

Mind, Heart, and Dignity: Reimagining Mental Health for Older Adults in Malaysia

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ABSTRACT

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Malaysia is in the midst of an ageing population with estimates that 15% of the country's population will be over 60 by 2040 and this increases mental health and social wellbeing pressures alongside an ongoing stigma. This scoping review provides a mapping of national policies pertinent to the mental health and dignity of older people, their benchmarking against models overseas and their interrogation against the thematic issues ranging from the cultural dynamics to the care in the community and the execution barriers in the system. In this case, using established scouring methods, sources from 2015-2025, such as Google Scholar, government reports, policy documents and Malaysian evidence was foregrounded along with comparative international perspectives and findings were synthesised thematically rather than being empirically appraised. Malaysia's policy scaffolding-National Policy for Older Persons (2011), National Health policy for Older Persons (1995) and National Mental Health Policy 1998/2012 signal commitments to dignity, empowerment and access, but gaps in delivery continue to exist as a result of urban-rural disparities, low mental health literacy, cultural stigma and workforce constraints. Cross-cutting themes: Community Anchored Models, Integrated Care Pathways. International exemplars show viable legislative and service architectures. On the whole, the frameworks of Malaysia are in line with global good practice but need execution uplift through more community engagement, targeted workforce development, and cross-sectoral integration. Priorities include scaled-up PAWE centres, the embedding of elder mental health services in primary care, culturally interventions and calibrated legal mechanisms to improve familial accountability.

Contribution/Originality: This study contributes to scholarly understanding by offering a theoretically grounded, policy focused synthesis of elder mental health in Malaysia emphasizing dignity as an analytical lens. It highlights national frameworks with global exemplars, generating complex yet system level insights to inform evidence-based, culturally sensitive and integrative ageing policy reform.

1. Introduction

Malaysia is experiencing rapid demographic ageing and adults aged 60 and older are expected to account for an estimated 15% of the population by 2040 (Ministry of Health Malaysia [MOH], 2020). This pivot recalibrates the national value proposition for health and social care because mental health - a state of well-being, defined by the World Health Organization, in which individuals are able to cope with stress and to contribute to their community (Tan et al., 2025) - is at the heart of later life quality and dignity. In reality, older Malaysians may face stigma (e.g., assumption of declining capability) as well as structural barriers (e.g., gaps in rural services and lack of transport) that add up to risks of isolation and unmet need (Hassan et al., 2022). Against the above backdrop, Malaysia has promulgated multiple policy instruments concerning older person and mental health; however, integration, implementation and measurement are uneven. Accordingly, this scoping review maps national policies and initiatives pertinent to elder mental health and dignity and benchmark them against international models, and interrogates cross-cutting themes including community-based care, cultural influences and bottlenecks in delivery and health-system integration. By synthesising evidence from academic and policy sources (2015 - 2024), the review identifies actionable gaps and opportunity spaces to architect an inclusive, preventive and dignity-affirming ecosystem for older adults.

