

ORIGINAL PAPER

An Exploratory Study on the Perceived Challenges, Coping Strategies and Facilitating Factors for Optimal Implementation of Community-based Mental Health Services in Malaysia: A Study Protocol

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Abstract

Introduction: The present study aims to explore the perceived challenges, coping strategies, and facilitating factors for optimal implementation of community-based mental health services (CMHS) as the system of care for community mental health institutions (CMHI). The literature review has suggested that the aspects of barriers and facilitators are leading to the factors associated with the service provider, patient, provided treatment, and the healthcare system. However, there is a lack of centralised information about the current implementation of CMHS in Malaysia. The lack of readily-available information on the efficacy of CMHS as the system of care has led to this current inquiry. The study aims to explore on-the-ground experiences of the optimal implementation of CMHS in the CMHI in Malaysia through the perspective of mental healthcare professionals. **Methods:** This intended research will employ a qualitative approach and data will be collected through semi-structured in-depth interviews. Samples of the study will be recruited from in-service healthcare professionals attached to CMHI including psychiatrists, clinical psychologists, counsellors, occupational therapists, physiotherapists, nurses, and other related personnel. This study requires the respondents to give their opinions towards a set of interview questions that will consist of three (3) main questions. It is expected that each interview session takes about 40 minutes to 1 hour 30 minutes. Later, the interview transcripts will be analysed using the thematic analysis method. **Expected results:** The study is hoped to explore the experiences of in-service mental healthcare professionals in the CMHI and attempts to identify, describe, and investigate the components of perceived challenges, coping strategies, and facilitating factors towards the optimal implementation of CMHS through their point of view. **Conclusion:** It is vital to understand the perceived challenges, coping strategies, and facilitating factors towards the implementation of optimal CMHS to contribute to better planning and policy development *vis-a-vis* in the delivery of optimal services to the deserving community.

Keywords: Barriers, Facilitating Factors, Management Strategies, Community Mental Health, Malaysia

Introduction

The first principle of the World Health Organization's (WHO) Constitution defines health as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" [1]. The WHO global estimates of common mental disorders reported that 322 million people are living with mental illness, and 264 million people are suffering from depression and anxiety disorders [2]. In both cases, South-East Asian countries have contributed the largest percentage of cases. It was reported that cases in South East Asia hold the subsequent weighing of 27% and 23% compared to the other five regions of the world [2]. In the local contest, in Malaysia, the component of mental health has become a great public health concern [3]. The National Health Morbidity Survey (NHMS) 2015 reported that the prevalence of mental health problems in Malaysia is high and it affects 29.2% and 12.1% of the adult's and children's population [4]. In 2017, percentages of the prevalence of depression, anxiety, and stress among the adolescent population were reported at 18.3%, 39.7%, and 9.6%, respectively [5]. This situation is made worse by the constraining factors of mental health services implicated in various circumstances, such as; (1) the posed stigma by the society to the mental health sufferers [6; 7] (2) the imposed self-stigma associated with the negative mental-help-seeking attitudes [8] (3) the inadequacy for accessing mental health services [9] and (4) unbalanced ratio between public and mental health practitioners [9; 10].

The most recent NHMS (i.e. NHMS 2019) is currently being developed to grasp the

performance of Malaysia's healthcare system, specifically in fulfilling healthcare demands, utilisation of resources and cost with the focus on non-communicable diseases [11]. In the current practice, the Government of Malaysia and mental health practitioners have been continuously implementing and assessing the local mental health policies to curb the mental health problems through the lens of these four dimensions; (1) the mental health status of its population and how to elevate it [12; 13]; (2) the quality and accessibility of mental health services and how to ensure trust and satisfaction towards it; (3) the financial ability and equity in accessing the mental health services, and (4) the sustainability of mental health based on its financial, non-financial, and efficiency in delivering its services to the population [13]. One of the main findings in the assessment of mental healthcare performance is that the mental health care services in Malaysia have been successfully decentralised from the hospitalisation and subsequently, these services are integrated into the community-based mental health services (CMHS) [13; 14].

