

MENTAL HEALTH HANDBOOK



Mental Health Handbook

“It is during our darkest moments that we must focus to see the light.” – Aristotle

Foreword

Most Malaysians today are still not well-informed about mental health and mental disorders.¹ Misconception, stigma and discrimination remain pervasive. According to The National Health Morbidity Survey (2015), the prevalence of mental health problems among adults and children were 29.2% and 12.1%, respectively.² The Malaysian Psychiatric Association believes the statistics could just be the tip of the iceberg as most cases often go unreported or worse, affected individuals do not receive any attention or treatment.

It is important to know that mental illness is treatable. One of the key highlights of the handbook is how to recognize signs or symptoms of mental illness and when to seek professional help. Mental disorders encompasses a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviours and relationships with others.

Most of these disorders can be successfully treated if the signs and symptoms associated with each disease are detected early. The most common mental disorders include depression, anxiety, bipolar disorder and schizophrenia, but there are many others.

'Mental Health Handbook' is written for easy-reading supplemented with rich info-graphics and illustrations that make the subject matter less 'clinical'. It also includes a directory listing of mental healthcare specialists and facilities which will greatly help those who need to seek expert advice and treatment.

And finally, the Malaysian Psychiatric Association would like to acknowledge the contribution from sponsors and volunteers who invested time and effort in researching and collating information to deliver a handbook that will help every Malaysian gain a better understanding about their mental health.

Dr Hazli Bin Zakaria



MALAYSIAN PSYCHIATRIC ASSOCIATION

References

1. Yeap R and Low WY. Mental health knowledge, attitude and help-seeking tendency: a Malaysian context. Singapore Med J. 2009;50(12):1169-1176.
2. Institute for Public Health (IPH) 2015. National Health and Morbidity Survey 2015 (NHMS 2015). Vol II: Non-Communicable Diseases, Risk Factors & Other Health Problems; 2015.

Foreword

By 2020, mental illness is expected to be the second biggest health problem affecting Malaysians after heart disease.¹ According to The National Health Morbidity Survey (2015), every 1 in 3 adults aged 16 years and above in Malaysia suffers from some form of mental health issues.²

Mental illness does not discriminate. It can affect anyone regardless of age, gender, race, social status or income. Those suffering from mental disorders are usually perceived to be restless, violent and unpredictable. Such stigma and discrimination will only prevent such individuals from seeking professional help and treatment early.

Through effective public awareness initiatives, we firmly believe the attitude of Malaysians towards mental disorders will improve. Education is the most important step to understanding mental health problems. Like physical illness, mental illness is nothing to be ashamed of. For that reason, it is important to educate our communities, employers, schools and

those within government to change the way we think about it.

Individuals experiencing episodes of mental illness and the people who care for them need quick access to reliable health information. If you or your loved one is dealing with the effects of a mental illness, it can be difficult to find the right information or what to do next.

‘Mental Health Handbook’ aims to provide a credible reference resource guide to enable Malaysians to acquire some basic knowledge about mental health and recognize the early warning signs and symptoms of the various mental disorders.

Learning to cope with mental health issues is difficult and overwhelming, but it can be done. We hope this handbook will significantly improve the lives of individuals with mental illness through better understanding, acceptance and respect.

Associate Professor Dr Ng Chong Guan



MALAYSIAN MENTAL HEALTH ASSOCIATION

References

1. Hassan MF, et al. Issues and challenges of mental health in Malaysia. *IJ-ARBSS*. 2018;8(12):1685-1696.

2. Institute for Public Health (IPH) 2015. National Health and Morbidity Survey 2015 (NHMS 2015). Vol II: Non-Communicable Diseases, Risk Factors & Other Health Problems; 2015.

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Chapter 1:

Overview:

What is Mental Illness?



Chapter 1: Overview: What is Mental Illness?

MENTAL HEALTH encompasses our emotional, psychological and social well-being. It affects how we think, feel, and act.¹ According to the World Health Organization (WHO), mental health is a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”²

Mental health is important at every stage of our life, from childhood and adolescence through adulthood. It is the foundation for thinking, learning, communication, resilience and self-esteem.³

Mental Illness, also known as Mental Disorder, can affect anyone. Mental illnesses are health conditions involving changes in thinking, emotion or behaviour (or a combination of these) which often results in difficulty to cope with life’s ordinary demands and routines. One could suffer from poor mental health without being diagnosed with mental illness. The 2015 National Health and Morbidity Survey revealed 4.2 million Malaysians aged 16 years and above (29.2 percent) were struggling with mental health issues.⁴

Mental illnesses can take many forms. Some are fairly mild and only interfere in limited ways with daily life. Other mental health conditions are so severe that a person may need hospital care and medical attention. Despite its severe

consequences, many people who have a mental illness do not want to talk about it.

There are more than 200 classified types of mental illness from Attention-Deficit/Hyperactivity Disorder, Eating & Personality Disorders, as well as Substance Abuse to Depression and Other Mood Disorders.¹ The most common are Depression, Anxiety, Bipolar Disorder and Schizophrenia.¹

Depression⁵

Depression or major depressive disorder (MDD) is a common but serious medical illness which usually affects one’s mood and behaviour. Even though it is a serious condition, it is fortunately a treatable illness.

Anxiety⁶

Anxiety refers to feelings of worry, nervousness, fear, and apprehension. Anxiety disorder is characterized by these anxious feelings and can be accompanied by physical symptoms such as increased blood pressure and nausea. It occurs when a reaction is out of proportion to what might normally be expected in a situation.



Bipolar Disorder⁷

Bipolar disorder or manic-depressive illness is a psychiatric disorder that can cause unusual shifts in mood, energy, activity levels and the ability to carry out daily tasks. People with bipolar disorder experience dramatic episodes of high and low moods which can have no fixed pattern.

Schizophrenia⁸

Schizophrenia is another psychiatric disorder that can affect how a person thinks, feels and behaves. This severe or chronic illness can have very disabling symptoms. People with schizophrenia often seem as if they have lost touch with reality.

MYTH
Mental health problems are rare.



1 in 4

FACT
As many as 1 in 4 people in the world will be affected by mental or neurological disorder at some point in their lives.⁹

MYTH
Mental disorders only affect adults.



FACT
About half of mental disorders begin before the age of 14.¹⁰

MYTH
Mental disorders have no effect on physical health.



FACT
Mental disorders increase the risk of getting ill from other diseases such as cardiovascular disease, diabetes, etc.¹¹

What Causes Mental Illness?¹

-Early adverse life experiences, such as trauma or history of abuse, such as child abuse and sexual assault

-Experiences related to other on-going chronic medical illness such as stroke, cancer or diabetes

-Biological factors, such as genes or chemical imbalances in the brain

-Use of alcohol or recreational drugs

-Lack of social exposure/ interaction

-Have feelings of loneliness/ isolation

-Family history of mental health problems⁵⁻⁸

Some mental disorders are linked to an abnormal functioning of nerve cell circuits or pathways that connect particular brain regions. Biological factors such as a person's individual genetic make-up, infections, brain defects or injury, or even prenatal damage has been associated as

causes of mental illness. Besides this, psychological and environmental factors such as neglect, stressful events such as death or divorce and substance abuse can also lead to mental illness.^{12,13} The amount of stress people experienced, and the duration of that stress can impact one's mental health, even more so in situations where individuals are unable to change their circumstances.¹⁴ These mental illnesses are caused by the combination of all these factors.

Who Is Most At Risk?

While Mental Illness does not discriminate, certain types of illnesses such as depression has been found to affect one gender more. For example, women are nearly twice as likely as men to be diagnosed with depression.¹⁵

In Malaysia, females are more susceptible to mental health issues compared to males (30.8% vs 27.6%, not significant), higher percentages of mental disorders are also found in younger adults and in adults from low income families.⁴ Risk factor increases if you have a blood relative, such as parent or sibling with mental illness, or an ongoing chronic medical condition. Some people who had traumatic life experiences were reported to be at higher risk of mental illness too.¹

Mental disorders should not be shunned away or be kept in the dark by anyone who is experiencing it. One should always seek professional help early. With proper diagnosis and treatment, the vast majority of people suffering from these mental disorders can overcome them and live a normal life.

