

Loving Hearts, Beautiful Minds

Annual Report FY2024

Vincent van Gogh’s struggles with mental health led to the creation of “The Starry Night”, painted whilst he was in a psychiatric hospital – a masterpiece born from darkness yet filled with swirling hope. This cover, inspired by his iconic work, reminds us that even in our most challenging moments, beauty and healing are possible.

About WHCF

The Woodbridge Hospital Charity Fund (“WHCF” or “The Fund”) is an Institution of a Public Character (IPC) and a registered charity under the purview of the Ministry of Health (MOH). It was converted from a Trust Fund into a Company Limited by Guarantee (CLG) under the recommendation of MOH to allow for better governance of the Fund, with greater statutory compliance and annual reporting under the Companies Act. The Trust Fund was dissolved and the conversion to a CLG was completed on 31 March 2022, with continued status as an IPC and Charity.

The Fund was established in 2000 to receive donations for the promotion, development and provision of mental health-related services in Singapore. WHCF is one of the winners to receive the Charity Transparency Award 2024 from The Charity Council. The Charity Transparency Award awards charities with good disclosure practices that the Charity Transparency Framework recommends. This framework is closely aligned to the Code of Governance for Charities and IPCs 2017.



The Fund supports a range of programmes which fall under four categories – (i) Living Well – preventive programmes to help beneficiaries live healthily, build resilience, and prevent mental health issues; (ii) Living with Illness – programmes to help beneficiaries lessen the impact of mental health conditions, promote recovery, and maintain their well-being (iii) Advocacy – programmes to build mental health literacy and reduce stigma (iv) Supporting Strategies – programmes that contribute to improving the mental health of Singaporeans or beneficiaries through education, research, innovation.

Woodbridge Hospital Charity Fund

UEN Number : 201940371M
 Registered Address : 10 Buangkok View, Singapore 539747
 Banker : DBS, UOB & OCBC
 Auditor : Ernst & Young LLP

Objectives

The Fund is established to receive contributions and donations for the promotion, development and provision of mental health-related services in Singapore, including (but not limited to):

- the pursuit of medical research and development;
- programmes for continued medical, nursing, paramedical and related education and training;
- publication of research and educational literature;
- provision and improvement of equipment and facilities for research and development;
- holding of conferences, seminars, and exhibitions; and
- provision of funded care to patients requiring financial assistance.

Opening Message By Chairman of WHCF

Dear donors,

On behalf of all at Woodbridge Hospital Charity Fund (WHCF), we are grateful for the continued support from individual and corporate donors. The highlight of FY2024 was the signing of a 5-year Memorandum of Understanding with TeleChoice International Limited leading up to 2028 which marks the Institute of Mental Health's 100th anniversary.

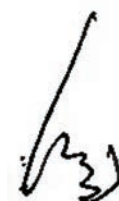
The challenges of mental health touch every segment of our society. Through our four key programme areas, we provide vital support to patients living with mental health conditions, assist their caregivers who shoulder immense responsibilities, work tirelessly to reduce stigma through community outreach, and advance crucial mental health research and education.

Your donations make a tangible difference. They help fund essential patient rehabilitation programmes, provide support and care for caregivers and patients' family, enable public education initiatives that break down barriers, and support research that enhances our understanding of mental health conditions.

As mental health awareness grows and more individuals seek help, the demand for our services continues to rise. Your generous support enables us to reach more people in need and create lasting positive impact in their lives.

Every contribution, regardless of size, helps us build a more compassionate and understanding society for those affected by mental health conditions.

Thank you for joining in our cause.



Lee Chow Soon

Chairman

Woodbridge Hospital Charity Fund

Board of Directors

A Board of Directors was appointed in November 2019 to exercise stewardship over the WHCF in compliance with the rules and regulations of the Ministry of Health, the Charities Regulations, and the Companies Act. Board members are renewed or re-appointed every two years. Board members do not receive any remuneration for their services on the Board.


Mr Lee Chow Soon

Chairman, Board of Directors
Senior Partner,
Tan Lee & Partners

Appointed since: 26 Nov 2023

*Attendance at Board Meetings
(FY2024):* 3 out of 3


Mr Francis Tan

Treasurer (1 Jun 2021 – 1 Jun 2025)
Group Director, Corporate Services
National Environment Agency

Appointed since: 26 Nov 2023
(Member); 1 Jun 2021 (Treasurer)

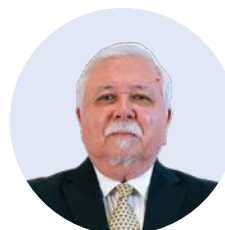
*Attendance at Board Meetings
(FY2024):* 0 out of 3


Ms Tina Hung

Senior Consultant
National Council of Social Service

Appointed since: 26 Nov 2023

*Attendance at Board Meetings
(FY2024):* 3 out of 3


Mr Keith Chua

Executive Chairman
ABR Holdings Limited

Appointed since: 26 Nov 2023

*Attendance at Board Meetings
(FY2024):* 2 out of 3


Ms Nancy Pangestu Tabardel

Managing Director
ANB Investment Pte Ltd

Appointed since: 26 Nov 2023

*Attendance at Board Meetings
(FY2024):* 3 out of 3


A/Prof Daniel Fung

Chief Executive Officer
Institute of Mental Health

Appointed since: 26 Nov 2023

*Attendance at Board Meetings
(FY2024):* 3 out of 3


Mr Leong Yew Meng

Independent Director
Asia Medic Limited

Appointed since: 1 Jul 2024

*Attendance at Board Meetings
(FY2024):* 2 out of 3

Board Renewal

The Board has made conscious efforts to renew the Board composition and embrace Board diversity by maintaining a balanced membership in terms of gender, experience and knowledge of the Charity Fund and mental health sector.

Executive Management

Associate Professor Daniel Fung, a member of the Board of Directors, serve as the Chief Executive Officer (CEO) of the Institute of Mental Health (IMH). A/Prof Fung, a psychiatrist was appointed CEO of IMH since 1 February 2021. The Fund alongside IMH's senior management team, including the Chief Operating Officer, Chief Financial Officer and Chairman, Medical Board who assist the Board of Directors in its stewardship of the Fund.

Governance

The Corporate Governance Statement of the Fund is available on the website of the Institute of Mental Health (www.imh.com.sg).

The Fund follows the National Healthcare Group's whistle-blowing policy. Staff and members of the public may report incidents by emailing nhg@tipoffs.com.sg.

The Governance Evaluation Checklist (GEC) of the Fund can be accessed on the Charity Portal website (www.charities.gov.sg).

Review of Financial Year 2024

(For the period 1 April 2024 – 31 March 2025)



Total Donations Received:

\$799,864



Operating and Administrative Expenses:

\$22,299



Programme Funding:

\$487,220



Outreach to Beneficiaries:

18,653



Programmes Supported:

21

Programmes Supported

A Living Well

✦ Caregiver Support Activities

The Caregiver Support Activities programme delivers comprehensive support to those caring for mental health patients. Through structured sessions and resource provision, this programme ensures that caregivers have access to the essential tools and knowledge throughout their need in their caregiving journey.

This programme plays a vital role in sustaining the wellbeing of caregivers who face significant physical and emotional demands. By equipping them with knowledge, resources and facilitating support networks, the programme helps mitigate caregiver burnout and enhance the quality of care to their loved ones.

