



MULTISTAKEHOLDER CONSULTATION ON MENTAL HEALTH OF REFUGEES IN MALAYSIA

In collaboration with Health Equity Initiatives (HEI), the Asia Displacement Solutions Platform (ADSP), International Rescue Committee (IRC) and European Union Humanitarian Aid (ECHO)



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INTRODUCTION

According to the United Nations High Commissioner for Refugees (UNHCR), as of May 2023, Malaysia hosted an urban refugee population of approximately **181,300**, encompassing both registered refugees and asylum seekers. Often, due to the harsh conditions they face, refugees' mental health comes under stress. Numerous studies have highlighted the psychosocial challenges refugees and asylum seekers face during their migration, leading to an elevated risk of mental health issues, such as psychosis, suicidal tendencies, post-traumatic stress disorder (PTSD), depression, and anxiety. Particularly, refugee children are at a heightened risk, necessitating early intervention for their mental well-being (Blackmore et al., 2019).

Unfortunately, Malaysia currently lacks a comprehensive legal or policy framework addressing refugee rights or their access to basic services. Consequently, many refugees face healthcare access challenges, including limited medication, prohibitive treatment costs, and risks associated with their undocumented status (UNHCR, 2023; Chuah et al., 2018). This precarious environment, coupled with a broader national shortfall in specialised mental health care services, amplifies the mental health challenges refugees experience.



John Isaac / UN Photo

OVERVIEW OF CHALLENGES AND DYNAMICS OF MENTAL HEALTH AMONG REFUGEES IN MALAYSIA

Globally, refugees face higher risks of mental health issues, with anxiety, depression, and PTSD being prevalent. In Malaysia, 43% of refugees have a diagnosable mental disorder, often exacerbated by traumatic experiences.



PRE AND POST MIGRATION RISK FACTORS

Refugees' mental health is influenced by adversities in their home countries, challenges during migration, such as fears of violence and deportation, and post-migration issues like legal uncertainties and socio-economic hardships.



ACCESS AND BARRIERS TO HEALTH AND MENTAL HEALTH CARE FOR REFUGEES IN MALAYSIA

Malaysia categorises refugees as illegal migrants, hindering their access to healthcare. Despite UNHCR discounts, healthcare remains costly. Policies limit their access to public health services, and language, cultural barriers, and stigmas further complicate care-seeking.



AVAILABILITY OF SPECIALISED MENTAL HEALTH CARE SERVICES IN MALAYSIA

Malaysia faces a shortage of specialised mental health professionals, impacting both locals and refugees. The psychiatrist-to-patient ratio is below World Health Organisation (WHO) recommendations, and delays in care can worsen mental health outcomes. Community shelters try to provide support, but resources are limited. [A comprehensive overview of the mental health situation in Malaysia is available here.](#)

MULTI-STAKEHOLDER CONSULTATION ON MENTAL HEALTH



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To confront these challenges, a multistakeholder consultation was held in Kuala Lumpur in May 2023. Organised by Health Equity Initiatives (HEI), in collaboration with the Asia Displacement Solutions Platform (ADSP) and the International Rescue Committee, and supported by ECHO, the event brought together refugee community members, leaders, NGOs, academics, and other stakeholders. This meeting aimed to deepen understanding, foster discussions, identify challenges, and explore solutions related to refugee mental health in Malaysia. Additionally, it sought to fortify networks and share best practices among stakeholders.

The consultation featured two panel discussions on healthcare access barriers and refugee child mental health. The second part of the consultation focused on breakout groups, discussing these topics alongside solutions for refugees with mental health challenges. These dialogues emphasised active refugee community participation, resource and capacity exploration, and potential outcomes of successful strategy implementation.

CONSULTATION OBJECTIVES

1. To strengthen the understanding of refugee mental health issues in Malaysia among the relevant stakeholders
2. To identify problems relating to refugees' access to mental health care, mental health of refugee children and adolescents, and mental health rehabilitation shelter for refugees to develop recommendations and key messages on the above issues
3. To reinforce the connections and network among relevant stakeholders.

