WEDNESDAY 7 January 2004

The Kinta Alliance for the Mentally III support group in Perak teaches caregivers the right way to deal with mentally ill family members, writes CHRISTINA KOH.

AT, a homemaker from Ipoh, refused to believe that her 14-year-old son Sean could be suffering from schizophrenia. For months, Sean's teachers had tried telling Pat that her son would disrupt classes by yelling to someone that wasn't there or breaking things in response to a voice that he had heard.

But Pat thought that her son, who was a hardworking boy, was probably feeling the pressures of school. Then came the day when Sean told his mother that "ghosts" would sometimes speak to him and frighten him because they would say bad things or tell him to run away

Fearing for her child's safety, Pat took Sean to see a medium who told her that her son was possessed because he had accidentally "stepped" on a wandering spirit. She ended up paying thousands of ringgit to the medium who conducted prayers to cure Sean. Psychiatrist Dr Cheah Yee Chuang from

Hospital Bahagia Ulu Kinta says Pat's decision came from a mother's simple denial that her child was suffering from a mental illness

"The worst hit are always the mothers because many of them have difficulty coming to terms with the fact that their child has a mental disorder. Although the loved one is not dead, the family has to deal with the grief of losing someone who is not quite the person they knew and loved," she says.

Dr Cheah cites other cases of families who thought their teenaged children were only going through the turbulent stages of adoles-

The tell-tale signs are there - withdrawal from family activities, dullness, keeping to themselves and locking themselves constantly in their rooms - but these are seen as sympthoms of a generation gap and alienation from grown-ups.

In Sean's case, the onset of mental illness

Understanding is the best medicine



Although the loved one is not dead, the family has to deal with the grief of losing someone who is not quite the person they knew and

Dr Cheah Yee Chuang, psychiatrist

had been noticeable, but many silent sufferers who display mostly symptoms of withdrawal and apathy can go untreated for up to 20

Realising that a loved one is suffering from a mental illness can be devastating. Recognising this, the Health Ministry's family health division and the Malaysian Mental Health Association pushed for the setting up of support groups for families with mentally

The first support group, Movement to Incorporate New Developments and Actions for the Mentally Ill (Minda), was set up in Johor last March. This was followed two weeks later by the second group in Perak -the Kinta Alliance for the Mentally Ill

These support groups use references and guidelines introduced by the US National Alliance for the Mentally III (Nami). Nami, set up in 1978 when two mothers came together after sharing the secret that their children were suffering from a severe mental illness has since introduced its modules in over 20

Caregiver Zainun Rohaya Mohd Zain, 47, can still remember the hurt she felt when neighbours and relatives dismissed her as coming from a gila family.

Four of her six brothers had been diag-

nosed with mental illness which ranged from schizophrenia and delu-sion to severe depression.

One of her elder brothers who was under the delusion that he had been hounded since the age of 18, locked his wife in the house and refused to let her out.

A younger brother, a police officer suffering from colon cancer, was so tormented by his condition that he attempted suicide.

"I once thought to myself, God must be punishing us for something we did. I was a very different person then. I was angry and restless, and often lashed out at my chil-dren and family members. I blamed my brothers, telling them it was all their fault. I wanted to hide them from neighbours and friends because I didn't want people to know about them," says Zainun.

"As caregivers, we are often forced to shoulder the entire burden from monetary support to providing medication and bringing family members to the clinic for follow-up treat-

The caregivers also have to adjust to the reality of this illness among their loved ones

and the loss of a once-healthy family member. These feelings are often buried inside

them, causing them to suffer. "We cry, we feel sad, angry, ashamed and scared. In sharing these feelings with other caregivers in the support group, we know that these are normal reactions to losing someone we love. We no longer feel guilty when faced with these emotions," says

Dr Cheah relates the case of 20-year-old David and how his family has found hope

through the support group.

David had taken to daydreaming and was unable to concentrate in class. After failing his SPM, he refused to leave the house and could

When his mother first joined the group sessions, she refused to accept the fact that her son might be suffering from schizophre-

"She cried and asked, Why did this have to happen? Was it because of her marital problems? Because she was always quarrelling with her husband? She accused her husband of not supporting her."

