

PSYCHIATRIC CONSULTATION IN A SECONDARY SCHOOL IN KUALA LUMPUR

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SUMMARY

Psychiatric consultation in schools is not a new concept in the Western Countries but it is so in Malaysia owing to the lack of a sufficient number of trained psychiatrists available locally. The aim of consultation is to help the school authorities to understand and to solve emotional and behavioural problems of school children. The authors have begun a study project, on a voluntary basis, on the psychiatric problems of the school children of a secondary school in Kuala Lumpur. This was possible with the cooperation between the Department of Education, Kuala Lumpur, the Department of Social Welfare, Federal Territory and the Department of Psychological Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur. The authors used two methods to gather data, namely through individual evaluation of the referred students (a total of 23 students having been interviewed) and through the holding of group therapy sessions with the consultee as the co-therapist. The authors found that minor behavioural problems such as inattentiveness, talking, eating and sleeping in the classrooms constituted the majority of the reasons for referral. This was followed by problems concerned with poor academic performance, including the quality of class work. Major problems such as theft, extortion and gangsterism and personal emotional problems

such as interpersonal relationship problems, boyfriend/girlfriend problems and sexual problems were also encountered. Female pupils appeared to be more forthcoming in discussing their problems. The project has resulted in the school gradually adopting the guidance rather than the purely disciplinary concept in understanding the pupils' problems and their maladjustment behaviour in many cases. Joint efforts by psychiatrists, psychologists, professional social workers and school health personnel should be invested in this important area of school education.

INTRODUCTION

The Theme 'psychiatric consultation' evokes curiosity and even apprehension among Malaysians, especially when taken in the context of school children. Why should school children be subjected to psychiatric consultation? Surely, there are no "mad" children, like those in mental institutions. Psychiatry is still a taboo subject and psychology is to many - a Western science.

A little deeper thinking will reveal the relevance and importance of psychiatric consultation in secondary and even primary schools. Secondary school children are adolescents who are in the 13 - 19 years age group. These are young people who are going through an important, stressful period of their lives even after having passed through the stress of physical and emotional development of their childhood. Adolescence, is the period they form their own identities and make their decisions of later life. Primary school children have their particular set of psychiatric problems, e.g. school phobias, hyperkinetic behaviour and slow learning associated with mental subnormality. Secondary school children, too, have such problems and in addition, they are diversified and in some cases

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more serious in nature. Some are minor, e.g. inattentiveness in class and truancy, while others are more serious. e.g. gangsterism, heterosexual relationship problems and drug dependence. But a simple problem such as inattentiveness in class may represent only the proverbial tip of the iceberg and is just a symptom of physical, psychological and/or social illness. Such serious psychopathology can, in the long run, seriously affect the performance and behaviour of the pupil and can cause him to be a drop-out, a sociopath in inter-personal relationship and even precipitate a psychotic illness. Hence, we see the importance of psychiatric intervention as a role in prevention of occurrence of difficult problems.

What is 'psychiatric consultation', in the context of the school? The concept started in the late 19th century and early twentieth century when Dewey and associates incorporated psychoanalytical concepts to all American educators and teachers in the management of behaviour, reducing the authoritarian-role learning methods. It had been noticed in those days that control of students were more persistent than facilitation of curiosity and channelling of energies into meaningful exploration of knowledge. This view is, unfortunately still reflected in the parents' demands of the school and educators' behaviour toward children. The vast number of illiterate young people coupled with their associated emotional disturbance, uncovered while the Americans were recruiting soldiers during the second World War led to increased efforts to alter educational methods and to provide more therapeutic help to children in schools. Psychiatrists were originally involved in pilot programmes as consultants to educators and mental health personnel to help devise healthy learning environments. Gradually, they and the psychologists became more involved with the management of the increased number of disturbed and disturbing children in the schools. ¹

Psychiatric consultation is basically a method of helping professional colleagues in other professions (e.g. teachers, supervisors, headmasters, students' counsellors in our local Malaysian scene) with their clients' behaviour problems. The method is an indirect task orientated one and not a psychotherapeutic approach. ² This demands the development of a colleague relationship between the psychiatrist and the educators. Such a relationship facilitates the task-orientated collaboration to help a student and

in the process also helps the educator to a different understanding of the problems and a new approach to behavioural management. The text-book description of consultation is not suitable for use in our schools because:-

- 1) few of the staff have been trained in counselling.
- 2) the process is too elaborate to set-up and is too time-consuming.
- 3) lack of awareness of the need of full cooperation from the consultee, sometimes other school staff and the parents of the children.

