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Improving Accessibility and Availability of Mental Health Services in Malaysia

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Glossary of Terms

LGBTQ+	Lesbian, Gay, Bisexual, Transexual, Queer, Uncountable (+)
Mental Disorder/Mental Illness	Any condition characterised by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these. Such disorders cannot be accounted for solely by environmental circumstances and may involve physiological, genetic, chemical, social, and other factors. ⁽¹⁾
Neurodevelopmental Disorders	It is characterized by developmental deficits that impact functioning in personal, social, academic, and occupational arenas. ⁽²⁾

Background

In 2015, 29.2% of Malaysians, 16 years and older, experienced some form of mental illness.⁽³⁾ This number, being almost a three-fold increase from 10.7% in 1996, signifies that 3 in 10 adults suffer from some forms of mental illness.⁽⁴⁾ Additionally, 12.1% of children between 5 and 15 years of age have experienced mental illness.⁽⁵⁾

Despite the increased number of cases, as of July 2018, there are only a total of 410 registered psychiatrists in Malaysia. This

number is distributed among public and private universities, private clinics, and governmental hospitals, with the national average being 1.27 psychiatrists per 100,000 population.⁽⁶⁾ However, major regulatory bodies such as the American Psychiatric Association and World Health Organization recommends a ratio of 1 psychiatrist to 10,000 population since 1962.^(7,8) Therefore, Malaysia should ideally have 3,000 psychiatrists evenly distributed across the country.

However, there's an uneven distribution of psychiatrists within the country to tackle this rising issue. In a 2018 study by Guan NC et.al., 12 out of the 14 states reported psychiatrists to population ratios being far below the national average. States such as Kedah and Sabah reported ratios of 0.55 and 0.54 psychiatrists per 100,000 population respectively versus Wilayah Persekutuan Kuala Lumpur and Putrajaya reported ratios of 5.24 and 3.38 psychiatrists per 100,000 population respectively.⁽⁶⁾

Existing Issues within the Healthcare System

Looking at the bigger picture, the Malaysian government has started shifting away from traditional frameworks of psychiatric institutionalisation to community-oriented psychiatric healthcare systems since the 1970s.^(9, 10) Mental institutions were downsized and their focus were redirected towards supportive psychiatric care within government-owned primary healthcare clinics and secondary care centres.^(5, 9, 10) Public primary healthcare clinics have now expanded their services to include mental health promotion, early detection and treatment, follow-ups on stable psychiatric patients, psychosocial

rehabilitation, and family interventions.^(5,9) Additionally, complex cases would be managed with in-hospital psychiatric services.⁽⁵⁾

In countries with similar situations, the paradigm shift in responsibility and delegation of tasks to primary healthcare has reduced the burden of care for psychiatrists and in-patient psychiatric health systems.⁽¹¹⁾ However, this could be an issue in Malaysia as the primary healthcare sector has been operating beyond its limits. The average ratio of physicians to population in the Malaysian public healthcare sector is 0.9 per 10,000 population, in contrast to the standard physician to patient ratio.⁽¹⁴⁾ A primary care physician sees an average of 40 patients daily, limiting their consultations to a maximum of 15 minutes per patient – almost twice the recommended standard workload, barely enough for a holistic consultation.^(12,13) Limited human resources has further compromised the quality of outpatient care. On average, public patients receive recommended care only 59% of the time.⁽¹⁴⁾ Therefore, while the endeavour to endow primary care clinics with more responsibility into psychiatric patient care has reduced the workload for psychiatrists in secondary and tertiary centres, there remains the concern whether optimum care can be provided given apparent time constraints within primary care.⁽⁵⁾

Accessibility of Mental Health Services in Malaysia

Reports on hospital outpatient clinic services detailed 382,590 attendances in 2014, with an increase by 16.4%, amounting to 445,335 attendances the following year.⁽³⁾ While the increase has been modest, it is still a far cry from ensuring the estimated 10 million adults within our population living with a mental health

condition are receiving adequate attention from the psychiatrists, with the lack of availability greatly affecting accessibility.⁽³⁾

Financial expenditure on psychiatric consultation fees also differs between private and public care. Table 1 summarises the differences in cost.⁽¹⁵⁾ While government mental healthcare services are highly affordable, access is still restricted due to the availability of workforce resources albeit the broadening of psychiatric outpatient services within public hospitals.⁽⁵⁾

