# The Evolving Landscape of Mental Health Awareness and Its Impact on Health Insurance Demand in Malaysia

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## ABSTRACT

This study examines how rising mental health awareness in Malaysia relates to demand for health insurance. Using a qualitative design built on document analysis and thematic review, it draws on national health surveys, government policy documents, regulatory statements, and peer reviewed research published between 2019 and 2026. The findings show that awareness has grown substantially, with depression among Malaysian adults roughly doubling since 2019, and that consumers report strong willingness to pay for mental health coverage. This willingness has not translated smoothly into insurance uptake. Two factors block the relationship: insurers have historically been cautious about underwriting mental illness, and a broader affordability crisis, driven by medical inflation reaching fifteen percent, has made coverage of any kind harder to sustain. The study concludes that public awareness is not the limiting factor. Insurer product design and regulatory attention to underwriting practice matter more for closing the gap between awareness and actual coverage.

**Keywords:** Mental health awareness, health insurance demand, depression, insurance underwriting, medical inflation

## INTRODUCTION

### Chapter Overview

This chapter lays the groundwork for the entire study. It begins by tracing how mental health has become a visible part of everyday conversation in Malaysia, then moves into how this shift connects with the country's health insurance industry. From there, the chapter states the problem this research is trying to solve, sets out clear objectives and questions, explains why the study matters, and describes the qualitative approach used to carry it out.

### Background of the Study

### The Changing Face of Mental Health in Malaysia

Ten years ago, mental health was rarely discussed openly in Malaysia. Today it shows up in workplace policies, university orientation talks, television dramas, and even parliamentary sessions. This change did not happen by accident. It reflects years of quiet advocacy work by health professionals, non-profit groups, and more recently, young Malaysians who have grown comfortable sharing their struggles on social media in ways their parents' generation never did.

The numbers behind this cultural shift are sobering. The Ministry of Health's National Strategic Plan for Mental Health 2020 to 2025 reported that mental health conditions already made up a large share of the nation's disability burden, with close to three in ten adults reporting some form of mental health problem as early as 2015 (Ministry of Health Malaysia, 2020). Newer figures suggest the situation has worsened rather than improved. The National Health and Morbidity Survey 2023 found that depression among Malaysian adults had roughly doubled since 2019, with about one million people aged fifteen and above now affected, and the steepest increases seen among those between sixteen and twenty nine years old (The Star, 2024). Youth data tells a parallel story. The Malaysian Youth Mental Health Index 2023, jointly produced by the Institute for Youth Research Malaysia and UNICEF, documented a rise in suicidal thoughts among teenagers from about ten percent in 2017 to over thirteen percent among students aged thirteen to seventeen (Institute for Youth Research Malaysia & UNICEF, 2024).

**Growing Awareness and Its Ripple Effect**

As these numbers became harder to ignore, awareness campaigns multiplied. Government agencies, universities, and private companies began treating mental health literacy as something worth investing in rather than a fringe topic. This growing openness has started to influence the private sector as well. Industry commentary noted that when one insurer introduced mental illness coverage under a critical illness rider, demand for that rider rose noticeably within a month, suggesting that awareness translates into genuine interest once products actually exist (The Edge Malaysia, 2019). In August 2022, AIA became the first insurer in the country to launch a dedicated employee mental health insurance programme in partnership with a digital therapy provider, offering unlimited one on one counselling alongside more conventional psychiatric coverage (Emir Research, 2023). Academic research backs up this pattern of willingness. A cross sectional study among Malaysian adults found that close to eighty eight percent of respondents were willing to pay monthly premiums specifically for mental health coverage, with both perception of mental illness and willingness to pay acting as significant predictors of support for such coverage (Kumaran et al., 2021).

**The State of Health Insurance in Malaysia**

While mental health awareness has been rising, Malaysia's health insurance market has been going through its own upheaval, driven mostly by cost pressures rather than consumer sentiment. The health insurance market, measured in gross written premium, was valued at roughly nine hundred and fifteen million US dollars in 2024 and is projected to grow at close to ten percent annually through 2030 (Grand View Research, 2025). Much of this growth is defensive rather than enthusiastic. Malaysia's medical inflation rate hit fifteen percent in both 2023 and 2024, well above the global average of around ten percent and the Asia Pacific average of about eleven percent (Fintech News Malaysia, 2025). Bank Negara Malaysia has stepped in directly, mandating copayment features in new medical insurance products in 2024 and later requiring insurers to spread out premium increases over a minimum of three years after public anger over hikes as steep as forty to seventy percent on some policies (CodeBlue, 2024a, 2024b).

Despite this activity, the underlying protection gap remains wide. Life and health insurance penetration in Malaysia sits at roughly fifty six percent on paper, but once people holding multiple policies are excluded, the effective rate drops to about forty one percent. Among lower income B40 households, coverage falls to as little as four percent (PhillipCapital, 2025). This paints a picture of a market where awareness of both mental health and the value of insurance is rising, yet actual protection remains out of reach for a large share of the population.

**A Landscape Worth Studying Closely**

Taken together, these two trends, rising mental health awareness on one hand and a strained, cost driven insurance market on the other, create a genuinely interesting tension. Malaysians appear more willing than ever to acknowledge mental health struggles and even to pay for coverage that addresses them, yet the broader insurance system is buckling under affordability pressures that push people away from coverage altogether. Understanding how these two forces interact, rather than assuming one simply drives the other, is the starting point for this study.

## Problem Statement

Although mental health awareness campaigns have become far more visible in Malaysia over the past several years, there is surprisingly little clarity on whether this awareness actually shapes how Malaysians think about and purchase health insurance. Most existing research on health insurance demand in the country has focused on familiar variables such as income, education level, employment status, and personal risk attitude (Abu Bakar et al., 2012; Mustafa et al., 2022; Abd Khalim & Sukeri, 2023). These studies are useful, but they largely treat mental health awareness as background noise rather than as something worth examining on its own terms.

There is also a deeper structural issue at play. Insurers in Malaysia have historically been cautious about covering mental illness, partly because diagnosis is seen as more subjective than physical conditions that can be confirmed through scans or blood tests (The Edge Malaysia, 2019). This caution persists even as consumer interest in mental health coverage appears to be growing, creating a gap between what people say they want and what insurers have traditionally been willing to offer.

