

TOWARDS A CULTURALLY SENSITIVE CHILD MENTAL HEALTH FRAMEWORK FOR MALAYSIA: A SYSTEMATIC REVIEW AND COMPARATIVE ANALYSIS IN THE DIGITAL AGE

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ABSTRACT

This systematic review and comparative analysis investigate the landscape of child mental health in Malaysia by highlighting critical policy gaps, systemic challenges, and cultural barriers that affect service delivery. We examine 80 studies and compare them with international strategies to highlight fragmented service delivery, workforce shortages, and stigma as major obstacles. Our findings underscore an urgent need for a dedicated child mental health policy, strengthened inter-agency collaboration, and culturally adapted interventions. Drawing on best practices from Singapore, Thailand, Canada, and Australia, we propose a comprehensive reform agenda that integrates digital technologies, postmodern perspectives, and social work practices to enhance service accessibility and delivery. We advocate for increased investment in mental health financing, capacity building, and community engagement to create a more inclusive and responsive mental health system for Malaysian children.

Keywords: Child mental health policy, school-based interventions, cultural adaptations, social work, digital mental health, postmodern, posthumanism

INTRODUCTION

Child mental health is a global priority, as half of all lifetime mental health conditions begin during childhood (World Health Organisation, 2024). In Malaysia, recent statistics indicate a concerning rise in child mental health issues, prompting policymakers and service providers to develop robust, culturally relevant interventions (UNICEF, 2022; Sutan et al., 2018). The country's diverse population, which includes multiple ethnic groups, languages, and religions, complicates the mental health landscape. Many communities interpret mental distress through spiritual or cultural perspectives, leading families to seek help from traditional healers instead of professional mental health services (Ibrahim et al., 2018). Systemic challenges exacerbate these cultural nuances. There are shortages of mental health professionals in rural areas, limited funding, and insufficient training programmes, all of which hinder early detection and effective intervention.

Furthermore, Malaysia lacks a comprehensive child mental health policy, which restricts the establishment of consistent standards and equitable resource allocation. This study aims to conduct a systematic review and comparative analysis of child mental health policies and interventions in Malaysia. We integrate insights from digitalism and postmodern perspectives to explore how digital technologies and non-traditional approaches can transform mental health services. Additionally, we emphasise the crucial role of social workers in policy reform and community engagement. Our objective is to advance a culturally sensitive framework that ensures inclusive, accessible, and adaptable mental health services for Malaysian children.

LITERATURE REVIEW

Global perspectives on child mental health

Global bodies, such as the WHO and UNICEF, emphasise the need for child-specific mental health policies backed by dedicated resources (WHO, 2024). High-income countries, such as the UK, implement systematic screening, robust referral systems, and mandatory teacher training to strengthen school-based mental health support (Mansfield et al., 2021). However, underserved groups continue to face delays in accessing care (Garratt et al., 2024). Australia illustrates how well-defined policies and cross-sector collaboration can yield positive outcomes (Blignault et al., 2022); however, a heavy reliance on biomedical approaches risks overlooking essential cultural and social factors.

Whole-school approaches to mental wellbeing

Whole-school approaches embed mental health into daily school practices. A meta-analysis by Goldberg et al. (2019) found that incorporating social-emotional learning, anti-bullying initiatives, and mental health literacy into curricula promotes better student outcomes. Still, schools must invest in professional development, stable resources, and committed leadership to ensure lasting impact.

Digital interventions and accessibility

The rise of digital technologies, including tele-mental health services, mobile apps, and online peer support groups, offers solutions for reaching remote and underserved populations (Haleem et al., 2021). Culturally tailored content in local languages can reduce access barriers. However, issues like data privacy and unequal digital access remain pressing (Kellen & Saxena, 2020). AI and virtual reality tools redefine therapeutic engagement, warranting ethical scrutiny.

Cultural factors in mental health

Cultural beliefs have a significant influence on how individuals perceive mental illness, seek help, and respond to treatment (Adebayo et al., 2024; Gopalkrishnan, 2018). In Malaysia, religious and spiritual interpretations often take precedence, leading families to consult religious leaders rather than mental health professionals (Aggarwal et al., 2023; Fitzgerald & Vaidyanathan, 2023). A postmodern approach encourages respect for individual experiences and warns against making broad generalisations about entire cultural groups.

