ADDRESSING MENTAL HEALTH CHALLENGES IN UNISON

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Two years into the Covid-19 pandemic, it is clear that uncertainties and major changes to our lives have had a considerable impact on our mental health – both for those with mental health issues and for those without.

For those with existing mental health problems and mental illness, the pandemic has been fraught with challenges. Triggers would have been exacerbated by isolation, fear and additional stress, while sedentary behaviour and low levels of physical activity would have made it difficult to be proactive and manage coping mechanisms.

For those who have never experienced mental health problems before, continuous movement-control order (MCO) restrictions have given a glimpse of what those with mental health problems experience, often on a daily basis. Perhaps we no longer take stress, depression or anxiety lightly. Perhaps we are more mindful of the need to look after our mental health. In this sense, the pandemic has brought lessons and silver linings for the mental health community and beyond.

The pandemic has, to a certain extent, thrusted mental health problems out into the open. While this may seem bleak for a post-Covid-19 Malaysia, there are ways to address and manage mental health appropriately in our country. Most importantly, mental health problems can be addressed by all of us – those in positions of leadership and authority, as well as the wider community.

The path forward is not linear, nor is it constrained or limited to the government or mental health professionals alone. We are all stakeholders in mental health.

The challenges arising from the pandemic

Prior to Covid-19, mental health was at the forefront of policy debates in Malaysia with statistics indicating that one in three Malaysian adults struggle with mental health issues.[1] The 2017 National Health and Morbidity Survey (NHMS) reported that 29% of Malaysians have depression and anxiety disorder compared to 12% in 2011.[2] The survey also reported that suicidal thoughts among teenagers aged 13 to 17 have increased from 7.9% in 2012 to 10% in 2017. The 2019 NHMS reported that 500,000 adults suffer from depression while 424,000 children in Malaysia suffer from mental health problems.[3]

Resources

Pre-existing challenges in mental health have been more pronounced in the pandemic. The lack of resources – from funding to manpower – have been apparent. In its budget for 2021, the government announced RM24 million for mental health, prevention of physical abuse and substance abuse under the Covid-19 fund, and RM313 million for psychiatry and mental health under the national health budget.

While the allocation should be applauded, RM313 million for mental health under the national health budget was only an increase of 0.13% – from 1% of the national health budget prior to the pandemic to 1.13% during the pandemic.[4] Some have also pointed to the decrease in funding for psychiatry and mental health, from RM344 million in 2020 to RM313 million in 2021.[5]

The allocation for mental health in 2022, at RM70 million, provided a better means for addressing the gap in resources. Malaysia's psychiatrist to population ratio is currently one tenth of the World Health Organisation's (WHO) ideal recommendation of one to every 10,000 of the population for countries to aim for.[6] Unlike the 2021 budget, the 2022 budget focuses more on advocacy, public awareness campaigns and funding towards mental health initiatives, which empowers non-governmental organisations (NGOs) to help drive mental health programmes in the country. The inclusion of NGOs into the budget underlines the need to have more counsellors and psychologists, better training of psychiatric nurses and social welfare officers, and better distribution of mental health specialists throughout the country.

Access to help

There has also been debate as to whether the pandemic has narrowed the awareness gap on mental health. This author is of the view that the gap has narrowed, albeit not quite enough. This is particularly apparent in the rural areas and among those at the lower end of the income bracket. The assumption is that these groups are simply preoccupied with surviving the pandemic. Bread and butter issues such as employment take centre stage.

This is not to dismiss the fact that 8.8% of the rural population and 9.2% of the B40 income group experience mental health problems.[7] For these groups, stress and anxiety are mostly related to the uncertainties of livelihoods, particularly with regards to those who are living hand to mouth.

These uncertainties can be generally split into the immediate, such as maintaining food and housing without earning, and the aspirational, such as the need to forego education to work in low prospect jobs to support their families. These analyses indicate that mental health is not yet seen as a bread and butter issue in the rural areas and among B40 households.

