

EDITORIAL

MENTAL HEALTH IN MALAYA

On paper, Malaya's provision for psychiatric beds is approximately nine per 10,000 population. This compares favourably with the W.H.O. estimate of five beds per 10,000 population being available in Asian countries, and one bed per 10,000 population available in Africa. But this is below the figure for developed countries like the United Kingdom and the U.S.A. where about thirty beds per 10,000 population are available. The figure recommended by the W.H.O. is ten beds per 10,000 population as a basic minimum(1).

This does not mean however that we ought to have larger mental hospitals or more mental hospital beds. The two in Malaya, at Tanjong Rambutan and Tampoi, with about 4,500 and 1,900 patients respectively, are already large institutions by any standard. Efficient administration in any large institution is never easy. The present trend is towards the reintegration of Psychiatry with General Medicine(2) and towards "community care"(3). More psychiatric beds in psychiatric units in the general hospitals would be useful. With modern methods of physical treatment — and most of these are available in Malaya — most of the psychiatric problems met with can be tackled in such psychiatric units. Most of these patients do not need to stay very long in hospital. The average length of stay of these acute psychiatric cases would be of the order of about 14 weeks(4). With early discharge possible, admission to a psychiatric unit in a general hospital would be more acceptable to the population at large and would relieve the overcrowding in the already overcrowded mental hospitals.

Such a unit is already in existence in the General Hospital, Penang. More units should be set up in other centres in the country. Kuala Lumpur, the Federal Capital, can boast of a neuro-surgical unit, but has no proper psychiatric facilities to offer as yet. Patients from the east coast have to travel over large distances to Tampoi for their treatment.

To-date there are only three qualified psychiatrists in Malaya. This is perhaps a re-

flexion of the unpopularity of this speciality among the medical profession. But there is shortage also of trained psychiatric nurses. This is perhaps partly due to the lack of inducement offered by the government in this branch of the service. In the United Kingdom the trained psychiatric nurse is better paid than the counterpart in general nursing. In Malaya this extra qualification does not entitle the male nurse (hospital assistant) to any extra remuneration, nor does it confer on its holder, male or female, any extra advantage in promotion. Surely, one answer to this unpopularity and staff shortage in this branch of the service would be to make the conditions of service more attractive by offering better pay and better chances of promotion.

There is a great deal of ignorance and superstition, fear and prejudice associated with mental illnesses in the minds of the public. Admission to a mental hospital, or sometimes, even merely consulting a psychiatrist, would stigmatise a person in the eyes of his community. On the other hand, the importance of psychiatric disorders as a cause of human illness and suffering is by no means negligible. Various surveys done in western countries estimate psychiatric disorders as a cause of between 30%—70% of symptoms for which patients go to see their doctors(5,6,7). The extent of the problem in Malaya is not exactly known as no survey has ever been done. Such a survey will be required before any rational planning for the provision of psychiatric services in the country can be made. If psychiatric problems constitute such a large proportion of the cases the doctor has to deal with, Psychiatry must be given more emphasis in the education of the doctor than has hitherto been given.

The ignorance, fear, superstition and prejudice in the minds of the general public can only be dispelled by means of education, and here the family doctor, public health and education authorities have important roles to play. In Malaya almost all the patients sent to psychiatric hospitals go there because of some gross behaviour disorders, often anti-

social in character. Ninety percent of the patients admitted to psychiatric hospitals are schizophrenics, many of whom have been arrested by the police. Few patients come for psychiatric treatment of their own accord.

Not all sections of the population make full use of the psychiatric facilities available. The Malays are under-represented in the population of psychiatric hospitals. This is certainly not because they are free from psychiatric disorders. Surveys done in various countries show that the "functional" psychoses occur in almost the same frequency in all the communities studied. The Malays constitute the bulk of the rural population where access to the centres where facilities for treatment are available is difficult. This inaccessibility together with prejudice and fear is most probably the cause of this under-representation. This fear and ignorance must be removed and a positive attitude towards psychiatric disorders must be fostered before "community care" of psychiatric patients can be made possible.

Positive public support for psychiatric illnesses, either in the form of public bodies

comparable to the Malayan Association for the Prevention of Tuberculosis, Society for the Blind, etc., or in the form of voluntary service, or in the form of cash contributions, will do a great deal to dispel the fear and prejudice in the minds of the people and to remove the stigma attached to these illnesses. Such support would improve the lot of the psychiatric patient while he is in the hospital and help in his rehabilitation after discharge.

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