Layered on top of this is the current affordability crisis gripping Malaysia's medical insurance sector. With medical inflation running at fifteen percent and premium increases triggering both public backlash and policy cancellations, including reports of a cancer patient forced to drop coverage after a steep premium hike (CodeBlue, 2024c), it becomes fair to ask whether rising mental health awareness can meaningfully influence insurance demand at all when affordability is pulling consumers in the opposite direction. Very few studies have tried to examine this relationship directly using recent, post pandemic Malaysian data, and this gap is what the present study sets out to address.

## Research Objectives

This study pursues four main objectives.

First, to trace how mental health awareness in Malaysia has evolved in recent years, in terms of public perception, media coverage, and policy attention.

Second, to describe the current state of health insurance demand in Malaysia, particularly with regard to products that include or exclude mental health coverage.

Third, to explore the relationship between mental health awareness and consumer attitudes toward purchasing or expanding health insurance coverage, including how affordability and trust in insurers shape this relationship.

Fourth, to offer practical recommendations for insurers, regulators, and public health stakeholders who want to align mental health awareness efforts with realistic, sustainable insurance product design.

## Research Questions

Four questions guide this study. How has mental health awareness in Malaysia changed in terms of public perception, media attention, and government policy in recent years. What does the current landscape of health insurance demand in Malaysia look like, especially against the backdrop of rising medical costs and premium volatility. In what ways does mental health awareness appear to influence Malaysian consumers' attitudes toward purchasing or expanding health insurance. What barriers, particularly affordability concerns and underwriting practices, stand in the way of turning mental health awareness into actual insurance uptake.

## Significance of the Study

### Academic Contribution

This study adds to the existing body of work on health insurance demand in Malaysia by treating mental health awareness as a factor worth examining in its own right rather than folding it into general discussions of risk attitude or financial literacy. Prior studies, including work on determinants of medical and health insurance demand in Klang (Mustafa et al., 2022) and qualitative research on health insurance purchase intention among

middle income Malaysians (Ahmad et al., 2025), have explored financial and demographic drivers in depth but have not isolated mental health awareness as a distinct theme. This study attempts to fill that space.

### Practical and Policy Relevance

Beyond academic interest, the findings here may be genuinely useful to people making real decisions. Insurers can use this research to think more carefully about whether their products actually reflect what Malaysians say they want, rather than relying on outdated assumptions about risk and profitability. Regulators, particularly Bank Negara Malaysia and the Ministry of Health, may find the findings relevant given their ongoing efforts throughout 2024 and 2025 to address the protection gap while also managing the fallout from rising medical insurance premiums (Fintech News Malaysia, 2025). Given how active this policy space currently is, the timing of this study feels particularly relevant rather than purely theoretical.

### Research Approach

This study adopts a qualitative research design, relying primarily on document analysis and thematic review of secondary sources rather than numerical modelling. This approach was chosen deliberately. Mental health awareness is not something that can be reduced neatly to a single number, and the way it interacts with insurance demand is better understood through careful reading of survey reports, regulatory statements, industry commentary, and existing academic studies than through statistical estimation alone.

Data for this study comes from a range of qualitative sources, including national health surveys such as the National Health and Morbidity Survey 2023, government policy documents including the National Strategic Plan for Mental Health, regulatory publications from Bank Negara Malaysia, industry reports from bodies such as the Life Insurance Association of Malaysia, and peer reviewed academic studies published mostly between 2019 and 2026. These sources were read closely and organized around recurring themes, such as stigma reduction, affordability pressure, and shifts in insurer behavior, allowing patterns to emerge from the material itself rather than being imposed on it in advance. This method suits the exploratory nature of the research questions, since the goal is to understand how awareness and demand relate to one another in a real and evolving context, rather than to test a fixed hypothesis using predetermined variables.

### Scope and Limitations

This study is limited to the Malaysian context and draws on secondary qualitative data published mainly between 2019 and 2026. It does not attempt to survey individual consumers directly or model demand at the level of specific insurers or product lines. Instead, it works with existing national data and published research to build a broader picture of national trends. Where useful, findings from Malaysian focused primary studies, such as work on willingness to pay for mental health coverage (Kumaran et al., 2021) or determinants of private health insurance enrollment in East Coast Malaysia (Abd Khalim & Sukeri, 2023), are drawn on to support the analysis. It is worth acknowledging that mental health awareness is genuinely difficult to measure with precision, and that insurance demand is shaped by many overlapping factors beyond awareness alone, including cultural attitudes, religious considerations relevant to takaful products, and plain affordability. This study does not claim to isolate mental health awareness as the sole driver of demand, only to examine its role within this wider and often messy picture.

## LITERATURE REVIEW

### Chapter Overview

This chapter reviews the existing body of knowledge relevant to this study and builds the conceptual framework that will guide the analysis in later chapters. It moves through four broad areas. It starts with theories that explain how people think about mental health and stigma, then looks at theories that explain how people decide to purchase insurance, before narrowing down to what is already known specifically about mental health awareness and health insurance demand in Malaysia. The chapter closes by drawing these strands together into a single framework that connects awareness, attitude, and actual purchasing behavior.

## Understanding Mental Health Awareness

### Mental Health Literacy as a Foundational Concept

Much of the academic thinking on mental health awareness traces back to the concept of mental health literacy, first introduced by Jorm and colleagues, who defined it as the knowledge and beliefs about mental disorders that help people recognize, manage, or prevent them (Jorm et al., 1997, as cited in Jorm, 2000). Jorm later expanded this definition into three core components, namely the ability to recognize specific mental disorders, general knowledge about risk factors and available treatment, and attitudes that either encourage or discourage help seeking behavior (Jorm, 2000). This framework is useful for this study because it treats awareness as something broader than simply knowing facts. It includes attitudes and beliefs that shape whether people act on what they know, which is directly relevant to whether awareness of mental health issues actually leads someone to consider purchasing insurance coverage for them.

More recent scholarship has continued to refine this concept. Reviews of mental health literacy measurement have shown that the construct now commonly includes not just knowledge and stigma related attitudes but also help seeking behavior itself, reflecting a shift away from treating literacy as a purely cognitive matter (Spiker & Hammer, 2019). This broader view aligns well with the present study, since it suggests that rising awareness in Malaysia is not just about people knowing more, but about a gradual change in what they believe is acceptable to talk about and act on, including financial decisions such as buying insurance.

