

Critical Evaluation Psychology on Vagrancy Intervention Programs: The Case in Malaysia

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Abstract

Purpose: This paper seeks to address that the studies on vagrancy in Malaysia should be undertaken by community-based clinical approach, replacing the current unworkable and costly failure of economic approach. The failure to recognise and address this fact has caused the problems of vagrancy in this country left almost untreated.

Design/Methodology/Approach: This study is based on the data collected from the fields works in the capital city of Malaysia, Kuala Lumpur. The data are collected by 'intuitive interface experience and observation,' a method of collecting the data from what being observed, heard and experienced from our own acquaintance by living with the vagrants. The data then being analysis through community-based clinical approach, an approach that gives attention to the complex interplay of psychic of the individuals and sociocultural condition.

Findings: The findings of this study opposes the conventional advocacies which applauded that vagrancy in Malaysia is caused by economic factors such as high rental for dwelling places (both for house and room), lack of employment opportunities, high cost of living, low wages. Instead, the data collected from this study reveal that it has been the psychotic disorders that have created all those economic problems.

Research Practical and Social Implications: This paper concludes that the most immediate and critical measures that urgently need to be done by the government agencies is to increase the number of specialized practitioners and workers in psychotic disorders and mental illness, namely, the psychiatrists, psychologists as well as nurses and medical attendants.

Originality/Value: This research is the first study to be conducted in Malaysia, specifically focusing at Kuala Lumpur Metropolitan City area. At the same time, this study examines the status of vagrance cases in Malaysia as an important to the academic knowledge development.

Keywords: Advocacies, Economic Approach, Community-Based Clinical Approach, Cognitive and Cognitive Impairment, Schizophrenia

1. Introduction

It has become a standard venture among observers that undertaken studies on vagrancy in Malaysia—including students, academicians, public advocators, volunteers, ordinary citizens as well as development planners and

policy makers— to suggest economic factors as the root cause of vagrancy in Malaysia. This is clearly evidenced by various advocacies in journals, newspapers, and public discourses. One will find all medias are pointing at economic factors, namely, high rental for dwelling places (both for house and room), lack of employment opportunities, high cost of living, and low wages. An example of those advocacies is as follows:

“There are many homeless people in Kuala Lumpur, including those who have jobs but do not earn enough to rent a room or house. They sleep on the streets of popular areas in the city” (Joshua Foong & Shaun Ho, 2016).

Some concluded their survey by stating the vagrants as

“hard to get a job, low income or salary, cannot afford to rent a place to stay, ages, no relatives, drug addiction, mental health, problem in the family, and social bad influence”

(Mohd Suhaimi Mohamad et al., 2016).

Some disseminated the factors are “aging, constructive unemployment, sudden illness, failure in business, family issues, gambling addiction or drug addiction leave them losing their homes and assets.” (A Chinese daily, Sin Chew Daily, July 7, 2014).

The same notion alludes by the government agencies. For instance, Ministry of Federal Territories (KWP) conducted the study in 2013, which concluded that the factors that created vagrants in Kuala Lumpur City are (Department of Social Welfare, 2017):

- No jobs
- Poverty
- Mental problems/depression
- Protracted illness
- Foreigners who do not have jobs
- Inability to take care for themselves
- Omitted by family
- Drug addiction/alcoholism
- Ex-prisoners
- Elderly citizens

Those advocacies are taken by random suffice to represent general mind-set of those people, involved in helping vagrants in Malaysia at present. Although those advocacies have also included mental problems/depression, sudden illness, family issues, alcoholism, drug addiction, and aging as the factors of vagrancy. Thus, they concluded with the urges that the study on vagrancy in Malaysia should focus on economic factors, namely, high cost of living, no jobs, high rental for accommodation (room/home) and low wages. They just only mentioned the psychological factors in one or two lines, without giving essential focus.

Those are the most injurious approaches in studying vagrancy in Malaysia. The failure to address the psychotic disorders has caused the problems of vagrancy in this country left untreated. Whereas, Marks & Scott (1990) give a firm warning that:

“No community-based service can claim to be comprehensive if its fails to make provision for vagrant psychotic patients.”