Malaysian context: A localised lens

Malaysia's legislative tools, such as the Child Act (Amendment) 2016 and Mental Health Act 2001, lack child-specific provisions, contributing to service gaps (Muhamad Ridzuan, 2022; Shariff, 2018). Surveys report increasing rates of emotional and behavioural issues among children (Institute for Public Health, 2020; Omar, 2024). Key barriers include fragmented services, stigma, underfunding, and workforce shortages, particularly in rural areas (Tengku Mohd et al., 2023). Challenges faced by school counsellors further stress the need for coherent policies and culturally grounded interventions (Ku Johari & Isa Amat, 2019).

Policy and service delivery: Towards a transformative agenda

Malaysia must adopt a transformative approach to address child mental health needs effectively. We propose establishing a dedicated national child mental health policy that defines children's rights in therapeutic contexts, standardises referral pathways, and allocates resources equitably across regions. To tackle workforce limitations, we recommend expanding training opportunities, enhancing ongoing professional development, and incentivising rural placements. These efforts will build a more capable and distributed mental health workforce.

Cultural engagement also plays a vital role. Policymakers should collaborate with religious and community leaders to reduce stigma and promote mental health literacy. Digital solutions can significantly enhance service delivery. We encourage the strategic use of tele-mental health and mobile apps while upholding ethical standards and ensuring equal access.

Furthermore, postmodern and post humanist perspectives challenge conventional models by embracing individual contexts and fostering shared agency among children, families, and communities. In summary, global insights underscore the value of comprehensive policies, school-based programmes, digital integration, and cultural sensitivity. Malaysia's unique sociocultural dynamics call for a holistic and inclusive framework. By adopting a transformative agenda that incorporates postmodern and post humanist principles, Malaysia can create a child mental health system that is both culturally resonant and ethically grounded.

METHODOLOGY

We conducted a systematic literature review to synthesise evidence on child mental health policies and interventions in Malaysia. Our review encompassed peer-reviewed and grey literature and followed transparent and replicable protocols across four sequential phases: planning, search and screening, data extraction and quality assessment, and synthesis.

Systematic literature review protocols

Phase 1: Planning and preparation

We developed a search strategy that captures the multifaceted nature of child mental health in Malaysia and comparable contexts, such as Singapore, Thailand, Canada, and Australia. We organised keywords into four clusters: core (e.g., “child mental health policy,” “Malaysia”), comparative (e.g., “school-based mental health”), cultural (e.g., “beliefs,” “stigma”), and systemic (e.g., “access,” “workforce”). We searched databases such as PubMed, Scopus, Google Scholar, JSTOR, ProQuest, and the WHO Global Health Library, supplemented by government and NGO websites.

Phase 2: Search and screening

We screened titles, abstracts, and full texts using specific inclusion and exclusion criteria. We included studies that focused on children aged 0–18, addressed mental health in policy or intervention contexts, and were published between 2010 and 2025. We excluded studies focused on adults or those lacking policy relevance. Two independent reviewers screened the materials using Rayyan software, achieving a Cohen’s Kappa of 0.78. We resolved any discrepancies through discussion or a third reviewer.

Phase 3: Data extraction and quality assessment

We used a standardised form to record study characteristics, cultural adaptations, and implementation barriers and enablers. We evaluated qualitative studies using the Critical Appraisal Skills Programme (CASP) checklists (CASP, 2018). We appraised quantitative and mixed-methods research using the Joanna Briggs Institute (JBI) Critical Appraisal Checklists (JBI, 2020) tools. We assessed policy relevance based on feasibility, equity, and alignment with national goals, and evaluated cultural sensitivity by examining local beliefs, stigma, and community engagement (UNICEF, 2022).

Phase 4: Data synthesis and reporting

We applied Braun and Clarke’s thematic analysis to categorise codes such as “stigma,” “digital interventions,” and “service fragmentation” into broader themes. We then conducted a comparative analysis that aligned Malaysian findings with international strategies, highlighting best practices and their transferability across sociocultural contexts.

Framework development

Based on the findings, we developed a Culturally Sensitive Child Mental Health Framework for Malaysia. This framework integrates digital tools, postmodern and post humanist perspectives, and emphasises rights-based, community-driven, and narrative-informed practices. It calls for cross-sector collaboration, social work leadership, and robust monitoring systems to ensure cultural acceptability and ethical data governance.

