CURRENT PERSPECTIVES IN MENTAL HEALTH

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Malaysian Mental Health Association

3rd Asia Pacific Conference on Public Health,
Grand Dorsett Subang Hotel
15 Nov. 2011
CURRENT PERSPECTIVES IN MENTAL HEALTH

• Global burden of mental disorders
• Not enough is being done for mental health
• Public attitude towards mental illness
• Investing in mental health, Malaysia
• Destigmatising mental illness
• Role of NGOs in mental health
GLOBAL BURDEN OF MENTAL HEALTH

• Up to 450 million people suffer from a mental or behavioural disorder

• Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia, bipolar disorder)

• 1 in 4 families has at least one member with a mental disorder

• Unipolar depression – 3rd leading global burden of disease (WHO, 2003); predicted to be No. 1 by year 2030 (WFMH, 2011)

Any 12-month mental disorder (a)(b)
(20%)

Anxiety disorders (b)
(14.4%)
- Panic Disorder (2.6%)
- Agoraphobia (2.8%)
- Social Phobia (4.7%)
- Generalised Anxiety Disorder (2.7%)
- Obsessive-Compulsive Disorder (1.9%)
- Post-Traumatic Stress Disorder (6.4%)

Affective disorders (b)
(6.2%)
- Depressive Episode (c) (4.1%)
- Dysthymia (1.3%)
- Bipolar Affective Disorder (1.8%)

Substance Use disorders (b)
(5.1%)
- Alcohol Harmful Use (2.9%)
- Alcohol Dependence (1.4%)
- Drug Use Disorders (d) (1.4%)

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(a) Persons who met criteria for diagnosis of a lifetime mental disorder (with hierarchy) and had symptoms in the 12 months prior to interview.
(b) A person may have had more than one mental disorder. The components when added may therefore not add to the total shown.
(c) Includes Severe Depressive Episode, Moderate Depressive Episode, and Mild Depressive Episode.
(d) Includes Harmful Use and Dependence.
<table>
<thead>
<tr>
<th>Country</th>
<th>12 month Prevalence</th>
<th>Lifetime Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Pan American Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>21.0 (1.0)</td>
<td>39.1 (1.3)</td>
</tr>
<tr>
<td>Mexico</td>
<td>13.4 (0.9)</td>
<td>26.1 (1.4)</td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td><strong>27.0 (0.9)</strong></td>
<td><strong>47.4 (1.1)</strong></td>
</tr>
<tr>
<td><strong>II. African Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>6.0 (0.6)</td>
<td>12.0 (1.0)</td>
</tr>
<tr>
<td>South Africa</td>
<td>16.7 (1.0)</td>
<td>30.3 (1.1)</td>
</tr>
<tr>
<td><strong>III. Eastern Med. Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>17.9 (1.7)</td>
<td>25.8 (1.9)</td>
</tr>
<tr>
<td><strong>IV. European Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium</td>
<td>13.2 (1.5)</td>
<td>29.1 (2.3)</td>
</tr>
<tr>
<td>France</td>
<td>18.9 (1.4)</td>
<td>37.9 (1.7)</td>
</tr>
<tr>
<td>Germany</td>
<td>11.0 (1.3)</td>
<td>25.2 (1.9)</td>
</tr>
<tr>
<td>Israel</td>
<td>10.0 (0.5)</td>
<td>17.6 (0.6)</td>
</tr>
<tr>
<td>Italy</td>
<td>8.8 (0.7)</td>
<td>18.1 (1.1)</td>
</tr>
<tr>
<td>Netherlands</td>
<td>13.6 (1.0)</td>
<td>31.7 (2.0)</td>
</tr>
<tr>
<td>Spain</td>
<td>9.7 (0.8)</td>
<td>19.4 (1.4)</td>
</tr>
<tr>
<td>Ukraine</td>
<td>21.4 (1.3)</td>
<td>36.1 (1.5)</td>
</tr>
<tr>
<td><strong>V. Western Pacific Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>7.1 (0.9)</td>
<td>13.2 (1.3)</td>
</tr>
<tr>
<td>Japan</td>
<td>7.4 (0.9)</td>
<td>18.0 (1.1)</td>
</tr>
<tr>
<td>New Zealand</td>
<td>20.7 (0.6)</td>
<td>12.4 (0.4)</td>
</tr>
</tbody>
</table>

Note: Prevalence based on WHO Composite International Diagnostic Interview, CIDI

Ref: Kessler et al, Epidemiol Psychiatr Soc., 2009
Disorder-specific global Sheehan Disability Scale ratings for commonly occurring mental and chronic physical disorders in developed and developing WMH countries