In FY2024, the programme reached approximately 300 caregivers through various initiatives – this includes 11 Multi-family Group Therapy Workshop sessions, 3 Brief Family Intervention sessions for Obsessive Compulsive Disorder, and 6 “Getting Your Teen Back on Track” Workshop sessions. 1,000 Caregiver Kits, each containing a Caregiver Guide in English and Chinese, topic guided worksheets and mental health brochures, were also distributed to those with newly diagnosed next-of-kin. Overall, this programme achieved a satisfaction rate of at least 90%.



✦ Resilience, Empathy, Support, and Total Wellness (REST) for WELLness (for Youths) Programme

The REST for WELLness programme provides a comprehensive approach to youth mental health and wellness. This programme, by Total Wellness Initiative Singapore, responds to the increasing concern about mental health issues among young people in Singapore, particularly during the critical phase of adolescence.

REST for WELLness is adapted from REACH's (Response, Early intervention and Assessment in Community mental Health) Mentally-Lit programme. REACH is an IMH community-based service that helps students with emotional, social and/or behavioural issues.

Through structured training in mental health awareness, coping strategies, and peer support techniques, the programme creates a supportive environment where young people can develop essential skills to maintain their mental wellbeing. The initiative fosters a culture of mutual support and proactive wellness within schools, helping students build resilience and emotional intelligence.

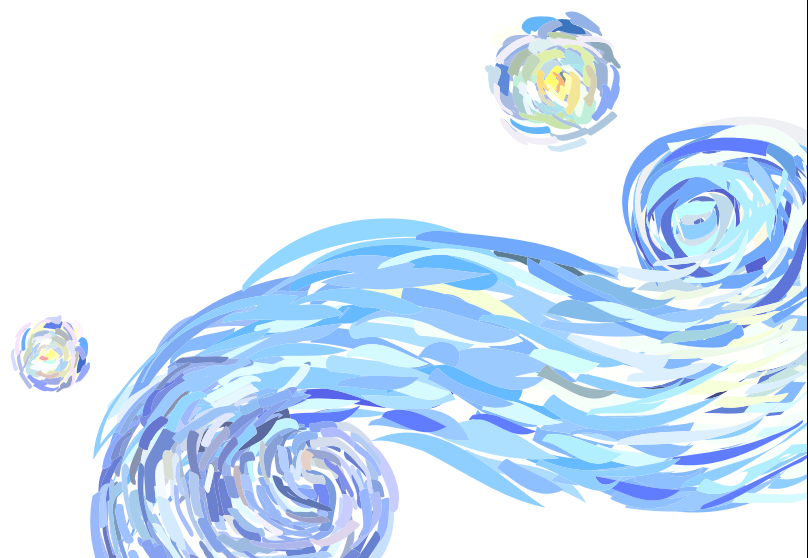
In FY2024, the programme successfully expanded and reached 12 schools and organisations, providing vital mental health training to 450 youths. This implementation has created a foundation for better mental health awareness and support systems within educational institutions.

✦ “We are a Resilient Family” Programme

This programme provides comprehensive family support to IMH patients who play a parenting role to their children while coping with their illness, taking a holistic approach to family wellness.

The programme strengthens family bonds and resilience through regular home visitations, intensive case management, and medical social workers conducting psychoeducation, couple and parenting workshops. Overall, this enables families to identify and develop coping skills and enhance communication skills.

Annually, 40 families participate in this programme, receiving monthly case management follow-ups, quarterly therapeutic group work for the patients' children, bi-annual or quarterly Parents Networking & Support Groups, annual individual family sessions, and family bonding activities.



B Living With Illness

✦ Dance Therapy Programme for Child and Adolescent Inpatient Service

Adolescence is a period when a young person goes through biological, cognitive, and social changes. Dance Movement Therapy (DMT) offers an alternative form of creative expressive therapy for children and adolescents with mood disorders or adverse childhood experiences. This programme provides a unique outlet for young patients who struggle to express their emotions in words. Through movement-based expression, patients can communicate their emotions in ways that transcend verbal limitations.

186 patients from various wards (Mood Disorder Unit, Stepping Stones Rehabilitation Centre and Developmental Psychiatry) attended this programme through FY2024, achieving remarkable results: 74% of participants reported improved mood scores, 76% showed better affecting scores, and 77% demonstrated enhanced vitality scores based on the Heidelberg State Inventory (HBS).



✦ EPIP Psychosocial Initiatives

The Early Psychosis Intervention Programme (EPIP) provides comprehensive psychosocial rehabilitation for young people experiencing first-episode psychosis. The programme recognises that psychosis, particularly schizophrenia, often emerges during crucial developmental stages, impacting education, employment, self-identity, and relationship building.

Through integrated skills training and group work, the programme helps clients facilitate recovery, develop social identities, form friendships, build essential work behavioural skills, maintain conversations and adhere to social norms. Occupational therapists, case managers, peer support specialists, and psychologists work together to facilitate recovery and community reintegration.



In FY2024, the programme recorded 1118 client attendances across various activities, including 'Personal Growth Group,' 'Keeping Active,' 'Metacognition Training' and 'Acceptance and Commitment Therapy Group.'

✦ Funding for Preservation Courses of Repetitive Transcranial Magnetic Stimulation (rTMS) – Financial Support for Patients with Treatment Resistant Depression (TRD)

The rTMS procedure represents an innovative treatment approach for TRD, offering an alternative to standard medication and psychotherapy. This treatment directly stimulates specific brain regions involved in depression, providing a novel intervention pathway for patients who have not responded to conventional treatments.

Funding for this programme ensures that financial constraints do not prevent patients from accessing this effective treatment. Financial assistance is provided to needy patients with TRD so that they may access the Preservation Course of rTMS, which are maintenance sessions to prevent relapse. The rTMS procedure is statistically and clinically significant improvements in patients' depression symptoms.

In FY2024, 5 patients received financial support and successfully went through the rTMS procedure with WHCF's support.



✦ Handphone Project

The Handphone Project addresses a crucial gap in patient care by providing mobile phones to patients who lack access to essential communication tools. From research, over 60% of patients who relapsed and were readmitted did not have mobile phones, significantly impacting their ability to maintain treatment schedules.

The project promotes social inclusion and facilitates recovery by enabling direct communication between patients, their loved ones, and case managers. Regular appointment reminders and psychological support through mobile communication help prevent relapses and conserve medical resources.

In FY2024, all 18 participants in the project maintained perfect attendance at their appointments and avoided hospital readmissions. Patients reported positive feedback, particularly appreciating their ability to stay connected with loved ones and receive timely reminders from case managers.

✦ Happy Paws

Happy Paws introduces animal-assisted activities to elderly patients in IMH, with a particular focus on those with dementia. The programme brings cats to interact with patients in a controlled and supportive environment.



Through regular animal interactions, the programme aims to improve patients' mental wellness and strengthen their relationships with IMH staff. Research has shown that animal-assisted activities can have particularly beneficial effects on elderly patients with dementia, helping to reduce anxiety and improve social interaction.

In FY2024, 62 patients participated in this programme, with monthly engagement sessions, showing positive outcomes in terms of patient engagement and emotional wellbeing.

✦ Hydroponic Farm Workshop

The Hydroponic Farm Workshop provides patients with practical skills in modern farming techniques while offering therapeutic benefits through nature-based activities. This programme combines vocational training with therapeutic engagement, creating meaningful opportunities for patients to learn and grow.

The programme offers multiple benefits to patients: it provides potential pathways to future employment, helps patients connect with nature, builds self-esteem and promotes socialisation.

In FY2024, two public sessions were conducted at the training shed, with at least 5 patients assisting with each activity. The programme expanded its impact by enabling trained patients to conduct hydroponic farming activities and lessons with their peers, creating a sustainable knowledge-sharing model.

