

Integrating Islamic Religious Perspectives into Mental Health Legislation: A Holistic Approach to Human Rights and Well-being in Brunei Darussalam

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Abstract

To date, the growing mental health crisis has affected approximately 14% of the global population, with more than 1 billion people suffering from mental, neurological, and substance use disorders. In Brunei Darussalam, approximately 7,000 individuals, or 1.5% of the population, are currently receiving treatment for mental health conditions. Mental health is a fundamental human right and is an essential foundation for overall human well-being, requiring access to services and protection from risks. It is interconnected with human rights and is essential for individual growth, community advancement, and socio-economic progress. It affects cognition, emotions, and behaviour, and helps determine coping mechanisms for stress and decision-making. Open discussions about mental health can reduce misunderstandings and social disapproval, motivating individuals to seek help and establish support networks. Promoting mental health is crucial for individual and community growth. This study uses a qualitative approach, focusing on a comprehensive review of existing literature to explore how religious beliefs impact mental health legislation. According to this paper, the mere fact that there is mental health legislation protecting the rights of mental health patients is insufficient if it ignores the religious dimensions—beliefs, faith, or transcendental orientation—of the people who these laws are intended to protect. The paper offers suggestions on how religious perspectives on mental illness might be harmonised to support contemporary initiatives like human rights that strive to improve people's lives to policymakers, scholars, medical practitioners, and international organisations who work in the field of mental health. It advocates for a holistic approach to mental health that respects cultural and religious contexts, ensures legal robustness, and promotes inclusivity, ensuring the right to mental health is fully realised for all individuals.

Keywords: Mental Health; Human Rights; Mental Health Legislation; Islamic; Religious Perspectives; Brunei Darussalam.

I. INTRODUCTION

No doubt, mental disorders are significant disruptions in thought processes, emotional regulation, or behaviour, often leading to considerable distress, depression, anxiety personality disorder, and functional impairment. They manifest in various forms, and addressing mental health remains a challenge throughout the world including in Brunei. Research shows that good mental health is linked to creativity, higher levels of productivity, good physical health, and increased life expectancy. Mental health issues are still considered taboo. This cultural stigma exacerbates the problem, making individuals with mental illness feel isolated and powerless. Such stigma can deter people from seeking professional help, adversely affecting their recovery and overall quality of life.

To date, the growing mental health crisis has affected approximately 14% of the global population, with more than 1 billion people suffering from mental, neurological, and substance use disorders. Brunei is no exception, as the Ministry of Health Brunei reports that around 7,000 individuals, or 1.5% of the country's population, are currently receiving mental health treatment.

The World Health Organisation (WHO) highlights the enormous impact of mental health issues, with recent studies estimating that the global economic loss due to mental disorders will amount to USD 16.3 trillion between 2011 and 2030. In many societies, mental disorders stemming from isolation, poverty, domestic violence, and work-life pressures are becoming increasingly serious issues, particularly affecting women's health.

Those with severe mental health conditions often experience disproportionately higher rates of disability and mortality. According to the WHO's latest report, individuals with mental disorders die 10 to 20 years earlier than the general population, mainly due to preventable physical diseases such as cancer, heart disease, diabetes, HIV infections, and suicide. Suicide alone accounts for more than 1 in 100 deaths globally and is the second leading cause of death among young people aged 15 to 29.

Globally, health systems have yet to adequately respond to the need for mental health care. WHO reports that between 76% and 85% of people with severe mental disorders in low- and middle-income countries do not receive the treatment they need, while in high-income countries, the figure is also significant: between 35% and 50%. A lack of resources worsens this situation. In low-income countries, there is less than one mental health worker per 100,000 people, and only 2% of health budgets are allocated to mental health.

Moreover, recent years have seen growing risks to global mental health due to social and economic inequalities, public health emergencies, warfare, and climate change. WHO has also reported that during the first year of the Covid-19 pandemic, rates of depression and anxiety surged by more than 25%.

No doubt, mental health is a crucial aspect of overall human well-being, as enshrined in the WHO Constitution: "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This calls for adequate access to services and protection from various risks. Mental health is closely tied to human rights and is essential to individual growth, community progress, and socio-economic development.

The incidence of human rights violations in mental health care across nations has been described as a "global emergency" and an "unresolved global crisis." The relationship between mental health and human rights is complex and bidirectional. Human rights violations can negatively impact mental health. On the other hand, upholding human rights might enhance mental wellness. Since human rights are the cornerstones of justice and civilization, so using human rights-based initiatives makes sense morally and legally.

As mental health affects cognition, emotions, and behaviour and helps determine one's ability to cope with stress and make decisions. Open discussions about mental health can reduce misunderstandings and social stigma, encouraging individuals to seek help and build support networks.

Promoting mental health is vital for the growth of both individuals and communities. The mere existence of mental health laws that protect patients' rights is insufficient if these laws

disregard religious dimensions—such as beliefs, faith, or transcendental orientations—held by the individuals they are meant to protect.

The relationship between religion and mental health has been debated for centuries and in fact, the two of them are linked in various studies. According to research, religious institutions are frequently the first to provide compassionate care to those who are mentally ill, and religion was a major factor in the development of psychiatric treatment in many parts of the world.

Our discussion also offers recommendations on how religious perspectives on mental illness can be aligned with contemporary initiatives, including human rights efforts, to enhance human well-being, particularly for the population of Brunei Darussalam. These recommendations are directed at policymakers, scholars, medical practitioners, and international organisations involved in the field of mental health. The paper advocates for a holistic approach to mental health that respects cultural and religious contexts, ensures legal resilience, and promotes inclusivity to fully realise the right to mental health for all.

II. HUMAN RIGHTS-BASED APPROACHES TO MENTAL HEALTH

Reports of physical and sexual abuse, discrimination and stigma, arbitrary detention, not being able to access health care, vocational and residential resources, and not being able to make their own decisions about money and marriage, among other rights violations, have led to mental health crisis being called a "global emergency.

