

Takaful Scheme for Mental Health Disorders: A Systematic Literature Review

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Abstract: *Wealth management involved cycles consist of wealth creation, wealth protection, wealth distribution, wealth purification, and wealth accumulation that must in line with the financial objectives of the individual through their life. The current study is focused on the wealth protection element, a takaful scheme for mental health disorders. Thus, the objective of this systematic review is to synthesise findings of trend and population-based studies on takaful scheme for mental health disorders. The aim was to presents an extensive systematic review of takaful schemes for mental health disorders. A systematic review was identified literatures by electronic database searches (Google, PubMed, and Scopus) that published between 2010 and 2020. Narrative synthesis and systematic review were performed and reported according to the preferred reporting items statement. The current evidence showed there is less study on takaful schemes for mental health disorders in the period 2010 to 2020. The two main contributions of this paper are its use of a readily-available and powerful new instrument and its use of extensive data which gives us the power to takaful scheme for mental health disorders for disaggregated health care services.*

Keywords: *Takaful; Islamic finance; Wealth management; Mental health disorders; Systematic literature review.*

Paper type: *Literature review*

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Abstrak: Manajemen kekayaan melibatkan siklus terdiri dari penciptaan kekayaan, perlindungan kekayaan, distribusi kekayaan, pemurnian kekayaan, dan akumulasi kekayaan yang harus sejalan dengan tujuan keuangan individu sepanjang hidupnya. Studi saat ini difokuskan pada elemen perlindungan kekayaan, skema takaful untuk gangguan kesehatan mental. Dengan demikian, tujuan dari tinjauan sistematis ini adalah untuk mensintesis temuan tren dan studi berbasis populasi tentang skema takaful untuk gangguan kesehatan mental. Tujuannya adalah untuk menyajikan tinjauan sistematis ekstensif skema takaful untuk gangguan kesehatan mental. Tinjauan sistematis diidentifikasi literatur oleh pencarian database elektronik (Google, PubMed, dan Scopus) yang diterbitkan antara tahun 2010 dan 2020. Sintesis naratif dan tinjauan sistematis dilakukan dan dilaporkan sesuai dengan pernyataan item pelaporan yang disukai. Hasil studi ini menunjukkan hanya ada sedikit studi tentang skema takaful untuk gangguan kesehatan mental pada periode 2010 hingga 2020. Dua kontribusi utama dari makalah ini adalah penggunaan instrumen baru yang siap tersedia dan kuat serta penggunaan data ekstensif yang memberi kita skema kekuatan takaful untuk gangguan kesehatan mental untuk layanan perawatan kesehatan terpilih.

Kata Kunci: Takaful; Keuangan Islam; Manajemen kekayaan; Gangguan kesehatan mental; Tinjauan literatur sistematis.

INTRODUCTION

The word “takaful” is derived from the Arabic verb “*takafala*” which means “joint guarantee” or “guaranteeing each other” (Hamid et al., 2009; Noordin et al., 2014; Saifuddeen & Mohamad, 2014). Islamic insurance, more commonly known as takaful, is based on the principle of voluntary mutual assistance, *taawun*, and voluntary contribution, *tabarru* (Hussain & Pasha, 2011). Takaful has been very successful in the Middle East and Southeast Asia in the past decade with continued growth among Muslim populations (Hussain & Noor, 2018; Ismail et al., 2017). Following Islamic principles, takaful’s underlying financial structure is Shariah compliance, and it is different from conventional insurance products offered in most western countries (Nasution et al., 2019). Takaful has been established as an alternate financial risk management tool for Muslims to replace insurance, which is prohibited in Islam since it involves Islamically prohibitive elements, such as *riba* (interest), *gharar* (uncertainties), and *maysir* (gambling) (Schmidt, 2019). The main products of takaful are family takaful as an alternative to the life insurance products, and general takaful, as an alternative to the general insurance products (Kazaure, 2019) and recently takaful providers have developed a new product which takaful scheme for mental health disorders (Etiqa Takaful, 2020).

The World Health Organization (2001) defines mental health as “a state of well-being in which the individual realises normal stresses of life, can work productively and fruitfully and can make a contribution to his or her community”. In defined mental health as “the capacity of the individual, the group and environment to interact with one another to promote and the use of cognitive, affective and relational abilities towards the achievement of individual and collective goals consistent country, the concepts of mental health disorders can and have been addressed from different perspectives, representing beliefs” (Breslin et al., 2017). Mental disorders issues such as prolonged sadness, constantly feeling

irritated, inability to worry, and anxiety (Ratanasiripong et al., 2018). Mental health disorders are emerging as serious health threats in both developed and developing nations and contribute to the highest numbers of infectious disease and unintentional injuries. Mental health disorders are common in all countries around the globe, causing immense suffering and staggering economic income countries (Rothert et al., 2019).

