

AKHBAR : BERITA HARIAN  
MUKA SURAT : 24  
RUANGAN : FOKUS

# Pendidikan

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## Bidang perubatan kekal jadi pilihan

Fokus

Walaupun bergelut isu doktor kontrak dan lambakan graduan, ia masih menarik minat lepuhan SPM

Oleh Nas Norziela Nasbani  
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**Benarkah** jumlah pelajar perubatan di Malaysia dikatakan terlalu ramai hingga menyebabkan graduan bidang itu meningkat sehingga tidak setanding dengan kekosongan jawatan?

Hal ini dikaitkan dengan keghairahan penawaran kursus perubatan di institut pengajian tinggi swasta (IPTS) dan kemampuan sebilangan ibu bapa menghantar anak mereka melanjutkan pengajian dalam bidang itu di luar negara.

Meskipun isu berkenaan dilihat boleh ditangani namun beberapa pihak berpendapat bahawa bilangan pelajar baharu dalam bidang perubatan masih perlu dikawal walaupun kerajaan mengumumkan jawatan tetap doktor akan dibuka bermula tahun 2023 hingga 2025.

Apatah lagi pada 2011 terdapat satu moratorium yang mengahang penawaran kursus baharu dalam bidang perubatan di institut pengajian tinggi di Malaysia. Ia berdasarkan jumlah graduan perubatan sedia ada, negara dijangka berupaya mencapai sasaran seorang pegawai perubatan kepada 400 penduduk (1:400) tan-

pa perlu penambahan kursus baharu.

Pada 2021, kapasiti pengambil pelajar perubatan dalam negara berjumlah 4,820 pelajar. Angka itu dilihat boleh memberi imbalan yang sihat antara keperluan dan permintaan pasaran kerja serta aspirasi negara.

Bagi Pakar Perubatan Dr Wan Mohd Rushdi Wan Mahmud, berkata kebanyakan doktor dalam pasaran dilihat sebagai kesiapan besar dari segi berancang pihak yang berkepentingan.

Katanya, keghairahan memberi lampu hijau kepada Universiti Awam (UA) atau IPTS untuk mengambil lebih ramai pelajar dalam bidang berkenaan menyebabkan berlaku limpahan graduan tanpa tempat bekerja selepas tamat latihan.

Katanya, kenyataan bahawa kerajaan tidak mampu menyediakan tempat oleh kerana permintaan yang luar biasa sukar untuk diterima.

"KKM dan Jabatan Perkhidmatan Awam (JPA) seharusnya dapat menjangka apa yang bakal berlaku, jika pengambilan pelajar tidak dikawal dengan sempurna.

"Adalah tidak bijak untuk meluluskan permohonan tambahan penawaran kursus perubatan tanpa memikirkan keabjikan graduan," katanya.

Lambakan graduan perubatan hanya akan meningkatkan jumlah doktor kontrak dan menjejaskan keabjikan mereka.

### Tidak dikawal KPT

Bagaimanapun Presiden Persatuan Perubatan Malaysia (MMA), Dr Muruga Raj Rajathurai, berpandangan secara umum pengambilan pelajar perubatan di institut pengajian tinggi di nega-

ra ini sudah dikurangkan selain moratorium berkaitan sudah pun tamat pada 2021.

Namun graduan perubatan yang lulus dari universiti luar negara bukan di bawah kawalan KPT. Sebaliknya KPT bersama Majlis Perubatan Malaysia (MMC) hanya memantau sama ada program itu boleh diberi pengiktirafan atau tidak.

"Sesiapa yang melepasi syarat minimum boleh belajar di fakulti perubatan di luar negara atau IPTS. Untuk menjadi pengamal perubatan di Malaysia pula, mereka perlu memenuhi syarat MMC.

"Ada sesetengah pelajar perubatan terpaksa menuntut di luar negara atau IPTS kerana gagal mendapat tempat di UA disebabkan jumlah ditawarkan terhad susulan persaingan yang tinggi," katanya.