There are at least three components to the relationship between human rights and mental health. First, abuses of human rights including torture and forced relocation have a detrimental effect on mental health. Second, policies, programs, and practices related to mental health, such as coercive treatment methods, may affect human rights. Lastly, there is a synergistic connection between human rights advancement and mental health. These advantages go beyond mental health to include the intimate relationship between mental and physical well-being. Therefore, advancing human rights in mental health care is required for ethical, legal, and therapeutic reasons.

Human rights-based approaches (HRBAs) to mental health services take advantage of these complex relationships. An HRBA is defined as "a conceptual framework with an operational focus on human rights promotion and protection, normatively grounded in international human rights standards." An HRBA in the context of mental health care entails prioritizing both preventing abuses of human rights and ensuring that states or organizations that provide services have human rights at their core.

Human rights can therefore be strong catalysts for change in fields like mental health care, which have historically been tainted by discrimination and, in certain cases, a disdain for the fundamental value and dignity of patients. Human rights set out universal, non-negotiable norms for all people. While there is little question that violations of human rights have a detrimental impact on mental health, very few studies have attempted to investigate the other side of this reciprocal relationship.

III. THE MENTAL HEALTH LANDSCAPE IN BRUNEI DARUSSALAM

A. The Prevalence of Mental Health Issues

As a sovereign state, Brunei is situated on the island of Borneo, covering a land area of 5,765 square kilometers. The nation gained full independence on 1 January 1984, after nearly 80 years

under the British Resident Administration, which began in 1906. Brunei's governance follows the Malay Islamic Monarchy system, blending English common law with Sharia law to ensure that state governance aligns with Islamic teachings and Malay traditions. Over the past fifty years, under the leadership of His Majesty Sultan Haji Hassanal Bolkiah, Brunei has achieved tremendous progress across various sectors, including education, health, welfare, law, religion, and social services, fostering peace, prosperity, and economic stability.

Despite these advancements, the global public health emergency caused by COVID-19 has exacerbated Brunei's growing mental health crisis. According to the Brunei Ministry of Health, approximately 7,000 people—about 1.5% of the population—are currently receiving treatment for mental health issues. The gravity of this situation is further highlighted by a rise in suicide cases. Between 2010 and 2015, Brunei recorded an average of five suicides per year, but this number doubled to an average of ten cases annually between 2016 and 2020. These statistics, which predate the Covid-19 pandemic, are likely to have worsened since. The national mental health helpline, 'Hope Line 145,' also reported an 8% increase in mental health-related calls during the second phase of the pandemic, signalling an ongoing challenge to the nation's well-being.

Brunei's diverse ethnic and religious population means that there are various perspectives on mental illness and mental health. Different cultural and religious viewpoints influence how mental health issues are understood and addressed. Additionally, social stigma surrounding mental illness often prevents people from acknowledging their struggles or seeking help.

In short, mental health has become a significant public health issue in Brunei Darussalam. While the country has made strides in improving mental health services, challenges such as stigma, limited resources, and cultural attitudes continue to affect the effectiveness of these services. The ongoing effort to address these challenges reflects the complexities and evolving nature of mental health care in Brunei.

B. The Current State of Brunei Mental Health Service

The mental health services in Brunei are mainly government-run, with Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital being the central facility for psychiatric care. Before the current hospital was established in 1984, there was a psychiatric unit called 'Ward 5', which was akin to a traditional mental asylum. The legacy of 'Ward 5' still affects how people perceive the hospital's modern mental health unit (MHU), often referring to it as 'Ward 5' and recounting unsettling stories of restrained patients and screams.

RIPAS Hospital is the primary psychiatric facility in Brunei, catering to acute and long-term mental health needs, diagnosing and treating various psychiatric conditions. Apart from RIPAS, each of Brunei's four district hospitals has psychiatric clinics to extend mental health services beyond the capital, Bandar Seri Begawan, decentralising mental health care to make it more accessible.

To address regional disparities, community mental health teams have been set up to provide comprehensive care and support at a local level, including outreach services, home visits, and family support. Their role is crucial in bridging the gap between institutional care and community-based support.

However, Brunei's mental health services face challenges, particularly the shortage of specialised mental health professionals. This limitation is significant given the increasing demand for mental health services, especially among the younger population.

RIPAS statistics highlight this challenge, with a high and increasing demand for mental health services. Adult Psychiatry Services handles approximately 40 new adult cases and about 600 follow-up cases monthly. Similarly, the Child and Adolescent Psychiatry Services see around 10 new cases and 500 follow-up cases monthly. Psychology Services are also experiencing a surge in demand, with psychologists managing between 400 and 600 cases per month. This substantial caseload underscores the strain on the mental health system and the need for expanded resources and support.

C. The Legislative and Policy Framework

Brunei's approach to mental health has undergone significant transformation over the years. This part explores the evolution of mental health legislation in Brunei, highlighting the shift from the outdated Lunacy Act of 1929 to the modern Mental Health Order of 2014, and the subsequent strategic efforts to improve mental health care through the Brunei Mental Health Action Plan (2022-2025). Additionally, it examines the influence of global standards, particularly those set by the WHO, and Brunei's role in regional mental health initiatives.

(1) Legislations

(a) The Lunacy Act (Chapter 48), 1929:

This Act was Brunei's primary legal framework for managing mental health issues. This legislation permitted the confinement of individuals deemed a risk due to suspected mental illness. Unfortunately, the Act's provisions are somewhat vague and lack detail. In practice, family members who suspect a relative has a mental illness can petition a magistrate to obtain a court order for their involuntary detention. This process does not include the involvement of psychiatrists or social workers, and the patient has no right to appeal the decision, creating the potential abuse of the law. However, this outdated legislation has since been repealed, by the Mental Health Order of 2014, which is designed to address these shortcomings and provide more comprehensive protections and procedures.

(b) The Mental Health Order, 2014:

Various efforts to draft new legislation had been undertaken over the years. The challenge of creating new laws was finally met through a major collaborative effort involving the Ministry of Health and the Attorney General's Chambers.