PARTICIPANTS

The consultation was attended by 50 representatives from academic researchers, non-governmental organisations, international agencies, embassies, and refugee community members. All participants were selected purposefully based on their professions, lived experience and expertise, to promote meaningful contributions during the consultation. Among them were 15 refugee representatives (30 percent of overall participants), reflecting the inclusiveness in the discussion and problem-solving process.

PANEL DISCUSSIONS

The consultation was divided into two panels i.e., A) Access and Barriers to Healthcare and Mental Healthcare for Refugees, and B) Mental Health of Refugee Children and Adolescents.

ACCESS AND BARRIERS TO HEALTHCARE AND MENTAL HEALTH CARE FOR REFUGEES

The first-panel discussion was led by Dr. Sharuna Verghis of Monash University Malaysia, which explored the mental health challenges faced by refugees in Malaysia. The panel, which included an Afghan refugee, a representative from Myanmar, and local health professionals, emphasised the significant mental health issues arising from trauma pre-, during, and post-migration experiences. Common issues include Common Mental Disorders, with some facing disorders such as Autistic Specific Disorder, PTSD, and lack of understanding within the communities. It was also shared that when women face mental health challenges, the consequences are dire for the family and in some cases also lead to domestic abuse. Barriers to healthcare include financial constraints, language barriers, and past discriminatory experiences. This is exacerbated by the limited availability of specialised mental health care centres and inconsistency in care quality. Refugees often hesitate to seek public health care due to potential repercussions from their embassies. Informal shelters run by refugee communities face resource limitations, further hindering care.

The panel recommended enhancing refugee mental well-being by meeting basic needs, promoting formal work rights, training more specialised healthcare providers sensitive to refugee issues, and collaborating with refugee community health workers. Emphasising support systems, recognising refugee status, and focusing on women's mental health were also deemed crucial.

MENTAL HEALTH OF REFUGEE CHILDREN AND ADOLESCENTS

The second-panel discussion – focussed upon the mental health challenges faced by refugee children – was moderated by Mr. Cheng Kah Hoe from HEI, with additional contributions from experts, including a Myanmar Kachin refugee youth, a refugee teacher, UNHCR and Médecins Sans Frontières. The panel revealed that children often grapple with profound mental health issues, such as anxiety, depression, and PTSD, rooted in traumatic experiences from conflicts in their home countries and exacerbated by cultural diversities and gender imbalances.

They highlighted the significant lack of awareness and limited mental health specialists catering to young refugees, and the encouraged the need for a comprehensive approach. Their recommendations included both specialised and community-driven strategies: leveraging the inherent resilience of refugees by providing stable recovery environments, integrating practical measures like sports and recreational activities to alleviate distress, and training frontline workers like teachers in mental health awareness. They emphasised the value of peer support and the critical need for coordinated mental health services. Advocating for a holistic approach, the panel underscored the importance of parental mental health support and the active participation of refugee youth in intervention planning.



BREAKOUT GROUPS

The breakout groups focused on the following topics,

- i. Access and Barriers to Health Care and Mental Health Care for Refugees
- ii. Mental Health of Refugee Children and Adolescents
- iii. Refugee-Run Mental Health Rehabilitation Shelters



ACCESS AND BARRIERS TO HEALTH CARE AND MENTAL HEALTH CARE FOR REFUGEES

The group identified that the mental health care system for refugees in Malaysia is unsustainable and imbalanced. Most services available, although limited in capacity, are concentrated in Kuala Lumpur and Penang, leaving other areas underserved. This uneven distribution compounds the stress on NGOs, which are grappling with high demands and limited resources. While both local populations and refugees experience a shortage of healthcare services, refugees face additional complications. Many of them remain in Malaysia for extended periods without prospects of local integration, often leading to a rise in mental health issues. Furthermore, there's a prevailing issue of misconceptions surrounding mental health within the community, emphasising the need for service providers to approach care with cultural sensitivity.

