

Breaking the Cycle between Mental Health and Low Socio-Economic Status

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1. INTRODUCTION

- Globally, the rate of mental health issues continue to escalate.
- It is estimated that 4.4% of the global population suffer from depressive disorder, and 3.6% from anxiety disorder.¹
- Low socioeconomic status (SES) is generally associated with high psychiatric morbidity, more disability, and poorer access to health care.¹
- Among psychiatric disorders, depression exhibits a more controversial association with SES.¹

2. RATIONALE, GOAL, OBJECTIVES

Goal:

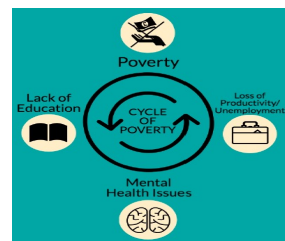
To improve the mental health outcomes of adults with lower socio-economic status in Malaysia

Objectives:

- To reduce the rates of depressive disorders among adults with Lower-SES.
- To reduce the stigma of mental illness among adults in this target group.
- To increase accessibility and affordability of mental health services to this target group.

Rationale :

- The NHMS 2015 survey found that 1 in 3 Malaysians experienced mental health issues.²
- The prevalence of mental disorders is highest among the lower socioeconomic group in Malaysia-(B40).³
- Problems in Malaysia on mental health and Low-SES include a lack of awareness and a stigma towards mental illness among the general public, a lack of targeted programs and a lack of accessible and affordable mental healthcare services.³



TARGET GROUP : Adults in the low-SES group (B40 income group)