Ethical considerations and reflexivity

We exclusively used publicly available data, which meant that we did not need to obtain ethical clearance. We prioritised data privacy and accurate representation throughout our work. During the review process, we practiced reflexivity by documenting how our backgrounds might influence our interpretations. We also held regular team discussions to ensure transparency and maintain trustworthiness.

FINDINGS

We initially identified 4,330 records from various databases and grey literature. After removing 1,100 duplicates, we screened 3,230 records. We excluded 2,800 of these due to a lack of relevance. Following a review of 430 full texts, we included 80 studies in the final synthesis. Due to variations in methodology, we did not perform a meta-analysis. Figure 1 visually illustrates the selection process, and Table 1 presents a sample of the extracted data.

Policy frameworks and implementation challenges

Many studies revealed that Malaysia's current legislation, such as the Child Act (Amendment) 2016 and the Mental Health Act 2001, offers only limited protection for children's mental health (Shariff, 2018; UNICEF, 2022). Although national policies, such as the National Mental Health Policy (2012) and the Health Policy for Children and Adolescents (2018), address related areas, they lack cohesion and specific provisions for children. Existing programmes, including Program Minda Sihat and Doktor Muda, aim to raise awareness but show inconsistencies in quality and coverage. Studies consistently highlighted three major obstacles: fragmented service delivery, limited funding, and the absence of clear legislative mandates for children's psychosocial needs.

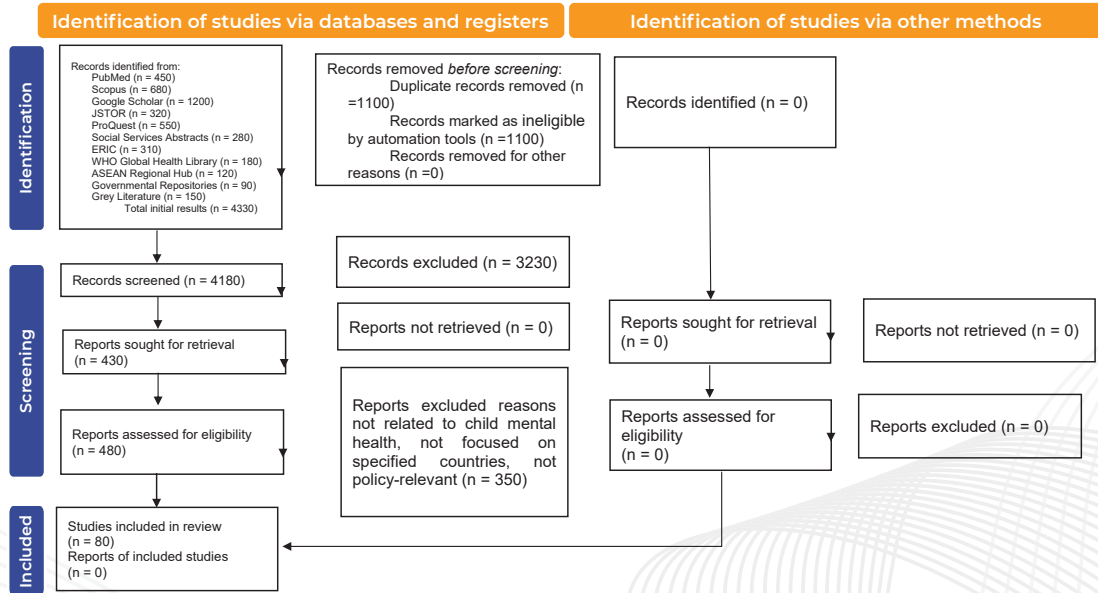
Cultural and systemic barriers

Researchers identified cultural stigma and supernatural beliefs as central deterrents to help-seeking behaviour (Ibrahim et al., 2019). Families often attribute mental illness to spiritual causes and delay professional care. Service fragmentation further limits early intervention, especially in rural areas. Workforce shortages, particularly in areas such as trained psychologists, psychiatrists, and social workers, exacerbate the issue. School counsellors report being overburdened and under-resourced, with limited access to referral pathways.

Lessons from international strategies

Comparative studies provided insights from countries with similar cultural or developmental profiles. Singapore's REACH programme promotes early detection and intervention through school-health collaborations. Thailand's model integrates traditional practices with professional care, reducing stigma. Australia and Canada demonstrate how digital platforms and stepped-care models can expand reach and personalisation. These strategies underscore the importance of tailoring interventions to local beliefs, infrastructure, and specific needs.

