

# DECENTRALIZATION OF PSYCHIATRIC SERVICES IN MALAYSIA - WHAT IS THE PROSPECT?

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## ABSTRACT

*Since the Government was implementing the policy of decentralization of psychiatric services, a large number of chronic schizophrenic patients failed community management because of the breakdown of family support. The rejected patients were admitted to the Old Persons' Home for protection because no other suitable places were available for them. In a follow-up study in one of the Homes, the one-year prevalence rate of treated psychiatric illness and schizophrenia was found to be 27.5% and 15.3% respectively. Lack of rehabilitation and community care facilities and inadequate staff in all categories were the root of the problem. The author foresees that the Government will face a serious problem in future to cater for the increasing number of chronic schizophrenic patients in the community if it does not take immediate action to improve mental health services in the country.*

*Keywords: Deinstitutionalization, schizophrenia; family, psychiatric services*

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## INTRODUCTION

Deinstitutionalization is a world-wide trend. United Kingdom is among the developed countries planning for closure of psychiatric hospitals as set out in the White Paper on Better Services for the Mentally Ill<sup>(1)</sup>. The expansion of custodial mental health care and the accumulation of psychiatric beds in most developed countries peaked in the middle of this century. The decline in number of psychiatric in-patients had continued at an even rate since 1954. In Malaya before 1952 the Central Mental Hospital in Tanjong Rambutan, Perak was the only psychiatric facility available for the whole country. The hospital was established in 1911. A second mental hospital was subsequently built at Tampoi, Johore in 1935 although the building was not used as a psychiatric hospital until it was returned to the health authorities in 1952. In 1941 the number of patients in Central Mental Hospital, Tanjong Rambutan reached 5,000<sup>(2)</sup>; however, the number of patients in the last few years was approximately 2,500<sup>(3)</sup>.

Malaysia is also following the trend of the developed countries when the government started implementing decentralization of psychiatric services in the early sixties. By that time the psychiatric ward of the general hospital was fully functioning. Previously it was used for temporary housing of the disturbed patients before transporting them to a nearby psychiatric (mental) hospital. Since then there were no more referral for long-term admission to the psychiatric hospital. At present the hospital is functioning like other psychiatric units of general hospitals except as a referral centre for forensic cases.

Decentralization process witnessed a large number of chronic mental patients returning to the family. The number of long-stay patients in the four psychiatric hospitals throughout the country was slowly declining and the psychiatric units of general hospitals became overcrowded. Tan and Wagner<sup>(2)</sup> reported that there were approximately 7,500 psychiatric beds available for the population of about 10 million people in

1967. The latest data showed that the number of beds was reduced to 5,852 although the population of Malaysia has increased to nearly 18 million. Out of these, 500 beds are not in use anymore<sup>(3)</sup>.

The majority of the chronic mental patients who failed community management were admitted to the Old Persons' Home of the Ministry of Welfare Services for protection because no other centre was available for them. There are eight Old Persons' Homes throughout the country which accommodate a total of 2,465 people<sup>(4)</sup>. The majority of the inmates are old persons who do not have close relatives.

The aim of this study is to find out the prevalence, characteristics, and socio-domestic background of psychiatric patients in one of the Old Persons' Homes in the country. The prevalence of psychiatric patients in the Home is reflecting the efficiency of government policy of decentralization of psychiatric services. It is hoped that this study can identify some weakness in the decentralization services which lead to the accumulation of chronic mental patients in the Old Persons' Homes. It is also important to know whether they are severely disabled patients who are unnecessarily discharged from the psychiatric hospital or patients who are rejected by the family.

## METHODOLOGY

The study was conducted at the Kemumin Old Persons' Home, Kota Bharu, Kelantan for one year. The follow-up study was part of the services provided by the University Sains Malaysia to the Old Persons' Home. The author was the first psychiatrist sent by the university. Prior to the author's monthly visits, a few patients were already on follow-up at the psychiatric unit of the General Hospital, Kota Bharu.

The Home had a capacity of 250 people from all over Peninsular Malaysia. The turn-over rate was very low. Once they were admitted, they would most probably remain in the Home for life. The total number of inmates in the one-year study period was 236. The number at the end of the study period (28/7/91), was 205. The difference in the figure is mainly attributed to the death of the inmates during the study period. There are two main sources of admission: they are either brought by the family or by the enforcement officer. Most of the admissions are under court order, but a few are admitted on voluntary basis.

The study was divided to two parts. In the first part, the medical assistants of the home will screen a probable psychiatric case by using a standard checklist. The check-list contains 15 abnormal features, and clinical signs of suspected

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psychiatric patients. In the second part of the study, the author will re-assess all the suspected cases to confirm whether they are psychiatric cases. When the cases were confirmed, their socio-demographic data, past psychiatric history, family background and the contact with relatives since admission were analysed. The diagnosis was based on ICD-9<sup>(6)</sup>.

## RESULTS

In the one-year follow-up study, a total of 72 suspected psychiatric cases were referred to the author. After reviewing all the referrals, 65 were confirmed as psychiatric cases. Of these, 40 required regular treatment and the remaining 25 were treated either on a short-term basis or when the need arises. Three of the regularly treated cases discontinued treatment after a few months: one died, another absconded and the third had gone back to the family. By the end of the study period, only 37 cases were left. Out of these, 36 were schizophrenia and one was paranoid state. Thus, the one-year prevalence rate of treated psychiatric illness and schizophrenia in the Old Persons' Home was 27.5% and 15.3% respectively. On the last day of the study, 17.6% of the inmates were regularly treated for schizophrenia.

