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Relief for Psychiatric Patients in Malaysia: Results from expert interviews

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Abstract
This study aims to 1) identify and describe agencies' role in helping psychiatric patients and 2) evaluate whether there is a synergy in building a concrete framework for the patients. Semi-structured interviews were conducted with eight mental health experts. The data were transcribed, and thematic analysis was performed using NVivo software. Findings revealed that empowering the patients was one of the strategies to assist them. Nevertheless, the multisectoral collaboration did not translate well within the aid networks despite the efforts by the government agencies to bridge their services to the patients.

Keywords: Psychiatric Care, Aid Agencies, Integration Strategy, Collaboration Networks

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1.0 Introduction

Multisectoral collaboration is not a new buzzword, however, it is critical when solving complex societal problems (Mahlangu et al., 2019), as highlighted in the 17 initiatives of Sustainable Development Goals (S.D.G.s). Given the scarcity of funds, intelligence, skills, and technologies in today's challenging world, several organisations have chosen to venture into a smart partnership to attain their goals. Meanwhile, numerous studies have highlighted that persons with mental illness (PMI) are often mistakenly perceived as dangerous, unpredictable, and violent (Drew et al., 2011), thereby impacting their chances of being independent (Subramaniam et al., 2021; Crabtree, 2013; Satyanarayana et al., 2016; Girma et al., 2013; Collins et al., 2008). People with mental health conditions might lose their opportunities for housing, employment, education, and relationship either due to self-stigma or those imposed by the community (Kaiser et al., 2020; Corrigan et al., 2014). In safeguarding the PMI's rights, collaboration or partnership inter-agencies should be undertaken under the just framework. Actors such as government, private, non-governmental bodies, and grassroots movements should convey their assets to the PMIs' empowerment (García-Andrade et al., 2019).

Several studies have documented that mental health services are merely lip service where funds are limited, and many initiatives were abandoned (Abdulmalik et al., 2019; Crabtree, 2013; Crabtree & Chong, 1999). In order to address the issue of limited funds, many high-income countries have taken initiatives to establish mental health service reforms by combining social, economic, and cultural services to build a holistic approach which integrates multiple actors into the care (Afraz et al., 2021; Bennett et al., 2018). Such cooperation takes different forms, from a low degree of joint decision-making with restricted shared resources to diverse and completely coordinated services (Oliver et al., 2010; Robinson et al., 2008). Multisectoral cooperation generally includes three core principles, which are information sharing,

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joint decision making, and coordinated intervention. Nonetheless, weak government and limited resources might impede collaboration endeavours for the low- and middle-income countries (LMICs), thus obstructing the care (Bennett et al., 2018). With the above arguments, this study aims to explore the multisectoral collaboration of the mental health service providers in Malaysia by describing their roles and identifying the synergies between each agency involved.

2.0 Literature Review

Extensive research has addressed the benefits of multisectoral collaboration in health care for PMI (Hall, Kakuma, Palmer, Minas, Martins, & Armstrong, 2019; Hall, Kakuma, Palmer, Minas, Martins, & Kermode, 2019; Bennett et al., 2018; Ehrlich et al., 2015). In a study on people with severe mental illness (S.M.I.), Ehrlich et al. (2015) postulated that collaborating treatment with other agencies would elevate the individual-driven recovery across the sectors. Notably, most S.M.I. suffer from a physical illness and experience social challenges. Hence the recovery process is not solely on treatment for mental and physical, but to ensure that they survive in the community. On the same note, the primary role of the social sector is to deal with social exclusion issues in society that are not limited to individual patients but extended to their family members (Hall, Kakuma, Palmer, Minas, Martins, & Armstrong, 2019). Recognising this type of collaboration assists in providing a holistic recovery framework or at least coping mechanisms for PMI.

Mental health promotion is another important aspect of promoting help-seeking behaviour. According to Fusar-Poli et al. (2021), mental health promotion is fragmented where it might transpire different values in various cultures and health practices, but these events have received less empirical attention. To fill in this gap, researchers recognised that collaboration between individual, societal, and global responses in framing the needs of PMI through preventive psychiatry would be a practical move, especially in engaging with various socio-culture.