The drive for reform began in 2011 with the formation of a mental health legislation drafting committee. This initiative was sparked by the appointment of Brunei's first Bruneian consultant psychiatrist, which highlighted the inefficiencies in the system for involuntary detention and underscored the need for better protection of individuals with mental disorders. The World Health Organisation's Mental Health Action Plan 2013, which Brunei endorsed at the 66th World Health Assembly, emphasises the need for strengthened governance in mental healthcare and the development of national laws to safeguard the rights of those with mental disorders.

In its first year, the committee drafted the essential components of the new law. Given Brunei's legal system's foundation in British law, they drew on legislation from the UK, Malaysia, and Singapore—countries with similar legal backgrounds. To ensure alignment with international standards, resources from the WHO were also utilised. This was followed by an extensive consultation and redrafting phase involving key agencies such as the Attorney General's Chambers, Prime Minister's Office, Royal Brunei Police Force, Department of Prisons, judiciary, and various ministries. Unfortunately, there were no local independent patient or carer groups available for consultation. Additionally, the Ministry of Religious Affairs and the Islamic Religious Council were consulted to ensure that the legislation adhered to Islamic Syariah principles, reflecting the dual legal systems in Brunei. This comprehensive process extended over another year and a half, resulting in two final versions of the legislation, in English and standard Malay. These were presented to His Majesty the Sultan and Yang Di-Pertuan of Brunei Darussalam in March 2014 and were officially gazetted in June 2014, coming into effect on 1 November 2014.

The new order marks a significant shift in the approach to mental healthcare in Brunei. It emphasises principles such as preserving individual autonomy, acting in the best interests of patients, using the least restrictive treatment alternatives, promoting reciprocity and beneficence, ensuring equality and non-discrimination, and fostering multi-agency collaboration. The legislation is designed to be practical and straightforward. It also highlights the shared responsibilities of stakeholders and the importance of their involvement.

Terms like 'lunacy' and 'lunatic asylum' from the old Act have been replaced with modern terms such as 'mental disorder' and 'psychiatric facility.' Unlike the Lunacy Act, which did not recognise patients' rights to make decisions about their care or require medical recommendations for involuntary treatment, the new legislation explicitly states the duties to obtain consent and offer voluntary treatment. It defines the criteria for involuntary treatment clearly and shifts the responsibility for detention decisions from the magistrate's court to the examining medical practitioner and the Board of Visitors.

(2) Strategy Frameworks

(a) The Brunei Mental Health Action Plan (2022-2025):

This Action Plan provides a clear, strategic roadmap for addressing mental health issues with a fresh, comprehensive approach. It was developed through in-depth conversations with stakeholders and aims to raise awareness about mental health, eliminate stigma, and improve the quality of mental health services. The plan encompasses promotion, prevention, treatment, and rehabilitation, ensuring a holistic response to the mental health needs of the community.

In alignment with international standards and local commitments by the Ministry of Health, this plan is a significant advancement for Brunei. From 2019 to 2021, the Mental Health Strategy Unit, part of the Health Promotion Centre, organised four important workshops that played a crucial role in shaping the Action Plan and enhancing collaboration among different agencies.

These workshops were also instrumental in engaging stakeholders and garnering support for the initiative. Globally, mental health promotion and substance abuse treatment are high priorities. Goal 3, Target 3.4 of the Sustainable Development Goals (SDGs) aims to reduce premature deaths from non-communicable diseases by one-third by 2030 through efforts in

prevention, treatment, and mental health promotion. Monitoring suicide rates will be crucial for measuring progress.

At its core, this Mental Health Action Plan is about promoting mental well-being, preventing mental disorders, and ensuring sustainable, cost-effective care. It seeks to streamline and enhance mental health services, address existing gaps, and uphold the rights of individuals with mental health conditions. Through this plan, the goal is to promote mental health, support recovery, and reduce the impact of mental health issues on individuals and the community.

To achieve these goals, the Action Plan outlines four key strategies: (1) Enhance Leadership and Governance for Mental Health; (2) Improve Mental Health Services; (3) Promote Mental Health and Prevent Disorders; and (4) Build Capacity for National Information Systems and Research. These strategies, however, encompass 13 priority actions to be implemented over the next four years, aiming to achieve the plan's goals and improve mental health outcomes across the nation.

(3) Global and Regional Influences

(a) The World Health Organization (WHO)'s Comprehensive Mental Health Action Plan, 2013-2030:

The Brunei Mental Health Action Plan 2022-2025 is heavily influenced by the WHO's Comprehensive Mental Health Action Plan 2013-2030. The WHO, a specialised agency of the United Nations focused on international public health, aims to collaborate effectively with various stakeholders, including member states, UN agencies, and professional organisations.

In May 2012, the Sixty-sixth World Health Assembly, which includes Brunei among its 194 member states, adopted the WHO's original Comprehensive Mental Health Action Plan 2013-2030. This plan was subsequently extended to 2030 by the Seventy-second World Health Assembly in 2019. By 2021, the Seventy-fourth World Health Assembly endorsed updates to the action plan, refining implementation options and indicators.

This updated plan outlines clear actions for the WHO, member states, and various partners to promote mental health and well-being, prevent mental health conditions, and ensure universal coverage of mental health services. The vision of this global action plan is to create a world where mental health is highly valued, actively promoted, and effectively protected. It aims to ensure that mental disorders are prevented and that individuals affected by these conditions can fully exercise their human rights. The plan envisions providing access to high-quality, culturally appropriate health and social care on time, thereby fostering recovery and enabling individuals to achieve optimal health and participate fully in society and the workforce, without facing stigma or discrimination. The overarching goal of the plan is to enhance mental well-being, prevent mental disorders, offer comprehensive care, support recovery, uphold human rights, and reduce the mortality, morbidity, and disability associated with mental disorders.

