ORIGINAL ARTICLE

Treating Mental Health Patients Through Communal Care: Views from *Maqasid Al-Shariah*

Ida Madieha Abdul Ghani Azmi, Mushera Bibi Ambaras Khan, Sahida Safuan

Department of Civil Law, Ahmad Ibrahim Kulliyyah of Laws, International Islamic University Malaysia, 50728 Kuala Lumpur, Malaysia

ABSTRACT

Introduction: Prior to the Mental Health Act 2001, the law mandates the isolation of psychiatric patients from the community to safeguard the interest of the latter. The Mental Health Act 2001, instead, encourages rehabilitation of the patient within the community setting which provides a significant contribution to the treatment of mentally ill patients. In lieu of this, the Act establishes the Community Mental Health Service, where the community is seen to be the primary care provider for these patients. Community care ensures patients maintain continuity of work and connection with other people in their own community while reducing the stigma related to receiving treatment in psychiatric institutions. **Method:** Through doctrinal analysis, key provisions of the Community Mental Health Services outlines in the Mental Health Act 2001 is analysed with assistance from *maqasid shariah*. **Result:** Community mental health is a notion that aligns with the *maqasid shariah's* three fundamental pillars: individual education, justice, and bringing *maslahah* to the entire community. **Conclusion:** All three aspects of *maqasid* must clearly be incorporated to establish a more comprehensive policy on caring for mental patients through community-based treatment. Malaysian Journal of Medicine and Health Sciences (2022) 18(19) 178-182.doi:10.47836/mjmhs.18.s19.27

Keywords: Community Mental Health Service, Mental Health Act 2001, Preservation of *al-aql*.

Corresponding Author:
Sahida Safuan, PhD
Email: sahidasafuan@iium.edu.my
Tel: +60193640071

INTRODUCTION

In certain cultures, isolating a mentally ill person from the community is deemed acceptable. Due to ignorance, it was felt that the best way to treat mental patients is to put them in strait jackets. People with mental illnesses are frequently confined to a sanitorium, where they are expected to live, away from society, so as not to harm them until they recover. [1] This barbaric practice known as "shackling" exists across 60 countries, and becomes pervasive due to a lack of knowledge and education on the proper treatment of mental patients. Despite its extensive practice, it is mostly unnoticeable since it takes place behind closed doors, frequently in secret, and is kept hidden from the public eye to avoid shame and stigma. [1]

The family or caregiver sincerely believe that chaining will benefit the patient by preventing them from harming themselves or others. However, it hinders the disease's healing process and worsens the patient's condition. It is unfortunate that not many countries disallow this practice. For instance, in Indonesia despite the government outlawing shackling or better known as "pasung" in 1977, people with mental illness continue to be chained and isolated in a confined space. In 2017, it was reported that 28.1 per cent of mentally impaired people with were still found locked up within the premise of their houses in Indonesia. [2]

Social isolation has long been identified as a major contributor to mental disease. [3] It is observed that isolating these patients on continuous bases creates behavioural issues. [4] This observation led to a reversal of ideas to rehabilitate the patients within the community they live instead of confining them. People with mental disorders require extensive community support, particularly from their own family, friends, and neighbours. With this insight, the focus on mental patients' segregation in institutional settings has shifted to encouraging treatment in community settings.

Malaysia has managed to develop its mental health care by moving away from custodial care towards community care. Although severe mental illness like schizophrenia and bipolar in relapse episode may still require inpatient management, more stable cases and other mild cases of mental illness is best treated and rehabilitated within the community. [5] [6]

MATERIAL AND METHODS

This paper employs a doctrinal approach by analysing the Mental Health Act 2001, particularly with respect to the Community Mental Health Services programmes introduced therein. The paper also examines the five primary objectives of the *Maqasid shariah* in order to provide recommendations for the care of mental health patients in a more caring manner.

RESULTS

The community integration of people with mental disorders has been addressed by the Malaysian Ministry of Health (MOH) through the establishment of Community Mental Health Centres (CMHC) or known as MENTARI to provide community-based screening, early detection, treatment, and rehabilitation services to the mentally ill person. MENTARI was initiated as a response to Part VI of the MHA 2001 which outlines the treatment and rehabilitation of mental patients. Section 32 of the MHA 2001 described CMHC as, a facility for community care that provides screening, diagnosis, treatment, and rehabilitation for anyone with a mental illness. It is a system in which the community, rather than a facility, serves as the primary source of care for mentally ill individuals. [7] The goal is to provide a continuum of services and supports (which include housing, employment, recreation and etc.) that is personalized and customized to the need of each person suffering from a mental disorder. [7]

