

# Schizophrenia *Handbook*



A community service jointly offered by:



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Malaysia Mental  
Health Association

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## THE STORY OF MARIAM

The voices were the first symptoms she experienced, and were to signal the intensity of schizophrenia and psychosis which followed. At first, Mariam found them intriguing, then it was weird to sit in a room surrounded by people, and to be experiencing two levels of conversation—one in the room, and the other in her mind. It was hard to distinguish which was "real" and the "unreal". The voices quickly shifted from being benign to become invasive and jeering.

As weeks passed, it seemed apparent to her friends how unwell she had become. Mariam was telling them that the TV and radio were sending secret messages through her to the spy agency. The armed forces will be sending the personnel over to assassinate her and anyone associated with her. Mariam feared for her life, and in constant fear that she was being poisoned when food and drinks were being offered to her. She began locking herself at home, with the windows and curtains tightly shut. The psychosis had completely taken over the way she related to the world, and she was living in a world of delusion, fantasy and fear.

When her father turned up at her door, Mariam was convinced that he was under the command of the spy agency. She was frail, appeared disheveled, and unkempt. She had not showered or eaten for the past week. After much coaxing, she finally agreed to go with her father to seek medical help. Mariam was admitted to the hospital for twelve days, and was given a diagnosis of "Schizophrenia".

She began her journey of recovery with the help of medication and psychiatric rehabilitation. Initially, it was difficult to comprehend when her psychiatrist told her to expect the side effects of the prescribed medication. As days passed, she realized the voices are not as loud and intimidating anymore, it convinced her that the medications were indeed helping her. On days which seemed a bit harder to cope, she turned to her social support system for strength.

It has been five years, Mariam has lived independently while coping with the voices in her mind. She works at a bookstore near where she lives, while maintaining a healthy social network with friends and colleagues. In her busy schedule, Mariam has found time to advocate for people living with schizophrenia, providing support to people who were newly diagnosed, and lending people living with a mental disorder...a voice to speak up "Mental illness is ALSO a condition just like any physical health illness."





## WHAT IS SCHIZOPHRENIA?

Schizophrenia is a severe mental disorder which affects how the brain works, 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.

Schizophrenia typically begins in late adolescence or early adulthood. People with schizophrenia also tend to have disorganized or incoherent thoughts and speech that are strange or do not make sense to the people around them. Having psychosis often causes distress and makes a person want to distance from other people as a result. They may have problems understanding other people's emotions and may feel depressed or irritable.

There are effective treatments for schizophrenia and people affected by it can be integrated in society and lead a productive life.



### MYTH 01: Schizophrenia means you have multiple personalities



#### Fact

People with schizophrenia do not have multiple personalities. Multiple personalities, also known as Dissociative Identity Disorder is extraordinarily rare and distinct from schizophrenia.

### MYTH 02: People with schizophrenia are dangerous or violent



#### Fact

Having schizophrenia does not mean that a person will be violent or out of control. When the illness is treated effectively, they think and act like themselves again. People with schizophrenia might become agitated and feel a need to defend themselves when they are frightened by hallucinations or unusual beliefs. More often, people with schizophrenia are the victims of violence from other people.

### MYTH 03: People with schizophrenia are unable to hold down a job



#### Fact

When they are being compliant with their medication and are engaged in some sort of psychosocial treatment, they can be functional.



#### MYTH 04: People with schizophrenia usually require long-term hospitalization



##### Fact

Early treatment and appropriate outpatient care can prevent long-term hospitalization.

#### MYTH 05: Bad parenting causes schizophrenia



##### Fact

No evidence to say that schizophrenia is caused by bad parenting.