References

1. CDC. Learn About Mental Health - Mental Health. <https://www.cdc.gov/mentalhealth/learn/index.htm>. Accessed on 1st October 2018.
2. World Health Organization. Mental health: strengthening our response. <https://www.who.int/en/news-room/fact-sheet/detail/mental-health-strengthening-our-response>. Accessed on 1st October 2018.
3. American Psychiatric Association. What is mental illness. August 2018. <https://www.psychiatry.org/patients-families/what-is-mental-illness>. Accessed on 22nd July 2019.
4. Institute for Public Health. National Health and Morbidity Survey 2015.
5. American Psychiatric Association. What is depression. <https://www.psychiatry.org/patients-families/what-is-depression>. Accessed on 22nd July 2019.
6. Browne D. What to know about anxiety. <https://www.medicalnewstoday.com/articles/323454.php>. Accessed on 23rd July 2019.
7. National Institute of Mental Health. Bipolar Disorder. April 2016. <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index/shtml>. Accessed on 23rd July 2019.
8. National Institute of Mental Health. Schizophrenia. https://www.nimh.nih.gov/publications/schizophrenia/19-mh-8082-schizophrenia_155669.pdf. Accessed 24th July 2019.
9. World Health Organization. Mental disorders affect one in four people. https://www.who.int/whr/2001/media_centre/press_release/en/. Accessed on 1st October 2018.
10. World Health Organization. Child and adolescent mental health. https://www.who.int/mental_health/maternal-child/child_adolescent/en/. Accessed on 1st October 2018.
11. World Health Organization. 10 facts on mental health. https://www.who.int/mental_health/mental_health_facts/en/index4.html. Accessed on 1st October 2018.
12. WebMD. Causes of Mental Illness. May 2018. <https://www.webmd.com/mental-health/mental-health-causes-mental-illness>. Accessed on 1st October 2018.
13. Mayo Clinic. Mental illness. <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>. Accessed on 22 October 2019.
14. National Institute of Mental Health. 5 Things You Should Know About Stress. https://www.nimh.nih.gov/health/publications/stress/5thingsshldknowaboutstress-508-03132017_142898.pdf. Accessed on 24th July 2019.
15. Mayo Clinic. Depression in women: Understanding the gender gap. <https://mayoclinic.org/diseases-conditions/depression/in-depth/depression/art-20047725>. Accessed on 1st October 2018.

Chapter 2:

Understanding Common Mental Disorders



Chapter 2: Understanding Common Mental Disorders

Depression

Depression (major depressive disorder or clinical depression) causes severe symptoms that affect how you feel, think, and handle daily activities such as sleeping, eating, or working. One must understand that depression is not something that you can “get rid” or “snap out” of it. To be diagnosed with depression, the symptoms must be present for at least two weeks. There is no single attributable cause linked to depression, rather, there are multiple factors that combined to lead to certain mental illness. Depression, even the most severe cases, can be treated.¹

Prevalence Of Depression

Depression is a common illness worldwide, with more than 300 million people affected, with an increase of more than 18% between 2005 and 2015.²

What Are The Common Causes Of Depression?

Depression is caused by a combination of genetic, biological, environmental, and psychological factors.¹ Most are related to family environment, life events, divorce, death of a loved one, and retirement.³ Depression in youth is usually caused by issues related to self-esteem, bullying, poor academic performance, sexual orientation or even having been a victim of physical or sexual abuse.⁴

Depression, especially in midlife or older adults, can co-occur with other serious medical illnesses, such as diabetes, cancer, heart disease, and Parkinson’s disease. Sometimes medications taken for these physical illnesses may cause side effects that contribute to depression.⁵



DEPRESSION

**often interferes with work,
school and relationship.⁶**



WOMEN

**are twice as likely to
develop depression as men⁷**

Types Of Depression

According to the National Institute of Mental Health, people with depressive illnesses do not all experience the same symptoms. Symptoms may also vary depending on the stage of the illness. How severe they are, how frequent, and how long they last will vary depending on the individual and his or her illness.¹ Some other forms of depression may develop under unique circumstances, such as:

Persistent Depressive Disorder

(also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.⁵

Postpartum Depression is much more serious than the “baby blues” which many women experience after giving birth. Women with postpartum depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany postpartum depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.⁵

Psychotic Depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive “theme,” such as delusions of guilt, poverty, or illness.⁵



Across the world,
depression is
shown to negatively
impact work and income.⁷

Signs And Symptoms Of Depression^{5,8}

Feelings of helplessness and hopelessness: Persistent feelings that nothing will ever get better and there is nothing one can do to improve the situation.

Loss of interest in daily activities: One does not care anymore about hobbies, past-times, and social activities. Loss of ability to feel joy and pleasure.

Appetite or weight changes: Continuous weight loss or weight gain - a change of more than 5% of body weight in a month.

Sleep changes or insomnia, especially waking in the early hours of the morning, or oversleeping.

Anger or irritability: Feeling agitated, restless, or even violent.

Loss of energy: Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.

Self-loathing: Strong feelings of worthlessness or guilt. One harshly criticizes himself or herself for perceived faults and mistakes.

Reckless behaviour: Engage in escapist behaviour such as substance abuse, compulsive gambling, reckless driving, or dangerous sports.

Concentration issues: Trouble focusing, making decisions, or remembering things.

Unexplained aches and pains: An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

How Can I Help Someone Who Suffers From Depression?

When a spouse, family member, or friend suffers from depression, your support and encouragement can play an important role in their recovery. You can help them to cope with depression symptoms, overcome negative thoughts, and regain their energy, optimism, and enjoyment of life.

It is hard to know what to say when speaking to someone about depression. You might fear that if you bring up your worries they will get angry, feel insulted, or ignore your concerns. You may be unsure what questions to ask or how to be supportive. You don't have to try to "fix" the person, just be a good listener. The simple act of talking face-to-face can be a big help to someone who is suffering from depression. Encourage the depressed person to talk about their feelings and be willing to listen to it without judgment.⁹

Do not expect a single conversation to be the end of it. Depressed people tend to withdraw from others and isolate themselves. You may need to express your concern and willingness to listen repeatedly. To support someone who

has depression, help him/her to get appropriate diagnosis and treatment. You may need to make an appointment and go with him/her to see her health care provider.⁹

Depression Is Different From Sadness Or Grief¹⁰

Sadness or mood swings are normal reactions to life's battles, hurdles, and disappointments. For example, the death of a loved one, loss of a job or the ending of a relationship is a difficult experience for a person to endure. Therefore it is normal for feelings of sadness or grief to develop in response to such situations. But being sad is not the same as having depression. The grieving process is natural and unique to each individual and shares some of the same features of depression. Both grief and depression may involve intense sadness and withdrawal from usual activities.

- In grief, painful feelings come in waves, often intermixed with positive memories of the deceased. In major depression, mood and/or interest (pleasure) stay low for most of the two weeks.
- In grief, self-esteem is usually maintained. In major depression, feelings of worthlessness and self-loathing are common.
- Despite some overlap between grief and depression, they are different. Distinguishing between them can help people get the help, support or treatment they need.

MYTH

Depression will usually resolve spontaneously in 2-3 months



FACT

Depression is persistent and may take up to 2 years for spontaneous recovery.¹¹

MYTH

Mental disorders have no effect on physical health.



