

An Addressing on Risk of Mental Health Disorders Through Hybrid Takaful (Islamic Insurance): A Case of Malaysia

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ABSTRACT

In addition to heart disease, other Malaysian extensive illnesses are mental health disorders. 29.2 per cent of Malaysians have recently suffered from mental illness, which has increased threefold compared to the previous year. The lowest income group accounts for the bulk of Malaysians suffering from mental illness. Currently, Singapore list among the countries has operative providing mental health insurance together with Australia, the United Kingdom and the United States of America. Malaysia is still far behind on offering mental health coverage with such a scheme only provided by AIA Malaysia. Therefore, through the takaful product, the purpose of this study is to address the risk of mental health disorders by hybrid takaful. The paper concluded that in order to maintain the promoting coverage and minimizing damage to mental health patients to human well-being, takaful mental health is needed in Malaysia market. In addition, this research would provide insight into the takaful industry for the development of a new and competitive product that could assist patients with a mental health disorder.

Keywords: *Takaful (Islamic Insurance), Mental Health, Islamic Finance*

INTRODUCTION

Malaysia's mental health programs are limited to psychiatry, whose presence in this country dates back to 1827 (Jamaiyah, 2000). Nevertheless, facets of mental disease deterrent and mental health support have dragged behind. The impact of mental health on public health issues is now facing difficulties because it makes the country a big offender to the risk of illness and inability. Since mental illnesses are a significant loss of economic growth's performance and well-being, it is crucial to address this issue by seeking a much more general-purpose on mental health treatment, particularly the responsibility of stakeholders, takaful operators and government of the country.

A condition of well-being in which the person knows his or her ability may comply with life's usual stresses, to perform properly and efficiently, and can contribute to his or her society. The ability of people, community and the world to communicate with each other to support social security and excellent operational, and the application of psychological and emotional capacities to achieve justice-compatible individual and collective goals. Although Malaysia is a multicultural nation, diverse

viewpoints can and have discussed the conceptions of mental health issues, reflecting the presence of different beliefs according to religion and races.

Mental health concerns show to obtain risen dramatically among adolescents in the past 20-30 years. The growth has been motivated by social change, including the splitting of the family system, increasing youth layoff and growing pressures in schooling and training. Most of those signs or severe issues that may suggest adult or childhood mental health conditions are considered to be a common part of adolescence. These disorders can range from depression to personality and behavioral disorders, from anxiety to autism spectrum disorder. 3.7 per cent of children aged 8 to 15 have depression in the United State of America, the National Institute of Mental Health Disorders reports. It is nearly all common mental health disorder surrounded by those of this age, with at least 25 per cent of high school graduate reporting having mild symptoms (Kessler et al., 2005). Besides that, Pierre and Eric (2005) estimated that roughly 8 to 10 per cent of British citizens have an extreme depressive syndrome. After ischemic heart disease, stress is expected to be the second main health issue in Malaysia by 2020, and every 3 in 10 adults 16 years of age and older have few forms of this trouble that leads to illness. Like any depressive symptoms, the same overwhelming grief, rage and melancholy also describe teenage depression. However, unlike adults, adolescent depression can contain more irritability as well as aggression than sadness. Depression-stricken teens can also be emotional and sign of migraine or stomach aches. In cases of major depressive disorders, it has been estimated to be 5.6 per cent and some cases are a strong risk factor for suicide.

The above number is distressing about the issues of mental health disorders and the protection of Islamic resources, especially a takaful product to be placed on the market by taka operators in Malaysia that could potentially cover mental health care. This seems to be based on the fact that the cost of obtaining clinical help is higher and the issue is not easy to spot and is often viewed lightly among youth and low-income earners with the highest record.

The remainder of the paper is organized as follows: Section two reviews on the concept of takaful and the need for mental health takaful. Section three will discuss mental health in Malaysia. Section four briefly on treatment for mental health disorders. The risks and vulnerabilities among persons with mental health disorders will present in Section five. Meanwhile, section six will elaborate on the conceptual of takaful (Islamic insurance) as an alternative in providing the medical benefits to the policyholders. Finally, the final section will conclude the summary of this paper.