In comparison to the global scenario, the most recent edition of WHO World Mental Health Atlas 2017 [14] reported that 97% of countries that responded to the surveyed question (i.e. *Policy/plan promotes transition towards community-based mental health services*) have considered implementing their mental health policies by promoting the transition towards CMHS. In general, the concept of CMHS originated from the recovery-oriented mental health system [15; 16; 17; 18] and theoretically, the performance in this system needs to be

gauged from the provided mental healthcare services that able to alleviate “*people’s impairment, dysfunction, disability, and disadvantage*” [15].

In Malaysia, CMHS is provided through the establishment of *Pusat Kesihatan Mental Masyarakat (Mentari; Community Mental Health Centre)* [13; 19]. The first *Mentari* was established in Putrajaya Hospital, Putrajaya and up to the year 2017, there are 22 established *Mentari* centres [19]. The main aim of *Mentari* is “*to re-integrate patients with serious mental illnesses using work-based therapies; and preventive treatment for individuals having early symptoms*” [13; 19]. Contextually, the establishment of *Mentari* as the system of care reflects the continuing efforts of the Malaysia Ministry of Health to address the constraining factors of the mental healthcare system since 2011 [6; 7; 8; 9; 10] by transitioning into the community-based mental health services. Additionally, the provision of CMHS to the population is one of the listed indicators for the assessment of the second dimension of mental healthcare performance [13].

However, the reported prevalence of mental health issues [4; 5] does not concur with the increased establishment of such centres. There is a dearth of readily-available information regarding the implementation of *Mentari* as the system of care for Malaysian population. This explicates the need to study the factors for optimal implementation of local CMHC (i.e. what is the components of perceived challenges, coping strategies, and facilitating factors). Plus, there is a lack of centralised information discussing the comprehensiveness and quality of the existing CMHC on-the-ground setting in integrating with the current healthcare services and preventing the occurrence of mental health issues in the local literature.

The implementation science literature suggests that this matter includes areas such as service provider/staff (e.g. training) [20], consumer/client (e.g. attitudinal factors) [21; 22], provided treatment (e.g. efficacy, adequacy) [23], and healthcare system (e.g. delivery of care, the financial cost of services) [24; 25; 26].

This study will be done specifically in the context of community mental health centres and through the perspective of in-service healthcare professionals (e.g. psychiatrists, clinical psychologists, counsellors, occupational therapists, physiotherapists, nurses, and other related professionals). It is vital to understand the perceived challenges, coping strategies, and the facilitating factors towards the optimal implementation of effective community-based mental health services to contribute to better planning and policy development of the said institutions. The understanding of such aspects is much needed to provide a better delivery system of care for the deserving population. In turn, this will help reduce the severity of mental health problems through the core values of its main aim; integration and prevention.

Research Objectives

1. To describe the challenges faced by the CMHS providers in providing the CMHS to the community.
2. To identify the coping strategies of CMHS in dealing with the challenges they faced.
3. To put forward recommendations for improvement in the provision of CMHS from the perspective of CMHS providers.

Research Questions

1. What are the most significant factors that impede CMHC from implementing and

providing optimal delivery of care towards the community?

2. What are the steps taken by CMHS providers to overcome the impeding factors for the optimal implementation and provision delivery of care towards the community?
3. What is the best way to help CMHC implements and provides optimal delivery of care towards the community?

Methods and Procedures

Study Design

This study will adopt qualitative research design. The thematic analysis of the semi-structured in-depth interviews will be done to suit the exploratory nature of the study.

This qualitative method study will enable the researcher to explore and understand the nuances of the CMHS providers' experiences and their challenges, coping strategies, and recommendations in providing CMHS to the community.

Measures

The measures that will be used for the semi-structured in-depth interview are:

Socio-demographic profile

The socio-demographic profile will probe the respondents' identification information. It will include gender, date of birth, race, academic background, occupation, marital status, and their physical and mental health status.