During the breakout session it was recommended that in the short-term, there's a pressing need to develop interventions rooted in the Mental Health and Psychosocial Support (MHPSS) pyramid. This approach ensures that basic needs are addressed before moving on to specialised services. Furthermore, there was a call to bolster the number of service providers to adequately serve the refugee population. For medium-term solutions, it was recommended to enhance the training provided to mental health care professionals and to make strides in improving the overall conditions for refugees. This includes societal, economic, and integrative aspects with the host population, aimed at dispelling prevailing stigmas and stereotypes. For the long haul, there is an emphasis on advocacy, working closely with the government to draft and implement policies that prioritise refugees. There was also a push to enhance transparency in grant management, aiming to foster greater trust and confidence among donors.

The overarching aim of these recommendations is to uplift the well-being of refugees, enabling them to be productive contributors to society. Among the anticipated benefits are a decline in job absenteeism, a boost in productivity, and a comprehensive understanding of the correlation between mental health and one's environment. It's believed that awareness drives will not only debunk myths surrounding mental health but will also sow the seeds of cultural acceptance and harmony between the refugee communities and the host population.

It is also imperative to note that at the heart of these recommendations lie the refugees themselves. When equipped with the right education and resources, they can be transformed into pivotal assets, driving community-based initiatives and promoting awareness. Beyond this, there's a clarion call for human resources, encompassing trained healthcare providers, community health workers, and other relevant stakeholders. Given the vast expanse of training required, from leadership skills for refugee leaders to trauma-informed care for service providers, funding emerges as a pivotal element. It's essential not only for kick-starting projects but also for ongoing capacity building, ensuring staff retention, and supporting the general welfare of existing service providers.

MENTAL HEALTH OF REFUGEE CHILDREN AND ADOLESCENTS

Two breakout groups discussed sustainability issues in relation to the current public healthcare system for refugee children in Malaysia. While services are available, many refugee children cannot afford the non-citizen fee, even with a 50% discount for those with UNHCR documents. Language barriers and lack of awareness further impede access to public welfare services. Interventions for special needs, like speech therapy or special education, are expensive, making them unaffordable for many refugee families. Despite a high demand for mental health services for refugee children, their availability varies based on geographical location. Furthermore, there's a shortage of specialists and practitioners equipped to serve refugee children, leading to many vulnerable kids not receiving adequate care. Moreover, existing services often lack cultural sensitivity, which diminishes the quality and relevance of care. This issue can be attributed to a dearth of aspiring professionals matched with the needs of the refugee community.





Regarding the educational front, community learning centres predominantly offer courses only up to primary school. This limitation both removes essential shared spaces for children and hinders their education. Consequently, many refugee children begin informal work, prioritising basic needs over mental health and education, leading to uncertain futures.



Both groups advocated for both short-term and long-term strategies. In the short term, the formation of an expert advisory group comprising key stakeholders. This group should conduct need-based assessments of refugee children's challenges and include refugees in intervention planning. Frontliners, like teachers and community health workers, should receive free training to screen at-risk children and provide early interventions. A focus on utilising existing training modules, adapted for the refugee context, is vital. Additionally, disseminating information about available services, especially through digital platforms, will close the information gap and improve accessibility. An expanded multilingual helpline was also recommended.



For the long haul, the expert group should draft a comprehensive plan focusing on resource allocation and awareness. A mobile app or toolkit tailored for refugee adolescents can provide mental health awareness, coping mechanisms, and basic sex education. Offering language classes will facilitate better integration and communication with host populations. To ensure sustainability, this group should actively seek funding opportunities and establish more refugee learning centres, including those for special needs.



Implementing these recommendations can vastly improve the overall well-being of refugee children and adolescents. Enhancing mental health services may reduce behavioural issues in schools, allowing resources to be utilised more efficiently. Capacity-building programs will reinforce the emotional foundation for these youngsters, fostering early intervention and prevention. Moreover, fostering dialogue between the host population and the refugee community will create more harmonious shared spaces.



Key resources identified include multi-year funding, especially from overseas donors, to ensure continuity and efficient program planning. There's a call for better relations with the state government and the reactivation of the MHPSS working group, which can help localise resources and promote inter-organisational collaboration. A more pragmatic monitoring, evaluation, and learning process is crucial as many psychosocial outcomes from programs are long-term, requiring more than a year to manifest.