✦ IMH Joy Club – Drum Circle

The Joy Club – Drum Circle engages long-stay patients in weekly therapeutic drum sessions, providing a creative outlet for self-expression. Led by a dedicated drum facilitator and volunteer staff, these sessions take place in the Occupational Therapy Department's group therapy room, creating an inclusive and supportive environment.

Through rhythmic experiences and group participation, patients build self-confidence, develop social connections, and find joy in creative expression. The programme adds variety to patients' routines while fostering a sense of community and personal achievement through music.

In FY2024, the Joy Club achieved significant milestones with five major performances, including events at Methodist Girls' School, Meranti Home, and Woodlands Health Campus. The programme conducted 10 sessions with a dedicated trainer and 28 sessions led by OTD staff, maintaining an 80.8% participation rate and achieving at least 89% satisfaction.



✦ IMH Volunteer Programme

The IMH Volunteer Programme facilitates meaningful social interactions for patients in long-stay wards through organised activities and engagement opportunities with volunteers. This programme recognises the critical role of social connection in the recovery process and works to combat isolation among patients.



Through various activities, the programme enhances patients' emotional well-being, reduces feelings of isolation, and creates a sense of belonging and support. Your donations enable volunteers and staff to organise enriching and engaging activities that maintain and improve patients' psychosocial state.

In FY2024, the programme reached 15,122 patient attendances across various activities. The programme maintained a 95% patient satisfaction rate.

"Volunteering is a lasting fulfilment and a source of my personal and professional growth. Supporting IMH has greatly deepened my understanding of mental health and elevated my skills in empathy, communication, and handling challenging situations. During activities, I can tap on my knowledge and experience to respond aptly to the clients' unique needs."

– Angie, Volunteer since 2024

✦ Internet-Based Cognitive Behavioural Therapy (iCBT) for OCD

The iCBT programme offers a digital adaptation of Exposure-based Cognitive Behaviour Therapy, the first-line treatment for Obsessive Compulsive Disorder (OCD). Through a secure internet portal, patients can access therapy and receive support from designated therapists via email and telephone, eliminating the need for in-person visits to IMH.

This innovative approach addresses several barriers to traditional treatment, including stigma concerns, scheduling difficulties, and cost considerations. By making therapy more accessible, the programme helps reach patients who might otherwise not seek or continue treatment for their OCD symptoms, which can significantly impair daily life and cause distress for both individuals and their families.

The programme aims to pilot this clinical service with 100 adult patients, with success measured through the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) scores. Through this structured evaluation, improvements in OCD symptoms, overall functioning, and quality of life among participants will be tracked.

✦ “Little Acts of Kindness” Programme

This programme consolidates four activities specifically designed for patients in acute and psychogeriatric wards: Heart-to-Heart Talk, Bring-It-On, Forget-Me-Not, and You’ve Got Mail. What makes this programme unique is that it’s supported by trained patients from the Slow Stream Rehabilitation Programme, creating a peer support environment.

The initiative empowers patients to support one another, fostering a sense of purpose and community within the hospital setting. By involving rehabilitated patients in supporting others, the programme creates meaningful engagement opportunities while providing valuable support to acute and psychogeriatric patients.

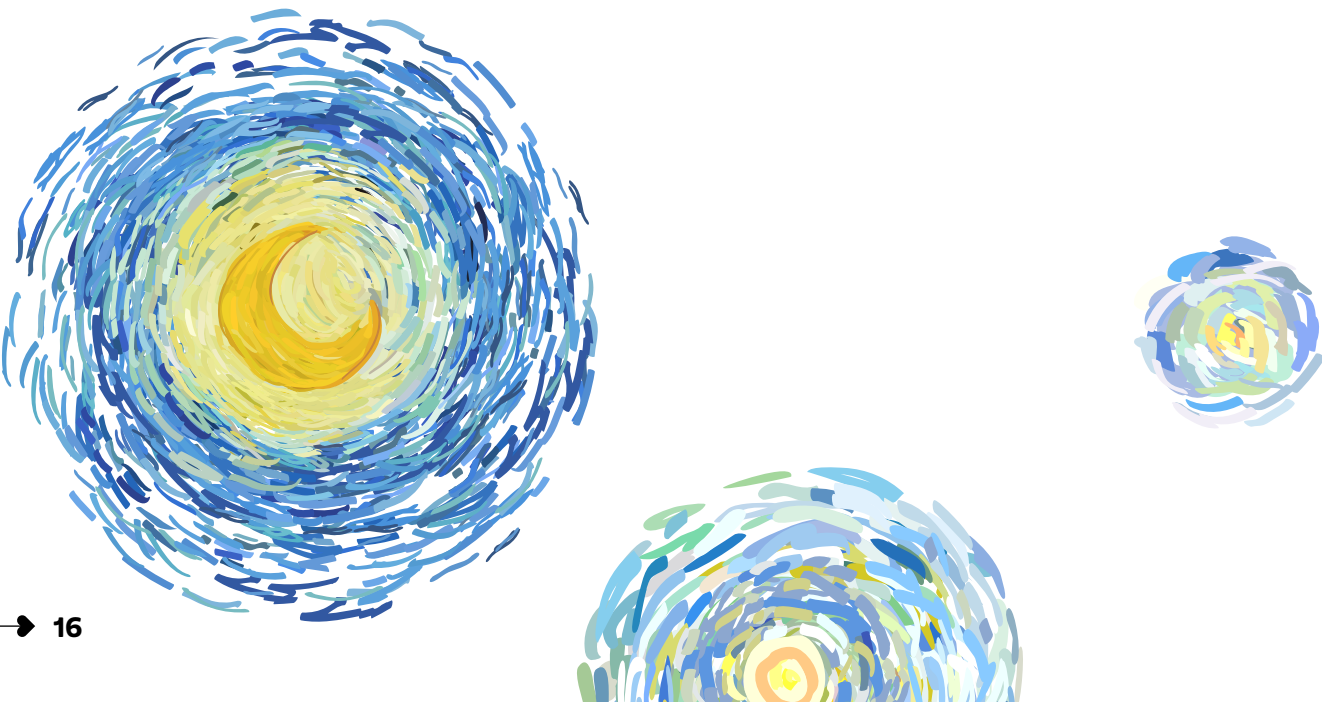
In FY2024, 16 patients participated in these programmes, achieving a remarkable 100% patient satisfaction rate.

✦ Patients Welfare Fund (Medical Social Work)

The Patients Welfare Fund provides crucial financial support to IMH patients from low-income families, ensuring that financial constraints do not hinder their recovery journey. The fund covers essential non-medical needs that are vital for patients’ well-being and community integration.

The fund covers a range of basic living expenses, including food, transport, consumables, crisis living expenses, home improvement, and job start-up support.

In FY2024, the fund disbursed \$114,384 worth of assistance to 1,120 patients, helping them meet basic expenses such as food, consumables, and transport allowances for medical/rehabilitation appointments. Additionally, 29 patients received support for home remodeling needs, improving their living conditions and supporting their recovery.



✦ Psychiatric Rehab Utilising Smart Tech (PRUST) Pilot Programme

The PRUST programme introduces smart technology as a rehabilitation tool at the Stepping Stones Rehabilitation Centre. This three-year pilot initiative equips patients with smartphones and computers, integrating modern technology into their rehabilitation journey.

The programme prepares patients for modern workplace demands by teaching digital literacy skills essential for job applications and online learning. Additionally, it enhances their community mobility and social skills, helping bridge the digital divide that many patients face.

