- b) How can the policies protect children with mental illness for the sake of their best interest?
- c) Whether the suggested policies to protect children with mental illness comply with the *maqasid syariah*?

2. **Mental Illness: What Has Been Done?**

Despite that there have been laws and policies passed by the Malaysian parliament to cater related issues on mental health. There have been queries as whether Malaysia is on the right track in handling mental health problems. For instance, Ainul Hanafiah (2016) highlights the current mental health system in Malaysia which upholds research evidence and recommendations for decentralised, integrated and deinstitutionalisation and appropriate referral systems incorporating secondary and tertiary care. Nonetheless, findings on the prevalence and impact of mental illness as well as the limitations of epidemiological data are perhaps indicating the inadequacy of the current service, especially policy and practice, in addressing the rising burden of mental illness. There should be strategies or programs and to evaluate the current impact, strengths and/or limitations of the policy related to mental health policies, increasing more publication and grey literature of Malaysian mental health policy development should be systematically reviewed by the health communities to school administrators.

The World Health Organization (2003) issued a guideline on mental health legislation and human rights to assist policymakers to develop policies and comprehensive strategies for improving the mental health of populations; - use existing resources to achieve the greatest possible benefits; - provide effective services to those in need; - assist the reintegration of persons with mental disorders into all aspects of community life, thus improving their overall quality of life. Those who are affected with mental health might be marginalized, discriminated and face stigma or even rejection from the members of the society. The government has given priority to school children especially in government aided schools in cases of providing healthcare since 1967 (Siti Fatimah Abd Ghaffar *et, al*, 2018.) Emphasis is given by the Ministry of Health in dealing with mental health of school children as well as teachers at schools by increasing the numbers of counsellor at schools (*The Star*, 2019). Wirawani Mohamed and others (2018) reviewed cases of mental illness issues among adolescents in Malaysia and the factors that lead to such issues, as well as their signs and symptoms. Bearing in mind, there have been increasing numbers of detection of children with disability such as what is being known as global developmental delay, cerebral palsy, intellectual impairment, hearing impairment, vision impairment, Autism, ADHD and mental health problems. (Singh, 2008). Despite the absence of actual numbers of children suffered from these illness, there is a need to be vigilant on the existence of such disability in children and teenagers in Malaysia.

The Mental Health Act 2001 [Act 615] was passed by Parliament in Malaysia in August 2001 but did not come into operation until 2010, when the Mental Health Regulations 2010 came into force. The Ministry of Health issued the Psychiatric and Mental Health Services Operational Policy in 2011 (Nusrat N. Khan, *et. al*, 2015) and with the introduction of the Mental Health Act 2001, it was considered as the turning point for provision of mental healthcare in Malaysia (Chong and Mohamad, 2013). Undeniably, the right to health is seen as part of the human rights in Malaysia (Zahidul Islam, 2013). There have been School-Based Anxiety Prevention Program among Primary School Children which managed to reduce anxiety among school children in Malaysia (see Siti Fatimah Ab Ghaffar, *et. al*, 2018)

Usually, when a person is diagnosed with mental illness, one may refer either to a registered counselor or clinical psychologists who are registered with the Ministry of Health under the Allied Health Profession Act 2016 [Act 774]. Besides that, a patient with mental illness issues also may also refer to a registered counsellor under the Counsellor Act 1998. These registered counsellors are subject to Code of Ethics that must be adhered by the counsellor.

Under the Malaysian Mental Act 2001, mental disorder is defined as ‘any mental illness, arrested or incomplete development of the mind, psychiatric disorder or any other disorder or disability of the mind however acquired’. Suicide attempts due to mental disorder such as depression is still a crime under the Malaysian law. (see Section Penal Code). A patient can be admitted into a psychiatric hospital upon the order of a medical officer or registered medical practitioner, as a voluntary patient or by order of the Court. There have been movement to remove suicide as an offence under the Penal Code. There has been a proposal to decriminalise attempted suicide, which is seen as the right step towards removing the stigma attached to those with mental health issues, according to Tan Sri Lee Lam Thye, the former President of NIOSH (National Institute of Occupational Safety and Health). (*The Star*, 2019) Such suggestion was supported by former the Deputy Prime Minister Datuk Seri Dr Wan Azizah Wan Ismail who has given instructions to the Attorney General’s Chambers to study a proposal to decriminalise attempted suicide. The Deputy Prime Minister further mentioned that depression was the main mental disability among Malaysians, and that mental illness could cost the country US\$25.3bil (RM105.47bil) economically in 2030. (*The Star*, 2019). The suggestion to abolish suicide offences from the Penal Code for those who suffer from mental illness is not new and the efforts have been echoed for years. The attempted suicide has also been decriminalised in the whole of Europe, North America, much of South America and few parts of Asia. Malaysia’s legislation against attempted suicide is adopted from India, the latter has decriminalised the act. Next, the authors will discuss on the position of children with mental illness.