REFUGEE-RUN MENTAL HEALTH REHABILITATION SHELTERS

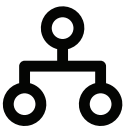
The group highlighted a significant gap in the availability of tertiary prevention strategies specifically tailored for refugees with mental disorders. There are certain refugee-run shelters that strive to offer basic services for individuals with severe impairments. However, these shelters are notably lacking in specialised mental health care provisions. Instead, their focus is primarily on facilitating outpatient psychiatric clinic appointments for their residents. Funding challenges further exacerbate the situation. Insufficient funding not only limits the range of services these shelters can provide but also hampers their ability to meet basic needs, like ensuring a consistent food supply. This financial constraint has made the operations and services of these shelters heavily reliant on contributions from the community and partners. There's an alarming note of instances where support structures broke down, as observed during a lockdown period that caused a disconnect between the shelter and their partners.

In addition to these concerns, the group pointed out management issues in these shelters. The leadership, usually consisting of refugees, undergoes changes when one leader is resettled. This frequent change in leadership without proper handovers results in service discontinuity and disconnection from essential partners. With no systematic process in place, new leaders often must begin from ground zero. Staff recruitment is also challenging due to the shelters' constrained finances, which prevents them from offering competitive wages. This has led to high attrition rates, with many choosing better-paying jobs elsewhere. It was also observed that most of the shelter staff are asylum seekers waiting for UNHCR registration, making their roles more precarious. Furthermore, the non-recognition of refugees' status in the country makes it even more challenging to operate and elevate the shelters' standards. Current legal stipulations in Malaysia view refugees as illegal migrants, exposing them to potential arrest, detention, whipping, and refoulement.

The group proposed several strategies to enhance the sustainability and efficacy of services for refugees and asylum seekers. A foundational recommendation is the establishment of ongoing capacity-building programs. There's a strong emphasis on the inclusion of mental health in these capacity-building initiatives. They also see value in developing management and leadership programs tailored for the staff operating these shelters. Additionally, fostering networking opportunities with other shelters could offer mutual benefits. The group believes that with the protective umbrella of UNHCR, refugee-run mental health rehabilitation centres could operate more effectively. They also envisioned a system where community leaders actively identify talents within their midst and then facilitate their participation in short courses. This would serve a dual purpose: equipping community health workers with essential knowledge and skills and ensuring a continuous supply of trained professionals. An innovative suggestion is the introduction of management training programs that might even encompass internships or exchange programs with other shelters. Such initiatives could provide growth avenues and attract more refugees and asylum seekers to participate, thereby expanding available resources.

The consensus within the group is that mental health rehabilitation centres will always be in demand. Should the recommendations bear fruit, the outcome would be multifaceted. Marginalised communities would witness better fulfilment of their health needs. The quality of care provided by shelters would see marked improvements, leading to enhanced health outcomes for individuals with mental disorders. This upskilling won't only elevate the shelters' service delivery but will also empower individuals in case management, thereby promoting community self-reliance. A downstream benefit of this would be a reduction in the burden borne by the public healthcare system.

To realise the recommendations and outcomes, certain resources are imperative. Firstly, there's a pronounced need for a coordination mechanism. This will ensure that shelters and partners can collaboratively and efficiently use the limited resources at their disposal. The group also stressed the importance of having technical experts to impart training in specialized areas like mental health, case management, and leadership. Lastly, one of the most pressing needs identified is sustainable funding. With consistent funding, shelters would be in a position to offer competitive wages, thereby ensuring that they have the manpower required to run operations effectively.



RECOMMENDATIONS

Recommendations derived from the Consultation on Refugee Mental Health in Malaysia

FOR UNHCR

- Expand the Mental Health and Psychosocial Support (MHPSS) Working Group by inviting more stakeholders, including public/private service providers, healthcare entities, schools, and community-based organisations (CBOs).
- Facilitate regular exchanges on best practices, technical training, and ongoing capacity building among shelters to ensure sustainability.

