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MENTAL HEALTH ISSUES AT WORKPLACE: AN OVERVIEW OF LAW AND POLICY IN MALAYSIA AND UNITED KINGDOM (UK)

Ruzita Azmi^{1*}, Siti Nur Samawati Ahmad², Bidayatul Akmal Mustafa Kamil³

¹ Universiti Utara Malaysia Kuala Lumpur Campus, Malaysia
Email: zita@uum.edu.my

² Department of Business Management, Kolej Professional MARA, Beranang, Malaysia
Email: samawati.ahmad@mara.gov.my

³ Universiti Utara Malaysia Kuala Lumpur Campus, Malaysia
Email: bidayatul@uum.edu.my

* Corresponding Author

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Abstract:

Surveys showed that workers in Malaysia are at high risk of health problems including mental health problems that stemmed from the rising stress level at work. Despite having employees' safety, health, and welfare being codified, depression will be a major mental health illness among Malaysian by 2020. The Occupational Safety and Health Act 1994 (OSHA 1994) that caters to legislative framework in terms of securing safety, health, and welfare among Malaysian workforces has no provisions to provide a supportive environment for mental health wellbeing at the workplace as well as support for employees with a mental health problem. Furthermore, OSHA 1994 is self-regulated, causing fewer employers to develop OSH codes of practice and guidelines. This is among the weaknesses of OSHA 1994. This paper aims to examine the existing law and policy in Malaysia on mental health at the workplace. It also aims to compare the policy and legal framework in developed commonwealth countries such as the UK. This paper applies qualitative and comparative methods, consisting of a doctrinal legal research approach to understand the principles of law and policies dealing with mental health. A comparative method is employed in order to compare the policies and legal frameworks of mental health wellbeing in developed countries such as the UK. The comparative approach involves an examination of the similarities and dissimilarities between situations within the same legal system. The paper concludes that in order to support mental health and wellbeing at the workplace, a comprehensive legal framework and effective policy are needed especially for Malaysia. Compared with the UK, Malaysia is still lagged behind

and has so much to learn from UK's experiences to tackle issues on mental health.

Keywords:

Mental Health; Occupational Stress; Workplace; Legal Framework

Introduction

Mental health is an emerging concern in most of the countries worldwide. It has especially spiked during the COVID-19 pandemic and should be taken seriously. Laymen equate mental health problem with “madness”, and often overlook that the problem is a medical condition. Mental health problem is a common disease that affects a person's thinking, emotion, behaviour, and causes functional impairment (Jing Kiat, 2018). It has been highlighted that mental health problem does not discriminate and it happens to people from all walks of lives. It may happen to anybody from anywhere at any time (MIASSA, 2020). Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviours (MFMER, 2020). Recently, Department of Health and Human Services of United States (2020) mentions that mental health includes our emotional, psychological, and social wellbeing, and it affects how people think, feel, and act. Chong, Mohamad, & Er (2013) has pointed out that in Malaysia, the Ministry of Health has defined mental health as “the capacity of the individual, the group, and the environment to interact with one another to promote subjective wellbeing and optimal functioning, and the use of cognitive, affective, and relational abilities towards the achievement of individual and collective goals consistent with justice”. It was suggested that countries such as Malaysia should coordinate comprehensive mental healthcare to cater different groups of people with different levels of mental health needs from within and from outside the health organization (Midin, Zainal, Lee & Ibrahim, 2018). For Malaysia, the country workforce covers both workers in the public and private sectors and according to Labour Force Survey, the workforce increased 2.0 percent to nearly 15.6 million persons in 2019 as compared to 15.3 million persons in 2018 (Department of Statistic, 2019). Idris, Dollard, & Winefield (2009) claimed that employees around the world have reported that they feel increasingly stressed at work. In Malaysia, it is stated that from time to time there is an increasing number of executives and workers who are likely suffering from anxiety, depression, and mental stress in relation to their jobs and working lives (Lam Thye, 2020).