Figure 1: PRISMA 2020 flow diagram (Selection analysis)



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

Table 1 Sample of Extracted Data

Author(s), Year	Study Type	Policy Frameworks/ Implementation Strategies	Specific Interventions (description, target population, outcomes)	Cultural Adaptations	Barriers and Enablers to Implementation	Key Findings and Recommendations
K. Renuga Devi et al., 2018	Systematic Review	Not specified	Universal mental health programmes addressing common mental health disorders among primary school children	Not specified	Not specified	School-based mental health interventions can be effective in improving mental health outcomes for primary school children.
W. Tol et al., 2008	Randomised Controlled Trial	Not specified	School-based group intervention including trauma-processing activities, cooperative play, and creative-expressive elements for children exposed to political violence	Implemented by locally trained paraprofessionals	Not specified	The intervention was found to be effective in reducing PTSD symptoms and maintaining hope in conflict-exposed children.
M. Rones & K. Hoagwood, 2000	Research Review	Not specified	School-based mental health services for children with emotional and behavioural problems	Not specified	Not specified	School-based mental health programmes can have a positive impact on a range of emotional and behavioural problems in children.
R. A. Ellis & M. Y. Wang, 2018	Randomised Controlled Trial	Not specified	Self-paced online mental health education preventive intervention (BASE) for middle school students	Not specified	Not specified	The BASE intervention showed significant gains in mental health knowledge and teacher-reported school engagement.
Renuka Devi Ch et al.	Not specified	Not specified	Yoga therapy for hormonal imbalance in women with Polycystic Ovarian Disease	Not specified	Not specified	Yoga is a promising therapeutic intervention for various medical conditions, including PCOS.

Y. W. Lan et al., 2023	Meta-analysis	Not specified	Various interventions for ADHD and PTSD in children and adolescents	Not specified	Not specified	The effectiveness of interventions varied depending on the specific disorder and type of intervention.
UNICEF, 2022	Policy Analysis	National plans in Malaysia address some aspects of child and adolescent mental health but lack a comprehensive plan.	School-based mental health programmes, including teacher training and screening	Not specified	Lack of policy guidance on positive parenting/ caregiving programmes	Need for a comprehensive plan for child and adolescent mental health with attention to specific needs and MHPSS
N. A. Othman et al., 2019	Randomised Controlled Trial	Not specified	School-based anxiety prevention programme for primary school students	Not specified	Not specified	The programme was effective in reducing anxiety among primary school students.
Sutan R et al., 2018	Systematic Review	Not specified	Universal mental health programmes addressing common mental health disorders among primary school children	Not specified	Not specified	School-based mental health interventions can be effective in improving mental health outcomes for primary school children.
X. Y. Liu et al., 2023	Cluster Randomised Controlled Trial	Not specified	School-based psychosocial interventions for mental health among Chinese rural children with traumatic experiences	Not specified	Not specified	The study aims to develop school-based mental health promotion policy recommendations.

Source: Authors’ own illustration

Role of social work

Research highlights the untapped potential of social workers in schools and communities. These professionals can contribute to counselling, advocacy, policy reform, and community mobilisation. However, their full engagement is often hindered by limited training and a lack of professional recognition. By strengthening social work education and formalising their roles, we can effectively address various service gaps.

Digitalism, postmodernism, and posthumanism

Emerging research underscored how digital platforms (i.e., tele-mental health, mobile apps) can bridge gaps in access. Postmodern and post humanist lenses prompt practitioners to rethink traditional hierarchies and honour children’s lived experiences. These frameworks call for ethical safeguards, equity in access, and inclusive narratives that centre the child as an active participant in their care.

Framework foundations

Our synthesis pointed to essential components for a Malaysian child mental health framework:

- Culturally adapted interventions:** Align interventions with local beliefs, languages, and family structures.
- Multi-sectoral collaboration:** Coordinate efforts among schools, healthcare providers, social welfare agencies, NGOs, and faith-based organisations.
- Capacity building:** Enhance training and incentives for mental health professionals, educators, and social workers.
- Community engagement:** Dismantle stigma through outreach and public awareness campaigns.
- Digital integration:** Expand tele-mental health and online resources, guided by ethical principles and equitable access.

- 6. Postmodern and post-humanist approaches:** Emphasise narrative therapy, children's agency, and reflective use of technology.

These elements reflect both international best practices and Malaysia's unique sociocultural context, offering a practical foundation for future reform.