As such, the method employed is a simplified one, though the original aim of helping the consultee and the educators to understand the problems is maintained.

Method

The authors gathered data on the problems, from the student-counsellors concerned, the headmaster, the supervisor, parents, the consultants' colleagues (in group sessions) and the student himself. The data is evaluated by those concerned and the solution to the problem is arrived at after discussion and sometimes it is suggested though not forced upon the students. Two main methods were used:

- (1) through individual evaluation of the referred students and
- (2) through the holding of group therapy sessions with the consultee as co-therapist.

This is part of the process of psychiatric consultation in Malaysian schools initiated by the Department of Psychological Medicine, University of Malaya. ³ Teoh ⁴ had done some research on psychological problems among university students, Woon ⁵ had evaluated primary school teachers' proposed management of child behaviour, Samad *et al* ⁶ and Lim *et al* ⁷ had attempted to study the problems of adolescent school girls in a local school.

The project came about following the cooperation between the Department of Education, Kuala Lumpur, Department of Social Welfare, Federal Territory (Kuala Lumpur) and the Department of Psychological Medicine, Faculty of Medicine, University of Malaya to look into the problems faced by some schools in the Federal Territory adjacent to the University of Malaya. The project was on an entirely voluntary basis, the authors not receiving any monetary grant. Permission was granted to enable one of us (L.K.H.), a fourth year medical officer in the Department of Psychological Medicine of the University Hospital, on two half mornings per

TABLE I
REASONS FOR REFERRAL OF BOYS FOR
CONSULTATION

| Reasons for referral (N = 18) | No. |
|--|-----|
| 1. Inattentiveness, talking, and sleeping in class..... | 16 |
| 2. Truancy/Frequent late coming..... | 4 |
| 3. Aggressive/Defiant behaviour towards teachers/lying.... | 3 |
| 4. Petty crimes, e.g. thefts, smoking..... | 2 |
| 5. Serious crimes, gangsterism, extortion of money from pupils and drug taking (suspected)..... | 5 |
| 6. Suspected of inducing other pupils to commit mischief through use of money..... | 2 |
| 7. Poor in school academic performance..... | 11 |
| 8. Suspecting of having girl friends..... | 3 |
| 9. Suspected of having emotional crisis at home..... | 5 |

TABLE II
REASONS FOR REFERRAL OF GIRLS FOR
CONSULTATION

| Reasons for referral (N = 5) | No. |
|--|-----|
| 1. Inattentiveness, sleeping, talking and eating in class..... | 3 |
| 2. Aggressive/Defiant behaviour towards teachers/lying.... | 2 |
| 3. Petty crimes, e.g. stealing, smoking..... | 0 |
| 4. Truancy..... | 1 |
| 4. Serious crimes - Mixing with gangsters..... | 2 |
| Drug taking..... | 0 |
| Sexual promiscuity..... | 1 |
| 6. Suspecting of having boy friends..... | 2 |
| 7. Poor in school academic performance..... | 2 |
| 8. Suspected of having emotional crisis at home..... | 3 |

week, to work in the school as part of his Child Psychiatry posting.

The project started on October 17, 1980, and there were frequent breaks owing to school term holidays, public holidays, an interim period of a month due to unsettled staff matters of the school and school monthly tests. The results obtained were up to June 1981.

Thus, data was collected :-

- (1) interviewing the referred students (a Form 4 or 5 pupil) alone first to collect data which were supplemented by other data provided by the teachers concerned, the headmaster, the supervisor, the student counsellors and the parents. A total of 23 pupils were studied;
- (2) Through holding group therapy sessions with the Form 4 pupils.

RESULTS

Until June 1981, two groups had been held and the third group is in progress. Each group consisted of 10 pupils picked by the student counsellors as being the most "troublesome" and suspected to have emotional disturbance. For each group, ten sessions were held on a weekly basis whenever possible.

The first group consisted of all male pupils, the second of all female pupils and the third of mixed sexes, five of each sex being selected from the two previous groups on a random basis. The purpose of doing this is to study the different problems and the response of the members of both the sexes. It is hoped that with the results derived from these sessions, information could be gathered to enable the other teachers to hold groups of their own. Each

session lasts between one and a half to two hours.