Another specific information required from the respondents is how long they have been worked at CMHC. The respondents must at least work at the CMHC for at least two

years and above to qualify them to participate in this study.

Interview guide for the semi-structured, in-depth interview

In-depth interviews will be employed in the study to collect data that could be used to answer the research questions. The main questions comprise of three main questions as shown below:

1. What are the challenges that act as barriers for community mental health institutions from implementing and providing the optimal delivery of care towards the community?
2. What steps do you take to overcome the faced challenges for the optimal implementation and provision delivery of care towards the community?
3. What are your suggestions on how to facilitate the community mental health institutions to implement and provide optimal delivery of care towards the community?

During the interview sessions, the researcher will adopt a responsive interviewing approach outlined by Rubin and Rubin [27] to navigate the interview process.

This model outlined that there are predetermined questions in accordance with the objectives of the research. Additionally, the interviewer may ask further questions based on the interviewee's responses to the interviewer [27]

The interview guide will be written in two versions, in Bahasa Malaysia and English. It is made available in two languages to provide options to the respondents to respond to the questions using the language they are proficient in. This will prevent the

respondent from feeling uncomfortable when voicing out their responses.

Procedures

Identification of Community Mental Health Centres (CMHC)

Prior to conducting the interview session, several CMHCs in Malaysia will be identified and selected as the research sites for this study.

Demographically, every territorial area in Malaysia is being divided into city, municipal, or district [28; 29]. Each of these subdivisions will have local authority, namely city council (*Majlis Bandaraya*) that equivalent to the city hall (*Dewan Bandaraya*), the municipal council (*Majlis Perbandaran*), or district council (*Majlis Daerah*) [28]. The different categories of local authorities are mainly based on the authorities' annual income and the number of residents [29].

The selection of research sites will encompass *Mentari* that being situated in three (3) different types of territories in Malaysia.

Developing an Interview Guide

Initially, the researcher will develop an interview guide as an instrument to conduct in-depth interviews. The working questions, as outlined in the *Measures* section, will be reviewed with the subject-matter experts and later translated to Malay by a bilingual psychologist.

The English and Malay version of the questions will be reviewed by an expert panel (e.g. psychologist that had experiences and familiar in conducting interviews for qualitative research).

The guidelines for developing the interview guide are in accordance with the procedure provided in Guest, Namey, and Mitchell [30].

Sessions of In-depth Interviews

The samples of the study will be recruited from in-service healthcare professionals attached to the selected CMHI. They comprise of psychiatrists, clinical psychologists, counsellors, occupational therapists, physiotherapists, nurses, and other related healthcare professionals. The samples will be selected using purposive sampling. This sampling technique was used as the respondents are the expert informants for the matter being studied. The specific criteria for participating in this study is they must at least work at the CMHI for at least two years.

For this study, the number of 16 respondents are inferred as adequate for reaching the saturation of data. Based on the study of sample size estimation described by Guest, Bunce, and Johnson, operational saturation of the qualitative data set can be already obtained from the first twelve (12) interviews [31].

Informed consent will be obtained from the respondents to reflect their agreement to participate in the study. A briefing on the study will be given to respondents prior to each interview session. The interviewer will use the interview guide during the semi-structured in-depth interview. Each interview session is expected to last between 40 minutes to 1 hour and 30 minutes. During the interview session, after the respondents have answered the questionnaire, they will be given the opportunity to ask any questions related to the study as a debriefing session.

Thematic Analysis

Thematic analysis will be used to analyse the data [27; 32]. Thematic analysis is a form of qualitative analysis that is based on inductive reasoning.

The researcher will analyse the data, specifically the respondent's response and the emerging themes are recorded throughout the research process according to the specified research questions and objectives.