According to Section 35(1) of the MHA 2001, the person in charge of the CMHC is a medical officer trained in psychiatry, assisted by other medical and non-medical personnel either in clinical or non-clinical settings. [8] The private sector is now being encouraged to provide community care for the mentally ill person. [9] Thus, Section 34 of MHA 2001 provides for the appointment of gazetted private CMHC. The community care treatment available at CMHC will be delivered on an outpatient basis, and the patient will not be accommodated at the facility. The facility serves both voluntary patient as well as involuntary patients who have been ordered by the Medical Director to receive community care treatment at one of the CMHCs. As it is critical to ensure that the services provided by the CMHC are affordable to patients MENTARI provided a free consultation for the patient's first appointment, with a small charge of RM5 for any subsequent follow-up.

The CMHC aims at providing ongoing treatment in a more convenient and accessible manner, reducing stigma and discrimination, promoting mental illness screening and early treatment, and providing psychosocial interventions such as counselling, psychotherapies, as well as patient and family education. [10] Among the important roles play by the CMHC is to give an early assessment for walk in client that need an urgent assessment. It also facilitate the early discharge patient and help them recover from acute or serious phase of illness where training on illness management and the use of medications will be given to the patient. [11] The CMHC also offers mental health counselling and education to the family members on how to look after the mentally ill at home, as it is critical for family members to gain a better understanding of mental illness to ease them in taking care of the mentally ill. [12] As the patient shall not be lodged at the CMHC for more than 24 hours, the centre provides way and guidance on how the patients to be maintained and taken care at home. [11] The patients are train to manage and handle their own activities of daily living (ADL) which involves everyday basic life activities in a home or society setting. The CMHC uses a clubhouse model to foster patient empowerment. [11] This entails a psychosocial rehabilitation that requires members to partake in every day household pursuit as well as networking and research within the clubhouse. [13] It emphasises a step-by-step approach, with individuals acclimatise to other members of the clubhouse, before taking part in society. [14] The clubhouse emphasises teamwork and provides a great opportunity for the members to be involved and contribute to its daily operation. This is based on the notion that everybody has the inherent strengths to recuperate from mental illness to subsequently enjoy a normal life. [15] The successful recovery from mental illness through the clubhouse approach will able to change the society's perception and reduced stigma toward people suffering from mental illness. [16] Furthermore, a systematic review of the literatures discovered that clubhouse participation is linked to greater employment, well-being, and reduced admission into hospitals, especially for severe mental patients. [15]

Aside from that, to assist mental patients integrate into society, the CMHC established a job club where the focus is on job search and placement. [11] Employment is an important driver for the recovery of mental patients. Recognizing the need of finding employment for the mentally ill, one of the MENTARI's core function is positioning these individuals at workplace as well as assistance in job placement (IPS-SE). IPS-SE enables people with disabilities to earn a living via normal employment while receiving all essential support and assistance to help them maintain employment and advance their careers. [17] Through this initiative, around 1011 individuals with mental health issues have taken part in the job assistance programme offered by the

various MENTARI centres in Malaysia. [8] The number of people who have participated in this employment support programme has increased significantly from 160 in 2014 to 453 in 2017 to 1011 in 2019. [8]

There are 3 important aspects in *maqasid shariah*. First, educating the individual which emphasises the concept of reform rather than punishment. [18] It is through reforming the individual that Islam aims at achieving these goals. Acts of devotion (*ibadat*) are a part of Islamic educational programme that aims to educate believers and enable them to be valuable members of society while also preventing them from causing harm to themselves or others. Educating the individual in good value and moral excellence leads to purification of character.

The second aspect of maqasid focus on the concept of justice which means placing things in their right places where they belong. [18] People are urged to be just to others at all levels. This is in line with Allah's commandment in *Al-Maidah*, verse 8 where the idea of fairness is highlighted in which Allah orders Muslims to be fair in giving their testimony so as not to oppress others. Allah also underlines the need for justice to be served to everyone. Further, Allah warns Muslims not to act unfairly by letting their enmity blind them. Justice must be sought in the spirit of benevolence (*ihsan*), which implies it must be sought even if it is not requested. Justice must be pursued and defended wherever it is found whether inside or outside the declared provisions of the law. [18] Even if there is nothing in the *shariah* that points in the direction of justice, it should be attempted, and the essence of such efforts should always be in accordance with the *shariah*.