Regardless of whether working in public or private sector, surveys showed that workforces in Malaysia are at high risk of health problems including mental health problem that stemmed from rising stress level at work (Shuresh Ram, 2019). Some factors that caused the increased stress at the workplace include workload, unpleasant tasks, and conflicting home and work demands (Maulik, 2017). Indeed, depression or anxiety that may trigger mental health problem is an outcome of occupational stress. Sadly, it was reported that depression is predicted to be a major mental health problem among Malaysian by 2020 as more people are expected to experience increased stress due to work and family pressure (Lam Thye, 2019). Mallow (2016) has pointed out “the issue concerning occupational or work-related stress can no longer be regarded as a problem that occurs occasionally or personally by individuals working within the organization”. It has become an increasingly global phenomenon affecting all categories of workers in every workplace in all countries including Malaysia (Mallow, 2016). Workplace policy regarding occupational stress should address alternatives to reduce the stress and its associated costs. Meanwhile, an effective occupational stress policy should demonstrate employer's dedication to providing a healthy and safe working environment. On the other hand, the legislation should protect the employees by creating a safe and healthy work environment.

This paper seeks to explain the current development of law and policy in Malaysia on mental health at workplace. This paper also highlights the current development of law and policy in UK pertaining to mental health for comparative purpose. This paper relies on statutes and policy as its primary source of information. As such, this paper analyses the scope and provisions of the relevant laws and policies that regulate mental health in Malaysia and compare the existing provisions that are equivalent to UK's law.

Methodology

This paper applies qualitative and comparative methods. For qualitative method, the approach is doctrinal legal research or library-based study, which means that the material are largely secondary sources that are gathered from libraries, archives, and other databases. Secondary data also come from textbooks, reports, and articles from law journal and review, as well as other social sciences journals. The basic aim of such research is to discover, explain, examine, analyse, and present in a systematic form, facts, principles, provisions, concepts, theories, or the working of certain laws and legislation.

The comparative method is employed to compare the application of the law and policy on occupational stress and mental health wellbeing at workplace in other countries such as UK. This is important to understand the idea to be applied in Malaysia. Comparative approach involves the examination of the similarities and dissimilarities between situations within the same legal system (Yaqin, 2007). The approach may also be used to compare views, ideas, concepts, rules, principles, and theories that have some bearing on law and its institutions (Yaqin, 2007). Comparative law, according to Lepaulle (1922) enables an individual to see the law of his country through the eyes of a stranger, by allowing him "to see things in their true light". Furthermore, by applying comparative method of analysis, it allows for an observation of "...how other societies at a similar stage of civilisation face up to the same and corresponding problems" (Walker 2001). Indeed, according to Zweigert & Kotz (1998), the basic methodological principle of all comparative laws is that of functionality of the legal system that every society faces essentially the same problems and solves these problems by different means though the outcomes are often similar. Furthermore, one of the benefits of comparative analysis of law is the ability to find the best rules from various jurisdictions to be adapted to one's legal system to solve a particular legal problem. Finding out which rule is the best for adaptation depends on the purpose of the rule and also whether it can operate justly (Zweigert & Kotz, 1998).

Result and Discussion

The Law And Policy On Mental Health Wellbeing In Malaysia

A good workplace needs to be a healthy workplace. Workplace should be a place where all workers can carry out their duties efficiently and effectively. Irrespective whether one is an employer or an employee, he or she should do his or her best to carry out job professionally and maximize productivity. As a result, he or she can prove himself or herself beneficial to the organization. Furthermore, except during the pandemic of COVID-19 where work from home is a new norm, more working hours is spent at workplace than home, and interaction with officemate is more than interaction with family members, the workplace should promote mental and behavioural health and prevent illness. Without doubt, law and policy can play an important role to combat issues concerning mental health wellbeing at workplace (Mallow, 2016). The following discussion will examine mental health wellbeing related laws and policy in Malaysia and UK.

The Occupational Safety and Health (OSHA) 1994

In Malaysia, OSHA 1994 is the most relevant law relating to mental health at the workplace. Interestingly, OSHA 1994 “was derived from the philosophy of the Roben’s Report and Health and Safety at Work Act 1974 in United Kingdom, a reflexive-type of Act which was less prescriptive, and also emphasise on duties of care by the individual” (Leman & Radzaz, 2020).

