

2017

# Doubly Disadvantaged: Investigating Mental Health and Poverty

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## Executive Summary

- This policy paper posits that poor mental health and poverty are synonymous; in order to combat deepening inequality within our society, it is necessary for the government to execute more inclusive welfare programmes, which will require a more precise definition of mental illness.
- We lay out the state of Malaysia's current mental health and its correlation to poverty, thus highlighting the importance of measures to improve mental health to more effectively combat inequality between race and class. This is the only way to achieve more sustainable development throughout the country.
- Problems in Malaysia on mental health and poverty include a lack of awareness and a stigma towards mental illness among the general public, as well as a lack of accessible and affordable mental healthcare specialists and practitioners.
- We suggest policy solutions to combat the cycle of poverty and mental health, focusing on, but not limited to:
  - Public education reform for schoolchildren, including placing one qualified counsellor in each school;
  - Workplace policies and programmes to encourage mental healthcare among existing employees, and to reintegrate employees back into the workforce upon recovery;
  - Improving the public healthcare system through targeted subsidies for health insurance among the most vulnerable, and a revision of the Social Security Organisation (SOCSO) coverage to include mental health issues;
  - Legislative reforms, in particular, revising suicide under the Penal Code to consider people with depression, and an anti-discrimination law to prevent workplace discrimination against mild mental illnesses;
  - More emphasis on academic and policy research on mental health in Malaysia, given the current lack of data; and
  - Allocating a specific budget under the Ministry of Health for mental health.
- Investing in public mental healthcare will yield economic (and social) benefits that far outweigh the costs, as the wellbeing of every Malaysian, regardless of social stratum, is necessary for the flourishing of the nation as a whole.

## 1.0 Introduction

- 1.1 Former United Nations (UN) Secretary-General, Kofi Annan, has stated that “the biggest enemy of health in the developing world is poverty.”<sup>1</sup> Furthermore, the World Health Organization (WHO) reports that an overwhelming number of people who suffer from mental illness live in poverty and are subject to poor living conditions and human rights violations.
- 1.2 People with mental illnesses and disabilities are oftentimes marginalised; the way they are perceived and treated by society robs them of opportunities to progress economically, socially, and even politically. They are often subject to stigmatisation from society that restricts their ability to enter or re-enter the workforce, makes them vulnerable to sexual and physical victimisation, and deters them from exercising their civil rights.
- 1.3 While conducting interviews during welfare month for the urban poor in Member of Parliament, YB Wong Chen’s office, I came across several people who had signs of mental health problems. After talking to them, it was clear that a few knew they were sick, but weren’t sure what type of conditions they had. One woman described her daughter as always crying for no apparent reason. One man told me he had to take injections for his mental illness, but when asked what type of injections they were, he just smiled and shrugged his shoulders.
- 1.4 There were several applicants who either did not work because of mental health problems, or who had household members who did not work due to mental health problems. Some cases were more severe; a father would be ill and unable to provide for his family. They would then be totally dependent on welfare aid or on other family members to support them, such as the father’s or mother’s siblings. It was very clear to me that there was a lot of wasted earning capacity that could have been allayed by providing proper healthcare, which is what sparked my interest to write a public policy paper on mental health and inequality.

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<sup>1</sup> World Health Organization, *Mental health, poverty and development*, 2017, [http://www.who.int/mental\\_health/policy/development/en/](http://www.who.int/mental_health/policy/development/en/), (accessed 20 July 2017).

- 1.5 We investigate the link between mental health and poverty in Malaysia in three sections:
- (a) First, we review the state of mental health in Malaysia for adults and children;
  - (b) Second, we identify the pertinent issues that currently hamper improvements in mental health and poverty in Malaysia; and
  - (c) Third, we present practical suggestions to break the cycle of mental health and poverty.

## 2.0 The state of Malaysian mental health

- 2.1 Mental disorders can interfere with an individual's ability to function in multiple social spaces. The burden of having a mental disorder is not only carried by the individual; it is a ripple effect that is felt by the family, the workplace, healthcare systems, the government, and other communities.<sup>2</sup>
- 2.2 There is an increasing number of Malaysian adults (16 years' old and above) who are living with mental health problems, as seen in **Figure 1** (next page).<sup>3</sup> Most recently in 2015, the 12-item General Health Questionnaire (GHQ12) survey of 14,362 respondents found that 29.2% were likely to suffer from a diagnosable mental illness.<sup>4</sup>
- 2.3 People who have mental disorders find it difficult and—not unusually—impossible to work and maintain financial independence. For people who fall below the poverty line, this is an extremely vulnerable position to be in because they cannot support themselves or their families, hence the

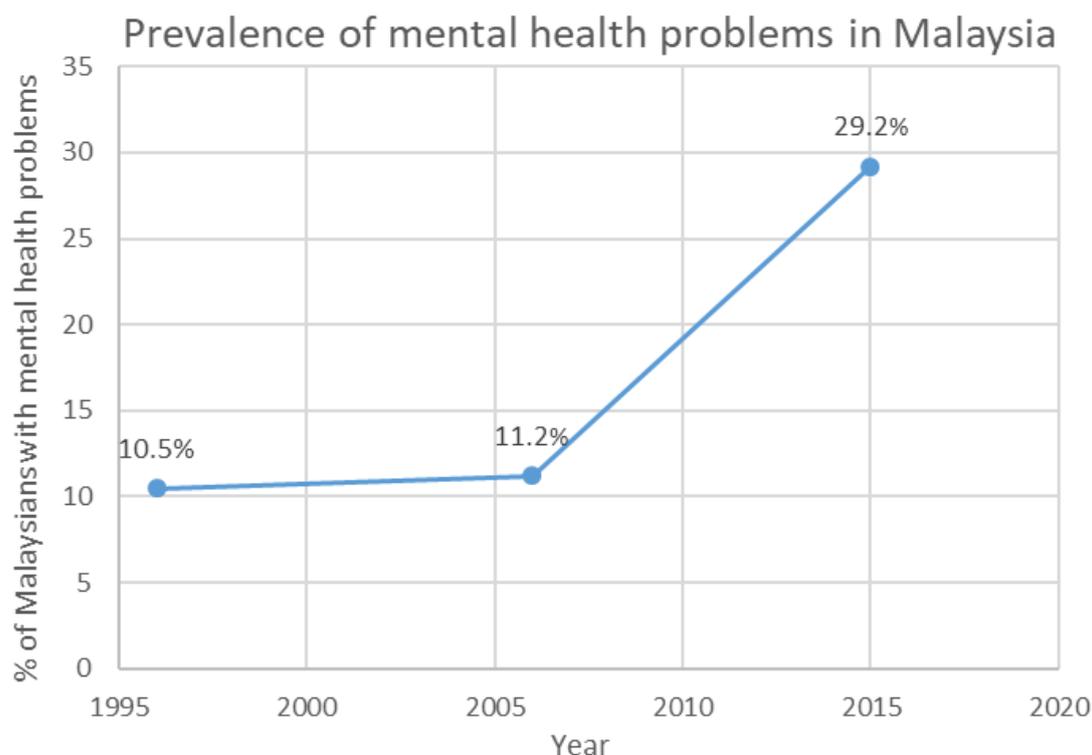
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<sup>2</sup> R. Jenkins et al., 'Social, economic, human rights and political challenges to global mental health', *Mental Health in Family Medicine*, vol. 8, no. 2, 2011, pp. 87–96, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178190/>, (accessed 20 July 2017).

