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MINISTRY OF HEALTH MALAYSIA
INSTITUTE FOR HEALTH BEHAVIOURAL RESEARCH

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Special Issue:

Abstracts of the 1st National Conference on Behavioural Sciences in Health

Mainstreaming Behavioural Sciences for Better Health

6 -7 May 2026 | National Institutes of Health
Setia Alam, 40170 Shah Alam, Selangor

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CONFERENCE SCHEDULE

KEMENTERIAN KESIHATAN MALAYSIA
INSTITUT KESIHATAN NEGARA

CONFERENCE SCHEDULE
6th May 2026 (Wednesday)

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People at the Centre of Health Design
YBhg. Datuk Dr. Mahathar Abd Wahab
Director General of Health

PLENARY 1, Auditorium Perdana

Charting Malaysia's Future Health System:
The Role of Behavioural Sciences in Policy, Planning & Service Transformation
YBhg. Datuk Dr. Nor Fariza Ngah
Deputy Director General of Health (Research & Technical Support)

PLENARY 2, Auditorium Perdana

From Behaviour to Better Health:
Integrating Insights into Public Health, Clinical Care & Community Engagement
YBrs. Dr. Ismuni Bohari
Deputy Director General of Health (Public Health)

FORUM 1, Auditorium Perdana

Behavioral Sciences for Better Health: What's Next for Malaysia?

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RAPID FIRE SESSION FOR E-POSTER PRESENTATION *(Concurrent)*

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ORAL PRESENTATION 2, Auditorium 1
ORAL PRESENTATION 3, Auditorium 2

SYMPOSIUM 1, Auditorium Perdana

Theme: Integrating Behavioural Sciences into Public Health Policy & Practice

SYMPOSIUM 2, Auditorium 1

Theme: Behavioural Applications in Clinical Care & Service Delivery

SYMPOSIUM 3, Auditorium 2

Theme: Digital Nudges, AI & Behavioural Tech in Health Systems

CONFERENCE SCHEDULE
7th May 2026 (Thursday)

ORAL PRESENTATION 4, Auditorium Perdana
ORAL PRESENTATION 5, Auditorium 1
ORAL PRESENTATION 6, Auditorium 2

PLENARY 3, Auditorium Perdana

From Consumer Preferences to Healthier Choices: An Industry Perspective on Behavioural Sciences
Venon Tian
Chief Operating Officer, ZUS Malaysia

SYMPOSIUM 4, Auditorium Perdana

Theme: Behavioural Data, Analytics & Population Insight

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SYMPOSIUM 5, Auditorium 1

Theme: Designing Behaviourally Informed Health Promotion Systems & Structures

SYMPOSIUM 6, Auditorium 2

Theme: Behavioural Insights for Effective Health Communication & Engagement

SYMPOSIUM 7, Auditorium Perdana
Theme: Public Trust, Misinformation & Behavioural Risk Management

SYMPOSIUM 8, Auditorium 1
Theme: People, Culture & Context in Behavioural Change Strategies

SYMPOSIUM 9, Auditorium 2
Theme: Building Institutional Capacity & Workforce for Behavioural Science in Health

FORUM 2, Auditorium Perdana
Behavioural Insights As A National Health Asset: Where Should We Lead Next?

WELCOMING REMARKS, Auditorium Perdana
YBhg. Datuk Dr. Nor Fariza Ngah
Deputy Director General of Health (Research & Technical Support)

OFFICIAL LAUNCHING, Auditorium Perdana
YB Datuk Seri Dr. Dzulkefly Ahmad
Minister of Health

CLOSING & AWARD PRESENTATION, Auditorium Perdana

KEMENTERIAN KESIHATAN MALAYSIA
INSTITUT KESIHATAN NEGARA

ORAL PRESENTATION

KEMENTERIAN KESIHATAN MALAYSIA
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(OP045) MENTAL HEALTH LITERACY INTERVENTION AMONG SECONDARY SCHOOL STUDENTS: A BEHAVIOURAL SCIENCE APPROACH THROUGH THE SEHAT SCHOOL OUTREACH PROGRAM

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ABSTRACT

INTRODUCTION: Adolescent mental health literacy is a growing public health priority aligned with the World Health Organization behavioural science agenda. In Malaysia, rising bullying concerns underscore the need for early school-based interventions, yet help-seeking remains limited due to stigma. These behaviours are shaped by capability, opportunity, and motivation. In response, the Selangor State Government introduced the SEHAT School Outreach Programme, a behaviourally informed intervention guided by the COM-B model.

OBJECTIVE(S): To evaluate the programme's effectiveness in improving adolescents' knowledge, attitudes, and practices (KAP) related to mental health, including readiness to recognise distress, seek help, and support peers.

MATERIALS & METHODS: A mixed-method quasi-experimental pre–post design was conducted among secondary school students in Hulu Langat and Klang, Selangor (N = 106). Participants were recruited via school counsellors, including Peer Support Leaders. The 3.5-hour workshop, delivered by trained facilitators, comprised three COM-B–aligned modules: mental health literacy, emotional regulation, and peer support with self-care. KAP questionnaires were administered pre- and post-intervention. Quantitative data were analysed using descriptive and inferential statistics, while qualitative responses were analysed thematically.