Moreover, stigma and prejudice remain as barriers that discourage help-seeking behaviour. This is also made worse by low mental health literacy, the lack of awareness on (and also access to) resources and the lack of data available across stakeholders. Instead, there has not been enough prevention and intervention programmes, and we do not have a clear depiction of the extent of mental health challenges in the country.

In terms of access to services specifically, mental health remains a costly service that lacks adequate insurance coverage.

The 2022 budget has acknowledged this by expanding tax relief for individual incomes to include expenses towards psychiatrists, clinical psychologists and counsellors.

Face-to-face intervention has also not been available given social distancing measures. While remote health, online sessions and tools present new options, the level of care is ultimately different to that given in-person (particularly for those who are newly experiencing mental health problems).

The impact of these challenges on accessibility to mental health services peaked in July 2021 with a rise in suicides and calls to helplines.[8] The spike in the number of suicides and the public means by which some of these were completed have shown that the approach of penalising those who attempt does not prevent people from attempting and, in some cases, succeeding in the act. Suicide attempts are a cry for help, and those who do so may need psychiatric help or psychosocial support. 90% of people who have died by suicide suffered from mental disorders.[9] In essence, we must increase the supply of psychosocial support in communities, given the rise in demand amid exhausted helplines and uncertainties as we learn to live with the coronavirus.

Collaboration as a way forward

Given these challenges, the Green Ribbon Group (GRG) is collaborating with the oldest mental health NGO in Malaysia, the Malaysian Mental Health Association (MMHA), on initiatives to strengthen community support. In 2021, GRG funded:

- 100 individuals over 10 cohorts to undertake Mental Health First Aid (MHFA) training from July to October, which equips participants with skills to identify and respond to signs of mental illness and substance use.
- 250 individuals over 25 sessions of A Conversation on Suicide (ACS) from September to February 2022 – a suicide awareness and prevention training programme that was initially catered towards management associations of People's Housing Projects (Program Perumahan Rakyat, PPR) and Rukun Tetangga.
- 200 psychotherapy and counselling sessions from July to December for anyone in need with an unlimited quota per person. Unlike Talian Kasih or Befrienders, this was not a crisis helpline but one for therapy and/or counselling services. A few sessions were in-person therapy for those in distress.

Although small scale, these initiatives focused on some of the specific challenges mentioned above, namely the lack of effective prevention and intervention programmes, and the lack of resources and manpower. GRG aims to push for a community approach to mental health, based on the notion that as individuals, we ourselves are an untapped resource. In order to lighten the load or lift the burden off existing helplines and government agencies, the idea was to empower individuals to take charge and learn to support themselves and one another.

The collaboration is a merging of strengths – GRG as "aggregators" of the mental health community with advocacy being its forte, and MMHA as the implementing agency given its decades' worth of experience and professional talent pool. The collaboration has forged a new way forward in addressing mental health challenges today in Malaysia.

It has also resulted in a small data set that provides a snapshot of how Malaysians perceive mental health during the pandemic. The data shows that:

- There is more interest among females to be certified in MHFA, while there is more interest among men to learn about suicide prevention and awareness.[10]
- There is interest in mental health among the older generation given:
  - The higher accreditation rate for MHFA among those aged 26 and above.

- 82% of participants being 26 and above in ACS, with 52% being 35 years old and above.[11]
- The oldest individual receiving psychotherapy being 57 years old, and the individual with the most number of calls being 41 years old.
- There is interest to learn about suicide prevention and awareness across multiple communities in Malaysia – Malay, Chinese and Indian. This indicates that initiatives should be conducted in multiple languages to cater for diverse communities.
- There is interest across the country on mental health, as only Perlis did not have any participants in both MHFA and ACS. While remote or online counselling may not be as effective as those done in person, prevention and intervention programmes can be conducted online to ensure a wider reach and to also save on resources.
- The public are receptive to receiving help if it is financially accessible and conducted in private.
- On average, individuals sought help 4.5 times per person. This indicates there is interest to get to the root cause of stressors, as opposed to merely calling at times of crisis.
- Females are more likely to seek help via psychotherapy and counselling.
- The majority of psychotherapy and counselling sessions were centred on anxiety-related issues, such as panic attacks and emotional distress.

