

# The Malaysian Public Health System: Mental Health Resources

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## Introduction

In recent years, suicide rates in Malaysia have risen significantly, with over 1,800 suicide occurrences in 2019 alone. This is a 17.8% increase since 2014 and amounts to approximately five lives lost per day. Concerningly, Malaysia's suicide rate is higher than other ASEAN countries such as Brunei, Indonesia and the Philippines<sup>1</sup>. A major contributor towards suicide risk is poor mental health<sup>2</sup>.

During the Covid-19 pandemic, the mental health of Malaysians, like others worldwide, has unfortunately only worsened<sup>3</sup>. Although individual awareness of the importance of mental health has increased since the pandemic, systemic issues, such as the availability of mental health resources, remain unaddressed.

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<sup>1</sup> Lew et al. (2022)

<sup>2</sup> Brådvik (2018)

<sup>3</sup> Tan et al. (2023); New Straits Times (2022)

This article aims to highlight the issue of insufficiency within the public health system in addressing the population's mental health needs.

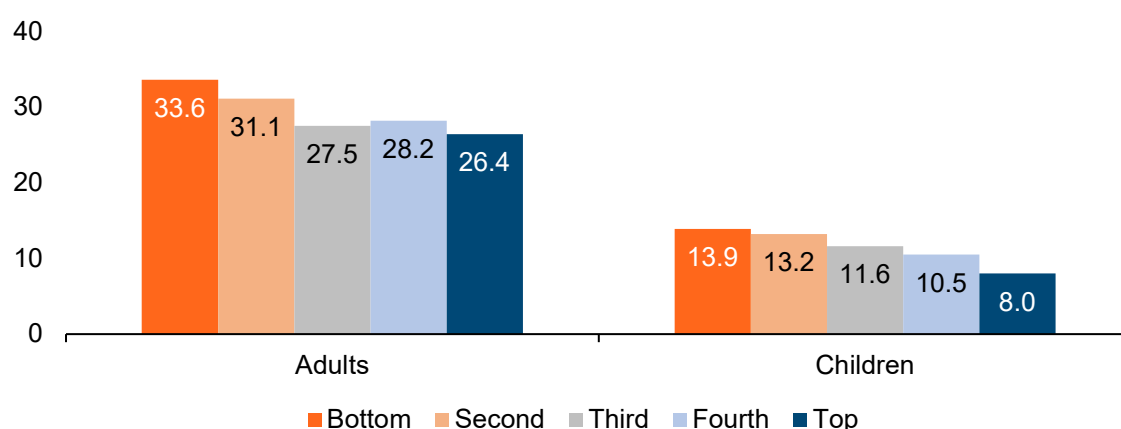
## The Burden of Mental Health

According to the Ministry of Health, the mental health-related burden makes up approximately 37% of total disability in the country<sup>4</sup>. The most common forms of mental disorders among the working-age population in Malaysia include anxiety and depression<sup>5</sup>.

In 2019, over 470,000 Malaysian adults over the age of 18 suffered from depression<sup>6</sup>, whereas more recent data from 2022 showed that over 550,000 adolescents aged between 13–17 years old were depressed<sup>7,8</sup>. Additionally, among children aged 5–15 years old, mental health problems such as peer problems and conduct problems<sup>9</sup> have been on the rise between 2015 and 2019<sup>10</sup>.

Overall, the data paint a grim picture of the mental health trend, regardless of age group. There is also a disproportionate burden of mental health issues seen across the population. For example, those living on lower household incomes tend to have poorer mental health, as shown in a previous KRI report (Figure 1)<sup>11</sup>.

**Figure 1: Prevalence of mental health problems by household income quintile, 2015**



Source: KRI (2020)

<sup>4</sup> Ministry of Health Malaysia (2020)

<sup>5</sup> IHME (2019)

<sup>6</sup> Institute for Public Health (2020)

<sup>7</sup> Institute for Public Health (2022)

<sup>8</sup> Note that the data from 2022 focuses specifically on adolescents whereas data for other age groups has only been updated by the Institute for Public Health up to 2019.