DISCUSSION

This study critically examined the systemic, cultural, and legislative challenges that shape Malaysia's child mental health services. Our findings confirm that fragmented service delivery, insufficient workforce capacity, and entrenched stigma pose serious obstacles to effective intervention. We also explored how digitalism and postmodern frameworks can inform the reshaping of policy and practice.

Policy frameworks and systemic challenges

Malaysia still lacks a dedicated child mental health policy. Although the Child Act (Amendment) 2016 and the Mental Health Act 2001 offer legal foundations, they fail to provide comprehensive provisions tailored to children's mental health needs (Yunus, 2024; UNICEF, 2022). Historically, policymakers have prioritised physical health infrastructure over mental health. Consequently, children often fall through the cracks of adult-oriented systems. This gap produces real-world consequences. For example, rural teachers frequently misinterpret anxiety symptoms as behavioural issues, leading to punitive responses. At home, families influenced by spiritual beliefs may turn to traditional healers instead of professional care. In one tragic case, a toddler died during an exorcism ritual (CBS News, 2012). Another case involved a "*bomoh*" sexually assaulting a girl during a supposed healing session (Astro Awani, 2021). These incidents underscore the urgency of establishing structured, child-focused mental health protocols. We propose a comprehensive policy that defines children's mental health rights, standardises referral mechanisms, mandates professional development, and allocates funding through ring-fenced budgets. This policy must ensure multi-agency coordination to prevent duplication and service gaps.

Workforce limitations

Our review highlights a significant shortage of trained child mental health professionals, especially in rural areas (Tengku Mohd et al., 2023). Barriers to addressing this issue include limited training opportunities, inadequate compensation, and societal stigma surrounding careers in mental health (Asalal & Wahab, 2024). To address these shortages, it is essential to invest in professional training, offer incentives for service in rural areas, and integrate child mental health content into teacher and nursing education programmes.

Cultural and religious dimensions

Cultural interpretations of mental illness often lead families to seek spiritual or religious explanations, which can delay necessary professional intervention (Berry et al., 2020; Fitzgerald et al., 2023; Ghuloum et al., 2024). These beliefs are often influenced by socioeconomic factors, such as education and access to digital resources, which can further discourage individuals from seeking help. Instead of dismissing these practices, we propose integrating them into a more comprehensive and culturally responsive care model. By collaborating with religious leaders, we can help reduce stigma associated with mental illness and build public trust (Waqas et al., 2020; Pichon et al., 2023; Perez et al., 2024).

Faith-based collaborations: Opportunities and risks

Faith-based organisations (FBOs) can help increase access to services and public acceptance (Goodwin & Kraft, 2022; Lucchetti et al., 2021). However, unregulated partnerships may risk unscientific practices or discrimination (Perez et al., 2024). To ensure safety, we recommend drafting memoranda of understanding that define FBO roles, mandate evidence-based practices, and establish an ethical oversight framework to ensure accountability. Joint task forces and shared data platforms can further streamline faith-sector collaborations.

Adaptability of international strategies

Countries like Singapore, Thailand, Australia, and Canada offer adaptable strategies for Malaysia. Singapore's REACH initiative provides mobile school-based services (Ho, 2021; Kua et al., 2019). Thailand uses community volunteers trained in basic counselling (Wannasewok et al., 2022; UNICEF Thailand, 2020). Australia's Headspace initiative offers holistic youth services (Blignault et al., 2022; Rickwood et al., 2019), and Canada's Indigenous mental health model incorporates cultural storytelling and flexibility (Goldberg et al., 2019). Malaysia can adapt these models by partnering with NGOs and faith-based groups, leveraging telehealth infrastructure, and integrating school-based interventions into national education policy.

Strategic recommendations

We recommend the following:

- 1. Community engagement:** Involve local communities in programme design and evaluation.
- 2. Cultural sensitivity:** Tailor interventions to Malaysia's diverse linguistic and religious backgrounds.
- 3. Intersectoral collaboration:** Form joint working groups across health, education, and social welfare.
- 4. Policy advocacy:** Push for legislation that mandates mental health coverage for children.
- 5. Robust data collection:** Build centralised databases to monitor and improve services.