In FY2024, the first year of this pilot, 60 patients participated in Cognitive Remediation Therapy using computers for digital skills training. The programme showed promising results, with 70% of participants demonstrating improved community mobility skills.

✦ Structured Motivational Support Programme for patients on the Forensic Psychiatric Community Service (FPCS)

This intensive one-year aftercare programme supports patients recently released from prison, providing a structured transition back into community life. The programme combines practical support with psychological care to help participants rebuild their lives effectively.

Through a combination of incentives, psychoeducation, and counselling, the programme helps participants maintain their treatment regimens while working towards their personal life goals.

In FY2024, the programme achieved an 87% actualisation rate for outpatient appointments. All participants also reported increased motivation to attend appointments.

✦ Structured Programme of Motivational Support (Individual)

This individualised programme targets patients diagnosed with Schizophrenia and Delusional disorder who have two or more hospital admissions. It provides personalised support through systematic tracking, monitoring, and targeted interventions.

The programme combines practical support through monetary incentives with therapeutic interventions including personalised psycho-education and counselling. This dual approach helps patients maintain their treatment schedules while developing better coping strategies.

In FY2024, 31 participants completed the programme with 74% reported increased confidence in managing their condition and coping with problems, and all showing improvements in social functioning.

✦ Vocational Rehabilitation for People with Mental Illness (Transitional Employment & Supported Employment)

The Vocational Rehabilitation programme helps clients with mental health conditions build essential work skills and confidence through practical training and supported employment opportunities. The programme creates pathways to employment through both transitional and supported employment models, preparing them for successful reintegration into the workplace.

Training options are regularly enhanced to encompass a broader range of skills to meet the interests and needs of clients at various functional levels. With this, OcTAVE@IMH has been collaborating with internal departments to pilot a new coffee machine training programme aimed at supporting groups of clients who face challenges in sustaining open employment.

In FY2024, the programme achieved significant outcomes with 49 clients completing training and securing job placements. More importantly, 35 clients maintained their employment for more than three months, showing the programme's effectiveness in supporting sustainable employment.

✦ Very Special Outstanding Performers (VSOP)



VSOP brings together patients to form a unique choir and dance group, offering creative expression through performing arts. The programme provides regular training in singing and dance, creating opportunities for patients to showcase their talents.

Beyond performance skills, the programme builds confidence and creates supportive networks among participants. The camaraderie developed between participants and instructors contributes significantly to their mental well-being, while regular performances provide goals and achievement opportunities.

In FY2024, the programme trained 115 patients in singing, who regularly performed at Midday Melodies and the NHG Occupational Therapy Day. Additionally, 62 patients received training in contemporary dance, expanding the programme's artistic scope and impact.

✦ We ENABLE Day Camp



The We ENABLE Day Camp is a specialised two-day programme designed for caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). The camp provides a structured learning environment where caregivers can gain practical knowledge and strategies to support their children's development.

Through focused training sessions, caregivers learn to better understand their children's sensory needs and develop skills for managing behaviour in social settings. The programme emphasises practical, community-based strategies that caregivers can implement in their daily lives to improve their children's occupational functions.

In FY2024, the camp conducted two successful sessions in June and November, achieving remarkable results in caregiver empowerment. A total of 103 parents and children attended across both the sessions, with a caregiver-to-child ratio of 2:1 or 3:1. 93% of caregivers from the June session and 94% from the November session demonstrated improved understanding of their children's sensory needs. They also reported increased ability to use appropriate leisure activities in the community for behaviour management.

C Advocacy

✦ Voices of Experience

The Voices of Experience (VOE) programme brings forward advocates who share their personal mental health journeys to challenge stigma and misconceptions about mental illness. Through authentic conversations and shared experiences, these advocates help bridge the gap between public perception and the reality of living with mental health conditions.

The programme serves a dual purpose: it raises public awareness while providing peer support within the IMH community. These personal narratives help create understanding and empathy.

In FY2024, the programme facilitated 11 public awareness events, reaching students, volunteers, and the general public. Additionally, advocates and caregivers conducted 17 peer support group sessions, providing valuable support to IMH patients and their caregivers. These sessions created safe spaces for sharing experiences and offering mutual support, demonstrating the programme's impact in both public education and peer support roles.



Funding Strategy

The WHCF Board conducts strategic reviews every 3 years, with its most recent strategic planning retreat held in March 2024. For FY2025, the WHCF is maintaining the directions set by the Board, while continuing its current emphasis of helping patients who living with mental illness, the Board has agreed to prioritise funding for the following areas: (i) upstream education initiatives for the population to build resilience and mental wellness (ii) mental health research and (iii) recovery-focused initiatives.

Fundraising and Donations

Funds are mainly raised through direct appeals for donations from corporations / foundations / public individuals and periodically through fundraising events.

In FY2024, \$799,864 was raised through fundraising event/campaign and various direct donations:

- (a) \$128,000 was received through the Walk for Mental Health, a 152-km relay walk across Singapore, organized with TeleChoice International Limited;
- (b) \$23,310 was received through “Seats of Strength - Adopt a Bench” campaign;
- (c) \$648,554 was collected through corporations / foundations / public individuals to support various programmes.

In FY2024, WHCF and TeleChoice International Limited signed a 5-year Memorandum of Understanding leading up to 2028 which will mark the Institute of Mental Health's 100th anniversary. In the first year of this adoption, TeleChoice and its corporate partners came together to Walk for Mental Health and raised funds for the TeleChoice ESG Fund which resides within the WHCF.



Review of Financial Statement and Explanation of Major Financial Transactions

There was a net fund movement of \$338,694 for financial year 2024. This comprises total income of \$884,580 offset by fundraising expenses of \$36,367[^], programmes funding payout of \$487,220 and operating and administrative expenses of \$22,299.

[^] The fundraising efficiency ratio is 24% for FY2024.

IPC Fundraising and Expenditure Plans For The Following Financial Years

Financial Year 2025

TeleChoice International Limited plans to fundraise for the second year in FY2025, as part of the 5-year Memorandum of Understanding signed in FY2024. The fundraising activity will involve their stakeholders coming together to raise awareness about mental health.

Beyond this fundraiser, the WHCF will rely predominantly on donations from the public, corporations and foundations. It is envisaged that approximately \$800,000 will be raised in FY2025.

The Fund will continue to support programmes under the categories of Living Well, Living with Illness, Advocacy and Supporting Strategies. For FY2025, a budget of approximately \$790,000 will be allocated for programmes, including:

Living Well	
1	Caregiver Support Activities
2	Resilience, Empathy, Support, and Total Wellness (REST) for Wellness (for Youths) Programme
3	“We are a Resilient Family” Programme
Living with Illness	
4	Beyond Production Programme
5	Dance Therapy for Inpatients under Mood Disorder Unit, Stepping Stones & Department of Developmental Psychiatry
6	Dramatherapy for Inpatients under Mood Disorders Unit & Department of Developmental Psychiatry

Living with Illness	
7	EPIP’s Psychosocial Initiatives
8	Frailty Programme for Geriatric Inpatient Service
9	Handphone Project
10	IMH Joy Club – Drum Circle
11	IMH Volunteer Programme
12	Internet-Based Cognitive Behavioural Therapy (iCBT) for Obsessive-Compulsive Disorder
13	“Little Acts of Kindness” Programme for patients in Acute and Psychogeriatric Wards
14	Music Therapy for Palliative Patients
15	NAMS 43A Daisy Wing Rehabilitation Outings
16	Patient Welfare Fund (MSW)
17	PRUST (Psychiatric Rehab Utilising Smart Tech) Pilot Programme
18	Structured Motivational Support Programme for patients on the Forensic Psychiatric Community Service (FPCS)
19	Structured Programme of Motivational Support (Individual)
20	Vocational Rehabilitation for People with Mental Illness (Transitional Employment & Supported Employment)
21	Very Special Outstanding Performers (VSOP)
22	WE ENABLE Day Camp
23	Implementation of a Dialectical Behaviour Therapy Intensive Outpatient Programme
24	“Happy Paws” Day for Psychogeriatric Wards
25	Funding for Preservation Courses of Repetitive Transcranial Magnetic Stimulation – Financial Support for Patients with Treatment Resistant Depression

Advocacy	
26	Voices of Experience

Some donors have specified the use of their donations for specific programmes. Programme directors of such restricted funds are encouraged to utilise their funds within a year from the date of receipt of the donation.