FACT

Mental disorders increase the risk of getting ill from other diseases such as cardiovascular diseases, diabetes, etc.¹²

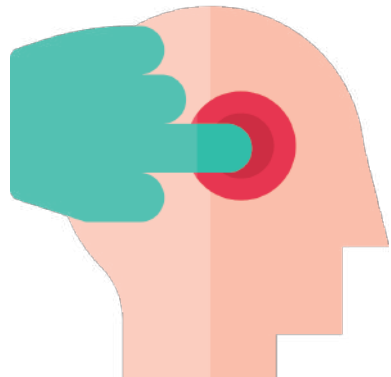
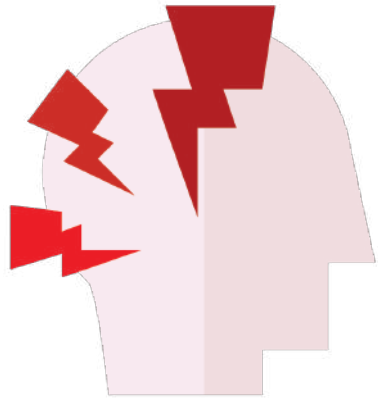


Anxiety

An anxiety disorder is a medical condition characterized by persistent, excessive worry.¹³ Occasional anxiety is a normal part of life as one might feel anxious when faced with a problem at work, before taking an exam, or making an important decision. But anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time.¹⁴ Anxiety disorders are illnesses that cause people to feel frightened, distressed and uneasy for no apparent reason.¹⁵ The feelings can interfere with daily activities such as job performance, school work, and relationships.¹⁶ There is no single attributable cause linked to anxiety, rather, there are multiple factors that combined to lead to certain mental illness.¹³

Prevalence Of Anxiety

Anxiety disorders are among the most prevalent psychiatric disorders. According to epidemiological surveys, one third of the population is affected by an anxiety disorder during their lifetime. The prevalence of anxiety disorders are highest in young adults to those in their mid thirties whereas panic disorders are more prevalent in people in at their midlife. Additionally, it is more common in women than men.¹⁷



WHAT CAUSES ANXIETY DISORDERS?^{18,19}



BRAIN CHEMISTRY

Neurotransmitters are chemical messengers that help transfer information between neurons. Problems with neurotransmitters can affect how the brain receives the messages and how it reacts which can lead to anxiety.¹⁸



GENETICS

Family history plays an important role in increasing the probability that a person will develop anxiety. This means that the tendency to develop a disorder may be hereditary.¹⁹

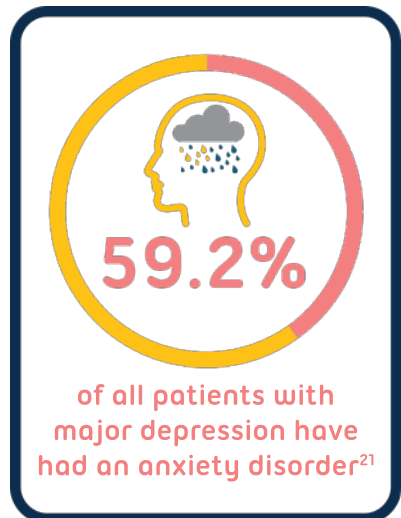


ENVIRONMENT

Traumatic and stressful events may contribute to the development of anxiety. Examples include a history of abuse, death of a loved one, divorce, changing jobs or schools. Additionally, anxiety can also worsen with the use of and withdrawal from addictive substances such as alcohol, caffeine and nicotine.¹⁹

Fight-or-Flight Response

When you feel anxious, your body goes on high alert, looking for possible danger and activating your fight or flight responses. The fight-or-flight response, also known as the acute stress response, refers to a physiological reaction that occurs in the presence of something that is terrifying, either mentally or physically. The response is triggered by the release of hormones that prepare your body to either stay to deal with a threat or to run away to safety.²⁰





THERE ARE SEVERAL TYPES OF ANXIETY DISORDERS:

**GENERALIZED
ANXIETY DISORDER**



GAD is characterized by excessive, exaggerated anxiety and worry about everyday events with no obvious reasons for worry. It interferes with daily function.²²

**PANIC
DISORDER**



Feelings of terror that attack suddenly and can occur with sweating, chest pain, irregular heartbeats, and a feeling of choking. The person may believe he or she is having a heart attack or "going crazy".²³

**OBSESSIVE-COMPULSIVE
DISORDER**



An anxiety disorder with unreasonable and unwanted fears that causes repetitive behaviours and obsessive thoughts and rituals. For example, someone with an unreasonable fear of germs will obsessively wash their hands. Other examples include counting objects, checking, and irrational fear of doing something wrong.²⁴

**POST-TRAUMATIC
STRESS DISORDER**



Can be triggered by a traumatic event such as war, accidents or natural disasters that leave people with lasting and frightening flashbacks, nightmares, and uncontrollable thoughts about the experience.²³

**SOCIAL ANXIETY
DISORDER**



Overwhelming worry and self-consciousness about day-to-day social situations that can often result in isolation and avoidance. The worry often centers on fear of being judged by others, or behaving in an embarrassing way that can lead to ridicule.²³

SPECIFIC PHOBIAS



A specific phobia is an intense fear of specific object or situation, such as snakes, heights, or flying. The level of fear is usually disproportionate to the situation and may cause the person to avoid common everyday situations.²³

How To Recognize Someone With Anxiety?²⁰

Someone who is suffering from anxiety usually displays the following:

1. Excessive worry
2. Sleep problems
3. Having irrational fears
4. Muscle tensions
5. Chronic indigestion
6. Possessing stage fright
7. Becoming self-conscious
8. Having panic attacks
9. Reliving traumatic flashbacks
10. Obsessive perfectionism

How Can I Help Someone Who Suffers From Anxiety?

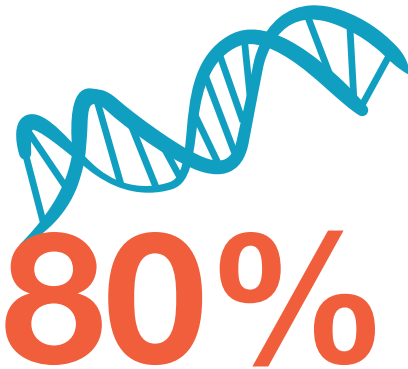
A conversation can make a difference in helping someone feel less alone and more supported in recovering from anxiety. Don't underestimate the importance of just being there. It is important to know the specific type of anxiety your friend or loved one has. When someone is having an anxiety attack, the most effective solution is to help them concentrate on slow breathing. Pay attention to what they seem to find calming when they're having an anxiety attack. The person's thoughts will be all over the place when they're in the middle of an anxiety attack, so help them focus their thoughts on their breathing.²⁶

Breathing Techniques for Anxiety²⁷

Breathing exercises are an excellent, quick and easy solution for stress and anxiety relief. Proper breathing techniques work on a physiological level by slowing your heart rate. Breathing techniques don't need to be complicated. The only instruction is to breathe out slowly. The key is to focus on your out-breath and ignore your in-breath. Your in-breath will naturally lengthen when your out-breath is longer. Try to make your breath out slow, steady, and gentle.

Bipolar Disorder

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.²⁸ Periods of mania are known to be highs, while periods of depression are the lows. The mood swings may even become mixed, so a person suffering from bipolar disorder may feel elated and depressed at the same time.²⁸ There is no single attributable cause linked to bipolar disorder, rather, there are multiple factors that combined to lead to certain mental illness.²⁸



The estimated heritability of bipolar disorder is approx. 80%³²

Prevalence Of Bipolar Disorder

According to National Institute of Mental Health, the prevalence rate for bipolar disorder is approximately 1.1% of the population over the age of 18 or at any one time as many as 51 million people worldwide suffer from bipolar disorder.²⁹ What is deemed more serious is that bipolar disorder ranks among the top 10 most disabling disorders in working age adults worldwide³⁰ and has affected an estimated 60 million people worldwide (World Health Organization).³¹

What is Bipolar Disorder?³³

Bipolar Disorder is a serious psychiatric illness that affects

MOOD, THOUGHTS, BEHAVIOR & ABILITY TO FUNCTION

Individual with bipolar can quickly swing from extreme of

FEELING OF SADNESS, FATIGUE & DESPAIR

to

HAPPINESS & HIGH ENERGY

What Are The Common Causes Of Bipolar Disorder?

