Mental health in Malaysia: An increase in Lifetime Prevalence

Journal:	*BJPsych International*
Manuscript ID	BJPsychInt-20-0033
Manuscript Type:	Country Profile
Date Submitted by the Author:	27-May-2020
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Keywords:	malaysian mental health service, Stigma and Discrimination, malaysian mental health act 2001, MENTAL HEALTH LEGISLATION, Challenges in delivering mental healthcare in Malaysia
Publishing Category:	Mental Health Services
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Mental health in Malaysia: An increase in Lifetime Prevalence

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Abstract:

Several policy reforms in the past decades have led to advances in the Malaysian mental health system, but translating this into reliable and effective mental health care remains challenging. From the initial development of the Lunatic Ordinance of Sabah 1951 to the more recently implemented Mental Health Act 2001, there has been clear legislative, policy and organizational development to improve delivery of mental health services in Malaysia. There is an increasing prevalence of mental disorders in Malaysia, with an increased need to improve access to timely and efficient mental health care to address this burden. This review outlines the challenges of delivering mental health care and treating mental disorders in Malaysia.

Malaysia, in Southeast Asia, is a melting pot of cultures with a population of over 32.6 million people

(1). The population increased from 28.5 million people in 2010 to 32.6 million people in 2020 (1).

The majority (69.3%) of the population are Malays, with the remaining people either Chinese

(22.8%) or Indian (6.9%) ethnicity (1). Minor ethnic groups represent 1% of the population.(1).

Bahasa Malaysia is the national language of Malaysia, and English, the second language, is widely

spoken .

Malaysia is a federation comprising of 13 states and 3 federal territories (1). Eleven states and 2

federal territories are located on the Malay Peninsula, called Peninsular Malaysia. The other 2 states

and one federal territory are collectively called East Malaysia, and are also known as Sabah, Sarawak

or Malaysian Borneo.

Burden of mental disorders in Malaysia

The most recent epidemiological data reported by the Malaysian Ministry of Health (MOH) identified

that the prevalence of mental health disorder among adults was 29% (95% CI: 27.9, 30.5) (2). The

rural region of East Malaysia had the highest prevalence of mental health disorders at 43%, followed

by the capital Kuala Lumpur, with 40% of the population meeting criteria for a mental health

disorder (2).

The National Health and Morbidity Survey 2017 reported that prevalence of suicidal ideation during

the past 12 months among adolescents in Malaysia was 10.0% (CI: 9.2, 10.8) and 6.9% (CI: 6.2, 7.7)

of adolescents had attempted suicide one or more times during the past 12 months (3). These

findings suggest a fivefold increase in the prevalence of suicidal ideation among adolescents in

Malaysia compared to the year 2011 where only 1.7% people had suicidal ideation (3). More over,

the survey identified that suicidal behaviour was found to be highest among form 1 students, where

10% had suicidal ideation, 9.0% had a suicidal plan and 10% had a suicide attempt over a 12 month

period (3).

A recent study reported that mental health conditions in the workplace are estimated to cost the Malaysian economy RM14.46 billion (2.67 billion pounds) in 2018 (5).

MENTAL HEALTH LEGISLATION

The Malaysian Mental Health Act was passed on September 6, 2001, by the Parliament in Malaysia (6) and was implemented in 2010, following the enforcement of the Mental Health Regulations 2010 (6). The Act provided a structured framework for the comprehensive care of those with mental disorders and provided legislation for the admission, detention, assessment, treatment, and protection of a person with a mental disorder (6).

The Act describes mental disorder as any mental illness, incomplete development of the mind, or disability of the mind however acquired, in addition a person cannot be construed as suffering from a mental disorder by reason only of antisocial personality, sexual deviancy, or by intoxication of alcohol/drugs (6). A person suspected to be mentally ill may be admitted involuntarily upon application to the medical director by a relative, police officer or social welfare officer on a personal examination no more than 5 days before the admission of a person(6). The Malaysian Mental Health Act 2001 states that an involuntary patient can be discharged at any time by the Medical Director and does not specify a provision for tribunal(6).

Service Gap

According to the World Health Organization (WHO), Malaysia has a significant deficit of psychiatrists and psychologists. A recent cross sectional study in 2018 reported that Malaysia has 410 registered psychiatrists working in private universities, private clinics, public universities and government hospitals, given a ratio of psychiatrist per 100,000 population in Malaysia of 1.27 (8). The number of psychiatrists is higher than other Western Pacific Rim countries such as the Philippines with 0.52 psychiatrists per 100,000 inhabitants (7), but lower than neighbouring Singapore with 4.4 psychiatrists per 100,000 populations (8, 11).The capital of Malaysia Wilayah Persekutuan Kuala

Lumpur has the highest ratio of psychiatrist of 5.24 per 100,000 populations followed by Putrajaya

3.38 per 100,000 populations (8). The rural states of Malaysia has the lowest number of

psychiatrists, with 0.55 per 100,000 population in Kedah and 0.54 per 100,000 population in Sabah

(8).