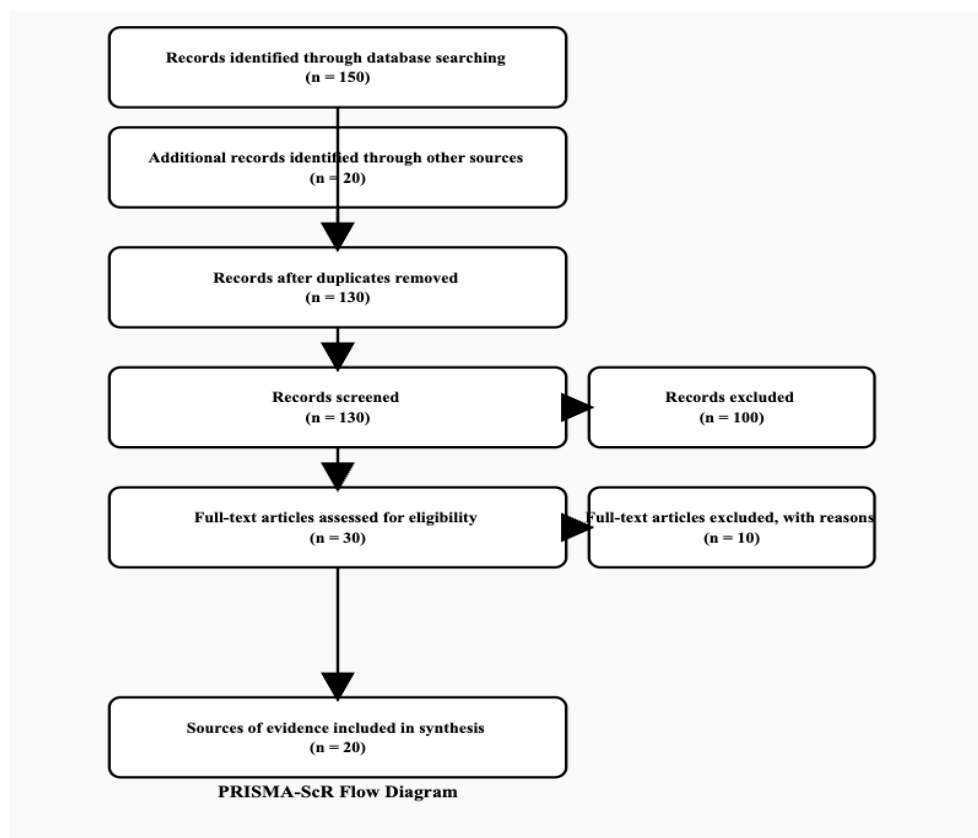
2. Methodology

A scoping review following standard frameworks by Arksey and O'Malley (2005) was conducted to capture the breadth of literature on ageing, mental health, and policy in Malaysia. Searches were performed on Google Scholar for the period 2015–2025 using terms such as “Malaysia mental health policy elder,” “older persons Malaysia health policy,” “dignity older adults Malaysia,” and related phrases. Sources included peer-reviewed articles, government reports, and policy documents (notably health and ageing policies). Comparative literature (Asia and other countries) on geriatric mental health policy and dignity was also reviewed. All relevant references from identified articles were explored for additional insights. Only English-language sources were included. As per scoping review methods, the emphasis was on summarising themes rather than assessing study quality, and evidence from Malaysian sources was prioritised. Key academic sources were cited throughout using the format to indicate the information extracted. The primary research question was: What national policies, programmes, and social factors support the mental health and dignity of older adults in Malaysia, and how do these compare with international approaches? This question encompasses the population (older adults in Malaysia), concepts (mental health, dignity, and social support), and context (policy and community settings).

2.1. Eligibility Criteria

Sources are eligible according to the following: published in English between 2015 and 2025 and focused on ageing, mental health, or related policies in Malaysia. Peer-reviewed articles, government reports, policy briefs, and international frameworks relevant to the study were included. Sources that focused exclusively on clinical aspects or involved non-Malaysian populations were excluded. The time frame proposed ensured contemporary relevance, which captured the time after Malaysia had made major revisions to its policy. Only open-access sources or those accessible through institutional subscriptions were included. Information sources and strategy searches were conducted on 15 March 2025 using Google Scholar, the Ministry of Health (MOH) Malaysia portal, the Department of Social Welfare, the United Nations (UN), and the WHO websites. Search terms were developed to combine population, concepts, and context as such: Malaysia AND (mental health OR psychological well-being) AND (older adults OR elder OR ageing) AND policy OR dignity. Other records were found through a reference list from included articles. The last search was conducted on 15 March 2025. A total of 150 records were retrieved out of the databases, and 20 records were retrieved through other sources. All the records were exported to a spreadsheet in the selection process where they were screened. Duplicates were manually removed, with 130 unique records remaining. Titles and abstracts were scanned for relevance, with 80 sources remaining. The full texts were assessed against the eligibility criteria, with 30 documents meeting the inclusion criteria. The full text of ten documents was excluded as they do not refer to older adults or policy contexts. In total, 20 sources were included in the final synthesis. Figure 1 shows the PRISMA-ScR flow diagram of the selection process.