Mental disorders and mental health problems increased considerably among adolescents in the past 20-30 years, which caused by disruption of family structure, growing youth unemployment, and increasing educational and vocational difficulties. The mental health disorders in adulthood or childhood are understood to be a normal part of adolescence disorders can range from depression, anxiety and autism spectrum disorder to personality and behavioural disorders (Michaud & Fombonne, 2005). Besides depression, there are also anxiety disorders, such as post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD) as the most common mental health disorders in young people (Hanlon et al., 2017). About 10 per cent of the adult are prone to mental health disorders; these earlier versions of anxiety problems can be very similar (Ratanasiripong et al., 2018). Obsessive-compulsive continual thoughts of the same image or impulse. Traumatic events in a child's life can trigger PTSD symptoms, just as extreme signal phobias (Michaud & Fombonne, 2005). Therefore, mental health disorders issues represent significant public health challenges by responsible bodies, including takaful operators.

The growing need in coverage for mental illness has spurred takaful and insurance provider to launch a mental health disorders scheme. According to Etiqa Takaful (2020), the number of Malaysians suffering from mental health problems was a worrying trend with 29.2% suffering from this illness, a double-digit increase between 1996 and 2015 with 4.2 million people diagnosed. This statistic is exceptionally alarming about the mental disorders' health problems, and Islamic wealth protection operators should introduce in the market that is potentially to cover mental health treatment in Malaysia. Besides, mental health was worse when income was less (Rothert et al., 2019). Mental illness is costly to treat and cure. Malaysia has the fastest growth of takaful in the international level (Husin & Rahman, 2016), but it is a disappointing fact that there are people unaware of the existence of takaful scheme for mental health disorders (Etiqa Takaful, 2020; Nathan, 2020; Yee, 2020; Goh, 2019; Tan, 2019). Hence, the objective of this systematic literature review was to synthesise findings of trend and population-based studies on insurance and takaful scheme for mental health disorders.

The literature on mental health disorders is very rich (Dunley & Papadopoulos, 2019; Mills et al., 2020; Patel et al., 2016; Ratanasiripong et al., 2018). However, the studies on takaful scheme for mental health disorders are limited. Therefore, it is essential to highlight the existence of a takaful scheme for mental health disorders. Such challenges highlight the need for robust evidence to inform best practice, with clarity about the experiences of most takaful providers. In response to this need, this systematic review aimed to identify the current study on takaful scheme for mental health disorders. Researchers present the systematic literature review results by investigating evidence of recurring patterns to

understand the current state-of-the-art of research in the takaful scheme for mental health disorders context. The researchers carry out a systematic literature review (Jarrell & Stanley, 1989), to observe the different factors which can explain the variations in the results of these studies. For this study, the researchers selected 39 studies that were carried out in different countries, focusing on the takaful scheme for mental health disorders. The researchers applied for a systematic literature review in assessing the existing takaful scheme for mental health disorders. The critical contribution of this paper is to summarise the findings of empirical studies on takaful scheme for mental health disorders by using a systematic literature review.

RESEARCH METHODS

The researchers adopted the procedures of Kitchenham & Charters (2007). It is a tool that aims to produce a scientific summary of the evidence in a particular area, in contrast to the “traditional” narrative review. The intended inclusion criteria were limited to the following characteristics shown in Table 1:

Table 1: Summary of Inclusion Criteria

Item	Description
Year	This item described the “year” of the articles in this study.
Country	The item described the “region” studied in the articles.
Methodology	The item described the “methodology” adopted in the articles.
Model	The model described the evaluation model used to measure the effectiveness of the previous studies.
Dimensions	Dimension recognised specific studies related to the present study.
Year	This item described the “year” of the articles in this study.