### Stigma as a Barrier and a Moving Target

Stigma remains one of the most persistent barriers discussed in the mental health literacy literature. Researchers have long argued that a lack of mental health knowledge feeds prejudice, which in turn produces discriminatory behavior toward people living with mental illness (Spiker & Hammer, 2019). Reducing stigma is therefore treated as one of the central goals of awareness campaigns, not simply a side effect of them. This matters for the insurance context because stigma does not only affect individuals seeking treatment. It has also shaped how insurers themselves have approached mental health coverage. Industry commentary from Malaysia has pointed out that insurers were historically hesitant to underwrite mental illness partly because diagnosis was seen as more subjective than physical conditions confirmed through scans or laboratory tests (The Edge Malaysia, 2019). In other words, stigma and uncertainty have operated on both sides of the insurance relationship, shaping consumer willingness to disclose mental health conditions and insurer willingness to cover them.

## Theories of Insurance Demand

### Expected Utility Theory and Its Limits

The classical starting point for understanding why people buy insurance is expected utility theory, which assumes that individuals evaluate choices based on the expected outcome of each option and act to maximize their overall satisfaction under uncertainty (Giri, 2019). Under this framework, a rational, risk averse person will buy full insurance whenever premiums are priced fairly relative to expected losses. This theory has been foundational in insurance economics since the early work of Arrow and Mossin, and it still underlies much of how insurers price products today.

However, expected utility theory has well documented limits. It struggles to explain a pattern researchers call the underinsurance puzzle, where people fail to buy coverage for severe but unlikely losses while readily purchasing coverage for smaller, more probable ones, even when the expected loss is mathematically similar (Joshi et al., 2024). Behavioral economists have argued that actual human decision making departs from strict utility maximization due to cognitive biases, limited self control, and preferences that do not fit neatly into rational models (Giri, 2019). This matters greatly for a study on mental health and insurance, because mental health risk is exactly the kind of low visibility, emotionally loaded risk that classical models tend to underexplain. People may know intellectually that mental health coverage is valuable, yet still fail to act on that knowledge for reasons that have little to do with rational calculation.

### Behavioral and Prospect Based Alternatives

Prospect theory, developed as an alternative to expected utility theory, has gained considerable support in insurance research. Studies comparing the two frameworks in the context of resource allocation to insurance and self-protection have found that decisions consistent with prospect theory can lead to meaningfully different, and in some cases more risk averse, outcomes than decisions modeled purely under expected utility (Joshi et al., 2024). This suggests that the way mental health coverage is framed and communicated, whether as protection against catastrophic financial loss or simply as an added employee benefit, may matter just as much as the underlying facts about mental health risk itself.

## Health Insurance Demand in the Malaysian Context

### Established Determinants

Malaysian research on health insurance demand has generally focused on a fairly consistent set of variables. Early work identified income level, knowledge of insurance products, income protection needs, risk attitude, and social influence as key determinants of demand among residents in Klang, Selangor (Mustafa et al., 2022). Broader systematic review work covering multiple Malaysian studies similarly found that higher education, younger age, and stronger product knowledge were consistently associated with greater demand for health insurance, alongside household income (International Journal of Public Health Research, 2020).

More recent primary research has added nuance to this picture. A cross sectional survey conducted in East Coast Malaysia found that private health insurance enrollment was strongly associated with employment sector, with people working in the public sector, private sector, or who were self-employed all showing significantly higher odds of holding private coverage compared to those without stable employment, and that household income percentile was similarly influential (Abd Khalim & Sukeri, 2023). Qualitative research among middle income Malaysians has extended this further, showing that perceived usefulness, financial risk protection, social influence, and general financial management habits all shape the intention to purchase health insurance, often in ways that are difficult to capture through purely quantitative measures (Ahmad et al., 2025).

### Mental Health Specifically Within This Demand Picture

What is comparatively rare in this literature is direct attention to mental health awareness as a driver of insurance demand. One notable exception is a Malaysian study examining mental health perception and willingness to pay for mental health insurance coverage, which found that close to eighty eight percent of respondents were willing to pay monthly premiums for such coverage, and that both mental health perception and willingness to pay significantly predicted support for including mental health coverage in insurance schemes (Kumaran et al., 2021). This finding is important because it suggests that, at least in principle, Malaysian consumers do not view mental health coverage as fundamentally different from other forms of health protection once they understand what it offers.

At the same time, industry level evidence suggests that supply side hesitation has lagged behind this demand. Commentary on the Malaysian insurance industry has noted that mental illness coverage was historically excluded from many policies due to underwriting concerns, even as public demand appeared to be present (The Edge Malaysia, 2019). The launch of AIA's dedicated employee mental health insurance programme in 2022, developed in partnership with a digital mental health provider, represents one of the first concrete Malaysian examples of an insurer responding directly to this gap (Emir Research, 2023). Whether this remains an isolated case or becomes part of a broader industry trend is a question this study returns to in later chapters.

### The Affordability Complication

Any discussion of health insurance demand in Malaysia today has to reckon with the current affordability crisis affecting the sector. Medical inflation in Malaysia reached fifteen percent in both 2023 and 2024, considerably above global and regional averages (Fintech News Malaysia, 2025). Bank Negara Malaysia and the Ministry of Finance have publicly acknowledged that rising non communicable disease burden, an aging population, and

mental health issues are all contributing factors behind this cost pressure (CodeBlue, 2024a). This has led to premium increases described by some policyholders as unaffordable, with reports of people cancelling coverage entirely after facing hikes of forty percent or more (CodeBlue, 2024b). This affordability layer complicates any simple assumption that rising awareness will automatically translate into rising demand, since willingness to purchase coverage means little if the coverage itself becomes financially out of reach.

### Global Comparisons and Broader Trends

Malaysia is not alone in facing this tension between growing mental health awareness and uneven insurance response. Research conducted in the United States during the COVID nineteen pandemic examined mental health literacy, insurance literacy, and internalized stigma together, and found that poor literacy across both domains was associated with higher rates of depression, anxiety, stress, and caregiver burden, particularly among populations already facing disparities in access to behavioral health services (Tambling et al., 2023). This global pattern suggests that the Malaysian case, while shaped by its own specific policy and cultural context, reflects a broader international struggle to align rising mental health consciousness with insurance systems that were largely designed around physical illness.