Postgraduate Training

The Ministry of Health (MOH) and Department of Postgraduate Committee (DPGC) is accountable

for the postgraduate training in Malaysia.The postgraduate training body offers a four year

psychiatric master program that include passing a three part examination before the conferment of

M. Med (Psychiatry). In 2005 there were only three universities providing postgraduate masters

training program in Psychiatry (9), and this has increased to six local universities in Malaysia

providing these 4 year Masters program in Psychiatry as of 2020. There remains a need for the

Ministry of Health to review the number of training posts allocated yearly and to devise a plan to

increase the number of trainee psychiatrist to meet the WHO recommendation.

Registered medical doctors in Malaysia are required to obtain 20 Continuing Professional

Development (CPD) points yearly to maintain their annual practise registration (APC) with the

Malaysian Medical Council. The Ministry of Health (MOH) have a duty to organise and deliver mental

health related conferences and seminars. These often have a particular focus on the learning needs

of General Practitioners who provide first line care and need to identify mental illness in patients.

Challenges in delivering mental healthcare in Malaysia:

The current model of care is divided into inpatient and community care. The primary model of care

is community based with 22 established community based specialised Mental Health Services

(MENTARI) and a total of 958 mental health day centers (10). Additionally, Malaysia has 4 Mental

Health Hospitals and 47 psychiatric inpatient units attached to a General Hospital (10). Malaysia has

utilized a more pragmatic approach in establishing a total of 38 inpatient units designated for

children and adolescents (10). The WHO Mental Health Atlas 2011 reports that upper middle income countries were found to spend a median of 2.4% of their health budget on mental health. Malaysia is classified as an upper middle income country, however in 2017 and 2018 respectively the Ministry of Health Malaysia had allocated 1.3% of the total health budget for mental health (10). In relation to this an increase on the mental health budget to 2.4% of the total health budget by the Ministry of Health (MOH) would bring Malaysia in line with the expenditure of the other middle-income countries.

A better understanding of stigma and misunderstanding regarding mental illness can contribute to improved awareness and treatment of psychiatric disorder. Lack of awareness and misconception about mental health is a primary challenge in having access to treatment (4,6). Due to a lack of education about and awareness of mental illness, a cohort of people in Malaysia tends to intentionally avoid medical treatment and seek religious practitioners or shamans (4). A study by Phang and colleagues reported that 54% of psychiatric patients in Malaysia had at least one contact with a traditional healer prior to first engagement with psychiatric services, with previous studies identifying that 62-69% first contacted a traditional healer for mental health problems (4).

Indigenous ideas and culture lead to diverse interpretation and meaning of mental illness, with well established local psychological theories and approaches embedded in the Malay culture . For Malays the term psychiatric illness means "Gila" (crazy or madness) which carries a highly negative connotation. The majority of the Malay society in Malaysia believes that mental health problems derive from spirit possession or social punishment. Besides that, the Chinese cultural belief seeks to explain mental illness as being caused by a lack of spirit or the weakness of "Yin and Yang" as well as problems related to self-worth, which is measured by material achievement including education, occupation and monetary gain that brings the expected honour to the family .

There is a need for a coordinated public mental health approach with comprehensive education, care and treatment available for people in local communities, and within existing structures.

Opportunities to engage with people with mental illness at the point of contact must be made. This is highlighted by the finding that suicidal behaviour was found to be highest among form 1 students (3), which may provide an opportunity for a collaborative effort between the Ministry of Health (MOH) and Ministry of Education (MOE) in terms of planning and delivering mental health awareness programs to primary and secondary school students. There is a need to identify strategies to encourage and allow ease of access to care. A positive action that may be of sustenance in tackling the schooling cohort would include an increase in the teacher to student ratio, and a smaller classroom to enable a personable approach for students and teachers.

Rather than disregarding cultural beliefs regarding mental illness, it is necessary to engage with communities, reducing mental illness stigma, increasing education regarding mental illness and signposting where appropriate mental health care can be accessed. There remains untapped potential in local communities to integrate mental health services, either new or existing into existing community based support networks. Interventions can be modeled to the needs of local communities , be culturally adapted, while implementing evidenced based clinical practice when needed.

Conclusion:

As it stands the Ministry of Health Malaysia has allocated a budget for curative, promotional and preventive work based on mental health. Community based specialised mental health services (MENTARI) were launched in 2015 across the country with progressive development. There are multiple factors which contribute to the increasing prevalence of untreated mental illness in Malaysia. The Ministry of Health (MOH) and policy makers need to address this crucial issue and develop preventive strategies to improve the mental well-being of Malaysians.

Conflict of interest. None.

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