Bipolar disorder does not occur due to a single cause but by interplay of a range of factors.³⁴ Some of these factors include:

Genetic factors

Studies have shown that bipolar disorder is more likely to emerge in a person whose family member is afflicted with the condition

Brain chemical imbalances

Neurotransmitter or chemical imbalances in the brain appear to play a key role in many mood disorders, including bipolar disorder

Hormonal problems

Hormonal imbalances may also trigger an onset of bipolar disorder occurrence as hormones greatly influence how you feel.

Environmental factors

Stressful or traumatic events such as abuse and significant loss can also lead to the emergence of this disorder

Signs & Symptoms Of Bipolar Disorder²⁸




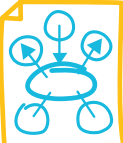
The symptoms of bipolar disorder often vary from person to person and are categorized into 2 main categories:

Manic Episode	Depressive Episode
<ul style="list-style-type: none"> • Feel very “up,” “high,” or elated • Have a lot of energy • Have increased activity levels • Feel “jumpy” or “wired” • Have trouble sleeping • Become more active than usual • Talk really fast about a lot of different things • Be agitated, irritable, or “touchy” • Feel like their thoughts are going very fast • Think they can do a lot of things at once • Do risky things, like spend a lot of money 	<ul style="list-style-type: none"> • Feel very sad, down, empty, or hopeless • Have very little energy • Have decreased activity levels • Have trouble sleeping, they may sleep too little or too much • Feel like they can’t enjoy anything • Feel worried and empty • Have trouble concentrating • Forget things a lot • Eat too much or too little • Feel tired or “slowed down” • Think about death or suicide

3 Major Types Of Bipolar Disorder²⁸

People with bipolar disorder experience periods of unusually intense emotion, changes in sleep patterns and activity levels, and unusual behaviours. These distinct periods are called “mood episodes.” Mood episodes are drastically different from the moods and behaviours that are typical for the person.

Based on the results of the evaluation, a person may be diagnosed with one of the following categories of Bipolar Disorder:

BIPOLAR I DISORDER	BIPOLAR II DISORDER	CYCLOTHYMIC DISORDER
 <p>Presence of severe mood episodes ranging from major depression to mania or mixed episodes. A mixed episode is a mixture of manic and depressive symptoms in the same episode.²⁸</p>	 <p>Presence of one or more major depressive episodes accompanied by at least one hypomanic episode (a milder form of mania)²⁸</p>	 <p>Presence of numerous periods with hypomanic symptoms and depressive symptoms — but never a full manic episode, major depressive episode or a mixed episode. For a diagnosis of cyclothymic disorder, symptoms have to last two years or more (one year in children and adolescents).²⁸ During that time, symptoms can never be absent for more than two months.³⁵</p>
<p>Episodes with both mania and depressive symptoms are common in bipolar disorder.²⁸</p> 		
<p>Other Specified and Unspecified Bipolar and Related Disorders - Defined by bipolar disorder symptoms that do not match the three categories listed above.²⁸</p>		

How Can I Help Someone Who Suffers From Bipolar Disorder?

Bipolar disorder is a lifelong illness. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of mood changes, but some people may have lingering symptoms. Long-term, continuous treatment helps to control these symptoms.²⁸ The combination of medication, therapy, healthy lifestyle, and support helps the vast majority of people return to productive, fulfilling lives.³⁶

Having a loved one with bipolar disorder can put a strain on relationships and disrupt all aspects of family life. However, patience, love and support can make a real difference in their treatment and recovery.

Care-givers can help by learning all they can about this mental illness, offering hope and encouragement, keeping track of their symptoms, and being a partner in your loved one's treatment. Since caring for a person with bipolar disorder will take a toll if you neglect your own needs, it is therefore important to find a balance between supporting your loved one and taking care of yourself.³⁷

People with bipolar disorder are more likely to seek help when they are depressed than when experiencing mania or hypomania. Unless a medical history is taken, bipolar disorder can sometimes be mistakenly diagnosed as major depression.²⁸ Unlike people with bipolar disorder, people who have depression only (also called unipolar depression) do not experience mania.²⁸

Keeping A Life Chart

Treatment is more effective when a patient and doctor work closely together and talk openly about concerns and choices. Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help one track and treat bipolar disorder most effectively.²⁸




Schizophrenia

Schizophrenia is a severe mental disorder, characterized by profound disruptions in thinking, affecting language, perception, and the sense of self. It often includes psychotic experiences, such as hearing voices or delusions.³¹ People with schizophrenia may seem like they have lost touch with reality. There is no single attributable cause linked to schizophrenia, rather, there are multiple factors that combined to lead to certain mental illness.³⁸ Schizophrenia typically begins in late adolescence or early adulthood.³¹

Prevalence Of Schizophrenia

Schizophrenia affects more than 23 million people worldwide but is not as common as other mental disorders. It is more common among males than females.^{31,38}



WHAT IS SCHIZOPHRENIA?

Schizophrenia is a serious chronic psychiatric illness. There is no single symptom that defines schizophrenia. Usually patients have: ⁴¹

- ✓ **Delusions**
fixed false beliefs not amenable to reasoning and not culturally explained
- ✓ **Hallucinations**
perceptual disturbances like voices, disorganized thinking and speech
- ✓ **Disorganized thinking and speech**
incoherence and confused thinking
- ✓ **Disorganized behavior**
including catatonia
- ✓ **Negative symptoms**
loss of motivation, emotion and interest in activities

There is marked impairment in:


- ✓ **Self-care**
- ✓ **Work**
- ✓ **Relationships**

THE TERM


was coined by Paul Eugen Bleuler, a Swiss psychiatrist to denote

SCHIZO (split) & **PHREN** (mind)³⁹

→ **SCHIZOPHRENIA**



it is often confused with dissociative identify disorder (split personality) which is inaccurate⁴⁰



What Are The Common Causes Of Schizophrenia?

The exact causes of schizophrenia are still unknown. Research suggests that a combination of physical, genetic, psychological and environmental factors can make a person more likely to develop this mental illness.⁴²

There are several risk factors that contribute to the risk of developing schizophrenia:

Genetics:⁴²

Scientists believe that many different genes may increase the risk of schizophrenia, but that no single gene causes the disorder by itself. It is not yet possible to use genetic information to predict who will develop schizophrenia.

Abnormal Brain Structure:

Many individuals with schizophrenia have structural or functional anomalies in their brain.⁴² These include things such as reduced ventricular enlargement, metabolic differences, and differences in size of certain areas of the brain.⁴³

Neurotransmitters:⁴²

Neurotransmitters are chemicals that carry messages between brain cells. There is a connection between neurotransmitters and schizophrenia because drugs that affect the levels of neurotransmitters in the brain are known to relieve some of the symptoms of schizophrenia. Research suggests schizophrenia may be caused by a change in the level of two neurotransmitters: dopamine and serotonin. Some studies argue an

imbalance between the two may be the basis of the problem. Others have found a change in the body's sensitivity to the neurotransmitters as part of the cause of schizophrenia.

Pregnancy and birth complications:

Research evidence suggests that infants who experience birth trauma or complications while in the womb are at greater risk for schizophrenia.⁴³ Research has shown people who develop schizophrenia are more likely to have experienced complications before and during their birth, such as low birth weight, premature labour and a lack of oxygen (hypoxia) during birth.^{42,44}



Schizophrenia runs in

FAMILIES.

If you have a first degree
relative with schizophrenia,
you have a

10 %

chance of developing the
illness.⁴⁵

Patients with schizophrenia
have rare genetic mutations
but no single gene has
been implicated.