<sup>9</sup> According to the United State of America's Centres for Disease Control and Prevention (CDC), conduct problems could refer to an ongoing pattern of aggression towards others and serious violations of rules and social norms at home, in school and with peers.

<sup>10</sup> Institute for Public Health (2020)

<sup>11</sup> KRI (2020)

From an economic standpoint, evidence suggests that poor employee mental health has adverse effects as well. In 2018, a study by RELATE Malaysia estimated that the cost of mental health issues in the workplace to the economy was RM14.46bn, with costs caused by absenteeism (RM3.28bn), presenteeism (RM9.84bn)<sup>12</sup> and staff turnover (RM1.34bn)<sup>13</sup>.

## Mental Healthcare Workers in MOH Facilities

In terms of care provision for mental health, the general recommendation by the World Health Organisation (WHO) is that a country should have a ratio of one psychiatrist per 10,000 population. This may seem like a large number of patients per doctor but it is important to note that not every member of the public requires psychiatric attention.

However, rather jarringly, Malaysia's ratio in 2021 for public facilities was **0.8 to 100,000 population**<sup>14</sup>. Given that there were approximately 580,000 new and follow-up cases from the Covid-19 pandemic<sup>15</sup>, this would have resulted in one Ministry of Health (MOH) psychiatrist handling over 2,000 cases on average. This does not take into account the additional burden faced by mental healthcare workers in the face of healthcare shocks, such as being deployed for Covid-19 pandemic purposes beyond their mental healthcare roles<sup>16</sup>.

When taking into account psychiatrists in the private sector as well, Malaysia's ratio improves to 1.4 per 100,000 but this is still far from WHO'S recommendation<sup>17</sup>. A comparison of psychiatrist ratios in ASEAN countries (Table 1) based on 2016 data shows that Malaysia is doing better than countries such as Thailand and Myanmar but still lagging behind Singapore and Brunei<sup>18</sup>.

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<sup>12</sup> Absenteeism refers to employees missing part or whole days of work due to illness. Presenteeism refers to employees attending work despite experiencing illness and is associated with decreased job satisfaction and lower mental health as well as lower levels of job performance and productivity (Chua, 2020).

<sup>13</sup> Chua (2020)

<sup>14</sup> Based on the calculation of 256 psychiatrists in MOH facilities in 2021 (from a written parliamentary reply on 29 November 2021, see References section) and a population estimate of 32.7 million by the Department of Statistics Malaysia (DOSM).

<sup>15</sup> Medical Development Division, Ministry of Health Malaysia (2021)

<sup>16</sup> Medical Development Division, Ministry of Health Malaysia (2021)

<sup>17</sup> Parliament of Malaysia (2021)

<sup>18</sup> World Health Organization (2019)

