IMPLEMENTING MENTAL HEALTH
INTERVENTION INITIATIVE FOR ACCELERATED LEADERSHIP PROGRAM
(ALPs) PARTICIPANTS IN MALAYSIAN COMMUNICATION AND
MULTIMEDIA COMMISSION

SITI KHADIJAH HASHIM

UNIVERSITI TEKNOLOGI MALAYSIA

IMPLEMENTING MENTAL HEALTH

INTERVENTION INITIATIVE FOR ACCELERATED LEADERSHIP PROGRAM
(ALPs) PARTICIPANTS IN MALAYSIAN COMMUNICATION AND
MULTIMEDIA COMMISSION

SITI KHADIJAH HASHIM

A project report submitted in partial fulfillment of the requirements for the award of
the degree of Master of Business Administration (Healthcare Management)

International Business School Universiti Teknologi Malaysia

March 2022

DEDICATION

Nothing is impossible. The word itself says 'I'm Possible.'

My humble effort is dedicated to my loving parents, husband, daughters, and family members whose support and prayers enable me to continue on this journey.

Along with all of the hardworking and respected lecturers, particularly my supervisor, this entire journey would not be possible without unending support, guidance, knowledge, and motivation.

To everyone who shone brightly on this journey,

This study is dedicated to you.

ACKNOWLEDGEMENT

In the name of Allah, the Most Gracious and the Most Merciful.

All praise to Allah and His blessing for completing this research project. I thank God for all of the opportunities, trials, and strength bestowed upon me to complete this write-up.

First and foremost, I would like to express my gratitude to my supervisor, Prof Khalil Md Nor, for his guidance, inputs, understanding, patience, and, most importantly, for providing positive encouragement and a warm spirit to complete this research project. It has been a privilege and an honor to have him as my supervisor.

I would like to express my heartfelt gratitude to the entire ALPs participants for their willingness to participate in my action research. Their assistance and support in data collection and their participation and involvement in the intervention mean a lot to me.

Last but not least, I would like to thank my family and friends for their unending encouragement and support in pushing me to do my best, as well as for recognizing my efforts. May God grant the individuals mentioned above success and honor in their lives.

ABSTRACT

This study focuses on improving mental health for MCMC Accelerated Leadership Program (ALPs). Mental health is not a common discussion topic among employers and employees in Malaysia. However, this is a serious matter that needs further acknowledgment and discussion. I have selected the ALPs participants to be the subject in this research to measure their mental health through depression, stress, and anxiety assessment, DASS-21. The study has three objectives: To determine ALPs participants mental health condition through the assessment of Depression, Anxiety, and Stress Level before pre-intervention; To develop and implement learning material for the Alps participant that will assist the participant in being able to identify their mental health condition and the management of their mental health; and To determine ALPs participant mental health condition through the assessment of Depression, Anxiety and Stress Level post-intervention. The data collection method used was a mixed method which involves qualitative (observation and interview) and quantitative (questionnaire). Based on the overall findings, the participants experienced all depression, anxiety, and stress higher than normal measurement. As an intervention method, the researcher has developed a Mental Health Toolkit that could bring significant changes after the intervention.

ABSTRAK

Kajian ini memfokuskan pada peningkatan kesihatan mental terhadap peserta MCMC *Accelerated Leadership Program (ALPs)*. Kesihatan mental bukanlah topik perbincangan yang biasa di kalangan majikan dan pekerja di Malaysia. Walau bagaimanapun, ini adalah perkara serius yang memerlukan pengakuan dan perbincangan lebih lanjut. Saya telah memilih peserta ALP untuk menjadi subjek dalam penyelidikan ini untuk mengukur tahap mental mereka melalui penilaian kemurungan, tekanan dan kegelisahan. DASS-21. Terdapat tiga objektif: Untuk menentukan keadaan kesihatan mental peserta ALP melalui penilaian Tahap Depresi, Kegelisahan dan Tekanan sebelum pra-intervensi, Membangun dan melaksanakan bahan pembelajaran untuk Peserta Alps yang akan membantu peserta untuk dapat mengenal pasti dirinya sendiri keadaan kesihatan mental dan pengurusan kesihatan mental mereka dan Untuk menentukan keadaan kesihatan mental peserta ALPs melalui penilaian Tahap Depresi, Kecemasan dan Tekanan pasca intervensi Untuk menentukan keadaan kesihatan mental peserta ALPs melalui penilaian Tahap Depresi, Kecemasan dan Tekanan pasca- campur tangan. Kaedah pengumpulan data menggunakan kaedah campuran yang melibatkan kualitatif (pemerhatian dan temu bual) dan kuantitatif (soal selidik). Berdasarkan temuan keseluruhan, para peserta mengalami semua kemurungan, kegelisahan dan tekanan yang lebih tinggi berbanding dengan pengukuran normal. Sebagai kaedah intervensi, penyelidik telah membangunkan Kit Kesihatan Mental yang dapat mengurangkan membawa perubahan yang signifikan selepas intervensi.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

CHAPTER 1

INTRODUCTION

1.1   Introduction

This research focuses on providing awareness on mental health and the management of mental health for the Malaysian Communication and Multimedia Commission (MCMC) Accelerated Leadership Program (ALPs) participants. ALP's is a leadership development program introduced by MCMC to strengthen MCMC leadership bench strength as part of succession planning strategy.