(b) ASEAN Regional Initiatives:

Apart from its international commitments, Brunei's role at the ASEAN +3 Summit also highlighted significant regional initiatives within ASEAN. On 27 October 2021, Brunei took the lead as chair of the Summit of Cooperation on Mental Health Amongst Adolescents and Young

Children, underscoring its role in tackling mental health challenges. During the summit, Brunei and other participating nations reaffirmed their commitment to the United Nations 2030 Agenda for Sustainable Development, with a particular focus on SDG target 3.4. This goal aims to reduce premature mortality from non-communicable diseases and enhance mental health and well-being.

The summit also highlighted the pressing need for quality mental health care, especially in light of the Covid-19 pandemic, as noted in the UN Secretary-General's 2020 message on World Mental Health Day. This message emphasised that depression has become a leading cause of illness and disability among children and adolescents and called for urgent collective action to ensure accessible mental health services.

Brunei welcomed the WHO's Special Initiative for Mental Health 2019-2023, which aligns with the updated WHO Comprehensive Mental Health Action Plan 2013-2030. This initiative aims to integrate mental health care into universal health coverage, ensuring that everyone can access high-quality mental health services.

The summit also acknowledged the importance of previous commitments, such as those outlined in the 2013 Bandar Seri Begawan Declaration on Non-Communicable Diseases and the 2016 ASEAN Mental Health Systems Report. Brunei supported the ASEAN Socio-Cultural Community Blueprint 2025, which aims to foster a healthy, resilient community with universal health care access. Additionally, the ASEAN Post-2015 Health Development Agenda, which focuses on sharing effective mental health models and integrating mental health programs into primary and secondary care, was highlighted as a key priority.

D. The Challenges of Implementing the Legislative and Policy Framework in Brunei

Undoubtedly, there are several challenges in implementing Brunei's legislation and policy framework. These challenges have been articulated through important academic writings by Dr. Hilda Ho,¹ and some other scholars. Among the challenges highlighted in their writings are as follows:

(1) Cultural Barriers

According to Ho, cultural barriers in Brunei significantly contribute to the widespread lack of understanding surrounding mental health disorders. Traditional beliefs, such as attributing mental illness to spirit possession or black magic, strongly influence these perceptions. For many Bruneians, the initial approach to treatment often involves consulting a Malay shaman, or '*Bomoh*', who practises folk medicine. This reliance on traditional healing leads to mental disorders being viewed through a supernatural lens, often as a result of mystical forces or moral failings, rather than as medical or psychological conditions. The term '*gila*,' meaning 'crazy,' is frequently used to describe individuals with mental disorders. This label is not only pejorative but also oversimplifies the complexity of mental health conditions, reducing them to a singular, negative connotation.

¹ Dr. Hilda Ho, a Fellow of the UK Royal College of Psychiatrists, is the Head of Psychiatric Services at Brunei Darussalam's Ministry of Health.

The stigma surrounding mental health in Brunei discourages many from seeking professional help. The fear of being labelled as 'gila' and facing societal exclusion often pushes individuals away from mental health services, directing them instead toward traditional healers. While traditional practices hold cultural significance and may offer comfort, they often fail to address the medical and psychological needs of those suffering from mental disorders, which can further complicate treatment and recovery.

Moreover, the absence of strong mental health advocacy groups in Brunei amplifies these challenges. Without the presence of robust advocacy organisations, public education on mental health remains limited, allowing misconceptions and stigma to persist. Educational campaigns, community support programs, and accessible mental health services are crucial for changing societal attitudes and fostering a better understanding of mental health issues. The lack of such initiatives means that traditional beliefs and the associated stigma continue to dominate public discourse, hindering progress in effectively addressing mental health in Brunei.

(2) Barriers to Mental Healthcare Expansion and Development

One major problem is that there are significantly limited human resources, in addition to a lack of experience and expertise in delivering secure psychiatric treatment, particularly for treating offenders with mental disorders.

Additionally, the country faces outdated and inflexible criminal procedural legislation, which necessitates a comprehensive and structured approach to managing offenders with mental disorders within the criminal justice system. Social and community services for this group are significantly underdeveloped, and there are currently no independent advocacy services to support them. Moreover, conditional discharge is heavily reliant on the availability of family members who can offer long-term care and accommodation, which can be problematic for those lacking such support. These challenges underscore the need for ongoing reform and development in Brunei's mental health and criminal justice systems.

(3) Limited Alternatives to In-Patient Psychiatric Care

Community mental health services are ill-equipped to handle acute crises, and there are no intensive home-based treatment programs to support severely ill patients or to facilitate early discharge. The country's small population and shortage of human resources further hinder the development of specialised community services. As a result, involuntary hospital treatment often becomes the only viable option for acutely ill patients and some with chronic disorders.

Moreover, there is limited multi-agency involvement in creating comprehensive care packages, such as those related to housing, criminal justice supervision, and social welfare assistance, for individuals with complex needs. No non-governmental organisations offer coordinated community care, leading to a reliance on involuntary hospitalisation to manage problems rather than improving the quality of life in the community. In recent years, a few voluntary organisations have begun contributing by organising recreational activities, providing household supplies, and assisting with home repairs, though it will take time for them to broaden

their scope and expertise. Expanding coordinated care outside the government sector is vital for better integrating patients into the community and reducing stigma.

(4) Absence of Independent Advocacy and Legal Support

Brunei currently lacks independent advocacy and legal support services for individuals with mental disorders, reflecting the stigma surrounding mental illness and the tendency to handle such issues privately within families. There is no legal aid available for patients wishing to appeal their involuntary treatment, and patients are often not informed of the appeal process. Hospitals are not required to display this information, and so far, only one patient has formally appealed their involuntary treatment. Given the non-confrontational culture and the absence of independent support systems, many patients may feel discouraged or are simply unaware of their right to appeal.

IV. RELIGIOUS PERSPECTIVES ON MENTAL HEALTH

Religion and mental health have been a hotly contested topic for ages, and there is some evidence that the two go hand in hand. In many regions of the world, religion has played a significant role in the establishment of psychiatric therapy, and research shows that religious institutions are often the first to offer compassionate care to those with mental illness.