All the schizophrenic patients seemed to have developed the illness prior to their admission and more than 90% were chronic cases. Paranoid states was suspected to develop in one patient while she was in the Home. Thus, 97.2% of the regularly treated cases in the Old Persons' Home were known cases of schizophrenia. There were no reliable information about their past psychiatric treatment because the majority of the patients were not from the state of Kelantan. The cases which did not require regular treatment were senile and pre-senile organic psychotic conditions, mild mental retardation, adjustment reaction, sexual deviation and disorders, and depressive disorder not classified elsewhere.

The socio-demographic data of the 36 cases of schizophrenia are shown in Table I. The majority of the patients were male between 30 to 49 years old. The majority was Chinese. The Chinese (41.7%) and Indians (19.4%) patients in the Home were over-represented as Chinese and Indians formed only 32.7% and 10.1% of the population in Peninsular Malaysia respectively<sup>(6)</sup>. The family background in most of the cases was unknown. Six patients (16.7%) still had first degree rela-

tives. The rest did not have any close relatives. Most of the patients (86.1%) did not have visitors since admission to the Home. Out of the five patients who were visited, four were from the State of Kelantan. All these facts indicate that most of them have poor family support.

## DISCUSSION

The study found that the one-year prevalence rate of schizophrenic illness in Kemumin Old Persons' Home is higher than the general population which is approximately 0.4%<sup>(7,8)</sup>. The result of this study indicates some weakness in the decentralization of psychiatric services which lead to the accumulation of chronic schizophrenic patients in the Home. Although only one of the Old Persons' Home was studied, the situation in the other seven Homes was about the same. The finding was not surprising as the majority of the patients were transferred from the Vagrants Rehabilitation Centre in Mersing, Johore. They were apprehended by Ministry reinforcement officers from all over Peninsular Malaysia.

Although it was difficult to identify the specific weakness in the decentralization process due to incomplete data on the patients' family and social background, it was likely that the failure of community management in most of the cases was due to a break-down of family support and poor preparation for community care. Lack of the rehabilitation and community care facilities and inadequate staff in all categories were the root of the problem. Most of the discharged patients returned to the family without going through a rehabilitation process or a transitional living unit. The families were also not properly prepared for community care which caused great distress to them.

Since the majority of the patients are in the middle age group, they generally do not require extensive community care management. What they need is work or other vocational activities to occupy their time. They must also be prevented from wandering. Half-way houses and sheltered workshops are the facilities that cater for their needs. Two or three cases probably could not be managed in the community under the existing facilities because of the severity of the illness. Those who could not be managed in the community under the existing facilities need more extensive community care facilities. Otherwise they need long-term inpatient treatment.

Although decentralization of psychiatric services had been practised for more than 30 years, there was not much improvement in community care facilities and staffing to cater for the increasing number of chronic mental patients. The author foresees that the Government will face a serious problem in future if it does not take immediate action to improve mental health services in the country. Although the present number of psychiatric patients in the Old Persons' Home is not alarming; if unchecked, it will increase rapidly in future. As a temporary solution, it is suggested that all schizophrenic patients should be sent to the psychiatric hospital for better psychiatric care. With adequate preparation, the majority can be discharged if family support is available.

The Malaysian Government should give priority to mental health services so that enough fund will be available for their expansion. The Government should implement short-term and long-term plans to improve community mental health services. In the short-term, the Ministry of Health should improve and upgrade the existing rehabilitation facilities and after-care services in all psychiatric units and mental hospitals. The temporary shortage of staff can be overcome by recruiting expatriates and at the same time new posts should be created to staff the upgraded services or new facilities.

In the long-term, the government should review the Mental Health Disorder Ordinance, 1952<sup>(9)</sup>. The ordinance essen-

**Table I - the Socio-demographic data of Schizophrenic patients (n=36)**

(i)	Age (years)	No.	%
	<30	2	5.6
	30 - 39	11	30.5
	40 - 49	8	22.2
	50 - 59	7	19.4
	60 - 69	6	16.7
	>70	2	5.6
(ii)	Sex	No.	%
	Male	23	63.9
	Female	13	36.1
(iii)	Race	No.	%
	Malay	14	38.9
	Chinese	15	41.7
	Indian	7	19.4

tially provides for custodial care of mentally disordered persons in mental hospitals. Since it has been shown that adequate community care could cater for the majority of chronic schizophrenic patients<sup>(9,10)</sup>, new Mental Health Ordinance should emphasize on community mental health care with provision for setting up a wide range of community care facilities as part of the community mental health centre complex and legalizing the setting up of private rehabilitation home or day care centre.

The proposed community mental health centre should include at least a small number of in-patient beds for short stay patients, an out-patient department, an emergency service, a day centre, a sheltered workshop, a half-way house, community residence and supervised rural settings for occupational or farming activities. Since a small percentage of the most disabled patients still need asylum<sup>(9-11)</sup>, the present psychiatric hospital should function both as a long stay hospital at the national level and as a psychiatric unit for short stay patients at the State level. Stringent criteria should be used for accepting 'new long stay patients'. It should be realized that good care in the community costs as much as good care in hospital<sup>(11)</sup>.

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