Another aspect of *maqasid* is to focus on public interest (*maslahah*). The established aims of *maqaṣid* to further 'well-being' (*maṣlaḥah*) in the evasion of 'harm' (*mafsadah*) [19]. *Maslahah* is the core element in discussing the *maqasid* in which al-Imam as-Syathibi had mentioned that "*shariah* is established none other than for the goodness of mankind in this world and the hereafter".[20] If there is a clash between attainment of well-being and avoidance of harm, we must take a position that will promote the latter. For instance, rescuing a drowning man take priority over performance of daily prayer. *Shariah* only protect the genuine (*haqiqiyah*) *maslahah* as opposed to plausible (*wahmiyyah*). The genuine maslahah therefore must always relate to the protection of five essentials interest which refers to the protection of '*hayah*' (life), '*din*' (faith), '*aql*' (intellect), '*mal*' (property), and '*nasl*' (linage). [20] The five primary objectives of the *Shariah* must be given utmost consideration, and all measure must be taken at safeguarding them, whether by individual or by the government authority.

Man has been granted by Allah with *aqal* that have the ability to distinguish between right and wrong in order to make choices to solve any difficulties faced in life. As human is Allah's successor on earth, it is important to maintain the wellness of mind. In *Al-Hajj*, verse 46, Allah encourage humans to use their mind to contemplate upon His creation and to understand their duty on earth. Hence, if preservation of mind being ignored, it will lead to mental health issues. Besides physical fitness, Islam also places importance to mental and emotional fitness. It encourages its disciples to seek treatment for every disease they suffer from, be it physical or mental illness. The Prophet was enquired once whether Muslims should indulge in medical treatment. In response, the Prophet emphasised the need for medical treatment, stating that Allah had not created a disease without a cure. [21] It is a simple analogy where a person suffering from a broken leg, will get a treatment from a doctor so that he heals properly. The same principle applies equally to mental illness. All effort must be made to find the cure for mental illness. This is also in line with the protection of life, where one should avoid anything that lead to the obstruction of his life which could include the rejection to medical treatment.

Muhammad ibn Zakariya al-Razi, an Islamic scholar in the field of mental health opined that mental disorders should be considered and treated as medical conditions. [22] His approach in treating psychiatric patient includes "detailed clinical observations of patient. He also provide treatment which include diet, medication, and different types of therapy such as occupational therapy, aromatherapy, baths, and music therapy". [22] Al-Razi also did not neglect the importance of integration of the patient back into the society after being discharged. Hence, he provides a discharge programme where patients were given a sum of money to assist them with their immediate needs and help their transition back into society. [22]

DISCUSSION

Community mental health is a notion that aligns with the maqasid shariah's three fundamental pillars: individual education, justice, and bringing maslahah to the entire community. People who suffer from serious mental illness frequently struggle with social interaction. One of the things that help mental patients heal is having a community around them that is encouraging and helpful. The community is the most crucial stakeholder in helping a person with a mental illness who is already exhibiting the typical symptoms of isolation and loneliness to recover. People with psychological disorder need to be treated gently without any stigma from the community. This is the most important aspect to be reflected so that they will not refuse to the treatment. Community treatment allows the patient to interact and communicate their feelings with others. Interaction is the vital key in fostering trust, reducing stress and removing pain. The mentally ill person should be encouraged to interact a

lot in order to strengthen their resilience to move on with life. Therefore, promoting awareness of mental health in the community is essential to aid the healing process for those who suffer from mental illness.[23] In addition to that, participation in the community also fosters a sense of social connectedness and belonging. Involvement in the community helps to lower the risk of mental illness through sharing hobbies and activities. It is interesting to note that Islam highly encourage its disciples to help and support one another, especially during tough situations. The community mental health services is in line with the hadith narrated by Abu Huraira where he reported that the Prophet said, whoever alleviates the suffering of his fellow brothers, Allah will lessen his suffering from the sufferings of the Hereafter.[24] In addition, Islam treated all the disciples equally. No one has the rights to bring down another just because they suffer some defect. This is in line with Allah's commandment in *Al-Hujurat*, verse 13, where the most noble among the Muslim is the one who is the most righteous.

CONCLUSION

The community mental health service is consistent with the three pillars of *maqasid shariah*, namely, educating individuals, enforcing justice, and maintaining *maslahah.* This effort has the ability to educate the public about mental illness while also eliminating stigma among those receiving treatment. It promotes social integration and encourages the mentally ill to seek help and to utilize the service. It delivered the message to them that having mental health issues is acceptable, and that no one is isolated from such issues. The most important thing is to continue the effort to be better and fully recover. As stigma can be eliminated when people comprehend the concept of mental illness, this would allow justice to be served to patients and their families, as patients would no longer be fearful of receiving proper treatment. At the same time, family members will not be shunned by society simply because they are responsible for caring for the mentally ill. In exchange, the *maslahah* of all those concerned in care for the mentally ill, as well as the mentally ill himself, can be secured. Hence, all the three aspects of *maqasid* must clearly be incorporated in order to establish a more comprehensive policy on the Community Mental Health Programme in Malaysia.

