Caring for the Community

Community Mental Health Team 
Programme Report FY2007 - 11 

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Photographs courtesy of Mr Dezmund Soh
Contents

02  Message from the Editor
03  Foreword
04  Preface
05  Organisation Chart
09  History of Community Psychiatry
15  Community Mental Health Team
33  Working with Community Partners
39  Community Mental Health Education & Training
43  Publications and Presentations
47  Moving Forward
51  Annexes
Message from the Editor

Dr Joseph Leong Jern-Yi
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I am delighted to see the growth of Community Psychiatry and the Community Mental Health Team (CMHT) over the years. This report documents our journey since the establishment of the team five years ago.

The early 1990s were pioneering years with multiple agencies doing their part to serve persons with mental health issues as well as their caregivers. There was lack of coordination between the various agencies and collaboration was limited. There was a need for a coherent policy and plan to better provide for the mental health needs of the nation.

The 1st National Mental Health Blueprint (2007-2012) articulated this vision - to have an emotionally resilient and mentally healthy community with access to community-based, comprehensive and cost-effective mental health services.

The CMHT is a part of this vision to provide for services catering to adults and more importantly, to reach out to and strengthen bonds with the various stakeholders and community partners. I am amazed at the number of community partners we have established connections with and who have received our training and support services. CMHT’s core competencies in skill training for community partners has helped community mental health services take root and grow stronger.

Credit must go to Dr. Lee Cheng, the CMHT Programme Director, for his leadership and vision. We have a wonderful team of people who are passionate in the work we do as well as deeply compassionate towards the people we serve.

Psycho-social rehabilitation and recovery has today become a reality in the community!

“CMHT’s core competencies with skill training for community partners help community mental health services take root and grow strong.”
The scope of psychiatric services has often been focused on specialist services within hospitals and clinics. From the development of moral treatment movements that focus on gated communities called asylums to the mental hygiene movement focused on specialised hospitals and clinics, mental healthcare is often focused on segregating and treating people with mental illness in a hospital and psychiatry-centred system of care.

Community psychiatry can be defined as a branch of psychiatry focusing on detection, prevention, early treatment, and rehabilitation of emotional and behavioral disorders as they develop in a community. This implies a community-integrated approach to care, where people with mental illnesses are identified early, services provided within their living communities and there is less need to bring them to hospitals. This is in fact a population-based approach that can help destigmatise and de-institutionalise people with mental illnesses. Singapore embarked on the development of community-centred mental healthcare more than a decade ago and five years ago, a concerted effort was made to drive such a system through the setting up of community mental health teams. This book is a depiction of that journey, seen through the eyes of its main architects. I hope that this can help others developing similar approaches in their communities and societies to better understand the approach.

A/Prof Daniel Fung
Senior Consultant
Dept of Child & Adolescent Psychiatry
Chairman, Medical Board, Institute of Mental Health
For the past five years, besides the clinical service directly rendered to the patients and their caregivers, CMHT has been working closely with our community partners to provide holistic support to the patients living in the community.

I have been working at the Institute of Mental Health since 1994. I am proud to be a psychiatrist and to witness the gradual but perceptible process of deinstitutionalisation over the years.

In 2003, not long upon my return from the United States after completion of my fellowship in Yale, I was appointed to be the Chief of Community Psychiatry and to oversee two pilot outreach services to support people with mental illness in the community. The Assertive Community Treatment (ACT) programme was a community-based psychosocial rehabilitation programme which proved to have benefited the patients in their independence and integration in the community. The Mobile Crisis Team (MCT) service was a service that helped to reduce the impact of mental health emergencies by crisis resolution either via advice given by the helpline counsellor or an on-site intervention. With these two services, there was significant reduction in the burden of the chronic mental illnesses on the patients and their caregivers. The success of these two programmes led to the establishment of the Community Mental Health Team (CMHT) in 2007, a national programme funded by the Ministry of Health.

For the past five years, besides the clinical service directly rendered to the patients and their caregivers, CMHT has been working closely with our community partners to provide holistic support to the patients living in the community. We have also been providing training, consultation and support to our community partners so as to strengthen their capability in understanding and managing patients with mental illness.

In February 2012, we published ‘Journey to Recovery’, a collection of real-life accounts of how patients cope with their mental illness. The stories demonstrate that whatever the difficulties one faces, there is always hope and opportunities for one to achieve a satisfying quality of life.

I am pleased to present to you this book which charts our progress over the past five years. I must thank all my CMHT staff members for their support and I am sure they will continue to provide excellent person-centered service to our patients.