(Source: Kitchenham & Charters, 2007; Manap et al., 2019)

A systematic review attempts to collate all empirical evidence that fits pre-specified eligibility criteria to answer a specific research question (Desrosiers et al., 2020). It uses explicit, systematic methods that are selected to minimise bias, thus providing reliable findings from which conclusions can be drawn, and decisions made Glass (1976), which is defined as the statistical analysis of the results of individual studies, to integrate them. Pignon and Poynard (1993) defined the systematic review as the use of statistical techniques for the synthesis of a set of separate but similar experiments. Jarrell and Stanley (1989) defined the systematic review is an analysis of the "empirical analysis" which attempts to explain the differences in results between studies. A systematic literature review is a simultaneous analysis of a set of studies addressing the same question, to obtain the information that none of these studies taken singly could provide and explain the differences in the results of these studies (Glass, 1976). The objective was to reduce the costs of experimental studies, which often led to different results. Very quickly,

this method has spread in other areas of research such as the environment, marketing, and the social sciences.

Based on seven searches online software database such as: "Google", "PubMed", and "Scopus", researchers were list 39 studies that can form the basis of systematic literature review. Among these studies, researchers have 28 "journal papers", 9 'online vlog and 2 "websites". Keywords used to select the studies were: "*Takaful Scheme for Mental Health Disorders*". The selection of online databases was based on the researcher's knowledge of databases that the takaful scheme for mental health disorders, researchers were aware of, and the list of available online databases. Khan et al. (2003) recommended searching multiple databases to cater to as many citations as possible to avoid bias review. Thus, researchers also searched Mozilla Firefox and Microsoft Edge website using similar keywords (i.e. takaful scheme for mental health disorders). The online Google was used to search the full text of articles. More than twenty- eight studies were identified and reviewed. Researchers' experience in the literature search supports the suggestion by Kitchenham and Charters (2007) that it is essential to identify a list of relevant online databases to facilitate the process. Upon completion of the primary search phase, the identification of relevant literature continued with the secondary search phase. If all papers are suitable, it was added to the existing list of studies qualified for the synthesis.

The data used for this analysis were collected from 50 studies published in 32 manuscripts undertaken for over ten years. The search terms used across electronic databases included the exact phrase "Takaful Scheme for Mental Health Disorders". The search results for both parts were manually sorted, limiting the literature to takaful scheme for mental health disorders as well as general takaful, respectively (Husin & Rahman, 2016). The flow and results of the inclusion process are presented in Figure 1. For this systematic literature review, three inclusion criteria were used. The first criteria specified, including empirical studies only. The second criteria included studies that reported statistics sufficient for effect size computation based on either mean and standard deviation data or proportion of population data. The third inclusion criteria restricted to studies that reported statistics relevant to the takaful scheme for mental health disorders.

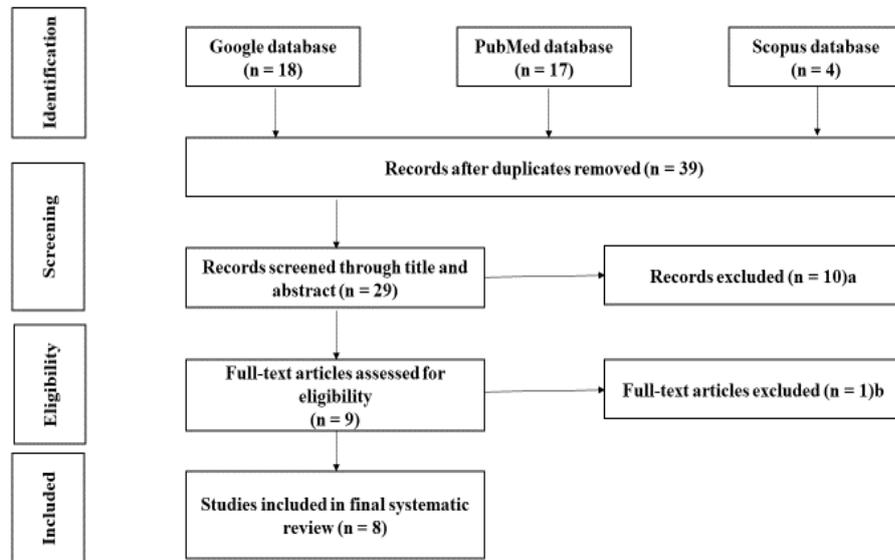


Figure 1: Flow chart of article search strategy according to PRISMA (Source: Fauzi et al., 2019)

The broad search covering ten years of empirical research, from 2010 to 2020, across three electronic databases has yielded 39 search results with 8 of them examined for this study. Also, the bibliographies of the examined manuscripts were inspected to locate as many relevant studies as possible (Breslin et al., 2017). The relevancy of a manuscript was determined based on its title, abstract, and contents available. Not all of the examined manuscripts were relevant for this study; thus, from 39 eligible results, only eight manuscripts contained data suitable for the systematic literature review.