The participant selected for this program consists of forty (40) High Potential Talent (HiPO) MCMC. They were selected based on their annual job performance and other additional criteria set by MCMC management team. The 15 months' program is a collaboration initiative with Universiti Teknologi Malaysia (UTM) to achieve the development objective for the HiPo talent.

Figure 1. 1 ALPs Program Launch

Due to the nature of the program, ALP's participants were exposed to a high-pressure situation. The constant pressure might affect their mental health. Participants are attached to a life coach throughout the ALPs program duration to assist in managing the tight program schedule and work commitment. However, based on initial feedback by the participant, the life coach provided is not effective in managing their mental health. This research will discuss further mental health exposure experienced by the participants and propose an intervention to manage their mental health throughout this program.

1.2   Case Company and Program Introduction

The research was conducted in Malaysian Communications and Multimedia Commission ("MCMC"). MCMC is a regulatory body that is responsible for regulating the Communications and Multimedia ("C&M") Industry in Malaysia with the provision of the Communications and Multimedia Commission Act 1998 ("CMCA 1998") and Communications and Multimedia Act ("CMA 1998"). The organization headquarter is located in Cyberjaya Selangor, and state offices were established all over Malaysia.

ALPs program was introduced in October 2020 with the collaboration with Universiti Teknologi Malaysia (UTM). The objective of this program is to enhance the skill and competency of high potential talent (HiPo) identified by MCMC. At the end of the 15 months programs, the participants must complete a tailored master program, completing Prince 2 Project Management certificate and leadership learning lab with industries leader. The management chose 40 staff from multiple disciplines in MCMC to participate in these programs.

The 4-semester master program was scheduled between Oct 2020 to December 2021 with the theme of Digital Leadership. The program required high commitment from the participants. The program was designed to build up the participants' resilience to pressure and increase the competency and skill related to digital leadership. To assist and guide the participants in terms of motivation, a life coach was also assigned with the frequency of meeting five times throughout the whole program.

MCMC conducted the session with the life coach in a group meeting through an online platform, and ongoing interaction was maintained using a 'WhatsApp' App group.

1.2.1 External Environmental Analysis

An in-house leadership development program is not a new talent development tool in Malaysia. Ibrahim (2008), in The Development of Educational Leaders in Malaysia: The Creation of a Professional Community, stated that the development program has started since the early independent day of Malaysia, wherein 1960, the effort of developing leaders can be seen in sectors all across Malaysia.

In developing talent, organizations sometimes fail to include the mental health management portion. The development of mental health awareness in Malaysia is at a slow pace/progress compared to other countries. According to Chong, Mohamad, & Er (2013). the first mental health institution was established in Penang Hospital and labeled "lunatic asylum." The acceptance of mental health importance and not being considered as a taboo topic has only come across in the 2000-s.

One of the most common analyses to measure the external dimension, which includes political, economic, socio-cultural, technological, environmental, and legal, is PESTEL analysis. PESTEL analysis is an overall view of the external macro-environment of an organization (Schuetz, Mair & Schrefl, 2018). The analysis objective is to identify the opportunities and threats related to the organization (Schuetz, Mair & Schrefl, 2018). PESTEL analysis was conducted to discuss more mental health, and the result is as follow:

Table 1. 1 The PESTEL Analysis

No	Political Case Factor	Opportunity	Threats

1	The Malaysia government announced Dasar Kesihatan Mental Negara in 2012 to give exposure to Mental Health (MOH,2012)	√	
2	Due to COVID 19, the Malaysia government enhanced the Dasar Kesihatan Mental Negara in 2012 as per WHO guidelines (Abdul 2020)	√	
3	There is no direction from the government to direct employers in acknowledging mental health and encourage awareness efforts.		√
No	**Economic Case Factor**	**Opportunity**	**Threats**
1	Mental health spending (RM344.82 million or 1% of the health budget) (MOH,2018)	√	
2	Industry loss due to mental health has reached RM14.46 billion in 2018 (Sook,2020)	√	
3	As of 2021, no insurance company in Malaysia provides coverage for mental health except for AIA that capped the treatment up to RM 6,000.00 annually.		√

No	Social-Cultural Case Fact	Opportunity	Threats
1	The National Health and Morbidity Survey (NHMS) conducted by the Ministry of Health (MOH) in 2015 revealed that 1 in 3 Malaysians have mental health issues (MOH, 2016)	√	
2	By 2020, mental illness is expected to be the second biggest health problem affecting Malaysians after heart disease (UMSC,2020)	√	
3	Compared to other countries, Malaysian awareness and action towards mental health are still at the minimum level.		√
No	Technology Case Fact	Opportunity	Threats
1	Mental health awareness and management have improved due to the technology and apps which offer mental health solutions (NIMH,2019)	√	
2	The establishment of mental health support care line makes individuals easier to reach for help 24/7 (Befriender, KL)	√	

No	Case Fact	Opportunity	Threats
3	Based on the NIMH report, technology and social media are escalation reasons for mental health around the world.		√

No	Environment Case Fact	Opportunity	Threats
1	COVID-19 has escalated mental health issues all around the world.	√	
2	COVID-19 has escalated the development of mental health management	√	
3	There is a new trend in social media that people want to show that they have mental health issues for attention.		√

No	Legal Case Fact	Opportunity	Threats
1	The Mental Health Act 2001 was passed by The Parliament in Malaysia in August 2001. Mental Health Regulations 2010 came into force. In the private sector, the Mental Health Act 2001 is to be interpreted alongside the Private Healthcare Facilities and Service Act 1998.	√	
2	The 2010 Mental Health Regulations specifically state that a psychiatric	√	

	hospital or community mental health centre shall ensure establishment of a community mental health team for community mental healthcare services.		