The basic Assumption is that Religion will be positively correlated with Mental Health. Though there is no one-way relationship between religion and mental health, generally speaking, it appears that religious views are linked to better mental health, higher social functioning, and a reduction in self-destructive tendencies. Despite the overwhelming body of research that affirms faith.

There is a deep connection between religion and mental health, for example, anxiety, considering how common both are. Research on religious aspects of anxiety is not as advanced as that on other mental illnesses like psychosis and depression. Due to the instillation of guilt and fear, religious beliefs, practices, and coping mechanisms may contribute to an increased prevalence of anxiety. However, those who are afraid or frightened may find comfort in their religious beliefs. Several factors, including a lack of standardized measures, subpar sampling techniques, a failure to account for threats to validity, a limited assessment of anxiety, experimenter bias, and a poor operationalization of religious constructs, have contributed to the inconsistent and frequently contradictory results of studies on anxiety and religion.

Several paths have been discussed in the literature through which religion influences depression/anxiety: increased social support; less drug abuse; and the importance of positive emotions, such as altruism, gratitude, and forgiveness in the lives of those who are religious. In addition, religion promotes a positive worldview, answers some of the why questions, promotes meaning, can discourage maladaptive coping, and promotes other-directedness. Medical doctors/psychiatrists must be aware of how religion may affect their patients' mental health since religious concerns play a significant role in patient assessment and care.

A. Mental Health and Well-being from the Islamic Perspective

Religion is the cornerstone of a Muslim's life, and it takes precedence because, without it, life becomes chaotic and disorganised. Its importance even surpasses that of life itself because life needs religious guidance to navigate the world and the hereafter. Without religion, life becomes misguided, leading to harm and corruption in both this world and the afterlife.

There is no denying that people have varied views on the relationship between mental health and religion. Some believe that mental health issues do not require religious influence, while others argue that these issues can be fully addressed through religious practices. However, in Islam, moderation in perspective is highly encouraged. Islam, is a comprehensive and perfect way of life. This is reflected in the Qur'an, Surah al-Maidah, verse 3:

English Translation:

*"Today I have perfected your faith for you, completed My favour upon you, and chosen Islam as your way"*²

This indicates that Islam aims to promote the well-being and benefit of humanity, both in this world and the hereafter. Thus, promoting well-being (*maslahah*) should be a key objective in life, and all actions should be carried out within the framework that generates benefit and avoids harm. This applies to individuals, families, societies, and nations, and it must extend to all aspects of life, including education, employment, and even health care, particularly mental health care. Since the goal of mental health is to optimise the well-being of individuals and society, it naturally aligns with the objectives of Islam, known as *maqasid al-shariah*.

The foundation of Maqasid al-Shariah is to prioritise well-being (*maslahah*) and to prevent harm or corruption (*mafsadah*) in life. Islamic scholars of Usul al-Fiqh (principles of Islamic jurisprudence) agree that the concept of *maslahah* in Maqasid al-Shariah has a hierarchy based on necessity and importance, divided into three main categories: *al-dharuriyyat* (necessities), *al-hajiyyat* (needs), and *al-tahsiniyyat* (enhancements). These categories reflect different levels of priority.

Mental health care is, undeniably, connected to the protection of one or more of these five essential elements emphasised by *maqasid al-shariah*. Mental health, whether directly or indirectly, plays a role in preserving religion, life, intellect, lineage, and property. Islam itself requires its followers to maintain good health—physically, mentally, socially, and spiritually. This aligns with the fundamental purpose of Islam, which is to safeguard well-being and prevent harm to humanity.

B. Islamic Approaches to Treating Mental Illness

It is important to understand that in Islam, religion and spirituality are inseparable, a fact supported by various scientific medical studies that show patients who adhere to religious beliefs are more likely to experience satisfaction and compliance in their treatment. Historically, both Islamic and Western societies sometimes viewed mental illness as a disturbance related to evil spirits. However, Islamic scholars such as Ibn Sina (known in the West as Avicenna—the founder of modern medicine) rejected this notion, seeing mental disorders as physiological conditions. This perspective was also supported by the fuqahas and usuliyyuns, who considered mental illness a disorder of the mind that impedes proper functioning or speech, whether in a chronic (*mutbiq*) or temporary (*‘aridh/ghair mutbiq*) form. This scholarly perspective led to the establishment of the

² The Qur'an, Surah Al-Maidah (The Table Spread) 5: Verse 3.

first psychiatric ward in Baghdad, Iraq, in 705 CE by al-Razi, who also argued that mental disorders are medical conditions requiring treatment through psychotherapy and medication. Thus, Islam introduces several psychotherapy models for treating mental illness, as outlined below:

(1) Islamic Psychotherapy:

Islamic psychotherapy is a comprehensive approach to mental and emotional well-being that blends the principles of faith (*iman*), worship (*ibadah*), and sufism (*tasawuf*). This method integrates spiritual and psychological aspects to promote healing and personal growth.

The roots of Islamic psychotherapy can be traced back to early Islamic scholars. 'Ali Ibn Sahl al-Tabari, a physician and philosopher from around 850 CE, was one of the first to highlight the importance of combining psychological insights with medical treatment. His work, '*Firdaus al-Hikmah*' (The Paradise of Wisdom), emphasised the need to address both mental and physical health. Al-Tabari's approach was revolutionary, advocating for a more inclusive form of care that considered the mind and soul as essential components of overall well-being.

Similarly, Abu Bakr Muhammad Zakariya al-Razi (864-925 CE), also known as Rhazes, made significant contributions to holistic health through his works, '*al-Tibb al-Manshuriyyah*' (The Medicine of al-Mansur) and '*al-Tibb al-Ruhani*' (Spiritual Medicine). Al-Razi's writings reflected the idea that both physical and spiritual health are interconnected, reinforcing the notion that healing should encompass both dimensions.