Tegas Muruga Raj, bidang perubatan kekal menjadi pilihan ramai lepas Sijil Pelajaran Malaysia (SPM) kerana masyarakat kita secara umum percaya mudah untuk mendapat pekerjaan dengan pendapatan terjamin sebaik tamat pengajian.

Katanya walaupun dunia perubatan di Malaysia bergelut dengan isu perjawatan tetap juga lambakan graduan perubatan ketika ini, bidang itu masih menjadi pilihan memandangkan profesion berkenaan sentiasa diperlukan sepanjang hayat

"Selain itu, ia juga mungkin dipengaruhi ibu bapa dan sekeluarga yang melihat ia sebagai kerjaya penuh prestij dan mampu mengubah kehidupan sebuah keluarga selain pengalaman yang mereka lalui," katanya.

Sementara itu, Dekan Fakulti Perubatan dan Kesihatan Sains UCSI, Prof Ts Dr Cheah Shiau Chuen, berkata di sebalik lambakan graduan perubatan hari ini, ia masih kekal menarik minat lepuhan SPM.

Justeru katanya, apabila IPTS atau universiti luar negara menawarkan kursus perubatan, pelajar yang diterima masuk adalah mereka yang memenuhi kriteria kemasukan seperti mana digariskan MMC.

Katanya, calon akan ditemuduga untuk mengukur keupayaan bakat mereka yang merangkumi kemahiran berfikir kritis, kecerdasan emosi, kemahiran interpersonal dan kemahiran menyelesaikan masalah.

"Dalam erti kata lain, kami juga mencari calon dengan keupayaan mereka memberi perhatian kepada butiran bidang perubatan dan juga penyelesaian mendalam terhadap prognosis pesakit.

"Pastinya ketahanan mereka dalam bidang perubatan ini perlu tinggi memandangkan cabaran mereka hadapi begitu luas," katanya.

### Keperluan meningkat

Shiau Chuen berkata apabila sebuah institusi pengajian tinggi menawarkan jurusan perubatan, setiap pelajar pastinya dilatih sebaik mungkin kerana profesion ini membabitkan kesihatan dan nyawa manusia bukannya sesuatu perkara yang boleh diambil ringan.

Katanya, keperluan terhadap tenaga perubatan sebenarnya meningkat selari dengan pertambahan populasi. Ia juga membawa cabaran kesihatan baharu misalnya jika sebelum ini masyarakat lebih mengabaikan dunia perubatan dengan rawatan penyakit

kronik seperti kardiologi, barah atau kencing manis hari ini kes-kes gangguan mental mula mendapat perhatian.

Justeru, keperluan untuk penjagaan perubatan dijangka berkembang pada tahun-tahun mendatang.

"Graduan perubatan mempunyai lebih daripada 60 pengkhususan berpotensi yang boleh diceburi. Ia adalah bidang sangat luas bermula daripada pediatrik hingga psikiatri.

"Oleh itu, perubatan adalah bidang yang sentiasa berkembang dengan anjakan paradigma pengkhususan baharu. Ini dengan sendirinya akan menarik minat generasi muda untuk memilih kursus perubatan," katanya.

Beliau berkata, setiap pekerjaan menyumbang kepada kualiti hidup bagaimanapun perubatan meletakkan seseorang di barisan hadapan dalam menyelamatkan nyawa.

"Ia memberikan kepuasan yang tidak dapat diungkapkan dengan kata-kata. Ini adalah profesion yang menawarkan dimensi unik kepuasan kerja mengatasi kebanyakan kerjaya lain," katanya lagi.

Ada sesetengah pelajar perubatan terpaksa menuntut di luar negara atau IPTS kerana gagal mendapat tempat di UA disebabkan jumlah ditawarkan terhad susulan persaingan yang tinggi

Dr Muruga Raj  
Rajathurai,  
Presiden Persatuan  
Perubatan  
Malaysia



Lambakan graduan perubatan hanya akan meningkatkan jumlah doktor kontrak dan menjejaskan keabjikan mereka. (Foto hiasan)



AKHBAR : HARIAN METRO  
MUKA SURAT : 11  
RUANGAN : LOKAL

## DUA MATI MAKAN IKAN BUNTAL

# Penjual dicam!

Oleh Mohamad  
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### Kluang

**P**ejabat Kesihatan Daerah Kluang membuka kertas siasatan di bawah Akta Makanan 1983 berhubung kes kematian pasangan warga emas yang meninggal dunia selepas makan ikan buntal goreng.

