

# Mental health law profiles

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Though vastly different in geographical size and significantly different in population numbers, Malaysia and Singapore, which separated amicably in 1963 (through Singapore being 'expelled' from Malaysia following a referendum), share some characteristics; for example, they are both multi-ethnic, carry the legacy of the British Empire and have flourished economically since liberation.

The legacy of empire, investment in education and the knowledge economy and increasing economic prosperity perhaps have provided the foundations for significant attention to mental health law and related legislation in both Malaysia and Singapore. The laws, as well as carrying the British influence, also seem to express the divergence of cultures from the old colonial centre that may have occurred since independence. For example, it is interesting to see that in Malaysia 'promiscuity' is lumped together with 'immoral conduct', something that would be unlikely to achieve similar consensus in the UK today, where

different significance would be attached to such behaviour by different people, be that vulnerability and low self-esteem, compulsion, lifestyle choice, poor judgement or even pride.

More worrying perhaps is the situation in Singapore, where the law seems to separate rather too rigidly mental health and general hospital services. For one of the handful of richest countries in the world in terms of per capita income, this seems surprising. However, this country also has one of the highest proportions of millionaires in the world and high degrees of social inequality. The question arises therefore whether high rates of social inequality (despite prosperity) may be associated with retrograde state and social attitudes towards people who are mentally ill. There is evidence from other countries that this may be the case (Bark, 2014).

## Reference

Bark, N. (2014) Prisoner mental health in the USA. *International Psychiatry*, 11, 53–55.

# Malaysian mental health law

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**The Malaysian Mental Health Act 2001 did not come into effect until the Mental Health Regulations 2010 came into force. The Act provides a framework for the delivery of comprehensive care, treatment, control, protection and rehabilitation of those with mental disorders. The Act governs the establishment of private and government psychiatric hospitals, psychiatric nursing homes and community mental health centres. This paper outlines the provisions of the Act and the Regulations.**

The Mental Health Act 2001 was passed by Parliament in Malaysia in August 2001 but did not come into operation until 2010, when the Mental Health Regulations 2010 came into force. In the private sector, the Mental Health Act 2001 is to be interpreted alongside the Private Healthcare Facilities and Service Act 1998. The present paper summarises the legislation only as it relates to non-offender populations. The 2001 Act provides a framework for the comprehensive care of those

with mental disorders. It has provision for the establishment of private and government psychiatric hospitals, psychiatric nursing homes and community mental health centres. According to the World Health Organization (2011), Malaysia has 0.83 psychiatrists, 3.31 nurses and 0.29 psychologists per 100 000 population.

## Historical perspective

Before Malaysia gained independence in 1957, the Lunatic Ordinance of Sabah 1951 was enacted by the British. That was followed by the Mental Disorders Ordinance of 1952 for Peninsular Malaysia. In 1961 (after independence) the Mental Health Ordinance Sarawak was passed (Haque, 2005).

The Ministry of Health introduced the Mental Health Act 2001 (together with Mental Health Regulations 2010), which was seen as a turning point for mental healthcare as it contained detailed policy guidelines for the delivery of services. The Act consolidates the law in relation to mental disorder and provides procedures for the admission, detention, lodging, care, treatment, rehabilitation,