3. Children With Mental Illness

Children have the right to grow, develop, and live happily, yet they need proper supports, love, and care from parents, educators, and others. Relevant professionals must collaborate to develop the best mental health services to help children (Chan, 2017). Thus, having a child with mental illness problem can be challenging to parents or guardian. Emotional and behavioural problems (EBD) or mental health problems in children and adolescents has been no evaluation to date of the extent of such problems in Malaysia (see Idris, Barlow, Dolan, 2019). There has been research conducted to identify and assess the mental illness among children among female detainees, in a research conducted by Nor Ani Ahmad and others, where a hundred female juvenile detainees in a Malaysian rehabilitation center (12–17 years-old)

were assessed using the Mini International Neuropsychiatric Interview for Child and Adolescent and the Family Environment Scale (Nor Ani Ahmad, *et. al*, 2016). In 2019, National Health and Morbidity Survey (NHMS) 2019 by the Institute of Public Health found that nearly one in 10 children aged between 10 and 15 years have mental health issues. (CodeBlue, 2020). In a recent finding by Sahril *et, al* (2021) it urged the need for the implementation of targeted prevention and treatment strategies specifically designed for the risk group of children with mental health problems. They found that younger age, single parents, parents working in the private sector, lower parental education, and parental mental health problems were major factors associated with mental health problems among children in Malaysia.

There is a dilemma as to whether a person who suffers from mental illness has the right or competency to decide by themselves? Compared to the Mental Capacity Act 2005, the English law protects those who are below the age of 16 years old. Again, whether the authority has the right to impose compulsion in hospital for children with mental illness? Heaven (2008) in her book entitled “The Mental Health Handbook for Primary School: Raising Awareness on Mental Health addressed the need to tackle mental health in schools” provides a comprehensive resource to help teachers to deal sensitively with this important issue. Thus, this book provides some guidelines in coming Policing and Mental Health at the school perspective.

Kotera and Ting (2019) in their article entitled “Positive Psychology of Malaysian University Students: Impacts of Engagement, Motivation, Self-Compassion, and Well-being on Mental Health’ studies how the recent restructuring initiated by the “Malaysian Education Blueprint 2015–2025” scheme (Ministry of Higher Education 2012), research output of Malaysian universities has been expeditiously growing: between 2012 and 2016, Malaysia increased its scholarly output by 7.2%—one of the highest growth rates of all the researched countries (e.g., 4.6% in Australia, 4.2% in China, 3.6% Singapore; Elsevier 2018). Despite its successful academic achievement, Malaysian students suffer from poor mental health (Mey and Yin 2015; Ministry of Health 2016). Findings can imply the strong links between mental health and positive psychology, especially self-compassion. The impact of poor mental health might be reflected once these children enter into the University. in cases of children with poor mental health, the issue of consent will be an issue in seeking medical treatment.

3.1 Consent to Medical Treatment.

There is no specific comprehensive statute on consent to medical treatment under the Malaysian laws. However, in cases of mental health patients, the Malaysian Mental Health Act 2001 has a specific provision on consent but it is only applicable to those suffering from mental illness and are governed by the provisions of the Act. There are the Code of Medical Ethics and Patients’ Charter, however, it is unfortunate that it does not have legal bearing or are legally toothless (Tengku Zainudin, *et, al*, 2015). Thus, it begs us to think what would be the guideline in determining cases of capacity. Capacity is a complex concept, but whether law could rely on the assessment made in clinical practice by the experts. The issue of capacity might be seen differently from Islam and also the Asian culture. Thus, it also links with the mental capacity and maturity of a person. Although age can be seen as a guideline in determining legal consent, the condition of a person also must be accessed by an expert. There are cases where a person cannot make its own decision and thus, need guided information before a decision can be made. In most cases, the guardian or next of kin play an important role to determine and decide for the sake of the patient who suffers from mental illness to get treatment.