#### MYTH 06: People with schizophrenia have low IQ



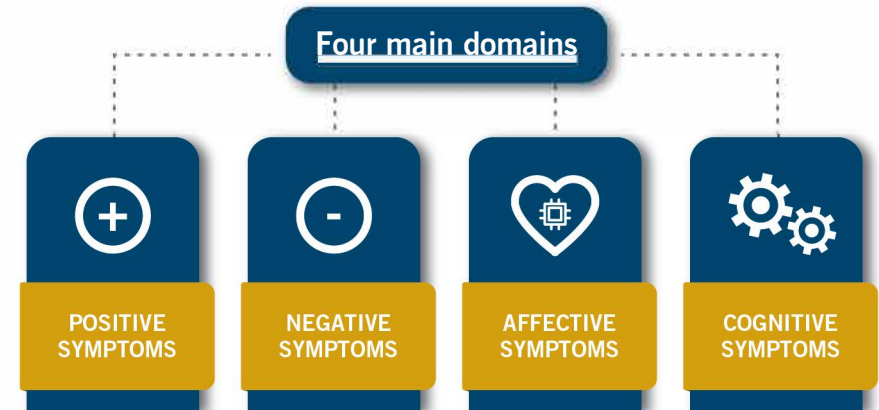
##### Fact

Many creative and smart people throughout history have had schizophrenia, such as Russian ballet dancer Vaslav Nijinsky and Nobel Prize-winning mathematician John Nash.



## SYMPTOMS OF SCHIZOPHRENIA

Not all individuals with schizophrenia experienced symptoms the same way or to the same degree. Symptoms of schizophrenia can be divided into four main domains, which are:



### Positive symptoms

Positive symptoms are psychotic symptoms or psychosis. It is the addition of undesirable symptoms and behaviors that are not normally present in healthy people. Examples of positive symptoms:

- **Hallucinations:** Seeing, hearing, smelling, feeling, or tasting things that are not present or real.
- **Delusions:** Unshakeable beliefs that are not based on reality. It could be persecution, spying, plotting against the patient or grandiosity.
- **Disorganized behavior:** Erratic, chaotic, inappropriate, unexplained agitation or behavior.
- **Disorganized Speech:** Getting off track during conversations or responding to questions in ways that are unrelated to the topic. At times, incomprehensible and confused speech with unusual words.

## Negative symptoms

Negative symptoms are the loss of desirable behaviors that are usually present in healthy individuals. Examples of negative symptoms:

- Unable to feel, and appearing expressionless to others.
- Loss of interest towards friends and activities resulting in social withdrawal.
- Loss of motivation and reduced drive in life and general activities, often confused with laziness.
- Loss of enjoyment in usually pleasurable activities such as eating and socializing
- Apathy and neglect personal hygiene.

## Affective symptoms

Affective symptoms may include irritability, anger, hostility, depression and anxiety. These symptoms increase the risk of suicide and adversely affect the quality of life.

## Cognitive symptoms

Cognitive symptoms affect the social behavior, living and work functioning of people with schizophrenia. Examples of cognitive symptoms:

- Slow thinking
- Poor attention and concentration
- Poor memory
- Difficulty in comprehending
- Difficulty in expressing thoughts

## Schizophrenia and suicide

People with schizophrenia have higher risk of suicide. Patients who are adherent to treatment as prescribed are less likely to attempt suicide.



**Below is a list of presentations that are common for people with psychotic disorder such as schizophrenia. It is recommended that one seek professional help from the doctor for proper assessment and support if one has these symptoms.**

- Have you ever heard or seen things other people couldn't hear or see?
- Have you ever believed that someone was spying on you or trying to hurt you?
- Have you ever felt that your thoughts seemed not yours as if someone or some external force put the thoughts in your mind?
- Have you ever got the sense that someone or some external force were controlling your emotions or actions?
- Have you ever believed that you were able to read someone's mind or someone could read your mind?
- Have you ever held onto beliefs that other people considered unusual or odd?
- Have you ever believed that special messages were being sent to you through media such as television, radio, internet, newspaper or magazine?

**Please kindly refer to the link for more related information.**

<http://harmresearch.org/index.php/mini-international-neuropsychiatric-interview-mini/>

### MYTH 07: A person can develop schizophrenia suddenly



#### Fact

Symptoms of schizophrenia usually develop gradually over the course of months or years. It is called the prodromal period, during which there is a subtle change of behavior and functional deterioration.