Ethical Considerations

Ethical approval will be obtained from the university's Research Ethics Committee (IREC) and the National Medical Research Register (NMRR) before the study is conducted. Informed consent will be obtained from the respondents at the beginning of the research. The informed consent form will provide adequate information on the respondent's rights on anonymity, confidentiality, and the right of withdrawal. Only those who agree will participate in the study. The researcher's standpoint and involvement will be declared in the final report of the study.

Expected Outcomes

1. Increased understanding of the perceived challenges for CMHI which impede the implementation and provision of optimal delivery of care towards the community.
2. Increased understanding of the coping strategies taken by CMHS practitioners to overcome the impeding factor for the optimal implementation and provision of delivery of care towards the community.
3. Increased understanding of the most helpful factors that support the CMHI to implement and provide optimal delivery of care towards the community.

Significance of the Study

This current study will contribute to the on-the-ground knowledge of the perceived challenges, coping strategies, and facilitating factors for *Mentari* to provide example of optimal system of care from the perspective of its in-service healthcare professionals.

This qualitative study will provide in-depth information that are potentially useful to create a deeper understanding of the local explanatory model for optimal delivery service of CMHS. By the provided understanding, the intended study then attempts to produce key strategies for addressing problems and improving the policies of CMHS in the CMHI.

The benefit of arrangements for better CMHS policies for the delivery system of CMHI can be two-fold. First, it can inform the healthcare providers to adjust their services to the need of the local people and secondly, the community might gain the benefits of getting the effective, efficient, and equitable system of care.

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References

- [1] World Health Organization. Basic documents. World Health Organization; 2014.
- [2] World Health Organization. Depression and other common mental disorders: Global health estimates. World Health Organization; 2015.

- [3] Hassan MF, Hassan NM, Kassim ES, Hamzah MI. Issues and challenges of mental health in Malaysia. *International Journal of Academic Research in Business and Social Sciences*. 2018;8(12):1685-96.
- [4] Institute for Public Health. National health and morbidity survey 2015 (NHMS 2015): communicable diseases, risk factors & other health problems. Putrajaya: Ministry of Health. 2016.
- [5] Institute for Public Health. National health and morbidity survey 2017 (NHMS 2017): adolescent mental health. Putrajaya: Ministry of Health. 2016.
- [6] Razali SM, Ismail Z. Public stigma towards patients with schizophrenia of ethnic Malay: a comparison between the general public and patients' relatives. *Journal of Mental Health*. 2014;23(4):176-80.
- [7] Hanafiah AN, Van Bortel T. A qualitative exploration of the perspectives of mental health professionals on stigma and discrimination of mental illness in Malaysia. *International Journal of Mental Health Systems*. 2015;9(1):10.
- [8] Ibrahim N, Amit N, Shahar S, Wee LH, Ismail R, Khairuddin R, Siau CS, Safien AM. Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC Public Health*. 2019;19(4):544.
- [9] Dahlan R, Abd Ghani MN, Yahaya R, Tuan Hadi TS. Child and Adolescent Mental Health Service (CAMHS), Terengganu, Malaysia: milestones so far and the paths to the future. *London Journal of Primary Care*. 2018;10(4):113-7.
- [10] World Health Organization. Mental health atlas. World Health Organization; 2011.
- [11] Media Relations and Event Management. 2019 National health and morbidity survey underway. [Internet] BERNAMA (Malaysia's National News Agency) [updated 2019 May 30; cited 2019 Aug 6]. Available from <http://mrem.bernama.com/viewsm.php?idm=34673>.
- [12] Cheah YK, Omar MA, Phang SN, Manaf NH. Determinants of Mental Health Disorder Among Adults in Malaysia. In *Proceedings of the Second International Conference on the Future of ASEAN (ICoFA) 2017-Volume 1 2019* (pp. 229-238). Springer, Singapore.
- [13] Malaysian Healthcare Performance Unit. Malaysian mental healthcare performance: technical report 2016. Putrajaya: Ministry of Health. 2017.
- [14] World Health Organization. Mental health atlas. World Health Organization; 2017.
- [15] Anthony WA. Recovery from mental illness: The guiding vision of the mental health service system in