3.0 Method

This study was designed to gather the opinion and practices of the experts' agencies in providing aid for PMI in Malaysia. It is crucial to elucidate the benefits of coordination or social support to this group at various levels, from the grassroots to the systemic positions. Expert interviews were conducted with eight experts regarding how to address mental health issues. Four experts were from the social department, two psychiatrists from government hospitals, one expert from a civil society movement, and a certified counsellor cum academician. The experts were chosen as they were the immediate contacts to PMI in terms of aid provision, treatment and rehabilitation. Expert interviews were undertaken to explore experts' knowledge through one-on-one discussion. Nevertheless, Meuser and Nagel (2009) highlighted that experts could be selected based on their role as informants, but they must possess the ability to define the situation under study. The selection of experts in this study was based on their positions and activities at the grassroots level or at their formal jobs. The ethical clearance for this study was obtained from the Malaysian Ministry of Health (NMRR-19-4023-51502 (I.I.R.)) and the Universiti Teknologi MARA Research Ethical Clearance (R.E.C./10/2020/MR/336). Each interview took approximately one to two and half hours to be completed. The data gathered were transcribed, and thematic analysis was conducted using NVivo software.

4.0 Results

Based on the data explication, three main themes emerged from the data: empowerment, policies, and process.

4.1 Empowerment

Empowerment was identified as the first theme where most experts stated that empowerment is the primary aim to assist in mobilising PMI in their daily lives. One of the sub-themes under this theme was the right knowledge conveyed to the group. According to the civil society movement expert, as an initiator to empower PMI, the group should discuss a social mobilisation plan before executing any empowerment programme. Mental illness consists of various spectrums, and PMI has multifaceted challenges. These events explain the diverse life requirements for people with mental health conditions and those with PMI. Additionally, the expert disclosed that essential knowledge would help PMI be aware of their surroundings and identify the right channel to advocate for their rights.

The social department highlighted that their target group includes the pauper, children, and women who need protection. Nevertheless, the department is not exempted from receiving PMI into their institutions. An estimated 41% of the occupants suffering from mental illness were placed at one of their centres in southern Peninsular Malaysia. The occupants' multilayer problems had put the department in a dilemma regarding how to empower them. The one-fits-all approach is usually undertaken, which is paying attention to stress management while the PMIs are side-lined from the programme.

A vital component, autonomy, was coherently mentioned by the counsellor and the psychiatrists. Autonomy is essential to elicit a degree of power to control their thinking and action, especially in making meaningful decisions for the PMI lives. Concurrently, autonomy would be enhanced through several skills: coping, intellectual, communication, and manipulative skills. At the individual level, promotions on being assertive, able to voice out their concerns, skilful and confident, self-reliant to make their own decisions, and independent were the constructive definitions contributed by the counsellor and the psychiatrist on the empowerment concept. Interestingly, these experts had the same objective in mind for empowerment: to ensure the PMI could be accepted and have a sense of belongingness and dignity. As mentioned by a counsellor, community empowerment should be the answer to accelerate PMI's empowerment in society:

"Self-doubt, for example, is limiting circumstances or things that they do not know how to move, so it's not

> as easy to empower. This is the importance of community empowerment, as family-based interventions are paramount to help the patients…."

Therefore, PMI empowerment is the primary aim of all the agencies involved. Although they provide different mechanisms of relief, developing a relief structure is essential to empower the provider and the PMI.

4.2 Policies

Several mental health acts bound the advocacy and treatment for PMI in Malaysia. Health professionals such as psychiatrists are governed under the Mental Health Act 2001 and Mental Health Regulations 2010. The doctors are guided by the local Clinical Practices Guideline (C.P.G.) in translating the regulations into daily practice in giving treatments. The guideline was divided into 18 diseases for easy reference by the health professionals (Kementerian Kesihatan Malaysia, 2020). In the same vein, the guideline emphasises the following evident-based medicine was generated based on research and practices that proved the treatment efficacy. One of the psychiatrists exerted:

> "This mental health act and regulations are not only the guideline we follow. We also have our local C.P.G., and the latest C.P.G. is actually on major depressive disorder. The C.P.G. is very comprehensive, emphasising the biopsychosocial aspects of treatment. Thus, we are discussing biology, such as medication, psychological intervention, psychological therapy, social intervention, supported employment, and so on."