ACKNOWLEDGEMENT

REFERENCES

1. Human Rights Watch (2020) Living in Chains Shackling of People with Psychosocial Disabilities Worldwide.
2. Chan L (2019) Mental Health in Asia: The Numbers. In: Singapore Int. Found. https://www.ourbetterworld.org/series/mental-health/facts/mental-health-asia-numbers. Accessed 27 Nov 2021
3. (2013) Mental health and social relationships.
4. Kennedy EM (1990) Community-Based Care for the Mentally Ill: Simple Justice. Am Psychol 45:1238–1240
5. Ayano G (2018) Significance of mental health legislation for successful primary care for mental health and community mental health services: A review. African J Prim Heal Care Fam Med 10:1–4
6. Povera A (2019) Mental health and awareness: "Most people seek bomoh's help." In: New Straits Times. https://www.nst.com.my/news/nation/2019/01/450024/mental-health-and-awareness-most-people-seek-bomohs-help. Accessed 28 Nov 2021
7. Bentley KJ (1994) Supports for community based mental health care: Health Soc Work 19:288–294
8. CodeBlue (2020) MOH Plans 40 Community Mental Health Centres By 2030. In: Mentari Malaysia.
9. Midin M, Zainal NZ, Lee TC, Ibrahim N (2018) Mental health services in Malaysia. Taiwan J Psychiatry 32:281–293
10. Ministry of Health (2013) Community Mental Health Centre Implementation Guideline.
11. Medical Development Division Ministry of Health Malaysia (2011) Psychiatric and Mental Health Services Operational Policy.
12. Bernama (2018) Empat institusi mental, 33 hospital kerajaan sedia perkhidmatan psikiatri. In: Astro Awani. https://www.astroawani.com/berita-malaysia/empat-institusi-mental-33-hospital-kerajaan-sedia-perkhidmatan-psikiatri-171483. Accessed 29 Nov 2021
13. Hinchey L, Michon A, Drews J, Price M, Christian J, Pernice F, Aquila R (2021) Clubhouses as Essential Communities During the COVID-19 Pandemic. J Psychosoc Rehabil Ment Heal. https://doi.org/10.1007/s40737-021-00242-8
14. Carolan M, Onaga E, Pernice-duca F, Jimenez T (2011) A Place to Be : The Role of Clubhouses in Facilitating Social Support. Psychiatr Rehabiltation J 35:125–132
15. McKay C, Nugent KL, Johnsen M, Eaton WW, Lidz CW (2018) A Systematic Review of Evidence for the Clubhouse Model of Psychosocial Rehabilitation. Adm Policy Ment Heal Ment Heal Serv Res 45:28–47
16. Fountain House. https://www.fountainhouse.org/about. Accessed 16 May 2021
17. Ismail I, Jusoh NM, Yunus J, Bakar AKA (2015) Digital health informatics to monitor the quality of individual placement & support model of supported employment (IPS-SE) services in Malaysia. ARPN J. Eng. Appl. Sci. 10:
18. Kamali MH (2006) An Introduction to Shariah. Ilmiah Publishers, Kuala Lumpur

19. Aziz SA, Mahaiyadin H, Embong R, Alias nurul A (2020) Maqasid daruriyyah al-kulliyah (universal essential objectives) in the preservation of nature. J Crit Rev 7:487–491

20. Introduction to Maqasid al-Shariah. https://muftiwp.gov.my/en/artikel/irsyad-usul-fiqh/3099-irsyad-usul-al-fiqh-33-introduction-to-maqasid-al-syariah. Accessed 17 May 2021

21. Medicine and Spells. https://sunnah.com/mishkat:4532. Accessed 16 May 2021

22. Yilanli M (2018) Muhammad ibn Zakariya al-Razi and the First Psychiatric Ward. Am J Psychiatry Resid J 13:11

23. Iseselo MK, Ambikile JS (2020) Promoting Recovery in Mental Illness: The Perspectives of Patients, Caregivers, and Community Members in Dar es Salaam, Tanzania. Psychiatry J 2020:1–11

24. The Book Pertaining to the Remembrance of Allah, Supplication, Repentance and Seeking Forgiveness. https://sunnah.com/muslim:2699a. Accessed 17 May 2021