FOR THE MHPSS WORKING GROUP

- Review previous needs assessments and outline strategies for the short, medium, and long term to cater to the MHPSS needs of refugees and asylum seekers.
- Define clear referral pathways to streamline care coordination across different stakeholders for mental health services.

FOR HEALTH CARE PRACTITIONERS

- Cultivate a sensitive approach to discussing mental health and maintaining the dignity of refugee populations.
- Ensure the ongoing provision of services, despite the legal status of the individual.

FOR COMMUNITIES

- Foster an environment that values and uplifts the mental well-being of every member, with a particular focus on marginalised groups like refugees.
- Collaborate with organisations and entities to drive awareness initiatives around mental health and its importance.
- Actively participate in capacity-building programs to understand and better support those with mental health challenges within the community.

01

FOR THE GOVERNMENT OF MALAYSIA

- Develop a comprehensive national legal framework and policies that recognise and protect the rights of refugees.
- Allow refugees and asylum seekers formal inclusion in the labor sector, thereby contributing to Malaysia's economic and social tapestry.
- Reduce non-citizens' treatment fees at public healthcare facilities and integrate them into universal health coverage, such as medical insurance schemes.
- Reinstate the practice of placing refugee translators at public healthcare facilities to address language barriers and ensure effective communication.
- Ensure access to education for refugee children at primary, secondary, and tertiary levels.

02

03

FOR NON-GOVERNMENTAL ORGANISATIONS (NGOS)

- Create and distribute Information, Education, and Communication materials on various platforms for mental health promotion, emphasizing refugee children and adolescents.
- Strengthen the capacity of healthcare workers in areas like child marriage, child protection, sexual/gender-based violence, and refugee-specific mental health.
- Prioritise integrating MHPSS awareness in other health programming, especially in sectors like Gender-Based Violence (GBV).
- Stay updated with capacity-building opportunities to ensure holistic care provision.

04

05

FOR COMMUNITY BASED ORGANISATIONS

- Collaborate with relevant entities to amplify primary prevention activities for refugee children and adolescents at Community Learning Centres.
- Empower the refugee community with the skills to screen, respond, and refer those at risk of mental health issues through short-term training initiatives.

06

07

FOR ALL STAKEHOLDERS

- Adopt a gender-sensitive approach, ensuring the specific needs of different genders are met in all programs.
- Advocate for the expansion of service coverage geographically, making mental health services accessible in more regions.
- Emphasise the collection of evidence-based findings in Malaysia or incorporate comprehensive monitoring and evaluation mechanisms for the assessment of mental health initiatives.
- Consistently gather feedback and use it to refine and bolster the effectiveness of mental health programs.
- Craft messages on mental health in a manner that underscores the collective humanity, deterring potential stigmatisation.

08

09

FOR DONOR GOVERNMENTS

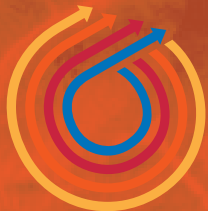
- Advocate for and provision of sustainable funding mechanisms and prioritise MHPSS in refugee-centric programs as a pivotal theme.
- Understand the nuanced challenges of refugee mental health in Malaysia and adjust funding strategies to meet those specific needs.

CONCLUSION

In conclusion, the consultation illuminated the multifaceted challenges refugees and asylum seekers encounter when seeking mental health care in Malaysia. Barriers such as security concerns, absence of formal rights, limited awareness, and financial hurdles were brought to the forefront. A comprehensive, cross-sector approach is paramount, advocating for initiatives spanning prevention, treatment, mental health promotion, and rehabilitation.

Alongside this, there was an emphasis on consistent capacity building for all service providers and the community at large. For these endeavours to truly take root and yield lasting benefits, there's a pressing need for key players, especially the government, to enact policies that remedy foundational issues like access to essential services. Furthermore, donor governments, UNHCR, NGOs, civil society, and health practitioners each have a vital role and responsibility in this intricate tapestry. The overarching vision is to cultivate a generation of refugees who are not only educated and self-reliant but can also enrich their host nation with their contributions.





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