Problem Statement

In Malaysia, there are many governmental and non-governmental organizations, conveying their novel commitments in all sorts of assistance to help the vagrants. Currently, Ministry of Women, Community and Family Development (MWFCDD) and the Social Welfare Department (SWD) providing intervention programs that include food and lodging, counselling, recreational facilities, healthcare and practical training. The ministry had also identified 40,000 job opportunities in hypermarkets and supermarkets around the nation for homeless

persons (A Report by Penang Institute with the title Homelessness in Our Cities, March 2015). Ministry of Women, Community and Family Development (MWFCD), Labour Department (JB), National Anti-Doping Agency (NADA), Labour Department (JTK), Ministry of Youth and Sports (KBS), and City Hall Kuala Lumpur (DBKL) have provided services including, counselling, training, and employment opportunities in various sectors (farming, production and food services) (Od. M. Anwar et al., 2016).

Government agencies frequently reported that the intervention programs organized by the government had given positive outcomes. For instance, National Welfare Foundation (YKN)'s Kuala Lumpur Anjung Singgah, reported that homeless individuals received employment with adequate income to sustain themselves through four of its centres (Malaysia Kini, April 6, 2016). Later, it reported that 1,188 residents of its programs have obtained jobs and returned to their families (New Straits Times, June 21, 2016). However, those reports should not be taken as the signs of total success. Evidently, the numbers of vagrants and the uneasiness among the general public created by them have never ceased. These are the signs that those individuals, who have involved in the intervention programs, returned to the streets. These all show that the current endeavors to help the vagrants in this country are costly failures. They are wasting the resources, times, efforts and energies of the nation. It is evidenced as all those endeavors are not bringing the condition become better.

Based on our own interface experience living with the vagrants in Malaysian capital city, Kuala Lumpur, the main argument is that it is not the economic factors that have brought the vagrancy. On the contrary, it has been the psychotic disorders that have brought the economic problems among the Malaysian citizens, which became vagrants. Hence, we suggest that the most appropriate approach to study vagrancy among Malaysian citizens, especially among the Malays, is community-based clinical approach. The study refers community-based clinical approach here as an approach that gives attention to the complex interplay of psychic of individuals and sociocultural condition. Similarly, it is the individual dimensions of clinical study. At the point, as Binswanger (1987) suggested, "The clinical approach deals with hard clinical facts and the course of an illness. But, on the other hand, it occurs in a complex interplay of psychic and sociocultural condition" (for further reading see Crandall, 2004; Smith, 2017). It is a clinical approach, which tries to explain the problem of individuals in the light of social experience or existing sociocultural realities.

The study strongly argued that vagrancy in the case of Malaysia should not be seen as in other countries renowned with homelessness or vagrancy such as Indonesia, India, Philippines, even the United States, and some of European countries. In those countries, vagrancy is usually a result of the cumulative impact of a number of factors, rather than a single cause, nevertheless, economic factors are always become one of the major causes, if not a single, cause of vagrancy. However, as far as the data has shown, none of the existing approach and theories, especially economic as well as sociology, from those countries can be used to define, or to be used as analysis tool elaborate the problem of vagrancy in Malaysia.

The main objective of this study is to rectify an appropriate approach on the study of vagrancy in Malaysia, namely the community-based clinical approach. The greater extent of this objective is a hope to bring about paradigm shift in the studies on vagrancy in Malaysia that it should be dealt with community-based clinical approach, replacing current unworkable and costly failure economic approach. In short, this study intends to give some ideas related to intervention programs, regardless whether it runs a short or long term, to improve the life of vagrants in Malaysia that firstly require hospitalization, not industrial trainings or other job-working programs.

This rectification is still critical as all quarters, including those involved in helping the vagrants, are using inappropriate approach, namely, economic approach, which in turn has brought costly failures in the endeavors to help vagrants in this country. By this rectification, this study expects that all quarters would be awakened in Malaysian case, regardless whether it runs as a short or long term planning. The vagrants should be regarded as psychotic patients, not as unemployed employee seeking for better and high salary employment. Thus, vagrants, among the citizen of this country require, hospitalization, not industrial trainings. This paper seeks to elaborate:

- What is the real characteristics of vagrancy in Malaysia?
- What does community-based clinical approach mean?
- What is the most appropriate intervention programs as the case as in Malaysia?
- How to apply community-based clinical in the study of vagrancy?