In modern Islamic psychotherapy, *iman* plays a central role. Iman involves not just believing in Allah but also trusting in His wisdom and guidance. This deep faith provides individuals with a sense of purpose and resilience, helping them cope with life's challenges. Counsellors and imams often encourage individuals to rely on their faith to find comfort and meaning during difficult times. This reliance on iman helps people stay grounded and optimistic.

Ibadah is another important aspect of Islamic psychotherapy. Worship in Islam is more than just performing rituals; it involves a total devotion to Allah. This includes daily prayers, fasting during Ramadan, giving zakat (charity), and engaging in dhikr (remembrance of Allah). True worship involves a sincere heart and a deep connection with Allah, which promotes inner peace and spiritual strength. This holistic approach to worship supports mental well-being by providing a sense of purpose and tranquillity.

Meanwhile, *tasawuf* offers a unique path within Islamic psychotherapy. It involves a spiritual journey guided by a sufi expert. This journey focuses on developing a deep connection with Allah and engaging in practices like prayer, supplication, and dhikr. *Tasawuf* aims to purify the soul and detach from worldly distractions, helping individuals achieve inner peace and spiritual fulfilment. The guidance of an expert helps individuals address emotional issues and find a sense of calm.

(2) Zikir Psychotherapy:

Zikir refers to the act of remembering and glorifying Allah, as well as the prayers recited in this remembrance. Beyond that, actions such as reciting the Quran, sending salutations upon the Prophet (*selawat*), and supplication (*doa*) also fall under the concept of *zikir*. However, the Quran holds the highest status as the most significant form of *zikir*. Spirituality plays a crucial role in balancing physical, mental, and emotional harmony. When individuals lack spiritual fulfilment, it often leads to various internal struggles. Therefore, actions that align with the natural disposition of the soul (*fitrah*) are essential for achieving peace in daily life.

For individuals suffering from depression, they can be trained to recite and practise the words of *zikir* found in the Quran and sunnah, as well as the practices of Islamic scholars (*ulama*). Modern electronic media can be effectively used to support and develop those experiencing depression, particularly through the methodology of Islamic psychotherapy, or *zikir*-based psychotherapy.

The rhythmic recitation of the Quran also carries a calming effect on the listener's soul. In fact, Quranic recitations can influence cell development in the body, contributing to both physical and spiritual healing, including mental health issues like depression.

The sound of *zikir* creates mental responses. It is natural for the human body to react when hearing the name of its Creator, and this reaction is aligned with the individual's level of faith and belief. The stronger a person's faith in Allah, the more profound the response will be. Practising *zikir* during times of depression is highly beneficial, as it provides inner strength. Sincere recitation of *zikir* can free the soul from heedlessness and detachment from the world, leading to deeper spiritual benefits. When hope in Allah fills the heart, doubts and anxieties are dispelled, bringing calmness to the soul. *zikir* can also boost self-confidence and help individuals develop resilience. This is because practising *zikir* alone brings peace and tranquillity to the person engaging in it.

Major Depressive Disorder

Negative life events are one of the main factors contributing to depression from the Islamic perspective. Islam plays an important role in helping Muslims cope with these negative events, thereby assisting in the prevention and treatment of depression. Muslims are not extraordinary beings, but if someone experiences negative feelings, they are encouraged to combat them with positive thoughts and actions if possible or to seek professional help if the situation requires clinical treatment, just like any other illness. As stated in the Qur'an, surah Ash-Sharh, verse 5-6:

فَإِنَّ مَعَ الْعُسْرِ يُسْرًا , إِنَّ مَعَ الْعُسْرِ يُسْرًا

Translation:

“So, verily, with every difficulty, there is relief: Verily, with every difficulty there is relief.”³

³ The Qur'an, surah Ash-Sharh (The Relief) 94: verse 5-6.

Islam teaches its followers to always hold on to hope, even if someone has committed a great sin or is facing the most challenging life event, because Allah's mercy is ever-present. Allah also says in the Qur'an, surah Yusuf, verse 87:

وَلَا تَيْأَسُوا مِنْ رَوْحِ اللَّهِ إِنَّهُ لَا يَيْأَسُ مِنْ رَوْحِ اللَّهِ إِلَّا الْقَوْمُ الْكَافِرُونَ

Translation:

“And do not lose hope in the mercy of Allah, for no one loses hope in Allah’s mercy except those with no faith.”⁴

To counter negative thoughts such as despair and depression, Muslims believe that Allah is in control of everything—He is All-Seeing, All-Knowing, All-Just, and All-Wise. Allah says in the Qur'an, surah at-Talaq, verse 2-3:

وَمَنْ يَتَّقِ اللَّهَ يَجْعَلْ لَهُ مَخْرَجًا * وَيَرْزُقْهُ مِنْ حَيْثُ لَا يَحْتَسِبُ

Translation:

“And whoever is mindful of Allah, He will make a way out for them, and provide for them from sources they could never imagine.”⁵

Suicidal Thought

Islam also helps prevent suicide in two ways: directly, by prohibiting it, and indirectly, by reducing the factors that lead to suicide, such as substance abuse and promoting mental or emotional well-being. In Islam, suicide is considered strictly forbidden. Allah says in the Qur'an, surah an-Nisa, verse 29:

وَلَا تَقْتُلُوا أَنْفُسَكُمْ إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا

Translation:

“... [do not] kill (or destroy) yourselves, for surely God has been Most Merciful to you.”⁶

From the Hadith:

عَنْ أَبِي هُرَيْرَةَ - رَضِيَ اللَّهُ عَنْهُ - قَالَ النَّبِيُّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ " الَّذِي يَخْنُقُ نَفْسَهُ يَخْنُقُهَا فِي النَّارِ، وَالَّذِي يَطْعُنُهَا يَطْعُنُهَا فِي النَّارِ".

⁴ The Qur'an, surah Yusuf (Joseph) 17: verse 87.

⁵ The Qur'an, surah At-Talaq (Divorce) 65: verse 2-3.

⁶ The Qur'an, surah An-Nisa (The Women) 4: verse 29.

