BRIEF COMMUNICATION

Circle of Care Project: a tool for growth in Psychosocial Interventions in Malaysia

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Abstract

This short report aims to describe the Circle of Care (COC) Project in Malaysia. This is an example of a smart partnership between the Malaysian Psychiatric Association (MPA) and Johnson and Johnson which began in 2003. By means of philanthropic funds from an industrial company, many people have benefited in many different aspects through the project. It consists of three main psychosocial activities: education and support programme for carers and families of people with mental illness; psychosocial rehabilitation for patients with mental illness; and mass education for the people in promoting mental health and prevention of mental health problems and illness. To date, the project has either fully or partially funded hundreds of activities along the line of these three objectives. While there has been growth of psychosocial interventions in the country contributed by the project, it is faced with a few challenges which are becoming the next focus of actions of MPA.

Keywords: Circle of Care, psychosocial interventions, family intervention, rehabilitation, mental health promotion

Introduction

Over the recent decades, treatment of mental illnesses had shifted from a sole focus on the use of medications to the integration of psychosocial interventions to facilitate recovery of patients. For a successful recovery, it is understood that patients and their families need to be helped on psychosocial aspects to promote functioning, social network and quality of life. This is especially so for those who suffer from severe mental illnesses. This fact is supported by numerous studies in the literature1-10.

While the evidence for the usefulness of psychosocial interventions is extensive, the development of these activities had been relatively slow as compared to the development of other services in Malaysia. One of the biggest challenges faced by service providers had been inadequate financial budget. This smart partnership between Malaysian Psychiatric Association, Johnson and Johnson, and the end users through the COC project has facilitated the development of this aspect of treatment in the country and benefited thousands of people in the country.
**Circle of Care (COC) Project**

The COC Project was initiated in 2003 by AKAB (third author). An amount of financial grant was secured from Johnson and Johnson (through its Janssen Cilag branch) during that year. Up to now, this dedicated budget which comes from a philanthropic Give2Asia Grant of the industrial company is still coming regularly and reaching its users for the promotion of mental health and recovery from mental illness in the country. It was agreed that the fund be managed by the Malaysian Psychiatric Association (MPA), as a non-partitioned professional organization upholding the importance of mental health and recovery from mental illness in the population. To ensure a smooth running in securing, distributing and monitoring the use of the budget, MPA receives valuable technical support from the Janssen Cilag Malaysia. Important to note here, that the company is not involved in any decision making on the selection of fund recipients and the approval of any program.

The society had unanimously decided on three main objectives in the use of the funds. This is in parallel to three main activities to be carried out by the fund recipients. These activities are: 1. Education and support program for carers and families of people with mental illness; 2. Psychosocial rehabilitation for patients with mental illness and; 3. Mass education for the people in promoting mental health and prevention of mental health problems and illness. The use of the funds was decided to be strictly for psychosocial interventions and not for use in any pharmacological-related program. This is to ensure non-violation of any ethical issue that may arise from a partnership with a pharmaceutical company such as this.

Application for budget is opened to psychiatric centers and organizations which run services in line with the three objectives and activities. A standard application form and guideline on how to apply for the budget were devised and disseminated through the website of the society. Approval of the budget is done on consensus basis among the committee members during their monthly meetings. The approval of a project is only considered after a thorough assessment on the accountability of the fund recipients and their programs where there is ambiguity to avoid misuse of the funds. From 2003 to 2010, funds amounting from as low as RM 500 to as high as RM 20000 have been given out for specific activities along the line of the three project’s objectives and activities targeting specific group and number of participants.

Up to date, the COC has funded hundreds of specific programmes at many different mental health and public facilities including the mental and general hospitals, primary health care centers and others. Activities carried out include family interventions for those with severe mental illnesses, and a wide range of psychosocial rehabilitative activities including supported employment for the same group of patients; both of which are evidence-based treatments\(^{9-11}\). Other activities include de-stigmatizing and educational programs targeted to the public or specific populations at risk for mental health problems, for example, public forums, counseling for youth, mental health walk and others. On a few occasions, the media has been involved during these events for better dissemination of important messages. While most activities are organized by doctors and mental health supporting staffs, carer groups and other
non-governmental organizations also take the lead in delivering certain activities. The COC project has funded either fully or partially the above-mentioned activities. For longer-term activities, particularly the rehabilitation programs, COC funds are either approved for the initiation, sustenance or expansion of the same or different programs. It is not the scope of this article to discuss the details of each specific program.

On the monitoring end, MPA requires a program report using a pre-devised format to be submitted to the society on completion of the programme after the stipulated time. The society also does random visits to any of the programme centers from time to time. As a form of monitoring and sharing of the whole COC project and individual programmes at different sites, MPA regularly opens channels of communication through project presentations either during the society’s annual conference or stand-alone workshops. Through these channels of information sharing, the COC project has been seen to have contributed to the growth of activities promoting mental health and recovery of patients from mental illness in the country.

Despite the success of the COC project felt by mental health providers involved in carrying out the approved activities, the society realizes the need for a more careful assessment of its outcome, not only at the programme level, but also at the level of individuals receiving the interventions. On this note, it is MPA’s plan in the future to embark on a research studying COC project outcome at individual user level using a more scientifically acceptable study methodology. Another challenge faced by MPA as the organizer of the project is the difficulty in getting timely reports from the fund recipients. A more strict enforcement of de-listing of fund recipients who have not submitted their previous reports on time may improve this situation. These are the next focus of actions of the society with regard to the project, besides ensuring continuous flow of the project’s funds coming from its funder.

**Discussion**

Psychosocial interventions have long found their place in the treatment of individuals with mental illness in order to achieve a meaningfully optimum recovery. Either delivered to the ones suffering from the illness, their families and the society, specific interventions may bring important improvement in the patients’ milestones of recovery. In Malaysia, as we struggled to ensure enough medications and other basic services for the patients, these interventions faced a challenge of budget limitation for their growth and expansion.

The COC project, a smart partnership for service development between MPA and Johnson and Johnson, has contributed significantly to the development of these interventions in the country. Encouragingly, more and more such interventions are mushrooming at the different centers in Malaysia. However, whether the COC has contributed to the promotion of mental health of the targeted Malaysians and the recovery of the people suffering from mental illness, this needs to be answered through a proper research with scientifically sound methodology, which the society recognizes and planning to embark.
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