<table>
<thead>
<tr>
<th>I. PHYSICAL DISORDERS</th>
<th>Proportion rated severely disabling</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Developed Countries</td>
<td>Developing Countries</td>
</tr>
<tr>
<td>1. Headaches</td>
<td>42.1* (1.9)</td>
<td>28.1 (2.1)</td>
</tr>
<tr>
<td>2. Heart disease</td>
<td>26.5 (3.9)</td>
<td>27.8 (5.2)</td>
</tr>
<tr>
<td>3. Asthma</td>
<td>8.2* (1.4)</td>
<td>26.9 (5.4)</td>
</tr>
<tr>
<td>4. Chronic pain</td>
<td>40.9* (3.6)</td>
<td>24.8 (3.8)</td>
</tr>
<tr>
<td>5. Cancer</td>
<td>16.6 (3.2)</td>
<td>23.9 (10.3)</td>
</tr>
<tr>
<td>6. Diabetes</td>
<td>13.6 (3.4)</td>
<td>23.7 (6.1)</td>
</tr>
<tr>
<td>7. Arthritis</td>
<td>23.3 (1.5)</td>
<td>22.8 (3.0)</td>
</tr>
<tr>
<td>8. Back/neck</td>
<td>34.6* (1.5)</td>
<td>22.7 (1.8)</td>
</tr>
<tr>
<td>9. High blood pressure</td>
<td>5.3* (0.9)</td>
<td>23.8 (2.6)</td>
</tr>
<tr>
<td>10. Ulcer</td>
<td>15.3 (3.9)</td>
<td>18.3 (3.6)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. MENTAL DISORDERS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Developed Countries</td>
<td>Developing Countries</td>
</tr>
<tr>
<td>1. Bipolar Disorder</td>
<td>68.3* (2.6)</td>
<td>52.1 (4.9)</td>
</tr>
<tr>
<td>2. Depression</td>
<td>65.8* (1.6)</td>
<td>52.0 (1.8)</td>
</tr>
<tr>
<td>3. General Anxiety Disorder</td>
<td>56.3* (1.9)</td>
<td>42.0 (4.2)</td>
</tr>
<tr>
<td>4. Social phobia</td>
<td>35.1 (1.4)</td>
<td>41.4 (3.6)</td>
</tr>
<tr>
<td>5. Obsessive Compulsive Disorder</td>
<td>34.2 (6.0)</td>
<td>41.3 (10.3)</td>
</tr>
<tr>
<td>6. Post-traumatic Stress Disorder</td>
<td>54.8* (2.8)</td>
<td>41.2 (7.3)</td>
</tr>
<tr>
<td>7. Panic disorder</td>
<td>48.4* (2.6)</td>
<td>38.8 (4.7)</td>
</tr>
<tr>
<td>8. Intermittent Explosive Disorder</td>
<td>36.3 (2.8)</td>
<td>27.8 (3.6)</td>
</tr>
<tr>
<td>9. Attention Deficit Hyperactive Dis.</td>
<td>37.6 (3.6)</td>
<td>24.3 (7.4)</td>
</tr>
<tr>
<td>10. Specific phobia</td>
<td>18.6 (1.1)</td>
<td>16.2 (1.6)</td>
</tr>
</tbody>
</table>

Kessler et al, Epidemiol Psichiatr Soc., 2009

Note: ( ) = SD
Sheehan’s Disability Score (SDS)

Self-reported measure of role impairment in 4 domain areas on a scale of 1 to 10

- Home (housework)
- Ability to work (work place)
- Social life
- Ability to form and maintain close relationship with others

Grading: 0 = none; 1-3 = mild; 4-6 = moderate
7-9 = severe; 10 = very severe
MENTAL HEALTH IN MALAYSIA

3rd NHMS(2006) - Psychiatric morbidity
• 11.2% for adults (16 yrs & above)
• 20.3% for children and adolescents (15yrs and below)

Mental health among second. school students (2011)
• 17.1% had symptoms suggestive of severe anxiety disorders,
• 5.2% had severe depression symptoms
• 4.8% experienced severe stress
## Economic Cost of Mental Disorders

<table>
<thead>
<tr>
<th></th>
<th>Care Costs</th>
<th>Productivity Costs</th>
<th>Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufferer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Indirect cost out-weighs direct treatment cost by 2 to 6 times (WHO, 2003)