Dr Lee Cheng
Senior Consultant / Chief
Dept of Community Psychiatry
Vice-Chairman, Medical Board (Clinical),
Institute of Mental Health
Programme Report FY2007 - 2011

CMHT STRUCTURE

Programme Director
Dr Lee Cheng

Doctor-in-Charge
Dr Wei Ker-Chiah

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Agnes Lim

Admin Support
Kitty Yip

MCT Helpline
Supervisor
Siti Sarah Ishak

Asst Supervisor
Lucy Tan

Members
Endus Lee Ying Chiat
Luqman Safiyuddin
Isabel Ong Yiying
Dezmund Soh Chee Liang
Tracie Anne Lazaroo
Umi Kalthom S.

CMHT Organisation Chart accurate as of Mar 2012
CMHT EASTERN ZONE

Doctor In-charge
Dr Lee Cheng
Dr Kelvin Ng

Sector Representative
NC Ong Seng Hong
NC Sharon Tan

CMHT HELPLINE COUNSELORS

Programme Manager
Mark Alexander

Supervisor
Siti Sarah Ishak

Assistant Supervisor
Lucy Tan

Endus Lee Ying Chiat
Luqman Safiyuddin
Isabel Ong Yiying

Dezmund Soh Chee Liang
Tracie Anne Lazaroo
Umi Kalthom S.
CMHT ADMINISTRATORS

Operations HOD
Eddie Chua

Program Manager
Mark Alexander

Information Management
Gerald Tan

Training
Alderline Wong

Norozeinah Mohd Zain
Agnes Lim
Kitty Yip
History of Community Psychiatry
Prior to the 1980s, the Institute of Mental Health (IMH), known then as Woodbridge Hospital, housed and provided mental healthcare for patients suffering from mental disorders. This was the time when mental illness was considered untreatable and there was a severe lack of community support services for Persons with Mental Illness (PMI). Many of those with mental disorders were thus institutionalised in IMH for long periods of time and did not receive adequate support upon their discharge in the community. IMH housed thousands of patients, emerging as the largest hospital in Singapore. The large number of in-patients in the hospital required a big team of clinicians and the rising cost of medical service was a drain on the hospital resources.

The majority of long-stay patients could have been discharged with adequate community care; in fact, many of them no longer required in-patient care. But they remained in the hospital as their families had no means to take care of them and there was a lack of community residential facilities back then. It was critical to develop a cost-effective healthcare system for psychiatric patients. Most importantly, psychiatric patients should be given a chance to lead a meaningful life within the community and not be kept locked away.

During this period, mental healthcare reached a turning point where the treatment concept did not rely entirely on medication. Scientific advancement and research showed that a patient’s mental condition does not significantly improve or worsen because of the administration of a certain medication. However, the patient’s mental condition can change if the treatment was delivered in a certain care environment. In other words, the treatment can only be effective if it is supported by a framework of service organisations. This changed the direction of mental healthcare in Singapore.

Mental healthcare was evolving from institutional treatment to a community-based healthcare system. With this aim in mind, psychiatric patients are discharged when they become mentally stable.
A network of psychiatric healthcare services has to be in place to help these patients receive continuous care and supervision upon their discharge.

In November 1988, Community Psychiatric Nursing (CPN) service was launched by IMH. The focus of this service was to help families manage their loved ones with psychiatric illnesses in the community. The CPN team provided continuity of care for discharged patients by visiting their homes on a regular basis.

The services of the CPN nurses included administration of depot injections, assessing patient’s mental state, observing side effects and effectiveness of medications and counselling. Their role also included educating caregivers on the potential hazards due to patient’s condition and preventive measures while providing psychological support. This service was available to discharged patients of all age groups.

The CPN team faced a two-fold challenge; there were no dedicated response teams to address crisis situations involving psychiatric patients in the community. Secondly, while they provided clinical and caregiver support, the socio-economic and rehabilitation needs of the patients also required further professional input for successful community integration.
These challenges gave rise to a new direction to recruit professionals of other disciplines to bring greater support to the patients and minimise the risks exposed to the CPN while they work towards providing holistic care of the patients in the community.

The launch of Assertive Care Treatment (ACT) and Mobile Crisis Team (MCT) in 2004 is an important milestone in bringing a more complete psycho-social rehabilitation and support for patients in the community, with the aim of overcoming the challenges met with a better mental healthcare system.

The ACT and MCT had effectively addressed the needs of psychiatric patients in the community, and helped them to assimilate into society.
National Mental Health Blueprint (NMHB) in 2007. Several programmes were launched under the Blueprint. For example, Response, Early intervention, Assessment in Community Mental Health (REACH) takes care of the child and adolescent groups (Below 18) while Aged Psychiatry Community Assessment and Treatment Service (APCATS) caters to the elderly (above 65 years old). The ACT and MCT were regrouped under the Blueprint to become the Community Mental Health Team (CMHT) to continue their commitment in providing holistic mental healthcare in the community for adults (18-65 years old).