Among a wide range to the mental health disorders (Etiqa Takaful, 2020; Nathan, 2020; Yee, 2020; Goh, 2019; Tan, 2019), those ultimately chosen for this meta-analytic study were selected in a two-step approach. The first step involved a frequency search across retrieved manuscripts to identify highly cited on takaful scheme for mental health disorders. The number of papers mentioning the factors served as an indicator of the attention these factors are given in the literature, thus, justifying the choice of variables to include in the systematic literature review. The frequency search was performed on the first 39 manuscripts retrieved following the search query, of which 38 used qualitative and one used quantitative approaches, employing a set of manuscripts different from the one for systematic literature review. The second step of selection occurred during data collection, eliminating from the study those variables that did not yield a sufficient amount of data for effect size computation. Such studies related to ambiguous meaning (e.g., the term takaful health), a rare occurrence in the literature, and data for means and standard deviation, proportions, or sample size missing.

RESULTS AND DISCUSSION

The results will be discussed as per outcome domains, interventions used and based on individual studies. A summary of the quantitative measure was not possible due to the nature of the studies assessed. The studies were too heterogeneous in terms

of the outcome categories measured, location, and database used. Due to the reasons mentioned, conducting a quantitative summary measure was not possible, let alone valid. The review resulted in four main themes, as shown in Table 2. The results provided a comprehensive analysis of the takaful scheme for mental health disorders provided by scholars for the past ten years. A total of eight (8) studies focused on Malaysia takaful scheme for mental health disorders were found in this systematic literature review. Hence, a takaful scheme for mental health disorders is the new recently products launch by the takaful operators. Thus, there is a limited study by scholars found as per now.

Malaysia is known as the pioneer of the takaful industry in the world (Htay et al., 2015). Based on results, takaful products and services such as a scheme for mental health disorders studies only be found in the Malaysian context. Furthermore, all studies applied the qualitative approach. Regarding years published, five (5) articles were published in 2020, while remaining was published in 2019. Thus, since this takaful scheme for mental health disorders is the new product launch by takaful operators, the studies only are found from Google database, which from articles provided by the scholars in websites and vlog. This study did not find works of literature about takaful for mental disorder from Scopus and PubMed. Hence, it can be said that limited study focusing on takaful scheme for mental health disorders. There is a need for scholars to provide more studies on this related topic to discuss the importance of takaful schemes for mental health disorders since according to Etiqa Takaful (2020), the number of cases for mental health disorders is increasing yearly.

Analysis of the articles published in the area of takaful scheme for mental health disorders for the years 2010 to 2020 has provided the following information:

- 1) Research in the area of takaful scheme for mental health disorders is scarce.
- 2) Most of the research has been conducted in Malaysia. The significant number of researches in Malaysia is probable due to several factors. The main factor is Malaysia as the pioneer for the takaful industry in the world. Therefore, new products launch in takaful becomes one of the popular topics for publication.
- 3) As the awareness toward takaful schemes for mental health disorders is low, research in the area might need to be more and move towards other areas, such as consumer behaviour, willingness to pay, and other research areas.

Table 2: Characteristic of studies involved

Author	Category	Location	Year	Database
Nathan, L.	Takaful Mental Health Disorders	Malaysia	2020	Google (Online Vlog)
Goh, S.	Takaful Mental Health Disorders	Malaysia	2019	Google (Online Vlog)
Tan, J.	Takaful Mental Health Disorders	Malaysia	2019	Google (Online Vlog)

Author	Category	Location	Year	Database
Yee, T. J.	Takaful Mental Health Disorders	Malaysia	2020	Google (Online Vlog)
The Leaders Online	Takaful Mental Health Disorders	Malaysia	2020	Google (Online Vlog)
Billah, M. M.	Takaful Mental Health Disorders	Malaysia	2019	Islamic Insurance Products
Etiqa Takaful	Takaful Mental Health Disorders	Malaysia	2020	Etiqa Takaful Official Web-Site
Bernama	Takaful Mental Health Disorders	Malaysia	2020	Google (Online Vlog)

(Source: Authors compilation from literature)

This systematic review examined the takaful scheme for mental health disorders. In the 39 studies, only eight (8) studies have reviewed on takaful scheme for mental health disorders. The factor of offered this scheme by takaful operators is to consider highly several cases on mental health disorders currently in Malaysia (Etiqa Takaful, 2020).