Pengerusi Jawatankuasa Kesihatan dan Perpaduan Negeri Johor, Ling Tian Soon berkata, Jabatan Kesihatan Negeri Johor (JKNJ)

sudah menjalankan siasatan di lapangan termasuk mengenal pasti pembekal, pemborong dan penjual yang terbabit di dalam urusan niaga ikan beracun itu.

Katanya, JKNJ mengadakan beberapa sesi perbincangan dengan Jabatan Perikanan dan beberapa universiti tempatan yang mempunyai kepakaran dalam bidang perikanan serta toksin atau racun untuk mendapatkan penyelesaian secara menyeluruh membatkan isu berkenaan.

"Kerajaan Negeri Johor dan JKNJ mengambil mak-

lum akan satu lagi kematian daripada keracunan makanan ikan buntal di Kluang.

"Hari ini (kelmarin) sekitar jam 5.20 pagi, pesakit dikesan dalam keadaan tidak responsif ketika jururawat menguruskan pesakit lain di Hospital Enche' Besar Hajjah Kalsom (HE-BHK)

"Bantuan kecemasan diberikan serta-merta dengan kehadiran pegawai perubatan selama 30 minit sebelum dia diisytiharkan meninggal dunia pada jam 6.20 pagi," katanya dalam satu kenyataan.

AKHBAR : THE SUN  
MUKA SURAT : 7  
RUANGAN : SPEAK UP

## Step forward in suicide prevention

LETTERS  
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**I APPLAUD** the government for moving ahead with the decriminalisation of suicide. This is a step forward for our country.

According to Natalie Drew of the World Health Organisation, suicide needs to be decriminalised to humanise people's distress and society's response to it.

I am glad to see this finally happening as we have been advocating for this for a long time.

Contrary to what many believe, criminalising suicide under Section 309 of the Penal Code does not prevent suicide.

Instead, it instils fear in people who are struggling with suicidal ideation and is a major barrier to reaching out and seeking help, people who are feeling suicidal struggle with intense unbearable emotional pain.

Most of them are also battling mental health problems.

They are engulfed in a sense of hopelessness, helplessness and isolation.

These people need help, care and proper treatment, not punishment.

The fear of being prosecuted adds to their emotional burden.

While we await the repeal of the section to be gazetted, I agree with the moratorium called for those currently in prosecution for suicide attempts.

The criminalisation of suicide stigmatises suicide itself.

Decriminalising suicide can encourage more open conversation and this can help reduce the judgement and discrimination faced by people with mental disorders.

By doing so, we can indirectly encourage more people to seek the help that they need.

At the same time, this can promote more understanding in the community and hopefully create more social support for those who are in emotional distress.

I also welcome the amendment to Mental Health Act 2001 (Act 615), which mandates crisis intervention officers to send a suicidal person for psychiatric assessment the soonest as possible, or within 24 hours.

Therefore, it is crucial to spruce up our

mental health facilities and train more mental health professionals.

Apart from psychiatrists, clinical psychologists, counsellors and social workers play an important role in providing continuous treatment.

We need to also study how to retain these skilled professionals in our country.

As a suicide attempt is an emergency high-risk behaviour, it is essential for the person to be accorded immediate treatment.

The relevant ministry would need to look into proper mental health training for crisis intervention officers and first responders such as firefighters and police officers so that they are better equipped in managing suicidal people with care and sensitivity.

Hospitals and psychiatric clinic staff need to know that empathy is important in treating such patients.

While the focus is on the suicidal person getting the required treatment, the well-being of the officers, first responders, medical staff and carers needs to be highlighted as well.

As we continue to strive ahead, many may ponder, "What's next?"