Signs & Symptoms Of Schizophrenia

The first signs of schizophrenia often appear as confusing changes in behaviour. It can be characterized by episodes in which the patient is unable to differentiate between real and unreal experiences. People with schizophrenia often go on to suffer terrifying symptoms such as hearing voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or trying to harm them.

The symptoms of schizophrenia fall into four categories: positive, negative, disorganization and cognitive.

- Positive psychotic symptoms: Hallucinations, such as hearing voices, seeing things, paranoid delusions and exaggerated or distorted perceptions, beliefs, behaviour, and feeling something that is not there.⁴⁷
- Negative symptoms: A loss or a decrease in the ability to initiate plans, speak, emotional withdrawal or lack of motivation and enjoyment.⁴⁷
- Disorganization symptoms: Confused and disordered thinking and speech, trouble with logical thinking and sometimes bizarre behaviour or abnormal movements.⁴⁷
- Impaired cognition: Problems with attention, concentration, memory and declining educational performance.⁴⁷

How To Recognise Someone With Schizophrenia?^{41,48}

1. Delusions (an unshakable belief in something false and impossible, despite evidence to the contrary)

2. Hallucinations (seeing or hearing things that are not there)

3. Disorganized thought and speech (e.g., frequent derailment of the conversation, loose associations, or talking incoherently)

4. Agitation

5. Grossly disorganized or catatonic behaviour (e.g., childlike "silliness", resisting simple instructions, odd or rigid posture, repeated movements that serve no purpose)

6. Lack of drive or initiative

7. Social withdrawal

8. Insensitivity

9. Emotional unresponsiveness or lack of emotional expression

How Can I Help Someone Who Suffers From Schizophrenia?

Caring and supporting a loved one with schizophrenia can be hard. It is important to understand that schizophrenia is a biological illness. Get them treatment and encourage them to stay in treatment. Remember that their beliefs or

hallucinations seem very real to them. It can be difficult to know how to respond to someone who makes strange or clearly false statements. Tell them that you acknowledge that everyone has the right to see things their own way. Be respectful, supportive, and check to see if there are any support groups in your area.

References

1. National Institute of Mental Health. Depression. <https://www.nimh.nih.gov/health/topics/depression/index.shtml>. Accessed on 5 October 2018.
2. World Health Organization. Depression. https://www.who.int/mental_health/management/depression/en/. Accessed on 5 October 2018.
3. Pharmaceutical Association of Malaysia (PhAMA). Mental Health & Depression. <https://www.phama.org.my/index.cfm?&menuid=31>. Accessed on 22 October 2019.
4. Mayo Clinic. Teen depression. <https://www.mayoclinic.org/diseases-conditions/teen-depression/symptoms-causes/syc-20350985>. Accessed on 24 July 2019.
5. National Institute of Mental Health. Depression. February 2018. <https://www.nimh.nih.gov/health/topics/depression/index.shtml>. Accessed on 24 July 2019.
6. Jo H. Depression and Daily Life. <https://adaa.org/learn-from-us-from-the-experts/blog-posts/consumer/depression-and-daily-life>. Accessed on 24 July 2019.
7. Davis JL. Depression Affects Work Productivity. 2003. Available at: <https://www.webmd.com/depression/news/20030617/depression-affects-work-productivity>. Accessed on 30 July 2019.
8. Smith M and Segal J. Depression Symptoms and Warning Signs. July 2019. <https://www.helpguide.org/articles/depression/depression-symptoms-and-warning-signs.htm>. Accessed on 24 July 2019.
9. Hurley K. Being a Caregiver for Someone Who is Depressed. March 2019. <https://www.psychm.net/helping-someone-depressed>. Accessed on 24 July 2019.
10. Schimelpfening N. Grief v Depression: Which Is It? August 2018. <https://www.yervellmind.com/grief-and-depression-1067237>. Accessed on 24 July 2019.
11. Valdivia I and Rossy N. Brief treatment strategies for major depressive disorder: Advice for the primary care clinician. Available at: https://www.medscape.com/viewarticle/467185_2. Accessed on 6 August 2019.
12. World Health Organization. 10 Facts on Mental Health. https://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index4.html. Accessed on 5 October 2018.
13. Sane. Anxiety disorders. <https://www.sane.org/information-stories/facts-and-guides/anxiety-disorder>. Accessed on 13 June 2019.
14. National Institute of Mental Health. Anxiety Disorders. <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>. Accessed on 5 October 2018.
15. Mental Health America. Anxiety Disorders. <http://www.mentalhealthamerica.net/conditions/anxiety-disorders>. Accessed on 5 October 2018.
16. American Psychiatric Association. What Are Anxiety Disorders? <https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders>. Accessed on 22 October 2019.
17. Bandelow, B. & Michaelis, S. Epidemiology of anxiety disorders in the 21st century. *Dialogues Clin Neurosci*. 2015;17(3):327–335.
18. Cafasso J. Chemical Imbalance in the Brain: What You Should Know. June 2018. <https://www.healthline.com/health/chemical-imbalance-in-the-brain>. Accessed on 6 August 2019.
19. Mayo Clinic. Anxiety Disorders. May 2018. <https://www.mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961>. Accessed on 7 August 2019.
20. Very Well Mind. How the Fight-or-Flight Response Prepares Your Body to Take Action. <https://www.verywellmind.com/what-is-the-fight-or-flight-response-2795194>. Accessed on 5 October 2018.
21. Cytarowski JM, Schott LL, Kravitz HM, et al. Psychosocial features associated with lifetime comorbidity of major depression and anxiety disorders among a community sample of mid-life women: the SWAN mental health study. *Depress Anxiety*. 2012;29(12):1050–1057.
22. WebMD. Learn More About General Anxiety Disorder. <https://www.webmd.com/anxiety-panic/guide/generalized-anxiety-disorder#1>. Accessed on 5 October 2018.
23. Cleveland Clinic. Anxiety Disorders. <https://my.clevelandclinic.org/health/diseases/9536-anxiety-disorders>. Accessed on 5 October 2018.
24. Mayo Clinic. Obsessive-compulsive disorder (OCD) - Symptoms and causes. <https://www.mayoclinic.org/diseases-conditions/obsessive-compulsive-disorder/symptoms-causes/syc-20354432>. Accessed on 5 October 2018.
25. Health. 12 Signs You May Have an Anxiety Disorder. <https://www.health.com/health/gallery/0,20646990,00.html>. Accessed on 5 October 2018.
26. Boyes A. How to Help Someone with Anxiety. July 2016. <https://www.psychologytoday.com/intl/blog/in-practice/201607/how-help-someone-anxiety>. Accessed on 7 August 2019.
27. Boyes A. Breathing Techniques for Anxiety. July 2016. <https://www.psychologytoday.com/intl/blog/in-practice/201607/breathing-techniques-anxiety>. Accessed on 7 August 2019.
28. National Institute of Mental Health. Bipolar Disorder. <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>. Accessed on 12 October 2018.
29. Pendulum. Bipolar Disorder - Facts and Statistics. <https://www.pendulum.org/bp/facts.html>. Accessed on 12 October 2018.
30. Murray CJL, et al. World Health Organization (WHO), World Bank and Harvard School of Public Health. (1996). The Global burden of disease: a comprehensive assessment of mortality and disability from disease, injury and risk factors in 1990 and projected to 2020. Summary edited by Murray CJL, Lopez AD and WHO.
31. World Health Organization. Mental disorders. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>. Accessed on 12 October 2018.
32. Goodwin G, et al. Evidence-based guidelines for treating bipolar disorder: Revised third edition recommendations from the British Association for Psychopharmacology. *Journal Of Psychopharmacology*. 2016;30(6):495–553.
33. Dunleavy BP. Bipolar Disorder: Symptoms, Types, Causes, Treatment, and More. *Everyday Health*. <https://www.everydayhealth.com/bipolar-disorder/guide/>. Accessed on 12 October 2018.
34. Nordqvist C. Bipolar disorder: Causes, symptoms, and treatment. *Medical News Today*. <https://www.medicalnewstoday.com/articles/37010.php>. Accessed on 12 October 2018.
35. WebMD. Mood Disorders. February 2018. <https://www.webmd.com/mental-health/mood-disorders#1>. Accessed on 7 August 2019.
36. Mental Health America. Bipolar Disorder. <https://www.mentalhealthamerica.net/conditions/bipolar-disorder>. Accessed on 7 August 2019.
37. Berk L, et al. Ways to Support the person with bipolar disorder. <https://www.bipolarcaregivers.org/wp-content/uploads/2012/12/Ways-to-support-the-person-with-bipolar-disorder.pdf>. Accessed on 8 August 2019.
38. World Health Organization. Schizophrenia. <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>. Accessed on 15 October 2018.
39. Burton N. A Brief History of Schizophrenia. Schizophrenia through the ages. September 2017. <https://www.psychologytoday.com/intl/blog/hide-and-seek/201209/brief-history-schizophrenia>. Accessed on 8 August 2019.
40. WebMD. What's the difference between dissociative identity disorder and schizophrenia. July 2019. <https://www.webmd.com/mental-health/qa/whats-the-difference-between-dissociative-identity-disorder-and-schizophrenia>. Accessed on 8 August 2019.
41. Mayo Clinic. Schizophrenia - Symptoms and causes. <https://www.mayoclinic.org/diseases-conditions/schizophrenia/symptoms-causes/syc-20354443>. Accessed on 15 October 2018.
42. NHS. Causes. <https://www.nhs.uk/conditions/schizophrenia/causes/>. Accessed on 15 October 2018.
43. Jenkins TA. Perinatal complications and schizophrenia: involvement of the immune system. *Front Neurosci*. 2013;7:110.
44. Van Erp TP, et al. Subcortical brain volume abnormalities in 208 individuals with schizophrenia and 2540 healthy controls in the ENIGMA consortium. *Mol Psychiatry*. 2016;21(4):547–553.
45. Clarke J. Causes and Risk Factors of Schizophrenia. 30 April 2019. <https://www.verywellmind.com/what-causes-schizophrenia-2953118>. Accessed on 13 June 2019.
46. National Health Institute of Mental Health. Schizophrenia. February 2016. <https://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml>. Accessed on 8 August 2019.
47. American Psychiatry Association. What Is Schizophrenia? <https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia>. Accessed on 15 October 2018.
48. Nordqvist C. What is catatonic schizophrenia?. *Medical News Today*. <https://www.medicalnewstoday.com/articles/192263.php>. Accessed on 15 October 2018.

