

Why should our society remove stigma against mental disorders?

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Perayaan Sambutan Hari Keputeraan
Kebawah Duli Yang Maha Mulia Paduka Seri Baginda Sultan
dan Yang Di-Pertuan Negara Brunei Darussalam
Yang Ke-66 Tahun

*'Nikmat Kesihatan Asas Kesejahteraan
Negara'*

*'Luxury of Health is the Foundation
Nation's Welfare'*

Stigma is the marking out of individuals or a group of individuals as "different" from the rest of society on the basis of appearance, behaviour or lifestyle. It is associated with prejudice and negative discrimination against the stigmatised individual or group. Discrimination occurs when society adjusts its behaviour towards the stigmatised person according to its negative beliefs.

Stigma against mentally disordered people is pervasive amongst most societies and Brunei Darussalam is no exception. The development of stigma and discrimination against this group of people has complex historical and sociocultural roots. Primitive reactions such as fear and anger often play substantial roles in the development and maintenance of stigma. Society fears the "mad" and perceived "dangerousness" of mentally disordered people. The language used to describe mental disorders is often negative and derogatory. How many of us use the words "Crazy", "Nutter" and "Psycho", without thinking about what we are say-

ing about the subject and our own prejudices? Names that have been routinely used to describe mental disorders, such as "Schizophrenic", "Psychotic", "Manic", "Demented", "Depressed", have also taken on negative connotations. This adds to the suffering and marginalisation of those diagnosed with mental disorders. The fear of contamination and resultant stigma by association often isolates and discriminates against their spouses and relatives. Thus stigma results in a self-reinforcing cycle of prejudice and avoidance, fear and ignorance.

Deep-seated negative attitudes in society affect the way we view mental disorders and their sufferers. Mental disorders are often misunderstood as being less "real" compared to other disorders with clearer physical manifestations. People who become mentally unwell are often perceived as weak, badly behaved, or at fault and therefore deserving of their suffering. Mental disorders may also be seen as "bad luck" or unchangeable, leading to hopeless and fatalistic views regarding those affected. Unfortunately, stigma and discrimination infiltrate every level of society. Each individual holds his own prejudices based on his previous experience and attitudes. Each social group has its own

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systematic and organisational stigma. Social and administrative policies are affected by the organisation's beliefs and attitudes, whether explicitly or implicitly. The health profession has not been immune to this. Negative attitudes about mental disorders are pervasive, leading to the lack of prioritisation of mentally disordered patients. All this has clear implications for our society's accountability towards the treatment of a vulnerable group of people who require our proper care and protection.

In Brunei Darussalam, as in many other countries, there are strong cultural and religious beliefs regarding the causes and treatment of mental disorders. A practical balance has to be struck when assessing and managing mental disorders in this context. Often this involves the education and long-term engagement of the patient and his family members. This is one of the key skills of medicine and it is essential in psychiatric practice. The wider society should also be engaged by raising awareness and understanding of mental disorders, the common manifestations of disorders, the services available and the necessity of proper treatment. Perhaps the most important message of all is that of hope. Mental disorders are varied and each individual is different. Having a mental disorder does not have to condemn you to a horrible and a desperate life. It is often possible to make a good recovery. People should be reassured that they can live a meaningful life even though their symptoms may persist or return.

How common are mental disorders in Brunei? There have not been any community prevalence studies conducted in our population. There are approximately 7,000 patients who are registered with the RIPAS Hospital Mental Health Unit, 700 in Pengiran Muda Mahkota Al Muthadee Billah Hospital, Tutong district, 120 in Pengiran Isteri Hajjah Mariam Hospital, Temburong district and 3,000 in Suri Seri Begawan Hospital, Belait district. These include patients who attend regularly for treatment as well as those who have been lost to follow-up. The Psychiatric Department does not "close" files as any patient who has ever been seen in our service

is welcome to return at any time. These figures are likely to represent only a proportion of people in the community suffering from mental disorders. The current Mental Health Unit in RIPAS Hospital developed from Ward 5, or the Malay translation "*Wad Lima*", which was known amongst the public as the ward for the insane in the old Brunei General Hospital in Bandar Seri Begawan town centre. Many people still remember this place and are terrified of being admitted into our in-patient facility. Most patients are reluctant to seek treatment due to the stigma and sense of shame attached to attending the Mental Health Unit. We often see patients who have been very ill for years and are brought to hospital only after a major incident.

World Mental Health Day is marked every 10th of October. This year's theme is "Depression: A Global Crisis". Depression is arguably the leading cause of disability worldwide as measured by years lived with disability (YDLs) and in 2000 was estimated to be the fourth leading contributor to the global burden of disease.¹ A key World Health Organisation (WHO) aim for our region is the reduction of the mental health treatment gap by focusing on mental health care in primary health care services. This translates to good mental health promotion, providing accessible care in the community, improving the identification and treatment of common mental disorders by general practitioners and primary healthcare workers and reducing barriers to care such as stigma, fear and discrimination. The mental health gap intervention guide for mental, neurological and substance use disorders in non-specialised health settings² should be examined by health service planners, as it is a useful guide for the assessment and management of common disorders including depression, psychosis, bipolar disorder, childhood behavioural disorders, dementia, alcohol use disorders and substance use disorders. The WHO works closely with the ASEAN mental health taskforce, of which Brunei Darussalam is a member. We have the privilege of hosting the next taskforce meeting in 2013. Our aims include the development and implementation of strategies for reducing the mental health treatment gap such as

training and service development, sharing best practice information and research collaboration.

How do we improve things? Firstly, there needs to be change at a legislative and national policy level. The current mental health legislation in use is the Lunacy Act (Laws of Brunei, 1929).³ It is essential to have legislation that is fit for purpose in order to safeguard the care and treatment of mentally disordered people. The Ministry of Health has conducted a stakeholder consultation exercise and has re-drafted the proposed new Mental Health Act for Brunei with the guidance of the Attorney General's Chambers. This piece of work has been identified as a priority for 2012 and will be submitted for executive level scrutiny. Another suggestion for policy change is the term used for the financial benefit provided for mentally disordered people who are unable to work. The current term used is the "*Elaun Orang Gila*", the closest English translation being the "*Crazy Person's Allowance*". Secondly, mental health care has to become a priority area in terms of health promotion and health service provision. Treatment should be provided in a way that is accessible and acceptable to the public. This includes providing care in a pleasant environment by skilled healthcare workers. Thirdly, mental health advocacy groups have played an important

role in promoting patient welfare overseas and it is encouraging to see an emerging number of such groups in Brunei. Finally, stigma has to be addressed at an individual level. Each of us need to examine our own attitudes and behaviour. We all have a mentally disordered relative if we look carefully enough. Do we believe that they deserve to be treated with dignity, care and respect? Are we ready to translate this belief into action? If the answers to either, or both these questions is 'no', then this is a good starting point for change.

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 - 3:** Lunacy Act, 4 of 1929 section 28, 9 of 1948, Chapter 48 of 1952. Laws of Brunei. B.L.R.O. 1/84
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