- **Loss of productivity** (Kessler, 2009)
  - average 136 working-days lost in a year, US (China, 48.7 days; and Japan, 51.0 days).
NOT ENOUGH IS BEING INVESTED IN MENTAL HEALTH

• Mental health is still low in many countries’ health agenda (Sazena et al, 2003)

• WHO funding is skewed towards infectious diseases (Strukler, 2008)

• **2010-2011 budget.** US$ 146mil. allocated for NCD (which include mental health) compared to US$634 mil for HIV/AIDS, Malaria & TB while another US$1,268 mil for other communicable diseases (WHO Programme Budget MTR May 2011)
### WHO APPROVED PROGRAMME BUDGET, 2010/2011

#### Table 2. Financial implementation by strategic objective (US$ million as at 31 December 2010)

<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVE</th>
<th>APPROVED PROGRAMME BUDGET 2010–2011</th>
<th>FUNDS AVAILABLE AS AT 31 DECEMBER 2010*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AC</td>
<td>VC</td>
</tr>
<tr>
<td>SO1 Communicable diseases</td>
<td>1268</td>
<td></td>
</tr>
<tr>
<td>SO2 HIV/AIDS, tuberculosis and malaria</td>
<td>634</td>
<td></td>
</tr>
<tr>
<td>SO3 Chronic noncommunicable conditions</td>
<td>146</td>
<td></td>
</tr>
<tr>
<td>SO4 Child, adolescent, maternal, sexual and reproductive health, and ageing</td>
<td>333</td>
<td>46</td>
</tr>
<tr>
<td>SO5 Emergencies and disasters</td>
<td>364</td>
<td>15</td>
</tr>
<tr>
<td>SO6 Risk factors for health</td>
<td>162</td>
<td>31</td>
</tr>
<tr>
<td>SO7 Social and economic determinants of health</td>
<td>63</td>
<td>15</td>
</tr>
<tr>
<td>SO8 Healthier environment</td>
<td>114</td>
<td>30</td>
</tr>
<tr>
<td>SO9 Nutrition and food safety</td>
<td>120</td>
<td>18</td>
</tr>
<tr>
<td>SO10 Health systems and services</td>
<td>474</td>
<td>124</td>
</tr>
<tr>
<td>SO11 Medical products and technologies</td>
<td>115</td>
<td>26</td>
</tr>
<tr>
<td>SO12 WHO leadership, governance and partnerships</td>
<td>223</td>
<td>190</td>
</tr>
<tr>
<td>SO13* Enabling and support functions</td>
<td>524</td>
<td>279</td>
</tr>
<tr>
<td>NOT YET DISTRIBUTED TO SOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>4540</td>
<td>925</td>
</tr>
</tbody>
</table>
WHO BUDGET AND BURDEN OF DISEASE IN WESTERN PACIFIC REGION, 2004-05 BUDGET CYCLE


WORLD MENTAL HEALTH DAY 2011

THEME: “THE GREAT PUSH: INVESTING IN MENTAL HEALTH”

- Unity, Visibility, Rights, Recovery
- Calling on WHO and Governments to give priority to mental health
- Mental illness is a major source of loss of productivity and wellbeing
- Mental health is essential for economic development
PUBLIC ATTITUDE TOWARDS MENTAL ILLNESS

Study in Malaysia (Yeap and Low, 2009)

• 62.3% would not let others know

• 61.0% believed sufferers are to be blamed for their own condition and

• 51.7% believed people with mental illness are often dangerous and violent.

• 76.5% don’t believe that anyone can suffer from mental health problems

* Similar findings in Canada (2008), Singapore (2007), UK (2011)
SCHIZOPHRENIA – THE MISTAKEN FACE FOR MENTAL ILLNESS

UK Survey, 2010 – describing someone with mental illness

• Having schizophrenia (64%)
• split personality (57%)
IN REALITY, MENTAL ILLNESS IS NOT WHAT IT IS PERCEIVED TO BE!

Prevalence Of Mental Disorders In America
(US Institute of Mental Health, 2008)

• Anxiety Disorder : 18.1 %
• Mood Disorder : 9.5 % (6.7% Major Depression, 2.6% Bipolar Disorder)
• Personality Disorder : 9.1%
• Schizophrenia : 1.1%
FACTORS CONTRIBUTING TO STIGMA

• Early beliefs dominated by religious/spiritual explanation like demon possession
• Lack of knowledge on patho-physiology of mental illness
• Theory of dysfunctional psycho-dynamics
• No effective treatment until mid-1950s
• Mental asylums for the mentally ill
EFFECTS ON STIGMA

Stigma results in: community and policy makers looking at mental health with low regards

Results in people with mental health problems:
• not wanting to acknowledge their problem,
• reluctant seek help out of shame.
• unnecessary suffering
• losing out on life’s potential due to delay in or not seeking treatment and help.