There have been reported tragic cases where the mental patients killed their own family members due to their mental illness. As a result, in many cases, the suspect is released from any legal charge due to their incapacity.

3.2 *Counsellor Act 1998 [Act 580]*

In its preamble, the Counsellor Act 1998 provides the registration and practice of counsellors and for matters connected therewith. There are 49 sections which provides the Malaysian Advisory Board Counsellors, the procedures in registration of counsellors, the Board of Counsellors. The act provides a structured management of how a counsellor may be operated and registered in Malaysia. In a study conducted by Ku Johari and Amat (2019) found that school counsellors play an important role in providing professional counselling services. This study supported the notion that the counselling service in primary schools should be given attention by the responsible authorities in order to enhance the quality of the profession.

There have been studies such as by Hwa and Mohd Ali (2017) indicate that the need to tackle mental health problems due to the impact of poor mental health in an individual can lead to problems for the individuals themselves, their families and society. The negative perception about counselling is still lingering until today This stigmatization and lack of understanding about what counselling is all about in the secondary school culture in Malaysia have gradually increased the challenges for educator, counsellors and school leadership. (Zandi, Sivalingam and Mansori, 2019). Thus, the authors believe that seeking counsellor help is the first step that should be sought by school students rather than legal enforcement. Hence, the Malaysian Education Blueprint 2013- 2025(MEB) (Preschool to Secondary) issued by the Ministry of Education Malaysia which highlight on the issue of rising challenges for the education sector to produce and feed the talents should not be simply ignored by the authorities. Empowering counsellor at school settings should be the way forward in assisting parents and teachers in identifying school children with poor mental illness.

3.3 *Clinical Psychologist*

There are few numbers of clinical psychologists in Malaysia, yet they have great potential in providing significant services in the treatment of psychologically-related disorders in almost every level of sub-specialities of medicine (Abdul Wahab Khan, 2008). Besides clinical psychologists, there are some hospitals which specialized in dealing with mental disorder, as follows:

- a) Hospital Bahagia Ulu Kinta
- b) Hospital Permai Tampoi
- c) Hospital Sabah
- d) Hospital Sarawak.

The historical development of mental hospitals in Malaysia can be traced as early as in 1928, the Federal Lunatic Asylum was changed to a new name, the Central Mental Hospital and in the early 1970, the name was changed to Hospital Bahagia Ulu Kinta to provide a positive image on psychiatric treatment in Malaysia. In 2013, there have been guidelines on children with disabilities issued by the Ministry of Health. Even though it was not clear as whether as disabilities cover mental illness but such movement is considered as a beginning in handling matters related to children. In many cases, it is reported that the nearest family member such as parents will try to confine their mentally ill children rather than exposing them to the public. By having specialized hospital to deal with mental illness, the issue is whether there is any

compulsory mechanism which forced the family members of the patient to bring them to mental hospitals?

The Mental Health Act provides two ways in which an individual can be admitted into a psychiatric hospital: a) By way of a court order under sections 52 and 55 of the Mental Health Act; and b) By way of an involuntary admission under section 10 of the Mental Health Act. Hence, for a child to be warded and admitted into a psychiatric hospital, it need the consent of parents or guardian who may act at the advice of medical officer. Section 52 of the Mental Health Act, one can apply to obtain a court order to have an inquiry into determining whether a person is incapable of managing himself and his affairs due to mental disorder. At the inquiry, the court makes its determination on this issue. Under section 52 of the Mental Health Act, a relative of the person alleged to be mentally disordered has to first apply to Court for an inquiry to be made on the mental capacity of such a person. Once an application is made, the Court has to determine whether it can be said on a *prima facie*. It seems that the provision does not provide any guideline on who actually can lodge a report and apply to court for an inquiry. Thus, in cases of school children, the authorities must look at the best interest of a child before making any decision to apply for inquiry in court of law.

3.4 Peers and Guidance Youth Association of Malaysia

The current policies and laws related to mental health should not be limited to medical authorities, but also cooperation from schools' administrators to provide support and assistance to children who suffer from mental illness. For instance, children with mental health issues can attempt to seek special care and attention from the authorities in school. Besides that, peer support is also crucial in providing support to the affected school children. Thus, the initiative to introduce the Peers and Guidance Youth Association of Malaysia in 2010 known as the *Pembimbing Rakan Sebaya* (PRS) programmes in government schools in Malaysia should be seen as a noble step. The efforts in setting up PRS has started since 1984, when it involves a few counsellors in the year 1982, the Ministry of Education, Guidance and Counselling Unit, School unit. There have modules and guidance of Peer and Guidance in Schools (Malek Mohamed Said, 2006) which also stressed on the importance of developing a health mental.

