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Proposed hybrid takaful (Islamic insurance) model for mental health illnesses among low income earners in Malaysia

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Abstract: This research is conducted to address the risk of mental health illness through hybrid takaful (Islamic insurance) product for low income earners in Malaysia. We adopt a qualitative approach by using the content analysis technique through analysing the related document, report from different agencies and prior literature.The results portray that an innovative and interactive mental health takaful product is needed in the market in Malaysia in preserve the benefits of coverage to mental health patients and prevent harm to mental wellbeing holistically. This augurs well toward achieving the sustainable development goals (SDGs) through universal health coverage for the public health in Malaysia. It provides insight into the takaful industry to introduce hybrid takaful model with more effort from finance ministry, financial institutions and related responsible bodies in designing, developing and appropriate promotion and awareness interventions before wider coverage for mental illnesses is available in the market so that the product in reach the target group of people.

Keywords Takaful (Islamic Insurance), Mental Health, Mental Wellbeing, Islamic Finance

JEL Classification Code:H51, I13

I. Introduction

Mental health illnesses becomes one of the major illness aside from heart disease in many countries. According to the World Health Organization, a person dies every 40 seconds due to suicide. Around the globe, an estimated 300 million people are affected by depression while 60 million people live with bipolar affective disorder. On top of that, schizophrenia which is severe mental health disorder is affecting around 23 million people in different jurisdictions. The 2017 National Health and Morbidity Survey (NHMS) indicated that 29.2% of Malaysian populations suffered from mental health illness in depression and anxiety disorder compare to only 12% in 2011. The survey also reported that suicidal thoughts among teenagers aged 13 to 17 have increased from 7% in 2012 to 10% in 2017. These figures showed that mental health issues will be a problem for Malaysian in the future if the society not to uphold their mental health literacy as well as to seek treatment from the experts due to the high cost.

Mental health services in Malaysia has long been confined to psychiatry whose history in this country dated back as early as 1827 (Jamaiyah, 2000). However, aspects of prevention of mental disorders and promotion of mental health had lagged behind. The public health burden of mental health disorders now facing at the difficulty stage because it leads the country into major contributor to the burden of disease and disability. Since the mental health illness is a major of loss of productivity and wellbeing for economic development, the need for a more comprehensive outlook of mental health services especially the role of government, takaful operators and responsible authorities in the country is crucial

in addressing this issue.

The World Health Organizations (WHO) (2001:5) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community". In Malaysia, The Ministry of Health (1997:2) has defined mental health as "the capacity of the individual, the group and environment to interact with one another to promote subjective well-being and optimal functioning, and the use of cognitive, affective and relational abilities towards the achievement of individual and collective goals consistent with justice". Since Malaysia is multicultural country, the concepts of mental health disorders can and have been addressed from different perspectives, representing the influence of various races and religious beliefs.

Mental health illness seem to have increased considerably among adolescents in the past 20-30 years. The rise has been driven by social change, including disruption of family structure, growing youth unemployment, and increasing educational and vocational pressures. Many of the symptoms or serious difficulties that would signal mental health disorders in adulthood or childhood are understood to be a normal part of adolescence. These disorders can range from depression, anxiety and autism spectrum disorder to personality and behavioral disorders.

The National Institute of Mental Health Disorders estimates that 3.7 percent of children ages 8 to 15 have depression in the United States. It is the most prevalent of mental health disorders among those at this age, with at least 25 percent of high school students exhibiting some mild symptoms (Kessler et al., 2005). Meanwhile, Pierre & Eric (2005) stated that approximately 8 to 10 percent have severe depressive symptoms in British.

In Malaysia, depression is expected to be the second biggest health problem affecting Malaysians after ischemic heart disease by 2020 and every 3 in 10 adults aged 16 years and above have some sorts of this problem which lead to cause of disability. As with depression in adults, adolescent depression is often marked by the same overwhelming sadness, anger and melancholy. Unlike adults, however, teenage depression may include more irritability than sadness, as well as hostility. Teenagers experiencing depression may also be hypersensitive and complain of headaches or stomachaches. In case of major depressive disorders, it was reported to be 5.6% and a lot of cases shown to be a powerful trigger of suicide.