Chapter 3:

Family & Social Support: Reach out to someone with Mental Health issues



Chapter 3: Family & Social Support:



Reach Out To Someone With Mental Health Issues

Getting support from family and friends is definitely a key part in helping someone who is going through a mental illness. Like any other health problems, someone suffering from a mental disorder needs extra love and support. There are several ways that family and friends can help their loved one in their journey of recovery.

1. Educate Oneself About Mental Illness

Learn about the signs and symptoms of different mental illnesses. It's not uncommon for families to wonder why their loved ones just can't snap out of it. Educating yourself about one's mental illness is the basic foundation of support. Not knowing can create misconceptions and prevent families from giving their loved ones effective help.

2. Reach Out for Support

Getting help early is an important part of treating mental illness. Stigma can prevent families from seeking support. Some may be ashamed of their loved ones thus, preventing them from seeking professional treatment or help. But it

is proven that strong support can help patients gain more strength and courage to recover. Don't be afraid to reach out for support.

3. Involve Yourself during Treatment

Family and friends can be important advocates to help their loved ones in the early stages of mental illness. Do offer to make the first appointment with the doctor and accompany him or her on their first visit. As a close family member and care-giver, work closely with the healthcare professionals. If possible, try to attend all meetings or check-ups with the patient. This not only demonstrates your love and support, but also enables you to get update from the treatment team on how everything is going with the patient's recovery process.

4. Be Supportive, Understanding and Patient

Reassure your friend or family member that you care about him or her. Remind them that they are not to be blamed for their illness. Always inspire courage and hope.

How To Start A Conversation About Mental Health?

Only discuss the topic when and where the person feels safe and comfortable. You may want to try leading with these questions below and make sure to actively listen to the response.

I have been worried about you. Can we talk more about what you are experiencing? If not, who are you comfortable talking to?

Do you know of others who have experienced these types of problems who you can talk with?

It seems like you are going through a rather difficult time. How can I help you to find help?

Who or has anyone helped you deal with similar issues in the past?

What can I do to help you to talk about these issues with your parents or perhaps someone else who is responsible and cares about you?

How can I help you find more information about mental health problems?



Patients' Quotes of Encouragement

Don't be pushed around
by the fears in your
mind. Be led by the
dreams in your heart
– Roy T. Bennett

It is during our darkest
moments that we must
focus to see the light
— Aristotle Onassis

We don't develop
courage by being
happy every day.
We develop it by
surviving difficult
times and challenging
adversity
– Barbara De Angelis

Do not go where the path may
lead, go instead where there is
no path and leave a trail
– Ralph Waldo Emerson

With the new day
comes new strength
and new thought
– Eleanor Roosevelt

Not until we are lost do we
begin to understand ourselves
– Henry David Thoreau

I can't change the direction of the
wind but I can adjust my sails to
always reach my destination
– Jimmy Dean

Chapter 4:

Taking Active Steps to Manage your Mental Health



Chapter 4: Taking Active Steps to Manage your Mental Health

How Do I Know If I Need To Seek Professional Help?

Have you ever wondered if you have a mental illness disorder? While it is a difficult question to answer, perhaps what we really should ask ourselves is: Are my problems and symptoms getting in the way of my life?

If the answer to the above is affirmative, then it is prudent to seek help or do something about it as soon as possible. While you may not end up with a diagnosable mental disorder, seeking professional help will at least help get your life back under control. Despite the misconception, mental illness is treatable.¹ One should seek help from a mental health professional when you feel that you can no longer cope with the anguish on your own. Other signs of mental distress include experiencing severe and persistent symptoms that interfere with your ability to function at work, home, school, or in social settings.²

If you are currently going through mental

health problems or feel you may be suffering from a mental illness, please seek the advice of an experienced mental health professional. If left untreated, mental illness can lead to severe consequences.

Psychologist or Psychiatrist?

Mental illness can be diagnosed after doctor talks to you in detail about your symptoms. It may be necessary to get a referral to a psychiatrist, psychologist or other specialised service for further assessment and treatment.³ While you can seek help from a mental health professional, it is important that you know the difference between a psychologist and a psychiatrist. Which is more suitable may vary depending on the nature and severity of your medical condition.

Apart from psychiatrists, one can also approach clinical psychologists or general practitioner doctors for mental disorder diagnosis. Clinical psychologists are licensed professionals who are qualified to provide administering and interpreting



cognitive and personality tests, diagnosing mental illness, creating treatment plans, and conducting psychotherapy.⁴

In general, psychiatrists attend to more serious and complex mental illness, compared to psychologists who normally treat less serious conditions.⁵

For example, psychiatrists can prescribe medication for their patients when needed, while psychologists cannot.⁵ Psychologists provide psychotherapy, also known as talk therapy, when required.⁶

Get Ready For Your First Visit

It is always good to get ready before your first visit to a mental health professional. Compile all relevant documents such as referral letter, recent report or medications from your family doctor. It is also useful to prepare a list of what you want to talk about. This will remind you to say everything that you want during the session. Your first visit is usually an introductory session. The psychologist

may also ask about your mental illness history. You may be required to complete some forms so the psychologist can understand your case better.²

It is always good to ask some questions during your session. This is to create a mutual understanding. Always remember that you don't have to answer all the questions especially those you are uncomfortable with. Your psychologist will understand that certain information might take time to be revealed. A therapy session should always be a safe and comfortable space for you express yourself.