	Public healthcare	Private healthcare
First visit	Free (Referral by government medical officer)	RM80 - RM235
	RM30 (Referral by private practitioner)	
Follow-up visit	RM5/visit	RM 40 - RM105/visit
Psychotherapy	Free	RM 65 - RM250/session

Table 1: Psychiatric care costs difference between public and private healthcare.⁽⁵⁷⁾

Private care seems to be an alternative to circumvent long waiting lists associated with public care. However, the financial burden associated with this service would dissuade patients from accessing these services. Financial constraints in private care is further complicated by the exclusion of mental health coverage in most insurance schemes.⁽¹⁶⁾

Thus, the establishment of Community Mental Healthcare Centres (MENTARI) in Malaysia in 2015 was an attempt to improve accessibility to mental health services. ⁽⁵⁾ There are 22 MENTARI clinics across Malaysia, with at least one in each state. Their main objective is to rehabilitate patients with serious mental illness and reintegrate them into society.⁽⁵⁾ However, there are currently no published reports on the objective success of these services, nor on the popularity of their use.

Malaysian Cultures and Mental Health

Asian cultures are often associated with values or beliefs aligned to collectivism, where people regard themselves and are treated as an extension of the social systems that they belong to. This is adopted in Malaysia. There are five key elements suggested by Hechanova and Waeldle that have significant implications on mental health in Southeast Asia. These are emotional expression, shame, power distance, collectivism, and spirituality and religion.⁽²⁰⁾

Culture is defined as the way of life by the Cambridge dictionary.⁽¹⁹⁾ Culture affects one's perception, knowledge, and attitude towards mental health as a whole. ⁽²¹⁻²³⁾ This inevitably affects an individual's motivation to seek treatment, their coping mechanisms, and the support systems they have within their families or communities.^(21, 22) This is not uncommon in Malaysia where traditional healers such as the Malay *bomohs*, the Chinese herbalists, or the Indian Ayurvedic healers are approached instead of licensed medical practitioners.⁽¹⁷⁾

The subjectivity of perception towards mental illness might also contribute to more physical symptoms being reported, instead of

emotional symptoms, in some cultures.^(21,23) Furthermore, there are cultures who believe that illness is a cause of unbalanced emotions in excess. This is prominent in Chinese culture - a community that holds significant influence in Southeast Asia. It is also believed that expressing painful memories or emotions will cause more harm.⁽¹⁸⁾ This might delay treatment-seeking, and it could also influence the type of support, treatment, or coping mechanisms sought.^(18,2)

Another factor that causes delayed treatment-seeking is the feeling of shame.⁽¹⁸⁾ This is amplified in Asian collectivist cultures, where there is a significant worry about damaging one's family or community's reputation.⁽¹⁸⁾ This eventually leads to stigmatisation, in which a cluster of negative beliefs and attitudes are associated against a group of people, causing fear, rejection, avoidance, and discrimination by the public.^(21,22) This results in a vicious cycle that is difficult to break towards seeking help for their mental health wellbeing.

Mental Health Legislations in Malaysia

The Mental Health Act 2001 (Act 615) consolidates the law in relation to mental disorders and provides procedures for the admission, detention, lodging, care, treatment, rehabilitation, control, and protection of people who are mentally disordered and for related matters.^(24, 25)

Act 615 defines the term mental disorder as any mental illness, arrested, or incomplete development of the mind, psychiatric disorder, or any other disorder or disability of the mind however acquired. A person cannot be

construed as suffering from a mental disorder if subject to the following conditions⁽²⁴⁾:

1. Promiscuity or other immoral conducts;
2. Sexual deviancy;
3. Consumption of alcohol/drugs;
4. Expressing, refuses to express, failure to express a particular political, religious opinion, or belief;
5. The person's antisocial personality.