An important concept in OSHA 1994 is that it is self-regulated. Inspired by the philosophy of self-regulation for people at work, it provides legislative framework for promotion, stimulation, and encouraging high standards of safety and health at work. As a rule, employers must follow the provisions of OSHA 1994, Regulations, relevant Codes of Practice and Guidelines, and follow best practice and advice. The employees too must comply with the provisions of OSHA 1994 and cooperate with employers in their attempts to ensure safe and healthy workplace (DOSH, 2006; Sirrs, 2015). Accordingly, the responsibility for managing safety and health lies with those who create the risks and those who work with the risks (Bahrin, 2016).

OSHA 1994 was enacted on 25th February 1994 and provides the legislative framework in terms of securing the safety, health, and welfare among the entire Malaysian workforces. According to the Department of Occupational Safety and Health Ministry of Human Resources Malaysia, 2006 on Guidelines on Occupational Safety and Health Act 1994, the objectives of OSHA 1994 include:

- a) to secure the safety, health, and welfare of personnel at work against risks to safety or health arising out of the activities of persons at work which covers safety as the state of absence of risk to injury, health as a state of complete physical, mental, and social wellbeing and not merely the absence of disease and welfare of employees but include provision of first aid, drinking water, canteen, washing facilities, and toilets for men and women,
- b) to protect personnel at place of work other than personnel at work against risks to safety or health arising out of the activities of personnel at work,
- c) to promote an occupational environment for personnel at work that is adapted to their physiological and psychological needs. The work environment should be conducive to human physiology and meet the psychological needs of the employees.
- d) to provide the means whereby the associated occupational safety and health legislations may be progressively replaced by a system of regulations and approved industrial codes of practice operating in combination with the provisions of this Act, designed to maintain or improve the standards of safety and health.

OSHA 1994 is applicable to industries specified in the First Schedule, namely: Manufacturing; Mining and Quarrying; Construction; Agriculture, Forestry and Fishing; Utilities (i.e., Electricity, Gas, Water, and Sanitary Services); Transport, Storage and Communication; Wholesale and Retail Trades; Hotels and Restaurants; Finance, Insurance, Real Estate and Business Services; and Public Services and Statutory Authorities (Mohamed et all, 2018). It should be noted that the provisions of OSHA 1994 are not applicable to personnel working onboard ships except onboard of ships exempted by the Merchant Shipping Ordinance 1952 (Ord. 70/52), the Merchant Shipping Ordinance 1960 of Sabah (Sabah Ord. 11/60), or Sarawak (Sarawak Ord. 2/60). Further, the armed forces as defined in Armed Forces Act 1972 are also excluded.

In relation to this, the most important provisions to be considered are section 15, 16, and 19 of OSHA 1994 that laid down the general duties of employers and self-employed persons to their employees and penalty for not obeying the provisions.

Section 15 of OSHA 1994 provides that “it shall be the duty of every employer and every self-employed person to ensure, so far as is practicable, the safety, health, and welfare at work of all his employees”. Under section 3 of OSHA 1994, “practicable” is interpreted circumstantially, and is defined as having regard to:

- 1) the severity of the hazard or risk in question,
- 2) the state of knowledge about the hazard or risk and any way of removing or mitigating the hazard or risk,
- 3) the availability and suitability of ways to remove or mitigate the hazard or risk, and
- 4) the costs of removing or mitigating the hazard or risk.

In the case of *Jabatan Kesihatan dan Keselamatan Pekerjaan v Sri Kamusan Sdn Bhd [2013] MLJU 1549*, the employer was discharged from the charge under section 15(1) of OSHA 1994 for the death of an employer who fell off a tractor used as a means of transportation of workers to the workplace. It was proved in the case that the deceased was not working at the material time and the action of the deceased is not an activity that could be described as part of the employer’s undertaking. Furthermore, the employer not only had taken all the reasonable steps and due diligence to ensure the safety of the workers at the plantation but had also taken precaution of the foreseeable danger by putting up warning signage at the vicinity. The Court further held that in order to charge an employer under section 15 of OSHA 1994 the following elements must be fulfilled:

- 1) the offender was an employer of the concerned employee at the material time,
- 2) the employee was exposed to risk to health and safety,
- 3) the employee was at work at that material time, and
- 4) there was a causal nexus between the employer’s breach and the risk to the employee’s safety (Mohamed, 2019).