<sup>3</sup> S. N. Chua, 'Mental health status in Malaysia', *Relate Malaysia*, 2016, <http://relate.com.my/mental-health-status-in-malaysia/>, (accessed 21 July 2017).

<sup>4</sup> Institute of Public Health (IPH), 'National Health and Morbidity Survey 2015 (NHMS 2015) Vol. II: Non-Communicable Diseases, Risk Factors & Other Health Problems', 2015, <http://www.iku.gov.my/images/IKU/Document/REPORT/nhmsreport2015vol2.pdf>, (accessed 21 July 2017).

cycle of poverty and mental illness is seen here.



**Figure 1:** Prevalence of mental health problems among Malaysian adults in the years 1996, 2006, and 2015. Data sourced from Relate Malaysia and the Malaysian Institute for Public Health.

- 2.4 One study showed that adults who remain unemployed for extended periods of time tend to develop depression.<sup>5</sup> Another study showed that it almost doubled the odds of obsessive-compulsive disorders, depressive disorders and generalised anxiety disorders.<sup>6</sup>
- 2.5 This causal relationship between economic status and mental wellbeing also works vice versa: people who have mental illnesses may find it difficult to keep their jobs, meaning that they also probably will not get

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<sup>5</sup> A. Goldsmith and T. Diette, 'Exploring the link between unemployment and mental health outcomes', *American Psychological Association*, 2012, <http://www.apa.org/pi/ses/resources/indicator/2012/04/unemployment.aspx>, (accessed 21 July 2017).

<sup>6</sup> F. Oyeboade and V. Murali, 'Poverty, social inequality and mental health', *Advances in Psychiatric Treatment*, vol. 10, no. 3, 2004, p. 217, <http://apt.rcpsych.org/content/10/3/216>, (accessed 21 July 2017).

health insurance because they cannot afford it.<sup>7</sup>

- 2.5 Another factor that perpetuates this cycle of poverty and mental illness is household dependence on children to support the family. Households that have a parent with mental illness may be forced to have their children work once they complete their Sijil Pelajaran Malaysia (SPM) instead of furthering their education and improving their earning potential. This lower level of educational attainment then sparks another chain of events that creates even more barriers for the child to break the cycle of poverty.
- 2.6 For instance, households of low socioeconomic status tend to have less-than-ideal environments; and stress from poverty, poor parenting, and poor living conditions, among other things, have been linked to mental health problems among children.<sup>8</sup>
- 2.7 On the distribution of mental health problems among socioeconomic groups:
  - (a) Prevalence of mental disorders is highest among the poor, but this pattern cuts off after households earning RM6,000 a month (**Figure 2**, next page).<sup>9</sup>
  - (b) Furthermore, studies have shown that alcohol and substance misuse, mood disorders, and psychosis (i.e. symptomatic impairment of thoughts and emotions that can lead to severe mental disorders) are much higher among unemployed people.<sup>10</sup>

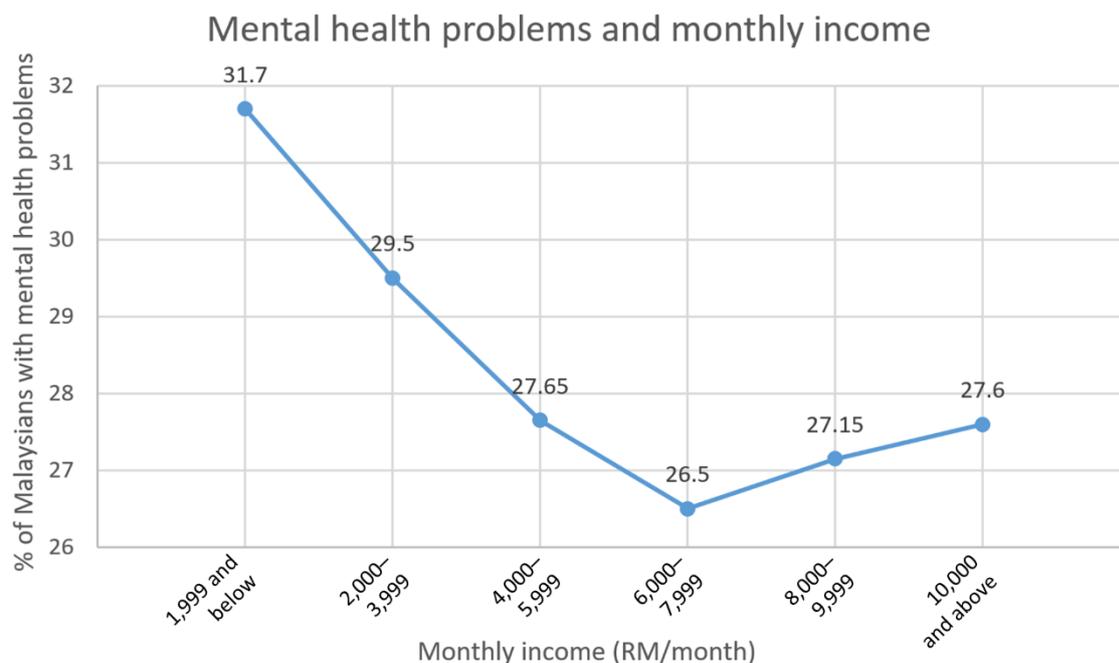
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<sup>7</sup> J. Cohn, 'Mental Illness Is A Much Bigger Problem For The Poor, New Study Shows', *Huffington Post*, 2015, [http://www.huffingtonpost.com/2015/05/28/mental-health-coverage\\_n\\_7456106.html](http://www.huffingtonpost.com/2015/05/28/mental-health-coverage_n_7456106.html), (accessed 21 July 2017).

<sup>8</sup> Consumers Association of Penang, *Children's mental illness jumps to 20.3%*, <https://www.consumer.org.my/index.php/health/children/94-childrens-mental-illness-jumps-to-203>.

<sup>9</sup> Chua.

<sup>10</sup> Oyeboode and Murali.



**Figure 2:** Prevalence of mental health problems amongst Malaysians by monthly income group. Data sourced from Relate Malaysia.

2.8 It is also instructive to note the patterns of low mental health among children:

- (a) Poor mental health in children and adolescents has been proven to increase the risk of poverty and other adverse socioeconomic outcomes in adulthood,<sup>11</sup> such as '...poorer levels of education attainment, increased contact with the criminal justice system, reduced employment levels (with lower salaries when employed), and personal relationship difficulties.'<sup>12</sup>
- (b) Families with children who are mentally ill are under more stress not only due to increased medical bills, but also due to emotional strain from having to play the role of caregiver.
- (c) A study exploring the link between socio-demographic factors and mental illness in Malaysia found that mental problems in children

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<sup>11</sup> Jenkins et al.