At present, the ground for compulsion stands for the purpose of assessment or treatment in the interests of a person's own health or safety, or with a view for the protection of other persons. An application for detention can be made to the medical director of psychiatry hospitals by a relative, or a medical officer for involuntary admission. An external agency namely called the Board of Visitors is responsible to review patients' detention, looking into complaints and inspecting facilities; hence acting as a check-and-balance mechanism.⁽²⁴⁾

Controversially, the Penal Code (Act 574) states that those who attempts to commit suicide, and those that does any act towards the commission of such offence, shall be punished with imprisonment for up to one year or a fine or both.⁽²⁶⁾

Vulnerable Groups

LGBTQ+

In a conservative-majority country like Malaysia, the homosexual community has often been a subject of discrimination and marginalisation. With conversion therapy being legal in Malaysia, many are reluctant to access mental health services, especially within the public hospitals. In Malaysia, conversion

therapy is run under the purview of Jabatan Kemajuan Islam Malaysia (JAKIM), state religious departments and the Ministry of Health.⁽²⁷⁾ There are establishments of government-sponsored anti-gay boot camps to cure effeminate and gay schoolboys in Malaysia.⁽²⁸⁾ The United Nations considers this inhumane treatment as a serious human rights violation and advocates to end these abusive therapies.⁽²⁹⁾

In addition, there is also a fear of being discriminated against by healthcare professionals. Such acts include being denied access to treatment, verbally abused, harassed, and disrespected. These issues have resulted in avoidance of accessing healthcare services.⁽³⁰⁾

With mental health disorder still being a huge taboo within the Malaysian community, it remains to be a bigger challenge for the LGBTQ+ community and the gender minorities to access this branch of healthcare services openly.

The Young

At present, there are only twenty (20) child psychiatrists registered in Malaysia in 2018.⁽³⁾ Majority of these child psychiatrists are centred in the peninsular region, specifically in Selangor or Kuala Lumpur, thus leading to poor accessibility to those affected out of these state.⁽³¹⁾ Based on the National Health Morbidity Survey (NHMS) 2019, about 424,000 children in the country are affected by various mental health problems. The common problems reported are conduct disorder, emotional disorder, and attention deficit hyperactivity disorder.^(31, 32)

These children are mostly managed by general psychiatrists due to the lack of a multidisciplinary psychiatric team involving

occupational and speech therapists.⁽³³⁾ To address this issue, the Ministry of Health Malaysia is increasing efforts to train paediatricians and primary health care providers to manage non-complicated cases, with referral to general psychiatrists if further interventions are necessary.⁽³³⁾ There is also a manual published by the Ministry of Health Malaysia to guide primary healthcare practitioners in managing mental health cases among adolescents but these children are still lacking the holistic mental health care they need.⁽³²⁾

The Old

On the other end of the age spectrum, the Ministry of Health Malaysia classifies the geriatric population as anyone above the age of 60.⁽³³⁾ Mental health deterioration is not uncommon in old ages; with some leading causes include depression, anxiety, and loneliness, caused primarily by living alone. Their vulnerability to diseases also adds up to the deterioration, yet many cases in the country go undetected.⁽³⁴⁾ There are two key issues to be highlighted as the root of this problem:

1. The absence of a specialised medical field in looking after geriatric mental health, and
2. The lack of accessibility to geriatric centres nationwide.

The field of geriatric psychiatry in Malaysia is worryingly underdeveloped. As of

2018, there are only 39 geriatricians and 410 psychiatrists in the country, with less than 10 psychiatrists working in geriatrics.⁽³⁵⁾ The statistics indicate a clear lack of specialised doctors dedicated specifically to handling geriatric psychiatry. There needs to be a well-defined role and task delegation among both geriatricians and psychiatrists.

Currently, there are only 6 geriatric specialist centres in Malaysia.⁽²⁸⁾ With the country's population of 32.6 million in 2019, of which approximately 7% are senior citizens, there is a clear insufficiency of geriatric centres.⁽³⁷⁾ Furthermore, the centres are mostly concentrated in Kuala Lumpur or Subang Jaya (with the exception of a centre in Georgetown, Penang).⁽³⁶⁾ The location and scarcity of these centres make geriatric services very exclusive to citizens of a higher socio-economic class. One plausible reason for the lack of advancement is the difficulty in categorising geriatric medical cases. Age-afflicted problems, like dementia or Alzheimer's, can make it difficult for medical professionals to draw the line between neurological disorders and psychiatry illnesses.⁽³⁵⁾ However, this should not come as an excuse for letting the mental health of the elderly population go unnoticed. While geriatricians focus on the physical aspect of healthcare, geriatric psychiatrists are equally as necessary to tend to the emotional and mental needs of the elderly, especially terminally ill patients who require end-of-life care.