For the political case facts, we can see that the government of Malaysia, through the Ministry of Health (MOF), has realized the importance of mental health awareness and management. Through Dasar Kesihatan Mental, MOH has promoted mental health to the citizen in rural and urban areas. With the COVID-19 pandemic, the government has revised the awareness on mental health by providing multiple guidelines on managing mental health during the pandemic.

Both are an opportunity for mental health development in Malaysia. However, there is no provision for the company to acknowledge mental health until this date. New private global organizations realize the importance of mental health and take their initiative. However, as threats, we can see that some organizations do not acknowledge mental health that makes it employee difficult in seeking help if there have emotional stress that can eventually lead to a mental health issue.

Next, we can see on the economic case factor, as an opportunity in the economy, mental health has contributed to RM344.82 million of budget spending of MOH in 2018, which indicates that mental health has become one of the diseases diagnosed which acknowledged by MOF. Next opportunity, companies felt the drawbacks of mental health seen in the loss of man-hours due to mental health diagnosis. Due to this finding, more companies feel they should take more action and promote mental health management. However, as a threat, we can see that insurance companies all over Malaysia do not ready to cover mental health except for AIA, which provides limited mental health coverage.

For the Social-Cultural aspect, we can see that through the survey in Malaysia, we have managed to assess and identify that one-third of the population has emotional stress. This is an opportunity because we already know the result, and easier for us to

determine the next action. Next, through statistics, we can also identify the risk of mental health towards Malaysian health as currently, mental health is the second biggest health problem affecting Malaysians after heart disease. However, we can see that compared to other countries, Malaysia still has a low awareness of mental health, which is a threat in this context.

Next, assessing the technology aspect, we can see that technology enhancement is an opportunity as many apps are available to reach and help individuals with emotional stress. Through NGOs like Befriender, individuals have the channel to reach out 24 hours a day if they feel that they need someone to talk to. However, some facts found social media and technology are one of the reasons why mental health issues are escalating around the world, including in Malaysia.

For environment case facts, COVID-19 has escalated the mental health issue. This is an opportunity to see and feel the importance of mental health in one's life. The drawbacks of it, currently, there is a new trend among teenagers that declare themselves having mental health to gain attention. This is a threat as needed people might be overlooked due to the attention seekers group.

Finally, assessing on legal perspective, we can see that mental health is acknowledged by establishing The Mental Health Act 2001. In 2010, Mental Health Regulations specifically stated that a psychiatric hospital or community mental health center should ensure the establishment of a community mental health team for community mental healthcare services. Both are an opportunity to promote mental health and its importance.

1.2.2   Internal Environmental Analysis

The assessment of internal analysis focuses on assessing how well an organization is doing in its industry and, to a significant degree, its is self (Bolland, 2017). The researcher has conducted an internal analysis for Mental Health in MCMC by assessing the MCMC's management, marketing, financial, operations, and management information system (MIS). The internal analysis involves identifying the

strengths and weaknesses related to the organization (Schuetz, Mair & Schrefl, 2018).
The result of the assessment are as follows:

Table 1. 2 Summary of Internal Environment Analysis.

No	Management Assessment	Strength	Weakness
1	MCMC acknowledges mental health as part of medical diagnosis, and the organization provision of outpatient coverage proves this to MCMC staff and family	√	
2	MCMC acknowledges mental health as part of medical diagnosis, and this is proved by the organization provision of medical leave allocation for staff who is diagnosed with a mental health condition	√	
3	MCMC management support mental health initiative by establishing "Kaunseling Centre" for staff that need further assistance	√	
No	Marketing Assessment	Strength	Weakness

No		Strength	Weakness
1	Awareness on MCMCM Mental health coverage is only conducted once a year.		√
2	Through undetermined factors, the take-up rates for all mental health initiatives are relatively low.		√
No	**Financial assessment**	**Strength**	**Weakness**
1	MCMC is willing to spend for staff with a mental health condition (assessment and treatment)	√	
2	The financial aid is only limited to outpatient treatment. MCMC covers no inpatient treatment.		√
No	**Operation assessment**	**Strength**	**Weakness**
1	The mental health specialist is outsourced from external parties. Hence, management has limited access to the staff's current medical health condition.		√
2	MCMC medical team has strong support from medical advisor to advise them on the most effective alternative for staff	√	

No	Management Information System	Strength	Weakness
1	Current support for mental health is given through physical sessions (appointment by email) and limited to slot availability (less technology)		√
2	Apart from that, MCMC also subscribes to online apps for any employee that needs support outside office hours.	√	

Based on the overall internal assessment, we can see that MCMC's strengths are providing mental coverage to staff in most of the areas except for promoting the benefit. MCMC has established a great foundation for mental health management by establishing the "Kaunseling" center and included mental health as part of medical coverage. However, we can see that MCMC does not effectively conduct the promotion of this benefit. This resulted in low take-up rates, and some staff does not realize that MCMC offers such benefits.

