

EDITORIAL

Community Psychiatric Services in Malaysia: Where do we go from here?

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Mental health services have undergone changes all over the world away from the traditional custodial care in mental institutions towards more effective and comprehensive care in the community. This is also the direction of change in Malaysia. In fact, much have been achieved in the past and are being achieved everyday now. However, much more need to be achieved in the future.

An ideal picture of a community-oriented psychiatric service is where : 1) care and treatment are being delivered close to home, which involves the setting up of modern hospital acute care and long-term residential facilities in the community; 2) interventions are being given to improve disabilities as well as symptoms; 3) treatment and care given are specific to the diagnosis and the needs of each individuals; 4) services reflect the priorities of service users; 5) services are coordinated between mental health professions and other agencies; 6) services are mobile rather than static e.g. home treatments(1). In countries where mental hospitals are present in the system, this process would involve down-sizing and/or closing down mental hospitals.

Malaysia has travelled through several important milestones in the development of community-oriented psychiatric services. Decentralization of services away from mental hospitals is one milestone which had been planned and implemented since 1970s

with the establishment of services at the general hospitals and primary health centers. In the late 1990s, a set of mental health policy, legislation and framework were formulated in support of the development of community services. A decision was taken to down-size rather than close the mental hospitals along with the expansion of services at the other two levels. This was a more accurate decision, at that point of time, based on the fact that there were still not enough beds to cover the needs of the population and there were no protected financial resources put separately for that purpose the growth of the new community services. In some countries which have undergone the process of deinstitutionalization earlier, massive reduction in numbers of long-stay beds and closure of mental institutions which had not been accompanied with adequate community services led to a new set of problems among the discharged patients (1,2).

In terms of actual service provision, notable changes have been achieved. At the general hospital level, basic psychiatric services are now being provided at about 40% of all general and district hospitals with community psychiatric services offered at about 15% of the hospitals. Outpatient service is also offered in hospitals with no psychiatrist through the interval visits by the nearest local psychiatrist. Community services are mainly the assertive community

treatment (ACT) type and different types and levels of psychosocial interventions at different hospitals. A few hospitals offer acute home care as an important measure to avoid or shorten hospital admissions. These hospital-based home services have been generally observed to be effective in engaging patients to remain in service and reducing both hospital admissions and rate of patients' transfer to mental hospitals. Recently, initiatives have been made to offer community services at hospitals where there is no psychiatrist with close guidance by a nearby psychiatrist.

At the primary health level, a remarkable extent of mental health and psychiatric service development has been in place. Activities like the mental health promotion and early detection and treatment of common mental disorders have now been started in most of the public health clinics (3). A notable number of clinics also offer outpatient follow-up of people with severe mental illness (SMI) as well as psychosocial rehabilitation services for this group of patients. A key factor contributing to this development was the creation of mental health unit at the national planning level with a designated officer directing the service development. At the service level, key factors observed in determining the success of these programs are the strong presence of a local psychiatrist in guiding the process and offering direct or indirect service to the patients and the presence of keen staff at the centers to deliver the services.

At the level of mental hospital, with the psychiatric services being developed in many localities and efforts done in discharging patients to their families, a steady decline on the number of long-stay patients has been observed over the recent years. This decline is expected to reach a

plateau as the hospitals house only the most disabled patients unfit to live in the community. For example, in Permai Hospital, bed occupancy had reduced from 1400 five years ago to 900 in early 2011 and remained at that level since. A survey done at the centre on patients' needs for community placement in 2010 revealed significant levels of disability in various aspects among the long-stay patients requiring specialized training for rehabilitation and long term support. In our situation where residential and other social services for the SMIs are still underdeveloped, it is may be best that these patients remain to be under our care while receiving rehabilitation for potential future placement in the community.

Based on how community psychiatric services have developed in our present system, the best way to move forward is to continue expanding what are currently established to other centers without the services. There is also a need to improve the amount, comprehensiveness and quality of the existing community services. This requires an increase in the number of trained staffs from all categories especially psychiatrists as champions in service development in at a local level. Successful models in the available service can be taken as a guide for service expansion. More effort are needed to secure collaboration from other agencies to increase the number of all types of social services needed for the mentally ill for successful community living. With the newly enforced Mental Health Act 2010 which legislates for the first time for residential program and community treatment, community mental health services are expected to grow at a faster pace with withering of services in mental hospitals.

In essence, Malaysia has the capacity to improve its mental health service delivery away from the institution style towards community-oriented services with a clear roadmap and changes planned and achieved in smaller scales to arrive at the completion of the jigsaw puzzle.

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