4. What Should be the Legal Response in tackling mental health?

There is no specific solution to handle arising issues on mental health among school children, yet, empowering the legal mechanism can be suggested to deter the problem from becoming serious. Detecting mental health issues should not be totally on health authorities, but the members of society also may assist in improving by reporting the case to the authorities. At this moment, there is no compulsory report that is imposed to any health practitioner on mental illness patient. Thus, training authorities at school level, those who deal with vulnerable groups such as children and women need a high commitment from the health authorities. It is submitted that not everybody is well trained to handle mental health issues in schools. Despite that there are registered counsellors in schools, the numbers of counsellors in schools still considered low compared to numbers of students. According to Persatuan Kaunseling Antarabangsa Malaysia (PEKEMA) it is difficult to identify the total number of counselling practitioners because some of them are not registered and some even though registered, cannot be traced (Muhammad and Ab Rahman, 2011). Hence, promoting counselling services at

school level and community services are crucial in creating awareness on the importance of mental health among school children in Malaysia. It is suggested that building up policies and regulation which deal with the issue of mental illness should be done from various aspects, such as empowering the peers support in schools, reviewing the existing program in line with the *maqasid syariah* and strengthening collaboration of inter-agencies not only among government agencies but also non-government organization.

The Child Act (Amendment) 2016 provides four main amendments - child registry, community service order (CSO), a family-based care and heavier penalty have been passed by the Malaysian Parliament. Despite that Section 17 of the Child Act 2001 defines a child needs care and protection as Section 17(1) as those the child has been or there is substantial risk that the child will be physically injured or emotionally injured or sexually abused by his parent or guardian or a relative; (b) the child has been or there is substantial risk that the child will be physically injured or emotionally injured or sexually abused and his parent or guardian, knowing of such injury or abuse or risk, has not protected or is unlikely to protect the child from such injury or abuse. Despite that the above-mentioned provision do not mention specifically on protecting children with poor mental health, the terms 'emotionally injured' might open the possibility to assess the children's situation.

5. Mental Health as One of Basic Needs in *Maqasid Syariah*

The principles of *maqasid syariah* are not new in making policies and regulations for the Muslims. In 2015, Malaysian government has taken the initiative to introduce Syariah Index. The aspects are protection of the religion, protection of life, protection of the mind, protection of the race and protection of property. The benchmarking will cover eight main areas – judicial, economy, education, infrastructure and environment, health, culture, politics and social. (*The Star*, 2015).

Padela (2016) argues that the *maqasid syariah* represents a valuable means to bring Islamic ethico-legal values into conversation with modernity but more research and development must precede application. Thus, mental health issues should not be disregarded by the members of society. In addressing the principle of *maqasid syariah*, it is also important to relate with the 2030 Global Agenda issued by the United Nations entitled 'Transforming our world: The 2030 Agenda for Sustainable Development, which is hoped that might lead to a strong collective process among the members of society and the leaders. In similar, there have been efforts to introduce the *maqasid syariah* based Composite Index to measure the performance of socio-economic policies of OIC member countries (Chapra, 2009).

Islam is very concern about the aspect of human health including physical and mental health. Taking care of health of body and also mental are in line with the demands of *Maqasid Al-Shari'ah*. is applied to safeguard the welfare of human life. According to the definition by Al-Ghazali (1992):

the objective of the Sharī'ah is to promote the well-being of all mankind, which lies in safeguarding their faith (dīn), their human self (nafs), their intellect ('aql), their posterity (nasl) and their wealth (māl). Whatever ensures the safeguard of these five serves public interest and is desirable."

Idris (2014) says that the basis of *Maqasid al Syariah* is to prioritize *masalah* in life and avoid or *mafsadah* or harm from shackling human life, and should be done in a scope that meets the purpose of sharia and is within the framework of sharia and cannot be based on mere intellectual interest. Based on the issue of mental problem that occurs in children as describe above, it shows that mental illness is a very serious illness that requires treatment to cure this. As the result of this mental illness, the patients are unable to meet the demands of the revealed *Maqasid al-Shariah* who's the purpose is to meet the welfare of human being. According to *Maqasid Al-Shariah*, this mental illness falls under the category of basic needs (*dharuriyyat*) which is safeguarding the intellect (*'aql*) that must be preserved and well cared for (Wazir, 2010). However, if this illness is not treated and curbed early, it will affect other aspects of *Maqasid Al- Shariah* such as the aspect of safeguarding the faith (*ad-din*) and human self (*nafs*).