In compliance with section 15 and section 16 of OSHA 1994, every employer and every self-employed personnel are required to prepare and as often as may be appropriate, revise a written statement of his general policy with respect to safety and health at work of his employees and the organisation, and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all his employees. Consequently, a person who contravenes the above provisions shall be guilty of an offence and shall, on conviction, be liable to a fine not exceeding fifty thousand ringgit or to imprisonment for a term not exceeding two years or to both.

Despite of OSHA 1994’s effectiveness in ensuring the safety and health of the workers, it is submitted that OSHA 1994 is more focused on physical safety and health of workers, and therefore does not cater for occupational stress (Mohamed et al, 2018). This can be seen when OSHA 1994 imposed an obligation on employers to ensure that the workplace should be free from any hazardous risk to workers’ health, to provide the necessary equipment and clothing at the workplace, and to provide necessary information, instruction, and training. There is no explicit provisions under OSHA 1994 to impose duties of employer to deal with issues on

depression or anxiety in relation to their jobs and working lives that may trigger mental health illness which is also considered as an outcome of occupational stress.

Due to the limitations of the implementation of OSHA 1994, several suggestions are proposed. Firstly, in order to avoid from damaging the workers' mental health, it is suggested that any proposed amendment to the OSHA 1994 should include a provision to provide a supportive environment to foster mental wellbeing at every workplace. In addition, it is proposed for Safety and Health Committees under OSHA to include activities related to mental health since the functions carried out by the Safety and Health Committees have no concerns on mental health (Lam Thye, 2019).

Employment Act 1955

Employment Act 1955 (EA 1955) is one of the main statutes relating to employment enforced in West Malaysia. Nevertheless, it is also claimed that the provisions of EA 1955 do not cater problems related to occupational stress. This Act prescribes inter alia, payment of wages, deduction of wages under certain circumstances, maternity protection, certain restriction on night work, underground work and in certain places of work for female workers, rest days in each week for workers, annual leave, maximum hours of work in a day, public holidays, annual and sick leave, and overtime payment for extra hours of work. The concern given by EA 1955 is only on monetary benefits (Department of Occupational Safety and Health Ministry of Human Resources Malaysia, 2006).

However, the provision of section 12 and 13 of EA 1955 regarding termination of services does relate on workers' mental health in which if the contract is terminated with or without prior notice, it is the obligation of an employer to pay to the employee an indemnity of a sum equal to the amount of wages which would have accrued to the employee during the term of such notice or during the unexpired term of such notice.

It seems that the above-mentioned provisions are harmonized with the provision under section 27 of OSHA 1994 that provides discrimination against employees. According to section 27(1) of OSHA 1994, no employer shall dismiss an employee, injure him in his employment, or alter his position to his detriment by reason only that the employee makes a complaint about a matter which he considers is not safe or is a risk to health. It is not exaggerating to say a ground for dismissal that terminates the employees' employment may not be based on their mental health issues.

Mental Health 2002

The enforcement of The Mental Health Act 2001 in 2010 (MHA 2001) is only to provide a framework for comprehensive care of those with mental disorders. It has provisions for the establishment of private and government psychiatric hospitals, psychiatric nursing homes, and community mental health centres (Khan et al, 2015). Mental disorder is defined under section 2 of MHA 2001 as any mental illness, arrested or incomplete development of the mind, psychiatric disorder, or any other disorder or disability of the mind however acquired; and "mentally disordered" shall be construed accordingly. Khan et al. (2015) submitted that "a person cannot be construed as suffering from a mental disorder 'by reason only of promiscuity or other immoral conduct, sexual deviancy, consumption of alcohol or drugs, or where he expresses or refuses or fails to express a particular political or religious opinion or belief, or of his antisocial personality". Accordingly, the problems relating to occupational stress is not being tackled under MHA 2001.