Figure 1: PRISMA-ScR flow diagram summarising the literature selection process



2.2. Data Charting and Synthesis

For each included study, data were mapped by year of publication, study type, study aims, methodology, key findings, and relevance to the research question. The data were then summarised through narrative thematic synthesis. Policies were reviewed according to their aims and status of implementation, and empirical studies were reviewed to provide insights on stigma, service provision and cultural factors. International examples were examined for implications from Singapore and India in a bid to identify lessons learned that may have applicability in different contexts.

3. Results

3.1. National Policy Landscape in Malaysia

3.1.1. Older Persons Policies

Malaysia first adopted a National Policy for the Elderly in 1995, later revised and renamed the National Policy for Older Persons (Dasar Warga Emas Negara) in 2011 (Ministry of Women, Family and Community Development Malaysia, 2011). This policy framework emphasises the empowerment of older individuals and supportive environments. For example, it established the Senior Citizens Activity Centres (PAWE), where elders can gather, socialise, and access community support (Hassan et al., 2022). The policy's objectives include enabling older adults to live independently and with dignity, reflecting human rights principles (cf. UN guidance). The UN Independent Expert on Older Persons recently commended Malaysia for creating a framework aimed at providing safe and dignified environments (Tan et al., 2025). However, she urged that concrete action should implement rights-protecting strategies (e.g., social allowances and free basic health care) to improve elders' well-being (Tan et al., 2025).

3.1.2. Health Policy for Elders

Complementing the above, the MOH introduced the National Health Policy for Older Persons programme in 1995. This policy's goal is to ensure "healthy ageing" by improving the quality of life through the empowerment of older people, families, and communities (Ministry of Women, Family and Community Development Malaysia, 1995). The policy advocates preventive care, community health support, and periodic health screenings for seniors. It also inspired the observation of Malaysian National Day of Older Persons annually to honour the efforts of the elderly. Specific measures to improve the living conditions of older people (Tan et al., 2025) were also incorporated in the Eleventh Malaysia Plan (2016-2020) that shows a multisectoral approach to ageing. Thus, Malaysia has an established suite of policies for the ageing population (Table 1), integrating health and social support objectives.

Table 1: Major national and international policies/laws relevant to elderly mental health and well-being

Jurisdiction	Policy/Law	Year	Key Focus (relevant to elderly)
Malaysia	National Policy for Older Persons (NPOP)	2011	Safe, age-friendly environment; elderly empowerment and dignity
Malaysia (MOH)	National Health Policy for Older Persons	1995	Promote healthy ageing through empowerment of elders and families
Malaysia	National Mental Health	1998	Community mental health,

Jurisdiction	Policy/Law	Year	Key Focus (relevant to elderly)
(MOH)	Policy	(revised 2012)	accessibility, multisectoral care
Malaysia	Mental Health Act (Act 615)	2001	Legal framework for care/treatment of mental disorders (general)
Singapore	Maintenance of Parents Act	1995	Mandates children to support elderly parents financially
Singapore	Tribunal for Maintenance of Parents	1995	Legal body to enforce support obligations for ageing parents
India	Maintenance & Welfare of Parents/Senior Citizens Act	2007	Requires children/relatives to provide maintenance; establishes tribunals
USA (various)	State filial responsibility laws	~1900s-present	Legal provisions (state-level) compelling adult children to support indigent parents
WHO / Global	Mental Health Action Plan	2013–2020	Global framework; emphasises mental health promotion for all ages (incl. elders)
WHO / Global	Global Strategy & Action Plan on Ageing/Health	2016–2030	Outlines age-friendly health systems and integrated care across the lifespan

Note: Malaysia's policies on older persons and mental health span various sectors (ministries of health, women/family, etc.) and include strategic plans. International entries illustrate legal and global policy models emphasising elder support and integration. All entries focus on aspects affecting older adults' mental health and dignity.

