



## Market Thoughts: Potential Implications of COVID-19 on Takaful Scheme for Mental Health Disorders

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**ABSTRACT** – Malaysia's *takaful* market is showing steady growth and is overtaking conventional insurance in a very obvious way despite the pernicious COVID-19 pandemic hitting global Islamic finance sectors. As comparison, family and general *takaful* premiums rose by 29.6 percent and 16.4 percent respectively in the first half of 2019, as compared with 12.2 percent in conventional life and -1.3 percent in general insurance. The COVID-19 pandemic's rapid emergence poses unparalleled challenges the world is dealing with. In addition to the risks to human health and lives, this pandemic has a drastic effect on companies and economies worldwide and is also affecting people's mental health due to depression issues. Hence, this commentary aims to discuss the market thoughts on the potential implications of COVID-19 on *takaful* scheme for mental disorders. Mental health issues in Malaysia continue to be a major concern, generating debates about causes, responses and, more recently, insurance or *takaful* plans. Mental illness is costly to treat, especially for the disfavoured group. As a result, people with an ultimate goal will try to have a good plan protection to cover their uncertain health conditions. Thus, to overcome this scenario *takaful* provider should introduce a *takaful* scheme for mental health disorders in the country where the growth of market potential is there.

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### INTRODUCTION

Corona Virus Disease (COVID-19) has imperatively shaken the world with the numbers of confirmed cases keep increasing as August 28, 2020, there have been 24,605,876 confirmed cases including 834,791 deaths globally. The COVID-19 originated in China and become a major public health crisis affecting majority of the country around the world at varying speeds and strength levels (Meyer et al., 2020), and then it was characterized as a pandemic in March 2020. The death toll continues to increase, as does impact on the non-essential businesses that are forced to shut down, unemployment, financial stress and mental health disorders. There is reportedly no proven vaccine or drug treatment, and since April 2020 human mobility between and inside countries has been temporarily halted. The rapid transmission of the virus through humans justified the shutdown of markets and the suspension of free mobility (Fitzgerald et al., 2020) and such outbreaks are associated with adverse mental health consequences.

Along with its high infectivity and fatality rates, the COVID-19 also has caused universal psychosocial impact by causing mass hysteria, economic burden and financial losses. The time of COVID-19 pandemic is generating stress throughout the population and thus, lead in mental health disorders due to unemployment, financial stress and lack of interactions. The situation of

fear, worry and anxiety regarding COVID-19 can cause strong emotions instability such as stress and depression in a person (Ratanasiripong et al., 2018). For example, a 62-year old patient under investigation for COVID-19 committed suicide in Serdang Hospital, Selangor, apparently due to depression (Zolkepli, 2020). In addition, Rothert et al. (2019) stated that mental health disorders are common in all countries around the globe, causing immense suffering and staggering economic income countries.

Mental disorders issues can be categorized such as prolonged sadness, constantly feeling irritated, inability worry and anxiety (Ratanasiripong et al. 2018). Moreover, anxiety disorder is among the most common mental health disorders among young people, alongside depression. It is approximately that around 10 per cent of young people with mental health disorders may be somewhat close to these earlier forms of anxiety issues (Khairi et al., 2021; Khairi et al., 2020a; Sherman, 2020; Ratanasiripong et al., 2018). This statistic is extremely alarming about the mental disorders' health problems and a necessary preventive action must be taken into account such as promoting *takaful* product in the market that is potentially to cover the mental health treatment in Malaysia. The increasing necessity of mental illness coverage has spurred *takaful* and insurance companies to introduce and promote an attractive scheme for mental health disorders patients. Therefore, mental health disorders issues represent important public health challenges by responsible bodies including *takaful* operators, corporate sectors and government in handling this pandemic.

In this paper, we discuss the repercussions of COVID-19 on the *takaful* scheme for mental health disorders in Malaysia. The discussion highlights the market thoughts on the potential implications of COVID-19 on *takaful* scheme for mental disorders. The remainder of this study is organised as follows. A brief discussion on COVID-19 pandemic is presented in the next section; followed by an overview of mental health disorders in section three. Section four discusses on *takaful* perspective important during COVID-19 pandemic and last section concludes the discussion.