Such policies also bound the social department in providing their services. Despite the presence of PMI among the vulnerable groups (pauper and individuals with mental illness) addressed by the social department, they had mentioned that PMI is not one of their target groups. Policies directed under this department only include the Senior Citizen's, Women, and Children Policies. Thus, the interventions provided did not include the mentally ill, although they are somewhat the social recipients. Paradoxically, PMI who are social recipients will spend most of their time in the shelter where no proper rehabilitation could be undertaken there. Thus, collaboration has been established with the Ministry of Health on the medical treatment for shelter occupants who have mental illnesses.

The counsellor service was obligated to the Board of Counsellors principles. Nevertheless, a counsellor is free to provide counselling services to individuals who require it. The counselling expert in the interview usually associates with other bodies, such as civil movements or hospitals to reach a higher number of clients, and those that are hardly reached by an outsider. To empower PMI or other vulnerable groups, the counselling expert would undertake a research-based approach to understand the uniqueness of each case being handled. A research-based approach is advantageous in this context given that it draws opportunity to other sectors in terms of engagement, aid, and community involvement. The expert concurrently highlighted that individual empowerment would be good; notwithstanding, community empowerment would change society towards viewing PMI.

Lobbying bills for the vulnerable group is primarily the duty of the civil movement activists. Upon realising the limitation to grasping all issues of the vulnerable groups, the civil movement expert asserted that coordinating concerted efforts between non-governmental bodies working on just issues would be the best strategy to advocate. The expert revealed that funding and staffing shortages were among the threats to most civil movements, thus, assistance from political power would be most welcomed. Furthermore, the expert posited that the relationship would be mutual as the civil movement will also assist the government in serving those who are left behind.

4.3 Process

Under this theme, the researchers attempt to understand the intervention process taken by each agency and individuals in sparing their assistance and support. The description of such processes allows the researchers to be cognizant of any overlapping and bridging intervention across agencies. Hence, it gives an understanding of how these agencies work in the study context.

The main activities of the social department are to create awareness of mental health and stress management among its target groups. Paradoxically, they are receiving people that are beyond their capacity. Thus, a collaborative strategy was undertaken by the department to ensure the people under their care get the benefits. The department usually collaborates with other agencies, such as the psychiatric unit, non-governmental bodies, agricultural agencies, and the local community to execute most of their activities for the occupants of the institution.

The above endeavours were consistent with the deinstitutionalisation* perspective, where the activities helped the PMI to rapidly assimilate into the community and reduce stigma in their surroundings. Thus, the PMI becomes more empowered and confident to face reality. However, they could not give much as their programs were not fit for the recuperation of the PMI.

In a similar vein, the counselling services and civil society movement experts shared the same objectives with the social department, which is to assist the PMI in regaining their functionality. For the counsellor and the civil society movement experts, their services to PMI are mainly an extension of their formal work, whereas some people with a similar role would execute it on a full-time basis. Hence, they described their movement as led by busy professionals without any strength. In this context, two similar types of strategies were attempted by them. The interview revealed that the counsellor experts worked jointly with non-governmental bodies and hospitals. Simultaneously, the civil society movement expert mentioned that a 'spiderweb' was used as a network, linking all non-governmental bodies that work on justice causes. The network bridged the expert's group with other non-governmental bodies when the former team lacked the strength and

* Deinstitutionalisation is an effort which originated in United States of America in reducing the psychiatric bedding in the hospitals, and letting the patients to recuperate in the society. Through this way, it reduces the societal stigma on psychiatric patients and easing the patients assimilation into the society.

allocation to execute an intervention. The 'spiderweb' is an expensive social capital for any civil society movement as they could reach their goals through collaboration. To have sustainable individual empowerment, both agreed on providing guidance, enhancing spirituality, taking action, and being consistent in mental health promotion as their primary agenda. Nevertheless, both emphasise the political will that could create drastic change.