<sup>12</sup> Ibid.

were most prevalent amongst the following groups:<sup>13</sup>

- i. Indians and non-Malay Bumiputeras;
- ii. Those from the lowest household income groups; and
- iii. Children located in rural areas.

### **3.0 Salient issues present in the Malaysian mental landscape**

3.1 This section highlights the fundamental problems that Malaysia faces in regards to mental health and poverty. These apply to the general population, but most adversely affect people of low socioeconomic backgrounds.

3.2 Lack of awareness:

(a) There is a lack of knowledge on the full spectrum of mental illness; most people think mental illness only manifests as schizophrenia or bipolar disorder. This is more prevalent in people of low socioeconomic status, as there is a lack of knowledge about mental health.

(b) Poor mental health is more common than depression, and can lead to negative coping skills that adversely affect social relationships, making pre-existing problems worse, and in worst-case scenarios, suicide.<sup>14</sup>

3.3 Stigma towards mental illness:

(a) Early beliefs were dominated by religious explanations such as demon possessions. Until the mid-1950s, there was no effective treatment, and the mentally ill were put into mental asylums.<sup>15</sup>

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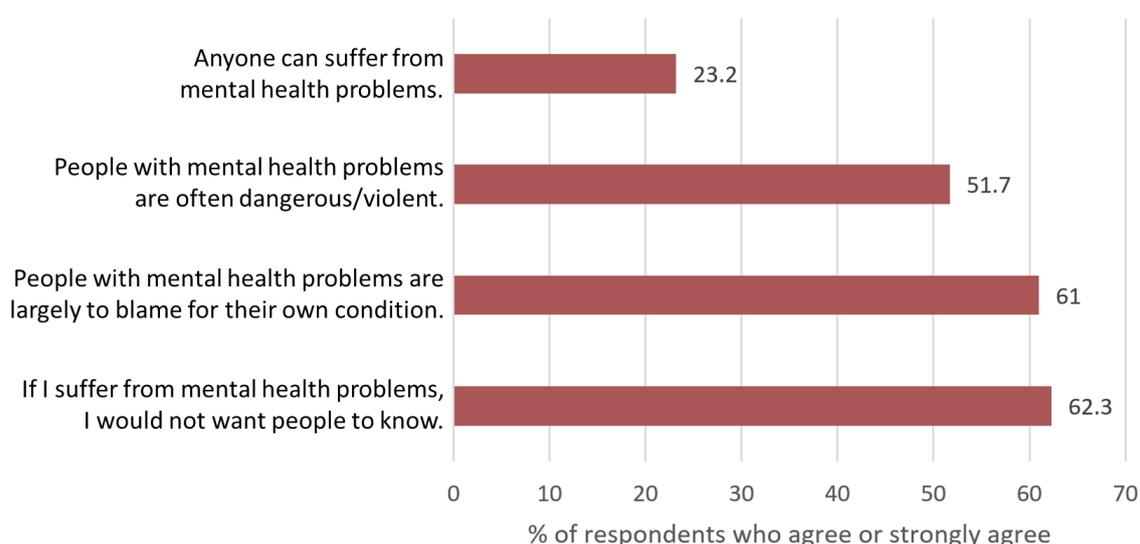
<sup>13</sup> N. Ahmad et al., 'Trends and factors associated with mental health problems among children and adolescents in Malaysia', *International Journal of Culture and Mental Health*, vol. 8, no. 2, 2015, pp. 125–136, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409054/>, (accessed 23 July 2017).

<sup>14</sup> T. Arumugam, 'One in three Msian adults struggling with mental health issues', *New Straits Times*, 2016, <https://www.nst.com.my/news/2016/09/176013/one-three-msian-adults-struggling-mental-health-issues>, (accessed 23 July 2017).

<sup>15</sup> Kim Teng Ang, 'Current Perspectives in Mental Health', *3<sup>rd</sup> Asia Pacific Conference on Public Health*, 2011.

- (b) Public schools don't provide qualified therapists who can identify mental disorders or problems among children.
- (c) A survey of 587 Malaysians aged 18 years and older found that the majority of the respondents did not have good knowledge of mental health, though all displayed a neutral attitude towards mental health issues.<sup>16</sup> **Figure 3** below depicts these findings.

### Public attitude toward mental health issues in Malaysia



**Figure 3:** Survey conducted by Yeap and Low (2009) reveals Malaysians' attitude towards mental health issues.

#### 3.4 Lack of accessibility and affordability:

- (a) According to the WHO, the budget for mental healthcare in Malaysia is only 1.5% (RM375 million) of the entire health budget for 2017,<sup>17</sup> which translates to an astounding shortage of quality mental healthcare specialists and practitioners.

<sup>16</sup> R. Yeap and W. Y. Low, 'Mental health knowledge, attitude and help-seeking tendency: a Malaysian context, *Singapore Medical Journal*, vol. 50, no. 12, 2009, p. 1172, <http://smj.sma.org.sg/5012/5012a7.pdf>, (accessed 23 July 2017).

<sup>17</sup> Relate Malaysia, *The cost of depression vs. the cost of depression*, 2017, <http://relate.com.my/the-cost-of-depression-vs-the-cost-for-depression/>, (accessed 23 July 2017).

- i. Most public hospitals can only afford to hire counsellors, who provide general therapy, and psychiatrists, who usually only administer pills.
  - ii. As of January 2017, there were only about 14 registered clinical psychologists under the Health Ministry.<sup>18</sup> Psychologists are specialists in dealing with psychotherapy and serious mental illnesses like depression, anxiety, and schizophrenia, among others, in Malaysia.
  - iii. There are 360 registered psychiatrists registered in the public and private sectors. The ratio of psychiatrists to the Malaysian population is 1:200,000 (1:10,000 is recommended by the WHO).<sup>19</sup>
  - iv. Mental health has not been integrated into primary health care, so general clinics do not provide basic mental health services or treatment.
- (b) Therapy on a regular basis is expensive because Clinical Psychologists are often in private practices, not public hospitals.<sup>20</sup> Most people who go to public hospitals receive pills, but not regular therapy sessions that are vital for complete recovery.
- (c) Social security programs like the Social Security Organisation (SOCSO) in Malaysia do not provide coverage for extensive mental disorders and problems.
- (d) Mental illness imposes a huge cost on the government: Relate Malaysia projects that depression alone incurs Malaysian society RM1.9 billion in costs due to direct and indirect costs of related illnesses, economic costs associated with suicide directly linked to