Today David, who was able to seek medical

treatment, works as an optical sales assistant for an understanding employer who gives him time-off for regular follow-ups at the

Dr Cheah stresses that with proper medication and early consultation, it is possible for mental illness to be treated. For schizophrenia in particular, there is a 60% chance that the patients will respond to treatment and be able to lead healthy lives, especially if treatment is initiated early on.

Mental illnesses, explains Dr Cheah, are caused by a variety of biological and environmental factors. "Very simply, the brain has an imbalance of certain chemicals which are responsible for passing messages successfully from one brain cell, or neuron, to another. Without these chemicals or neurotransmitters, there will be a dysfunction in the brain that disrupts the thinking process, emotions and perception," she says.

Schizophrenia, which makes up 90% of mental illnesses diagnosed at major psychi-atric institutions, tends to afflict males between the ages of 15 and 25, and females between the ages of 25 to 35.

Zainun adds that the support group would be the best people to teach other caregivers the right way to deal with mentally ill family members.

For instance, when a teenager begins suffering from symptoms of schizophrenia or bipolar disorder, most parents tend to react badly.

"With such drastic changes in behaviour, some parents even seek out bomohs or traditional medicine men for cures. Sometimes the illness is left untreated

for years.
"With effective and uninterrupted treatment, the teenager can even lead a normal life. We know this because we have lived with such patients all these years. We are the ones who have faced trials, failures and disappointments.'

Three of Zainun's brothers sought treat-ment for their illness and are now leading much happier lives. A fourth brother, however, had refused to

acknowledge his illness and remains untreat-

"There are so many things I am clearer about now. I've made peace with my husband and daughters. I know mental illness is biological and is therefore no one's fault. I am stronger and more confident now because of what I've learnt and what I've been through. I control the problem. I won't let the problem control me," adds Zainun.

■ Some of the names have been changed to protect the individual's identity. Those who wish to know more about the Kami support group may contact Dr Cheah Yee Chuang at Hospital Bahagia Ulu Kinta (≈ 05-533 2333

Watch out for slow kids

FROM PREVIOUS PAGE

urban kids, and boys more than girls. Children with hearing impairment, visual impairment, other physical disabilities or those with chronic illnesses like asthma are also more likely to develop emotional and behavioural disorders.

What are the early warning signs?
These include being slow in development compared to other children; unable to do the daily activities expected for their age; disruptive behaviour at home or in school; somatic complaints without a clear physical cause, for example, unexplained headaches, stomach aches, nausea, vomiting; poor performance in preschool or school; refusal to attend school; difficulty concentrating; hardly mixing with other children; involved in problem behaviours for example, lying, playing truant, stealing, fighting, cruelty to animals and setting

How is diagnosis done?

Diagnosis is made by medical assess-ment by trained professionals such as child and adolescent psychiatrists, general psychiatrists and paediatricians. Some children may be further assessed using psychological tests.

What are the effects?

There is considerable suffering, loss of normal function and adverse impact on the child's normal development. The disorders, especially if long-lasting, will impede socialisation and education.

Some disorders may predispose the

child to certain problems in later years. For example, children with untreated phobias may develop anxiety disorders like agoraphobia (abnormal fear of being in public places or open spaces) in adulthood.

Children do not grow out of their mental disorders. Treatment is essential to deal with the immediate consequences and suffering of the patient as well as to prevent impairment and disorders in adult life.

What about treatment options?

Most children with mental disorders benefit from a combination of therapies which may include psychotherapy, behaviour therapy and other psychosocial interventions as well as medications. Many new and improved medications have been made available to children and adoles-cents, particularly in the last few years.

The child or adolescent and his parents are given information about the illness as well as the treatment necessary, including the important responsibilities that they

Parents need to understand what they need to do and how to help their children. Above all, parents need to remain calm and objective to help themselves and their children face the challenges encountered when any child or adolescent has a mental disorder. With proper assessment and treatment, the chances of recovery are excellent. – **By Catherine Siow**

For more information, visit the website of the Malaysian Psychiatric Association (www.psychiatry-malaysia.org), or the Malaysian Mental Health Association (www.mentalhealth.org.my).



I've made peace with my husband and daughters. I know mental illness is biological and is therefore no one's fault.

Zainun Rohaya Mohd Zain, caregiver