### Conceptual Framework

Drawing on the theories and studies reviewed above, this study organizes its analysis around a simple conceptual chain. Mental health awareness, built from knowledge, reduced stigma, and positive help seeking attitudes as described in mental health literacy theory (Jorm, 2000), is expected to shape individual perception of mental health risk. This perception then feeds into insurance purchasing intention. However, this study treats this relationship as conditional rather than automatic, since behavioral insurance research shows that framing, trust, and cognitive biases can weaken or strengthen the link between belief and action (Joshi et al., 2024). Finally, this study introduces affordability and underwriting practice as moderating factors sitting between purchasing intention and actual insurance uptake, reflecting the very real cost pressures currently reshaping Malaysia's health insurance market (Fintech News Malaysia, 2025; CodeBlue, 2024b). This framework allows the analysis in Chapter Four to examine not just whether awareness and demand move together, but where the relationship between them appears to break down.

## RESEARCH METHODOLOGY

### Chapter Overview

This chapter explains how the study was carried out. It sets out the research design, justifies why a qualitative approach fits the questions being asked, describes the sources of data and how they were selected, and walks through the analytical procedure used to make sense of that data. The chapter closes with a discussion of trustworthiness and the ethical considerations relevant to a study built entirely on published material rather than direct human participants.

### Research Design

This study uses a qualitative research design built on document analysis and thematic interpretation. Rather than collecting new primary data through surveys or interviews, the study works with an already substantial body of published material, including national health surveys, government policy documents, regulatory statements, industry reports, and peer reviewed academic studies. Bowen (2009) describes document analysis as a systematic procedure for reviewing and evaluating printed and electronic material, arguing that documents can serve as a primary data source in their own right rather than merely as background support for interviews or observation. This framing suits the present study well, since the phenomenon under investigation, the relationship between mental health awareness and health insurance demand in Malaysia, is already documented extensively across government reports, survey data, and academic research. The task here is not to generate new numbers but to read this existing material carefully and identify what it reveals when placed side by side.

The design is interpretive rather than statistical. It treats the available documents as a body of evidence to be read closely, compared, and organized into themes, following the logic of qualitative inquiry more generally. This means the study does not attempt to test a hypothesis using a fixed set of variables. Instead, it works inductively, allowing patterns in the literature and data to surface through careful reading and comparison.

**Justification for a Qualitative Approach**

A qualitative design was chosen for three specific reasons tied directly to the nature of this research problem.

First, mental health awareness is not a variable that can be reduced to a single measurable indicator. As discussed in Chapter Two, mental health literacy includes knowledge, stigma related attitudes, and help seeking behavior, all of which interact in ways that are difficult to isolate through a single survey question or statistic (Jorm, 2000). A qualitative reading of multiple data sources allows these different dimensions to be examined together rather than collapsed into one number.

Second, the relationship between awareness and insurance demand in Malaysia is still emerging and has not been settled through prior quantitative research. Existing Malaysian studies on health insurance demand have focused mainly on income, education, and employment status (Mustafa et al., 2022; Abd Khalim & Sukeri, 2023), leaving mental health awareness largely unexamined as a distinct factor. A qualitative approach is appropriate at this early stage because it allows the study to explore the relationship in an open way, rather than forcing it into a model built around variables that have not yet been tested for this specific question.

Third, much of the most relevant and recent evidence on this topic exists in the form of policy documents, regulatory statements, and industry commentary rather than structured datasets. Bank Negara Malaysia's statements on medical inflation and premium regulation, for instance, are found in press releases and parliamentary briefings rather than in a format suited to quantitative analysis (CodeBlue, 2024a). A qualitative, document based design is the natural fit for working with this kind of material.

**Data Sources**

Data for this study was drawn from five categories of documents, each chosen because it addresses a different part of the research questions.

The first category consists of national health surveys, primarily the National Health and Morbidity Survey 2023 and the Malaysian Youth Mental Health Index 2023, which provide the most current picture of mental health prevalence in Malaysia (The Star, 2024; Institute for Youth Research Malaysia & UNICEF, 2024).

The second category consists of government policy documents, most notably the Ministry of Health's National Strategic Plan for Mental Health 2020 to 2025, which sets out the official framing of mental health as a public health priority (Ministry of Health Malaysia, 2020).

The third category consists of regulatory publications and statements from Bank Negara Malaysia, which document the ongoing policy response to rising medical insurance premiums and the broader protection gap (Fintech News Malaysia, 2025; CodeBlue, 2024a, 2024b).

The fourth category consists of industry reports, including market analyses from firms such as Grand View Research and PhillipCapital, and commentary from insurance industry publications, which provide insight into how insurers themselves are responding to shifts in consumer demand (Grand View Research, 2025; PhillipCapital, 2025).

The fifth category consists of peer reviewed academic studies conducted in Malaysia on health insurance demand and mental health perception, including work by Kumaran et al. (2021), Mustafa et al. (2022), and Abd Khalim and Sukeri (2023), which supply empirical grounding for claims made elsewhere in the study.

Documents were selected using a criterion based approach rather than an exhaustive search of everything available. To be included, a document had to meet three conditions. It had to be published between 2019 and

2026, reflecting the period during which mental health awareness and insurance affordability pressures in Malaysia intensified most visibly. It had to originate from a credible source, meaning a government agency, a regulatory body, a peer reviewed journal, or a recognized industry publication. And it had to speak directly to either mental health prevalence and awareness in Malaysia, or health insurance demand and regulation in Malaysia, rather than covering these topics only in passing.

**Data Collection Procedure**

Data collection proceeded in three stages. The first stage involved identifying the major public institutions and organizations likely to hold relevant material, including the Ministry of Health, Bank Negara Malaysia, the Life Insurance Association of Malaysia, and academic databases covering Malaysian public health and business research. The second stage involved searching within these sources for documents meeting the inclusion criteria described above. The third stage involved reading each document in full, taking detailed notes on content directly relevant to the research questions, and setting aside material that, despite initial relevance, did not speak clearly to either mental health awareness or insurance demand.