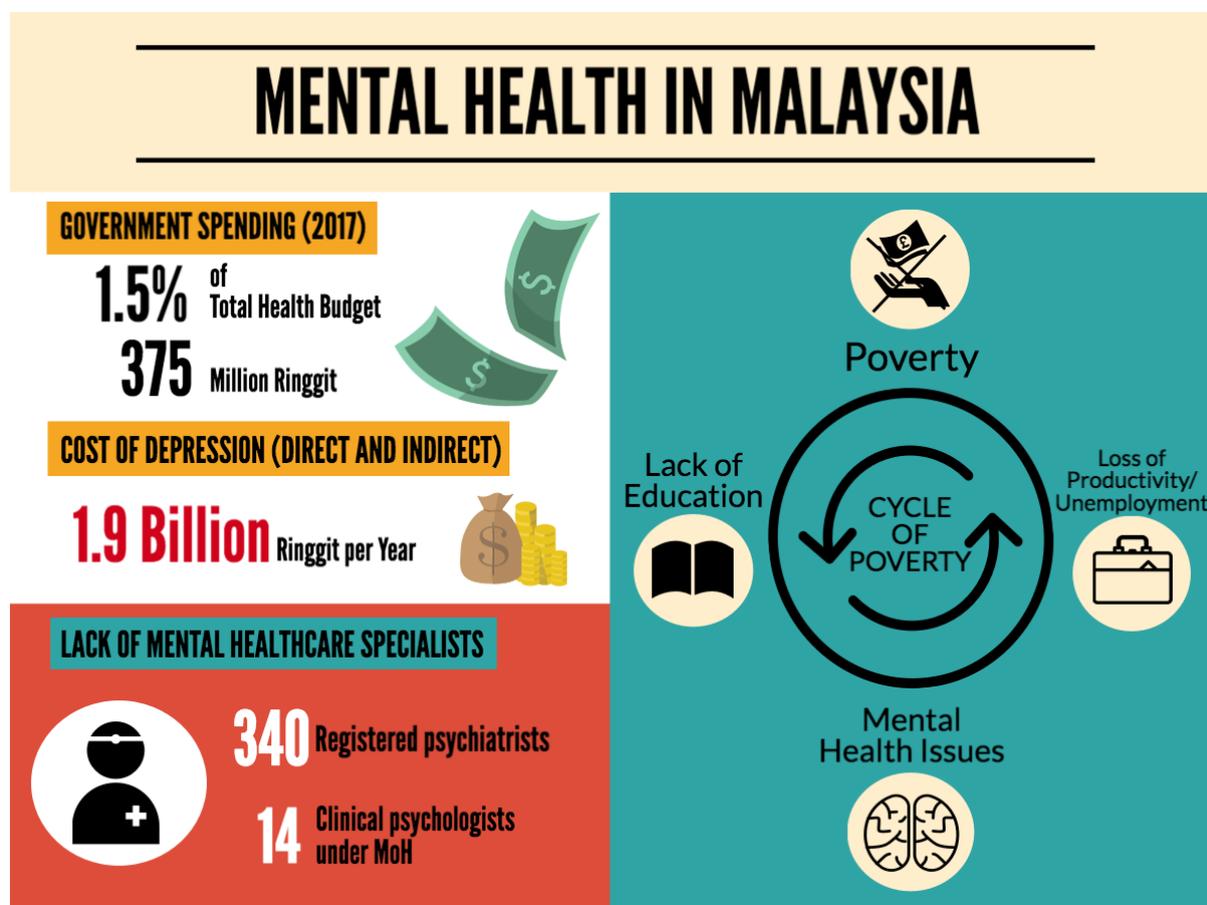
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<sup>18</sup> Penang Institute, *Malaysia's mental health workforce under pressure*, 2017, <http://penanginstitute.org/v3/resources/articles/960-malaysia-s-mental-health-workforce-under-pressure>, (accessed 23 July 2017).

<sup>19</sup> B. Lim, 'Mental Health Council sounds alarm bell on M'sia's psychiatrist shortage', *New Straits Times*, 2017, <https://www.nst.com.my/news/2017/01/206598/mental-health-council-sounds-alarm-bell-msias-psychiatrist-shortage>, (accessed 23 July 2017).

<sup>20</sup> T. C. Ooi, 'Why insurance companies should cover mental health treatment in Msia', *New Strait Times*, [website], 2016, <https://www.nst.com.my/news/2016/10/177661/why-insurance-companies-should-cover-mental-health-treatment-msia>, (accessed 23 July 2017).

depression, and loss of productivity in the workplace.<sup>21</sup>



#### 4.0 Policy suggestions

- 4.1 There needs to be a focus on children through education because they are the next generation and because mental health issues affect them the most, yet such issues can be avoided by early detection, treatment, and prevention of mental health problems.
- 4.2 There are arguably huge amounts of lost productivity due to mental health issues. Programmes to help socialise patients back into society so they are able to return to the workforce and become self-sufficient must be implemented.

<sup>21</sup> Relate Malaysia.

- 4.3 Malaysia does not have a specific budget for mental health, so this needs to be first addressed and then only can these steps be implemented. Because Malaysia is still a developing country and comprises multiple competing priorities, these solutions are to be cost-effective, which we will further explore in the budget (Section 5.0).
- 4.4 On raising awareness and removing stigma, the government should:
- (a) Opt to increase funding and work more closely with non-governmental organisations (NGOs) that deal with mental health to keep costs lower and to reach a larger demographic;
  - (b) Host more mental health workshops that help people to understand mental health and how to seek avenues for treatment; and
  - (c) Educate the public on the prevalence of mental health and how normal it is, such as by:
    - i. Publicising works that discuss personal accounts of people who live with or have had mental health issues; and
    - ii. Hosting talks where celebrities talk about their own mental health issues.
- 4.5 We propose several reforms to the education system, including:
- (a) Educating children and their parents in schools.
    - i. Mental health first aid training is to be given to all teachers so that they can detect mental health problems in students.
    - ii. Mental health screenings are to be conducted in all primary and secondary schools to identify students with mental health problems, so that special education can be given to those with learning disabilities.
    - iii. Host workshops for children with mental health issues and their parents to raise awareness about mental health and the difficulties of caregiving to foster an attitude of understanding in parents.
  - (b) At least one qualified counsellor, specialising in mental health, to be hired at each school so that students have quality support systems at

school. We estimate this to cost: 10180 schools<sup>22</sup> x RM2,500<sup>23</sup> x 12 months = RM324,300,000 per month.

- (c) Making it compulsory for teaching institutions (*maktab perguruan*) to train all teachers to detect mental health issues in children and adolescents.

#### 4.6 On workplace reform, we propose the following:

- (a) Send out online mental health “toolkits” that will incentivise employers to execute policies encouraging mentally healthy organisations, such as a snapshot or infographic of simple steps that can be taken to make the workplace more conducive for people with mental health problems.<sup>24</sup>
  - i. From an employer/investor’s point of view, mental health issues can mitigate—even waste—productivity, so promoting healthy minds is in the best interest of both employers and employees.
- (b) Recovery and employment services to reintegrate employees back into the workforce and community. Three examples of services are suggested in **Table 1** (next page), based on recovery models from Fairfax Falls County.<sup>25</sup> There were six different programmes, but only three are listed here because these were the programmes that were the most cost-effective, and required the least number of health practitioners.