The atmosphere is different in hospitals as psychiatrists make less effort to find their patients. Generally, PMI patients would come to them voluntarily or by referral from police or other agencies. In the psychiatric unit, they abide by the Mental Health Act 2001 and Mental Health Regulations 2010, alongside the local C.P.G. The Acts line up the patients' rights in the treatment, whereas C.G.P. serves as a comprehensive guide for biopsychosocial aspects of treatment. The psychiatrists reported that they have heavy daily caseloads with little time for patients' treatment. The doctor-patient ratio is estimated at 1:150 to 200 per day. Upon realising that not all cases required medical attention and psychological therapies could be handled by other team members, they formed a team comprising psychologists, counsellors and occupational therapists. This development also proves that the team is fully functional in providing treatment. In terms of PMI's empowerment, the psychiatrist's effort comprises assessing patient psychological stability, psychoeducation and investing treatment modalities that include medication, which aims to treat the biology; psychotherapy, mending the patient's social support, which includes family support; and social or employment support to get the patient to function in society.

5.0 Discussion and Research Implications

This study explores the multisectoral collaboration of mental health service providers in Malaysia by describing their roles and identifying the synergies between each agency involved. This research was undertaken among eight experts representing their professional affiliations that are related to mental health care for PMI. The experts comprised four officers from the government department, two psychiatrists from government hospitals, an academician cum counsellor, and one governmental body leader. The results revealed three main themes underlying the data, namely, empowerment, policies and process. In this sense, each agency believes that empowerment is one of the strategies to assist PMI to gain social mobility in life. On the same note, they shared similar aspirations of ensuring that PMI is accepted, having a sense of belongingness, and living with dignity. Thus, aiding them in improving their ability to function in everyday lives is vital to achieving these aspirations.

The second theme developed was 'policies', where each agency described its portfolios. Nonetheless, their operation was less likely to overlap with other agencies involved in assisting the PMI. Finally, the process theme scrutinises further collaboration that exists between agencies. Collaboration between agencies was either made occasionally or coincidentally, depending on the contingency. As a result, the researchers found a lack of strong networks between them and the relationship was rather informal. Although they were bound to their respective portfolios, the move of providing relief for PMI in an integrated manner is seen relatively on the surface and occasionally related. These findings are consistent with those of Hui et al. (2020), who reported that health care structure, policies and practices unwittingly discriminate against marginalised people and augment inequalities. Patients from minority groups often discern through choices given to them upon health provision and limited networks out from the hospital, which leaves them with no alternatives. In contrast, Abdulmalik et al. (2019) found that integration of mental health care with other strategic partners would assist in funding the programs and benefitting the PMI. In Malaysia, partnerships between public, public-private, and civil society to attain goals have been promoted and clustered under the SDG17 (Economic Planning Unit, 2016). Strategies such as multisectoral integration that build networks for PMI relief are timely to be developed in the SDG17. The integration should address all stakeholders gathered and form dense cooperation networks that delineate their continuous relief. Such a framework would be workable if only all the stakeholders discussed how their roles could be formed in continuous arrangement until PMI gain their independence and livelihood. Figure 1 shows the illustration of the relief network from the findings.

The integration requires multisectoral collaboration, which needs each party to interact in engaging communication and develop action plans that are agreed upon them (Hean et al., 2018). This is reflected in a study of service collaboration between mental health services and criminal justice services conducted by Hean et al. (2018). Resultantly, mental health services mediated the future criminal behaviour of offenders if they have been treated in prison, despite preparing them mentally for release. In health care, Burns et al. (2022) asserted that integration between health care agencies could promote quality care and improve the population's health and health professionals' skills. Besides, integration between related agencies could foster cooperation networks that offer funding opportunities, knowledge transfer, and matching opportunities to create innovation ecosystems (Calza et al., 2021). Likewise, public-private collaboration could promote an innovation ecosystem where the centrality of public actors encourages knowledge diffusion to private actors (Tahi et al., 2021). It helps the private sector to engage in product-service innovation with interdependencies of elements in the network, such as big data and knowledge.

One of the prime issues is trust between the agencies, which might hamper the partnership efforts. The asymmetrical skills and financial capabilities and the changing culture among the agencies could compromise the trust before or during the partnership implementation (Li et al., 2018). Some health care providers are reluctant to share their experience and expertise as pool resources with their partners due to market competition (Westra et al., 2017). In this case, the improvisation in terms of human and capital resources should be undertaken gradually and recognise their capacity limitation. All parties should be open to changing the structure and networks of the partnership to ensure the initial objective could be obtained. Schmidt et al. (2022) highlighted that a successful collaboration required a workable platform to engage in meaningful ways to achieve common goals. It takes continuous attention and effort to maintain the platform or structure, and it could extend to future collaboration on a similar cause.