2. Data and Methodology

Research Area

The data are collected from major 'colonies' or spots of vagrants in Kuala Lumpur. Such spots are Kota Raya (Pudu Road), Dataran Kota Raya (Pudu Road), Pudu Sentral (Pudu Road), Swiss Garden Hotel (Pudu Road), Klang Bus Station, Pasar Seni (Art Market), Masjid India (Tengku Abdul Rahman Road), Bangkok Bank (Tun HS Lee Road). The field works were done in six weeks; two weeks in June 2016 and almost the whole month of August. During those periods, researchers frequently spent one or two nights with the vagrants. We frequently visited the places at night as well in day times. Interface interviews were undertaken. Efforts had been specially given to acquaintant with them.

It was not possible to use a questionnaire or interviews with the vagrants. The reason was due to their psychotic symptoms, including deficit in cognitive and cognitive impairment. They could only be observed and participated in their daily life. Our alternative method to collect data from those vagrants through interface interviews known as "intuitive interface experience and observation." It is a method of collecting data from what we observed, heard, and experienced by own experienced living with them. Data are also collected through participating and casual but structured dialogues. The researchers managed to acquaintance with about 50 individuals concerned. We allow them to talk and do whatever they want to do. In that circumstances we noted their behaviours and the words they say.

The study involved individuals from all races and genders. Malaysian vagrants are composed of various races that include Malays, Chinese, Indians, Sabahan, and Sarawakian ethnic groups. A report by Penang Institute (with the title Homelessness in Our Cities, March 2015) provided the composition of races/ethnics and genders of 1,387 individuals, experiencing homelessness from all states in Malaysia for the year 2010.

It has been evaluated that the government does not have statistics about homeless people, and its current legislation appears not to have kept pace with its own desired policies (Anons, 2008, Rude shock for guard. In the Star, January 7). According to the officers in charge at National Welfare Foundation (YKN)'s Kuala Lumpur Anjung Singgah (interviewed on June 23rd 2017), it was estimated that the number of vagrants in Kuala Lumpur range between 1,300 to 2,000 people at a time.

The researchers did not rely on the information given by vagrants as it was not reliable because they raised a lot of paradoxes. For instance, on the question of why they stay in the streets. Most of the vagrants (among who are willing to talk) indicated that it is because of lack of employment opportunities. Whereas, there are always jobs advertisement on walls and boards around them that offer jobs including plate washing, petty kitchen works, and goods carrying (Od. M. Anwar et al., 2016). They also gave reasons for their condition that include high rental for dwelling places (both for house and room), high cost of living, low wages and other economic factors. Whereas, the ordinary people in the capital city are also facing the same economic problems as those vagrants, but they do not stay in the streets. Therefore, it is appreciated for this study to use community-based clinical approach.

The reason why we used community-based clinical approach is because none of the collected data could be analyzed by using the economic approaches or theories. Although in one way and other they have some relationship with economic problems. However, the characteristics of vagrants, which being studied, are very much related with Harvey's (2013) studies:

In everyday terms, people with the illness often experience disability spanning decades, with low rates of employment and marriage, poor somatic health and quality of life, and even markedly reduced life expectancy.

By this notion, Harvey indicated that it is not economic factor that has driven the vagrants into poverty and homeless. Instead, it has been the psychotic problem within the vagrants that affect them. On one hand, clinical approach tried to explain the problem of individuals in the light of existing clinical diagnoses such as depression (Crandall, 2004). Binswanger (1987) emphasized that the clinical approach deals with hard clinical facts and the course of an illness. A technical notion of it could be expressed by Millon et al. (1999):

The clinical approach implied in psychiatric diagnostic schemes involved the use of explicit diagnostic criteria to identify either SPD or PPD (e.g. DSM-IV).