Figure 1⁴

3. INTERVENTION FRAMEWORK

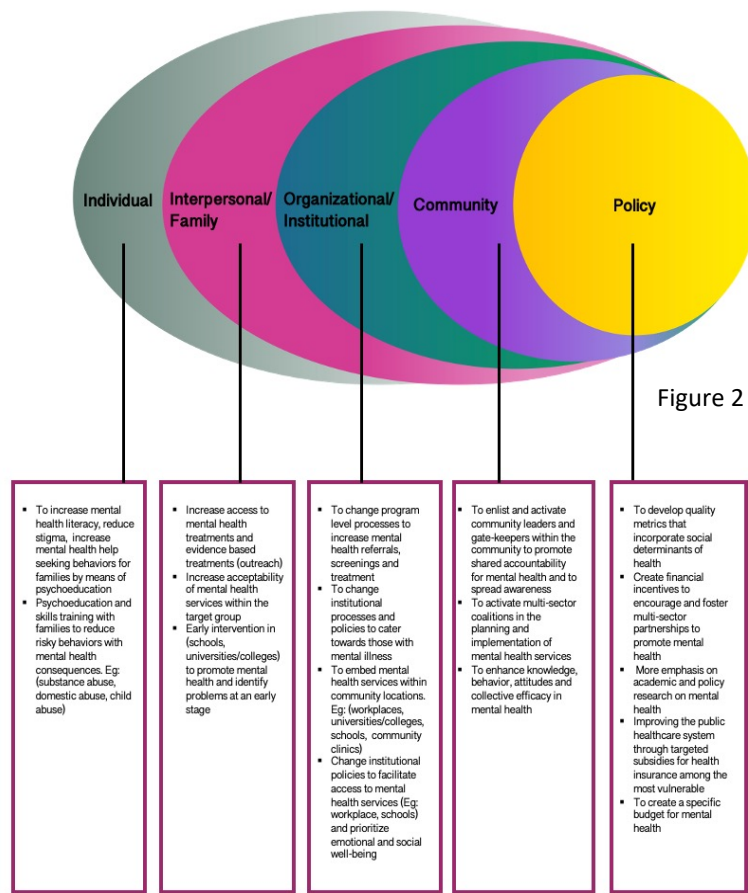


Figure 2

- Individual:** To increase mental health literacy, reduce stigma, increase mental health help seeking behaviors for families by means of psychoeducation. Psychoeducation and skills training with mental health consequences. Eg: (substance abuse, domestic abuse, child abuse)
- Interpersonal/Family:** Increase access to mental health treatments and evidence based treatments (outreach). Increase acceptability of mental health services within the target group. Early intervention in (schools, universities/colleges) to promote mental health and identify problems at an early stage.
- Organizational/Institutional:** To change program level processes to increase mental health referrals, screenings and treatment. To change institutional processes and policies to cater towards those with mental illness. To embed mental health services within community locations. Eg: (workplaces, universities/colleges, schools, community clinics). Change institutional policies to facilitate access to mental health services (Eg: workplace, schools) and prioritize emotional and social well being.
- Community:** To enlist and activate community leaders and gate-keepers within the community to promote shared accountability for mental health and to spread awareness. To activate multi-sector coalitions in the planning and implementation of mental health services. To enhance knowledge, behavior, attitudes and collective efficacy in mental health.
- Policy:** To develop quality metrics that incorporate social determinants of health. Create financial incentives to encourage and foster multi-sector partnerships to promote mental health. More emphasis on academic and policy research on mental health. Improving the public healthcare system through targeted subsidies for health insurance among the most vulnerable. To create a specific budget for mental health.

4. METHODS

Action Areas	Strategies	Outcome	Outcome Indicators
Developing personal skills	<ul style="list-style-type: none"> Work related intervention to develop personal skills -programme for the unemployed / lower-SES group. Early intervention program: implemented through schools and higher learning institutions. 	<ul style="list-style-type: none"> Aims to enhance job search skills, computer training, self-esteem and sense of control, self-efficacy and inoculation against setbacks. To enhance resilience and promote social competence skills such as Self-awareness, positive relationships with others, leadership skills and effective communication, reduce stigma/discrimination towards people suffering from mental problem/ disorder. 	<ul style="list-style-type: none"> Number of social/coping skills training conducted for the Lower-SES. Number of job search skills programme for unemployed Lower-SES group. Number of programs conducted in schools/Higher learning Institutions.
Strengthening community action	<p>Empowering the community by:</p> <ul style="list-style-type: none"> Collaborating with MMHA (Malaysian Mental Health Association) to provide sponsorship for the Mental Health First Aid Training - for anyone (especially from the lower socioeconomic group). Working with local NGOs to set up support groups in places where it is non-existent/awareness is low - Support groups will be led by persons with lived experience and their caregivers. 	<ul style="list-style-type: none"> To enable them to learn how to support those with mental health problems. To challenge stigma & promote increased awareness of, and positive attitudes towards, mental health issues. Support groups led by persons with lived experience and their caregivers to enhance community mental health support. 	<ul style="list-style-type: none"> Number of participants successfully enrolled in the Mental Health First Aid training program. Number of Mental Health First Aid Trainers from the low-SES group. Number of mental health support groups established in low awareness areas.
Reorient health services	<ul style="list-style-type: none"> Include brief interventions in primary health care – to collaborate with MOH to develop and pilot test a training manual for HCPs in primary care. 	<ul style="list-style-type: none"> To work with families to promote their psychological well being. To increase awareness among HCPs at primary care level on mental health disorders. To reduce stigma/discrimination towards patients with mental health disorders. 	<ul style="list-style-type: none"> Number of training programs conducted for HCPs in primary care settings. Number of ECHO-training/ in-service training/ attachments conducted.
Creating supportive environments	<p>A family support programme: Home visits for families with economic hardship (collaborate with the local NGOs and community health clinics):</p> <ul style="list-style-type: none"> The project approach is to support the mental health of parents and their children by offering time, friendship and practical help by volunteers. The volunteers will visit the families for over one year. 	<ul style="list-style-type: none"> To increase support groups for Low-SES families. To increase awareness on psychological well-being and social problems faced by Low-SES families among NGOs/Healthcare staff. 	<ul style="list-style-type: none"> Number of home visits conducted Number of collaborative projects conducted between community health clinic & NGOs. Number of CSR/ project conducted for family support programme.
Build healthy public policy	<ul style="list-style-type: none"> To engage and collaborate with SOCSO Malaysia (Social Security Organisation)⁷ To engage and collaborate with the Malaysian Trades Union Congress (MTUC), Ministry of Human Resource (MOHR) & Ministry of Health (MOH) . 	<ul style="list-style-type: none"> To increase awareness/highlight the burden of having mental health issues/problems faced by Low-SES among SOCSO staff. To improve/enhance the quality of life/mental healthcare services for the Low-SES groups. to suggest for a revision of the Social Security Organisation (SOCSO) coverage to include mental health issues. To reintegrate employees back into the workforce upon recovery. To design workplace policies and programmes to encourage mental healthcare among existing employees. 	<ul style="list-style-type: none"> Number of engagement platform (forum/ talks on mental health topics) conducted with SOCSO. Number of engagement platforms (forum/ talks on mental health topics) conducted with MTUC, MOHR & MOH Number of engagement platform (forum on mental health/ topics) with employees at government/ private sector.