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<sup>22</sup> Based on number of schools from:

<http://www.moe.gov.my/index.php/en/korporat/statistik/bilangan-sekolah-mengikut-kumpulan-jenis-dan-negeri>

<sup>23</sup> Based on market rates for counsellors from <https://myjobstreet.jobstreet.com/career-enhancer/basic-salary-report.php?param=Counselor%7C%7Cmy%7C%7Cmy>.

<sup>24</sup> MQ Mental Health, *Seven actions towards a mentally healthy organisation: A seven-step guide to workplace mental health*, 2016, <https://www.mqmentalhealth.org/articles/global-agenda-council-mental-health-seven-actions>, (accessed 23 July 2017).

<sup>25</sup> Fairfax-Falls Church Community Services Board, *Report of the Mental Health Day Support Work Group: Recovery, Employment and Rehabilitation Services*, 2003, pp. 4–5, <http://www.fairfaxcounty.gov/csb/announcements/recoverymodel.pdf>, (accessed 23 July 2017).

**Table 1:** Three examples of services (drop-in centre, psychosocial rehabilitation, and employment services) to reintegrate employees facing mental health issues back into the workforce, based on the recovery models from Fairfax Falls County.

|                            | <b>Drop-in Centre</b>   | <b>Psychosocial Rehabilitation</b>  | <b>Employment Services</b>   |
|----------------------------|---|---|--|
| <b>Programme Purpose</b>   | To provide a safe, supportive, non-demanding environment conducive for socialisation, independent recovery and to make available resource information on recovery, co-occurring disorder, employment, etc.  | To provide a structured rehabilitation program in which consumers learn skills and utilize resources to further goals of employment, school, social interaction and independent living. Services are provided in a community-setting promoting wellness and recovery.   | To provide consumers the opportunity to reintegrate into the community by volunteering, working, and/or returning to school. The intent is to capitalize on the motivation and readiness of consumer to move forward in the recovery process.  |
| <b>Consumer Profile</b>    | <p>Consumers seeking:</p> <ul style="list-style-type: none"> <li>• Peer support</li> <li>• Socialization</li> <li>• Employment information</li> <li>• Employment opportunities</li> <li>• Treatment information</li> <li>• Constructive use of time</li> </ul> <p>And/or:</p> <ul style="list-style-type: none"> <li>• May not be interested or ready for structured programming</li> <li>• May have a co-occurring disorder</li> </ul> | <p>Consumers with a serious mental illness and significant functional impairment in major life activities. Need assistance and support with:</p> <ul style="list-style-type: none"> <li>• Community integration</li> <li>• Life skills</li> <li>• Work readiness</li> <li>• Independent community living skills</li> </ul> <p>And/or:</p> <ul style="list-style-type: none"> <li>• Need long-term treatment and support</li> <li>• May have a co-occurring disorder</li> <li>• Do not require intensive supervision and monitoring</li> <li>• Able to benefit in group setting</li> </ul> | <p>Consumers with a serious mental illness who demonstrate cognitive abilities, stamina to develop and/or strengthen skills and a capacity to utilize resources to focus on an identified rehabilitation goal. Able to:</p> <ul style="list-style-type: none"> <li>• Formulate realistic goals</li> <li>• Have developed readiness to make behavioural changes</li> <li>• Promote wellness and community integration</li> </ul> <p>And/or</p> <ul style="list-style-type: none"> <li>• In need of work adjustment training</li> <li>• May have a co-occurring disorder</li> <li>• Have a desire to learn new techniques to cope with symptom management</li> </ul> |
| <b>Vocational Services</b> | <ul style="list-style-type: none"> <li>• Employment training and support</li> <li>• Computer training</li> </ul> <p>Ongoing support before, during and after employment obtained</p>  | <ul style="list-style-type: none"> <li>• Assessment of work readiness</li> <li>• Introduction to the world of work</li> <li>• Pre-vocational training in work skills</li> <li>• Support for all aspects of job choosing, getting and keeping</li> <li>• Ongoing support by employment specialist</li> </ul>   | <ul style="list-style-type: none"> <li>• Support for all aspects of job choosing, getting and keeping</li> <li>• Ongoing support by employment specialist either on or off site when employed.</li> </ul>  |

|  |   |  |  |
|--|---|--|--|
|  |   | either on or off site when employed.   |  |
| <b>Level of Supervision and Training</b> | Staff to monitor adherence to guidelines and procedures established by consumers and staff. | Consumers may come and go as they wish. Intensive supervision provided only during acute crisis. | Consumers may come and go as they wish. Intensive supervision provided only during acute crisis. |
| <b>Staff-to-Client Ratio</b>             | 1:30  | 1:20   | 1:15   |

#### 4.7 On protecting the less-privileged from the cost of mental illness:

- (a) A Colombian study on the impact of subsidised health insurance for the underprivileged found that there is a positive link between providing subsidised programs and increase of medical care among participants, especially among the youngest group (0–4 years old) as a preventive measure.<sup>26</sup>
- i. Subsidising health insurance for those who fall below the poverty line will give them more incentive to buy it. This provides them with health coverage so that they don't have to pay for exorbitant health services if they develop a mental disorder.
- (b) Because there is no way to predict if government subsidies will be sufficient for Malaysia, priority should be given to specific groups that fall below the poverty line, and particularly single parents, *Orang Kurang Upaya* (OKU) cardholders, elderly citizens, and indigenous people.
- i. Extensive mental health coverage would cover treatment for serious mental health treatment as well as common disorders.
- (c) In line with SOCSO's cardinal value of solidarity and redistribution of income to towards disabled people,<sup>27</sup> there must be a revision of coverage towards mental health.

<sup>26</sup> A. J. Trujillo, J. E. Portillo and J. A. Vernon, 'The Impact of Subsidized Health Insurance for the Poor: Evaluating the Colombian Experience Using Propensity Score Matching', *International Journal of Health Care Finance and Economics*, vol. 5, no. 3, 2005, pp. 211–239, (accessed 23 July 2017).

<sup>27</sup> Social Security Organisation (SOCSO), *Employment Injury Scheme Benefits*, 2017, <https://www.perkeso.gov.my/en/social-security-protection/benefits-under-the-schemes/employment-injury-scheme.html>, (accessed 23 July 2017).

- i. Medical benefits, temporary and permanent disablement benefits, dependants' benefits, and funeral and education benefits should be extended to protect eligible workers against mental health issues according severity of the conditions. These benefits should provide a better safety net for those who are unable to work while recovering.
- ii. Provide rehabilitation for patients of mental disability, not just physical disability.