This statistic is extremely alarming about the mental health disorders problems and Islamic wealth protection particularly a takaful product offered by takaful operators should introduce in the market which potentially to cover mental health treatment in Malaysia. This is due to that fact that the costs for getting the professional assistance is higher and the problem is not easy to spot and often treated lightly with the highest record is among teenagers and low income earners.

The remainder of the paper is organised as follows: Section 2 reviews on the concept of takaful and the need of mental health takaful. Section 3 discusses on mental health in Malaysia. The socioeconomic burden of mental health illnesses and its consequenceswill present in Section four. Meanwhile, section 5 will elaborate on theneed for mental health hybrid takaful (islamic insurance) model in sustaining mental wellbeing.Finally the final section will concluded the summary of this study.

II. Literature review

2.1. Concept of takafuland the need of mental health takaful

The word of Takaful is derived from its Arabic root word 'kafala' which literally means 'to guarantee (Alhabshi et al., 2012). “Kafala” define by Alhabshi&Razak (2009), as the agreement by one party to indemnify another for any liability that has been pre-agreed upon. Besides that AAOIFI (2015, p.678), defined takaful as “a system through which the participants donate part or all of their contributions which used to pay claims for damaged suffered by some of the participant. This definitely enlighten the core concept of takaful which is tabarru’ (Yassin&Ramly, 2011). Tabarru’ means donation, gift or contribution which each takaful participant who needs protection must have intention to donate the contributions to the other participants that faced with difficulty (Yasin&Ramly, 2011). Also, Alhabshi et al. (2012) summarised the fundamental principles of takaful as cooperative insurance which each participating members are willing to contribute some amount of money to the members who face the same risk or danger. Meanwhile in Takaful Act 1984 part one section two, defined takaful as:

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

purpose;

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

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

In summary, takaful is generally known as Islamic insurance because the system is based on the concept of social solidarity, cooperation and mutual indemnification of losses of members. In addition, takaful system perceived as cooperative or mutual insurance, where members contribute a certain sum of money to a common pool. Thus, the takaful system is based on the principles of mutual cooperation (Ta'wun) and responsibility between participants in a group in donation (Tabarru') where the risk is shared collectively by participants in the group with the overall objective of eliminating the element of the uncertainty.

Conventional insurance is totally difference from Islamic insurance (takaful). Conventional insurance have three elements that contradict with takaful (Swartz &Coetzer, 2010). According to Ali Khan, 2006 conventional insurance is prohibited due to the elements of *Riba (interest),* Gharar (uncertainty) and Maisir (gambling). Malaysia has achieved significant milestones in the development of its takaful industry. With the enactment of the Takaful Act 1984, the first takaful company was established in 1985. Since then, Malaysia's takaful industry has been gaining momentum and increasingly recognised as a significant contributor to Malaysia's overall Islamic financial system (Bank Negara Malaysia, 2019).

Takaful is one of the protection schemes under Islamic wealth management. The objective of the takaful is to provide protection and assurance against a specific risk that befalls an individual's life or possessions (Aris et al., 2012;Abdullah, 2012; Ahmed, 2013). Besides from that, takaful also counter poverty and deprivation (Fisher, 1999; Patel, 2004; Erlbeck, 2010; Bakhtiari, 2013; Hasim, 2014; Htay et al., 2015). However majority of takaful operators in Malaysia focus more toward middle and high income group instead of lower income group (Htayet al., 2015). This happen due to the majority of lower income group choose to lapse their policy if there is increase on their takaful plan (Toh, 2017).