3.1.3. Mental Health Policies

Malaysia's National Mental Health Policy was first formulated in 1998 by the MOH, and revised in 2012 (MOH, 2012). This policy expresses the concepts of access, equity, community-based care, and intersectoral partnership (e.g., with social services). It tries to enhance the mental health of all older adults and extend to the entire citizenry, by transforming institutional into community-based care and also combines mental health promotion across environments (MOH, 2012). Legally, the Mental Health Act 2001 (Act 615) provides for the admission, detention, and treatment of persons with mental disorders (MOH, 2020). However, the Act is general and not specifically tailored to older people. Scholars have noted it lacks provisions for age-related issues (e.g., guardianship for elders with dementia and advance care directives; Hassan et al., 2022). In practice, there is no separate mental health law for seniors, i.e., older Malaysians rely on the general legal framework, which some critics find "inadequate" to address the unique needs of elderly patients with mental health conditions (Hassan et al., 2022).

Policy Implementation and Gaps: While policies exist, implementation gaps are evident. A significant challenge is the workforce; Malaysia faces a shortage of geriatric and mental health professionals (Tan et al., 2025; Hassan et al., 2022). In the health sector, few trained geriatricians and clinical psychologists are available, especially outside urban centres. A survey noted a critical "lack of human resources, especially psychiatrists" for the population (Tan et al., 2025). Similarly, Malaysia's Community mental health centres (CMHCs) in urban areas are relatively limited and often lack specialised elder care programmes.

4. International Policy Comparisons

Comparisons with other countries other than Malaysia are beneficial. Similar to the Singapore case, there is the Maintenance of Parents Act passed in 1995 in neighbouring Singapore, the only law of filial responsibility, and which allows elderly parents to claim a financial aid against their children (United Nations [UN], 2025). It has even put up a Tribunal of Maintenance of Parents which adjudicates such claims making rights of the elders to support a matter of law (UN, 2025). A Malaysian legislative advisory body suggests that Malaysia could consider a similar approach (e.g., a Senior Citizens Bill) to impose familial duties, drawing on Singapore's model (UN, 2025). Even India's Maintenance and Welfare of Parents and Senior Citizens Act (2007) create courts to address elder neglect and enforce care provisions (UN, 2025). These laws exemplify a legal mechanism to uphold older adults' dignity by mandating intergenerational support.

In Western contexts, filial responsibility is less codified but still present. For example, many United States of America (USA) states have partial filial laws, and courts (or mediation) may compel adult children to support indigent parents under certain conditions (UN, 2025). Significantly, alternative dispute resolution (mediation) is often promoted to handle family conflicts over elder care (UN, 2025). Such models emphasise elder autonomy and voice in decisions (a dignity-based approach) (UN, 2025).

Beyond elder-specific legislation, global bodies provide frameworks. The WHO's Global Mental Health Action Plan (2013–2020) and the Global Strategy on Ageing and Health (2016–2030) call for age-friendly health systems and integrated care across the life course (World Health Organisation [WHO], 2013, 2017). These highlight the need for community-based mental health promotion and multisector collaboration for healthy ageing. Although Malaysia has not explicitly rolled out the WHO's plans by name, it has participated in regional WHO initiatives on age-friendly cities and mental health promotion. The International Madrid Plan of Action on Ageing (UN, 2002) and recent UN resolutions also stress the dignity and participation of older persons, principles reflected in Malaysia's policy rhetoric.

The comparative insight is that while Malaysia has generally aligned with international ideals on ageing (independence, social participation, and rights), it may benefit from adopting concrete mechanisms seen elsewhere. In particular, legal tools to hold families accountable and community-based mental health programmes for seniors are prominent in Singapore/India and deserve consideration.

5. Thematic Findings

5.1. Cultural and Community Factors

Malaysian society is multiethnic and family-oriented and this shapes older adults' experiences. Filial piety, the expectation that children care for elders remains a strong social norm (especially among Malay, Chinese, and Indian families), although it is evolving. Research shows that perceived filial piety correlates positively with older persons' social support and well-being (Naineea & Mohd Hashim, 2023). However, urbanisation and mobility can weaken traditional support networks. The cultural stigma around ageing and mental illness is reported; many older Malaysians still view mental decline as normal ageing or even supernatural. One study notes "*a stigma attached to*

ageing, where older individuals are sometimes viewed as less capable or less valuable” (Iskandar et al., 2025). Such attitudes can cause neglect or delay in seeking care. Conversely, strong family bonds mean many seniors live with children or extended family, potentially buffering loneliness. Programmes that strengthen family support and community ties (such as the PAWE activity centres) leverage cultural values of mutual care.