National Mental Health Policy

Currently, Malaysia has no specific policy on workers' mental health. However, the general policy of Mental Health has been developed in 1998 by the Ministry of Health (MOH), or known as National Mental Health Policy (Midin et. all, 2018). The policy was then revised in 2012. In general, this mental health policy provides comprehensive strategies and guidelines to address issues in mental health. All programmes and activities that are related to mental health are subsumed under the promotion of mental health, prevention of mental disorders, treatment of people with mental disorders, and psychosocial rehabilitation. Some mental health issues such as accessibility and equity in services, comprehensiveness, continuity and integration, multi sector collaboration, community participation, human resources and training, standards and monitoring, research, and legislation reviews have been covered in this new policy. This policy has three aims:

1. to provide a basis in developing strategies and directions to those involved in any planning and implementation towards improving mental health and wellbeing,
2. to improve mental health services for populations at risk of developing psychosocial problems, and
3. to improve psychiatric services for people with a mental disorder in the provision of care and protection by family, community, and relevant agencies.

In other words, this policy is to promote community mental health care in Malaysia (Chong, Mohamad & Er, 2013)

However, it is submitted that Malaysia's mental health policy should be reviewed. This is based on the growing trend of mental health issues as reported in a survey conducted by the Ministry of Health in 2017, where it was found that 18,336 people were currently suffering from various stages of depression based on health screenings done on 273,203 individuals (Abas & Sukaimi, 2018).

Furthermore in 2002, The Malaysian Mental Health Framework and the National Operational Plan of Action for Comprehensive Integrated Community Mental Health Services (CMHS) was formulated (Midin et. all, 2018). Plans proposed include:

- a) to form a national CMHS technical committee among the directors of health, labor, housing,
- b) welfare and education, to make decisions on implementation strategies,
- c) to form a national CMHS action task force for planning and implementation of services,
- d) to strengthen community mental health services in states where initiatives have been made,
- e) to initiate implementation of CMHS in other states,
- f) to consolidate and strengthen existing training modules,
- g) to transfer current services in mental hospitals into the community by phases,
- h) to strengthen interagency and community participation, and
- i) to develop research

However, the limitations faced include lack of funding and manpower, lack of sharing of the visions among the mental health providers at the grass root level and the division in governance between hospitals and primary health centres (PHCs), and lack of participation of social organizations to serve the social needs of people with mental illness; from the welfare, labour,

education, and housing agencies among others, has caused the implementation of this Plan becomes irrelevant (Midin et. al, 2018).

The Law And Policy On Mental Health Wellbeing In The UK

Health and Safety at Work Act 1974

In UK, the Health and Safety at Work Act 1974 (HASAWA 1974) is the basic legislation for health and safety management in the workplace. The law is enacted and enforced by the Health and Safety Executive (HSE) and local authorities known as the “Local Council” (Department of Occupational Safety and Health Ministry of Human Resources Malaysia, 2006). Section 2 of HASAWA 1974 imposes general responsibility of employer towards their employees. It provides inter alia, that every employer shall be duty bound to ensure the health, safety, and welfare at work of all his employees “so far as is reasonably practicable”.

It should be noted that Malaysian OSHA 1994 which was derived from HASAWA 1974 uses the word “so far as is practicable”, omitting the term “reasonably”. The term “so far as is reasonably practicable” has been defined in the case of *Edwards v. National Coal Board [1949] 1 KB 704 (Health & Safety Executive)*. In the instant case, the presumption is that the duty holder should implement the risk reduction measure. The employer must show that risk reduction measure is implemented in order to avoid the risk among the workers in the organisation unless there is a gross disproportion between the costs and benefits of doing so. It can be shown in the following example:

- a) To spend £ 1 m to prevent five staff suffering bruised knees is obviously grossly disproportionate, but
- b) To spend £ 1 m to prevent a major explosion capable of killing 150 people is obviously proportionate.