Next, MCMC provides financial assistance to the staff with mental health, but the coverage only covers outpatient benefits. Meaning that it does not fully cover mental health conditions.

MCMC outsources mental health specialists in operations, which is a weakness. This is because a medical report requires patient consent. This limits MCMC from analyzing the whole situation for mental health in the organization. However, MCMC has support from various medical experts like brokers, insurance, and medical specialists to provide advice about staff mental health.

MCMC subscribes to wellness apps to support staff who need mental health assistance outside office hours in management of their health benefit. However, the official counselor is only available at certain times a week and during office hours.

Overall, we can see that MCMC is one of the organizations in Malaysia that acknowledges the importance of mental health. However, there is a lot of room for improvement to ensure that staff is well aware of the mental health issue and can seek help when they need to.

1.2.3   SWOT Analysis

Based on the External and Internal analysis conducted in the earlier part of this research, the researcher can identify Strengths, Weaknesses, Opportunities, and Threats for mental health. MCMC SWOT analysis has been conducted, and the summarized SWOT analysis is as follow:

Table 1. 3 The SWOT Analysis

STRENGTH	WEAKNESS
- MCMC acknowledges mental health issues and provides support in terms of offered benefit - The management strongly supports mental health initiative	- Take-up for mental health benefits recorded for 2020 is low - Some staff do not realize the existence of the mental health benefit
OPPORTUNITIES	THREATS
- Government fully acknowledges and supports mental health initiative - Society can accept mental health as one of important diagnoses aside from physical diagnosis	- Most companies do not want to acknowledge the importance of mental health - Technology has assisted in managing mental health but also a contributing factor to mental health

Based on the SWOT analysis conducted in Table 1.3, MCMC strongly supports

the mental health situation as the management has established multiple ways to promote and manage mental health. However, there is a gap during the implementation stage, which has resulted in the low take-up rates of the benefit and limited awareness of mental health among MCMC staff.

In terms of opportunity, since the government strongly supports mental health, MCMC can leverage this by collaborating with government agencies or NGOs governed by MOH to strategize better mental health solutions for the staff. The collaboration will be an added advantage for both, as both organizations target the same objective.

However, with the development of technology, we can see that even though technology helps manage mental health, it is also the main contributor to mental health. MCMC needs to identify an effective strategy to balance achieving the most effective result for their organization.
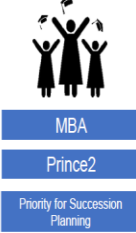
1.3   Problem Statement

As discussed in the earlier part of this document, MCMC, in collaboration with UTM, has launched the MCMC ALPs program to produce future leaders for MCMC. The 15 months' program has been designed to include the master program, prince two certificates, and a leadership learning lab.

40 staff were selected from the headquarter and state offices all over Malaysia to participate in this program. The program consists of physical and online classes and seminars with UTM internal experts and industry experts. However, due to COVID-19, the program has been changed to an online learning module, compared to physical classes based on the program's original plan.

The program is designed to fill in the competency gap to develop competent leaders with digital leadership. The program is based on Learn, Share, and Applied concept that illustrated as follows:

Figure 1. 2 ALPs Program Framework

Development Phases	PHASE 1		PHASE 2		
Development Stages	FIRST SEM (OCT 2020 – FEB 2021)	SECOND SEM (MAR 2021 – JUL 2021)	THIRD SEM (AUG – SEP 2021)	FOURTH SEM (OCT 2021 – JAN 2022)	POST SEM
	MBA Modular Learnings				Conclude
Learn Acquiring a theoretical understanding of the learning modules	Theme 1: Environment & Business Trends • Business Information System (C) • Strategic Innovative Marketing (C) • Managerial Economics & Policy Analysis (C) • Business Research (C) • Accounting for Business Decision Making (C)	Theme 2: Self & Organization • Leading Talent in Organizations (C) • Strategic Management (C) • Action Research 1 (CP) • New Venture Creation (C) • Modern Data Management (DL1)	Theme 3: Core Competencies of Digital Leaders • Business Ethics, Responsibility and Sustainability (UGE) • Techno Entrepreneurship (DL2)	Theme 4: Digital Strategic Leadership for High Performing Organization • Strategic Financial Management (C) • Digital Transformation Technologies (DL3) • Action Research 2 (CP)	One-to-one development dialogue to address participants future career planning journey (included in Progress Report)
	PRINCE 2 Professional Certification				
	External Coaching and Mentoring				
	Experiential Learning Visits, Sustainability Study and Disruptive Learning (via onsite labs)				Closure Activity
Apply Think, reflect & make meaning out of what was learnt	*Leadership Learning Lab 1* • Organization name: *Microsoft* • Alignment with Modules : *All modules in Semester 1* • Alignment with Theme 1	*Leadership Learning Lab 2* • Organization name: *DHL* • Alignment with Modules : *All modules in Semester 2* • Alignment with Theme 2	*Leadership Learning Lab 3* • Organization name: *Silverlake* • Alignment with Modules : *All modules in Semester 3* • Alignment with Theme 3	*Leadership Learning Lab 4* • Organization name: *Ambank Group* • Alignment with Modules : *All modules in Semester 4* • Alignment with Theme 4	☐ Team building using Gamification approach
	Thought Leadership Interactive sparring sessions				
Share Interactive sparring with thought Leaders to further deepen understanding	*Influential Leaders Talk 1* • Influential Leaders & Position: 1. Mr. Julien Neo (Managing Director DHL Express Malaysia & Brunei) 2. Mr. Azlan Baqee Abdullah (COO of Amcorp Properties Bhd) 3. Datuk Chandran Rama Muthy (Group Strategy Director of Malindo Air) • Alignment with Modules : *All modules in Semester 1* • Alignment with Theme 1 • Topic: *Post-COVID Pandemic, Effect to Business Trend and Simulation of Digital Economy Growth*	*Influential Leaders Talk 2* • Influential Leaders Position: 1. Tan Sri Azman Hashim (Chairman Ambank Group) 2. Datuk Seri Mohamed Azahari Mohamed Kamil (Former Managing Director QSR Brands Malaysia Holdings Bhd) 3. Dr. James Tee (CEO of Medini Iskandar Malaysia) • Alignment with Modules : *All modules in Semester 2* • Alignment with Theme 2 • Topic: *Disruption Led Transformation, Developing High Performing Organization*	*Influential Leaders Talk 3* • Influential Leaders Position: 1. Mdm. Mariatini Othman (Senior Vice President of Malaysian Technology Development Corporation) 2. Mr. Mohd Muazzam Mohamed (CEO of Bank Islam Malaysia Bhd) 3. Mr. Ahmad Taufek Omar (CEO of TM One) • Alignment with Modules : *All modules in Semester 3* • Alignment with Theme 3 • Topic: *Digital Leaders, Surviving and Thriving in the Digital Age*	*Influential Leaders Talk 4* • Influential Leaders Position: 1. Mr. Aminuddin Zakaria (CEO of MAS Wings Sdn. Bhd.) 2. Mr. Azman Ahmad (COO of Logistics Sector, FGV) 3. Mr. Moharmustaqeem Mohammed (Chief Innovation Designer, Business Innovation Group of TM Bhd) • Alignment with Modules : *All modules in Semester 4* • Alignment with Theme 4 • Topic : *Sustainability, Myth or Reality of High Performing Organization*	MBA Prince2 Priority for Succession Planning

MCMC has also included part of the mental health initiative into the framework where a life coach is attached with the participant. However, the life coach session is only limited to 5 sessions for the whole semester. The rest of the communication is made using group 'WhatsApp'. The coach will conduct one group session for the participant. However, most respondents felt life coaching did not help them throughout this program due to lack of engagement and unknown factors.

As a result, in the middle of semester 1, one of the participants has dropped out from the program due to the participant being unable to coop physically and mentally during the program. Based on the informal interview session, the participant felt that he was alone and unable to manage his emotion. He was afraid that he would jeopardize his family and work if he continued.

Through informal sessions with other participants, the researcher was able to identify that this is a common issue among the ALPs participants. However, this issue is never being addressed in any engagement sessions with MCMC and UTM. The main factor is maybe due to the limited awareness of the administrator on the issue's impact and effect on the participant and organization.

1.3.1 Problem Diagnosis

The issue found from the situation of ALPs participants is probably due to limited knowledge on emotional stress and the management of mental health among the participant of the programs. The mental health management issue within ALPs participants was further diagnosed using Fishbone (Ishikawa) Diagram. Fishbone (Ishikawa) Diagram is a graphical illustration of the causes of the detailed effects of the situation. This diagnosis allows possible causes of a problem to be detailed down into basic elements and directs a problem-solver to possible causes of the problem (Suárez & Rodríguez, 2019).

Figure 1. 3 Fishbone (Ishikawa) Diagram
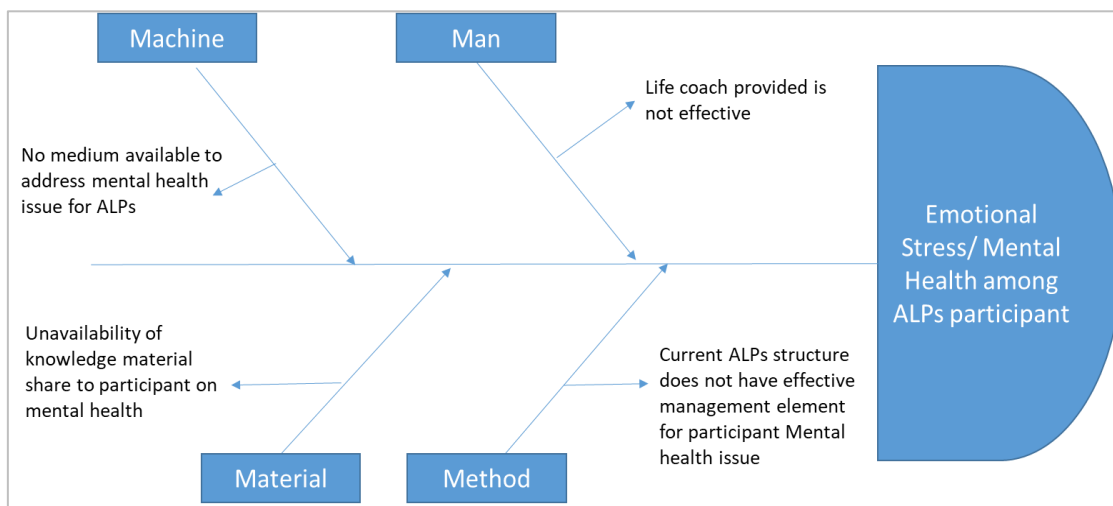
Based on the Fishbone (Ishikawa) Diagram above, we can see that the problem faced by ALPs participants that cause emotional stress is probably due to the minimum knowledge on mental health management.