RESULTS: Baseline knowledge was moderate. Mean scores increased post-intervention (Hulu Langat: 3.73 to 4.26; Klang: 4.03 to 4.29), though not statistically significant. Descriptive trends indicated improved consistency and higher post-test performance. Qualitative findings showed increased confidence in recognising distress, willingness to seek help, and readiness to support peers.

CONCLUSION: The programme shows promise as a behaviourally informed school-based intervention. Despite modest quantitative gains, qualitative findings indicate meaningful behavioural shifts. COM-B offers a scalable approach to strengthening adolescent mental health literacy in Malaysia.

KEYWORDS: *Adolescent Mental Health, Behavioural Insights, COM-B Model, Mental Health Literacy, School-Based Programme, Help-Seeking Behaviour, Malaysia*

PENERBITAN AKADEMIK KEBANGSAAN MALAYSIA
INSTITUT KESIHATAN NEGARA

(OP046) i-ACT FOR LIFE: MOBILE APPLICATION FOR PREVENTION AND MANAGEMENT OF PSYCHOLOGICAL DISTRESS

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ABSTRACT

INTRODUCTION: The COVID-19 pandemic underscored the importance of remote mental healthcare delivery. Digital interventions reduce costs, overcome access barriers, and offer flexibility, making them essential in addressing rising post-pandemic mental health challenges. In Malaysia, increasing demand continues to strain an overburdened mental healthcare system, necessitating scalable and innovative solutions.

OBJECTIVE(S): This study examines the development and user engagement of i-ACT for Life, a mobile application based on Acceptance and Commitment Therapy (ACT) integrated with Islamic spiritual practices, designed to prevent and manage psychological distress in Malaysia.

MATERIALS & METHODS: The app was adapted from a cloud-based instant messaging intervention previously validated in a randomised controlled trial. It comprises five weekly modules—Grounding, Unhooking, Acting on Values, Being Kind, and Making Room—aligned with ACT core processes and enriched with Qur'ānic verses, Hadith, and spiritual activities. The app incorporates infographics, interactive exercises, quizzes, audio-guided practices, and psychoeducational videos. Users are encouraged to complete the Depression, Anxiety, and Stress Scale-21 (DASS-21) pre- and post-intervention. i-ACT for Life is embedded within the Selangor Mental Sihat (SEHAT) - SELANGKAH initiative.

RESULTS: Since its launch in October 2022, the app has attracted 23,945 users, indicating strong accessibility and initial engagement, particularly with the Grounding module. However, participation declines markedly after Week 1, with only 180 users completing all modules by November 2024. Post-intervention DASS-21 completion rates were minimal.

CONCLUSION: While the app demonstrates strong reach, sustaining engagement remains a key challenge. Strategies such as enhanced promotion, automated reminders, and therapist-assisted support may improve retention and intervention outcomes.

KEYWORDS: *Cognitive-Behavioural; Culture; Mobile Health (mHealth); Prevention; Sustainable Development Goal 3*

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E-POSTER PRESENTATION

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(EP063) BEHAVIOURAL INSIGHTS FROM COMMUNITY-DIGITAL INTEGRATION FOR COUNSELLING ACCESS IN SELANGOR

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ABSTRACT

INTRODUCTION: Community mental health service utilisation in Malaysia remains limited due to stigma, low perceived need, and structural barriers to access. Behavioural science highlights social norms engagement in shaping help-seeking behaviour. In response, Selangor state government introduced the SEHAT initiative, a counselling hub embedded within assemblymen service centres. Established in collaboration with PERKAMA counsellors in 2024 and later integrated with the SELANGKAH digital platform in 2025.

OBJECTIVE(S): This study examines how a digitally enabled, community-based counselling model influences professional help-seeking behaviour, service uptake, and user engagement, while generating behavioural insights for policymakers.

MATERIALS & METHODS: A descriptive study design was used. Quantitative data were collected through service utilisation records (2024) and SELANGKAH platform data (2025) using convenience sampling. The Health Belief Model was applied as a behavioural mapping framework to identify barriers and behaviours.

RESULTS: Findings indicate increased engagement through improved accessibility across 9 SEHAT Counsellor Hubs. Familiar community settings reduced stigma and enhanced trust, facilitating initial help-seeking. Integration of the SELANGKAH platform further improved engagement, particularly in appointment scheduling, follow-up, and continuity of care, while reducing administrative burden. In 2024, 332 clients registered with 243 sessions conducted; in 2025, registrations increased to 412 with 313 sessions, suggesting improved user adherence. Engagement among individuals aged 20–39 increased from 187 to 201, while those aged 40–59 rose markedly from 16 to 100, indicating growing digital health utilisation among both youth and time-constrained adults.

CONCLUSION: The SEHAT–SELANGKAH model demonstrates how integrating behavioural insights with community and digital infrastructure can improve mental health access. This hybrid approach addresses both psychological and structural barriers, offering scalable solutions for public mental health systems.

KEYWORDS: *Community Intervention, Digital Application, Early Counselling, Help-Seeking Behaviour, Mental Health*

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