### MYTH 08: Schizophrenia is a severe case of nervous breakdown



#### Fact

People with schizophrenia may have bad anxiety symptoms either as a primary symptom or secondary to the other symptoms that they are experiencing such as hearing voices or suspiciousness toward others.

### MYTH 09: You cannot communicate with a person with schizophrenia



#### Fact

Of course you can! Even though the conversation may be slightly different from your average conversation with others. Bear in mind, people with schizophrenia may have difficulties communicating with others when they are acutely psychotic or have prominent negative or cognitive symptoms, but they can communicate well after appropriate treatment.



## RISK FACTORS OF SCHIZOPHRENIA?

Anyone can get schizophrenia. It is considered a psychiatric condition with a relatively low prevalence; not more than 1% in general population. There is no gender difference in the prevalence. There is also no significant difference of the occurrence between rural and urban family.

Most often schizophrenia starts to show during adolescence or young adulthood. However, it is difficult to diagnose schizophrenia in teens. This is because the early signs of schizophrenia can be behaviours that are common among teens such as:

- Drop in grades or academic performance
- Sleeping problems
- Irritability
- Withdrawing from family or any social interactions
- Starts smoking or indulging in any illicit substances

### Schizophrenia in youth

A combination of symptoms and factors such as isolating oneself and withdrawing from others, increase in unusual thoughts and suspicions, and **family history of psychosis can predict schizophrenia in up to 80% of youth who are at high risk of developing the illness.**

UP TO **80%** OF YOUTH WHO ARE AT HIGH RISK OF DEVELOPING THE ILLNESS



## CAUSES OF SCHIZOPHRENIA

The causes of schizophrenia remain unknown but studies have shown that schizophrenia is a multifactorial disorder<sup>1</sup>. The main risk factors include genetic predisposition, biochemical factors, environmental factors and substance abuse.

### 1. Genetics

Certain families are prone to develop schizophrenia, which proves that this illness is genetically linked. If one parent has schizophrenia, the risk of the child developing schizophrenia is 6.5%<sup>2</sup>. In the case of identical twins; if one twin has schizophrenia, the other twin has a risk of almost 50% to develop schizophrenia<sup>3</sup>. However, having these genes only increases the vulnerability to develop schizophrenia, rather than directly causing the illness. Therefore, if a person has schizophrenia, does not necessarily mean that their relative/child must develop the illness as well.

### 2. Biochemical Factors

Certain chemicals in the brain such as dopamine, serotonin and norepinephrine are linked to the development of schizophrenia. The dopamine hypothesis postulates that schizophrenia results from too much dopaminergic activity in the brain, causing the positive and negative symptoms. Hence, antipsychotics help to balance these chemicals to a normal level in the brain, thus eliminating the symptoms.

### 3. Environmental Factors

These include biological factors that occur during birth, as well as the stressful life events that the person may face as they enter adulthood:

- Birth complications: premature birth, low birth weight, viral exposure during pregnancy
- Stressful life events: social isolation, migrant status, urban life, poverty, being homeless, losing a parent/ someone close, history of physically/ verbally sexually abuse

### 4. Substance/ Drug Abuse

Stimulants such as cocaine and amphetamines may produce symptoms similar like schizophrenia such as hallucinations and delusions. Hallucinogens such as LSD, and certain mushrooms can induce symptoms of hallucinations. Furthermore, people with schizophrenia who consume these substances can worsen their symptoms. Recent studies have shown that long-term usage of cannabis ('marijuana') increases the risk of developing schizophrenia<sup>4</sup>. Meanwhile, alcohol and smoking can lessen the effect of antipsychotics in a person receiving treatment for schizophrenia.

### 5. Other causes

Structural brain changes have been shown to be a risk factor for developing schizophrenia. These include small brain volumes with large ventricles in the brain<sup>5</sup>.