Following Financial Years

The Fund will continue to approach corporations and foundations for donations. Fundraising events may be identified and initiated to supplement these sources of income when necessary.

Projected Fundraising Target in FY2026	\$900,000	Projected Fundraising Target in FY2027	\$1,000,000
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In keeping with good fundraising practices, administrative costs will be maintained at less than 3% of fund raised annually.

The Fund will continue to support patients through programmes and initiatives under the following broad categories:

- Living Well
- Living with Illness
- Advocacy
- Supporting Strategies

Audited Financial Statement

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Directors' statement

The directors are pleased to present their statement to the members together with the audited financial statements of Woodbridge Hospital Charity Fund (the "Company") for the financial year ended 31 March 2025.

Opinion of the directors

In the opinion of the directors,

- (a) the financial statements of the Company are drawn up so as to give a true and fair view of the financial position of the Company as at 31 March 2025 and the financial performance, changes in funds and cash flows of the Company for the year ended on that date; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they fall due.

Directors

The directors in office at the date of this statement are as follows:

Lee Chow Soon @ Lee Chaw Han
 Tan Eng Kim
 Chua Tiang Choon, Keith
 Daniel Fung Shuen Sheng
 Nancy Pangestu Tabardel @ Nancy Prajogo Pangestu Tabardel
 Tina Hung @ Ong Geok Tin
 Ng Bee Lan (Appointed on 1 July 2025)

Directors' interests

The Company has no share capital and its members' liabilities are limited by guarantee. Accordingly, the directors do not hold any interest in the Company. According to the register kept by the Company under Section 164 of the Companies Act 1967 (the "Act"), no director who held office at the end of the financial year had interests in shares, debentures, warrants and share options of the Company, or of related corporations (including those held by their spouses and children), either at the beginning of the financial year or at the end of the financial year.

Neither at the end of, nor at any time during the financial year, was the Company a party to other arrangement whose objects are, or one of whose objects is, to enable the directors of the Company to acquire benefits by means of the acquisition of shares in or debentures of the Company or any other body corporate.

Directors' statement

Share options

The Company is limited by guarantee and has no issued share capital.

Auditor

Ernst & Young LLP have expressed their willingness to accept re-appointment as auditor.

On behalf of the Board of Directors



Lee Chow Soon @ Lee Chaw Han
Chairman



Ng Bee Lan
Director

Singapore
1 September 2025

Independent auditor's report

For the financial year ended 31 March 2025

Independent auditor's report to the members of Woodbridge Hospital Charity Fund

Report on the audit of the financial statements

Opinion

We have audited the financial statements of Woodbridge Hospital Charity Fund (the "Company"), which comprise the balance sheet as at 31 March 2025, the statement of comprehensive income and statement of cash flows of the Company for the year then ended, and notes to the financial statements, including material accounting policy information.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Companies Act 1967 (the "Act"), the Charities Act 1994 and other relevant regulations (the "Charities Act 1994 and Regulations") and Financial Reporting Standards in Singapore ("FRSs") so as to give a true and fair view of the financial position of the Company as at 31 March 2025 and of the financial performance, changes in funds and cash flows of the Company for the financial year ended on that date.

Basis for opinion

We conducted our audit in accordance with Singapore Standards on Auditing ("SSAs"). Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the Company in accordance with the Accounting and Corporate Regulatory Authority ("ACRA") *Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities* ("ACRA Code") together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independent auditor’s report

For the financial year ended 31 March 2025

Independent auditor’s report to the members of Woodbridge Hospital Charity Fund

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Act, the Charities Act 1994 and Regulations and FRSs, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

In preparing the financial statements, management is responsible for assessing the Company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The directors’ responsibilities include overseeing the Company’s financial reporting process.

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Independent auditor’s report

For the financial year ended 31 March 2025

Independent auditor’s report to the members of Woodbridge Hospital Charity Fund

Auditor’s responsibilities for the audit of the financial statements (cont’d)

- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on other legal and regulatory requirements

In our opinion, the accounting and other records required by the Act to be kept by the Company have been properly kept in accordance with the provisions of the Act and the Charities Act 1994 and Regulations.

During the course of our audit, nothing has come to our attention that causes us to believe that during the financial year:

- (a) the Company has not used the donation moneys in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and
- (b) the Company has not complied with the requirements of Regulation 15 of the Charities (Institutions of a Public Character) Regulations.

ERNST & YOUNG LLP

Ernst & Young LLP
Public Accountants and
Chartered Accountants
Singapore
1 September 2025

Balance sheet

As at 31 March 2025

	Note	2025 \$	2024 \$
Assets			
Other receivables	4	545	250,000
Interest receivables		31,483	41,918
Cash and bank balances	5	600,718	2,668,568
Other financial assets	6	2,659,338	-
Current and total assets		3,292,084	2,960,486
Liabilities			
Other payables		13,339	16,393
Amount due to Institute of Mental Health	7	5,659	43,319
Amount due to immediate holding company	7	11,082	-
Accrued charitable expenses		44,297	22,887
Accrued operating expenses		3,139	2,013
Current and total liabilities		77,516	84,612
Net assets		3,214,568	2,875,874
Represented by:			
Funds:			
Restricted funds			
IMH Volunteer Programme	8	-	4,834
Rehabilitation of Patients from the Department of Recovery Care	8	387	10,916
Adult Psychiatric Rehabilitation Programme	8	10,334	10,750
Vocational Rehabilitation for People with Mental Illness Programme	8	1,015	5,000
Very Special Outstanding Performers (VSOP) Programme	8	5,138	11,588
Patient Welfare Fund	8	4,410	4,422
Facilities & Welfare Fund for W63B and IMH's Activities	8	-	6,595
Facilities for Sedap Cafe	8	2,211	2,326
Mural in National Addictions Management Service (NAMS)			
Inpatient Rehabilitation	8	-	4,000
WE Enable Day Camp	8	9,525	-
Environmental, Social and Governance (ESG) Fund	8	100,030	-
Design and Production of Mental Health Art & Heritage Wall	8	14,225	-
Edible Garden Programme at Child and Adolescent Ward	8	10,000	-
Mobile Coffee Barista Café for Clients in Recovery	8	24,000	-
Frailty Programme for Geriatric Inpatient Service	8	10,000	-
Patient Care Programme	8	15,000	-
Caring Beyond Cures	8	390	-
		206,665	60,431
Unrestricted fund			
General fund		3,007,903	2,815,443
Accumulated funds		3,214,568	2,875,874

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Statement of comprehensive income