Although the results of the studies were not covering all aspects due to limited literature, this review found there is a need for takaful scheme for mental health disorders since the charge for consultancy is expensive. The high cost for consultancy was to influence people to ignore their mental health problems. According to Etiqa Takaful (2020); Billah (2019); Nathan (2020); Yee (2020); Goh (2019); Tan (2019) and Bernama (2020), noted that charge for mental health consultancy is between RM300.00 to RM400.00 per consultancy. Thus, there is a need to promote this scheme to create awareness among people. Few studies were designed to explore this complexity but not to takaful scheme for mental disorders specifically (Appelbaum & Parks, 2020; Keyes et al., 2020; Wiznia et al., 2017; Yucel et al., 2020).

Other important findings of this review found that the Malaysian takaful industry has shown a continuous upward achievement trend in 2018 in promoting the takaful protection value. It shows Malaysians are familiar with the takaful concept that leads to the rising of takaful industry performance reflects a greater acceptance among Malaysians towards a takaful protection plan (Hassan et al., 2018; Nathan, 2020). The advancement and consideration given to this industry and the rising chance of the business have pulled in the conventional bank and conventional insurance to incorporate takaful principle products in their business (Billah, 2019). Takaful has been introduced as an alternative to modern insurance and offered up to date products based on society necessity (Arifin et al., 2013) such as a scheme for mental health disorders (Etiqa Takaful, 2020).

In general, the results of studies in this review lack in methodological robustness. Most evidence showed here on qualitative methodology. Even the sample selection in the majority of studies has a selection bias risk, so the representativeness of the population in the study might not be achieved. Recommendations to be incorporated into the takaful scheme for mental health disorders may not be valid if only these eight (8) studies are used as references. The inability of a systematic review to generate literature to the academic world is not uncommon (Harun et al., 2019; Mallett et al., 2012; Mustafa et al., 2019). Thus, further studies in this takaful scheme for mental health disorders research areas are needed to gain new evidence and to support currently available evidence.

Despite inconclusive results, this study may assist in answering arguments from scholars. For example, scholars may argue that they require a valid source of database and reliable of information, but Etiqa Takaful (2020); Billah (2019); Nathan (2020); Yee (2020); Goh (2019); Tan (2019) and Bernama (2020) showed that the findings could be the starting point for future research exploring the takaful scheme for mental health disorders all over the world. Besides, it will provide crucial information about the demand side of takaful scheme for mental health disorders. This systematic review also sheds light on the innovative nature of takaful industry in Malaysia signals positive potential for operators to offer takaful scheme for mental health disorders for Malaysian and to concern regulatory bodies to expedite its introduction to the market.

CONCLUSION

This study provides a foundation for future research in this area as this is the first known research that to carry out a systematic literature review, to observe the different factors which can explain the variations in the results of the studies. This study contributes to the literature on takaful scheme for mental health disorders by taking a summative look at takaful products. The lack of clarity in the literature regarding the takaful scheme for mental health disorders has been clarified by pooling opinions of a large sample of data together. The findings of this study are very significant as they provide the baseline knowledge on the matter. Most importantly, this study is the first of its kind and has successfully filled the research gap of knowledge about takaful scheme for mental health disorders.

Despite the contributions, there are also limitations in this study that should be mentioned. First, the objective of the study is was to carry out a systematic literature review for takaful schemes for mental health disorders in the overall view. There may be variants in the insurance for mental health disorders. Thus, further investigation considering takaful and insurance should be conducted. The other limitation is that the objective of this study takaful scheme for mental health disorder, which is not the strategic product in the takaful industry. Study about other takaful product that is the strategic product of the country may give different results. Since takaful schemes for mental health disorders are the target of all databases, marketers must succeed in understanding why and how the study is needed. The

findings of this study can be used by takaful providers and agents in developing a marketing strategy by incorporating search, experience, and credence attributes.

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. There is a need to generate public discourse and legal recourse to provide mental health equality and equity in health care by including mental health in government schemes, to begin with, and subsequently following-up with the private sector. Islam offers its approach that is practical and ultimately leads toward inculcating universal values such as cooperation and brotherhood in members of society. In the takaful literature, studies have been directed to almost every aspect of the purpose of takaful scheme for mental health disorders. Nevertheless, the empirical evidence on the takaful scheme for mental health disorders is scarce. Hence, there are several aspects where this paper extends prior research and contributes to the takaful scheme for mental health disorders literature.

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