The situation can be devided down into four basic elements: Man, Method, Material, and Machine. The assessment is based on the overall experienced faced by all forty program participants from October 2020 to May 2021.

For the Man element, the possible main cause of the emotional stress among ALPs participants is the less effective life coach provided. The life coach's function is to guide participants to better manage their work, research, and family. However, based on two coaching sessions, the coach could not provide the needed support. The session did not give information on potential emotional risks the participant might face. Based on several sessions, the researcher feels that the assigned coach did not have experience in managing a similar situation. Hence unable to provide the required support to the participants.

Next, in terms of method, the current ALPs structure does not provide structured support on mental health and emotional stress. The organizers did not consider mental health during the project design. Although the team can anticipate emotional stress and they have assigned a coach for this purpose, due to lack of objective concerning this matter, the coach itself is not functional and affects the participant's emotional stress.

All participants and administrators are connected using 'WhatsApp' application.. There is no established online platform for the participants to express their concerns and emotions throughout this program. There is no guidance on how do the participants identify their mental condition. This led to participants' escalation of emotional stress and might affect their mental health.

Finally, the last element is the material. The participants are provided with the overall learning schedule, their do and don't list, but there are no further guidelines on the potential mental health and how to manage it.

Participants do not know about assessing their mental health. The administrators do inform the participants of *the Kaunseling* center established by

MCMC. However, no information makes the participants sense that they experience any depression, stress, or anxiety symptoms that can affect their mental health.

1.3.2 Theoretical Gaps

According to the web of science database, there has been 3,998 research conducted on mental health for the past five years. Most of the research conducted comes from the psychiatry field and only approximately 600 studies in the public environment. The detail of the web of science research is illustrated in Figure 1.4 below.

Figure 1. 4 The bar graph analysis from Web of science database
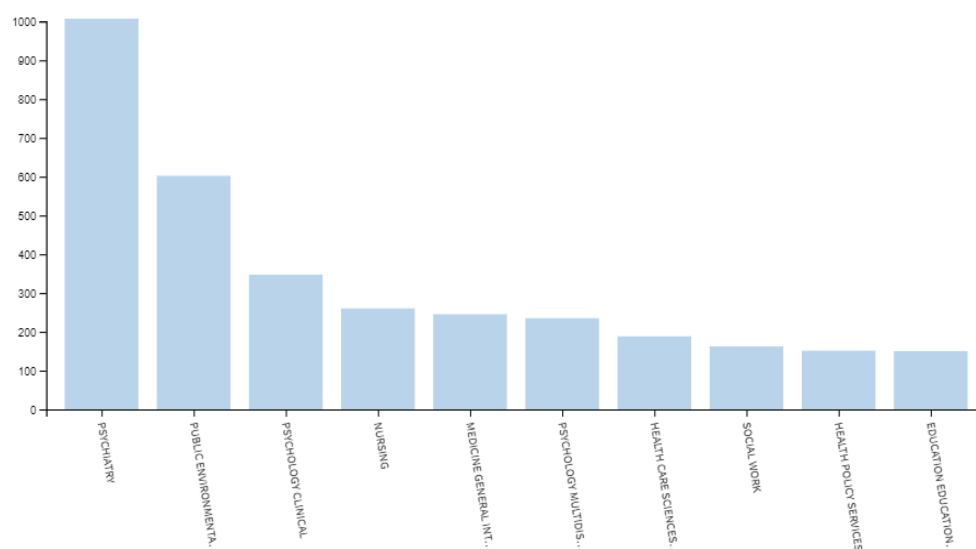
To

understand more about mental health situations in the general environment, the researcher believes that this research is significant to provide guidelines for the industry to understand mental health and the importance of mental health literacy.

1.3.3 Practical Gaps

The research is important for an organization, especially MCMC, to further improvise the gap of ALPs program in the future. Since ALPs are one of the organization's strategies in managing succession planning, there needs to be an intervention for the next participants of ALPS. This assures that the program can intellectually build participants' skills and competency and manage and nurture their

assessment of Depression, Anxiety, and Stress Levels before pre-intervention

(b) To develop and implement learning material for the Alps participants that will assist them in identifying their mental health condition and managing their mental health.

(c) To determine ALPs participants' mental health condition through the assessment of Depression, Anxiety, and Stress Level post-intervention

1.6   Researcher's Role

The researcher is one of the participants of the ALPs program. Work-wise, I am also in charge of employee healthcare benefits. However, being an ALPs participant, I can see a gap in participant emotional condition even in the earlier part of this program. Due to the limited knowledge of the ALP administrator, they were not able to evaluate this issue during the planning stage. My role was observer and participant, which I was able to get a clearer angle on the impact of the mental health of high-pressure groups in MCMC. I am responsible for collecting the data officially and engaging with other participants unofficially to monitor their mental health situation. This research will be one of the considerations researchers can make to enhance MCMC's mental health awareness program. Throughout this research, a researcher focused on all participants and recorded all the findings systematically.

