

## CHARACTERISTICS OF PATIENTS AND ILLNESSES SEEN AT TAMPOI MENTAL HOSPITAL

( A Preliminary Report )

by

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Tampoi Mental Hospital is one of the two psychiatric hospitals serving Malaya. It is situated just North of Johore Bahru town, and at the time of writing has just over 1,900 patients. This hospital was built by the Johore State Government in 1939 to serve only the State of Johore, but it now takes patients from six of the eleven states of Malaya, viz., Johore, Malacca, Negri Sembilan, Pahang, Trengganu and Kelantan. The hospital serves a population of just over 3,000,000 people. The building was put to military use during World War II and was not used as a hospital again until 1952.

It is proposed to examine in this paper some of the characteristics of the patients and the illnesses seen at this hospital in the year 1963 and to discuss these findings with regard to the practice of psychiatry in Malaya.

### Population

From 473 patients at the end of the year 1952, the population has increased to the figure of 1,911 patients by the end of the year 1963. (Table I). There has been a steady increase of about 100 patients each year in the last eight years. This however is to be contrasted with the progressive increase of total admissions per year, from 473 in the year 1952 to 1,321 in the year 1963. This means that the increased admissions have been offset by a larger number of discharges per year, i.e., there is a larger turn-over of patients with the increased admission rate, to give a fairly steady nett increase of annual population. With the absence of any drastic social changes in the country over this period of time, the maintenance of this steady nett annual gain in population, despite the larger

TABLE I

### Population in Tampoi Mental Hospital

Year	Number of Admissions	Population on 31st December.
1952	473	473
1953	654	836
1954	589	961
1955	781	1,172
1956	737	1,235
1957	870	1,340
1958	981	1,446
1959	1,065	1,501
1960	1,160	1,630
1961	1,156	1,739
1962	1,268	1,804
1963	1,321	1,911

volume of admissions, is most probably attributable to nosocomial factors. In the last few years there has been an improvement in the staffing, availability of drugs and other facilities, which are the most probable explanations of this phenomenon.

### Distribution of Patients by State

(Table II) Although Johore constitutes only 34.9% of the population served, 52.2% of the patients admitted in the year 1963 are from this state. On the other hand, while the east coast states of Pahang, Kelantan and Trengganu make up 11.4%, 18.4% and 10.2% of the population served respectively, the patients from these states are only 9.5%, 9.7% and 4.2% of the admission for the year 1963 respectively. It is to be noted that there is no direct railway line from Trengganu to Johore Bahru, and this is the chief means of transportation of the patients from these

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TABLE II

**Admissions by States in 1963**

State	Population in 1,000	Percentage	Admissions	Percentage
Johore ... ..	1,144	34.9	690	52.2
Malacca ... ..	361	11.3	91	6.8
N. Sembilan ... ..	452	13.8	232	17.6
Pahang ... ..	374	11.4	125	9.5
Kelantan ... ..	604	18.4	127	9.7
Trengganu ... ..	336	10.2	56	4.2
Total ... ..	3,271	100.0	1,321	100.0

$X^2 = 309.6, \quad p = \text{less than } 0.01$

east coast states to Johore Bahru. Although the existing roads in these states are fairly good they are fewer. The population in these states is almost entirely rural.

#### Racial Distribution

Whereas the Malays constitute 61.5% of the population served, they made up only 40% of the admission in 1963. The Chinese who are only 30.5% of the population made up

45.8% of the admission for the year. The Indians are the racial group who appear to be making the best use of the facilities available, as observed also in the other branches of the medical service, notably in district hospitals and maternal and child welfare clinics. While constituting only 6.5% of the population served, they form 14.2% of the admissions for the year 1963. There has been no admission from any racial group other than these three (Table III).

TABLE III

**Admissions by Race in 1963**

Race	Population in 1,000	Percentage	Admissions	Percentage
Malays ... ..	2,013	61.5	528	40.0
Chinese ... ..	986	30.5	605	45.8
Indians ... ..	217	6.5	188	14.2
Others ... ..	55	1.5	—	—
Total ... ..	3,271	100.0	1,321	100.0

$X^2 = 326.2, \quad p = \text{less than } 0.01$

#### Sex Distribution

Of the 1,321 patients admitted during the year, 851 are males and 470 are females. This shows the male predominance which is seen also in the population of the country.

#### Modes of Admission

Admission to a mental hospital in this country is governed by the Mental Disorders

Ordinance of 1952 and by the Criminal Procedure Code of 1951. The patient may be admitted either as a voluntary patient under section 39 of M.D.O. or as a certified patient under Section 37 or 38 of the M.D.O. The certified patient is brought for certification either by the relatives, or by the police when the relatives are unavailable or unable to bring the patient themselves. A person suspected or being mentally deranged may also be ar-

TABLE VI  
Discharges  
Cohort of 200 Patients Admitted in August and September, 1963.