At all times, confidentiality of the problems discussed was maintained.

Observations

(1) Individual problems

Eighteen boys and five girls were referred to one of the authors (L.K.H.). There were sometimes more than one reason for a referral.

As can be seen from both the tables, minor problems are common, the most common complaint being having poor attention, sleeping, talking and eating in class. Though these may seem to be trivial, nevertheless, such behaviour appears to irritate the teachers who would not hesitate to complain to the student counsellors or to the headmaster.

The next big group of problems concerned poor academic performance. Often, the pupils blame the teachers for not being effective in presenting the facts to the pupils, inadequate in-depth explanation of lessons, too much of dictation of notes, too brief notes and using accent which the pupils find difficult to understand. Some pupils complained that the teachers gave too much homework, leaving them with little time to complete the assignments. Five pupils mentioned that they had to work after school hours in jobs, e.g. petrol kiosk attendant, sundry shop delivery boy and as food hawkers. Almost all fail to admit that they too were to be blamed for contributing to the problem, e.g. by not reading up ahead, not asking for clarification when their teachers held the lessons and not bothering to do revision until the last moment before their tests.

The more serious "Crimes" such as theft, gangsterism, extortion of money from other school children defiant and aggressive behaviour towards the teachers, vandalism, drug taking the sexual promiscuity affected only a small proportion of the pupils; yet because of the serious nature of the crimes, they are significant in contributing to the reputation of the school and in invoking a certain degree of terrorism to other pupils. The police is aware that a boy was marked for being involved in gangsterism and for being a member of a gang in the neighbourhood.

The student counsellors were able to pick up students with suspected emotional stresses in their environment. These pupils either confessed to the counsellors when they were interviewed by the counsellors or they showed emotional outbursts, e.g. crying easily, sleepy appearance, poor concentration in class, keeping quietly to themselves and not able to complete their homework assignments repeatedly. Five pupils had divorced parents, one had a seriously ill mother, two pupils had been suspected to be subjected to physical abuse by their mothers, three pupils' parents had no time to give them attention, six pupils' parents were too liberal with them allowing them to do as they wish, twelve had financial problems, a girl had been prone to having hysterical attacks at home, three pupils had mentally sick relatives at home, three pupils had admitted to having heterosexual relationships, one boy admitted to having homosexual tendency, which, he denied, worried him; three pupils admitted having drug-dependent relatives, four pupils had gambling parents, three pupils had alcoholic fathers who kept mistresses, leading to frequent quarrels between the parents at home.

The group therapy sessions

The ten sessions held with the all male group were centred mainly on their school work and teachers. The sessions were full of bitter complaints about their teachers. The complaints ranged from the poor ability of teachers to put the facts across to them, the teacher giving a whole period of dictation of notes, the difficulty to catch up and understand accent, to objection to some teachers' methods of meting out punishment for trivial offences, e.g. standing outside the classroom or on the table for talking in class and subjecting to caning for coming to class late even when there was genuine reason, e.g. bus coming late or heavy rain.

There was also discussion of forming a union to fight against teacher injustice! Through the sessions they were able to accept that the strictness of the headmaster had improved the school to a large extent and they were able to elect a representative in each class to liaise with the counsellors.

The boys were not very interested in discussing their personal problems other than those associated with their school work.

The group of girls on the other hand yielded much information about the problems they faced in their lives. They ranged from school problems, much like those mentioned above, to boyfriend problems; problems concerning interpersonal relationships with parents who were divorced, with the parents' other spouses, with siblings who bullied them, who were psychotic and were drug addicts and who cross-dressed at home; problem of being physically abused by a parent just because the pupil was not the biological child of the parent; problem of difficulty of choice between having to study or to help the parents in selling food from 1.00 p.m. till 12.00 midnight and then doing housework till 3.00 a.m. and the problem of remaining the other pupils' friend while at the same time having to pull up someone who had broken the school's regulations, in the course of her duty of being a prefect.

The girls were able to open up more readily than did the boys and they were observed to have a more matured view, not laughing at their colleagues' plights.

The mixed group had undergone two sessions at the time of writing and so far, the boys were as usual reluctant to talk about their problems while the girls continued to voice their problems. However, one boy, to the surprise of all, brought out his pent-up anger and sadness over the father having divorced the mother when he was five years old and since then, he had been subjected to ridicule when others asked him about the father and he was angry with the father for having broken his mother's heart. Another boy was referred to a school social worker from the Department of Social Welfare to help in the management of his family problems.