#### 4.8 We must also pursue cost-effective treatments:

- (a) Subsidising more programmes and services that use community-based methods to help patients instead of just administering pills and therapy, such as housing services and peer support. This:
  - i. Helps to reintegrate the patient back into society while recovering;
  - ii. Helps homeless people who struggle with mental health with providing them a place to stay and treatment; and
  - iii. Helps people who have committed an offence, so that they may not need to go to prison. Instead, they go through a court diversion program that reduce court costs and meet people's health needs more effectively than sending them to prison.<sup>28</sup>
- (b) Mental health services to be integrated into primary care to make it more accessible.
- (c) While the MOH claims that "[mental] healthcare is integrated into all primary health care clinics", under the Malaysian Mental Health Act,<sup>29</sup> this does not seem to comply with a few of the prerequisites for mental health services to be deemed as integrated into primary

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<sup>28</sup> The Homeless Hub, *Community-Based Mental Health Care*, 2017, <http://homelesshub.ca/about-homelessness/service-provision/community-based-mental-health-care>, (accessed 23 July 2017).

<sup>29</sup> Ministry of Health Malaysia, 'Psychiatric and mental health services operational policy', *Library and Resource Unit of the Institute of Medical Research Ministry of Health*, November 2011, MOH/P/PAK/219.11(BP), [http://www.moh.gov.my/images/gallery/Polisi/PSYCHIATRY\\_OPERATIONAL\\_POLICY.pdf](http://www.moh.gov.my/images/gallery/Polisi/PSYCHIATRY_OPERATIONAL_POLICY.pdf), (accessed 23 July 2017).

healthcare by the WHO,<sup>30</sup> namely adequate training of primary care workers, and primary care tasks must be doable and limited.

- i. The WHO reports that a majority of primary healthcare doctors have received official mental health training, but not all. Doctors are also trained to prescribe medicine but with restrictions, of which they do not specify. The majority of nurses are not trained or allowed to prescribe medicine.
- ii. Hence, from just these two prerequisites, we that mental healthcare is still not yet integrated into Malaysian primary healthcare and that facts regarding mental health services are not specific enough.
- iii. However, there are important steps being taken in primary health clinics such as pamphlets to disseminate information about mental health to the public<sup>31</sup>.

(d) Mental health follow-up services should be made compulsory during and after physical trauma (serious physical injuries and assault-related injuries) as a preventive measure to ensure that patients do not develop post-traumatic stress disorder (PTSD), which increases the risk of depression.

(e) 12-week rehab sessions to be subsidised for alcohol and substance abuse disorders, to help patients return to the workforce. Rehabilitation programmes usually take 4 to 12 weeks to succeed.<sup>32</sup>

4.9 There is a lack of clinical psychologists and psychiatrists in Malaysia because most psychologists in Malaysia hold an Arts degree in Psychology, not a Science degree in Clinical Psychology due to the lack of public universities providing the Science course.<sup>33</sup> Psychologists in

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<sup>30</sup> World Health Organization, 'Integrating mental health into primary care: A global perspective', *World Health Organization & World Organization of Family Doctors*, Switzerland and Singapore, WHO Press and Wonga Press, 2008,

[http://www.who.int/mental\\_health/resources/mentalhealth\\_PHC\\_2008.pdf](http://www.who.int/mental_health/resources/mentalhealth_PHC_2008.pdf), (accessed 23 July 2017).

<sup>31</sup> World Health Organization, 'Mental Health Atlas 2011: Malaysia', *Department of Mental Health and Substance Abuse*, 2011, [http://www.who.int/mental\\_health/evidence/atlas/profiles/mys\\_mh\\_profile.pdf](http://www.who.int/mental_health/evidence/atlas/profiles/mys_mh_profile.pdf).

<sup>32</sup> Recovery.org, *Understanding Addiction Treatment Program Lengths*, 2017,

<http://www.recovery.org/topics/understanding-addiction-treatment-program-lengths/>, (accessed 23 July 2017).

<sup>33</sup> R. Khan, 'Why do we Need More Clinical Psychologists?', *Malays J Med Sci.*, vol. 15, no. 2, 2008, pp. 1-2, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3341881/>, (accessed 23 July 2017).

Malaysia are trained in Bachelors of Arts and usually focus on therapy for healthier individuals (unlike clinical psychologists that focus on therapy for individuals with psychosis and serious mental illness); they cannot administer medication. Psychiatrists, on the other hand, are trained as medical doctors and usually prescribe medication. To tackle such an insufficient supply of trained mental health practitioners:

- (a) The government should increase scholarship funding for postgraduate medical courses to incentivise more students to pursue careers in psychiatry or clinical psychology; and
- (b) According to a study by the Penang Institute, “[t]he Health Ministry should also make it compulsory for housemen to go on psychiatry postings during the Housemanship Training Programme, as a way to expose and encourage more to go into mental healthcare. Currently it is just an optional module.”<sup>34</sup>

#### 4.10 Legal and Anti-Discrimination Policies:

- (a) Suicide under the Penal Code should be revised to take into account people with depression.
  - i. Criminalising depression-related suicide perpetuates the stigma linked to mental disorder in Malaysia.
  - ii. The Penal Code was adopted from the British legal system when Malaysia was colonised. While the law is still in place in Malaysia, the United Kingdom itself has repealed the law 50 years ago.<sup>35</sup>
- (b) Legislate an anti-discrimination law to prevent workplace discrimination against mild mental illnesses. There are no current laws explicitly protecting employees against discrimination.
- (c) Legislate a law that requires companies to provide basic mental health coverage in their employee benefits.

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<sup>34</sup> Penang Institute.

<sup>35</sup> Malaysian Digest, *Suicide Attempt Is Still A Crime In Malaysia: Experts Discuss Whether This Law Is Outdated*, 2015, <http://malaysiandigest.com/opinion/560164-suicide-attempt-is-still-a-crime-in-malaysia-experts-discuss-whether-this-law-is-outdated.html>, (accessed 23 July 2017).

#### 4.11 On the research front:

- (a) Due to lack of data, more research should be conducted to provide statistics on mental health issues and how it affects the economy and politics in Malaysia.
- (b) More research to be done on the relationship between race and mental health in Malaysia, as she is both a multicultural and transcultural country. This will help to improve the quality and efficacy of mental health treatment in Malaysia as it will take into account language, religion, culture, and ethnicity.<sup>36</sup>
- (c) More specific research to be done on important statistics such as expenditure for types of medicine, types of human resource training, number of patients in different healthcare services (hospitals, clinics, NGOs, community welfare centres, etc.).

#### 4.12 Budget-wise, the Ministry of Health must allocate a specific budget dedicated to mental health and must provide a precise breakdown of what the funds are used for.