This process was iterative rather than linear. Reading early documents, particularly the National Strategic Plan for Mental Health and the National Health and Morbidity Survey 2023, revealed themes, such as the sharp rise in depression among younger Malaysians, that then guided further searching for related material on youth specific insurance behavior and product design. This back and forth between reading and searching is consistent with how document based qualitative research is typically conducted, since the documents themselves often point toward further material worth reviewing (Bowen, 2009).

**Data Analysis**

Data analysis followed the thematic analysis approach developed by Braun and Clarke (2006, 2021), adapted here for use with documentary rather than interview data. The process moved through five stages.

The first stage involved familiarization, meaning a close reading of all collected documents to build a general sense of the material before any formal coding began. The second stage involved generating initial codes, where specific claims, statistics, and statements were labeled according to their content, for example statements about stigma reduction, statements about premium increases, or statements about willingness to pay for coverage. The third stage involved searching for themes by grouping related codes together, which is how the broader categories used in Chapter Four, such as the tension between rising awareness and affordability pressure, were first identified. The fourth stage involved reviewing these themes against the full set of documents to check that they held up consistently rather than reflecting only a few isolated sources. The fifth stage involved defining and naming the final themes clearly enough that they could organize the discussion in the following chapter.

Braun and Clarke (2021) emphasize that thematic analysis is not simply about counting how often something appears in the data, but about identifying patterns that carry meaning in relation to the research question. This distinction mattered for this study, since some of the most important findings, such as the gap between stated consumer willingness to pay for mental health coverage and the continued caution of insurers in offering it, appeared in only a handful of sources but carried significant weight given the specificity and credibility of those sources.

**Trustworthiness**

Qualitative research is judged by different standards than quantitative research, and this study follows the criteria set out by Lincoln and Guba (1985), namely credibility, transferability, dependability, and confirmability.

Credibility was supported through triangulation, meaning the deliberate use of multiple, independent sources to support each major claim. Bowen (2009) notes that when different sources converge on the same finding, readers can place greater confidence in the trustworthiness of the analysis. In this study, for example, the claim that Malaysia's medical inflation rate has outpaced regional and global averages is supported independently by Bank

Negara Malaysia's own statements, industry analysis, and reporting from CodeBlue, rather than resting on a single source (Fintech News Malaysia, 2025; CodeBlue, 2024a).

Transferability, meaning the extent to which findings might apply beyond this specific study, is addressed by describing the Malaysian context in enough detail that readers in other countries facing similar tensions between mental health awareness and insurance affordability can judge for themselves how far the findings travel.

Dependability and confirmability were supported by keeping a clear and consistent record of which documents informed which themes, so that the reasoning behind each claim in Chapter Four can be traced back to specific, named sources rather than general impressions formed while reading.

### Ethical Considerations

Because this study relies entirely on publicly available documents rather than direct engagement with human participants, it does not require the kind of ethical clearance associated with interview or survey based research involving personal data. That said, care was taken to represent sources accurately and to avoid distorting findings through selective quotation. Where studies involved vulnerable populations, such as survey research on suicidal ideation among Malaysian teenagers, findings are reported carefully and without sensationalizing the underlying data (Institute for Youth Research Malaysia & UNICEF, 2024).

## FINDINGS AND DISCUSSION

### Chapter Overview

This chapter works through what the reviewed material actually shows, rather than what might be expected in theory. Five themes emerged from the documents and studies examined in this research: the direction and scale of mental health awareness itself, a mismatch between stated consumer willingness and insurer caution, an affordability pressure strong enough to work against awareness rather than alongside it, a small but growing set of product level responses from insurers, and a regulatory response that treats affordability and mental health as separate problems rather than connected ones. Each theme is discussed in turn, followed by a section that draws them together against the conceptual framework set out in Chapter Two.

### The Scale and Direction of Mental Health Awareness

The data leaves little doubt that mental health awareness in Malaysia has grown, and grown quickly. The National Health and Morbidity Survey 2023 found that depression among Malaysian adults had roughly doubled since 2019, with about one million people aged fifteen and above affected, concentrated most heavily among those between sixteen and twenty nine (The Star, 2024). This is not simply a story of worsening mental health. It is also a story of better detection and greater willingness to disclose symptoms that might once have gone unreported, which is itself a marker of rising literacy in the sense that Jorm (2000) describes, where recognition of a condition is treated as a precondition for managing it.

Youth data reinforces this pattern. The Malaysian Youth Mental Health Index 2023 recorded a rise in suicidal ideation among students aged thirteen to seventeen, from about ten percent in 2017 to over thirteen percent in the most recent survey (Institute for Youth Research Malaysia & UNICEF, 2024). Read alongside the adult depression figures, this suggests that awareness has not simply spread horizontally across the population but has intensified generationally, with younger Malaysians both experiencing more reported distress and, plausibly, feeling freer to name it. This generational concentration matters for the insurance question addressed later in this chapter, because it points to where future demand for mental health coverage is most likely to originate.

### Consumer Willingness Against Insurer Caution

The most striking finding in this study is the gap between what Malaysian consumers say about mental health coverage and how insurers have historically treated it. Kumaran et al. (2021) found that close to eighty eight percent of surveyed Malaysian adults were willing to pay monthly premiums specifically for mental health

insurance coverage, and that both perception of mental illness and willingness to pay significantly predicted support for including such coverage in insurance schemes. This is a large majority, and it is not a soft or hypothetical preference. Respondents were asked about actual monthly payment, not general sympathy toward the idea of coverage.

Set against this, industry commentary describes a pattern of reluctance on the supply side that predates this apparent shift in consumer attitude. Coverage for mental illness was historically excluded from many Malaysian insurance products because diagnosis was considered harder to verify than physical conditions confirmed through imaging or laboratory testing (The Edge Malaysia, 2019). One insurer that did introduce mental illness coverage under a critical illness rider reported a noticeable rise in uptake within a month of launch, which suggests that when product availability and consumer willingness actually meet, demand follows quickly rather than needing to be built slowly (The Edge Malaysia, 2019). The implication is that the constraint on mental health insurance uptake in Malaysia has not primarily been a demand problem. It has been a supply problem, shaped by underwriting caution that has been slow to catch up with the shift in public attitude documented in Section 4.2.