**Table 1: Psychiatrists working in mental health sector, per 100,000, 2016**

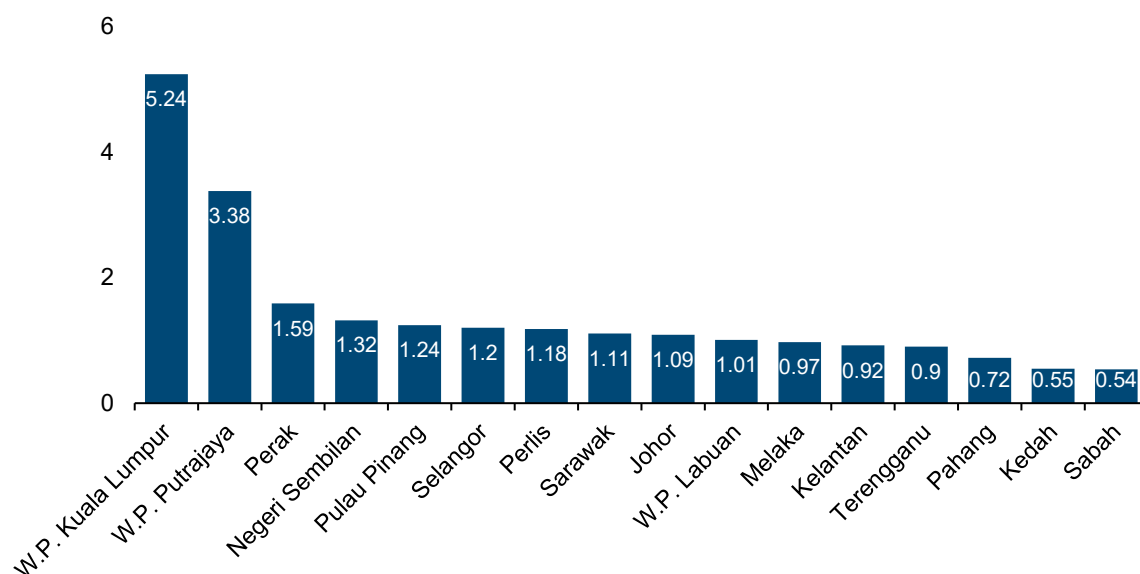
Country	Psychiatrist to population ratio
Singapore	4.19
Brunei	1.20
Malaysia	1.05
Thailand	0.72
Philippines	0.52
Cambodia	0.39
Myanmar	0.38
Indonesia	0.31

Source: WHO (2019)

Note: Data for Laos and Vietnam were not available. All ASEAN countries did not publish numbers for the most recently collected year, 2017

The issue of understaffing in public facilities leads to longer waiting times for patient appointments and lower quality of care. Importantly, the breakdown of MOH psychiatrists per state varies substantially. Data from 2018 shows that while states such as Kuala Lumpur and Selangor had a psychiatrist to 100,000 population ratio of 1.2 and 5.2, respectively, other states such as Pahang, Kedah and Sabah had a ratio of less than 1 (Figure 2)<sup>19</sup>.

**Figure 2: Ratio of psychiatrist to 100,000 population in Malaysia, 2018**



Source: Francis et al. (2020)

<sup>19</sup> Francis et al. (2018)

Increasing the number of mental healthcare workers may not necessarily entail increasing only the number of psychiatrists. For example, other types of mental healthcare workers such as psychotherapists and counsellors could help meet Malaysia's demand for mental healthcare workers. However, only psychiatrists are licensed to prescribe medication.

Table 2 shows the different types of mental healthcare workers that can meet different mental health needs. Both psychologists and psychotherapists undergo specialised training to provide diagnoses and therapy as a form of long-term treatment. On the other hand, counsellors provide support and therapy but do not typically do diagnosis or assessments<sup>20</sup>.

**Table 2: The differences in mental health workers by criteria**

Criteria	Psychiatrist	Psychologist	Therapist	Counsellor
License for prescriptions (Medical doctor)	✓	✗	✗	✗
Doctoral degree education requirement	✓	✓	✗	✗
Long-term treatment	✓	✓	✓	✗
Diagnostic ability	✓	✓	✓	✗
Specialised training	✓	✓	✓	✓
Provide counselling/therapy	✓	✓	✓	✓

Source: Warwick (2020)

While it may be difficult to obtain a variety of workers in one health facility, one strategy for resource allocation would be to distribute these mental health workers according to the severity of cases. A needs assessment could determine how best to increase mental healthcare workers in MOH facilities by identifying which areas of specialisation are most in demand.

## Mental Healthcare Data

Existing mental health-related data collection is often fragmented, not streamlined and not accessible to the public<sup>21</sup>. Due to inconsistent and outdated data, researchers, including public health policy researchers, lack an up-to-date understanding of the mental health landscape in Malaysia.

