

# POLICY BRIEF

No. 4, January 2019

## Improving Mental Health in Malaysia: Recommendations for Policymakers

### Highlights

Mental disorders and suicide rates in Malaysia have risen over the last decade, and urgent action must be made to tackle this growing concern.

This policy brief was developed based on deliberations on short term and long-term policy recommendations to improve mental health in Malaysia, which includes decriminalization of suicide, improving national data and equipping first responders with adequate training and guidelines.

Recommendations include the following for consideration by policy makers:

- Decriminalise suicide by removing Section 309 of the Penal Code
- Amend relevant clinical guidelines to ensure psychotherapy is introduced as a first line of treatment alongside pharmacotherapy
- Develop empathic guidelines and modules to train first responders on handling people with mental illnesses
- Enable welfare aid and OKU status applications in hospitals
- Establish multi-ministerial and multi-sectoral mechanisms on mental health
- Improve national data and monitoring of mental health disorders

### Background

The rising prevalence of mental disorders in Malaysia indicates a growing crisis. The 2015 National Health and Morbidity Survey (NHMS) found the prevalence of mental health problems in adults was 29.2% (a three-fold increase from 1996).

Suicide rates were predicted to be as high as 13 people per 100,000 individuals, with the rate of attempted suicides to be at least 15 times higher than the number of actual suicides.

While a number of government ministries are working to address this, including drafting a national strategic action plan on mental health, holistic and collaborative action needs to be taken today to mitigate worsening mental health statuses in Malaysia.

### Short-term Recommendations

#### Decriminalise suicide by removing Section 309 of the Penal Code

##### ISSUE

Section 309 of the Penal Code criminalises any person who attempts suicide with imprisonment of up to one year, with a fine, or both. This legislation has had negative consequences to those who attempt suicide.

Criminalization is identified by the World Health Organisation (WHO) and academic institutions to deter access to treatment, stigmatises the act of suicide, worsens the mental health of those put through the criminal justice system, and discourages people from coming forward for treatment due to fear of prosecution.

Criminalising suicide as a form of deterrent has yielded mixed results: 5 years after decriminalization, certain countries (e.g. England, Hong Kong, Finland) observed an increase in suicide rates, while countries such as Canada and New Zealand observed no increase.

### RECOMMENDATION

**Repeal Section 309 of the Penal Code.**

### Increase budget for hospital-based psychiatric services to 2.4% of total national health budget in Budget 2020

#### ISSUE

Insufficient financial resources for mental health among low- and middle-income countries have been highlighted as a barrier in developing, maintaining and improving mental health services.

The disparity of mental health allocations between high- and middle-income countries is huge: WHO's Mental Health Atlas 2017 found that median governmental expenditure on mental health in high income countries was USD 80.24 per capita, while upper-middle countries (like Malaysia) only spent USD 2.62 per capita. In its 2011 report, high income countries were found to spend a median of 5.1% of their health budget on mental health, compared to 2.4% in upper-middle income countries.

For 2019, the psychiatry and mental health department in the Ministry of Health was allocated RM335 million, comprising 1.2% of the total health budget, and a reduction of RM7.9 million compared to 2018. Allocations to services and supplies in particular, suffered a 14% reduction.

#### RECOMMENDATION

**Increase budget allocation for mental health** from 1.2% to 2.4% of the total national health budget for 2020. This brings Malaysia in line with the expenditure of other upper-middle income countries in this area.

### Amend relevant clinical guidelines to ensure psychotherapy is introduced as a first line of treatment alongside pharmacotherapy

#### ISSUE

The majority of mental health clinical guidelines in Malaysia encourage pharmacotherapy as a first line of treatment, with only psychotherapy offered as a second line treatment.

While medication is sufficient for some mental disorders due to its strong biological roots (e.g. schizophrenia), other common disorders (e.g. depression, anxiety disorders) often produce better results when psychotherapy and medication are provided in tandem as a first line of treatment.

Many disorders are a result of both biological and environmental stressors, while certain medications display delayed responses, e.g. antidepressants in general take at least 2-4 weeks of use before patients responds to the medication.

#### RECOMMENDATIONS

The Ministry of Health should **review and revise all clinical guidelines to ensure psychotherapy is provided to patients with mental disorders as a first line of treatment** alongside pharmacotherapy.

**Increase the number of qualified clinical psychologists** within the public healthcare system.

### Develop empathic guidelines and modules to train first responders on handling people with mental illnesses

#### ISSUE

There are no official guidelines, standard operation procedures (SOPs) and training for first responders, such as police officers, nurses and fire fighters, to approach mentally ill people in a manner that prioritises their wellbeing and human rights.

Most SOPs, if in existence, emphasizes on using physical, even brutal measures, of handling mentally ill people, such as the usage of straitjackets by the police.

The lack of training and guidelines could inadvertently lead to negative experiences of mentally ill people with first responders in moments of vulnerability and emergency. As first responders are often the first contact point of a system (e.g. healthcare), it forms feelings of distrust among the

mentally ill towards government systems, discouraging them from accessing necessary services.

The Mental Health Act 2001 does not protect the rights of mentally ill persons, but instead specifies the rights of first responders and professionals in handling mentally ill people.

## RECOMMENDATIONS

Requires multi-sectoral engagement and participation from ministries involved with first responders, which include the Ministry of Health, Ministry of Home Affairs and Ministry of Women, Family and Community Development.

**Develop a training module** tailored to first responders on how to identify symptoms of different mental illnesses, how to approach them and on psychological first aid techniques.

