Addressing youth mental health in Southeast Asia: a call to action with a spotlight on Malaysia

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In Malaysia, 1 in 6 children aged 5–15 experience mental health difficulties, with this burden doubling between 2019 and 2023.[1] Additionally, approximately 46% of youth report difficulties related to socialisation, including problems playing with others, making or maintaining friendships, or experiences of bullying; and 17% reported emotional difficulties, such as persistent worry, unhappiness, nervousness, clinginess, or being easily frightened. Clinical levels of depression have also been identified in 7.9% of individuals aged 16–19 years and 7.6% of those aged 20–29 years.[1]

Despite these worrying statistics, youth mental ill-health in Malaysia remains under-explored, with limited youth-focused research and gaps in policy frameworks and mental health services, especially those targeting youth. Digital spaces and platforms also introduce new and complex risks which also have mental health consequences, including cyberbullying, exposure to harmful content, and patterns of excessive or unregulated use. This is compounded by high levels of stigma and longstanding social and structural inequalities among different populations in the country.

The Mental health capacity Building and stRengthening In Global HealTh systems (M-BRIGHT) study is being implemented in Cambodia and Vietnam to build capacity for youth-targeted mental health services. Key elements include: i) co-adapting the intervention with youth (aged 14–18), teachers, government representatives, NGOs and faith leaders; ii) delivering the intervention in schools; iii) capacity building of non-specialists (including teachers) to deliver the intervention; and iv) embedding and scaling-up the approach through multi-sectoral stakeholder engagement.

In May 2026, a stakeholder engagement and priority setting workshop was co-convened by M-BRIGHT researchers and the United Nations University—Global Health in Kuala Lumpur, Malaysia, to discuss the M-BRIGHT approach and explore how it could be adapted to a Malaysian context. The workshop brought together stakeholders from government, including representatives from Ministries of Health, Education, Digital, the private sector, NGOs, UN agencies, academia and clinicians. Youth mental health-related trends, risk factors, existing programmes, service gaps, and priority concerns were discussed along with lessons from M-BRIGHT. Amongst other things, it was observed that while some local programmes are effective, infrastructural challenges need to be addressed to improve their reach and sustainability.[2]

Several interrelated key points and priority areas emerged:

i. **Target groups:** while youth (aged 10–18) were widely recognised as a priority group for mental health research and programming, particular attention may be needed for out-of-school youth, youth living in challenging home environments, refugees, vulnerable minorities and undocumented children, amongst others.
ii. **Focus areas** for mental health programming and research included: **specific topic areas**, e.g. eating disorders, adverse childhood experiences, suicide, risky sexual and social behaviours; **digital** spaces, as drivers of youth mental ill-health, but also as an opportunity; **prevention** including early intervention and mental health literacy.
iii. **Reaching youth:** while schools were identified as key platforms for reaching youth, religious groups, madrasah schools, sports teams/centres, community centres, workplaces, digital spaces and peer networks were also noted as potential entry points.
iv. **Working with parents:** family-focused programmes were deemed critical to raise awareness around mental health, promote improved dialogue between parents and children and address persisting stigma around mental health.
v. **Integrating into existing systems:** this includes embedding mental health literacy into school curricula and strengthening delivery systems,

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including through training lay mental health providers, to support sustainability and scale-up.

To advance these youth mental-health related priorities, there is need for multi-sectoral collaboration, particularly across government ministries. The workshop represented an important first step in this process, bringing together representatives from the Ministries of Health, Education, and Digital, all central to reaching youth. Highlighted also was the importance of building on existing initiatives through partnerships with NGOs, UN agencies, and the private sector. The breadth of expertise in the room related to different aspects of youth mental health, spanning Malaysian and international experience, underscored the value of ongoing knowledge exchange. Therefore, establishing a multi-stakeholder, multi-sectoral Community of Practice (CoP) to facilitate knowledge and resource sharing, coordinate new initiatives, and advocate for greater attention to youth mental health in Malaysia was proposed as a critical next step.

Thus, this CoP aims to co-create, together with youth, parents and those with lived experiences, a tailored approach to support youth mental health in Malaysia. This approach will ensure cultural and religious relevance, as well as enable embedding within existing structures and systems. The CoP will also support regional learning and collaboration, creating opportunities to adapt and scale this approach across Southeast Asia.

Declaration of interests
None.

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