<sup>20</sup> Warwick (2020)

<sup>21</sup> The Galen Centre for Health and Social Policy (2019)

Malaysia has previously attempted to establish mental health registries such as the National Mental Health Registry (NMHR) and the National Suicide Registry (NSRM). Unfortunately, the NMHR was discontinued after 2007 due to administrative constraints<sup>22</sup>. The NSRM was also discontinued in 2011 as it ran out of funding<sup>23</sup> and faced issues of insufficient manpower to monitor data collection<sup>24</sup>.

Instead of attempting to revive incomplete registries that may risk patient privacy due to the level of detail, focus should be given to creating a publicly accessible, streamlined, and timely database of aggregated mental health data. Such a database would provide an up-to-date epidemiological understanding of mental health throughout Malaysia, particularly as cases relate to social determinants of health, including location, age, gender, income and education levels. This in turn would be useful in raising public awareness of topics surrounding mental health such as signs and symptoms as well as risk factors. The database would also facilitate a real-time needs assessment of human resources as discussed earlier.

This database should include, but not be limited to, information such as:

- medical data, e.g. total number of confirmed cases of mental disorders;
- human resource data, e.g. number of mental healthcare workers in government and private facilities;
- facility data, e.g. number of beds available and used in psychiatric departments;
- patient data, e.g. patient demographics and risk factors.

Specific funding allocations are needed for the establishment of this database, particularly for the staffing of a team dedicated to the compilation and analysis of data, as well as for the long-term maintenance of the database.

Beyond funding, regular engagement with stakeholders to update current information is also important. Previous registries have engaged officers from the Department of Psychiatric and Mental Health Services of MOH, the Forensic Medicine Services, the Public Health Department and Medical Development, the Clinical Research Centre (CRC) and the Institute of Health Behaviour Research<sup>25,26</sup>.

## **Mental Healthcare in Malaysia's Total Health Budget**

The availability of dedicated financial resources for mental health is critical in developing, implementing and maintaining mental health services. Budget 2024 has allocated approximately 0.89% of the healthcare budget specifically towards mental health. However, this is a drop from the previous 1.11% in Budget 2023<sup>27</sup>.

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<sup>22</sup> The Galen Centre for Health and Social Policy (2019)

<sup>23</sup> Parliament of Malaysia (2022)

<sup>24</sup> Psychiatry and Mental Health Services, Ministry of Health Malaysia (2007)

<sup>25</sup> Salina Abdul Aziz (2008)

<sup>26</sup> Psychiatry and Mental Health Services, Ministry of Health Malaysia (2007)

<sup>27</sup> Yii (2023)

Malaysia still falls short of the recommendation in WHO's "Investing in Mental Health: Evidence for Action" 2013 publication, namely that upper middle-income countries spend an average of 2.40% of their health budget on mental health<sup>28</sup>.

Malaysia's government has expressed its commitment to mental health in the Health White Paper and the 12<sup>th</sup> Malaysia Plan Mid-Term Review such as through the creation of the National Centre of Excellence for Mental Health. Similarly, the National Strategic Plan for Mental Health introduces strategies such as strengthening mental health surveillance systems and increasing resources in mental healthcare by 2025<sup>29</sup>, in line with the above recommendations. Thus, increasing allocations for health, particularly mental health, are appropriate measures.

## Conclusion

With the pandemic leaving lasting effects on the Malaysian population, the government needs to sufficiently address the needs of those affected during this sensitive time of recovery by ensuring there are enough healthcare workers. Sufficient evidence is necessary for the government to determine the most efficient strategy to tackle the burden of mental health. A publicly accessible, streamlined mental health database could provide such evidence.

It is essential that mental health funding is prioritised, with earmarked allocations within the health budget to accommodate needs in human resources and data compilation. MOH has already acknowledged the issue of mental health as a growing concern; concrete fiscal commitments are critical in developing, implementing and maintaining mental health services for the nation.

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<sup>28</sup> World Health Organization (2013)

<sup>29</sup> Ministry of Health Malaysia (2020)

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