Ensure every shift contains **at least two persons on duty who have passed the above module.**

**Review and revise all SOPs and guidelines** related to interacting with people experiencing mental health illnesses to ensure it is compassionate, humane, evidence and human rights-based.

## Enable welfare aid and OKU status applications in hospitals

### ISSUE

Welfare aid and OKU (disability) status applications for the mentally ill can only be made through Department of Social Welfare offices. Applications should be made more accessible if they could also be made in places that applicants often access, such as hospitals.

Every public hospital in Malaysia contains a Medical Social Work Department which provides social services related to treatment (e.g. financial subsidies for hospital rates) and run by the Department of Social Welfare. However, they do not allow for welfare aid and OKU status applications.

### RECOMMENDATIONS

The Ministry of Women, Family and Community Development, working together with the Ministry of Health and Ministry of Education, could **set up a unit to assist patients in welfare aid and OKU status applications in each Medical Social Work Department** across all public hospitals. A navigation mechanism could be established so that health professionals are able to make direct referrals of

potential eligible persons to the Medical Social Work Department.

## Long-term Recommendations

### Establish multi-ministerial and multi-sectoral mechanisms on mental health

#### ISSUE

Mental health is currently tackled by multiple ministries due to its holistic nature. However, most services and programmes often run without coordination and communication across ministries, or without consultations with professionals, patient advocates and grassroots.

The lack of consultation and coordination results in policies, frameworks and plans that are less holistic, not well targeted and lack effectiveness in tackling issues such as prevention, promotion, access and coverage.

#### RECOMMENDATIONS

**Establish a multi-sectoral committee** with representatives from different ministries and stakeholders, chaired by the Ministry of Health.

An existing model which could be adopted is the Ministry of Health's Country Coordinating Mechanism used to govern and monitor implementation of HIV projects under the Global Fund for AIDS, Tuberculosis and Malaria.

### Improve national data and monitoring of mental health disorders

#### ISSUE

Data on mental health is collected by multiple agencies, such as the National Anti-Drugs Agency. Collection is often fragmented and data that exists are not streamlined, are aggregated, collated, and are often inaccessible to the public. This makes attempts at monitoring, evaluation and analysis difficult.

An attempt to collect mental health-related data was done via the National Mental Health Registry (NMHR). It was however discontinued after 2007 due to administrative constraints, with existing data reportedly containing gross under-reporting and reporting biases (most registered cases were of schizophrenia).

## RECOMMENDATIONS

### Revive the National Mental Health Registry (NHMR):

Revisions need to be made to ensure comprehensive coverage of mental disorders, regular updates and monitoring, and independence of the registry within the healthcare system.

Data collection should be done with the involvement of multiple ministries, with the Ministry of Health in charge of coordinating and collating data. As a start, the registry could compile existing data related to mental health from other registries, as per the National Mental Health Performance Report 2016.

### Create a separate committee overseeing the NMHR:

The core job role of all committee members would be to update, maintain and monitor the registry, with representatives from multiple ministries, including the Ministry of Health, Ministry of Education, Ministry of Home Affairs and Ministry of Women, Family and Community Development.

### Make registration of mental disorder cases mandatory:

Once mental disorder registration is made available, the Mental Health Act 2001 should be amended to make mandatory for mental health professionals to register all new cases that arise, with protection to ensure patient rights, anonymity, confidentiality and privacy. It could be similar to the mandatory notification of infectious diseases as provided under the Prevention and Control of Infectious Diseases Act 1988.

## References

- Armitage, Christopher & Panagioti, Maria & Rahim, Wirda & Rowe, Richard & O'Connor, Rory. (2014). Completed Suicides and Self-Harm in Malaysia: A Systematic Review. *General Hospital Psychiatry*. 37. 10.1016/j.genhosppsych.2014.12.002.
- International Society for Ethical Psychology and Psychiatry. (2015). White Paper: Efficacy of Psychiatric Drugs.
- Laws of Malaysia. Act 615. Mental Health Act 2001.
- Laws of Malaysia. Act 574. Penal Code.
- Ministry of Finance Malaysia. (2018). 2019 Estimated Federal Expenditure. B/P42. Page 352.
- Mental Health Awareness & Suicide Prevention Policy Forum. (2018). Cited from Rep from Polis Diraja Malaysia.
- Ministry of Health Malaysia. Clinical Practice Guidelines – Psychiatry and Mental Health. Source: <http://www.moh.gov.my/index.php/pages/view/149>
- Ministry of Health, Malaysia. (2015). National Health and Morbidity Survey. 184-187.
- Ministry of Health Malaysia and National Institute of Health. (2017). Malaysian Mental Healthcare Performance: Technical report 2016.
- Ranjan, R., Kumar, S., Pattanayak, R. D., Dhawan, A., & Sagar, R. (2014). (De-) criminalization of attempted suicide in India: A review. *Industrial psychiatry journal*, 23(1), 4-9.
- World Health Organization. (2012). Mental Health Atlas 2011.
- World Health Organisation. (2014). Preventing Suicide: A Global Imperative.
- World Health Organization. (2018). Mental Health Atlas 2017.

The Galen Centre for Health and Social Policy is an independent public policy research and advocacy organisation based in Kuala Lumpur, Malaysia. It is committed to an approach which supports individual freedom, choice, and innovation in the development of patient-centric and community-focused health and social sectors.

Social Health Analytics Sdn. Bhd (I 23901 I-M), Suite C-13A-12, Block C, Scott Garden SOHO, Jalan Klang Lama, 58000 Kuala Lumpur, Malaysia  
T: +603 7972 2566/ 013 805 8596 E: [admin@galencentre.org](mailto:admin@galencentre.org)