According to the Department of Statistic Malaysia, majority of Malaysiancoming from middle and high income group. Therefore, it was relevant for takaful operator to focus on middle and high income group. Despite that, government and private insurers already develop an insurance and takaful scheme for lower income group especially for health insurance (The Star, 2018). This event lead to the increasing opportunity among lower income group subscribing takaful plan. Moreovertakaful operator may initiate a new products that suitable for lower income group such as micro takaful (Erlbeck, 2010; Bakhtiari, 2013; Hasim, 2014, Sheila et al., 2015).

Majority of Malaysian subscribe to medical and health takaful as the cost of getting treatment is expensive especially in private hospital and critical illness. There is 36 critical illness included in medical and health takafulsuch as heart disease, cancer, stroke and others. However mental health illness is not even on the critical illness list even though mental health illness recorded as the second highest health problem after heart disease (Institute Public Health, 2015). Malaysia's mental health problem among citizenneed for serious consideration since the current situation showed that one in three adult suffering from mental health problems (Lim Su Lin, 2018). According to Lim Su Lin (2018), Malaysian mental health problems dominated by lower income group from 1995 to 2016. However there is a continuous rise from high income earners for mental health illness. There is a significant relationship between income and mental health disorder (Sareen et al., 2011; Bell et al., 2019).

Malaysia is still not aggressively providetakaful and insurance for mental health illness with only AIA Malaysia and Etiqacompared toothers countries which already make a step forward by including mental health illness in medical and health insurance. As for USA, health insurance plans were required to cover mental health and substance use disorder according to the Affordable Care Act, 2010 (Beronio et al., 2013). Meanwhile AIA Singapore recently launch AIA beyond critical care that provide coverage for mental health conditions. This policy only cover five mental illness which are Major Depressive Disorders (MDD), Schizophrenia, Bipolar Disorder, Obsessive Compulsive Disorder (OCD), and Tourette syndrome (Joanna & Dawn, 2019). Therefore, Malaysia'stakaful operators need to start develop a takaful plan that cater for mental health conditions as mental health illness is one of the major health problem in Malaysia particularly for the group of lower income earners.

2.2.Mental health in Malaysia

When health takaful (insurance) was introduced in Malaysia, hospitalization for mental health illnesses was not covered. The primary reason for this exclusion was that for most of the psychiatric care had been delivered in a public, government budget-financed system. In addition, psychiatric treatment options were limited and supportive care was the mainstay of services for those with major mental health disorders.

The increasing of workload and stress induced job have increase the mental health cases among workers. The effect of mental health illness could directly give bad impact to the career and life. Thus the need of insurance cover to protect the person involve is highly recommended. However, having a mental health problem could cost higher premium than normal people as insurance company thinks they are more likely to make a claim on the insurance (Bijal et al., 2019).

Mental health illness is classified as pre-existing medical condition. A pre-existing medical condition is any condition you have at the time you apply for insurance. However not all people having a history of mental health illness. Thus the classification of mental healthillness as one of pre-existing medical condition is invalid. Having a mental health problem could be challenging for getting an insurance. There are several challenges such as insurance companies deemed customer as "high risk", process of applying difficult, the premium charged will cost more than normal and difficult to get the cover that supposed to be claimed (Bijal et al. 2019).

Meanwhile mental health in Malaysia was deemed as a second highest illness after cancer (Institute for Public Health, 2015). Furthermore, in NHMS (2015) shown that, mental health problems among adults shows an increasing trend from 10.7% in 1996 to 29.2% in 2015. Moreover, the survey reported that females, younger adults, bumiputras and adults from low income families are seems to be suffered from mental health problems.

Furthermore the cost of treatment for mental health disorder is expensive than physical illness (Haque, 2005). According to Ministry of Health (2017), the cost of getting a consultation and treatment for mental health disorder in public hospital is around RM5 to RM30 while in private hospital is around RM80 to RM400. Even though the public hospital provide a cheaper and almost free treatment, the specialist and expert for mental health is almost none unless in big hospital. For example, according to the New Straits Times (2018), Sarawak do not have any clinical psychologist to cater for mental health disorder consultation. Specialist and expert for mental health disorder only available in big hospital such as Hospital Kuala Lumpur, Kajang, and so on. According to Lim (2018), currently Malaysia is critically shortage of clinical psychologist and only a few based in government mental health services.