Despite all the stigma and misconception on mental health treatment, it is important that you take the first step towards achieving your goals of living a happy and fulfilled life.²



Treatment for mental illness

When someone feels unwell mentally, the first step to take is to seek professional help and get a diagnosis. The best treatment can then be prescribed to treat the symptoms and their underlying causes.⁷

DEPRESSION

People who suffer from depression can choose to seek psychological treatment or medical treatment. If a person suffers moderate to severe depression, medication may be prescribed along with psychological treatment to help the person get well.

- Psychological treatments (also known as talking therapies) can change thinking patterns and improve coping skills to deal with life's stresses and conflicts. As well as supporting recovery, psychological therapies can also help one stay well by identifying

and changing unhelpful thoughts and behaviour.⁸

There are several types of effective psychological treatments for depression:

Cognitive behaviour therapy (CBT)

CBT is a structured psychological treatment which recognizes that the way we think (cognition) and act (behaviour) affects the way we feel. CBT is one of the most effective treatments for depression, and has been found to be useful for a wide range of ages, including children, adolescents, adults and older people.⁸

Interpersonal therapy (IPT)

IPT is a structured psychological therapy that focuses on problems in personal relationships and the skills needed to deal with these. IPT is based on the idea that relationship problems can have a significant effect on someone experiencing depression, and can even contribute to the cause.⁸



HOW DO DOCTORS TREAT MAJOR DEPRESSION?

There are many proven treatments for depression.
It is important to find what works best for you.



Cognitive behavioral therapy works to help solve problems and change negative thoughts.⁹



When treating depression with antidepressants, 2 to 4 weeks is needed to feel better and 10 – 12 weeks is usually needed for a meaningful decrease in depression.^{10,11}



The dose and the combination of medicine that gets you better and keeps you better should be continued for at least 1 year.¹⁰

Behaviour therapy

While behaviour therapy is a major component of cognitive behaviour therapy (CBT), unlike CBT it does not attempt to change beliefs and attitudes. Instead it focuses on encouraging activities that are rewarding, pleasant or satisfying, aiming to reverse the patterns of avoidance, withdrawal and inactivity that make depression worse.⁸

Psychodynamic Psychotherapy

Psychodynamic psychotherapy is a therapeutic process which helps patients understand and resolve their problems by increasing awareness of their inner world and its influence over relationships

both past and present. This type of therapy could help people with serious psychological disorders to understand and change complex, deep-seated and often unconsciously based emotional and relationship problems thereby reducing symptoms and alleviating distress.¹²

Medical treatments for depression

The main medical treatment is antidepressant medication. Antidepressants are sometimes prescribed when other treatments have not been successful or when psychological treatments are not possible due to the severity of the condition or a lack of access to the treatment.¹³



ANXIETY¹⁴

The type of treatment will depend on the type of anxiety one is experiencing. For mild symptoms, lifestyle changes, such as regular physical exercise that reduces stress levels is encouraged. Where symptoms of anxiety are moderate to severe, Cognitive Behavioral Therapy (CBT), psychological and/or medical treatments are likely to be required.

BIPOLAR DISORDER¹⁵

Treatment for bipolar disorder typically aims to reduce the severity and number of episodes to allow the person to live a normal life as much as possible. Bipolar disorder can be treated by medication. Psychological treatment such as psychoeducation, Cognitive Behavioral Therapy (CBT) and family therapy can be effective in treating bipolar disorder as well.

SCHIZOPHRENIA¹⁶

Schizophrenia can be treated with a tailored combination of therapy and medication. Antipsychotics can be prescribed to reduce acute schizophrenic episodes. In addition, psychological treatments such as Cognitive Behavioral Therapy (CBT), family therapy and arts therapy can also be applied to treat schizophrenia.

MYTH

Once you feel better you can stop taking your psychiatric medications.



FACT

Almost all patients with psychiatric illness benefit from ongoing treatment for a period of time and sometimes for the rest of their lives to prevent relapses and recurrences.¹⁷

10 Tips To Stay Mentally Well¹⁸

Try these tips to help find the right balance in your life:

✓ 1. Value Yourself

Avoid self-criticism. Treat yourself with kindness and respect. Invest in yourself with a new skill or experience regularly: Work on a daily crossword puzzle, take dance lessons, travel, learn to play an instrument or become fluent in another language.



✓ 2. Take care of your physical health

- Eat nutritious meals
- Drink plenty of water
- Exercise regularly
- Get enough sleep



✓ 3. Establish Strong Family and Social Support

People with strong family or social connections are generally healthier than those who lack a support network. Make plans with supportive family members and friends, or seek out activities where you can meet new people, such as a club, class or support group.



✓ 4. Be a Volunteer

Volunteer your time and energy to help someone else. You'll feel good about doing something worthwhile to help someone in need. Moreover, it's a great way to meet new people.

✓ 5. Learn How to Deal with Stress

Like it or not, stress is a part of life. Try journal-writing as a stress reducer. Always remember to smile and see the humour in life. Laughter can boost your immune system, ease pain, relax your body and reduce stress.



✓ **6. Relax Your Mind**

Relaxation exercises can improve your state of mind and outlook on life. Research shows that meditation can help us to stay calm and enhances the effects of therapy. Try meditating.



✓ **7. Set Realistic Goals**

Decide what you want to achieve academically, professionally and personally. Write down the steps you need to realize your goals. Aim high, but be realistic. You'll enjoy a tremendous sense of accomplishment and self-worth as you progress toward your goal.



✓ **8. Break Up the Monotony**

Although routines make us more efficient and enhance the feeling of security and safety, a little change can perk up a tedious schedule. Adjust your jogging route, plan a road-trip, take a walk in a different park, hang some new pictures or try a new restaurant.



✓ **9. Avoid Alcohol and Drugs**

Keep alcohol use to a minimum and avoid other drugs. Sometimes people use alcohol and other drugs to “self-medicate” but in reality, alcohol and other drugs only aggravate problems.

✓ **10. Always Seek Help**

Seeking help is a sign of strength — not a weakness. It is important to remember that treatment is effective. People who get appropriate care can recover from mental illness and addiction and lead rewarding lives.