FIGURE 1. Accreditation data for participants in Mental Health First Aid
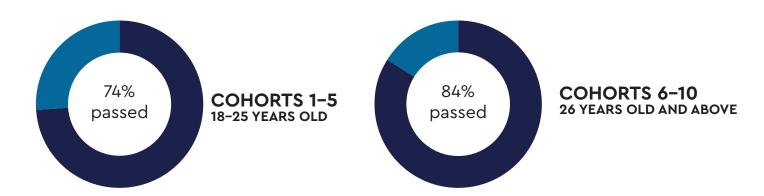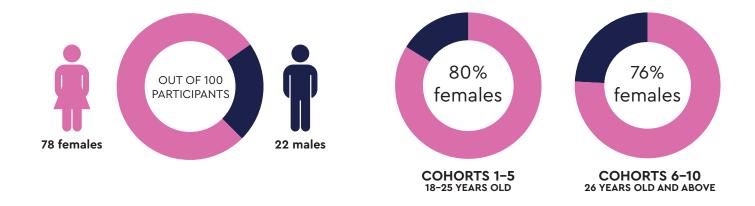
ACCREDITATION DATA

74% passed — **COHORTS 1–5** **18–25 YEARS OLD**

84% passed — **COHORTS 6–10** **26 YEARS OLD AND ABOVE**

FIGURE 2. Gender of participants in Mental Health First Aid

GENDER

OUT OF 100 PARTICIPANTS

78 females

22 males

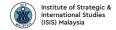80% females — **COHORTS 1–5** **18–25 YEARS OLD**

76% females — **COHORTS 6–10** **26 YEARS OLD AND ABOVE**

FIGURE 3. Locations of participants in Mental Health First Aid and A Conversation on Suicide

PARTICIPANTS' LOCATION

3% | 3% 2%

4% | 3%

3% | 1%

4%

42% | 64%

7% | 2%

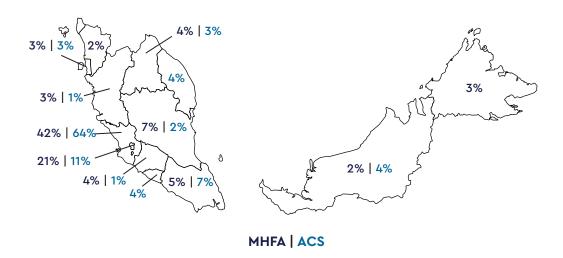21% | 11%

3%

4% | 1%

4%

5% | 7%

2% | 4%

MHFA | ACS

FIGURE 4. Age groups of participants in A Conversation on Suicide
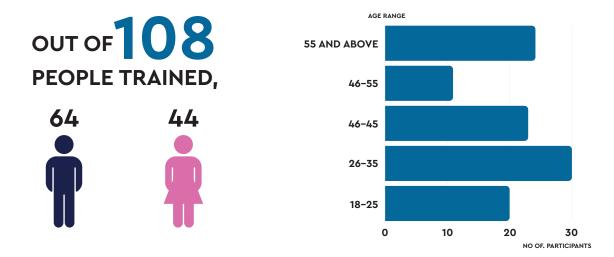(based on 15 sessions that were conducted from 20 September to 15 October 2021)