1.7   Research Ethics

The researcher researched a health mental health issue in a secure environment. Due to the personnel and medical data confidentiality, all participants' identities and feedback are kept in a secure database. Personal data is governed by Personal Data Protection Act 2010. However, the researcher has received all the participants' consent in collecting the data and performed the analysis accordingly to meet UTM guidelines.

1.8   Significance of the Research

Mental health is a global issue, from awareness to the management of mental health. We need to understand different levels and types of mental health to understand the risk of mental health and the importance of mental health management. Based on the research output, we will be able to identify the gap for the program and mental health to strategies a better option for the organization in the future.

1.8.1   Significance to Academic

The mental health issue has become a global issue with the pandemic situation around the globe. This research on mental health will help bring more data to other researchers. The researcher researched different settings and environments accordingly. NCBI (2017) stated that there is very limited research on mental health, which affects the action planned for mental health advocacy and awareness. An organization needs to be more open when discussing mental health for the medical experts to gather research data for future generations' reference.

1.8.2   Significance to Practice

The research can help the HR personnel understand their talent's struggle from an additional angle (mental health). The research will benefit MCMC and other corporate organizations when designing other training programs for their staff. Succession planning is part of a crucial talent management strategy, and many organizations understand the importance of succession planning. In designing a similar program, this research can be a reference case research for the organization.

1.9   Definition of Terms

Most of the terms used in this research area are in the Human Resource management area. This research also narrows down on certain medical terms

practitioners use on mental health. The most common terms that the researcher used in this research are as follows:

Mental Health: is a state of wellbeing for an individual based on a certain situation that affects his or her own life. The level of mental health is based on individual and not the same for every individual.

Depression: is a constant feeling of sadness or alone that can stop an individual from pursuing his or her own normal life.

Anxiety: is a feeling of nervousness that results in raising heart rate, handshaking, or worrying about conditions or any events.

Stress: is a feeling of emotional or physical tension

MCMC: stands for Malaysian Communication and Multimedia Commission; a regulatory body that governs the Multimedia and Communication Industry.

DASS-21: is an assessment commonly used to assess Depression, Anxiety and Stress

ALPs: is a leadership program established in MCMC to build up talent capacity in the organization.

REFERENCE

Alonso, J., Liu, Z., Evans-Lacko, S., Sadikova, E., Sampson, N., … Chatterji, S. (2018). Treatment Gap For Anxiety Disorders Is Global: Results Of The World Mental Health Surveys In 21 Countries. Depression And Anxiety, 35(3), 195–208. Doi:10.1002/Da.22711

Ames, H., Glenton, C., & Lewin, S. (2019). Purposive sampling in a qualitative evidence synthesis: A worked example from a synthesis on parental perceptions of vaccination communication. BMC Medical Research Methodology, 19(1), 1–9. https://doi.org/10.1186/s12874-019-0665-4

Bennett, K., Reynolds, J., Christensen, H., & Griffiths, K. M. (2010). E-Hub: An Online Self-Help Mental Health Service In The Community. Medical Journal Of Australia, 192(S11). Doi:10.5694/J.1326-5377.2010.Tb03694.X

Bruning, C., Godri, L., & Takahashi, Adriana Roseli WünschTriangulação em Estudos de Caso: incidência, apropriações e mal-entendidos em pesquisas da. (2018). Triangulation in case studies: incidence, appropriations and misunderstandings in management studies. Administração: Ensino e Pesquisa, 19(2), 277–307. https://doi.org/10.13058/raep.2018.v19n2.889

Buckley, R. (2018). Simultaneous Analysis of Qualitative and Quantitative Social Science Data in Conservation. Society and Natural Resources, 31(7), 865–870. https://doi.org/10.1080/08941920.2018.1446232

Claire M Kelly, Anthony F Jorm And Annemarie Wright (2007), Improving Mental Health Literacy As A Strategy To Facilitate Early Intervention For Mental Disorders, Https://Doi.Org/10.5694/J.1326-5377.2007.Tb01332.X

Collatto, D. C., Dresch, A., Lacerda, D. P., & Bentz, I. G. (2018). Is Action Design Research Indeed Necessary? Analysis and Synergies Between Action Research and Design Science Research. Systemic Practice and Action Research, 31(3), 239–267. https://doi.org/10.1007/s11213-017-9424-9

De Manincor, M., Bensoussan, A., Smith, C. A., Barr, K., Schweickle, M., Donoghoe, L.-L., … Fahey, P. (2016). Individualized Yoga For Reducing Depression And Anxiety, And Improving Well-Being: A Randomized Controlled Trial. Depression And Anxiety, 33(9), 816–828. Doi:10.1002/Da.22502

E. Kevin Kelloway (2018) Introduction To The Special Issue On Workplace Mental Health, Https://Doi.Org/10.1002/Cjas.1516

Educational Action Research, 26(3), 480–495. https://doi.org/10.1080/09650792.2017.1358198

Edwards, D., Johnson, S., & Berry, N. H. (1979). Positive Results From Outpatient Mental Health Intervention. Journal Of Clinical Psychology, 35(4), 887–893. Doi:10.1002/1097-4679(197910)35:4<887::Aid-Jclp2270350441>3.0.Co;2-8

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. Journal of Advanced Nursing, 62(1), 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x