TIME	AGES		Below 10		11 — 20		21 — 30		31 — 40		41 — 50		51 — 60		61 Plus		Total	%
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
End 1 week	—	—	1	—	2	—	1	—	—	—	1	—	—	—	—	—	6	3
2 weeks	—	—	2	—	1	—	—	—	—	—	—	—	—	—	1	—	7	3.5
1 month	—	—	2	1	5	1	6	1	4	—	—	—	—	—	2	—	42	21
2 months	—	—	9	1	7	5	6	6	5	1	3	3	—	—	—	—	46	23
3 months	—	—	4	2	8	1	8	2	—	5	1	1	—	—	—	—	32	16
6 months	—	—	2	5	5	3	1	3	1	1	1	1	—	—	—	1	29	14.5
9 months	—	—	1	—	3	3	—	1	1	—	—	—	—	—	2	—	13	7.5
1 year	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	6	3
Still in after one year	—	—	1	2	3	3	4	1	1	3	—	—	—	—	1	—	19	9.5
T o t a l	—	—	35	68	46	27	17	7	200	100								

Previous Admissions : 61

Readmitted since : 45

Died : 6

Average length of stay : 13.9 weeks.

rested by a police officer and brought to a doctor for certification. The signature of one doctor only is required for the certification of a patient. A person charged with a criminal offence may be remanded to a mental hospital for observation and treatment under section 342, or section 344 of the Criminal Procedure Code, if he is suspected of being mentally deranged and unfit to plead. A person found "guilty but insane" may be remanded "under the Ruler's pleasure" under section 348 of the C.P.C.

In the year 1963, of the 1,321 patients admitted 46% had been arrested and brought by the police to doctors for certification, 42.2% were brought to doctors for certification by the relatives, and only 10% were admitted as voluntary patients. All, except one, of the remand patients were males. (Table IV).

TABLE IV  
Modes of Admission

Categories	Number	Percentage
1. Voluntary patients	132	10.0
2. Certified patients:—		
(a) Brought by relatives	551	42.2
(b) Brought by police	613	46.0
3. Remand patients	25*	1.8
Total	1,321	100.0

\* all except one are males.

It has to be explained here that the patients are certified by doctors in general or district hospitals with or without a period of observation. Doctors working in mental hospitals are not permitted by the M.D.O. to certify patients for detention. Voluntary patients are admitted on the basis of a written application by the patients themselves and may discharge themselves by giving a seven day notice. The provision here under section 39 of the M.D.O. is very similar to that for "voluntary admissions" under the Mental Treatment Act of 1930 of England and Wales.

#### Diagnostic Categories

It will be seen from Table V that considering the patients admitted in the second

half of the year 1963 almost all the patients were suffering from psychotic illnesses, 90% of these being schizophrenia. When the figures of the patients seen at the Psychiatric Clinic, General Hospital, Johore Bahru, during the same period of time, are considered the neurotics form a larger proportion, but the psychotics still form the majority, with the schizophrenics still predominating. (Table V).

TABLE V

#### Diagnosis of New Cases Seen in July - December, 1963

Diagnosis	Tampoi Mental Hospital.	Psychiatric Clinic General Hospital, Johore Bahru.
Schizophrenia	659	57
Depressives	25	22
Organic Psychoses	17	9
Neuroses	2	20
Subnormals	3	3
Others	15	2
Total	721	113

#### Rate of Discharge

The analysis of a cohort of 200 patients admitted in the months of July and August, 1963, showed that 27.5% are discharged by the end of one month, 48.5% by the end of two months, 64.5% by the end of three months, and almost 80% by the end of six months. Only 9.5% are still in hospital by the end of the year. (Table VI).

#### Discussion

The progressive increase in the patient population in Tampoi Mental Hospital contrasts with the decreasing trend of the population in psychiatric hospitals in the United Kingdom (Norton, 1961; Baker, 1961). This increase is certainly due in part to the population growth. It may also be partly due to the awareness of the treatability of psychiatric illnesses and the availability of facilities for treatment among the general population. This latter is of course an inference which has to be tested by sociological investigations.

The striking features of the constitution of the patient population are the under-repre-

sentation of the Malays and that of the east coast states of Pahang, Kelantan and Trengganu, which are largely rural and very largely Malay. The reasons for this can only be conjectured from these hospital figures, and would again require further sociological survey. What is a fact among the patients who come under the care of the author is that almost all the Malay patients come for admission only after having been treated by "bomohs" (Malay witch-doctors). After the "bomoh" has failed, some would even go to the Chinese "sinseh" (the physician versed in the traditional Chinese art of healing) before coming to hospital as a last resort.

Over 90% of the patients admitted to Tampoi Mental Hospital, and 70% of the patients seen at the Psychiatric Clinic, General Hospital, Johore Bahru, suffered from schizophrenia. 46% of the admissions to Tampoi are cases in which the police were involved. The obvious deduction from these findings is that the patients come to hospital only because their abnormal behaviour had exceeded the "level of tolerance" of the community. The abnormal behaviour is often of an anti-social nature. Only 10% of the patients make use of the provision of section 39 of the M.D.O. coming in as voluntary patients, as compared with 37% in England and Wales before the new Mental Health Act, 1959, came into force (Burn, 1959).

As opposed to the popular conception that once a person is admitted to a mental hospital he is likely to be there for a long time, if not for life, the examination of the discharge rate at Tampoi Mental Hospital showed that there is a high turn-over of the patient population. Over 90% are discharged by the end of one year of admission. The 9.5% who remain make up the nett annual increase of population.

Of this cohort examined, about 30% have previously been admitted and about 20% of

those discharged have been readmitted since. This phenomenon is also seen in England and Wales (Jones and Sidebotham, 1962).

The fact that there is this appreciable turn-over of the patient population is surely a cogent argument for the establishment of psychiatric units in general hospitals. The average length of stay of about fourteen weeks would be comparable to that of certain categories of general hospital patients, e.g., orthopaedic, tuberculous or cardiac patients. The advantage of such a unit from the point of view of administration will be the reduction of the pressure of admissions to the already overcrowded psychiatric hospitals. It will be more acceptable to the patients and their relatives as well.

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