In addition to interviewing and counselling the referral cases and holding group therapy sessions, one of the authors (L.K.H.) in his role of helping the educators and to encourage the other staff members to participate in the psychiatric

consultation programme, also gave a talk on the concept of psychiatric consultation, the interpersonal relationship between pupils and teachers and some suggestions on how to handle difficult pupils. He, too, by chance when he was on call duty in the hospital, had given psychiatric treatment to a pupil who was subjected to having hysterical dissociative states. A school staff member also approached him for psychiatric management of a domestic problem in the staff member's life.

As mentioned before, psychiatric consultation in schools is a new concept in Malaysia although it is not so in the western countries. As the country's mental health stands, much could be done and at the moment, this is being hampered by the lack of sufficient trained psychiatrists and psychologists. A psychiatrist from Hospital Bahagia, Ulu Kinta, has begun to provide services through their Child and Adolescent Guidance Clinic in Ipoh. Hopefully, in due course, the situation will improve to allow psychiatric consultation for schools. This pilot project, though not sponsored, serves as a learning experience and to gauge the feasibility of the concept and also to orientate the school student-counsellors and hopefully other staff members to participate in the programme. In this way, the dilemma of the shortage of psychiatrists and psychologists available for school consultation could be overcome to some extent.³ This would also serve as one form of service available for children in a developing country like Malaysia; such services being handicapped both by shortage of staff and lack of awareness.⁸ It is also hoped that future curriculum for teacher training will further emphasize the concept as a useful tool towards more effective teaching.

When we started the project, we were at first regarded with some apprehension by both the staff and the pupils because they had initially thought that we were on the look-out for psychiatric illness in the school. They could not see how a psychiatrist could otherwise fit into a school programme. The initial response of the staff to this project was to send to us pupils who had notorious behaviour, with the hope that we could solve the problem for them! The main author was deeply upset by the attitude of some teachers in tackling the problems of pupils - they tended to advocate the "big stick" policy of showing their superiority over the pupils by the use of physical punishment. Indeed, one teacher's remark was that she would not care whatever happened to a pupil outside the school, so

long as he was a model student in her class. The observations made by Woon⁵ also suggested that the primary school teachers which we surveyed were interested only controlling the behaviour of the children. It is sad to note that many teachers are not aware that emotional turmoil in the pupil's family environment could lead to maladjustment of the child and hence lead to problems like school truancy and even delinquency. Child psychiatrists like Barker,⁹ Hersov¹⁰ and West¹¹ have shown that delinquency and its related problems were more common among maladjusted children. It was only after this joint project had started to work and the pupils began to show some improvement in their attentiveness and behaviour in the school that the staff began to take an interest and were enlightened on this aspect. The school headmaster in fact encouraged the teachers to hold groups during their free time. Unfortunately, no other teacher had taken up the task, the main reason being "lack of time", "lack of experience" and holding the groups meant extra work. However, it is heartening to know that the male student-counsellor is starting to form other groups at the expense of his own free time.

The authors managed to find some research work done on the problems of adolescent Form 4 and 5 school girls in Bukit Nenas Convent in 1975. This has enabled the authors to compare their own findings. In the study of Form 5 school girls, Samad *et al*⁶ found that the five most troublesome areas of the school girls, in order of rank, were adjustment to school work, personal, psychological relations, health and physical development and social and recreational activities. Form 4 school girls⁷ of that school also selected the first three items selected by the Form 5 girls, as their main problem areas. In the authors' project, the Form 4 boys considered their main problem as that of adjustment to school work. The Form 4 girls appeared to discuss more interpersonal relationships most often, followed by relationship with society and adjustment to school work.

In conclusion, small though this project may seem to be, nevertheless, it is a pioneer effort to look into the problems faced by the school's pupils. The project still has a long way to achieve its ideal goal of trying to help more pupils but over the past nine months, the guidance rather than the purely disciplinary concept has been slowly accepted by the school staff. Now attempts are being made to understand the pupils as a whole and to recognise

that the pupils' behaviour is not just of his own choice but is due to his or her maladjustment in many areas and by helping the pupil to see his maladjustment, much could be achieved in the control of the behaviour. It is our fervent hope that more joint efforts from psychiatrists, psychologists, professional social workers and school health personnel can be invested in this important area of improving our precious human resource - the children of today are the productive citizens of tomorrow.

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