Gaston H.,Phyllis G.(2000), Mental health and work: Impact, issues and good practices, World Health Organization

Hicks, S. (2016). Theory and social work: A conceptual review of the literature. International Journal of Social Welfare, 25(4), 399–414. https://doi.org/10.1111/ijsw.12215

Jahan, N., Naveed, S., Zeshan, M., & Tahir, M. A. (2016). How to Conduct a Systematic Review: A Narrative Literature Review. Cureus, 8(11). https://doi.org/10.7759/cureus.864

Jones, C. L., Jensen, J. D., Scherr, C. L., Brown, N. R., Christy, K., & Weaver, J. (2014). The Health Belief Model As An Explanatory Framework In Communication Research: Exploring Parallel, Serial, And Moderated Mediation. Health Communication, 30(6), 566–576. Doi:10.1080/10410236.2013.873363

Joss, N., & Keleher, H. (2007). Workforce Development To Embed Mental Health Promotion Research And Evaluation. Health Promotion Journal Of Australia, 18(3), 255–259. Doi:10.1071/He07255

Laudonia, I., Mamlok-Naaman, R., Abels, S., & Eilks, I. (2018). Action research in science education–an analytical review of the literature.

Liddle, S. K., Deane, F. P., & Vella, S. A. (2016). Addressing Mental Health Through Sport: A Review Of Sporting Organizations' Websites. Early Intervention In Psychiatry, 11(2), 93–103. Doi:10.1111/Eip.12337

Lindhult, E. (2019). Scientific Excellence in Participatory and Action Research: Part II. Rethinking Objectivity and Reliability. Technology Innovation Management Review, 9(5), 22–33. https://doi.org/10.22215/timreview/1238

Lori Wozney (2018) Toolkit for e-Mental Health Implementation, mentalhealthcommission.ca, http://www.mentalhealthcommission.ca

Man, J., & Kangas, M. (2018). Service Satisfaction And Helpfulness Ratings, Mental Health Literacy And Help Seeking Barriers Of Carers Of Individuals With Dual Disabilities. Journal Of Applied Research In Intellectual Disabilities. Doi:10.1111/Jar.12520

Nogues, S., & Finucan, J. (2018). Economic Evaluations Of Workplace Mental Health Interventions: A Critical Review. Canadian Journal Of Administrative Sciences / Revue Canadienne Des Sciences De l'Administration. Doi:10.1002/Cjas.1502

Okubo, S., Yokoyama, K., Suzuki, M., Tani, I., Ikeda, W., & Kitamura, F. (2012). Difficulties In Receiving A Medical Consultation Among Japanese Workers With Mental Health Problems. Journal Of Occupational Health, 54(1), 51–55. Doi:10.1539/Joh.11-0065-Fs

Raaj, S., Navanathan, S., Tharmaselan, M., & Lally, J. (2021). Mental disorders in Malaysia: An increase in lifetime prevalence. BJPsych International, 18(4), 97-99. doi:10.1192/bji.2021.4

Sartore, G.-M., Kelly, B., Stain, H. J., Fuller, J., Fragar, L., & Tonna, A. (2008). Improving Mental Health Capacity In Rural Communities: Mental Health First Aid Delivery In Drought-Affected Rural New South Wales. Australian Journal Of Rural Health, 16(5), 313–318. Doi:10.1111/J.1440-1584.2008.01005.X

Shann, C., Martin, A., & Chester, A. (2014). Improving Workplace Mental Health: A Training Needs Analysis To Informbeyondblue's Online Resource For Leaders. Asia Pacific Journal Of Human Resources, 52(3), 298–315. Doi:10.1111/1744-7941.12032

Stanton, R., Rebar, A., & Rosenbaum, S. (2018). Exercise And Mental Health Literacy In An Australian Adult Population. Depression And Anxiety. Doi:10.1002/Da.22851

Tay, J. L., Goh, Y. S. S., & Klainin-Yobas, P. (2020). Online HOPE Intervention On Mental Health Literacy Among Youths In Singapore: An RCT Protocol. Journal Of Advanced Nursing. Doi:10.1111/Jan.14393

Tay, J. L., Tay, Y. F., & Klainin-Yobas, P. (2018). Effectiveness Of Information And Communication Technologies Interventions To Increase Mental Health Literacy: A Systematic Review. Early Intervention In Psychiatry. Doi:10.1111/Eip.12695

TERRY, J. (2011). Delivering A Basic Mental Health Training Programme: Views And Experiences Of Mental Health First Aid Instructors In Wales. Journal Of

Psychiatric And Mental Health Nursing, 18(8), 677–686. Doi:10.1111/J.1365-2850.2011.01719.X

Unützer, J., & Park, M. (2012). Strategies to Improve the Management of Depression in Primary Care. Primary Care: Clinics in Office Practice, 39(2), 415–431. doi:10.1016/j.pop.2012.03.010

Wong LP, Alias H, Md Fuzi AA, Omar IS, Mohamad Nor A, Tan MP, et al. (2021) Escalating progression of mental health disorders during the COVID-19 pandemic: Evidence from a nationwide survey. PLoS ONE 16(3): e0248916. https://doi.org/10.1371/journal.pone.0248916

Yasuhiro K., David S., (2018), NLP for Japanese workers' mental well-being: pilot research, University of Derby, Derby, UK Doi:10.1108/MHRJ-09-2018-0030