Positional Statement

1. MMI believes that the current healthcare system is inadequate and inefficient in addressing and supporting the rising prevalence of mental health issues in Malaysia.
2. MMI believes that there is an urgent need to address the limitation of resources and the lack of manpower in public healthcare.
3. MMI is appalled by a clear lack of regulations in protecting the general public from dangerous pseudoscientific practices of mental health professionals in Malaysia.
4. MMI is against all forms of violence and discrimination against individuals of colour, sexualities, genders, and extreme ages.
5. MMI believes that the Mental Health Act 2001 does not provide sufficient protection for suicide survivors or those afflicted with mental health conditions.

Policy

MMI calls upon the Parliament of Malaysia

1. To repeal the archaic Section 309 of the Penal Code which criminalises suicide.
2. To pass a bill to amend the Mental Health Act 2001 for the protection and support of suicide survivors in Malaysia.

MMI calls upon the Ministry of Health Malaysia

1. To train and redistribute the psychiatric workforce, including psychiatric nurses and social welfare officers across the different states in Malaysia, with particular attention to the underserved rural regions.
2. To increase the benefits and remunerations to retain psychiatrists in the rural region, hence, increasing the capacity of rural mental health services.
3. To audit the performance and effectiveness of various public mental health services and facilities such as the MENTARI clinics.
4. To conduct training and provide education for healthcare professionals on addressing the mental health issues of the vulnerable minorities such as refugee, undocumented population, and the LGBTQ+ community.
5. To establish mental health service for the geriatric population in Malaysia.
6. To ban conversion therapy in line with recommendation from WHO and UNCHR.

MMI calls upon the Ministry of Education and Ministry of Higher Education Malaysia

1. To develop relevant modules for teachers, school counsellors, and educational professionals on identifying and addressing mental health issues in all levels of formal education, including early childhood education, primary, secondary, and tertiary education.
3. To provide training for teachers in identifying and providing support for children and adolescents with neurodevelopmental disorders and other mental health disorders.
4. To aggressively raise awareness on mental health issues in minority communities via different modalities such as workshops, programmes, or online modules.
5. To increase training positions for psychiatry master's programmes in Malaysia.
6. To incorporate Psychological First Aid as part of the national primary, secondary, and tertiary curriculum to enable peer-to-peer identification of red flags, and for escalation to people like counselors in mental health emergency.

MMI calls upon the spiritual leaders within Malaysia

1. To encourage their followers to seek medically certified professional help in times of crises.
2. To encourage their followers to abide only to evidence-based practices when seeking medical professional help.

MMI calls upon the relevant mental health non-governmental organisation:

1. To work together with the community to raise awareness on mental health issues across different states in Malaysia, particularly within rural regions.
2. To work with the Ministry of Health to develop self-care booklets on different mental health issues and the available mental health services.
3. To advocate for more inclusive health services specifically, mental health services for minority groups in Malaysia.

MMI calls upon all workplaces, organisations, companies, and institutions

1. To provide mental health support and services for its employees as part of the medical benefit programme by the company.
2. To educate and raise awareness of mental health disorders among all staff members of the organisation, company or institution and the available resources towards seeking help.

3. To ensure safe working hours and conditions.

MMI calls upon all healthcare professionals

1. To familiarise themselves with diverse presentation of mental health issues in our multicultural community to enable early identification and intervention.
2. To acknowledge the unique demographic in Malaysia to allow early integration of culture and religion into suggested mental health care plans.
3. To familiarise themselves with appropriate referral pathways to ensure continuity of care.
4. To work closely with relevant mental health governmental or non-governmental organisations to relieve the burden on the healthcare system.
5. To adhere to safe working hours and conditions.

MMI calls upon the medical students and all relevant student bodies, clubs, societies, and associations

1. To recognise red flags and various presentations of mental health issues.
2. To raise awareness amongst peers and friends by supporting mental health and wellbeing initiatives.
3. To be proactive in involving themselves in events or activities such as volunteering with relevant mental health organisations to increase exposure and to develop personal and professional skills.
4. To advocate for mental health issues and the importance of seeking help when needed.

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