TAKAFUL AND THE NEED OF MENTAL HEALTH TAKAFUL

Takaful word is borrowed from its Arabic root word '*kafala*' which signify 'to ensure' (Alhabshi et al, 2012). '*Kafala*' is described by Alhabshi & Razak (2009) as one party's understanding to remit another person for whatever pre-agreed burden. Furthermore, AAOIFI (2015, p.678) described takaful as a scheme in what shareholders contribute part or all of their funds used by some of the participants to pay claims for damaged sufferers. This illuminates the central principle of Takaful, which is *tabarru'* (Yassin & Ramly, 2011). *Tabarru'* means a donation, gift or contribution that must be intended by any takaful participant who needs protection to donate the contributions to the other participants who face difficulties (Yasin & Ramly, 2011). Alhabshi et al, (2012) also explained the basic concepts of takaful as cooperative insurance that each involved participant is willing to contribute to members facing the same risk or danger with some amount of money. Meanwhile, in the 1984 Takaful Act-part one section two, takaful was described as:

"Takaful" means a scheme based on brotherhood, solidarity and mutual assistance which provides for mutual financial aid and assistance to the participants in case of need whereby the participants mutually agree to contribute for that purpose;

“takaful benefits” includes any benefit, pecuniary or not which is secured by a takaful certificate, and “pay” and other expressions, where used in relation to takaful benefits, shall be construed accordingly;

“takaful business” means a business of takaful whose aims and operations do not involve any element which is not approved by the Syariah.

Insurance varies fully from Islamic insurance (takaful). There are three fundamental of conventional insurance that differs from takaful (Swartz & Coetzer, 2010). According to Khan (2006), conventional insurance was forbidden, due to aspects of *Riba* (interest), *Gharar* (uncertainty) and *Maisir* (gambling). In the growth of its takaful market, Malaysia has achieved significant milestones. The first Takaful company was founded in 1985 with the enactment of the Takaful Act 1984. Since then, the takaful sector in Malaysia has gained traction and has been increasingly recognized as a major contributor to Malaysia's overall Islamic financial system (Bank Negara Malaysia, 2019).

Takaful is one of the security systems under Islamic wealth management. The purpose of the takaful is to provide safety and assurance in the life or belongings of an individual against a specific danger (Aris et al., 2012; Abdullah, 2012; Ahmed, 2013). In addition, takaful also counters poverty and deprivation (Fisher, 1999; Patel, 2004; Erlbeck, 2010; Bakhtiari, 2013; Hasim, 2014; Sheila et al., 2015). Most takaful operators in Malaysia, however, concentrate more on the middle and high-income group rather than the lower-income group (Sheila et al., 2015). This is due to the majority of lower-income groups opting to lapse their policy if their takaful plan increases (Toh, 2017).

Most Malaysians come from middle- and high-income families, according to the Department of Statistics Malaysia. It was, therefore, necessary for the takaful operator to concentrate on the middle and high-income classes. Nevertheless, government and private insurers are already developing a lower-income group insurance and takaful system, specifically for health insurance (The Star, 2018). This finding led to a rising potential for the lower-income community to subscribe to a takaful plan. In addition, a new product that is appropriate for lower-income groups such as micro takaful may be launched by takaful operator (Erlbeck, 2010; Bakhtiari, 2013; Hasim, 2014, Sheila et al., 2015).

Since the cost of medication is too high, particularly in private hospitals and critical diseases, most Malaysians sign up to takaful medical and health care. There are 36 critical diseases included in medical and wellness takaful, such as heart disease, cancer, stroke and others. Interestingly, while mental health disorder is reported as the second greatest health risk after heart disease, mental health disorder is not on the list of important diseases (Institute Public Health, 2015). As one in three adults suffering from mental health issues, Malaysia's mental health crisis among people was in dire condition (Lin, 2018). Malaysian mental health issues affected the lower-income community from 1995 to 2016, according to (Lin, 2018). There is, however, a constant increase in mental health disorder among high-income earners. The relationship between income and mental health disorders is significant (Sareen et al., 2011; Bell et al., 2019).

Compared to other nations that are now making move support by providing mental health condition in medical and health care, Malaysia also does not aggressively include takaful and insurance for mental health disorder with just AIA Malaysia. As for the USA, according to the Affordable Care Act, 2010 health insurance policies were expected to cover mental health and drug use disorders. Besides that, AIA Singapore recently launched AIA, which offers coverage for mental health issues outside critical care. The only five mental diseases protected by this proposal are Major Depressive Disorders (MDD), Schizophrenia, Bipolar Disorder, Obsessive-Compulsive Disorder (OCD), and Tourette Syndrome (Joanna & Dawn, 2019). Malaysia's takaful operators, therefore, need to begin designing a takaful strategy that tackles mental health issues as one of Malaysia's major health challenges is mental health disorder.