Social isolation is a key risk factor for elder mental health issues in Malaysia. Community-based activities—religious gatherings, neighbourhood clubs, and senior day centres—are vital for social support. For example, the PAWE centres (established under the National Policy for Older Persons) serve as local hubs offering health talks, exercises, and social events (Soon et al., 2022). These centres aim to “prevent loneliness and depression” by enabling elders to remain active and socially engaged (Soon et al., 2022). However, PAWEs are currently unevenly distributed, with fewer in rural areas, suggesting a need to scale up community services for older adults.

5.2. Community-Based and Integrated Care

A recurring theme is the importance of shifting care from hospitals to communities. The MOH has gradually developed Community Mental Health Clinics, but these often focus on general adult populations. For older adults, community-based solutions include training family caregivers and expanding home care services. Experts recommend “strengthening community-based care to support ageing in place,” such as establishing daycare centres and home visit programs. Health promotion targeting seniors (e.g., screening for depression and cognitive health education) is also encouraged.

Integrating mental health into primary care is another strategy. In Malaysia’s mixed health system, family doctors in Klinik Kesihatan could be trained to screen for elder mental health issues (depression and dementia) and refer patients to multidisciplinary teams. There are calls to “develop integrated healthcare models that coordinate medical, social and long-term care services” (MOH, 2012). This would involve multidisciplinary teams (doctors, nurses, occupational therapists) working in both clinics and community centres. The WHO advocates such a holistic approach, and some Malaysian pilots have tested geriatric care coordination in public clinics.

Technology also offers integration opportunities. Telemedicine was boosted during COVID-19 and can help rural seniors connect with specialists. Mobile apps and wearables (e.g., medication reminders and fall detectors) empower self-care for those with chronic conditions (Soon et al., 2022). An integrated electronic health record system could ensure continuity of care for elders who see multiple providers. However, digital literacy among some older Malaysians is low, so tech solutions must be coupled with community support and training.

5.3. Implementation Challenges

Several practical challenges affecting policy outcomes have been identified. Workforce shortages are acute; Malaysia has far fewer geriatricians and mental health professionals per capita than needed. This limits service availability for older people. Training more specialists and incentivising placements in underserved areas is necessary. Financial constraints also matter: many seniors live on fixed incomes, and out-of-pocket costs (especially for private care or medications not covered by the public

system) can be burdensome. The government partially mitigates this by subsidising clinics for seniors and offering free/basic inpatient care, but gaps remain.

Rural-urban disparities are another issue. As noted, older rural people have less access to health centres and fewer trained caregivers (Soon et al., 2022). Transportation difficulties mean some elders cannot easily travel to hospitals or PAWEs. Policy implementation has to bridge these gaps through mobile health teams or community health volunteers.

Finally, stigma and low mental health literacy hamper help-seeking. Both older adults and their families may downplay symptoms of anxiety, depression or cognitive decline. This cultural barrier means many cases go undetected until severe. Educational campaigns as part of the national strategy are needed to destigmatise mental health issues in ageing and encourage timely intervention.

6. Discussion

This scoping review highlights that Malaysia has developed a relatively comprehensive policy framework for older persons' health and social support, including mental health components, but faces common pitfalls in implementation. National policies (Table 1) articulate admirable goals, healthy ageing, integrated care and elderly empowerment, which align with international ideals of dignity and rights. For example, the National Policy for Older Persons explicitly aims to promote independence and dignity in later life (Ministry of Women, Family and Community Development Malaysia, 2011). However, translating policy into practice requires adequate resources, coordination, and cultural change.

Lessons from abroad suggest concrete policy directions. Singapore's Maintenance of Parents Act demonstrates one way to formalise filial duties and ensure elder support (Hassan et al., 2022). Malaysia might consider legislation or incentives that encourage multi-generational caregiving. India's elders' tribunals similarly could inspire community-level mechanisms (e.g., local elder welfare committees) to intervene when seniors are neglected (Tan et al., 2025). Notably, such laws should be implemented sensitively to avoid family conflict; mediation and social work support can help resolve disputes while upholding elders' dignity (Tan et al., 2025).