OUT OF 108
PEOPLE TRAINED,

64   **44**

AGE RANGE

55 AND ABOVE

46–55

46–45

26–35

18–25

0   10   20   30

NO OF. PARTICIPANTS

FIGURE 5. Languages of A Conversation on Suicide sessions

LANGUAGES
ACS WAS
CONDUCTED IN

20

15

10

5

0

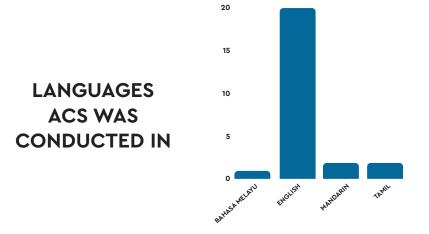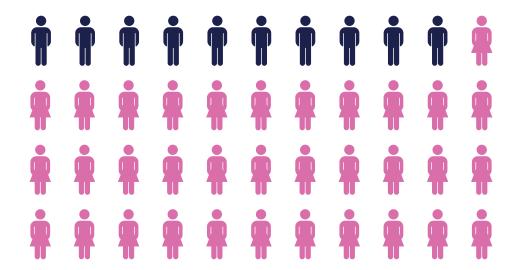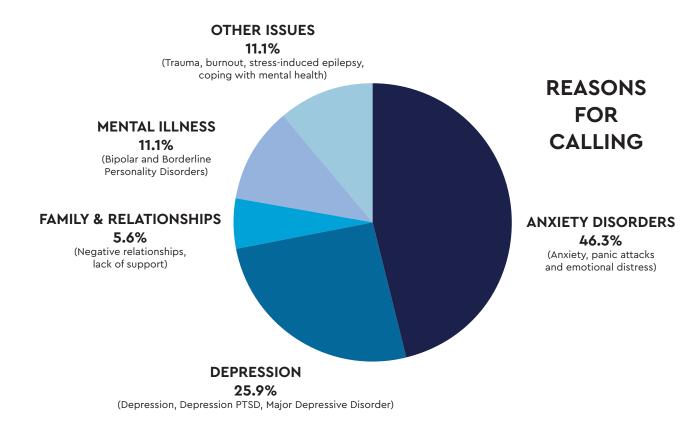BAHASA MELAYU   ENGLISH   MANDARIN   TAMIL

FIGURE 6. Gender of callers for psychotherapy / counselling

GENDER

10 OUT OF 44 CALLERS WERE MALES
44 CALLERS CALLED FOR A TOTAL OF 200 TIMES

FIGURE 7. Problems raised during psychotherapy / counselling

OTHER ISSUES
11.1%
(Trauma, burnout, stress-induced epilepsy,
coping with mental health)

MENTAL ILLNESS
11.1%
(Bipolar and Borderline
Personality Disorders)

FAMILY & RELATIONSHIPS
5.6%
(Negative relationships,
lack of support)

**REASONS
FOR
CALLING**

ANXIETY DISORDERS
46.3%
(Anxiety, panic attacks
and emotional distress)

DEPRESSION
25.9%
(Depression, Depression PTSD, Major Depressive Disorder)

FIGURE 8. Key facts of those who attended psychotherapy / counselling

KEY FACTS: CALLER DEMOGRAPHICS

OLDEST CALLER

57

MALE; INDIAN

YOUNGEST CALLER

16

2 FEMALES; 1 MALAYS, 1 INDIAN

MEDIAN AGE: 24

KEY FACTS: CALLER DEMOGRAPHICS

**MOST NUMBER
OF CALLS FROM
A PERSON**

19

SESSIONS

41 YEAR OLD
MALAY FEMALE

ANXIETY

Mental health in a post-Covid-19 Malaysia

The bottom up

In terms of what these analyses mean for mental health in Malaysia, it is evident that raising awareness on mental health must come from the bottom up.

> **Addressing mental health challenges can no longer be constrained or limited to the government and mental health professionals alone. The approach has to be inclusive to ensure a wider audience and a larger impact.**

A community approach to mental health also goes beyond advocacy. Raising awareness must be accompanied by basic skills to not only support ourselves and our communities, but to also redirect those in distress to the appropriate services for help. This is the basis of the GRG-MMHA collaboration – one party focuses on aggregating and advocating, while the other focuses on enhancing literacy. Data on the collaboration also underlines the fact that there is interest among the public to participate in prevention and intervention programmes.