Integrating digitalism, postmodernism, and posthumanism

Digital technologies offer powerful tools to bridge geographic and resource gaps. Tele-mental health, mobile apps, and gamified platforms can increase accessibility and engagement, particularly among underserved populations (Dewadas et al., 2023; Haleem et al., 2021; Hilty et al., 2020). Postmodern frameworks urge policymakers to challenge rigid diagnostic norms and embrace children's diverse narratives (Hong & Quek, 2024; Molala et al., 2021). Post humanist thought adds depth by exploring how children's interactions with technology influence their self-concept and mental wellbeing (Balasubramanian et al., 2023; Lucchetti et al., 2021). We recommend incorporating AI-assisted tools with caution, ensuring that data privacy and ethical use remain at the forefront of consideration. These perspectives align with narrative therapy, collaborative care, and culturally responsive design. Together, they support a shift from clinical uniformity toward more inclusive, individualised, and equitable care.

Strategic implementation framework

Digital innovation pathways

The integration of technology-enhanced interventions encompasses several key domains. We recommend the following:

1. **Accessibility Enhancement:** Tele-mental health platforms can overcome geographical and resource constraints, whilst mobile applications provide accessible tools for self-monitoring, therapeutic exercises, and professional referrals. Online peer support networks offer community-based resources that complement formal services.
2. **Engagement Optimisation:** Gamification strategies demonstrate particular efficacy in enhancing treatment adherence amongst child populations, whilst data analytics enable personalised intervention approaches through real-time monitoring and evaluation.

Cultural and ethical consideration

Implementation must address Malaysia's cultural heterogeneity through culturally adaptive interventions that respect diverse traditions, linguistic preferences, and family structures (Blignault et al., 2022; Gopalkrishnan, 2018). Critical ethical considerations include data privacy protection, equitable access provision, and prevention of socioeconomic divide amplification.

Policy development priorities

System-level reform

Comprehensive policy reform requires dedicated child mental health legislation establishing clear institutional responsibilities, standardised referral pathways, and mandatory workforce development provisions (UNICEF, 2022; World Health Organization, 2024). It is crucial for policy frameworks to guarantee culturally adapted care whilst protecting children's rights to equitable healthcare, education, and social support access.

Strategic development areas

1. **Financial Investment:** Ring-fenced mental health budgets are essential for service expansion, professional training enhancement, and community-based resource strengthening (Garratt et al., 2024; Zhou et al., 2020).
2. **Inter-agency Coordination:** Systematic collaboration across healthcare, education, and social services through integrated protocols and data-sharing systems ensures cohesive service delivery (Bezzina et al., 2021; Nair Narayanan et al., 2024).
3. **Community Engagement:** Faith-based organisations present significant potential for stigma reduction and community outreach, contingent upon adherence to ethical guidelines and cultural competency standards (Fitzgerald & Vaidyanathan, 2023; Perez et al., 2024).

Implications for practice

The integration of digital technologies with postmodern and post humanist theoretical frameworks necessitates continuous professional development to ensure ethically grounded, inclusive service provision. It is imperative for educational institutions to incorporate digital mental health screening capabilities alongside narrative therapeutic approaches that honour local cultural contexts. This comprehensive approach positions

Malaysia to develop innovative, culturally responsive child mental health services that address contemporary challenges whilst respecting diverse community values.

Table 2 provides a concise overview of five strategic recommendations. Each recommendation includes a brief description, cost and feasibility considerations, and a suggested implementation timeline with short-term, mid-term, and long-term phases. This table serves as a quick reference guide for policymakers and stakeholders.

Proposed framework for culturally sensitive child mental health in Malaysia

The recommended framework for culturally sensitive child mental health emerges as a response to the intersection of cultural beliefs, legislative gaps, workforce shortages, and the promise of digital and postmodern approaches (UNICEF, 2022; World Health Organisation, 2024). Figure 2 illustrates our proposed framework, which integrates best practices from the literature and incorporates principles of digitalism, postmodernism, and posthumanism. Guiding principles:

- Child-centredness (Shariff, 2018)
- Cultural responsiveness (Gopalkrishnan, 2018)
- Evidence-based practice (Hall et al., 2021)
- Collaborative partnerships (Blignault et al., 2022)
- Digital inclusivity (Dewadas et al., 2023, pp. 77-92)
- Postmodern ethics (Bauman, 1993, pp. 138-145)

Figure 2 Visual Representation of the Culturally Sensitive Child Mental Health Framework