For the financial year ended 31 March 2025

	Note	2025 Restricted funds \$	2025 Unrestricted/ general fund \$	2025 Total \$	2024 Restricted funds \$	2024 Unrestricted/ general fund \$	2024 Total \$
Incoming resources							
Donation income	9	91,061	557,103	648,164	16,650	101,933	118,583
Income from fund raising activities		128,390	23,310	151,700	-	791,477	791,477
Interest income		-	82,366	82,366	-	87,688	87,688
Other income		-	2,350	2,350	-	2,091	2,091
Total incoming resources		219,451	665,129	884,580	16,650	983,189	999,839
Resources expended							
Grants made		(65,148)	(422,072)	(487,220)	(230,233)	(648,834)	(879,067)
Fund raising expenses		(8,066)	(28,301)	(36,367)	-	(136,607)	(136,607)
Governance costs		-	(22,299)	(22,299)	-	(7,758)	(7,758)
Total resources expended	12	(73,214)	(472,672)	(545,886)	(230,233)	(793,199)	(1,023,432)
Net incoming resources/ (outflow of) for the year, representing total comprehensive income for the year		146,237	192,457	338,694	(213,583)	189,990	(23,593)
Accumulated fund brought forward		60,431	2,815,443	2,875,874	276,966	2,622,501	2,899,467
Transfer between unrestricted/ general fund and restricted funds	10	(3)	3	-	(2,952)	2,952	-
Accumulated fund carried forward		206,665	3,007,903	3,214,568	60,431	2,815,443	2,875,874

A separate statement of changes in equity has not been prepared as the Company is limited by guarantee and has no issued share capital and the total comprehensive income for the year would be the only component of this statement.

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Statement of cash flows

For the financial year ended 31 March 2025

	Note	2025 \$	2024 \$
Cash flows from operating activities			
Net incoming/ (outflow of) resources		338,694	(23,593)
Adjustments for:			
Interest income		(82,366)	(87,688)
		256,328	(111,281)
Changes in working capital:			
Decrease/ (Increase) in other receivables		249,455	(249,500)
Decrease in other payables		(3,054)	(9,764)
(Decrease)/increase in amount due to Institute of Mental Health		(37,660)	27,326
Increase in amount due to Immediate Holding Company		11,082	-
Increase in accrued charitable expenses		21,410	2,317
Increase/ (decrease) in accrued operating expenses		1,126	(1,443)
Net cash flows generated from/ (used in) operating activities		498,687	(342,345)
Cash flows from investing activities			
Interest received		92,801	46,275
Placement of treasury bill		(5,113,463)	-
Placement of fixed deposit		(5,000,000)	(2,500,000)
Receipt of treasury bill		2,454,125	-
Receipt of fixed deposit		7,500,000	2,600,000
Net cash flows (used in)/ generated from investing activities		(66,537)	146,275
Net increase/ (decrease) in cash and cash equivalents		432,150	(196,070)
Cash and cash equivalents at beginning of year		168,568	364,638
Cash and cash equivalents at end of year	5	600,718	168,568

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Notes to the financial statements

For the financial year 31 March 2025

1. Corporate information

Woodbridge Hospital Charity Fund (the “Company”) was established on 28 November 2019. The objectives of the Company are to receive donations towards the pursuit of medical research, development and improvement to health services in Singapore.

The Company is incorporated in Singapore as a company limited by guarantee. The address of the Company’s registered office is 10 Buangkok View, Institute of Mental Health, Singapore 539747.

With effect from 13 August 2021, the Company has been registered as a Charity under the Charities Act 1994. The Company is an Institution of a Public Character (“IPC”) in accordance with the Income Tax Act 1947. The Company was granted its IPC status for a period from 28 February 2024 to 27 February 2027.

The Company has one registered corporate member and two individual members, namely National Healthcare Group Pte Ltd (“NHG”), Mr. Lee Chow Soon and Adjunct A/Prof. Daniel Fung Shuen Sheng respectively. NHG is the immediate holding company of Woodbridge Hospital Charity Fund. The ultimate controlling party is Minister for Finance¹. NHG is a company incorporated in the Republic of Singapore.

2. Material accounting policy information

2.1 Basis of preparation

The financial statements of the Company, the balance sheet, and statement of comprehensive income of the Company have been prepared in accordance with Financial Reporting Standards in Singapore (“FRS”).

The financial statements have been prepared on the historical cost basis except as disclosed in the accounting policies below.

The financial statements are presented in Singapore dollars (“\$”), which is the Company’s functional currency.

The financial statements of the Company have been prepared on the basis that it will continue to operate as a going concern.

2.2 Adoption of new and amended standards and interpretations

The accounting policies adopted are consistent with those of the previous financial year except that in the current financial year, the Company has adopted all the new and amended standards which are relevant to the Company and are effective for annual financial period beginning on or after 1 April 2024. The adoption of these standards and interpretations did not have any material effect on the financial performance or position of the Company.

¹ Under the Singapore Minister for Finance (Incorporation) Act 1959, the Minister for Finance is a body corporate.

Notes to the financial statements

For the financial year 31 March 2025

2. Material accounting policy information (cont'd)

2.3 New standards and interpretations issued but not yet effective

The Company has not adopted the following standards applicable to the Company that have been issued but not yet effective:

Description	Effective for annual periods beginning on or after
Amendments to FRS 21: Lack of Exchangeability	1 January 2025
Amendments to FRS 109 and FRS 107: Amendments to the Classification and Measurement of Financial Instruments	1 January 2026
Annual Improvement to FRSs - Volume 11	1 January 2026
FRS 118 Presentation and Disclosure in Financial Statements	1 January 2027
FRS 119 Subsidiaries without Public Accountability: Disclosures	1 January 2027
Amendments to FRS 110 and FRS 28: Sale or Contribution of Assets between an Investor and its Associate or Joint Venture	Date to be determined

Except for the below, management expects that the adoption of the standards above will have no material impact on the financial statements in the year of initial application.

FRS 118: Presentation and Disclosure in Financial Statements

FRS 118 is a new standard that replaces FRS 1 *Presentation of Financial Statements*. FRS 118 introduces new categories of subtotals in the statement of comprehensive income, including specified totals and subtotals. Entities are required to classify all income and expenses within the statement of comprehensive income into one of five categories: operating, investing, financing, income taxes and discontinued operations, wherein the first three are new.

It also requires disclosure of newly defined management-defined performance measures, subtotals of income and expenses, and includes new requirements for the aggregation and disaggregation of financial information based on the identified ‘roles’ of the primary financial statements (“PFS”) and the notes.

In addition, narrow-scope amendments have been made to FRS 7 *Statement of Cash Flows*, which include changing the starting point for determining cash flows from operations under the indirect method, from ‘surplus or deficit’ to ‘operating surplus or deficit’ and removing the optionality around classification of cash flows from dividends and interest. In addition, there are consequential amendments to several other standards.

FRS 118, and the amendments to the other standards, is effective for reporting periods beginning on or after 1 January 2027, but earlier application is permitted and must be disclosed. FRS 118 will apply retrospectively.

Notes to the financial statements

For the financial year 31 March 2025

2. Material accounting policy information (cont'd)

2.3 New standards and interpretations issued but not yet effective (cont'd)

The amendments will have impact on the disclosure in the financial statements but not on the measurement or recognition of items in the Company’s financial statements. The Company is in the process of analysing the new disclosure requirements and to assess if changes are required to its internal information systems.

2.4 Financial instruments

(a) Non-derivative financial assets

Classification and measurement

The Company classifies its non-derivative financial assets as amortised cost.