For examples, those who suffer with mental illness cannot perform their routine of *ibadah* well. Moreover, it cannot be denied that *was-was* or Obsessive Compulsory Disorder (OCD) is a type of mental illness which can be detrimental to the patient. Among the signs of this disease is when the patient constantly repeats his actions many times. This action will affect their worship because worship to Allah requires devotion and sincerity. Therefore, this is not in line with the *Maqasid Al-Shariah* which is safeguarding the faith. Furthermore, mental illness also effecting the crime rate especially suicide and murder. This fact is proved by the statement from Malaysia Health Ministry that explained that the suicide rate is increasing due to the several factors which are depression, anxiety, drug abuse, and loneliness (Cheah, 2019). These factors are the sign of having mental illness which prompted and drives them to do things that against Shariah. All these examples show that this mental illness will lead to negative impact on lifestyle and also lead to the occurrence of crime if this illness is not treated from early. Therefore, mental illness should be treated in order to meet the *masalah* (human needs) for human health and to avoid from harm.

6. Mental Health from the Perspective of Sustainable Development Goal (SDG)

At the global level, all 193 member states of the United Nations have adopted the SDG as their cooperative framework from 2015 to 2030. The core idea of the SDG is to set clear goals as well as to assist in orienting the behaviour of governments, businesses, and individuals so that we are pointed in a shared direction (Sachs, 2021). One of the six huge transformations aimed by the SDG is health. This includes both physical and mental health, and that the world community ought to be both peaceful and thrive. While access to healthcare may be there, crises of wellbeing such as the “epidemics of depression” do exist (Sachs, 2021).

There has been a comprehensive mental health action plan 2013-2020 adopted by the 66th WHO that provides a framework to strengthen capacities in countries to address mental health needs not only for adolescents but also for children. According to the WHO, mental illness could influence children's development, educational attainments and potential to live fulfilling and productive life. As such stigma, isolation and discrimination must be eliminated. In addition, lack of access and health care that could cater mental illness infringed fundamental human rights of those in need. The movement to introduce principles for protection of persons with mental illness and the improvement of mental health care was mooted during the 75th Plenary Meeting on 17 December, 1991 during the United Nations General Assembly (UNGA). The efforts to enhance and maintain mental well-being are reflected in the resolutions passed during meetings in the UNGA.

The SDGs were adopted by the UNGA in September 2015. By 2030, Goal 3 of the SDG serves to ensure that healthy lives and well-being of everyone at all ages must be achieved and this is clearly stated on the target and indicator 3.4 of SDG 3. Being an integral part of the SDG, mental health is meant for all regardless rich or poor and this has been addressed in many UN resolutions. Even the richest families suffer from depression, suicide or substance abuse. Since SDG involves the element of multi-sectoral, collaboration is necessary between health sector and multidisciplinary cooperation to realise SDG 3 which includes civil society, private sector, governments and non-governmental organisations. It is recommended that these partnerships are applicable not only for SDG3 but for the overall SDG agenda (Dybdahl and Lien, 2017). The long term recommendation by the Ministry of Health (2017) is to establish a mental health institution which oversee the whole spectrum of mental healthcare and services in Malaysia should be a joint effort with all government agencies.

7. Future Research and Concluding Remarks

The issues related to mental health is very wide as it covers various perspectives on children's health, which also include learning disability such as autism, hyperactive, Internet addiction due digital pressures and the Internet usage. Constructing future leaders and harmonious of the members of the society can be initiated with promoting mental health issues among the young generation. There have been policies which is considered as non-legal response in dealing with mental health in schools such as placement of counsellors at schools and also the setting up of the Peer and Guidance Youth Association of Malaysia to empower school students themselves. However, there is an urgent need of expert intervention in dealing with poor mental health among school children as this is in line with the principles of Syariah itself (*Maqasid Syariah*) in protecting the intellect. A specific provision in law on mental health for school administrators who may collaborate with medical and counsellors expert might be the way forward in tackling this complex issue.

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