MENTAL HEALTH IN MALAYSIA

Mental health disorder has recently been extensively debated by the media as well as experts. Mental health cases among employee have risen with the rise in duty and stress-induced jobs. The consequence of mental health condition may have a significant negative impact on life and career. The need for insurance cover to safeguard the person concerned is therefore highly advised. Fortunately, since insurance providers assume, they are more likely to have an insurance claim, because getting a mental health disorder too costly for normal people (Bijal et al. 2019). As a pre-existing psychiatric condition, the mental disorder is graded. A pre-existing medical disorder is whatever disease you had by the time you pay for benefits. Not everyone has experience of a mental health disorders situation. It is also invalid to identify mental health disorder as one of the pre-existing medical conditions. It could be difficult to get benefits if you have a mental health problem. There are many obstacles, such as insurance firms considered to be a “high risk” client, the complicated application process, the premium paid would expense more than usual and difficult to receive the cover that should be demand (Bijal et al. 2019).

In Malaysia, whereas, mental health was perceived to be the second-highest disease after cancer (Institute for Public Health, 2015). In addition, mental health concerns among adults show a growing trend in NHMS (2015), from 10.7 per cent in 1996 to 29.2 per cent in 2015. In fact, the survey found that women, younger adults, bumiputras, and adults from low-income families tended to have mental health problems. In particular, the cost of mental health condition treatment is more costly than the physical disease (Haque, 2005). The cost of obtaining a consultation and care for a mental health condition in public hospitals is around RM5 to RM30 according to the Ministry of Health (2017), while in private hospitals it is around RM80 to RM400. While cheaper and almost free care is given by the public hospital, the mental health provider and professional is almost none except in a large hospital. For instance, Sarawak does not have a clinical psychologist to deal with mental health condition consultations, according to the New Straits Times (2018). It only available in major hospitals such as Kuala Lumpur Hospital and Kajang Hospital, and so on for the specialist of the mental health condition. Malaysia currently has a critical shortage of clinical psychologists and just a handful dependent on government mental health programs (Lim, 2018).

There is only one insurance currently in Malaysia and a mental health condition coverage is offered by a takaful operator. In Malaysia, most takaful and insurance operators claimed that provision of medical benefits does not include psychotic, psychiatric or nervous illness. Standard health insurance plans have not protected pre-existing conditions, including mental illness (Lim, 2018). Any condition for which the patient has previously obtained medical advice or medication prior to enrollment in a new medical insurance plan is a preexisting condition (Hudson et al., 1995). As a result, people are discouraged from pursuing care because they believe like mental illness is a serious condition that should not be exposed to anyone (Lim, 2018). Therefore, to address this issue, as for a broader perspective of mental health care, specifically the function of takaful in the country.

TREATMENT FOR MENTAL HEALTH DISORDERS

The World Health Organization described health as one of the basic rights of every human being as early as 1946 (Trestman, 2018). Health care, including mental health services, is offered as a fundamental human right in nearly every developed country in the world. The pressure of mental health and drug use disorders is projected to increase globally in the coming decades, and as a result of growing life expectancy, population growth and under-resourced health care, the steepest increase can be anticipated in low- and middle-income countries (Whiteford et al., 2013). The high economic burden of untreated mental health problems is correlated with (Bloom, 2011). Therapy rates for people with psychiatric and drug use disorders remain poor in low- and middle-income countries with care disparities above 90 per cent (Wang et al., 2007). A research performed by Anne and Anthony

(2019) showed how enhancing commitment to the treatment of mental health conditions in underserved populations needs to result in changes that use the following: a) joint decision-making, b) collaborative care and telemedicine collaborative care based on experience, and c) retention of treatment and involvement in therapy.

Consequently, the development of a recovery plan is part of comprehensive mental health treatment. A good mental health professional will work with the client in partnership to create a treatment plan that has realistic expectations that have the best chances of effective therapy. A mental health care plan at the most basic level is essentially a collection of written orders and documents relating to the treatment of an ailment or disease. A diagnosis will include the personal details of the patient or client, the diagnosis (or diagnosis, as is often the case for mental illness), a general description of the recommended treatment, and room to measure success as the client goes through therapy. The therapist and client remain on the same page with the most critical elements of therapy, offers an opportunity for treatment conversation as expected, and may serve as a reminder and support method. A Psychiatric Advance Directive (PAD) is intended to discourage involuntary mental health interventions, according to Easter et al (2020), by encouraging individuals with extreme mental disorders to prepare for their care in the future during a disability crisis.