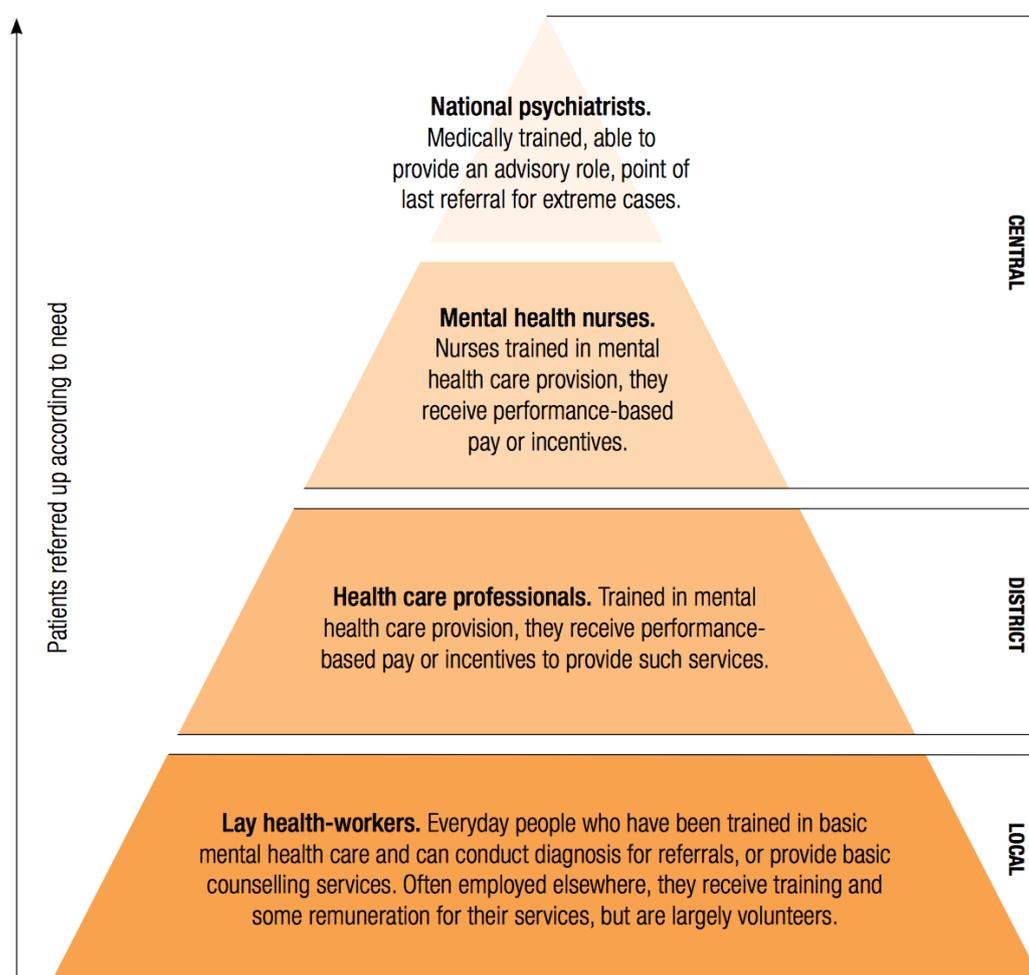
- (a) Malaysia is still a developing country with other priorities. Allowing for the fact that mental health is not of highest concern (although it should be), the budget for mental development must not be too ambitious. 1.5% of the total health budget is far from sufficient for Malaysia's mental health development (Germany spends 11%<sup>37</sup>). We cannot estimate how much to spend as of yet due to insufficient research, but these cost-effective budget policy recommendations may provide a good stepping stone.
  - i. Allocate a mental health budget.
  - ii. Track and monitor expenditure for mental health.

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<sup>36</sup> H. C. Kam, 'Transcultural mental health nursing in Malaysia: Perspectives and strategies', *Contemporary Nurse*, vol. 34, no. 2, 2014, pp. 134–135, (accessed 23 July 2017).

<sup>37</sup> World Health Organization, 'Mental Health Atlas 2011: Germany', *Department of Mental Health and Substance Abuse*, 2011, [http://www.who.int/mental\\_health/evidence/atlas/profiles/deu\\_mh\\_profile.pdf](http://www.who.int/mental_health/evidence/atlas/profiles/deu_mh_profile.pdf), (accessed 23 July 2017).

- iii. Increase spending gradually, so as to slowly cover direct and indirect costs of mental health issues.
- iv. Employ a stepped care model with a tier programme (**Figure 4**) based on having select, specialised psychiatrists at the top, nurses and health professionals in the middle, and people willing to be trained by professionals at the bottom.<sup>38</sup>
- v. Other than depression, there must be research conducted on which other disorders should be prioritized to help alleviate and somehow cover the collective cost of mental illness.



**Figure 4:** Community-based stepped care model, as laid out in a policy brief by ODI Insights on mental healthcare in low-income countries.

<sup>38</sup> H. Caddick and J. Mackenzie, 'How low-income countries can invest in mental health', *ODI Insights*, 2016, <https://www.odi.org/sites/odi.org.uk/files/resource-documents/11183.pdf>, (accessed 23 July 2017).

## 5.0 Conclusion

- 5.1 Malaysia's annual mental health budget as of 2017 is only 1.5% of the total health budget. This meagre spending is a drop in the bucket needed to address a very significant lack of mental health practitioners coupled with an increasing population of individuals with mental health problems.
- 5.2 The effects of mental illness is most adversely felt by the underprivileged, which puts further strain on the government due to loss of productivity, social welfare, and so on. Depression alone costs Malaysia RM1.9 billion.<sup>39</sup>
- 5.3 Because of this, the government must prioritise more advocacy and education to help develop Malaysia's mental health, while implementing policies to reform attitudes towards mental health at school and work. In the event that this leads to a multiplier effect that slowly recovers the costs of mental illness in the country, we can start gradually increasing the budget for mental healthcare to help improve the economy and quality of life for all Malaysian citizens.

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<sup>39</sup> Relate Malaysia.