Furthermore, in *Associated Dairies v. Hartley [1979] I.R.L.R 171*, an inspector ordered ASDA Stores to provide complimentary safety shoes for all its employees working in warehouses, as a precaution against having a foot crushed by a loaded roller truck. This would incur a cost £ 20,000 in the first year and £ 10,000 in each succeeding year. The company at that time however, had already provided safety footwear for its employees at cost price. There had been ten accidents in the previous year involving roller trucks in ASDA’s 66 stores. The industrial tribunal disagreed with the inspector on the ground that the expense was disproportionate to the risk.

To keep a safe workplace, the employer should maintain a system of work, making appropriate arrangements in “handling, storage, and transport of articles and substances safely, provide information, instruction, training, and supervision as is necessary to ensure the health and safety at work of the employees”.

In addition to the above legal provisions relating to employer’s duties, section 10 of HASAWA 1974 also provide a requirement to establish The Health and Safety Commission and the Health and Safety Executive (HSE) in which the main duty of the Executive is to make such arrangements as it considers appropriate for the general purpose of ensure the health, safety, and welfare at work of employees, i.e., to:

- a) assist and encourage persons concerned with matters relevant to those purposes to further those purposes,
- b) make such arrangements as it considers appropriate for the carrying out of research and the publication of the results of research and the provision of training and information, and encourage research and the provision of training and information by others,
- c) make such arrangements as it considers appropriate to secure that the following persons are provided with an information and advisory service on matters relevant to those purposes and are kept informed of and are adequately advised on such matters:
 - (i) government departments,
 - (ii) local authorities,
 - (iii) employers,
 - (iv) employees,
 - (v) organisations representing employers or employees, and
 - (vi) other persons concerned with matters relevant to the general purposes of this Part.

The HSE has promoted full integration of mental health policy in all employers' health and safety programs (Liimatainen & Gabriel, 2000). One of the effective programs organized by HSE is Stress Priority Programme with aims to develop clear and agreed standards of good management practice for a range of stressors. It is known as "Management Standards Approach". It would help employers to be clear about what was expected of them. It would also allow employers to monitor their performance in managing work-related stress both in terms of employee health and wellbeing and the enhancement of organizational effectiveness (Collin et. all, 2004).

Specifically, the Management Standards are meant as a guidance tool for employers to identify the causes of stress in the workplace and to develop solutions to minimise the effects they have on workers (Guarinoni, 2013). Accordingly, the standards cover the following six primary sources of stress at work:

1. Demands – this includes issues such as workload, work patterns, and work environment;
2. Control – this specifically concerns on the extent of authority of an employee in completing their work;
3. Support – this includes encouragement, sponsorship, and resources provided by the organisation, line management, and colleagues;
4. Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour;
5. Role – this concerns on whether an employee understands his/her role within the organisation and whether the organisation ensures that there are no conflicting roles;
6. Change – how organisational change (large or small) is managed and communicated in the organisation.

Workplace (Health, Safety and Welfare) Regulations 1992

In the Workplace (Health, Safety, and Welfare) Regulations 1992, it concerns with the working environment of the employees at the workplace. It imposes duties on the employers to make sure that the workplace is suitable and safe for the employees to carry out their tasks, and that the workplace has no risk to employees and others. These regulations cover all aspects of the

working environment such as maintenance of the workplace, and equipment (Health and Safety Executive, 1992).

The Management of Health and Safety at Work Regulations 1999

The Management of Health and Safety at Work Regulations 1999 do provide some specific coverage related to mental health wellbeing at workplace. They require the employers to assess the nature and scale of risks to health at the workplace and ensure that appropriate control measures are in place, including risks that cause stress as well as other workplace hazards. It is a requirement for employers to take reasonable adjustments for personnel with history of schizophrenia by modifying the job description to remove non-essential but potentially hazardous duties.

Employee Assistance Program (EAP)

Employee Assistance Program (EAP) is an access to professional counselling services in assisting the recovery and rehabilitation of stressed employees. Among support services included in EAP are counselling support for employees and their family members through services such as a 24-hour telephone counselling or helpline. The services are usually provided by EAP agencies and the cost would be borne by the employer. The example of a good practice is Marks & Spencer. The company promotes health and wellbeing including mental health by promoting health education to raise awareness on factors affecting health and wellbeing by conducting screening programs to detect risk factors or early signs of disease, and by conducting action programmes to address them. The Occupational Health Service works closely with personnel and line management regarding all aspects of employees' mental and physical health. The occupational health team is available to look at the effects of health on work or work on health, to discuss on any health problems the employees may have, and to promote good health through health education, screening, and action programs (Liimatainen & Gabriel, 2000).