Currently in Malaysia there are only two insurance and takafuloperator provide a mental health disorder coverage. Majority of the takaful and insurance operators in Malaysia stated that medical benefit coverage does not include psychotic, mental or nervous disorder. According to the Lim (2018), standard health insurance policies did not cover pre-existing conditions including mental illness. Pre-existing condition is any condition for which the patient has already received medical advice or treatment prior to enrolment in a new medical insurance plan (Hudson et al., 1995). Due to this, people are discouraging to seek a treatment as they feel mental disorder is severe illness that should not be known to others (Lim, 2018). Thus the need for a more comprehensive outlook of mental health services especially the role of takaful in the country to address this issue particularly those belonging in lower income earners group.

III. Research methodology

In analyzing the social economic burden of mental health illness and its consequences, this study focuses on the components related to social economic gaps in community that lead to the mental health illness. This study adopts the qualitative research methodology by using the content analysis technique.

The content analysis was conducted by following the analysis, interpretation, synthesis and documentation procedures on information gathered through different secondary resources including mental health reports, official websites, newspaper articles, reports and published articles on mental health insurance among the lower income earners.

IV. Results and discussion

4.1. Social economic burden of mental health illness and its consequences

While the focus thus far has been on risks to mental health illnesses among different age or social groups, it is also important to emphasize that those who go on to experience a mental health have their own set of risk and vulnerabilities. Historically, the statistics on mental health illnesses was worrying since 2008, where about 400,227 patients in Malaysia sought psychiatric help from government hospitals and the number is continues to increase with 2,000 new cases of schizophrenia being reported every year (Jamaluddin, 2016). This figures alarming for government

and public since mental health illnesses are also found to be a risk factor for suicide with a median prevalence of mental disorders of 91% amongst suicide completes (Cavanagh et al, 2003). As a consequences, an early detection and professional treatment are mandatory to overcome this scenario and by introducing a competitive takaful (Islamic insurance) model that will benefited a targeted people with the ultimate objective is to achieve happiness and well-being in this world and the thereafter.

On top of that, World Health Organization (2012) in the report mentioned that the mental or psychological well-being is influenced not only by individual characteristics or attributes, but also by the socioeconomic circumstances in which persons find themselves and the broader environment in which they live. Individual characteristics is refer as a person's innate as well as learned ability to deal with thoughts and feelings and to manage him/herself in daily life (emotional intelligence), as well as the capacity to deal with the social world around by partaking in social activities, taking responsibilities or respecting the views of others (social intelligence).

Meanwhile, socioeconomic is refer to the capacity for an individual to develop and flourish is deeply influenced by their immediate social surroundings – including their opportunity to engage positively with family members, friends or colleagues, and earn a living for themselves and their families and also by the socio-economic circumstances in which they find themselves. Restricted or lost opportunities to gain an education and income are especially pertinent socio-economic factors. At the same time, these same factors also limit their access to and utilization of mental health services. Assessment of the economic cost of the care of a person with mental health illnesses indicated that the out-of-pocket expenditure per month was approximately RM1,500 to RM2,000 based on the severe of illness in private medical. Therefore, this is a huge burden particularly for those belongings to the lower social economic group in the community.

Further, wider sociocultural and geopolitical environment in which people live can also affect an individual's, household's or community's mental health status, including levels of access to basic commodities and services (water, essential health services, the rule of law), exposure to predominating cultural beliefs, attitudes or practices, as well as by social and economic policies formed at the national level. For example, the on-going global financial crisis is expected to have significant mental health consequences, including increased rates of suicide and harmful alcohol use. Furthermore, discrimination, social or gender inequality and conflict are examples of adverse structural determinants of mental wellbeing.