## **COVID-19**

Tyrell and Bynoe first named The CoV in 1966 (Tyrell & Bynoe, 1966). Coronaviruses (Coronaviridae) are, within the order Nidovirales, non-segmented positive-sense RNA viruses belonging to the Coronaviridae family (Drosten et al., 2003; Ksiazek et al., 2003). While it is understood that these viruses have existed among animals, the majority of human infections with coronavirus are relatively small. Out of the 10,000 cases reported the previous versions of coronaviruses claimed more than 1,000 lives, and the highest fatality was reported in China. So, China seems to be the nCoV family's preferred destination (WHO, 2004). Although this SARS-CoV and the MERS-CoV were eventually controlled, recent developments are an indicator that there is tremendous fire beneath what was seen and previously regarded as mere smokes. A recent outbreak of the case of chronic pneumonia in the Hubei province's Chinese Wuhan city has been a global focus. In December 2019, the unknown virus was first observed and later identified as the 2019 novel coronavirus (COVID-19), based on the symptoms and laboratory test results (Huang et al., 2020).

In December 2019 the COVID-19 outbreak in China quickly became a global pandemic as declared by the World Health Organization in March 2020 (Meyer et al., 2020). The COVID19 pandemic is a very infectious airborne disease (Elmezayen et al., 2020; Sarma et al., 2020). It has infected 3,855,788 people since it was reported in December 2019 until May 9, 2020, leading to 265,862 deaths worldwide (WHO, 2020). In addition, millions of people were affected by seclusion, lockdowns, and quarantines. Joshi et al. (2020) and Umesh et al. (2020) found that there are negative impacts of COVID-19 pandemic on the worldwide well-being and culture. The normal COVID-19 symptoms resemble those of influenza which include nausea, cough, shortness of breath, dry cough, malaise and, in some cases, changes in taste and olfactory

senses (Elfiky, 2020). The seriousness of this disease can range from asymptomatic illness to acute respiratory distress (ARDS) syndrome and even death (Chen et al., 2020). Contemporary prevention approaches include care management and preventive steps to avoid further virus transmission (Chavez et al., 2020).

There is reportedly no definitive cure, so multiple studies are underway to decide which medication is most effective. The latest update is by Biotech Modern, which states that they have found a potential vaccine to prevent COVID-19 by producing an immunise response or neutralizing antibodies. Since no evidence-based medical treatment or vaccine is available, the present challenge does not differ so much from the Flu pandemic. The only short-term options available outside the healthcare sector are social and inter-country distancing strategies including lockdowns and closures of borders. The study by Qiu et al. (2020a) found that the transmission rate was significantly reduced by stringent quarantine, city lockdowns and local public health measures.

With the COVID-19 outbreak becoming a pandemic, mental health disorders seem to have increased due to depression (Dagklis et al., 2020). Following the trends, *takaful* providers recently have developed a new product which is a *takaful* scheme for mental health disorders (Khairi et al., 2021; Khairi et al., 2020a; Etiqa Takaful, 2020). Mental disorder is expensive to treat and cannot be cured easily. Consequently, early detection to solve this scenario is vital, and the implementation of a *takaful* scheme would help targeted individuals with the ultimate aim of covering patient medical care (Husin, 2019). Malaysia is considered to be among the countries with the highest development of *takaful* internationally (Husin & Rahman, 2016). In addition, mental health was worse when income was less (Rothert et al., 2019); hence, pandemic preparedness is an important part for an individual continuity planning by participating in the *takaful* scheme for mental health disorders.

### **Mental Health Disorders**

WHO (2001) defines mental health as “a state of well-being in which the individual realizes normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. By definition mental health is the capacity of the individual, the group and environment to interact with one another to promote and use of cognitive, affective and relational abilities towards the achievement of individual and collective goals. Breslin et al. (2017), argue that the concepts of mental health disorders can and have been addressed from different perspectives which represent belief. Mental health disorders are gaining momentum as serious threats to health in both developed and developing countries and contributing to the highest number compared to infectious diseases and unintentional injuries (Khairi et al., 2021; Khairi et al., 2020a).

Michaud and Fombonne (2005) indicate that the mental health disorder issues among teenagers seem to have increased dramatically in the last 20-30 years. They also found that there are several factors, such as disrupting the family structure, increasing youth unemployment and increasing educational and vocational difficulties that would signal adult or childhood mental health disorders ranging from depression, anxiety and autism to personality and behavioural disorders. Additionally, anxiety disorders are among the most common mental health disorders in young people, alongside depression. There are two types of anxiety disorders which are posttraumatic stress disorder (PTSD) or obsessive-compulsive disorder (OCD) anxiety (Hanlon et al., 2017).