The problem with clinical approach is its vagueness. However, this approach is still worthy because subjectivity and vagueness are something that cannot be turned away (Crandall, 2004; Good & Good, 2012). The needs for clinical approach is due to the inquiries on the problems of research that cannot be answered in economical

approach and theories. It is due to the fact that studies on human being could never avoid from concerning subjective elements as it involved psychological and sociocultural elements (Crandall, 2004; Good & Good, 2012). It related to personality, family and social factors.

The needs for clinical approach is strongly evident from the characteristics of vagrants, which are the subject-matter of this study. Based on the data collected from the field works in the capital city, Kuala Lumpur, there are obvious signs of hallucinations, delusions, deficit in cognitive or impairments among those people being investigated. From clinical point of view, those are symptoms signified vagrancy in Malaysian capital city that has inherently strong relationship with schizophrenia.

Characteristics of the vagrants

Our arguments to purport that the root cause of vagrancy in Malaysia, especially among the Malay, is the psychotic disorders, which are based on the characteristics of the vagrants themselves. During the stay in the communities of vagrants in Kuala Lumpur city, the researchers encountered with a wide range of psychotic symptoms including deficit in cognitive and cognitive impairment. These include blunted affective and lack of spontaneous responses, emotionally and behavioral disturbance and socially withdrawal, and other mental disorders. From clinical point of view, those are obvious signed hallucinations, delusions, deficit in cognitive or impairments. Based on our data, those symptoms signified that vagrancy in Malaysian capital city has inherently strong relationship with schizophrenia. At its most general level, hallucinations is defined as a sensory perception in the absence of any external generated stimulus or perception (Lieberman et al, 2012).

The results of our interface experience with them indicated that the salience abnormal features of vagrants in Malaysian cities are very much agreeable with what Lieberman et al. (2012) and Harvey (2013) have suggested. Lieberman et al. (2012) exerts:

It is usually seen in schizophrenia as being the result of delusions and hallucinations.

A more elaborative notion on the relationship between schizophrenia with hallucinations, delusions and other psychotic symptoms in this study is of what Harvey (2013) has extended:

Schizophrenia can result in dramatic symptomatology, including auditory hallucinations, paranoid and bizarre delusions, and disordered language, but also in reduced motivation, emotional expression, social interest, and activity level.

The symptoms of schizophrenia as mentioned by Lieberman et. al and Harvey are very well represented in the characteristics of the vagrants in Malaysia as listed below:

- Life in harsh living condition
- Symptoms of Hallucinations and Delusions
- Disordered emotional
- Disorganized speech
- Anxiety disorders and obsessive-compulsive disorder
- Emotionally withdrawal from committing to any responsibility
- Always changing attitudes but rejecting changes in life
- Low self-esteem
- Do not have interpersonal bond with family
- Surrender to the fate and circumstances
- Do not have courage to improve their life
- Belief in the divinity of the elements is relatively low

Living conditions

The vagrants are living in harsh living, sleeping at back streets, under the bridges, at the public parks, bus stations/stops, railway terminal, and other public spaces. Their states of personal hygiene were very bad, dressed with black dirty old clothes, black feet, and very bad smell. Their acts are not suitable. It included not feeling ashamed to ask for food and drink, even not ashamed to collect leftover food from the trash places to eat.

Hallucinations and delusions

Some of the symptoms of hallucinations and delusions are as follow:

- A man who has a job, working as a security guard at a shopping mall, frequently came to joint living with the vagrants. Even though, his security company provided a place, namely a hostel, to their employee for sleeping purpose. When asked why not he sleeps at the hostel, the man answered, he cannot stand being disturbed by various voices whispered to of his hear.
 - A woman, aged around 40 years from a neighboring state told us she still has husband and has a baby girl. She said that she used to live at her mother in law's house, but left the house to stay in the vagrant community because her mother in law does not like her. She also repeatedly tell us that she listens the voices of her dead baby girl.
 - A group of three men, all in Middle Ages, living at a same sport a bit isolated, but not far from the rest of their community. Comparatively, they dressed quite tidy and each of them had 'a ready going to travel' grooming luggage seemingly as though they were going to somewhere in hurry. They claimed that they have permanent job at the same wet-market. They said there are many enemies here. Even though we repeatedly asked them, we could get a clear idea about who are the "enemies" they are talking about. They only said, there are "many of them." That ended our interview with them for that time. Then, a few days later, the researchers managed to talk to them again. They said all people, including the police and enforcements, are their menaces. The said, they always being robbed by the robbers with knives and other sharp weapons.
 - As we were not satisfied with their story and we have not heard anything of that kind happened for the last couple of years, we tried to keep asking what their menaces were. Probably, as we being a bit familiar to them, they started talking to us. They said that their main menace is the enforcement bodies from various government departments. They feel that they are the prey and the enforcement bodies are predators. They said that they always being chased away when there are events in the city. They talk quite intently that the enforcements cashed and caught them like dogs, put them on the lorry, brought them to faraway places that were Seremban (more than 50 kilometer away), Temerloh (around 135 kilometer) or to the nearest place, Rawang (24 kilometer). To our amaze, they said that occurred just last week whereas we were at that place more than two weeks and there was no such action taken place by the enforcements.
- Those are some samples of symptoms of Hallucinations and Delusions. They are in trauma or in medical term in the state of "persecutory delusions."

Lose of senses

The vagrants do not care about their surrounding and their body's condition. They do not bother about other people, society, and environment. Even though, there are people surrounding them. They behave independently and impropriety. Some of them, both men and women, exposing their private parts. They do not have identification or personal records, including work background, working duration, and the last period of not working. Some of the Malays, who are all Muslims, sequenced to other religion worship places that include the Church and Buddhist and Hindu temples, to get food or shelters. To Malaysian standard way of life, especially among the Malays, they are considered as "not normal human being," instead, they are classified as the mentally ill, physically and morally are all abnormal people.

No interpersonal bond with family

It is something natural for anyone, who do the study on vagrancy to ask the vagrants about their family and relatives. We concluded that one of the main characteristics of vagrants in Malaysia is that they do not have interpersonal bond with family. If they speak about their family at all, they talked reluctantly. It gives the researcher an impression that they had low family esteem.

Unchanged and rejecting changes – Tokens of not economic factors

In Malaysia, there are many governmental and non-governmental organizations, conveying their novel commitments in all sorts of assistance to help the vagrants. Currently, Ministry of Women, Community and Family Development (MWFC) and the Social Welfare Department (SWD) providing intervention programs that include food and lodging, counselling, recreational facilities, healthcare and practical training. The ministry had also identified 40,000 job opportunities in hypermarkets and supermarkets around the nation for homeless persons (A Report by Penang Institute with the title Homelessness in Our Cities, March 2015).

Ministry of Women, Community and Family Development (MWFC), Labour Department (JB), National Anti-Doping Agency (NADA), Labour Department (JTK), Ministry of Youth and Sports (KBS), and City Hall Kuala Lumpur (DBKL) have provided services including, counselling, training, and employment opportunities in various sectors (farming, production and food services) (Prayudi et al., 2023; Anshasi et al., 2022; Od. M. Anwar et al., 2016).

Government agencies frequently reported that the intervention programs, organized by the government, had given positive outcomes. For instance, National Welfare Foundation (YKN)'s Kuala Lumpur Anjung Singgah, reported that homeless individuals received employment with adequate income to sustain themselves through four of its centres (Malaysia Kini, April 6, 2016). Later, it reported that 1,188 residents of its programs have obtained jobs and returned to their families (New Straits Times, June 21, 2016). However, those reports should not be taken as the signs of total success. Evidently, the numbers of vagrants and the uneasiness among the general public created by them have never ceased. These are the signs that those individuals, who have involved in the intervention programs, returned to the streets. These all show that the current endeavors to help the vagrants in this country are costly failures. They are wasting the resources, times, efforts and energies of the nation. It is evidenced as all those endeavors are not bringing the condition become better, but decadent.

3. Results and Discussion

To The study argued that the efforts by the governmental agencies and the NGOs to help vagrants for penetrating into normal life of mainstream society suffered great deal of defections because they were not done on a proper approach. The most injurious approach in the existing studies on vagrancy in Malaysia is that all quarters were giving overemphasized on the economic factors. They failed to address the psychotic disorders as the root cause of vagrancy in the country. That is why, vagrancy in this country is left untreated.