Community-based care models are also instructive. Successful ageing in nations like Japan and the Netherlands relies on integrated community health teams and age-friendly environments. Malaysia's Eleventh Plan and Healthy Ageing agenda echo this by calling for age-friendly cities and community programs (Hassan et al., 2022; MOH, 2015). Our findings reaffirm that expanding community mental health centres, home visits, and senior day-care facilities can mitigate social isolation and catch mental health issues early. For instance, respondents in one Malaysian study recommended more PAWEs and local support groups to maintain social networks and mental resilience.

Culturally tailored interventions are essential. Programmes must respect Malaysian multiethnic values, languages, and family structures. Engaging religious and community leaders can help overcome stigma. This aligns with the finding that perceived filial piety and social support strongly influence older adults' well-being (Mirvahedi, 2024). The policy can build on this by supporting intergenerational programmes, for example, pairing elders with youth volunteers or encouraging family participation in elder care

centres. One study of Malaysian elders recommends policies that strengthen filial bonds and family-based support networks to reduce loneliness and depression (Naineea & Mohd Hashim, 2023).

At the healthcare system level, integrating services is key. Malaysia's National Strategic Plan for Mental Health (2000–2025) begins to address this by emphasising mental health promotion and integration into non-specialist services, but its implementation for the elderly sub-population is not fully evident (MOH, 2020). Our review suggests the need for an explicit “elder mental health” component in such plans. This could include mandatory dementia screening in primary care for seniors, training health workers in geriatric psychiatry, and establishing referral pathways from community clinics to geriatric mental health teams.

6.1. Implications for Policy

Anchored in the evidence base, five strategic factors arise to future proof the elder mental health ecosystem in Malaysia. First, scale up community and preventative provision by expanding PAWE centres, day - home-care programmes and mobile outreach, and crowd-in volunteerism and NGO delivery partners. Second, catalyse intergenerational solidarity through school-based elder days and community parlours, stress-testing fiscal incentives or light touch legislation for familial care, drawing lessons from Singapore and India (Tan et al., 2025; Hassan et al., 2022). Third, hard-wire cross-sector integration: formalise health--social--housing coordination, routinely screen for mental health in primary care, integrate social work in clinics and use telehealth and interoperable EHRs to achieve continuity of care. Fourth, address workforce and access bottlenecks, i.e. train more geriatricians, gerontological nurses and psychologists, underwrite rural postings, expand telepsychiatry in isolated areas, ensure subsidies/insurance cover elder mental health services. Fifth, combat stigma and operationalise dignity with mass-media and community campaigns, policy dialogues and a strengthened National Council for Older Persons (which is in line with international standards of dignity (Tan et al., 2025; Mirvahedi, 2024). Finally, institutionalise evidence-informed governance through the requirement for systematic reviews of and iterative updates to the National Mental Health Policy including measurable outcome targets and benchmarking (MOH, 2012).

7. Conclusion

Malaysia has made tremendous efforts in recent decades to recognise and support its ageing population through national policies and plans. However, gaps in implementation and cultural barriers persist. A reimagined approach to older adult mental health must integrate the “mind, heart, and dignity”: providing adequate care and support for mental well-being (mind), nurturing compassionate community and family engagement (heart), and upholding respect, rights and independence of elders (dignity). Drawing on global examples and local research, the way forward involves multisectoral collaboration, legal innovation (e.g., filial responsibility laws), expanded community-based services, and policies that explicitly affirm the worth of older individuals. Future policy frameworks should be evidence-driven and inclusive, ensuring that Malaysia's seniors can age with psychological health, social support and dignity. In summary, providing mental health for older Malaysians is not only a healthcare challenge but a measure of societal values – one that requires both heart and strategy to address comprehensively.

Ethics Approval and Consent to Participate

All procedures performed in studies involving human participants were conducted in accordance with the ethical standards of the institutional and/or national research committee and the 1964 Helsinki Declaration and its subsequent amendments, or with comparable ethical standards. Ethical registration was obtained from the National Medical Research Register [Reference no: NMRR ID-25-03882-N8V].