To involve individuals as a resource in mental healthcare is to effectively create a domino or a trickle-down effect, whereby the literacy that participants grasp in these initiatives can be transferred or shared among their networks. This would subsequently help to tackle stigma and prejudice, as misconceptions or myths on mental health would be corrected or debunked.

It is the NGOs who should lead in this bottom up, community approach to mental health. A positive development borne out of the pandemic is the emergence of new mental health groups, such as the National Coalition for Mental Wellbeing (NCMW) and Nyawa – Mental Health Aid Association, while Naluri and Thoughtfull provide digital solutions to mental health and wellbeing.

However, we must also consider the dangers of unmonitored and non-evidence-based intervention. This could lead to misdiagnoses of mental health problems and mental illness, enable non-professionals to mistreat patients, and further aggravate misconceptions on mental health or lead to disinformation on mental health altogether.

In order to provide some oversight and evaluation, the Health Ministry can play a coordinating role to ensure NGOs do not overlap with one another, and that they are specific in their means to support the ministry. Indeed, there are a number of mental health NGOs in Malaysia that already have their niche areas. GRG and MMHA aside, Relate Malaysia is a think-tank that is solely dedicated to mental health, Befrienders is a crisis helpline for those who are suicidal, and Mental Illness and Awareness Support Association (MIASA) is a peer-led organisation. The Health Ministry could oversee this function under the proposed National Centre of Excellence for Mental Health, announced in October 2021.

Decriminalising attempted suicide

However, where Malaysia can make the most impact is in the decriminalisation of attempted suicide. Efforts have been underway to seek the amendment of Section 309 of the Penal Code, with the issue raised in parliament in September 2021. But while that remains in motion, efforts can also be made at both the societal and policy levels to help boost awareness on suicide prevention.

> **At the societal level, we need to educate the public on the different stages of suicide – from ideation to attempt and to the act itself. Most importantly, the perception that talking about suicide encourages one to commit suicide must be eradicated completely; instead, what should be emphasised is the fact that suicide is preventable.**

Both of these are covered under ACS. A prevention and awareness programme like ACS could also be expanded to look into triggers of suicidal ideation and attempts.

This is in particular reference to our youth, as suicide rates and attempts have risen among young adults and adolescents.[12] This reflects the increased prevalence of mental health challenges faced by our youth today. Early intervention and prevention strategies need to be initiated to ensure resilience and wellbeing in this demographic. The GRG-MMHA collaboration has plans to develop "A Conversation: The Series" – different programmes that are targeted towards students, parents and teachers, and specifically catered to challenges in schools, such as bullying and self-harm.

At the policy level, this means re-developing a suicide registry (which is already in motion), recalibrating and obtaining data from relevant stakeholders such as the Royal Malaysia Police, and utilising the Mental Health Act 2001 over Section 309 in cases of suicide attempts. Current provisions under the Mental Health Act are sufficient to redirect those who attempt suicide to undergo a psychiatric evaluation before a decision is made on their "offence".[13]

Where necessary, the current legal framework may be utilised to deal with frivolous attempts, endangering the lives of others or causing damage to public property not caused by underlying psychological distress. The law must come down hard on individuals, groups or organisations provoking or encouraging others to attempt suicide.

Mental health in Malaysia today is a work in progress. The way forward in a post-Covid-19 Malaysia rests on mental health being addressed in unison across the board – from a community approach to those in positions of leadership and key stakeholders.

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Endnotes

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     and 44 females.
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12   Chua, S.N., & Mogan, V. (2021). Youth suicide in Malaysia. *Relate Mental Health Malaysia*. Retrieved from
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