**Adapted from the National Mental Health Association/National Council for Community Behavioral Healthcare*

References

1. Sane. Treatments for mental illness. <https://www.sane.org/mental-health-and-illness/facts-and-guides/treatments-for-mental-illness>. Accessed on 22 October 2018.
2. Lackey S. How to Prepare for Your First Visit to a Psychologist. Health Works Collective. <https://www.healthworkscollective.com/how-prepare-your-first-visit-psychologist/>. Accessed on 22nd October 2018.
3. Health Direct. Diagnosis of mental illness. <https://www.healthdirect.gov.au/diagnosis-of-mental-illness>. Accessed on 22 October 2018.
4. Psychologist License. Clinical Psychologists: What do they do? And how to become one. <http://www.psychologist-license.com/types-of-psychologists/clinical-psychologist.html#context/api/listings/prefilter>. Accessed on 22 October 2018.
5. Your Health in Mind. Psychiatrists and psychologists: what's the difference?. <https://www.yourhealthinmind.org/psychiatry-explained/psychiatrists-and-psychologists>. Accessed on 22 October 2018.
6. American Psychological Association. Therapy. <https://www.apa.org/topics/therapy/index.aspx>. Accessed on 22 October 2018.
7. WebMD. Getting Help for Mental Illness. February 2018. <https://www.webmd.com/anxiety-panic/mental-health-tests-you-take#1>. Accessed on 8 August 2019.
8. Beyond Blue. Psychological treatments for depression. <https://www.beyondblue.org.au/the-facts/depression/treatments-for-depression/psychological-treatments-for-depression>. Accessed on 22 October 2018.
9. National Health Services. Cognitive behavioural therapy. July 2019. <https://www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/>. Accessed 8 August 2019.
10. National Institute of Mental Health. Depression. <https://www.nimh.nih.gov/health/topics/depression/index.shtml>. Accessed on 22 October 2018.
11. Al-Harbi KS. Treatment-resistant depression therapeutic trends, challenges, and future directions. Patient Prefer Adherence. 2012;6:369–388.
12. British Psychoanalytic Council. What is psychoanalytic psychotherapy? <https://www.bpc.org.uk/about-psychotherapy/what-psychotherapy>. Accessed on 22 October 2018.
13. Beyond Blue. Medical treatments for depression. <https://www.beyondblue.org.au/the-facts/depression/treatments-for-depression/medical-treatments-for-depression>. Accessed on 22 October 2018.
14. Felman A. Treatments for anxiety. November 2018. <https://www.medicalnewstoday.com/articles/323494.php>. Accessed on 8 August 2019.
15. Mayo Clinic. Bipolar Disorder. January 2018. <https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/diagnosis-treatment/drc-20355961>. Accessed on 8 August 2019.
16. National Health Service. Schizophrenia. October 2018. <https://www.nhs.uk/conditions/schizophrenia/treatment/>. Accessed on 8 August 2019.
17. Sane. Busting myths about psychiatric medication. <https://www.sane.org/thesane-blog/mythbusters/busting-myths-about-psychiatric-medication>. Accessed on 22 October 2018.
18. University Health Service. Ten Things You Can Do for Your Mental Health. <https://www.uhs.umich.edu/tenthings>. Accessed on 22 October 2018.

Standard Self-Assessment Form (PHQ9)¹

Patient Health Questionnaire (PHQ-9):

The PHQ-9 is a multipurpose instrument designed for screening, diagnosing, monitoring and measuring the severity of depression.

Completed by a patient and scored by a clinician, the PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool that can be administered repeatedly.

How to Use the PHQ-9:

Patients circle one of the 4 numbers (representing severity) associated with 9 problems. If patients identify any problems, they then indicate (by checking the appropriate box) the degree to which these problems made it difficult for them to work, take care of home responsibilities, or get along with people.

How to Score the PHQ-9:

Add the values for each column, and then add the total for each column to get the total score.

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use " " to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
add columns: + + + + +				
TOTAL: _____				

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Adapted from: PHQ-9 Questionnaire.

Generalized Anxiety Disorder Questionnaire (GAD-7)^{1,2}

Generalized Anxiety Disorder Questionnaire (GAD-7)

The Generalized Anxiety Disorder (GAD-7) questionnaire is a seven-item, self-report questionnaire designed to assess the patient's anxiety during the 2-week period. The questionnaire delves into the degree to which a patient has been bothered by feelings of nervousness, anxiety and worry over a fixed duration period.

How to Use the GAD-7:

Patients circle one of the 4 numbers (representing severity) associated with 7 problems. If patients identify any problems, they then indicate (by checking the appropriate box) the degree to which these problems made it difficult for them to work, take care of home responsibilities, or get along with people.

How to Score the GAD-7:

Add the values for each column, and then add the total for each column to get the total score.

GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals + + + =

Total score

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?			
Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rsl3@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission.

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day."
GAD-7 total score for the seven items ranges from 0 to 21.

0-4: minimal anxiety
5-9: mild anxiety
10-14: moderate anxiety
15-21: severe anxiety

Adapted from: GAD-7 Anxiety Questionnaire.

References: 1. Williams N. The GAD-7 questionnaire. Occupational Medicine. 2014;64(3):224. 2. GAD-7 Anxiety Questionnaire. https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf. Accessed on 8 August 2019.

Directory of Mental Health Services

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W: pah.com.my

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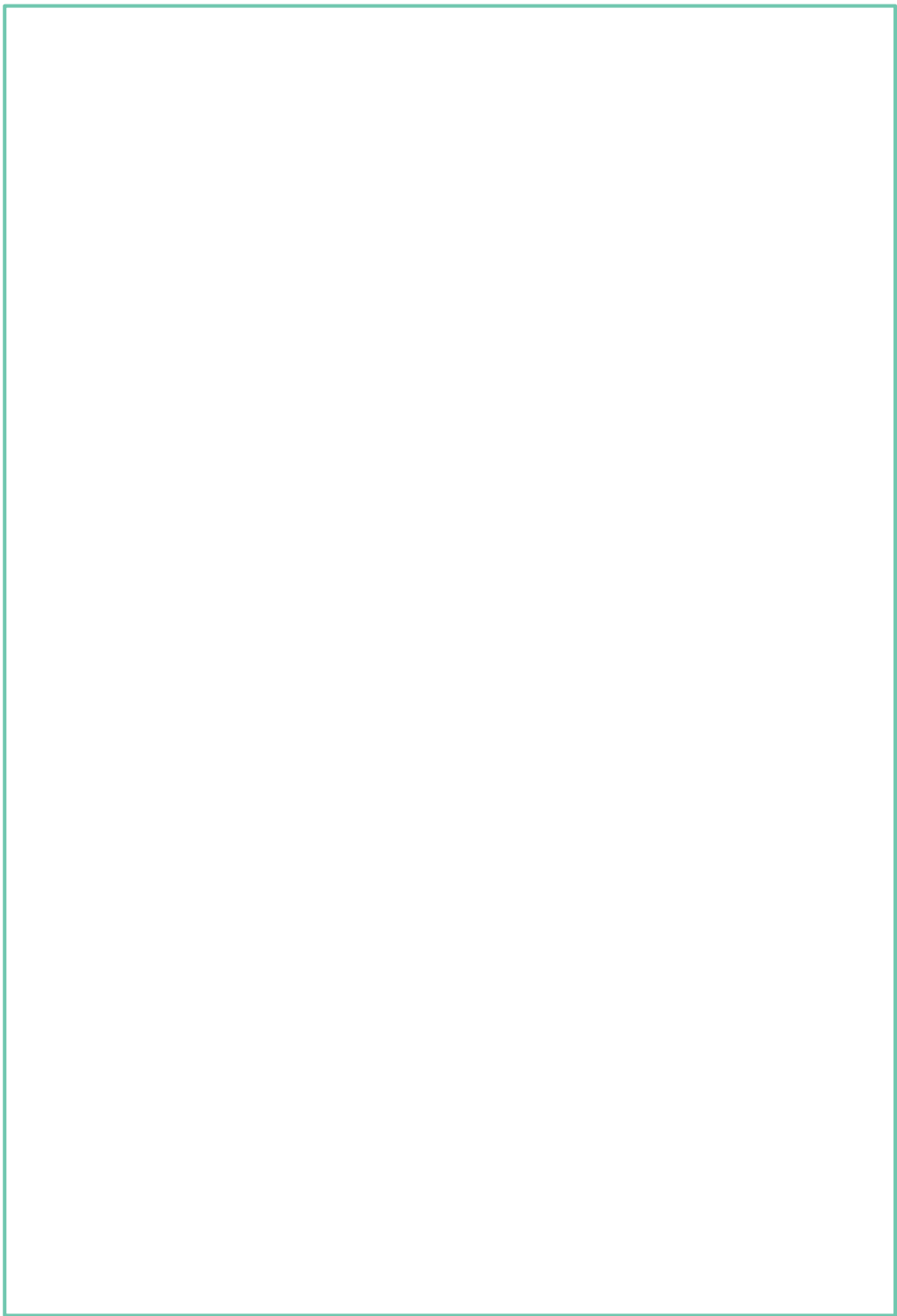
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Disclaimer:

This handbook is intended to provide general information on mental health and not to be used wholly or partially as medical advice, diagnosis or treatment. You should seek the advice of a qualified healthcare professional before making decisions about your own circumstances.