#### References:

1. Charlson, Fiona J., et al. Global epidemiology and burden of schizophrenia: findings from the global burden of disease study 2016. *Schizophrenia bulletin*. 2018; 44.6: 1195-1203.
2. Picchioni, M. M., Murray, R. M. Schizophrenia. *BMJ*. 2007. 14; 335(7610): 91-95.
3. Kendler, K. S., McGuire, M., Gruenberg, A. M., Ohare, A., et al. The Roscommon family study. 1. Methods, diagnosis of probands, and risk of schizophrenia in relatives. *Arch Gen Psychiatry*. 1993;50:527-40.
4. Cardno, A. G., Marshall, E. J., Coid, B., Macdonald, A. M., et al. Heritability estimates for psychotic disorders. *Arch Gen Psychiatry*. 1999;56:162-8.
5. Henquet, C., Murray, R., Linszen, D., Van Os, J. The environment and schizophrenia: the role of cannabis use. *Schizophr Bull*. 2005;31:608-12.
5. Steen, R. G., Mull, C., McClure, R., Hamer, R. M., Lieberman, J. A. Brain volume in first-episode schizophrenia – systematic review and meta-analysis of magnetic resonance imaging studies. *Br J Psychiatry*. 2006;188:510-8.

### MYTH 10: Being smart can protect you from having schizophrenia



#### Fact

Schizophrenia can develop in people of all levels of IQ. Education is not a protective factor against schizophrenia. The illness does not only occur among people with low IQ.

### MYTH 11: Street drugs can make the symptoms go away



#### Fact

There are a high number of people with schizophrenia who use drugs to make them feel better, particularly cannabis ("marijuana"). However, studies have shown that it can worsen the symptoms. It can also trigger an underlying psychotic disorder.

### MYTH 12: Patient with schizophrenia has 'saka'



#### Fact

When there are psychological disturbances in the family, in Malay culture, there is a concept of 'saka' in which a family is haunted by a jin (demon) that has been inherited from their ancestors. However, authentic religious point of view is sufficient to quell this misleading notion of 'saka'.



## TREATMENTS AND THERAPIES FOR SCHIZOPHRENIA

Treatments for schizophrenia focus on managing the symptoms of the illness and returning the affected individuals to normal functioning. These treatments include antipsychotic medications, electroconvulsive therapy (ECT) and various psychosocial treatments.

### Why is treatment needed?

The emergence of a mental illness causes significant distress and disability to a person's life trajectory. Proper and effective treatments can help the individuals to overcome the distressing psychotic symptoms in schizophrenia and gain control of their thoughts, emotions and behavior hence returning them back to school or work. Antipsychotic works well in managing psychotic symptoms such as hallucinations, delusions and disordered thinking. Antipsychotics is also useful for agitation, mood and cognitive symptoms.

### Medications for schizophrenia

Antipsychotics are the main type of medication used to treat schizophrenia. Antipsychotics can be divided into conventional and the atypical antipsychotics. Examples of conventional antipsychotics are haloperidol, trifluoperazine, fluphenazine and Chlorpromazine. Amisulpiride, aripiprazole, asenapine, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone and clozapine are examples of atypical antipsychotics.

Antipsychotics are not addictive. Patients need to take the antipsychotics at the recommended dose and time by the treating doctor. Patients should never stop or change medication unless after discussing with the doctor. Antipsychotics are also available in injectable forms (long acting injectable) that are given once or twice a month, which can be preferred option for patients you worry about not being able to take their medication on time.



## Side effects of medication and how to manage them

Some people may encounter some side effects after they start taking antipsychotics. Some of the possible side effects of antipsychotics are muscle rigidity, tremors, restlessness, drowsiness, dizziness, constipation, dry mouth, blurred vision, skin rashes, menstrual problems for women, sexual problems, weight gain and increase levels of blood sugar or lipid.

Some of these side effects do go away after a few days. Others could be persistent but can be managed successfully with addition of other medication. There are always ways to manage these side effects. Patients need to learn to manage their medication and work with the doctor to find what works best for them. It is good to discuss any side effects that you experienced with the doctor because they can help you decide whether you can continue the medication or change to another medication.

## How do patients respond to treatment?

People with schizophrenia respond in different ways to antipsychotics and no one can tell how a person will respond. We need to be aware that they might need to try one or few types of antipsychotics before finding the one that suits them best as well as the right dose. A trial of antipsychotics may take several weeks to determine its effectiveness though most improvement tended to occur during the first 2 weeks. Therefore be patient as it can take time to find the right type of medication.