COVID-19 pandemic is currently spreading all over the world. Currently, 204 countries are experiencing this crisis including Malaysia. When coping with such a huge risk, however, the possibility of mental danger caused by the pandemic may be catastrophic. WHO and public health officials around the world are calling on all individuals to practice social distancing whether avoiding large crowded areas, mass gatherings or having any close contact with

individuals at risk to prevent the spread of the virus. The social distancing does not only test the capacity for human interaction, but also brings about various implications for mental health, such as fear, anxiety, grief and depression (Ratanasiripong et al., 2018). Social distancing could interfere with the social rhythm, removing one's regular mechanisms of coping with stress – thus putting mental health at stake.

Anxiety and fear about COVID-19 could possibly be overwhelming and thereby increase mental stress towards oneself and society as well. Qiu et al. (2020b) conducted a comprehensive, large-scale psychological distress survey in China's population at large during the turbulence of COVID-19 epidemic period. The study concluded that those vulnerable to psychological distress included women, young adults receiving social media information that triggers stress, elderly people at higher mortality risk, and foreign workers influenced by the economic crisis. However, there is minimal evidence in Malaysia regarding the effect of COVID-19 on mental health. Although there are several stimulus packages introduced by the government to ease the financial burden faced by many Malaysian people, many small and medium-sized enterprises (SMEs) in Malaysia are no longer able to withstand the financial burden that is overwhelming and most have resorted to wage cuts, decreased the number of workers and provided unpaid leaves immediately due to the flourishing economic instability in the region. Losing a job creates feelings of uncertainty and insecurity that ultimately disrupts mental health, leading to anxiety and depression. With the ongoing COVID-19 pandemic, those figures can only be expected to rise significantly.

Thus, impacts of COVID-19 lead to the growing need in coverage for mental illness, which has spurred *takaful* and insurance provider to launch mental health disorders scheme in the market (Khairi et al., 2021; Khairi et al., 2020a). According to Etiqa Takaful (2020), the number of Malaysians suffering from mental health disorders was a worrying trend with 29.2 percent suffering from this disease, a double-digit increase with 4.2 million people diagnosed between 1996 and 2015. These numbers about mental health disorders are extremely alarming; thus, *Takaful* operators should introduce a *takaful* product to cover mental health treatment in Malaysia. In addition, mental health was worse when income was low (Rothert et al., 2019). Mental health disorders are expensive to treat and cannot be cured easily. Malaysia is considered one of the countries with the highest growth of *takaful* globally (Husin & Rahman, 2016), but it is disappointing that people are unaware of the existence of a *takaful* mental health disorder scheme (Etiqa Takaful, 2020; Goh, 2019; Nathan, 2020; Tan, 2019; Yee, 2020). Therefore, mental health disorders issues represent important public health challenges faced by responsible bodies including *takaful* operators.

## **Takaful**

The word “takaful” is derived from the Arabic verb “*takafala*” which literally means “joint guarantee” or “guaranteeing each other” (Hamid et al., 2009; Noordin et al., 2014; Saifuddeen & Mohamad, 2014). Islamic insurance, quite usually referred to as *takaful*, is primarily focused upon the principle of voluntary mutual assistance, *taawun*, and voluntary contribution i.e, *tabarru* (Hussain & Pasha, 2011). In the last decade, *takaful* has been very popular in the Middle East and Southeast Asia, with sustained expansion among the Muslim population (Yakob et al., 2018; Hussain & Noor, 2018; Ismail et al., 2017). *Takaful* was formed as an alternative financial risk management tool for Muslims to substitute insurance that is prohibited in Islam because it includes Islamically restrictive elements such as *riba* (interest), *gharar* (uncertainties) and *maysir* (gambling) (Schmidt, 2019). *Takaful*'s key products consist of family *takaful*, which is an alternative to life insurance products, and general *takaful*, which is an alternative to general insurance products (Kazaure, 2019), and recently *takaful* suppliers have created a new product which is *takaful* for mental health disorders under the family *takaful* products (Etiqa Takaful, 2020); Khairi et al., 2021; Khairi et al., 2020a).

## Market Potential

Though hit by the pernicious COVID-19 pandemic, the *takaful* industry has further expanded in 2020. The industry's key factors demonstrate significant growth with family and general *takaful* premiums in the first half of 2019, up 29.6 percent and 16.4 percent respectively, compared to 12.2 percent in conventional life and -1.3 percent in general insurance (Bernama, 2020). *Takaful* has potential in the types of products being sold such as *takaful* scheme for mental health disorders (Khairi et al., 2021; Khairi et al., 2020a). For instance, currently in the Middle East currently, insurance sales tend to be in general *takaful*, especially commercial products. In the long run, in the case that the governments are less able to take care of the needs of the population, retail products will grow in popularity. Indonesia is a country with growing *takaful* sales and it is likely to rise strongly due to the large numbers of Muslims and the economic situation. Within Malaysia, strong growth of *takaful*, vast differences exist in insurance or *takaful* penetration, with different product types generally targeting each market. Also, the potential for *takaful* is not limited to Muslims, in fact, the majority of the subscribers is non-Muslim in some *takaful* operations. Thus, there is a potential for *takaful* because it attracts not only the Muslims but also the non-Muslims.