The classification depends on the Company’s business model for managing the financial assets as well as the contractual terms of the cash flows of the financial asset.

The Company reclassifies financial assets when and only when its business model for managing those assets changes.

At initial recognition

The Company initially recognises trade receivables on the date they are originated. All other financial assets are recognised initially on the trade date, which is the date that the Company becomes a party to the contractual provisions of the instrument.

At subsequent measurement

Financial assets at amortised cost

These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income, foreign exchange gains and losses and impairment are recognised in surplus or deficit. Any gain or loss on derecognition is recognised in surplus or deficit.

(b) Cash and cash equivalents

Cash and cash equivalents comprise cash and bank balances and deposits with financial institutions that are subject to an insignificant risk of changes in their fair values, and are used by the Company in the management of its short-term commitments.

Notes to the financial statements

For the financial year 31 March 2025

2. Material accounting policy information (cont'd)

2.4 Financial instruments (cont'd)

(c) Non-derivative financial liabilities

At initial recognition

The Company initially recognises all non-derivative financial liabilities on the trade date, which is the date that the Company becomes a party to the contractual provisions of the instrument.

Non-derivative financial liabilities are initially measured at fair value less directly attributable transaction costs.

At subsequent measurement

Non-derivative financial liabilities are subsequently measured at amortised cost using the effective interest method. These financial liabilities comprised other payables, accrued charitable expenses and accrued operating expenses.

(d) Derecognition

Financial assets

The Company derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or when it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred.

Financial liabilities

The Company derecognises a financial liability when its contractual obligations are discharged, cancelled, or expired.

Notes to the financial statements

For the financial year 31 March 2025

2. Material accounting policy information (cont'd)

2.5 Impairment of financial assets

The Company recognises loss allowances for expected credit losses (“ECLs”) on financial assets measured at amortised cost. ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all cash flows the Company expects to receive, discounted at an approximation of the original effective interest rates.

Allowances are measured on either of the following bases:

- 12-month ECLs: these are ECLs that result from default events that are possible within the 12 months after the reporting date (or for a shorter period if the expected life of the instrument is less than 12 months); or
- Lifetime ECLs: these are ECLs that result from all possible default events over the expected life of a financial instrument.

General approach

The Company applies the general approach to provide for ECLs on all other financial instruments. Under the general approach, the loss allowance is measured at an amount equal to 12-month ECLs at initial recognition.

At each reporting date, the Company assesses whether financial assets carried at amortised cost are credit-impaired. A financial asset is ‘credit-impaired’ when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Company’s historical experience and informed credit assessment and including forward-looking information.

A financial asset is ‘credit-impaired’ when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred.

Evidence that a financial asset is credit-impaired includes the following observable data:

- significant financial difficulty of the borrower or issuer;
- a breach of contract such as a default or remain outstanding for more than 365 days, taking into consideration historical payment track records, current macroeconomics situation as well as the general industry trend;
- the restructuring of a loan or advance by the Company on terms that the Company would not consider otherwise;
- it is probable that the borrower will enter bankruptcy or other financial reorganisation; or
- the disappearance of an active market for a security because of financial difficulties.

Notes to the financial statements

For the financial year 31 March 2025

2. Material accounting policy information (cont'd)

2.5 Impairment of financial assets (cont'd)

The Company considers a financial asset to be in default when:

- the borrower is unlikely to pay its credit obligations to the Company in full, without recourse by the Company to actions such as realising security (if any is held); or
- the financial asset is more than 365 days past due, taking into consideration historical payment track records, current macroeconomics situation as well as the general industry trend.

If credit risk has not increased significantly since initial recognition or if the credit quality of the financial instruments improves such that there is no longer a significant increase in credit risk since initial recognition, loss allowance is measured at an amount equal to 12-month ECLs.

The maximum period considered when estimating ECLs is the maximum contractual period over which the Company is exposed to credit risk.

Presentation of allowance for ECLs in the balance sheet

Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of these assets.

Write-off

The gross carrying amount of a financial asset is written off (either partially or in full) to the extent that there is no realistic prospect of recovery. This is generally the case when the Company determines that the debtor does not have assets or sources of income that could generate sufficient cash flows to repay the amounts subject to the write-off. However, financial assets that are written off could still be subject to enforcement activities in order to comply with the Company’s procedures for recovery of amounts due.

2.6 Funds structure

(i) Unrestricted funds

General fund

The general fund is available for use at the discretion of the Board of Directors in furtherance of the Company’s objectives.

(ii) Restricted funds

The restricted fund is for support of projects that have been identified by donors of the funds or communicated to donors when sourcing for the funds in furtherance of the Company’s objectives.

Notes to the financial statements

For the financial year 31 March 2025

2. Material accounting policy information (cont'd)

2.7 Income recognition

Donation income

Donations, other than those specified below, are recognised in income and expenditure in the accounting period of receipt or when the receipt of the amount is certain.

Cash donation which is designated for specific use other than for property, plant and equipment and intangible assets purchases is taken to donation fund account in the period of receipt. The donation income is recognised in surplus or deficit when the relevant expenditure is incurred.

Income from fund raising activities

Income from fund raising activities is recognised in income and expenditure in the accounting period of receipt.

Interest income

Interest income from fixed deposits is accrued using the effective interest rate method on the principal outstanding and at the rate applicable.

Other income

Other income relates to services rendered to related parties and third parties. Other income is recognised in income and expenditure when service is rendered.

2.8 Resources expended

Grant made

Grant made are expenses recognised in the period in which they are incurred.

2.9 Tax expense

The Company is an approved charity organisation under the Charities Act 1994. No provision for taxation has been made in the financial statements as the Company is a registered charity with income tax exemption.

Notes to the financial statements

For the financial year 31 March 2025

3. Significant accounting estimates and judgements

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of assets, liabilities, income, expenses, and the disclosure of contingent liabilities at the end of the reporting period. Uncertainty about these assumptions and estimates could result in outcomes that require material adjustments to the reported amounts of assets, liabilities, income, expenses, and the disclosure of contingent liabilities in the future periods.

Judgement, estimates, and the underlying assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

The selection of critical accounting policies, the judgements and other uncertainties affecting application of those policies and the sensitivity of reported results to changes in condition and assumptions are factors to be considered when reviewing the financial statements. Management is of the opinion that there is no instance of application of judgement and estimation uncertainty which is expected to have a significant effect on the amounts recognised in the financial statements.

4. Other receivables

In the previous financial year, other receivables related to donations receivable from Singapore Totalisator Board (“Tote Board”) and was unsecured, interest-free, repayable on demand and expected to be settled in cash.

5. Cash and bank balances

	2025 \$	2024 \$
Fixed deposits placed with financial institutions	-	2,500,000
Cash at bank	594,238	155,438
Cash in hand	6,480	13,130
Cash and bank balances	600,718	2,668,568
Less:		
Fixed deposits placed with financial institutions	-	(2,500,000)
Cash and cash equivalents	600,718	168,568

The effective interest rates per annum are as follows:

	2025 %	2024 %
Fixed deposits placed with financial institutions	2.95 – 3.00	3.4 – 3.55

Interest rates for fixed deposits with financial institutions are repriced at regular intervals within 6 months (2024: 6 months). All other cash balances are non-interest bearing.

Notes to the financial statements

For the financial year 31 March 2025

6. Other financial assets

	2025 \$	2024 \$
Current financial assets		
Financial assets designated at amortised cost		
- Treasury bills	2,659,338	-

The treasury bills are issued by the Singapore Government for a period of 6 months at an interest rate of 3.04% per annum.