Paradoxes raised should economic factors been is highlighted as the root cause that have deprived individuals into vagrancy. It is due to the fact that all the said economic factors including high rental for dwelling places (both for house and room), lack of employment opportunities, high cost of living, low wages (to mention a few) are not only faced by those people who became vagrants. Instead, similar economic problems are also faced by almost all other citizens of the country.

In fact, the study has found a few of that those individuals, who are presently become vagrants in Kuala Lumpur, are not necessarily facing economic problems (Od. M. Anwar et al., 2016). There are quite a good number of individuals among the vagrants, who come from decent and upright families, having good amount of money, good house and are well educated. The emerging question is why they are living in the streets, if not because of psychotic disorders.

The previous study (Od. M. Anwar et al., 2016) strongly argued that it would be an absolutely unfounded allegation that there are problems of lack of employment opportunities, low wages, and high cost of living in Malaysia that have deprived individuals into vagrancy. For instance, if one has the opportunity to visit the places where those vagrants use to gather in Kuala Lumpur, one will see that there are always jobs advertisement on walls and boards. The advertisements offer suitable jobs that were plate washing, petty kitchen works, and goods carrying (to name a few).

It is a sort of special case in term on the Malays. There should hardly any Malay living in vagrancy because, as Muslim, if they are really poor they are eligible to receive tithes (zakat) from the State's Religion Authorities. This state's authorized agency is mandated by the religion to see that the poor are not demoralized to roam the streets. Furthermore, Islam disheartened people to live in that condition. On the other hand, their yardstick to determine sanity and perfection of mind and behavior of an individual is based on the appreciation and practice of Islam, thus, every Muslim are obligated to help and support others, either the Muslims or non-Muslims, to improve their life.

At any rate from the standpoint of general public in Malaysia, the characteristics of the vagrants, namely, their behaviors, talking, mind-set, emotions and living conditions, do not concatenate with the norms and the way of life of normal people. Especially among the Malays, they are very conscious about self-dignity. Thus, as a general rule, how poor and desperate they are, normal people do not live and sleep in despicable conditions, within excrements of horrid smells, dozing off on laid-out carton cardboards, poor personal hygiene, and

oblivious to the despicable atmosphere around them. The Malay-normative yardstick classified these kind of people as ‘not normal human beings.’

Within this issue, one of the characteristics of vagrants in Malaysia is that they are rejecting changes in their life. Even though, they always changing attitudes. The evidence, for instance, they do not change by the changes of economic structure and social demography composition. It is because most of the vagrants we study are not expecting great thing to happen in their lives. What they want is just to continue living in a state of depression, sleep, and enjoying roaming everywhere they want to.

Application of clinical approach

As mentioned above, the appropriate approach to undertake intervention programs as well as to study vagrancy in Malaysian context is community-based clinical approach. Within the clinical approach, there are number of approaches. As to give examples, there are:

- 1) The humanistic approach
- 2) The cognitive behavioral approach
- 3) The psychodynamic approach

The humanistic approach focuses on the assumption of the researchers that individuals already have the potential of necessary resources within themselves to improve their life. The intervention from outside to improve their life is to give motivation, assistance and facilities to them. The cognitive behavioral approach focuses on the patterns of behavior that had contributed to psychotic problems. Whereas, the psychodynamic approach focuses on the unconscious that are contributing to psychotic problems.

Although their focuses are different, but the methods for diagnosis are the same. The first step is to assess into the mental disorders that brought psychotic problems to the patients. It is done to identify the problems that caused the patients, having psychotic problems. It can be done by interviews as well as casual dialogues. The second step is to develop diagnose plans. Some of diagnoses that can be applied are play therapy, psychodrama, hypnosis, and any therapy. And, the third step is to treat the problems that caused the client having psychotic problems by using the said diagnose plans. Moreover, the diagnosis can also be done by using various method, other than those mentioned, including spiritual therapy.

From the observations, the only approach that was being used by all quarters, including the government agencies and NGOs, in dealing with vagrants is the humanistic approach. It is evidenced from the fact that the government agencies do not run any clinical therapy on the vagrants. Instead, they sent the vagrants for working-job trainings without clinical therapy.