5. POTENTIAL IMPACT



Figure 3

6. SUSTAINABILITY

- Individual level:** maintaining health benefits for individuals after initial program funding ends, continuing to utilise people who have benefited from the program to act as program champions/role models.
- Organizational level:** continuing program activities within an organizational structure and ensuring that program goals, objectives, and approaches adapt to changing needs over time. Using the program champions for continuous stakeholder engagement.
- Community level:** building the capacity of the community to develop and deliver program activities, particularly when the program found success through a community coalition or community capacity-developing process.
- Political Support:** Assessing and understanding the local political climate in which the program is being implemented. Garnering local politician support to improve likelihood for sustainability.⁴

Stakeholders: Ministry of Health (MOH) - primary care, community clinics, Ministry of Education (MOE), Ministry of Human Resource (MOHR), SOCSO Malaysia (Social Security Organisation), Malaysian Trades Union Congress (MTUC) – under the MOHR, Malaysian Mental Health Association (MMHA), All other relevant NGOs.

7. EVALUATION PLAN

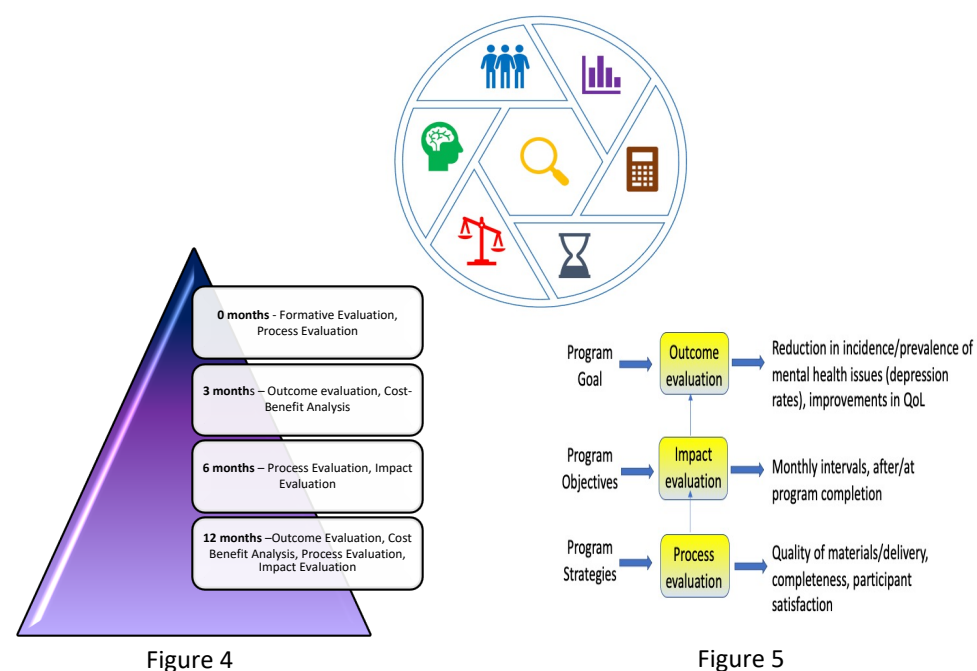


Figure 4

Figure 5

8. ESTIMATED COST



Description	Running Cost
User guide/program materials	RM 6,000.00
Workshop/Training	RM 3,000.00
Administration/Staffing/Misc.	RM 12,000.00
Total Estimated Cost (W/O SST @ 6%)	RM 21,000.00

9. CHALLENGES

- Diminished community support and lack of trust :** Especially in communities with a history of programs that were abruptly/inappropriately terminated.
- Funding stability :** Financial constraints in terms of program funding. Finding replacement funding when initial program funding comes to an end.
- Cultural/contextual differences in terms of Program transferability.**

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- Rationale, Goals Objectives, : R.N
- Intervention Framework: R.N
- Methods: R.N , R.M.A.S
- Potential Impact: R.M.A.G
- Sustainability: R.N
- Evaluation Plan: R.N, L.F.H.A, M.A.B
- Estimated Cost: R.N
- Challenges: R.N