Credit and market risks, and fair value measurement

Information about the Company’s exposures to credit, interest rate and price risks, and fair value measurement, is included in Note 14.

7. Amount due to Institute of Mental Health/ immediate holding company

The amount due to Institute of Mental Health (“IMH”) and immediate holding company is non-trade related, unsecured, interest-free and repayable on demand.

8. Restricted funds

The designated purpose and donations relating to the outstanding balance in the respective restricted funds are as follows:

- (a) The donation received was intended to support the programme which is run by for IMH Volunteers for patients.
- (b) The donation received was intended to support the programme for Rehabilitation of Patients from the Department of Recovery Care.
- (c) The donation received was intended to support the programme for Adult Psychiatric Rehabilitation by engaging patients in recovery in a variety of vocational trainings (e.g. horticulture, bakery and other activities).
- (d) The donation received was intended to support the Vocational Rehabilitation for People with Mental Illness programme.
- (e) The donation received was intended to support the Very Special Outstanding Performers (VSOP) programme.

Notes to the financial statements

For the financial year 31 March 2025

8. Restricted funds (cont'd)

- (f) The donation received was intended to support the Welfare Fund for patients which is managed by Case Management Unit (CMU).
- (g) The donation received was intended to support the Welfare Fund for patients under Ward 63B and IMH's activities.
- (h) The donation received was intended to support the Sedap Café in IMH.
- (i) The donation received was intended to support the mural artwork in the rehabilitation wing of the NAMS Ward.
- (j) The donation received was intended to support WE enable day camp.
- (k) The donation received was intended to support Environmental, Social and Governance (ESG) Fund.
- (l) The donation received was intended to support the design and production of Mental Health Art and Heritage Wall.
- (m) The donation received was intended to support the Edible Garden Programme at Child and Adolescent Ward.
- (n) The donation received was intended to support Mobile Coffee Barista Café for clients in recovery.
- (o) The donation received was intended to support the Frailty Programme for Geriatric Inpatient Service.
- (p) The donation received was intended to support the Patient Care Programme.
- (q) Caring Beyond Cures (CBC) was a staff giving campaign across institutions to reinforce NHG's commitment to our community and to foster a shared sense of purpose and culture of philanthropy among staff. The donation from staff and Board members will be designated to support needy patients in our community to extend care beyond the hospital walls.

Notes to the financial statements

For the financial year 31 March 2025

9. Donation income

	2025 \$	2024 \$
Voluntary income:		
- Tax deductible donations	594,573	90,065
- Other donations	53,591	28,518
	648,164	118,583
Income from fund-raising activities		
- Tax deductible donations	149,800	403,406
- Other donations	1,900	388,071
	151,700	791,477
Total donation income	799,864	910,060
Fund raising expenses	36,367	136,607
Fund raising efficiency ratio	24%	17%

10. Transfer between unrestricted/general fund and restricted funds

The transfer from restricted fund to unrestricted fund refers to the donation of \$3 which was received from a donor in May 2022. During the financial year, the donor has informed the Company to transfer the unutilised fund to general pool.

11. Income taxes

There is no tax charge for the current and previous financial year. The Company is a registered charity and an Institutions of Public Character, which has been exempted from tax with effect from the Year of Assessment 2022.

12. Resources expended

In 2024, \$6,000 was incurred for funded overseas expenditure, no such expenditure was incurred in the current year.

Notes to the financial statements

For the financial year 31 March 2025

13. Related parties

Other than disclosed elsewhere in the financial statements, the transactions with related parties are as follows:

	2025 \$	2024 \$
Immediate holding company		
Grants made	(26,686)	(354,061)
Fund raising expense	(28,200)	-

Key management personnel compensation

Key management personnel of the Company are those persons having the authority and responsibility for planning, directing and controlling the activities of the Company. The Board of Directors are considered as key management personnel of the Company. The Board of Directors did not receive any form of remuneration in the financial year.

14. Financial risk management

Overview

The Company has exposure to the following risks from its use of financial instruments:

- Credit risk
- Liquidity risk

This note presents information about the Company's exposure to each of the above risks, the Company's objectives, policies and processes for measuring and managing risk.

Risk management framework

Risk management is integral to the operations of the Company. The Company has established a system of controls in place to create an acceptable balance between the cost of risks occurring and the cost of managing the risks. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Company's activities.

Credit risk

Credit risk is the risk of financial loss to the Company if a counterparty to a financial instrument fails to meet its contractual obligations and arises primarily from the Company's cash and bank balances.

The carrying amount of financial assets in the balance sheet represents the Company's maximum exposure to credit risk. The Company does not hold any collateral in respect of its financial assets.

Notes to the financial statements

For the financial year 31 March 2025

14. Financial risk management (cont'd)

Credit risk (cont'd)

Cash and bank balances are placed with financial institutions which are regulated.

Impairment on cash and bank balances has been measured on the 12-month expected loss basis and reflects the short maturities of the exposures. The Company considers that its cash and bank balances have low credit risk based on the external credit ratings of the counterparties. The amount of the ECL impairment on cash and bank balances was insignificant.

Other receivables and Interest receivables

Other receivables and interest receivables are aged less than one year and no allowance for impairment is required.

As at the end of the reporting period, there were no significant concentrations to credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the balance sheet.

Liquidity risk

Liquidity risk is the risk that the Company will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash or another financial asset. The Company's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due under normal and stressed conditions without incurring unacceptable losses or risking damage to the Company's reputation.

The Company monitors its liquidity risk and maintains a level of cash and bank balances deemed adequate by the Board to finance the Company's operations and to mitigate the effects of fluctuations in cash flows.

The carrying amounts of other payables, amount due to IMH, amount due to immediate holding company, accrued charitable expenses, and accrued operating expenses reflect the undiscounted cash outflows which are due to be settled within one year.

Fair values versus carrying amounts

The carrying amounts of financial assets and liabilities with a maturity of less than one year (including other receivables, interest receivables, cash and bank balances, other financial assets, other payables, amount due to IMH, amount due to immediate holding company, accrued charitable expenses, and accrued operating expenses) approximate their fair values because of the short period to maturity.

15. Authorisation of financial statements for issue

The financial statements for the financial year ended 31 March 2025 were authorised for issue in accordance with a resolution of the directors on 1 September 2025.

Make A Donation

The Woodbridge Hospital Charity Fund (WHCF) funds various programmes that strengthen recovery and improve quality of life. Your donations will have a lasting impact on our patients, their families, and our community.

Every gift, big or small, sparks joy and transformation.

All donations to WHCF are eligible for 2.5 times tax deduction. Please provide your NRIC/FIN/UEN for our submission to IRAS. WHCF will submit the details of your donation to IRAS on your behalf within the calendar year of your donation. You will not be required to make a separate submit.



Online Donation Form

Complete your donation through our online form. Multiple payment methods available.

- Scan the QR code, or
- Visit <https://for.sg/donate-to-whcf>



Other Payment Options

1. PayNow

Scan the PayNow QR code to make a donation. For 2.5 times tax deduction, please include your NRIC/FIN/UEN in the reference field.

2. Cheque

Kindly make the cheque payable to “Woodbridge Hospital Charity Fund” and mail the cheque to:

LHBM Philanthropy Department, Institute of Mental Health
Buangkok Green Medical Park, 10 Buangkok View
Singapore 539747

For 2.5 times tax deduction, please include your or your company’s full name, NRIC/FIN/UEN and contact number at the back of the cheque.



10 Buangkok View, Singapore 539747

UEN Number: 201940371M