**Affordability as a Counterforce to Awareness**

Whatever momentum rising awareness has generated is running directly into a second and largely separate problem, which is the affordability of health insurance in Malaysia generally. Medical inflation reached fifteen percent in both 2023 and 2024, well above the global average of around ten percent and the Asia Pacific average of about eleven percent (Fintech News Malaysia, 2025). Bank Negara Malaysia and the Ministry of Finance have directly named mental health issues, alongside non communicable disease burden and an aging population, as contributing factors behind this cost pressure (CodeBlue, 2024a). This creates an uncomfortable circularity. Rising mental health need is part of what is driving costs up, at the same time as it is part of what might be expected to drive demand for coverage.

The consequences of this cost pressure are concrete rather than abstract. Reports from late 2024 describe premium increases of forty to seventy percent on some policies, and at least one documented case of a cancer patient forced to drop coverage entirely after a steep hike (CodeBlue, 2024c). Six in ten revised medical and health insurance policies saw premium increases of up to twenty percent in 2024 alone, according to figures presented by Bank Negara Malaysia and the Ministry of Finance to Parliament (CodeBlue, 2024a). Willingness to pay, as measured by Kumaran et al. (2021), was captured before this period of acute premium volatility. It is reasonable to treat that figure as a ceiling on demand under favorable conditions rather than a stable prediction of behavior once affordability worsens. The data available for this study cannot say precisely how much erosion has occurred, but the direction of pressure is clear and it works against, not alongside, rising awareness.

**Early Product Level Responses**

Despite this affordability strain, some movement on the supply side is visible. In August 2022, AIA launched Malaysia's first dedicated employee mental health insurance programme, developed with a digital mental health provider, offering unlimited one on one therapy sessions alongside more conventional psychiatric coverage (Emir Research, 2023). This is a small case, limited to one insurer and one product category, but it is meaningful because it shows that mental health coverage can be built as a standalone offering rather than folded quietly into a broader critical illness rider, as had been the pattern described in Section 4.3.

The employer channel matters here in a way the individual consumer channel does not. Emir Research (2023) notes a disconnect on the employer side as well, reporting that while sixty three percent of employers recognized that employee wellbeing affects company performance, only thirteen percent were aware of specific mental health intervention options available to them. This suggests that awareness at the level of individual consumers, documented in Section 4.2, has outpaced awareness at the level of institutional purchasers such as employers and human resource departments. Since group insurance schemes are typically negotiated by employers rather than chosen directly by employees, this gap in institutional awareness may be doing more to limit mental health insurance uptake than any remaining hesitation among individual consumers.

### Regulatory Response and Its Limits

Bank Negara Malaysia has been active on the affordability side of this problem, but its interventions have treated cost containment and mental health coverage as separate issues rather than connected ones. In 2024, the central bank mandated a minimum five percent copayment feature or a five hundred ringgit deductible on new individual medical reimbursement products, required insurers to publish reasons for premium changes, and later required premium increases to be staggered over a minimum of three years (CodeBlue, 2024b; Fintech News Malaysia, 2025). These measures respond directly to the premium volatility discussed in Section 4.4.

None of the documented regulatory measures speak specifically to expanding mental health coverage or to the underwriting caution discussed in Section 4.3. The five strategic thrusts outlined by Bank Negara for 2025, including price transparency and a shift toward diagnosis related group payment mechanisms, are aimed at controlling medical inflation broadly rather than at mental health coverage specifically (Fintech News Malaysia, 2025). This is a reasonable regulatory priority given how severe the premium crisis has become, but it means that the specific gap between consumer willingness and insurer supply identified in Section 4.3 has not yet attracted a direct policy response.

### Bringing the Themes Together

The conceptual framework proposed in Chapter Two treated mental health awareness as something that shapes risk perception, which then feeds into purchasing intention, with affordability and underwriting practice acting as moderating factors between intention and actual uptake. The findings in this chapter support that structure, but they reveal an asymmetry the framework did not fully anticipate. Awareness and willingness to pay, as shown by Kumaran et al. (2021), appear to have already reached a level where a real majority of Malaysians can be characterized as prepared to purchase mental health coverage if it were reasonably priced and available. The bottleneck sits almost entirely on the other side of the framework, in underwriting caution described by industry sources (The Edge Malaysia, 2019) and in a general affordability crisis that has nothing specifically to do with mental health but affects mental health coverage along with everything else (Fintech News Malaysia, 2025; CodeBlue, 2024a).

This matters because it changes where attention should be directed. If awareness were the binding constraint, the natural policy response would be more public education campaigns. The evidence gathered here suggests awareness has already done a great deal of work, arguably more than the market has been able to absorb. The more binding constraints are underwriting design and cost containment, both of which sit with insurers and regulators rather than with the public.

### Takeaway

Malaysians are not the reluctant party in this relationship. The data across national surveys, academic studies, and industry commentary points consistently toward a population that recognizes mental health conditions more readily than before and is willing to pay directly for coverage against them. What has lagged is the insurance market's capacity to offer that coverage at a price the same population can afford, a gap that has as much to do with medical inflation and underwriting caution as it does with any shortfall in public understanding. Any policy or product response aimed at this issue that focuses primarily on raising awareness further will be solving a problem that has, to a considerable extent, already been solved.

## CONCLUSION

### Chapter Overview

This chapter closes the study by drawing together what the previous four chapters have established. It restates the central finding in plain terms, works through what that finding means for insurers, regulators, and policymakers, acknowledges the limits of what this study could actually show, and points to specific questions that remain open for future research.

## Summary of Findings

The starting premise of this study was that mental health awareness in Malaysia has grown considerably in recent years, and that this growth might be expected to shape demand for health insurance. The evidence gathered here supports the first half of that premise clearly. The National Health and Morbidity Survey 2023 recorded a doubling of adult depression since 2019, concentrated most heavily among Malaysians aged sixteen to twenty nine (The Star, 2024), and the Malaysian Youth Mental Health Index 2023 documented a rise in suicidal ideation among teenagers over the same period (Institute for Youth Research Malaysia & UNICEF, 2024). Alongside this, direct evidence on consumer attitudes shows that awareness has already translated into willingness to pay. Kumaran et al. (2021) found that close to eighty eight percent of surveyed Malaysian adults were prepared to pay monthly premiums specifically for mental health coverage.