RISK AND VULNERABILITIES AMONG PERSONS WITH MENTAL HEALTH DISORDERS

Since the possibility of mental health disorders within different age groups or social groups has been the focus so far, it is also important to emphasize that there are dangers and vulnerabilities for those who continue to have a mental health condition. Since 2008, statistics on mental health issues have been troubling in recent decades, with about 400,227 patients seeking psychiatric assistance from government hospitals in Malaysia, with 2,000 new cases of schizophrenia identified annually, the figure continues to grow (Jamaluddin, 2016). For the government and public, these figures are alarming as mental health problems are often found to be a suicide risk factor with a median incidence of 91 per cent mental illnesses between suicide ends (Cavanagh et al, 2003). As an outcome, early detection and competent treatment are required to solve this sides and to introduce a competitive model of takaful (Islamic insurance) that will assist a targeted individual in this world and thereafter with the ultimate goal of achieving happiness and well-being.

Furthermore, in the report, the World Health Organization (2012) claimed that mental or psychological health is shaped not only by human attribute or features but also by the socio-economic circumstances in which people live and the broader environments around them. Personal characteristics are correlated with the inherent and acquired capacity of a person to cope with thoughts and emotions and to regulate himself in daily life (emotional intelligence), as well as the ability to deal with the social world around him by participating in social activities, taking responsibility or accepting other people perspective (social intelligence).

Socioeconomics, respectively, means the capacity of a person to develop and prosper, that is highly affected by their social context, namely their willingness to engage favourably with relatives, acquaintances or bosses and make a living for themselves and their families, as well as the socio-economic conditions under which they find themselves. In particular, limited or excuse for education and income are socio-economic factors that are particularly important. It is, therefore, necessary to provide them with competent medical care by introducing a competitive takaful product that satisfies their expectations. In particular, the cultural and political climate in which people live can also influence the mental health status of a person, household or society, along with levels of availability to food and other necessities (water, essential health services, the rule of law), visibility to prevailing cultural values, behaviours or practices, as well as to nationally developed social and economic policies. For instance, the on-going global financial crisis is expected to have substantial mental

health consequences, such as elevated suicide rates and unhealthy alcohol use. In addition, examples of negative structural determinants of mental health are inequality, racial or gender imbalance, and dispute.

In all countries around the globe, mental health disorders are widespread, this causes enormous suffering and astounding implications, specifically within low-income countries. The financial burden of mental illness is enormous. The key expenses of the staff in the hospital and specialist centers in terms of care and service fees. Moreover, clinically, the treatment of this health condition can require lengthy hospitalization times, which is more similar to other forms of morbidity, less chronic, usually. Meanwhile, in the worst-case situation, indirect costs such as lack of ambition at jobs and preservation of jobs lead to unemployment, debt and hardship for patients with mental health disorders and their families. Insecurity, low-income levels and hunger contribute to mental wellbeing challenges and contribute to the importance of tackling these concerns.

