

Name: Wan Najah Maryam Mohd Daud

Elective Dates: 21/4/2014-30/5/2014

Elective report

Objectives

1. To describe the pattern of disease of interest in psychiatry population in Hospital Tengku Ampuan Rahimah Klang and discuss this in the context of global health.

I was attached to the psychiatry team at Hospital Tengku Ampuan Rahimah Klang which is a secondary care. In 2000, in Malaysia, it was reported that about 10.7 percent of 23 million people of diversity ethnicity, cultures and religious background had been diagnosed with mental illness. The exact prevalence rate in Malaysia much can be debated in Malaysia as there is a lack of resources in mental health services in Malaysia. Many cases are related to major depression disorder, schizophrenia and bipolar disorder. These patterns of diseases could be found in any countries but the rate of them being diagnosed may differ depends on the availability of the mental health services.

2. To describe the pattern of health provision in Malaysia and contrast this to the UK.

Health care provision at Hospital Tengku Ampuan Rahimah Klang in Malaysia is paid for by the state and funded by the taxpayer. As most of the treatments that take place needs a long term monitoring, it is good benefit to people who would not be otherwise able to afford the costs. This allows Malaysian to access free health care provided by the Ministry of Health, and as many non-Malaysians migrated to Malaysia, service charge are planned to be introduced to the system very soon just like in the UK.

3.

- i- To gain the ideas of the concept of mental health system in Malaysia.

Mental health service in Malaysia is a relatively young industry yet the number of mental health problem among patients has grown very rapidly for the past decades. However, there is a significant improvement for the mental health system since 1957. Seeing patients with different backgrounds, Malays who follow the teaching of Islam, Chinese who follows Christianity and Buddhism and Indians who follow Hindus, mental health professionals need be strongly aware the cultural sensitivity of different faiths and belief systems. This is very important as they are influenced by their culture, religious and traditional backgrounds in dealing with their mental health problems.

- ii- To be aware with Malaysia's mental health policy,

Malaysia mental health policy was based on Indian and UK in the early 1900s. In 2001, a new National Mental Health Act has been introduced by the Ministry of Health (MOH). This has brought huge positive changes as it addresses detailed policy guidelines for the delivery mental health services in Malaysia.

iii- Current issues and future plans.

As stated in National Mental Health Act 2001, community mental health care has been accepted as a form of treatment. Community mental health care has moved towards treating patients at home so they could live their life as normal as possible. However, this development is still slow compared to UK, due to lack of availability mental health service resources and lack of well-trained staffs especially nurses and psychiatrists. Another issue is, Deva (2004) noted that families of severely mentally ill relatives prefer their relatives to be in the institution rather than at home. One possible reason is a misunderstanding or lack of knowledge about mental health and illness, and devotion to the traditional cultural belief systems among multi-ethnic/religious groups (Malaysian Psychiatry Association, 2005). In conclusion, more efforts need to be done to make the community mental health care widely available and accepted by the community especially family of the psychiatry service users.

4. To improve communication skills, working in a country with a different language, cultural and religious beliefs in providing care.

I had many opportunities to sit in psychiatric outpatient clinics. The clinics are organised for follow-up patients and it also can be for walk-in patients. Due to lack of time and space available, I was not able to take many histories on my own. However, I managed to observe many histories being taken, ranging from major depression disorder patients, schizophrenics, substance abuse users to dementia patients among elderly. Even so, the doctors are really supportive as they allowed me to ask any questions to patients. This helped me to improve my communication skills and gained my confidence dealing with patients. I learned many Malaysians believe that mental illness could be due to possession by evil spirits and to speak to patients about this makes psychiatry in Malaysia is really interesting and challenging at the same time.