A majority of patients experience substantial relief of distressing psychotic symptoms from antipsychotic treatment. In general, symptoms of schizophrenia, such as agitation and hallucinations usually improve within days after starting antipsychotic treatment. Other symptoms such as delusions usually improve within a few weeks. Many people with schizophrenia on treatment will experience improvement in their symptoms after approximately 6 weeks although some will continue to have residual symptoms, but usually medication helps to keep the symptoms at bay and manageable.

People with schizophrenia may have one or more periods of relapse in which their symptoms returned or got worse. In many occasions, relapses happen when patients stop taking their medication or reduce the dosage of medication without consulting their doctor when they feel better. Approximately three quarters (3/4) of stable patients will relapse in a year if they stopped antipsychotics. Continuation of antipsychotics medications are highly effective in preventing relapse. No patient should stop or alter the dosage of medication without first discussing it with the doctor.

## Duration of treatment

Duration of treatment for schizophrenia depends on the severity or the progress of the illness. Most people with schizophrenia need to continue treatment for long term even when they're feeling better, especially those with past history of several psychotic episodes.

## Other treatments for schizophrenia

Apart from antipsychotics, electroconvulsive therapy (ECT) is another effective treatment option for schizophrenia. ECT is usually given to patients with inadequate response to antipsychotics and is used to control acute symptoms of aggression and suicidal ideation. ECT is a safe procedure done under general anesthesia.

## Psychiatric rehabilitation for schizophrenia

Psychiatric rehabilitation programs are helpful for all people with schizophrenia. Learning and using coping skills to address the everyday challenges of schizophrenia helps people to pursue their life goals, such as attending school or work. Individuals who participate in regular psychiatric rehabilitation programs are less likely to have relapses or be hospitalized. For more information on psychiatric rehabilitation programs, please contact the Malaysian Mental Health Association (MMHA).



### MYTH 13: There is no need for treatment until the illness becomes severe



#### Fact

It is best to treat the illness early as it can pre-empt risky behaviour and prevent the development of full-blown symptoms that may lead to dire consequences.

### MYTH 14: Schizophrenia can be treated with herbal remedies



#### Fact

There are not enough scientific evidences to prove its effectiveness.

### MYTH 15: People with schizophrenia are lazy



#### Fact

The illness can make it harder for someone to take care of their daily needs, such as dressing and bathing. This does not mean they are "lazy." They just need some help with their daily routine.



## WHERE CAN YOU GET HELP?

There are many ways to get help for patients with schizophrenia. For professional help you can either visit your General Practitioner (GP) or you can go to the nearest Klinik Kesihatan (KK) to get advice and initial assessment. The GP or medical officer from KK will refer you to psychiatric services for further assessment and management if you are experiencing symptoms related to schizophrenia. Most of the general hospitals (GH) has psychiatric services in which they provide assessment, screening, immediate treatment and long term care. In situation where someone act aggressively and have tendency to harm themselves and others, you can bring him/her to emergency department of any GH. The Malaysian Mental Health Association (MMHA) provides psychiatric rehabilitation services which includes psycho-education, psychotherapy and counselling to persons living with schizophrenia or caregivers.



## HOW CAN YOU HELP SOMEONE WITH SCHIZOPHRENIA?

### Communication

As a family, friend or partner you can help people with schizophrenia in many ways. This not only improve their quality of life but also help in recovery and likelihood of them having relapse. As a person without any knowledge and experience on psychotic symptoms sometime it will be very difficult for you to respond when someone sees something or believes something that you don't. So, just spend time listening to what the patients are telling without judging any of their experience. Try to avoid statements like "it is not true, there is nothing like that" or "keep thinking positive, all that are not true"

## Learning about schizophrenia

Find out more on symptoms related to schizophrenia so that you can understand what they are experiencing. You can also talk to families with similar experience of handling patients with schizophrenia on how to respond to them and support them emotionally.