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Conflict of Interest

The authors reported no conflicts of interest for this work and declare that there is no potential conflict of interest with respect to the research, authorship, or publication of this article.

References

- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Hassan, N. A., Abdul Majeed, H., Mohd Tajuddin, J., Abdullah, N. H., & Ahmad, R. (2022). Investigating mental health among Malaysian university students during COVID-19 pandemic. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, 7(1), 251–260. <https://doi.org/10.47405/mjssh.v7i1.1224>
- Iskandar, M. D., Wei, L. C., & Mohamad Fauzi, S. Z. (2025). Comparative Analysis of Filial Responsibility, Elder Neglect, and State Intervention in Indonesia, Malaysia and Singapore. *Journal of Humanities and Social Sciences (JHASS)*, 7(2), 43-53. <https://doi.org/10.36079/lamintang.jhass-0702.703>
- Ministry of Health Malaysia (MOH). (2012). *National Mental Health Policy (Revised)*. Ministry of Health Malaysia.
- Ministry of Health Malaysia (MOH). (2015). Health facts 2015. Planning Division, Ministry of Health Malaysia. https://www.moh.gov.my/moh/resources/Penerbitan/Penerbitan%20Utama/HEALTH%20FACTS/KKM_HEALTH_FACTS_2015.pdf
- Ministry of Health Malaysia (MOH). (2020). *National Strategic Plan for Mental Health 2020–2025*. Ministry of Health Malaysia. https://www.moh.gov.my/moh/resources/Penerbitan/Rujukan/NCD/National%20Strategic%20Plan/The_National_Strategic_Plan_For_Mental_Health_2020-2025.pdf
- Ministry of Women, Family and Community Development Malaysia. (1995). *National Policy for the Older Person*. Family Health Development Division Malaysia.

- Ministry of Women, Family and Community Development Malaysia. (2011). *Dasar Warga Emas Negara (National Policy for Older Persons)*. Ministry of Women, Family and Community Development Malaysia. https://www.kpwkm.gov.my/uploads/content-downloads/file_20250105165538.pdf
- Mirvahedi, S. H. (2024). What can interactional sociolinguistics bring to the family language policy research table? The case of a Malay family in Singapore. *Journal of Multilingual and Multicultural Development*, 45(2), 257–272. <https://doi.org/10.1080/01434632.2021.1879089>
- Naineea, S., & Mohd Hashim, I. H. (2023). Family support and life satisfaction among Malaysian elderly: The mediating role of perceived filial piety. *Jurnal Kemanusiaan*, 21(2), 81–84. <https://doi.org/10.11113/jur.kemanusiaan.v21.458>
- Soon, G. C., Bodeker, G., Kariippanon, K. (Eds.). (2022). *Healthy ageing in Asia: Culture, prevention and wellness*. CRC Press. <https://doi.org/10.1201/9781003043270>
- Tan, C. M. P., Soh, T. L. T., Kaliya-Perumal, A. K., & Tan, T. L. (2025). Navigation in total knee arthroplasty: A resident's friend or foe?. *Singapore Medical Journal*, 66(7), 391–396. <https://doi.org/10.11622/smedj.2021212>
- United Nations (UN). (April 8–12, 2002). *Political declaration and Madrid International Plan of action on ageing*. Second World Assembly of Ageing, Madrid, Spain. <https://social.un.org/ageing-working-group/documents/mipaa-en.pdf>
- United Nations (UN). (July 4, 2025). Visit to Malaysia – Report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler (A/HRC/60/24/Add.1). UN Human Rights Council. <https://docs.un.org/en/A/HRC/60/24/Add.1>
- World Health Organisation (WHO). (January 2, 2017) *Global strategy and action plan on ageing and health*. World Health Organisation. <https://www.who.int/publications/i/item/9789241513500>
- World Health Organisation (WHO). (January 6, 2013). *Mental Health Action Plan 2013–2020*. World Health Organisation. <https://www.who.int/publications/i/item/9789241506021>