## References

- Ahmad, N. et al., 'Trends and factors associated with mental health problems among children and adolescents in Malaysia', *International Journal of Culture and Mental Health*, vol. 8, no. 2, 2015, pp. 125–136, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409054/>, (accessed 23 July 2017).
- Ang, Kim Teng, 'Current Perspectives in Mental Health', *3<sup>rd</sup> Asia Pacific Conference on Public Health*, 2011.
- Arumugam, T., 'One in three Msian adults struggling with mental health issues', *New Straits Times*, 2016, <https://www.nst.com.my/news/2016/09/176013/one-three-msian-adults-struggling-mental-health-issues>, (accessed 23 July 2017).
- Caddick, H. and J. Mackenzie, 'How low-income countries can invest in mental health', *ODI Insights*, 2016, <https://www.odi.org/sites/odi.org.uk/files/resource-documents/11183.pdf>, (accessed 23 July 2017).
- Chua S. N., 'Mental health status in Malaysia', *Relate Malaysia*, 2016, <http://relate.com.my/mental-health-status-in-malaysia/>, (accessed 21 July 2017).
- Cohn, J., 'Mental Illness Is A Much Bigger Problem For The Poor, New Study Shows', *Huffington Post*, 2015, [http://www.huffingtonpost.com/2015/05/28/mental-health-coverage\\_n\\_7456106.html](http://www.huffingtonpost.com/2015/05/28/mental-health-coverage_n_7456106.html), (accessed 21 July 2017).
- Consumers Association of Penang, 'Children's mental illness jumps to 20.3%', <https://www.consumer.org.my/index.php/health/children/94-childrens-mental-illness-jumps-to-203>, (accessed 21 July 2017).
- Fairfax-Falls Church Community Services Board, *Report of the Mental Health Day Support Work Group: Recovery, Employment and Rehabilitation Services*, 2003, pp. 4–5, <http://www.fairfaxcounty.gov/csb/announcements/recoverymodel.pdf>, (accessed 23 July 2017).
- Goldsmith, A. and T. Diette, 'Exploring the link between unemployment and mental health outcomes', *American Psychological Association*, 2012, <http://www.apa.org/pi/ses/resources/indicator/2012/04/unemployment.aspx>, (accessed 21 July 2017).
- Institute of Public Health (IPH), 'National Health and Morbidity Survey 2015 (NHMS 2015) Vol. II: Non-Communicable Diseases, Risk Factors & Other Health Problems', 2015, <http://www.iku.gov.my/images/IKU/Document/REPORT/nhmsreport2015vol2.pdf>, (accessed 21 July 2017).
- Jenkins, R., Baingana, F., Ahmad, R., McDaid, D, and R. Atun, 'Social, economic, human rights and political challenges to global mental health', *Mental Health in Family Medicine*, vol. 8, no. 2, 2011, pp. 87–96, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178190/>, (accessed 20 July 2017).
- Kam, H. C., 'Transcultural mental health nursing in Malaysia: Perspectives and strategies', *Contemporary Nurse*, vol. 34, no. 2, 2014, pp. 134–135, (accessed 23 July 2017).
- Khan, R. 'Why do we Need More Clinical Psychologists?', *Malays J Med Sci*, vol. 15, no. 2, 2008, pp. 1–2, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3341881/>, (accessed 23 July 2017).
- Lim, B. 'Mental Health Council sounds alarm bell on M'sia's psychiatrist shortage', *New Straits Times*, 2017, <https://www.nst.com.my/news/2017/01/206598/mental-health-council-sounds-alarm-bell-msias-psychiatrist-shortage>, (accessed 23 July 2017).

- Malaysian Digest, *Suicide Attempt Is Still A Crime In Malaysia: Experts Discuss Whether This Law Is Outdated*, 2015, <http://malaysiandigest.com/opinion/560164-suicide-attempt-is-still-a-crime-in-malaysia-experts-discuss-whether-this-law-is-outdated.html>, (accessed 23 July 2017).
- Ministry of Health Malaysia, 'Psychiatric and mental health services operational policy', *Library and Resource Unit of the Institute of Medical Research Ministry of Health*, November 2011, MOH/P/PAK/219.11(BP), [http://www.moh.gov.my/images/gallery/Polisi/PSYCHIATRY\\_OPERATIONAL\\_POLICY.pdf](http://www.moh.gov.my/images/gallery/Polisi/PSYCHIATRY_OPERATIONAL_POLICY.pdf), (accessed 23 July 2017).
- MQ Mental Health, *Seven actions towards a mentally healthy organisation: A seven-step guide to workplace mental health*, 2016, <https://www.mqmentalhealth.org/articles/global-agenda-council-mental-health-seven-actions>, (accessed 23 July 2017).
- Ooi, T. C., 'Why insurance companies should cover mental health treatment in Msia', *New Straits Times*, 2016, <https://www.nst.com.my/news/2016/10/177661/why-insurance-companies-should-cover-mental-health-treatment-msia>, (accessed 23 July 2017).
- Oyebode, F. and V. Murali, 'Poverty, social inequality and mental health', *Advances in Psychiatric Treatment*, vol. 10, no. 3, 2004, p. 217, <http://apt.rcpsych.org/content/10/3/216>, (accessed 21 July 2017).
- Penang Institute, *Malaysia's mental health workforce under pressure*, 2017, <http://penanginstitute.org/v3/resources/articles/960-malaysia-s-mental-health-workforce-under-pressure>, (accessed 23 July 2017).
- Recovery.org, *Understanding Addiction Treatment Program Lengths*, 2017, <http://www.recovery.org/topics/understanding-addiction-treatment-program-lengths/>, (accessed 23 July 2017).
- Relate Malaysia, *The cost of depression vs. the cost of depression*, 2017, <http://relate.com.my/the-cost-of-depression-vs-the-cost-for-depression/>, (accessed 23 July 2017).
- Social Security Organisation (SOCSO), *Employment Injury Scheme Benefits*, 2017, <https://www.perkeso.gov.my/en/social-security-protection/benefits-under-the-schemes/employment-injury-scheme.html>, (accessed 23 July 2017).
- The Homeless Hub, *Community-Based Mental Health Care*, 2017, <http://homelesshub.ca/about-homelessness/service-provision/community-based-mental-health-care>, (accessed 23 July 2017).
- Trujillo, A. J., Portillo, J. E., and J. A. Vernon, 'The Impact of Subsidized Health Insurance for the Poor: Evaluating the Colombian Experience Using Propensity Score Matching', *International Journal of Health Care Finance and Economics*, vol. 5, no. 3, 2005, pp. 211–239, (accessed 23 July 2017).
- World Health Organization, 'Integrating mental health into primary care: A global perspective', *World Health Organization & World Organization of Family Doctors*, Switzerland and Singapore, WHO Press and Wonga Press, 2008, [http://www.who.int/mental\\_health/resources/mentalhealth\\_PHC\\_2008.pdf](http://www.who.int/mental_health/resources/mentalhealth_PHC_2008.pdf), (accessed 23 July 2017).
- , 'Mental Health Atlas 2011: Germany', *Department of Mental Health and Substance Abuse*, 2011, [http://www.who.int/mental\\_health/evidence/atlas/profiles/deu\\_mh\\_profile.pdf](http://www.who.int/mental_health/evidence/atlas/profiles/deu_mh_profile.pdf), (accessed 23 July 2017).
- , 'Mental Health Atlas 2011: Malaysia', *Department of Mental Health and Substance Abuse*, 2011, [http://www.who.int/mental\\_health/evidence/atlas/profiles/mys\\_mh\\_profile.pdf](http://www.who.int/mental_health/evidence/atlas/profiles/mys_mh_profile.pdf), (accessed 23 July 2017).

———, *Mental health, poverty and development*, 2017, [http://www.who.int/mental\\_health/policy/development/en/](http://www.who.int/mental_health/policy/development/en/), (accessed 20 July 2017).

Yeap, R. and W. Y. Low, 'Mental health knowledge, attitude and help-seeking tendency: a Malaysian context, *Singapore Medical Journal*, vol. 50, no. 12, 2009, p. 1172, <http://smj.sma.org.sg/5012/5012a7.pdf>, (accessed 23 July 2017).