## Support and help

You can also have conversation with patients when they are more stable regarding your willingness to help them towards recovery and acceptance of their experience as part of the illness. You can also ask them in what way they need help and discuss on choices. Follow them for clinic follow up and get advice from the treating doctors on their symptoms, proper monitoring of medications, support and also good communication skill.

At home, keep reminding on their medication so that they could feel the support. Give them time to recover and engage them with simple house hold chores in the process of recovery. Have a simple chat daily about their wellbeing, like and dislike.

## Aware of sign and symptoms of relapse

Learn early warning sign in schizophrenia. Monitor every time if any worsening of symptoms or new changes in behaviour. Note how patient behave while having the acute symptoms. Get help from doctors or any support group members on how to help those patients.

## Early warning sign of schizophrenia





## SELF-CARE FOR SCHIZOPHRENIA

Having schizophrenia does not mean you cannot live a full and meaningful life. With proper treatment, self-help, and support, many people are able to manage their symptoms, live and work independently, build satisfying relationships, and enjoy a rewarding life. Eating right, exercising, and getting proper sleep can reduce the side effects of medication and help lead a healthier life. Here are self-care tips that people with schizophrenia can follow to improve quality of life:

### 1. Encourage healthy choices

- Quit smoking and drinking
- Maintain a healthy weight
- Eat a healthy and balanced diet
- Get quality sleep
- Have an active lifestyle

### 2. Manage stress level

- Know your limits
- Use relaxation techniques to relieve stress
- Manage your emotions
- Manage your treatment and recovery expectations
- Have self-compassion

### 3. Ward off a relapse

- Adhere to medication and appointments
- Pay attention to signs of relapse
- Stay connected with your loved ones
- Have a strong support system
- Learn to cope with bad times

### 4. Be an advocate for your own health care

- Work closely with the mental health professionals
- Communicate your needs to others
- Get help with living arrangements, work or study
- Set and work towards life goals
- Do things that you enjoy

### MYTH 16: Medication alone is enough



#### Fact

Successful schizophrenia treatment depends on a combination of factors. A schizophrenia treatment plan that combines medication with self-help, supportive services, and therapy is the most effective approach.

### MYTH 17: Medication for schizophrenia can be stopped after recovery



#### Fact

When you and your doctor have found the medication and dose that works best for you, keep taking it – do not skip doses or give up even recovery has been achieved. Quitting medication suddenly can be dangerous.

### MYTH 18: Recovery from schizophrenia means total symptom-free for the rest of your life



#### Fact

Recovery does not mean you won't experience any more challenges from the illness or that you will always be symptom-free. What it means is that you are learning to manage your symptoms, developing the support you need, and creating a satisfying, purpose-driven life.

### **MYTH 19:** A relapse means that the treatment for schizophrenia has failed



#### **Fact**

Schizophrenia is often episodic, periods of remission from the most severe symptoms often provide a good opportunity to start employing self-help strategies that may help to limit the length and frequency of future episodes.

### **MYTH 20:** People with schizophrenia need to be monitored at all times



#### **Fact**

People with schizophrenia may need differing levels of support, whether it is medication, talking therapies or supported housing. When they are getting access to the treatment and support needed, it is absolutely possible to have a good quality of life.

### **MYTH 21:** Rehabilitation can be provided only after stabilization



#### **Fact**

Rehabilitation should begin on day one, and is a key modality in partnership with medication.



## **RECOVERY OF SCHIZOPHRENIA**

Recovery can bring different meanings to different individuals. Generally, in people with schizophrenia, recovery means no longer having severe symptoms that may intrude on personal independence and everyday functioning, whilst able to do competitive work or attend school to a reasonable degree. In terms of socialization, they are able to maintain good family relationships and having few good friends with whom they can engage recreational activities in community environments. Furthermore, recovery also means being able to live independently as defined by self-care, personal hygiene and illness management.

Fortunately, all these positive attributes can be achieved through effective treatment and rehabilitation of schizophrenia. Hence, early detection of illness is vital, as it will enable psychiatrists to diagnose schizophrenia at the early stage, and start medication as soon as possible to achieve remission. This will also enable doctors and patients to discuss together on the long-term management plans. Therefore, the combination of effective management and good medication adherence will ensure the recovery of all individuals with schizophrenia.