It is high time for us to reinstate the long-defunct National Suicide Registry Malaysia.

With accurate and reliable data on suicide, relevant stakeholders will be able to design effective and targeted suicide prevention strategies and policies.

At the same time, I urge academicians and experts in the mental health field to conduct more research and studies to create suitable evidence-based interventions and rehabilitation programmes.

For all who have advocated for the decriminalisation of suicide in Malaysia, I want to say a big thank you.

Let's not stop here, there is much more that we need to do to ensure mental health for Malaysians and that all is well taken care of.

For those who are struggling emotionally, please do not be afraid to reach out.

Talk to someone you trust, or call a helpline - Befrienders KL (03-76272929, 24 hours) or Talian HEAL (15555, 8am to midnight).

**Tan Sri Lee Lam Thye**  
Patron, Befrienders KL

## Tread carefully when retabbling GEG bill

**THE** recent move to amend the Poisons Act to exempt nicotine has essentially legalised vaping in Malaysia.

While this may be a win-win action for the government, which needs to increase its tax collection and the vape industry which has been struggling post-pandemic, it may just be a short-sighted decision if meaningful changes are not made to define the new nicotine products in the market.

With innovation, tobacco players have moved from cigarettes to non-combustible products, namely vape, e-cigarettes and heated tobacco products.

With the advancement in science and technology, there will be new products that will come into the market in the next few years and, therefore, the regulations in Malaysia on tobacco control must keep up with the times.

Exempting nicotine from the Poisons Act is just one way to allow the government to collect taxes from vaping immediately.

Prime Minister Datuk Seri Anwar Ibrahim has vowed to table the tobacco generational endgame (GEG) bill which was tabled by the former health minister Khairy Jamaluddin last year in the previous government.

True to the Malaysia Madani governing framework of inclusivity, the prime minister has reiterated that a ban on smokers and vapers is not a viable option, instead, education and fiscal control are the way forward.

This is commendable thinking given that 20% of the Malaysian adult population identify as smokers and/or vapers.

GEG is a contentious bill given the fact that it curtails the freedom of choice for adults who turn 18 after a certain agreed period and beyond from purchasing tobacco products.

While this is a noble intention, the fact remains it is a restrictive policy for young adults, after all the ban remains for those who are below 18.

As the government has some time before tabling the GEG bill again in the next session, it ought to consider other safeguards to ensure that smoking and vaping incidences are reduced.

There are three points that the government should implement to ensure that the tabled bill will be forward-looking and protects the health of younger Malaysians.

First, the government should push for clear category differentiation of combustible and non-combustible tobacco products.

Combustible will cover all the traditional ways of smoking such as cigarettes and cigars while non-

combustible will include vapes, e-cigarettes, heated tobacco, tobacco pods, shishas and the like.

A clearer distinction will help the government in regulating the different categories better, including deciding what taxes to impose.

The best form of taxation for tobacco products should be linked to its risk, the higher the risk, the more the taxes.

On this note, it is high time that the government conduct studies on the risks of vaping and other smokeless products.

The medical community also needs to ask themselves, are they committed to the principles of science?

If they are then they need to support localised studies to ascertain the claims and use them as a guideline to draft more effective tobacco control policies.

Second, there needs to be a clearer definition of what smoking and vaping are.

The government needs to be strict on these vapes, defining clearly the maximum nicotine content and flavours which are allowed.

It is widely known that the flavours, especially the sweet ones which mimic juice and candy, are attracting youths to take up vaping.

If that is the case, the vaping minimum age should be increased to 21 instead of banning it outright.

Third, there needs to be an educational element to safeguard young ones from the harm of vaping.

Vaping is not risk-free and those below 18 should be shielded from it at all costs.

Therefore, the government should be more aggressive on vaping just like it did when it was waging war against cigarettes.

Sloganeering alone is not enough. Governments must educate and engage youths on the dangers of vaping and educate parents and teachers on how to spot whether your under-aged teens are vaping.

The retabbling of the new GEG bill by the unity government is an opportunity to correct the rushed job by the previous health ministry.