With the ongoing COVID-19 pandemic, it is predicted that the number of people in feelings of anxiety and depression rises dramatically and therefore, leads to mental health disorders issues. People are determined to get treatment and consultancy from the psychiatrics, but they cannot afford to do it. Since the government imposed the Movement Control Order (MCO), the Women's Aid Organization and Talian Kasih have recorded a rise of contacts regarding cases of domestic violence in which the statistics rose to 44 percent and 57 percent (Lee, 2020). This is consistent with the study by the American Psychiatric Association (APA), in which the findings state that approximately 62 percent of Americans suffer from anxiety symptoms associated to COVID-19 and 59 percent feel that the virus is having a major impact on their daily lives (Canady, 2020). Besides that, 2016 Malaysian Mental Healthcare Performance data estimated that mental disorders accounted for 8.6 percent of total Disability-Adjusted Life Year (DALY) which is a societal measure of the disease or disability burden in populations according to World Health Organization. Hence, there is a huge market potential for *takaful* operators to spread news and promotion about the scheme of *takaful* mental health disorders. Currently, there are only two *takaful* operators that provide such scheme in the Malaysia market which are AIA and Etiqa Takaful.

*Takaful* has produced many products that cover almost any possible risk in daily life. Majority of insurance products are available in *takaful* product. However, as time goes on, there are several risks that are inconsistent and classified as high risk for *takaful* coverage. One of the major risks identified as high is mental health illness. According to all Malaysian *takaful* medical health policies, mental health is not covered within the policy (Khairi et al., 2020b). According to the Ministry of Health Malaysia, mental health disorder is expected to be the second highest form of health problem affecting Malaysians after heart disease by 2020 (Institute Public Health, 2015). Meanwhile, according to the report of ASEAN Mental Health System 2016, mental disorders were 8.6 percent of the total Disability Adjusted Life Years for Malaysians. This shows that mental disorder is ranked fourth for the leading cause of disease in Malaysia. Therefore, the need of *takaful* coverage for mental health is deemed necessary as *takaful* is one of the instruments to alleviate poverty and deprivation (Patel, 2004; Fisher, 2000). Limited studies focusing on *takaful* scheme for mental health disorders compared to others lead to a huge potential to be explored by researchers and *takaful* operators in this area.

Mental health disorder of individuals affected by the COVID-19 pandemic were not treated adequately (Sherman, 2020). This is because of the lack of data and the level of understanding about mental health remains a challenge for both the public and the health industry. Although there is certainly more work to be done, scholars and industry are willing to do something at this point to push the needle forward, as insurance or *takaful* policies that cover

mental health issues in Malaysia are urgently required. In specific, the scheme for mental health problems provided by the *takaful* operators in Malaysia stated that the policyholders will be able to use the advantage without any rise in contributions or premiums or insurance costs and will be able to demand up to RM1 500 per year in psychiatric service charges while visiting any private hospitals or government. This significant advantage will cover six (6) conditions of mental health: major depressive disorders, postpartum depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, and tourette syndrome (AIA, 2019). Additionally, under the medical rider's Shariah-compliant version, the new coverage plan was added in the general category which is a *takaful* scheme for mental health disorders. It is offered to protect people from such pandemic.

## CONCLUSION

The aim of this commentary is to discuss the market potential implication of *takaful* scheme for mental health disorders during COVID-19 pandemic. These schemes must show the way forward. Apart from the coverage of treatment cost by *takaful* schemes, the infrastructure must be strengthened to provide treatment for all and close the treatment gap as far as possible. Public discourse and legal recourse need to be generated to provide equality and equity of mental health in health care by including mental health in government initiatives to begin with and subsequently followed up with the private sector. Islam provides its own practical approach which consequently lead to the inculcation of universal values such as cooperation and fraternity within members of society. A few studies have been directed in the *takaful* literature towards almost all aspects of its intention of the *takaful* scheme for mental health disorders; however, the empirical data on the mental health disorders *takaful* scheme is limited. There are several areas, therefore, where this paper expands prior work and adds to the literature on the *takaful* scheme for mental health disorders.

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