### **MYTH 22:** People with schizophrenia does not have good quality of life



#### **Fact**

People with schizophrenia who are adherent to their treatment regime and are engaged in psychosocial treatment, are able to function well when they are stable. They manage to achieve recovery and are able to integrate themselves back to the community by carrying out their jobs well. They are also able to develop meaningful relationships and contribute to the society.





## LOCAL ORGANISATIONS

### Malaysian Mental Health Association (MMHA)

8, Jalan 4/33, Off Jalan Othman, 46050 Petaling Jaya.

**Tel:** 03-77825499 **Fax:** 03-77825432

**Email:** admin@mmha.orf.my

**Website:** www.mmha.org.my

### Agape Counselling Centre Malaysia

56B, Jalan PJS 1/46 Taman Petaling Utama

46150 Petaling Jaya, Selangor.

**Tel:** 03-77854833 (*Admin*) / 03-77810800 **Fax:** 03-77854832

**Counseling hotline:** 03-77855955 / 012-2421756 (*Whatsapp*)

**Email:** agapemal@yahoo.com / counselling.agape@gmail.com

**Website:** http://www.agape.org.my

### Johor Bahru Branch

**Tel:** 07-3579195 **Fax:** 07-3579198

**Counseling hotline:** 03-89451612

**Email:** agapejb@gmail.com

### Penang Branch

**Tel:** 04-2280709 / 017-4994236

**Email:** agapepenang@yahoo.com

### Melaka Branch

**Tel:** 06-2889026 **Fax:** 06-2883598

**Email:** agapemlk@gmail.com

### Ipoh Branch

**Tel:** 018-9134833 / 012-5115836

**Email:** agapeipoh@gmail.com

### Kota Kinabalu Branch

**Tel:** 088-252357 **Fax:** 088-259357

**Email:** agapekk@gmail.com

### Buddhist Gem Fellowship

Counselling Unit (BGFCU) Black D-G-2, Block D Jalan PJU 1A/3K, Taipan 1, Ara Damansara 47500 Petaling Jaya, Selangor, Malaysia.

**Counseling hotline:** +603-7859 9610 or +603-7859 9682

**Email:** bgf.counselingunit@gmail.com

**Website:** http://www.bgf.org.my

### All Women's Action Society (AWAM)

85, Jalan 21/1, Sea Park 46300

Petaling Jaya, Selangor.

**Tel:** 03-79574221 **Fax:** 03-78743312

**Telenita helpline:** 03-78770224

**Email:** awam@awam.org.my

**Website:** http://www.awam.org.my

### Focus on the Family (M) Sdn. Bhd.

6-2, Jalan Bersatu 13/4, Seksyen 13,

46000 Petaling Jaya, Selangor.

**Tel:** 03-79547920 **Fax:** 03-79547858

**Website:** http://www.family.org.my

### The Befrienders (Kuala Lumpur)

95, Jalan Templer, 46000 Petaling Jaya, Selangor.

**Tel:** 03-79571306 **Fax:** 03-79570497

**Counseling hotline:** 03-79570497 (*24 Hour*)

**Email:** sam@befrienders.org.my (*Counseling*)

**Website:** http://www.befrienders.org.my

### Keys CareForce Bhd (KCF)

Unit W701, Metropolitan Square, Jalan PJU 8/1,

Bandar Damansara Perdana Petaling Jaya, 47820, Selangor.

**Tel:** 03-77277300 **Fax:** 03-77277400

**Counseling hotline:** 03-77327311 / 012-9134096 (*Appointment*)

**Email:** counseling@keyscareforce.org.my

**Mental Illness Awareness & Support Association (MIASA)**

DS 1-07, Block D Retail Lot, Metropolitan Square, Jalan PJU 8/1, Bandar Damansara Perdana, 47820 Petaling Jaya, Selangor.

**Tel:** 03-7732 2414 / 013-878 1322 (*Whastapp*)

**Email:** miasa.malaysia@gmail.com

**Website:** <https://miasa.org.my/>

**Young Buddhist Association of Malaysia PELITA Psychological Guidance Unit**

9, Jalan SS25/24, Taman Mayang, 47301 Petaling Jaya, Selangor.