It is hoped that this government listens and considers all views in drafting a policy that will help to regulate tobacco consumption in Malaysia, but also be efficient in collecting taxes so that it can help finance the country's development needs.

The prime minister has made a wise first move and it is hoped that the Health Ministry this time will take heed.

**Dennis Quah**  
Kota Damansara



AKHBAR : THE STAR

MUKA SURAT : 3

RUANGAN : NATION

# Make it a deadly serious offence

## Heavier fines, awareness needed on pufferfish sales

By RAHIMY RAHIM  
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**PETALING JAYA:** Stern action can be taken against traders if they are found selling any produce that has substances that are poisonous, harmful or injurious to health, says the Fisheries director-general.

Datuk Adnan Hussain said action can be taken under laws including Section 13 of the Food Act 1983, which carries a jail sentence and fine or both upon conviction.

He added that the risky sale of pufferfish (also known as ikan buntal) prepared by those who are not certified warrants serious attention.

"Incidents involving pufferfish consumption include the episode reported last November in Selangor, where the fish was bought online," he said yesterday as he reminded everyone involved – be they exotic fish enthusiasts, the general public or fishermen – to be careful.

"Those purchasing fish online, especially in the form of fish fillet, need to properly check the species of the fish as well as the type of fish they bought."

On Saturday, Eng Kuai Sin @ Ng

Chuan Sing, 84, who was in a coma after eating pufferfish with his wife two weeks ago, died at the intensive care unit (ICU) of Hospital Enche' Besar Hajjah Kalsom in Kluang.

He had been warded with his wife, Lim Siew Guan, who died on March 25.

Eng was admitted to the ICU after the couple ate pufferfish bought online from a supplier in Batu Pahat who gets his supplies from fishermen in Endau.

Universiti Sains Malaysia (USM) Centre for Marine and Coastal Studies director Prof Datuk Dr Aileen Tan called on the authorities to create more awareness and for the relevant bodies to tighten enforcement.

"There must be regulations put in place when it comes to selling pufferfish.

"It is important that there is a clear law as even the fishmongers know they can claim they are unaware of the toxins (contained therein)," she said.

Prof Tan, who is also the Fisheries Society president, said pufferfish is relatively common to our waters and sliced fish is difficult to identify – leading to what she described as a deadly combination for the unassuming public.

She added that when fish is

sliced, a non-expert would not be able to determine its species.

"The public will not know if it is a pufferfish unless it is alive and all puffed up. Once it is cleaned, you really do not know what fish you are purchasing.

"All big fish that are cut into slices will look alike. You could ask the fishmonger, if he is honest about what you are purchasing.

"(Otherwise) this could lead to what happened with the elderly couple," she said.

Friends of the Earth Malaysia's Meena Raman said the sale and consumption of the deadly fish show there is still not enough awareness.

"More needs to be done by the authorities to prevent tragedies like this.

"The fishmonger who sold the fish to 'unsuspecting consumers must be taken to task.

"The Fisheries Department must do more to educate fisherfolk not to catch pufferfish, while

markets must be inspected by local authorities to ensure such fish is not on sale," she said.

Johor health and unity committee chairman Ling Tian Soon said an investigation into the deaths of the couple is under way, adding that the Johor Health Department had taken action as soon as the case was reported.

"The department has carried out an investigation to identify the supplier, wholesaler and seller of the pufferfish," he said.



**Guessing game:** Once the fish is cleaned, it is hard to identify the highly toxic pufferfish from other types of fish.



AKHBAR : THE STAR  
MUKA SURAT : 11  
RUANGAN : NATION

# Well-earned rest for health chief

## After 35 years of service, Noor Hisham is ready to pack up his scalpel

By FATIMAH ZAINAL  
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**PETALING JAYA:** Health director-general Tan Sri Dr Noor Hisham Abdullah is ready to retire this month after having served the nation for 35 years, of which the last few have been among the most challenging in his illustrious career.

The father of six said he is looking forward to spending more time with his family after he steps down on April 21, the day he reaches 60 and the mandatory retirement age for public service members.