The present study has several implications. First, a multisectoral collaboration framework should be established as a way forward for integrating services and relief for PMI. It serves as a blueprint for every agency to ensure the assistance provided does not overlap but

modelled a continuous effort for PMI's livelihood. Secondly, a facilitating body is recommended to gather all agencies that provide relief to PMI under one roof. This strategy assists in integrating and monitoring the partnership to chart their progress and obtain their goals. The facilitation of funding from central government and private actors needs to be addressed. Finally, the service receiver's (PMI) opinion should be undertaken as one of the effectiveness measurements of such a collaboration.

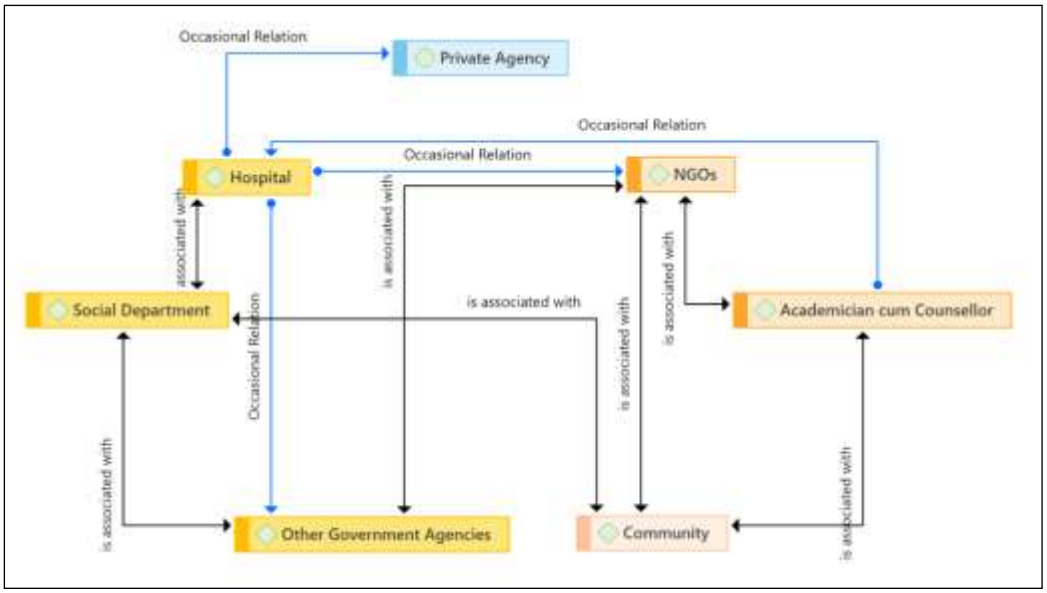

Figure 1 Relief network for PMI
(Source: Fieldwork)

6.0 Conclusion and Recommendations

People with mental illness (PMI) are among the vulnerable groups that require a comprehensive intervention to allow them to obtain social mobility and become independent. It is vital to leverage all resources that a country has and collaborate in terms of funding, experts and knowledge to spare hands to PMI's livelihood. The data of this study could be the input for the Malaysian public health sector, particularly in suggesting a comprehensive relief blueprint for PMI incorporating integrated intersectoral linkages between actors in a country. It gives direction and clearly continuously defines each agency's roles. However, this study has its limitations. First, the method used has chosen limited stakeholders that deal with mental health issues. Thus, some relevant actors might be left out of the study. Secondly, the study employed a qualitative approach which has a limited number of informants hence, the data were not generalizable. Instead, the research was undertaken to view the current practice of the actors who were the immediate contacts to the PMI, particularly in treatment and rehabilitation. Further, for future study, a national survey on intersectoral integration specifically on relief for PMI could be undertaken to get various opinions about the current practice and way forward. Essentially, the framework could be effective if the identification of stakeholders, their roles, the jurisdiction and the foundation of collaboration could be mapped and deliberated in intersecting such integration.

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Paper Contribution to Related Field of Study

This article contributes to the field of Public Administration.

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