Discussion

Based on the field works at the ‘colonies’ or spots of the vagrants in Malaysian capital city, Kuala Lumpur, the most appropriate approach to study vagrancy among the Malaysian citizen, especially among the Malays, was community-based clinical approach. The study refers community-based clinical approach as an approach that provided attention to the complex interplay of psychic of the individuals and sociocultural condition. On one hand, it is the individual dimensions of clinical study. At the point, as Binswanger (1987) suggested that the clinical approach deals with hard clinical facts and the course of an illness. However, it occurs in a complex interplay of psychic and sociocultural condition (for further reading see Crandall, 2004; Smith, 2017). It is a clinical approach that tried to explain the problem of individuals in the light of social experience or existing sociocultural realities.

The reason why the study suggested community-based clinical approach as a mean to study vagrancy in Malaysia is because none of the data collected from the study could be analyzed by using the economic approaches or theories. The characteristics of vagrants, which have been studied, are related with the findings of Harvey (2013) study that emphasized it is not economic factors that have driven the vagrants into poverty, homeless and so forth. Instead, it has been the characteristics of vagrants of having psychotic problem that had driven them into vagrancy.

The main characteristics of vagrants among Malaysian citizens in the capital city is of having a wide range of psychotic disorders have been identified. There are obvious signs of hallucinations, delusions, and deficit in cognitive or impairments among those people being investigated. From clinical point of view, those are

symptoms signified vagrancy in Malaysian capital city has inherently strong relationship with schizophrenia. The needs for clinical approach is due to the inquiries of the problems of research that cannot be answered in economical approach and theories. For this reason, study on vagrancy in Malaysia needs community-based clinical approach. Crandall (2004) stated that the clinical approach provides an answer to the “Why this person?” question, which the sociocultural perspective does not.

Good & Good (2012) mentioned that clinical approach can determine what issues are of most concern to the patient, what lies behind a patient’s seeking help at a particular time, why an illness crisis arises when it does, what problems are associated with an illness for a patient. On the other hand, the approach needs to engage with the community its concerned. Onyango & Worthen (2010) gave a profound notion that community-based participatory methods require special engagement with the community and participants right from the beginning. Community-based clinical approach webs the partially symptoms of psychotic problems into a single analysis framework.

By using this approach, it has been evaluated that economic factors are not really the cause of vagrancy. Instead, it is actually the ‘effect’ (effects) of psychotic disorders factors. This is evidence from the vagrancy in Malaysian case as it is not because of high rental for dwelling places (both for house and room), lack of employment opportunities, high cost of living, low wages and other economic factors that created psychotic disorders, instead, it is psychotic disorders that has created all those economic problems

4. Conclusion

The study provided certain examples on how to apply community-based clinical in the study of vagrancy. Such approaches include humanistic approach, cognitive behavioral approach, and the psychodynamic approach. However, it is needed to affirm that these are not the only approaches one can use other approaches as well to study vagrancy. The fundamental issue on how to apply community-based clinical in the study of vagrancy very much depend on the degree of acquaintance with the vagrants.

The wisest measures to tackle the problem of vagrancy are as follow: Firstly, one has to regard that vagrancy is about psychotic disorders and mentally illness. They have to be treated as patients of experiencing some levels psychotic disorders. Secondly, one has to respect them as humane being that need psychological helps. This could be achieved through community-based clinical approach. This approach combines the clinical treatment with humane with aspects for the individuals’ right to use public space. Thirdly, one has to give priority to undertake community-based clinical approach before undertaking any intervention programs or remedial measures. The last but not least, as above mentioned, any method of diagnose can work if only there is acquaintance with the patient. This is the most fundamental prerequisite which without the whole endeavor will be in failure. There is no sophisticated method unless it is proven to have acquaintance with the patients because that is the only prerequisite that can bring changes in the behavior of the client.

Within community-based clinical approach, the most immediate and critical measures that urgently need to be done is that the government, especially the Ministry of Women, Community and Family Development (MWFCD) with the cooperating of Ministry of Health, increases the number of specialized practitioners and workers in psychotic disorders and mental illness. It included psychiatrists, psychologists as well as nurses and medical attendants.

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