Narrated Abu Huraira: The Prophet Muhammad (peace be upon Him) said:

*"He who commits suicide by throttling shall keep on throttling himself in the Hell Fire (forever) and he who commits suicide by stabbing himself shall keep on stabbing himself in the Hell-Fire."*⁷

Instead, Muslims are encouraged to remember Allah in times of suffering and pain, and to place their hope and trust in His mercy to ease their suffering. Although suicide is prohibited and considered a major sin, it should not be viewed in a black-and-white manner. If someone suffers from a mental illness that impairs their ability to make sound decisions, they are not held accountable for their actions. Ultimately, only Allah will judge the actions of each individual.

Anxiety Disorder

Cognitive distortions in anxiety and depression are often similar, so the above examples can also be used to address anxiety. Those experiencing anxiety often have negative thoughts such as "I am no longer able to cope," or "Life is too difficult for me." For those facing these challenges, it is very helpful to remember that Allah is always present and can assist those who put their trust in Him. One of the fundamental beliefs in Islam is the conviction that Allah is in control of everything and manages all affairs. Allah says in the Qur'an, surah Al-Imran, verse 159:

فَإِذَا عَزَمْتَ فَتَوَكَّلْ عَلَى اللَّهِ إِنَّ اللَّهَ يُحِبُّ الْمُتَوَكِّلِينَ

Translation:

*"Once you make a decision, put your trust in Allah. Surely Allah loves those who trust in Him."*⁸

Obsessive–Compulsive Disorder (OCD)

From an Islamic viewpoint, unwanted obsessive thoughts are known as *wasawis* which are whispers from Satan that affect people's minds and hearts. This concept is supported by references in the Quran and Hadith. Allah says in the Quran, surah al-'Araf, verse 20:

فَوَسْوَسَ لَهُمَا الشَّيْطَانُ لِيُبْدِيَ لَهُمَا مَا وُورِيَ عَنْهُمَا مِنْ سَوْءَاتِهِمَا

Translation:

*"Then Satan tempted them in order to expose what was hidden from their nakedness."*⁹

⁷ Sahih al-Bukhari 1365, Book 23, Hadith 17.

⁸ The Qur'an, surah Al-Imran (The Family of Imran) 3: verse 159.

⁹ The Qur'an, surah Al-'Araf (The Heights) 7: verse 20.

Another verse from surah An-Nas, verse 1-4, Allah says:

قُلْ أَعُوذُ بِرَبِّ النَّاسِ *مَلِكِ النَّاسِ *إِلَهِ النَّاسِ *مِنْ شَرِّ الْوَسْوَاسِ الْخَنَّاسِ

Translation:

“Say, ‘O Prophet,’ ‘I seek refuge in the Lord of humankind, the Master of humankind, the God of humankind, from the evil of the lurking whisperer.’”¹⁰

From the Hadith:

قَالَ أَبُو هُرَيْرَةَ - رَضِيَ اللَّهُ عَنْهُ - قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ "يَأْتِي الشَّيْطَانُ أَحَدَكُمْ فَيَقُولُ مَنْ خَلَقَ كَذَا مَنْ خَلَقَ كَذَا حَتَّى يَقُولَ مَنْ خَلَقَ رَبَّكَ فَإِذَا بَلَغَهُ فَلْيَسْتَعِذْ بِاللَّهِ، وَلْيَبْتَلِهِ".

Allah's Messenger (peace be upon Him) said: "Satan comes to one of you and says, 'Who created so-and-so? 'till he says, 'Who has created your Lord?' So, when he inspires such a question, one should seek refuge with Allah and give up such thoughts."¹¹

Everyone experiences *wasawis* at some point, regardless of age, gender, faith, or background. However, the intensity and impact of these whispers can vary greatly from person to person. For some, they may cause only mild anxiety, while for others, they can be so severe that they affect their spiritual, mental, emotional, psychological, and social well-being. Moreover, it can be comforting to know that the guilt associated with religiously obsessive thoughts is addressed in Islam. As the Hadith stated:

عَنْ أَبِي هُرَيْرَةَ، قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ "إِنَّ اللَّهَ عَزَّ وَجَلَّ تَجَاوَزَ لِأُمَّتِي عَمَّا حَدَّثَتْ بِهِ أَنْفُسَهَا مَا لَمْ تَعْمَلْ أَوْ تَكَلَّمْ بِهِ"

It is narrated on the authority of Abu Huraira that the Messenger of Allah peace be upon Him said:

“Verily the Great and Mighty Allah forgave my people the evil promptings arising in their minds, but they neither talked about them nor acted upon them.”¹²

In short, it is clear that Islam offers a comprehensive framework to address mental health issues, integrating spiritual, psychological, and medical approaches. Islam emphasises the holistic well-being of individuals by addressing mental, emotional, and physical health through practices

¹⁰ The Qur'an, surah An-Nas (The Mankind) 114: verse 1-4.

¹¹ Sahih Al-Bukhari, 3276, Book 59, Hadith 85.

¹² Sahih Muslim, 127b, Book 1, Hadith 239.

rooted in faith, such as *zikir*, prayer, and reliance on Allah. At the same time, it encourages a balanced approach, advocating the use of professional medical treatment when necessary. This integration of religious guidance and modern therapy provides a robust and compassionate approach to mental health care, aligned with the broader objectives of preserving life, intellect, and well-being in Islam.

And as Muslims, we must believe and remember that every illness, including mental illness, can be cured. Islam also encourages people to seek treatment for their ailments, as Allah has provided a cure for every disease except one, that is old age. As mentioned in the Hadith:

عَنْ أُسَامَةَ بْنِ شَرِيكٍ قَالَ قَالَتْ الْأَعْرَابُ يَا رَسُولَ اللَّهِ أَلَا نَتَدَاوَى قَالَ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ نَعَمْ يَا عِبَادَ اللَّهِ تَدَاوُوا فَإِنَّ اللَّهَ لَمْ يَضَعْ دَاءً إِلَّا وَضَعَ لَهُ شِفَاءً أَوْ قَالَ دَوَاءً إِلَّا دَاءً وَاحِدًا قَالُوا يَا رَسُولَ اللَّهِ وَمَا هُوَ قَالَ الْهَرَمُ.