**Tel:** 03-78049154 / 57 **Fax:** 03-78049021

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**Email:** ybam@ybam.org.my / pelitaadmin@ybam.org.my

**Website:** <http://www.ybam.org.my>

**Facebook:** <http://www.facebook.com/YBAMalaysia/>

**Chinese Christian Mission Fei Yue Family Service Center**

31A, Jalan Sungai Besi Indah 1/19, 43300

Seri Kembangan, Selangor.

**Tel:** 03-89456612 **Fax:** 03-89457612

**Counseling email:** saltlight.ccmfy@gmail.com

**Website:** <http://www.ccmfy.org>

**New Era College Counselling Centre**

Lot 5, Seksyen 10, Jalan Bukit, 43000 Kajang, Selangor.

**Tel:** 03-87392770 **Fax:** 03-87336799

**Email:** counselling@newera.edu.my

**Website:** <http://www.newera.edu.my>

**Calvary Life Ministries**

4, Jalan Damansara Endah, Damansara Heights, 50490, Kuala Lumpur.

**Tel:** 03-2095 6360

**Email:** clm@clm.org.my

**Website:** <http://www.clm.org.my/counselling/>

**Kuala Lumpur & Selangor Chinese Assembly Hall Counselling Centre**

No. 1, Jalan Maharajalela, 50150 KL.

**Tel:** 03-22746645 **Fax:** 03-22724089

**Counselling hotline:** 03-22721195 / 03-22739195

**Email:** info@scsh.org.my

**Website:** <http://klscsh.org.my>

**Life Line Association Malaysia**

No. 1-3, 3<sup>rd</sup> Floor, Jalan Jelatek 1, Pusat Perniagaan Jelatek, Setiawangsa, 54200 Kuala Lumpur.

**Tel:** 03-42666195

**Counseling hotline:** 03-42657995

**Email:** counselling@lifeline.org / admin@lifeline.org (*Admin*)

**Website:** <http://lifeline.org.my/>

**Than Hsiang Mitra Welfare Center – KL (Mitriline)**

196, Batu 3 1/4, Jalan Klang Lama, 58000 KL.

**Tel:** 03-79719876 / 03-79815301 **Fax:** 03-79878984

**Counseling hotline:** 03-79815300 / 03-79815301

**Email:** mitrawelfare@gmail.com (*Admin*) / mitrakl@thanhsiang.org

(*Counseling*)

**The Bridge Communication Sdn. Bhd.**

40, Lorong 6E/91, Taman Shamelin Perkasa Batu 3 1/2, Jalan Cheras, 56100 KL.

**Tel:** 03-92864046 **Fax:** 03-92864063

**Counseling hotline:** 03-92877251 / 017-2296782 (*Whatsapp*)

**Email:** admin@bridge.org.my (*Admin*) / b\_counsel@yahoo.com (*Counseling*)

**Website:** <http://www.bridge.org.my>

**Unit Kaunseling Dewan Perhimpunan China Negeri Sembilan**

No. 13, Jalan Pusat Komersial Lobak 1, Pusat Komersial Lobak, Seremban (City) 70200, Negeri Sembilan.

**Counseling hotline:** 011-37349448

**Email:** nscacounsellingcentre@yahoo.com / huatangns@po.jaring.my

**Eden Community Service Center**

11-1, Jalan Bakar Sampah 86000 Kluang, Johor.

**Tel:** 07-7768618 **Fax:** 07-7764618

**Counseling hotline:** 013-7315302 (*Whatsapp*)

**Website:** <http://eden.org.my/>

**Kuching Buddhist Society Bodhi Counselling Centre**

Lot 1912, Jalan Laksamana Cheng Ho P.O.Box 1775, Kuching, 93736, Sarawak.

**Tel:** 082-256428 / 082-256429 / 016-8722453 (*Enquiry*)

**Email:** putifudao@gmail.com

**Website:** <http://counselling.kbs.org.my/>