Table 2 Summary of Strategic Recommendations

Recommendation	Description	Cost/Feasibility Considerations	Implementation Timeline	Potential Barriers and Challenges
Establish a National Child Mental Health Policy (Zhou et al., 2020; Petersen et al., 2019)	<p>Develop a dedicated policy with:</p> <p>a) Standardised referral protocols across sectors.</p> <p>b) Mandatory professional development for educators and healthcare providers.</p> <p>c) Ring-fenced funding mechanisms for equitable resource distribution.</p>	<p>- Initial investment for developing and disseminating guidelines and training materials.</p> <p>- Professional development costs can be offset by leveraging online training platforms and existing expertise.</p> <p>- Ring-fenced budgets can be established by allocating a specific percentage of the annual healthcare budget.</p>	<p>- Short-term (1-2 years): Establish ring-fenced budgets and initiate the development of standardised referral protocols.</p> <p>- Mid-term (3-5 years): Implement mandatory professional development programmes.</p> <p>- Long-term (5+ years): Continuously monitor and evaluate the policy's impact and make adjustments as needed.</p>	<p>- Resistance from other sectors vying for limited healthcare resources.</p> <p>- Lack of political will or prioritisation of child mental health.</p> <p>- Difficulties in coordinating and enforcing standardised protocols across different sectors and regions.</p>
Enhance Educational System Integration (Goldberg et al., 2019)	<p>a) Incorporate evidence-based mental health modules into the national curriculum.</p> <p>b) Provide professional development for educators on early identification and intervention strategies.</p>	<p>- Curriculum development and teacher training can be integrated into existing education budgets and professional development programme.</p> <p>- Collaborations with universities and NGOs can leverage expertise and resources.</p>	<p>- Short-term (1-2 years): Pilot mental health modules in select schools and provide initial training to educators.</p> <p>- Mid-term (3-5 years): Expand the programme to all schools and integrate mental health education into pre-service teacher training programmes.</p>	<p>- Overburdened teachers and curriculum constraints.</p> <p>- Lack of qualified trainers and ongoing professional development support.</p> <p>- Resistance to incorporating mental health education within a traditionally academic-focused curriculum.</p>
Strengthen Parental Engagement Mechanisms (Blignault et al., 2022)	<p>a) Launch nationwide awareness campaigns promoting early intervention.</p> <p>b) Develop and implement parent education programmes to improve mental health literacy.</p>	<p>- Awareness campaigns can leverage existing media platforms and community networks to minimise costs.</p> <p>- Parent education programmes can be delivered through schools, community health centres, and online platforms.</p>	<p>- Short-term (1-2 years): Launch targeted awareness campaigns and pilot parent education programmes in select communities.</p> <p>- Mid-term (3-5 years): Expand the reach of both campaigns and programmes nationwide.</p>	<p>- Reaching parents with low literacy or limited access to technology.</p> <p>- Addressing cultural and religious beliefs that may hinder engagement.</p> <p>- Ensuring the sustainability and cultural relevance of parent education programmes.</p>
Develop Digital Infrastructure (Haleem et al., 2021)	Integrate mental health services with existing telehealth infrastructure to improve access for remote communities.	<p>- Leveraging existing telehealth infrastructure can minimise costs.</p> <p>- Developing user-friendly digital platforms and ensuring data privacy are crucial considerations.</p>	<p>- Mid-term (3-5 years): Develop and pilot digital mental health platforms integrated with telehealth services.</p> <p>- Long-term (5+ years): Expand access to digital platforms nationwide and integrate them with electronic health records.</p>	<p>- Digital divide and unequal access to technology, particularly in rural areas.</p> <p>- Concerns about data privacy and security.</p> <p>- Ensuring cultural sensitivity and accessibility of digital platforms for diverse communities.</p>
Enhance Community Partnerships (Goodwin & Kraft, 2022)	<p>a) Collaborate with faith-based institutions to destigmatise mental health issues.</p> <p>b) Involve NGOs in service delivery and outreach efforts.</p>	<p>- Engaging FBOs and NGOs can leverage existing community networks and resources.</p> <p>- Building trust and establishing clear roles and responsibilities are essential for successful collaborations.</p>	<p>- Short-term (1-2 years): Initiate dialogue and build relationships with FBOs and NGOs.</p> <p>- Mid-term (3-5 years): Develop and implement collaborative programmes and initiatives.</p>	<p>- Potential biases and conflicts within FBOs.</p> <p>- Ensuring cultural competency and adherence to ethical guidelines.</p> <p>- Maintaining long-term sustainability of partnerships and securing ongoing funding.</p>

Source: Author's own illustration

Key components:

- 1) **Promotion and prevention:** Mental health literacy campaigns tailored to different cultural groups, digital apps for psychoeducation, and parental involvement programmes that address cultural beliefs and parenting practices (Seedaket et al., 2020; Wong et al., 2021).
- 2) **Early screening and intervention:** Implementing standard protocols in schools, enhancing teacher training in early identification and referral, and integrating tele-mental health for quick access to specialists (Mansfield et al., 2021; Mohd Affandy et al., 2024).
- 3) **Community engagement and collaboration:** Fostering synergy among healthcare, education, social welfare, NGOs, and faith-based groups, with social workers playing a key role in bridging services and advocating for children's needs (Kohrt et al., 2018; Perez et al., 2024).
- 4) **Capacity building:** Addresses workforce deficits by fostering specialised training pathways, incentivising rural placements, and integrating mental health literacy into teacher education (Al-Omary et al., 2024; Semchuk et al., 2022).
- 5) **Culturally adapted interventions:** Offer a direct remedy to cultural barriers by incorporating local beliefs and values, reducing stigma, and ensuring interventions resonate with Malaysia's diverse communities (Adebayo et al., 2024; Blignault et al., 2022).
- 6) **Digital innovations:** Meets the needs of remote or resource-scarce areas, while harnessing postmodern and posthumanism concepts (e.g., AI-based therapy bots) to engage a tech-savvy youth demographic (Dewadas et al., 2023, pp. 77-92; Haleem et al., 2021).
- 7) **Postmodern and posthumanism lens:** Challenges stigma through narrative approaches, collaborative partnerships, and ethical use of technology, recognising children's evolving relationships with technology in shaping their identity and well-being (Duobliene et al., 2021).
- 8) **Evidence-based and ethical implementation:** Ensures consistent monitoring, data protection, and iterative feedback loops that align with post humanist sensibilities around technology's co-constitution with human identity (Garcia et al., 2024, pp. 1-19).

Funding mechanisms

Rather than merely suggesting an increase in mental health financing, the review advocates for ring-fenced budgets. For instance, allocating a target of 2 to 5 percent of the annual healthcare budget to child mental health would significantly elevate service reach and quality (Garratt et al., 2024; World Health Organisation, 2024; Zhou et al., 2020).

Inter-agency collaboration

Adopting joint task forces, shared data systems, and integrated protocols can dismantle bureaucratic silos and improve coordination (Bezzina et al., 2021; Nair Narayanan et al., 2024). Furthermore, revising professional regulations and developing specialised curricula can position social work as a critical service within the child mental health system (Asalal & Wahab, 2024; Teoh & Shafie, 2017).

This discussion illuminates the intertwined cultural, systemic, and policy-driven barriers that hinder comprehensive reforms in child mental health services in Malaysia (UNICEF, 2022). Deep-rooted structural priorities, insufficient funding, and pervasive stigma underscore the complexity of achieving transformative changes (Omar, 2024; Muhamad Ridzuan, 2022). Nevertheless, tangible pathways for progress have been identified. By implementing ring-fenced budgets, fostering multi-sectoral collaboration, developing culturally adapted interventions, and embracing digital, postmodern, and post-humanist approaches, Malaysia can move closer to a robust and responsive child mental health system (World Health Organisation, 2024; Garratt et al., 2024). Success depends on sustained political resolve, inter-ministerial coordination, adequate resource allocation, and rigorous evaluation (Bezzina et al., 2021; World Health Organisation, 2024).

CONCLUSION

This systematic review highlights the urgent need to strengthen child mental health services in Malaysia through culturally sensitive, evidence-based policies. Our analysis draws from international strategies that demonstrate the effectiveness of integrated school programmes, intersectoral coordination, and digital innovations tailored to cultural realities. Malaysia's services remain hindered by cultural stigma, workforce shortages, fragmented delivery, and a lack of dedicated policy. Postmodern and post humanist frameworks provide useful lenses for developing inclusive, child-centred care models. Social work, while underutilised, offers an essential avenue for community engagement, early intervention, and policy advocacy. We urge policymakers to enact a national child mental health policy supported by targeted funding, streamlined referrals, and coordinated implementation across sectors. Collaborations with schools, communities, and faith-based actors can reduce stigma and expand access to care. By embracing technology, empowering local actors, and recognising children's diverse lived experiences, Malaysia can reshape its mental health system into one that is equitable, inclusive, and resilient.

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