Mental health illness is common in all countries around the globe, causing immense suffering and staggering economic and social costs especially among the low income countries. The economic burden of mental illness are huge. The core costs in terms of treatment and service fees by the professionals in the hospital and specialist centres. In addition, the treatment of this health problem technically will take long periods of hospitalization which is more compared to other types of morbidity that usually less chronic.

Many a time, the task of caring for those with psychiatric is a lifelong affair, give the chronicity and disability associated with severe mental health illness. Meanwhile, in terms of indirect costs like that due to loss of productivity at work and job retention and at the worst scenario is leads to unemployment, debt and poverty among the mental health disorders patients and their family. Again, insecurity, low income levels and malnutrition contribute to mental health illnesses and thus leading to disastrous consequences including social drifts, suicides and homelessness.

4.2.Need for mental health hybrid takaful (Islamic insurance) model in sustaining mental wellbeing

It is clearly understood from the above section that mental wellbeing can put at risk by a wide range of factors that span not only the life course but also different level of life, including cognition and behaviour at the individual level, living and working conditions at the social level and opportunities and rights at the broader environmental level. Therefore, it is crucial for the public mental health response to these risks by looking at different level and social groups. The nature of the reponse not only in promoting or protecting mental health but the most important is about the appropriate treatment and care of people with mental health illness.

The co-operations between government, takaful operators and Islamic Council is mandatory in managing and offering a competitive takaful products in the Malaysia market. Consequently, this study proposed a hybrid takaful model for mental health illness in addition to the current medical scheme. This hybrid model is comprises of mudharabah, wakalah and waqf contract where takaful operator will act as fund manager as well as agent to manage the fund from the participant. Further, takaful operator will take upon agent fee from the participants. Meanwhile in the end of investment, surplus will be divided by pre-agreed ratio in profit sharing agreement.

On the other part of the hybrid model is the role of the government, public, private sectors, medical doctors, depression experts where they can contribute either in term of donations/funds as well as expertise to the mental health patients under the principle of waqf monitored closely by the Islamic Council. This studyis also recommended for government to set-up consortium and allocating special budget under RMK-12, for example "Mental Health Financing Consortium" which the members comprised of Finance Minister, CEO of Takaful operator who interested in offering the takaful scheme, Head of Islamic Council and others responsible authority in monitoring the operation of the system.

This special budget is important to boost the confident of private and public to waqf/allocate their money and expertise to the consortium under this framework. This is important since the professional medical treatment costs for mental health disorder is expected to increase each year and thus, encourage people to seek help from private facilities without worrying about their financial burden particularly for those belongings to the lower income earners.

V. Conclusion

Covering families with mental health takaful (insurance) is a necessary act if the financial risks are to be guarded particularly for the lower income earners if Malaysia's aspiration to become a high income nation in the future. In Malaysia, mental health illnesses have been given equal priority with other physical ailments and have been included for consideration of health takaful (insurance). Consequently, this study proposed hybrid takaful model prominently in the roles of government and waqf funds in sponsoring mental health takaful/insurance schemes for the targeted group of lower income earners in the community. This augurs well toward achieving the sustainable development goals (SDGs) through universal health coverage for the public health in Malaysia.

In addition, it is hope that this study could emphasized the importance of mental wellbeing where when the population of Malaysia are in good mental health, the country can benefited which each individual manage to realize their own potential, cope well with the normal stresses of life, work productively and finally being able to contribute back to the community. Therefore, government and takafuloperators could consider an appropriate assessment for initiatinga hybrid model of mental health takaful from this study particularly majority of Malaysian mental health patient is coming from lower and middle income group.

The availability of mental health takaful could help many less fortunate citizens in receiving treatment for mental health. It also hope that through this study, government and takaful operators may use the findings of this study to justify their efforts in designing, developing and appropriate promotion and awareness interventions so that the product in reach the target group of people.

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