ADDRESSING RISK: MENTAL HEALTH HYBRID TAKAFUL (ISLAMIC INSURANCE) MODEL

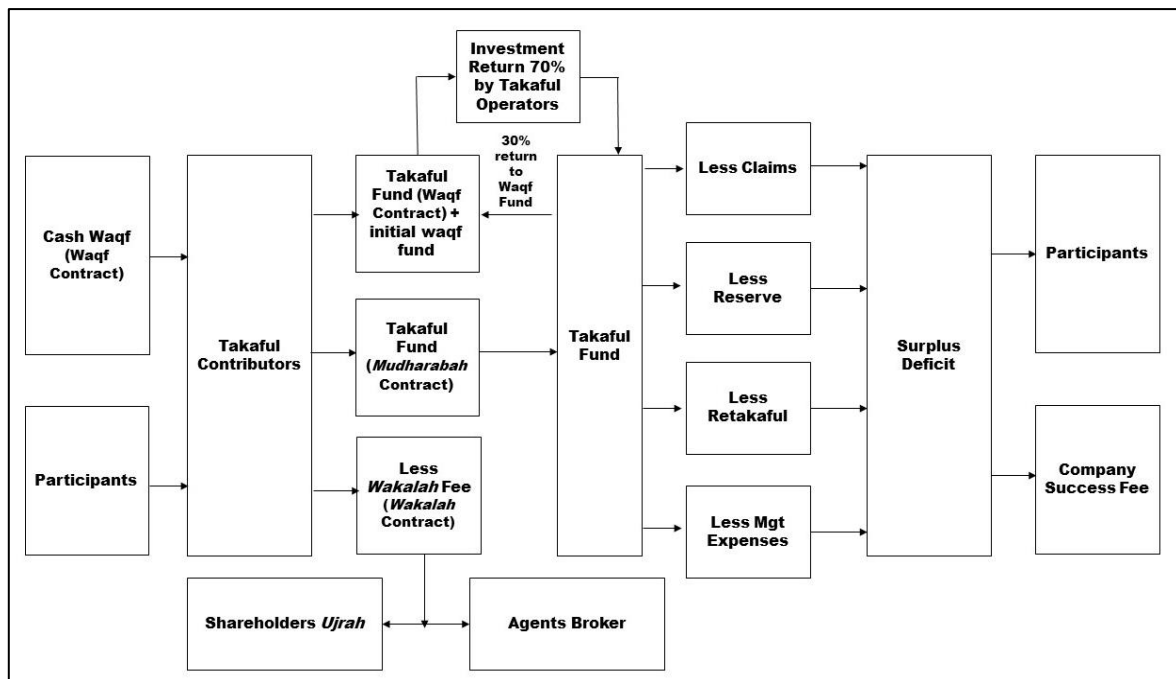


Figure 1: A hybrid model for Takaful Mental Health Disorder (Source: Authors)

From the above section, it is clearly understood that mental well-being can be jeopardized by a wide range of factors that cover not only the course of life but also different levels of life, including individual awareness and actions, social living and working conditions and prospects and rights at the broader environmental level. Furthermore, by looking at various levels and social classes, it is important for public mental health to respond to these threats. The nature of the answer is not only about encouraging or maintaining mental health but also about the proper care and treatment of people with mental health problems.

In order to manage and sell competitive takaful services on the Malaysian market, cooperation between the government, takaful operators and the Islamic Council are mandatory. In comparison to the existing medical system, this paper suggested a hybrid takaful model for mental health disorders. This hybrid model consists of a *mudharabah*, *wakalah* and *waqf* contract in which the takaful

operator serves as the fund manager and the participant's fund management representative. In addition, a takaful operator will take from the participants on an agent fee. Meanwhile, the surplus would be split by the pre-agreed ratio of the profit-sharing arrangement after the investment.

The responsibility of government, public, private sectors, medical practitioners, depression experts is on the other side of the hybrid model, where they can contribute both in terms of donations/funds and expertise to patients with mental health problems under the waqf concept, closely supervised by the Islamic Council (refer Figure 1). This paper also suggests that the government set up a consortium and allocate special budgets under RMK-12, such as the 'Mental Health Financing Consortium' comprising the representatives of the Finance Minister, the CEO of the Takaful operator involved in providing the Takaful program, the President of the Islamic Council and other responsible authorities responsible for controlling the system's operation. In order to increase private and public trust in waqf/allocate their money and expertise to the consortium under this system, this special budget is necessary. This is important because it is anticipated that the cost of specialized medical care for mental health problems will rise every year and thereby allow individuals to seek assistance from private facilities without thinking about their financial strain.

CONCLUSION

This is hoped that the findings will explain the desperate situation of mental health takaful to the government, takaful industry and Malaysian itself. In addition, a suitable evaluation for initiating mental health takaful from this study could be considered by government and takaful sector. The United States of America, for example, has given insurance protected by expenses relating to mental health conditions and the United Kingdom also supports its people's insurance for mental health disorders. This generated recognition and education of the seriousness of mental health issues for their people. Takaful providers in Malaysia should therefore take an initiative to explore and innovate the mental health disorders-related takaful product to give customers more options. Takaful provider does not benefit from this form of security, but it allows people to avoid and plan for the future. The majority of mental health patients in Malaysia come from lower and middle-income classes. Takaful mental health availability will assist many less fortunate people in accessing mental health care. Finally, through this report, it was hoped that more studies would examine the possibility of mental health takaful, as there is currently little research available on mental health takaful.

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