* V Gauju, Sec. Gen. WMHF (2011) - called the neglect and discrimination against people with mental illness an international shame.

* Gro Harlem Brundtland, DG WHO (1998-2003) declared, “let this be the last generation that allows shame and stigma to rule over science and reason”
INVESTING IN MENTAL HEALTH FOR MALAYSIA
POSITIVE DEVELOPMENTS

- Decentralisation of mental institutions from 1970s
- Integration of mental health service into primary care
- Many guidelines and training modules developed
- Introduction of New Mental Health Act 2001 and Mental Health Regulations 2010 to provide better care for the mentally ill
- Setting up of Mental Health Promotion Advisory Council chaired by Hon. Minister of Health in January 2010
1. INVESTING ON HUMAN RESOURCE

MENTAL HEALTH PROGRAMME IN MOH

- 2 officers (1 doctor and 1 assistant medical officer) in Mental Health Unit

PSYCHIATRIC MANPOWER

- 250 psychiatrist for a population of 28 million people *
- ratio of 0.9 psychiatrist per 100,000 population, compared to
  - 4 per 100,000 in UK; 10 to 12 (Australia & Canada); 16 (US)

CLINICAL PSYCHOLOGIST

- 82 clinical psychologists in the country *
- only 3 in MOH (1 hospital)

MENTAL HEALTH NURSES & OTHER ALLIED HEALTH PROFESSIONALS

* Mental Health Promotion Advisory Meeting, 18 Jan.2011
2. PUBLIC EDUCATION, AND CAMPAIGN TO DESTIGMATISE MENTAL ILLNESS

Three approaches to changing the attitude of people to destigmatise mental illness (Carrigan and colleagues, 2001)

- education,
- contact and
- protest
EDUCATION

• Dispelling myths about mental illness
  - mental illness and violence
  - mental illness is due to sufferer’s fault
• Correcting mis-information
• That mental health problem is common and can affect anyone
• Getting public acceptance that mental illness is indeed a medical condition

Government must play a bigger role in this area, especially engagement with media
EDUCATION, CONTACT
DESTIGMATISING MENTAL ILLNESS, MENTAL HEALTH BIG WALK

MINDA Big Walk 2010, Creative Team Event, Sunway College students

MINDA Big Walk 2010, Creative Team Event, PPUM Nursing College students
PROTEST – NAMI STIGMA BUSTER

- Protest on labels – use of words like mad, crazy, schizo etc on people who are mentally ill
- Protest on negative media portrayal of people with mental illness
- Protest on wrongful use of mental illness for commercial gain
3. CHAMPIONS FOR MENTAL HEALTH

• The Canadian Alliance on Mental Health and Mental Illness publicises *Faces of Mental Illness* ([http://miaw.ca](http://miaw.ca))

Meet the *2011 Faces of Mental Illness*
The Guardian, 15 April: Catherine Zeta-Jones’ courage praised as she reveals bipolar treatment

The Telegraph, 15 April: Zeta Jones spoke of being enveloped by a 'dark cloud'

Sunday Mirror, 3 April (2011) Frank Bruno interview: I've finally beaten my mental health demons

- Campaign was initiated by two NGOs, MIND and RETHINK in 2009
- Received £20 million funding from the DOH UK for its programme
4. ENHANCING MENTAL RESILIENCE

• Many mental health disorders begin during childhood or young adolescent years – anxiety disorders, impulse behavioural problems

• Poor mental health has been found to be strongly associated with lower educational and job achievements, substance abuse, violence and, poor reproductive and sexual health (Patel et al, 2007)

• Family institution, education system and community support system to nurture mentally resilient children - through education and training to strengthen coping skills
5. RE-ORIENTATE SCHOOL HEALTH SERVICE (1)