"Retirement is the next chapter of life. It's a life journey. I will cross one bridge at a time," the Selangor native told *The Star*.

Asked if he will enjoy being retired as he is known to be a workhorse, he cheekily replied: "Let me experience retirement first and I will share with you my experience later."

Having led Malaysia's response to the Covid-19 pandemic, Dr Noor Hisham is well remembered for helping to steer the nation out of the health crisis that crippled much of the world since 2020.

Grateful Malaysians immortalised the country's famous medical commander in murals.

"It's a memorable part of my medical journey to handle the pandemic and lead the challenge until we are (now) almost back to normalcy," he said.

It is by no means the only highlight of his stellar career.

Dr Noor Hisham said he is also proud of the honour he was given to deliver the prestigious Martin Allgower lecture at the World Congress of Surgery in Krakow, Poland, in 2019 before 2,000 global surgeons.

(The lecture commemorated Prof Allgower, an internationally renowned surgeon who was the Department of Surgery chair at the University of Basel in Switzerland from 1967 to 1983.)



**Next chapter:** Dr Noor Hisham (in batik) who blazed a trail in Malaysia's response to the Covid-19 pandemic is looking forward to the 'challenges' of retirement. He is pictured in this file photo with nurses at the launch of the Evolution Of Nurses' Uniform exhibition at the National Museum.

Another high point was charting Malaysia's long journey towards achieving the World Health Organisation's (WHO) goal of eliminating Hepatitis C by 2030 and addressing the issue of access affordability and equity.

"There are many more rewarding and fulfilling moments of my work. This includes establishing the parallel pathway in 15 specialties and many other high-impact initiatives of the Health Ministry with good outcomes and at reasonable costs," he added.

Dr Noor Hisham was himself a renowned surgeon who blazed trails on numerous global stages including as the first Malaysian International Surgical Society (ISS) Global Surgery Committee chairman from 2017 to 2021 and as the chair of the first WHO Standing Committee on Health

Emergency Prevention, Preparedness and Response, a position he was appointed to in December last year.

He was the first Malaysian to receive such recognition.

Dr Noor Hisham joined the public service as a medical officer in August 1988 before assuming the position of general surgeon in 1994 and serving as general surgeon of Hospital Putrajaya in 2004.

He succeeded Datuk Seri Dr Hasan Abdul Rahman as the Health director-general on March 1, 2013. Prior to that, Dr Noor Hisham had held the post of deputy Health director-general (medicine) since Feb 1, 2008.

Despite helming the ministry as a top civil servant, Dr Noor Hisham said he never forgot his calling as a surgeon.

He graduated with a Master's degree in surgery and a Doctor of Medicine degree from Universiti Kebangsaan Malaysia before continuing his studies in the field of endocrine surgery and training at several universities in Adelaide and Sydney, Australia.

"Apart from being an administrator, I am also a practising breast endocrine surgeon. I am always a surgeon, trained as one and known as one," he added.

While he has achieved much in his profession, Dr Noor Hisham said there remains one thing he wishes to see – the realisation of the Health White Paper, which aims to strengthen the country's health system holistically as well as implement key systematic reforms and address all healthcare service issues.

Health Minister Dr Zaliha

Mustafa has said the White Paper is expected to be tabled in Parliament in June.

"The tabling of the paper is critical and will mark the starting point of the country's journey towards health reforms," said Dr Noor Hisham.

He said the opinions and ideas of various stakeholders have been consistently sought and that the cooperation of the private sector and NGOs is critical in ensuring the success of the healthcare reforms.

A proposal to set up a Health Service Commission to enable the ministry to recruit medical officers is among the recommendations in the Health White Paper, he noted.

"It is important to put the hiring process of medical officers under the Health Ministry to resolve the issues of contract doctors and permanent positions," he said.

Currently, the hiring process is dependent on the Public Service Department and the Finance Ministry in terms of allocations.

Of late, there has been much angst and discontent including threats of strikes over the unresolved issues surrounding contract doctors such as lack of job security, low on-call payment rates, gruelling hours, and bullying, among others.