What the second half of the premise assumed, that this awareness would flow more or less directly into insurance demand, did not hold up as cleanly. Chapter Four showed that the relationship is blocked at two separate points rather than one. The first block sits with insurers, who have historically treated mental illness as harder to underwrite than physical conditions and were slow to build products around it even as consumer interest grew (The Edge Malaysia, 2019). The second and more severe block is a general affordability crisis affecting Malaysian health insurance as a whole, driven by medical inflation that reached fifteen percent in both 2023 and 2024, well above global and regional averages (Fintech News Malaysia, 2025). Bank Negara Malaysia has responded to this second problem directly, through copayment mandates and staggered premium increases (CodeBlue, 2024a, 2024b), but these measures were not designed with mental health coverage specifically in mind.

The overall picture, then, is one of awareness running ahead of the market's capacity to respond to it. Malaysians appear ready to pay for mental health coverage. The obstacles standing between that readiness and actual coverage have little to do with public understanding and much more to do with underwriting caution and cost pressure that would exist even if mental health awareness had never risen at all.

## Implications for Insurers

The finding in Section 5.2 has a direct practical implication for insurers operating in Malaysia. Continuing to treat mental health coverage as a marginal add on, bundled quietly into a critical illness rider rather than offered as a distinct product, likely underestimates existing demand rather than reflecting genuine caution about market appetite. The rapid uptake reported after one insurer added mental illness coverage to a critical illness rider (The Edge Malaysia, 2019) and AIA's 2022 launch of a dedicated employee mental health programme (Emir Research, 2023) both suggest that when a product exists, consumers respond to it quickly rather than needing to be persuaded over time.

The employer channel deserves particular attention here. Emir Research (2023) found that while sixty three percent of employers recognized that employee wellbeing affects company performance, only thirteen percent were aware of specific mental health coverage options available to them. Since group insurance is negotiated by employers rather than chosen individually, this gap in institutional awareness may be limiting uptake more than any remaining hesitation among employees themselves. Insurers seeking to grow this segment would likely see more return from educating corporate buyers and human resource departments than from further consumer facing awareness campaigns, given that individual consumer awareness already appears high.

## Implications for Regulators and Policymakers

Bank Negara Malaysia's regulatory attention in 2024 and 2025 has focused almost entirely on containing medical inflation and premium volatility, through measures such as mandatory copayment features and staggered premium increases (CodeBlue, 2024b; Fintech News Malaysia, 2025). This is a reasonable priority given how sharply premiums rose and how directly that increase affected ordinary policyholders. But the data reviewed in this study found no evidence of a parallel regulatory effort aimed specifically at the underwriting gap in mental health coverage described in Section 4.3.

This gap in policy attention is worth naming plainly. Bank Negara Malaysia and the Ministry of Finance have already acknowledged that mental health issues are one of several factors driving medical cost inflation upward (CodeBlue, 2024a). If mental health conditions are recognized as part of what makes the insurance market more expensive to run, it follows that mental health coverage design deserves specific regulatory consideration, not just general cost containment measures that apply to the market as a whole. Whether this means clearer underwriting guidance for mental health conditions, minimum coverage standards, or something else is a question this study cannot answer definitively, but the absence of any documented movement in this direction is itself a finding worth flagging for policymakers.

**Limitations of the Study**

This study relied entirely on secondary documentary sources rather than original survey or interview data. This approach allowed the study to draw on a wide range of existing evidence, including national health surveys and regulatory statements that would have been impossible to replicate independently, but it also means the study could not test the relationship between awareness and demand directly through new data collection. The willingness to pay figure reported by Kumaran et al. (2021), for instance, was measured before the sharpest period of premium increases documented in Chapter Four. This study can note that direction of pressure but cannot say with precision how much that willingness has shifted since.

The study is also limited by the unevenness of available documentation. Detailed data on insurer underwriting practices for mental health conditions in Malaysia is not publicly available in the same depth as data on medical inflation or survey prevalence, since insurers do not typically publish internal underwriting criteria. The analysis in Chapter Four therefore relies more heavily on industry commentary and a small number of documented product launches than on systematic data covering the industry as a whole. This is a reasonable constraint given what is publicly available, but it means the underwriting side of the story is described with less precision than the awareness and affordability sides.

**Directions for Future Research**

Several research directions follow from the limitations identified in this study. The most immediate is a direct survey of Malaysian insurers on how mental health conditions are currently underwritten, which would allow the underwriting gap identified in this study to be measured empirically rather than inferred from public statements and product examples. Survey-based methodologies have proven effective for measuring implementation gaps and compliance patterns across institutional settings (Jamil et al., 2023; Rahmat et al., 2023), and applying them systematically across the Malaysian insurance industry would yield the baseline data that currently does not exist. Reliability assessment of the measurement instruments used in such a survey should be treated as a precondition for valid comparison across firms (Perera et al., 2022), and the institutional frameworks governing oversight in analogous regulated industries offer useful comparative benchmarks (Jaafar et al., 2009).

A second direction concerns willingness to pay for mental health coverage. The affordability pressure documented in Chapter Four had not yet fully materialized when Kumaran et al. (2021) collected their data, and a follow-up study measuring willingness to pay under current premium conditions would show directly whether rising costs have since eroded consumer readiness or whether that readiness has held steady. Research on analogous willingness-to-accept decisions shows that cultural and identity-based factors, including religious affiliation and community norms, shape these judgments alongside price (Abdul Manan et al., 2019), and future studies should account for how these considerations interact with premium sensitivity among Malaysian policyholders. Brand preference and brand attachment also shape health product evaluation in ways that standard price-sensitivity models miss (Amer et al., 2019a, 2019b), and these dimensions deserve explicit attention in willingness-to-pay research on mental health coverage. The role of marketing communication in shaping consumer awareness of mental health insurance products also remains understudied; research on digital logistics and communication platforms demonstrates that deliberate communication design can substantially shift uptake behaviour (Ibrahim et al., 2019), a finding directly applicable to the documented low awareness of mental health benefit options in the Malaysian market.