Usamah ibn Sharik reported: A Bedouin said, "*O Messenger of Allah, shall we not seek treatment?*" The Prophet said, "*Yes, O servants of Allah, seek treatment. Verily, Allah did not place a disease but that He also placed its treatment or cure, except for one ailment.*" They said, "*O Messenger of Allah, what is it?*" The Prophet said, "*Old age.*"¹³

V. THE IMPERATIVE OF INTEGRATING ISLAMIC PERSPECTIVE INTO BRUNEI'S MENTAL HEALTH LEGISLATION

It is essential to understand that having mental health legislation, such as the Mental Health Order 2014, is insufficient if it does not consider the religious and spiritual dimensions of an individual's life. This is because such legislation aims to protect patients. In other words, mental health laws need to go beyond merely providing legal protection by also acknowledging and integrating the beliefs, faith, and transcendental orientation important to those involved, including mental health patients, their families, and the affected community.

This importance is also in response to the aspirations of His Majesty the Sultan and Yang Di-Pertuan of Negara Brunei Darussalam, as His Majesty mentioned in His titah during *eid al-adha* in 2022:

"Among the warnings also come from the United Nations, which states that nearly one billion people worldwide, including millions of children and youth, experience mental health disorders. Mental disorders can occur due to an unsettled heart or extreme fear, which may require various treatments such as psychotherapy counselling and the use of psychotropic medication from mental health specialists. This is just a conventional effort. However, as Muslims, we have a specific approach known as the religious approach, which should not be forgotten or neglected, even if conventional efforts have been or are being undertaken. This

¹³ Sahih (authentic) according to Al-Tirmidhi, 2038

religious approach is believed to be more effective in treating mental symptoms. Why do we believe this? Because the religious approach comes from Allah as 'guidance'. Indeed, Allah's guidance is all straight and true. The guidance for treating mental symptoms can be found in Surah Ar-Ra'd, verse 28, where Allah says, 'Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured.'"¹⁴

Brunei is not only a Dar al-Islam country that incorporates the MIB philosophy into its constitution, but is also envisioned by His Majesty as a 'zikir nation' that upholds Islamic law with dignity, respects its neighbours, and sincerely helps others. Through Zikir, it is capable of treating various mental health symptoms, as continued in the titah of His Majesty the Sultan and Yang Di-Pertuan of Negara Brunei Darussalam:

"...Zikir with the heart and recitation with the tongue. This means increasing Zikir by mentioning phrases like Subhanallah, Alhamdulillah, Allahu Akbar, praying, sending blessings, and reading the Quran. According to the guidance of the verse above, this is most effective in treating mental symptoms."¹⁵

Therefore, mental health legislation needs to be comprehensive, considering not only the clinical and psychological aspects of mental health but also the religious and spiritual dimensions of individuals. This means that mental health policies should respect and integrate the cultural and religious values important to affected individuals.

In an Islamic society, faith plays a crucial role in how a person perceives and manages their mental health through Islamic worship practices. For example, practices such as prayer, Zikir, and spiritual guidance are important components of individual well-being. Neglecting these aspects in mental health legislation may lead to policies that are considered irrelevant or ineffective by those who rely on their faith for support and healing.

This paper emphasises that mental health legislation should be inclusive, considering not only legal rights and clinical needs but also respecting and integrating cultural and religious beliefs that affect how people experience and manage mental health issues.

As previously discussed, maintaining mental health is one aspect of maqasid al-shariah, specifically preserving life and religion. Integrating maqasid al-shariah as a guide in legislation and mental health policy development is crucial for achieving the national vision of Brunei 2035 and meeting international standards and objectives such as the SDGs 2030. This approach is also important for ensuring alignment with the Brunei Mental Health Action Plan 2022-2025 and the Comprehensive Mental Health Action Plan 2013-2030. By incorporating maqasid al-shariah principles, including ethical and human rights considerations in Islam, developed mental health policies will be more aligned with Islamic values while also meeting holistic global standards. This approach will ensure that mental health is viewed within a holistic approach to human rights and

¹⁴ Translation from Malay to English.

¹⁵ Translation from Malay to English.

well-being, supporting the development of a more comprehensive, inclusive, and effective mental health care system in both local and international contexts

VI. CONCLUSION

The importance of integrating Islamic principles into Brunei's mental health legislation to create a more culturally relevant mental health care system cannot be overstated. To achieve this, it is recommended to include Islamic practices such as Zikir, prayer, and Quranic recitation alongside traditional treatments in mental health policies. This integration ensures that mental health care not only encompasses medical effectiveness but also addresses the spiritual needs of patients.

Developing culturally competent policies with input from religious scholars, mental health professionals, and community leaders is crucial. Additionally, providing training for mental health professionals to understand and apply Islamic perspectives in their practice is essential. Public awareness and education campaigns should be launched to reduce stigma and promote faith-based mental health care. Furthermore, fostering collaboration between mental health services, religious institutions, and community organisations will create a comprehensive support network for patients.

Further studies are necessary to evaluate the impact of integrating Islamic principles into mental health care, including empirical research on patient outcomes and comparative analyses of faith-based versus secular approaches. Longitudinal studies could track the long-term effects of such interventions, while exploration of various Islamic practices could refine their application in mental health care. This approach is significant as it ensures that mental health care is culturally sensitive, enhances patient engagement, and supports the holistic well-being of individuals.

In essence, this paper emphasises that mere existence of mental health legislation protecting the rights of mental health patients is insufficient if it ignores the religious dimensions—beliefs, faith, or transcendental orientation—of the individuals it aims to protect. I hope this paper can serve as a guide to realising the national vision of Brunei Vision 2035 and the SDGs 2030. It is intended that the incorporation of Islamic perspectives into patient-centered, human rights-based mental health law will facilitate the implementation of the initiatives described in the Brunei Mental Health Action Plan 2022–2025.

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