The Coronavirus Act 2020

The Coronavirus Act 2020 makes temporary changes to the detention and treatment of patients under Mental Health Act 1983. The Government and National Health Service (NHS) have published resources to support people's mental health during the pandemic, including specific resources for health and social care staff.

It was reported by Nursing Times that nurses rated their mental health as "bad" or "very bad" in April. Around 90% reported that they were more stressed and anxious at work than usual. Institute for Public Policy Research (IPPR) reported that half of healthcare workers complained that their mental health had deteriorated since the COVID-19 crisis began. About 21% of healthcare workers said COVID-19 has made them more likely to want to leave the sector (Macdonald, 2020). Accordingly, the following measures were adopted, i.e:

- a) free access to mental wellbeing apps and online resilience support. There is also dedicated support helpline and 24/7 text service, and helpline offering bereavement support.
- b) a new government guidance on health and wellbeing for the social care workforce was published on 11 May 2020 that includes advices to build resilience, to manage stress, and to support mental health.
- c) the launch of application for social care that includes mental health toolkits.

Worker's Mental Health Policy

As compared to Malaysia, UK has developed several specific policies relating to Worker's Mental Health that includes The Five Year Forward View for Mental Health and Stevenson/Farmer "Thriving at Work" Review. The Five Year Forward View for Mental Health was published in February 2016. The Taskforce made a series of recommendations for improving outcomes in mental health by 2020/21 (Parkin, 2020). Among the areas covered by this policy relating to employment are:

1. Recommendations where wider action is needed - this includes cross government action, in areas such as employment, housing, and social inclusion; and
2. Recommendations to tackle inequalities, including the higher incidence of mental health problems among people living in poverty, people who are unemployed, and people who face discrimination.

In 2017, the government commissioned an independent review on mental health and employment known as Thriving at Work: The Stevenson/Farmer Review of Mental Health and Employers (Parkin, 2020). It aims at transforming mental health support in schools, workplaces, and in the community. The main recommendation is for the employers to adapt "mental health core standards" to better support the mental health of their staff. The core standards include the duty of employer to:

1. Produce, implement, and communicate a mental health at work plan,
2. Develop mental health awareness among employees,
3. Encourage open conversations about mental health and the support available when employees are struggling,
4. Provide employees with good working conditions and ensure that they have healthy work life balance and opportunities for development,
5. Promote effective people management through line managers and supervisors, and
6. Routinely monitor employee mental health and wellbeing.

Conclusion

For businesses and employers, improvement of employees' mental health can save substantial amount of resources by decreasing absenteeism, increasing productivity, and encouraging retention while decreasing healthcare cost. It should be noted that it is important to ensure that the legal and policy framework promote the whole aspect of safety at workplace as well as to provide supportive environment to foster mental wellbeing. As stated previously, OSHA 1994 is the most relevant law related to mental health at the workplace in Malaysia. Even though OSHA 1994 was derived from HASAWA 1974 in UK, the latter is empowered to form HSE and its role among others to promote full integration of mental health policy in all employers' health and safety programs. Programs such as Stress Priority aims to develop clear and agreed standards of good management practice for a range of stressors. This would help employers to be clear about what was expected of them as well as to monitor their performance in managing work-related stress both in terms of employee health and wellbeing. Under OSHA 1994, there is nothing equivalent to HSE as well as programs to enable employer to identify the causes of stress in the workplace and to develop solutions to minimise the effects they have on workers. Although the basic legislation that regulates safety and health between Malaysia and UK are comparable, a comprehensive legal framework and effective policy are needed especially for Malaysia. Furthermore, Malaysia is still far behind UK and has so much to learn from the UK's experiences to tackle issues on mental health.

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