### SCHOOL HEALTH SERVICE COVERAGE: GOVERNMENT PRESCHOOL, PRIMARY AND SECONDARY SCHOOLS, 2010

<table>
<thead>
<tr>
<th>LEVEL/REGION</th>
<th>No. of schools</th>
<th>Enrolmen</th>
<th>Coverage (% pf schools)</th>
<th>Examined by Nurses (% of students)</th>
<th>Examined by Doctors (% students)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-school</td>
<td>Primary School</td>
<td>Secondary School</td>
<td>Pre-school</td>
<td>Standard 1</td>
</tr>
<tr>
<td>PEN. MALAYSIA</td>
<td>10,794</td>
<td>5,116</td>
<td>1,811</td>
<td>289,702</td>
<td>324,206</td>
</tr>
<tr>
<td>WP LABUAN</td>
<td>0</td>
<td>18</td>
<td>9</td>
<td>0</td>
<td>1,371</td>
</tr>
<tr>
<td>SABAH</td>
<td>1,523</td>
<td>1,096</td>
<td>229</td>
<td>51,488</td>
<td>44,858</td>
</tr>
<tr>
<td>SARAWAK</td>
<td>169</td>
<td>1,073</td>
<td>174</td>
<td>736</td>
<td>36,013</td>
</tr>
<tr>
<td>MALAYSIA</td>
<td>12,486</td>
<td>7,303</td>
<td>2,223</td>
<td>341,926</td>
<td>406,448</td>
</tr>
</tbody>
</table>


- Total of 1.49 million children examined by school health nurses, 220,000 by doctors
RE-ORIENTATE SCHOOL HEALTH SERVICE (2)

- Currently, focus is mainly on physical health – detection of visual, hearing, and other medical conditions

Detection rates of health problems in school health service, 2007

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Standard 1</th>
<th>Standard 6</th>
<th>Form 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headlice</td>
<td>31.6%</td>
<td>28.2%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Scabies</td>
<td>3.2%</td>
<td>3.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Hearing problem</td>
<td>0.4%</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Visual problem</td>
<td>58.7%</td>
<td>69.6%</td>
<td>48.8%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>0.4%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>


2011: School Mental Health Pilot Project Study

- 17.1% had symptoms suggestive of severe anxiety disorders,
- 5.2% had severe depression symptoms
- 4.8% experienced severe stress
RE-ORIENTATE SCHOOL HEALTH SERVICE (3)

• Need to include mental health component in Sch. Hlth Service
  - Promoting mental health, enhancing coping skills
  - detection of psycho-emotional problems
  - provide training for school teachers to detect such problems
• Training to school health team
• Increase the number of doctors in school health team

* Need to simultaneously enhance mental health service in primary care and hospitals
6. VIRTUAL MENTAL HEALTH SERVICE

- Younger generation - increasingly ICT savvy,

- **Virtual Mental Health Service** - allows for anonymity and privacy of seekers, overcoming barriers of access to mental health service.

- Abundance of information on mental health in the internet, but
  
  - Lack of more personalized online service to support people with mental health problems in the country.
  - Lack of self-help support groups and online services providers
7. ROLE OF NGOS IN MENTAL HEALTH

- NGOs play a vital role as advocates in bringing mental health to the forefront
- To be effective, NGOs need committed and passionate champions
- Strong leadership is needed to set the pace & direction
- More public health professionals should be involved as mental health advocates
Mental Health NGOs in Malaysia

- **Malaysian Mental Health Association (MMHA),**
  - **Activities**
    - Public education
    - Advocacy
    - Psychosocial Rehab
    - Family education programme
    - Depression support programme

- **MINDA Malaysia, umbrella body for family support groups, 2006**

- **Mental Health Foundation**

- **Other mental health NGOs in various states**

**Need for Capacity Building to enhance NGO effectiveness**
PERAK SOCIETY FOR THE PROMOTION OF MENTAL HEALTH

Established in 1970

| • Sheltered Workshop  | • Library             |
|• Recreational Hall   | • Hair Saloon         |
|• Residential Chalets | • Orchid Nursery      |
|• Drop-in Centre      | • Vegetable Farming   |
|• Re-entry home       | • Ceramic & Handicraft production |
|• Day Patient ( Male / Female) |
8. LOCAL RESEARCH IN MENTAL HEALTH

- Local research on mental health is still lacking,
- Need for a clearing house for local research on mental health in the country.
- Vacuum in knowledge concerning mental health issues in the country
  - Mental health literacy, public attitudes towards mental health;
  - Health seeking behaviour for mental disorders
  - Quality of life of people with mental illness;
  - Mental health among vulnerable population groups;
  - Equity of access to mental health service

- Strong evidence needed to advocate for better mental health service in the country, and to effect changes to address mental health issues in the country.
CONCLUSION

• Mental health is a huge public health burden in the world today
• People with mental illness experienced high impairment to their role function
• There is still much stigma and shame associated with mental illness
• Not enough is being done to promote mental health
• Malaysia must invest more in mental health
• Champions and Leaders are needed to bring mental health to higher ground