The contract-doctor system was introduced in 2016 to overcome the glut of medical graduates in Malaysia.

Dr Noor Hisham said discussions on healthcare, organisational and financial transformation for the Health Ministry have been ongoing for many years and it was now time for a serious change.

"There have been almost 40 years of discussions but no action despite multiple studies done.

"I wish to see the content of the Health White Paper be implemented and realised so that there can be a strengthening of the health system," he added.

## Help fund Sabah's health facilities

**KOTA KINABALU:** Sabah wants the Health Ministry to prioritise funding of the state's health facilities, many of which are lacking in services and proper infrastructure.

Chief Minister Datuk Seri Hajiji Noor said funds should be allocated for the health facilities in Sabah to ensure proper healthcare is provided for its people.

He said this to Health Minister Dr Zaliha Mustafa who paid him a courtesy call at his official Seri Gaya residence here yesterday.

She briefed the Chief Minister on the existing and future health development programmes and projects in the pipeline for Sabah.

In calling for Sabah to be given priority in allocation for development and upgrading of health facilities, Hajiji said that Sabah is one of the states that has the most hospitals and clinics in the country but most of them are in a dilapidated state.

"Sabah really needs a fair distribution of development allocations, including for new construction and upgrading existing infrastructure and health facilities," he said in a statement issued following the meeting with Dr Zaliha.

Dr Zaliha was accompanied by Deputy Health director-general Datuk Dr Norhayati Rusli and Sabah Health director Datuk Dr Rose Nani Mudin during the courtesy call.



AKHBAR : THE STAR

MUKA SURAT : 13

RUANGAN : VIEWS

# Improving mental healthcare

THERE are several weaknesses in how Malaysia is tackling mental health problems within our society.

Statistics from the National Health and Morbidity Study conducted in 2019 revealed that almost half a million Malaysians experience depression. With Covid-19 exerting additional pressure on physical health as well as on social aspects of our lives such as financial hardship, this figure would surely have increased in the past three years.

I believe the data shows that this country does not take mental health seriously enough. Here are some of the system's weaknesses in this area in my view:

- > The number of mental health professionals is too low and services not widespread enough.

Most such professionals are concentrated in Penang and the Klang Valley, making it difficult for those in need of mental health services but live elsewhere.

- > There are too few psychiatrists, clinical psychologists and counsellors working in the government sector. This makes it difficult for those in the B40 (lower income) category to access treatment as they cannot afford to pay private sector prices.



Filepic/The Star

- > The cost of some of the medications for treating mental health conditions is too high for most people, especially those in the B40 category.

- > Due to the low level of education and awareness about mental health, Malaysians generally have negative perceptions as well as stereotypical views of those with mental health problems. As a result, most people with problems are ashamed to get help.

I recommend that the government take the following steps to effectively tackle this pressing issue:

- > Encourage interest in psychiatry, clinical psychology and coun-

selling so the public healthcare sector can hire more mental health professionals to offer affordable services throughout the country (and not just in Penang and KL).

The Health Ministry should provide high enough wages and benefits to these specialists so that they are not attracted by the private sector.

- > Extend higher education courses in the fields of psychiatry, clinical psychology and counselling to all higher education institutes in Malaysia so there will be more graduates in the mental health field.

- > Provide financial assistance

for mental healthcare services so the costs of medication and counselling services as well as therapy can be reduced. This will alleviate the financial burden of such care, especially for people in the B40 category.

- > Every government health clinic in every town throughout Malaysia should have at least one psychiatric doctor given the seriousness of mental health problems in our society.

- > Launch a nationwide campaign to change society's negative perceptions of and stereotypes about mental health diseases as well as those suffering from them.

- > Provide mental health education at secondary and tertiary education levels to cultivate awareness among the youth about how important mental healthcare is.

Good mental health is every individual's right. A country can only progress if its citizens' mental health is well cared for. Therefore, the government should make mental healthcare a priority and take proactive steps such as the above for the sake of our society's well-being.

JV  
Ipoh