- the 1990s. *Psychosocial Rehabilitation Journal*. 1993;16(4):11.
- [16] Davidson L. The recovery movement: Implications for mental health care and enabling people to participate fully in life. *Health Affairs*. 2016;35(6):1091-7.
- [17] Frost BG, Tirupati S, Johnston S, Turrell M, Lewin TJ, Sly KA, Conrad AM. An Integrated Recovery-oriented Model (IRM) for mental health services: Evolution and challenges. *BMC psychiatry*. 2017;17(1):22.
- [18] O'Halloran P, O'Connor N. Time to invest in developing community mental health services. *Australasian Psychiatry*. 2016;24(3):268-71.
- [19] MENTARI Selayang. Pusat Kesihatan Mental Masyarakat a.k.a Mentari?. [Internet] MENTARI Selayang. [updated 2017 Sep 20; cited 2019 Aug 6]. Available from www.facebook.com/mentariselayang/posts/851474631643769.
- [20] Mu'taman Jarrar HA, Don MS. Optimizing quality of care and patient safety in Malaysia: The current global initiatives, gaps and suggested solutions. *Global Journal of Health Science*. 2016;8(6):75.
- [21] Chen KS, Kok JK. Barriers to seeking school counselling: Malaysian Chinese school students' perspectives. *Journal of Psychologists and Counsellors in Schools*. 2017;27(2):222-38.
- [22] Shoesmith WD, Borhanuddin AF, Yong Pau Lin P, Abdullah AF, Nordin N, Giridharan B, Forman D, Fyfe S. Reactions to symptoms of mental disorder and help seeking in Sabah, Malaysia. *International Journal of Social Psychiatry*. 2018;64(1):49-55.
- [23] Munikanan T, Midin M, Daud TI, Rahim RA, Bakar AK, Jaafar NR, Sidi H, Baharuddin N. Association of social support and quality of life among people with schizophrenia receiving community psychiatric service: A cross-sectional study. *Comprehensive Psychiatry*. 2017;75:94-102.
- [24] Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*. 2010;10(1):113.
- [25] Liyanatul Najwa Z, Nadiatul Ima Z, Wan MK, Noor Haslinda I, Intan Syafinaz S, Hasneezah H, Faisal I, Rosliza AM. The concept of district health management in Malaysia. *International Journal of Public Health and Clinical Sciences*. 2016;3(1):1-6.
- [26] Manaf MR, Mustafa M, Rahman MR, Yusof KH, Aziz NA. Factors influencing the prevalence of mental health problems among Malay elderly residing in a rural community: a cross-sectional study. *PloS One*. 2016;11(6):e0156937.
- [27] Rubin HJ, Rubin IS. Data analysis in the responsive interviewing model. *Qualitative interviewing:*

The art of hearing data, 3rd edition.
Sage; 2012.

<https://jkt.kpkt.gov.my/ms/SoalanLazim/Umum-JKT%26PBT>.

[28] Pihak Berkuasa Tempatan. Senarai PBT di Malaysia. [Internet]. Putrajaya: Local Authorities Website; [n.d.; cited 2020 Feb 5]. Available from http://www.epbt.gov.my/osc/PBT2_index.cfm?Neg=00&Taraf=0&S=2.

[30] Guest G, Namey EE, Mitchell ML. Qualitative research: Defining and designing. *Collecting Qualitative Data*. 2013:1-40.

[29] Jabatan Kerajaan Tempatan. Umum – JKT & PBT. [Internet]. Ministry of Housing and Local Authorities. [updated 2020 Jan 30; cited 2020 Feb 5]. Available from

[31] Guest G, Bunce A, Johnson L. How many interviews are enough? An experiment with data saturation and variability. *Field methods*. 2006;18(1):59-82.

[32] Saldaña J. *The coding manual for qualitative researchers*. Sage; 2015.

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