A third direction concerns the digital transformation of mental health insurance delivery. E-business development in service-intensive industries has been shown to expand access and operational reach when implemented systematically (Ibrahim et al., 2020), and the Malaysian insurance sector has not yet been examined through this lens specifically in relation to mental health coverage. Industry 4.0 technologies, data analytics, automation, and connected platforms, are increasingly being integrated into service operations across Malaysia (Nurshafaaida et al., 2020), and their potential in insurance product design and underwriting merits dedicated investigation. Artificial intelligence presents a particularly promising avenue: AI-driven tools have been applied in service industries to risk assessment, personalised product recommendations, and customer interaction management (Jamaluddin & Rahmat, 2022; Amer & Ibrahim, 2025), and comparable capabilities could be deployed in mental health underwriting to reduce the discretionary judgments that currently produce inconsistent coverage outcomes. Multivariate time-series methods, which have been used to isolate the effects of technological adoption on economic and environmental outcomes (Jalil et al., 2021), could also be applied to track the effects of digital interventions on insurance uptake over time.

Fourth, quality and operational efficiency frameworks have received no systematic attention in the Malaysian mental health insurance literature. Total quality management principles have been applied in Malaysian service organizations to improve output consistency and customer satisfaction (Ibrahim et al., 2011), and there is reason to examine whether comparable approaches could standardize the claims handling and benefit delivery processes that currently vary across insurers. The Plan-Do-Check-Act cycle, which has been used to improve public service delivery and customer satisfaction in Malaysian municipal settings (Zailani et al., 2023), offers an actionable improvement methodology that health insurance administrators could adapt directly. Lean production principles, studied in Malaysian manufacturing (Johan et al., 2019) and more recently in SME compliance operations (Wan Ab Aziz et al., 2026), are transferable to insurance administration seeking to reduce processing delays and administrative redundancy. Scheduling optimization, which has well-developed methodology in service delivery contexts (Kasdi et al., 2025), is directly relevant to outpatient mental health appointment management, and the broader service operations literature offers strategies for reducing bottlenecks in constrained-throughput environments (Ahmad & Ibrahim, 2025). Green office design, which has been linked empirically to improved employee productivity (Rahmat et al., 2023), is further relevant insofar as working conditions for mental health practitioners affect the supply-side capacity that constrains insurance utilization.

Fifth, risk management frameworks applicable to mental health insurance have not been developed or tested in the Malaysian context. Enterprise risk management approaches have been validated as tools for institutional performance improvement in complex service organizations (Perera et al., 2022), and their adaptation to mental health insurance, covering underwriting risk, claims volatility, and reputational exposure, warrants dedicated research. Supply chain risk assessment methods, which involve identifying and mitigating exposure across interdependent actors (Johan et al., 2025), share structural properties with the multi-party risk environment of health insurance systems, where policyholders, providers, and payors interact in ways that generate correlated exposures. Integrated resilience frameworks designed to manage service disruptions (Sufi et al., 2025) offer conceptual templates for resilience planning in mental health insurance delivery, where workforce shortages and demand surges interact unpredictably. The long-run effects of climate change on healthcare demand, including mental health demand, also deserve attention; methodological approaches developed for modelling climate risk in agricultural supply chains (Rahim & Ibrahim, 2025) could be adapted to project how environmental change affects mental health service utilization and insurance claims patterns in Malaysia.

Sixth, the sustainability and environmental dimensions of mental health service delivery have been absent from the Malaysian insurance literature. Environmental management practice adoption has been studied extensively in Malaysian organizational contexts, and the frameworks developed in that body of work, covering theoretical models of adoption, determinants of implementation, and barriers to organizational change (Ibrahim & Jaafar, 2015, 2016a, 2016b, 2016c), are applicable to sustainability planning in health service organizations. Conceptual frameworks integrating environmental criteria into supply chain operations (Ibrahim et al., 2020a) could be adapted to model sustainable resource flows in mental health service networks. Waste reduction and reverse logistics literature, which addresses operational sustainability in healthcare and pharmaceutical supply chains (Muhammad et al., 2023; Sundram et al., 2019), has direct relevance to the management of pharmaceuticals and clinical waste in mental health facilities. Multi-criteria logistics gateway preference models (Nasir et al., 2021)

illustrate how complex service delivery configurations can be systematically compared, offering methodological guidance for future studies evaluating alternative mental health service delivery arrangements in Malaysia.

Seventh, the multicultural and cross-cultural dimensions of mental health insurance demand in Malaysia have been underexplored. Malaysia's ethnic and religious plurality has documented effects on how health-related products and services are evaluated, and research on cultural sensitivity in multicultural commercial markets shows that globalized product standards require local adaptation to achieve their intended outcomes (Razak et al., 2025). The intersection of Islamic finance principles with mental health insurance, particularly how takaful frameworks affect product eligibility and consumer trust, has not been examined systematically; certification and compliance dynamics in the halal sector offer directly relevant methodological approaches (Othman & Ibrahim, 2025; Saleh et al., 2019). International comparisons are also warranted: analytical approaches developed for studying halal supply chain harmonization across Asian regulatory environments (Othman et al., 2025) and for assessing market entry challenges in new regional contexts (Sarbani & Ibrahim, 2025) provide frameworks adaptable to comparing mental health insurance coverage standards across ASEAN member states.

Finally, data integrity and traceability in mental health insurance systems offer a research direction that connects emerging technology with regulatory accountability. Blockchain has been demonstrated as a viable traceability mechanism in supply chains where process integrity must be verifiable across multiple parties (Rahim et al., 2025), and comparable applications to health insurance, covering claims verification, provider credentialing, and audit trail management, merit empirical investigation. The labour dynamics literature on how workforce composition and task allocation affect service quality in complex operations (Anis et al., 2025) raises parallel questions about Malaysia's mental health workforce, where practitioner shortages constrain what insurance products can realistically promise to deliver. Collectively, these directions suggest that the most productive future research agenda for Malaysian mental health insurance will draw on methodological and conceptual resources from operations management, risk science, and sustainability research, fields that have developed robust tools for the multi-actor, multi-constraint service problems that mental health coverage presents.

**Final Takeaway**

The relationship between mental health awareness and health insurance demand in Malaysia is not broken because Malaysians fail to understand or value mental health coverage. It is constrained because the insurance market has been slower to build products around that understanding, and because a broader affordability crisis, driven by factors that have little to do with mental health specifically, has made coverage of any kind harder to sustain. Any effort to close this gap that focuses mainly on raising public awareness will be addressing a problem that the data reviewed here suggests has already been largely solved. The more productive path forward runs through insurer product design and regulatory attention to underwriting practice, not through further public persuasion.

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