The following chapters document the journey CMHT has taken since its establishment in 2007. They chart the progress of its mission to provide psycho-social rehabilitation for sufferers of mental disorders. The key services of CMHT can be classified into three main categories: Clinical Services, Training & Networking and Presentations & Publications.

Chapter 2 gives you a detailed understanding of the clinical services of CMHT to support psycho-social rehabilitation. Chapter 3 entails the collaborative relationship between CMHT and other community partners. In Chapter 4, you will learn about the training CMHT provides for community partners, external clinicians and also for in-house staff. Chapter 5 talks about research and publications by CMHT staff.
Community Mental Health Team
ABOUT CMHT

The Community Mental Health Team is a national programme set up by the Institute of Mental Health to provide psycho-social rehabilitation for people suffering from severe mental disorders such as schizophrenia, delusional disorder and bipolar disorder.

Studies have shown that patients who received close monitoring upon their discharge from IMH are less likely to be re-admitted into the hospital for treatment; and if they are re-admitted, the duration of stay significantly decreases. The CMHT programme was thus launched as part of the National Mental Health Blueprint in 2007, to better facilitate psycho-social rehabilitation for stable patients in the community.

The team comprises doctors, nurses, allied health specialists and operations staff committed to the recovery and re-assimilation of patients to society so that they may lead meaningful lives with their families and friends. Monitoring and medical care of the patients are conducted in the comfort of their own homes. The team also runs a 24-hour helpline for patients and caregivers to call in times of crisis for advice and help.

Treatment of psychiatric patients in IMH remains the major part of the mental health care protocol. These patients will be discharged from IMH and enrolled into CMHT programme when their attending psychiatrists assessed that they have made progress and may return to the community. These patients will have to return to IMH or other satellite clinics close to their homes for medical appointments and CMHT plays a vital role in the main mental health care system in Singapore, ensuring that the discharged patients continued to be monitored and work with them towards full recovery.

MISSION STATEMENT

“To provide excellent comprehensive mental healthcare services for people with mental illness in the community, to improve the quality of life and to maximise their full potential.”

CMHT LOGO

The logo of the CMHT symbolises the strong network of support for patients out of the hospital, helping them stay well to enjoy a fruitful life with their family and friends. The icons in the logo represent the multi-disciplinary and multi-agency approach to caring for those with mental illness. The bright colour reflects the positive mindset of the care team and caregivers about the patients and family members under their care.

Studies have shown that patients who received close monitoring upon their discharge from IMH are less likely to be re-admitted into the hospital for treatment; and if they are re-admitted, the duration of stay significantly decreases.
The objectives of CMHT are to:

• Provide regular assessment, treatment, support and rehabilitation of mentally ill persons living in the community

• Promote patients’ independence and integration in the community

• Provide opportunities for patients to achieve a satisfying quality of life

• Minimise relapses and re-admissions

• In the event of relapses, reduce duration of the hospitalisation

Community psychiatric nurses and the allied health staff conduct regular home visits to provide community-based psycho-social rehabilitation to patients in the conducive and realistic setting of their own homes. The home visit service is particularly useful for patients who are non-ambulatory or have difficulty coming to the clinics for regular treatment.

KEY SERVICES PROVIDED BY CMHT

Services of CMHT can be classified into three broad categories.

1. Clinical Services
   • Psychosocial rehabilitation
   • Crisis Intervention
2. Networking/ Integration of care

- Facilitate linkages between social agencies, grassroots leaders, family physicians and mental health service providers to integrate care processes.

3. Training & Support

- Training and support to staff of social agencies and primary physicians in managing psychiatric crisis
- Inter-agencies consultations and case conferences

CMHT reaches out to Individuals between 18 to 65 years old, with any of the following:

- Suffering from severe mental illness such as schizophrenia, delusional disorder and manic-depressive psychosis
- Has severe symptoms and impairments causing distress and unable to go about daily activities
- Experiences significant disability from serious mental illness and is not receiving other outpatient treatment
- Has been admitted into IMH over the past year
Patients are discharged from CMHT if they have

- Successfully demonstrated ability to function in major role areas
- Enrolled into a housing service, such as a nursing home or a residential care centre
- Enrolled in an outreach service provided by another community agency
- Made a self-request – CMHT staff will discuss with referral doctor if patient rejects CMHT rehabilitation plan

CMHT is unsuitable for individuals who

- Suffer from organic brain disorder
- Have primarily an alcohol or substance-related illness
- Have no fixed address/ or are homeless

Individuals who are unsuitable for CMHT programme will be referred to other appropriate community-based support services such as the National Addictions Management Service (NAMS), Response, Early Intervention and Assessment in Community Mental Health (REACH) and the Aged Psychiatry Community Assessment and Treatment Service (APCATS).

The CMHT also extended its home-based psycho-social rehabilitation services to psychiatric patients from restructured hospitals - Changi General Hospital, Singapore General Hospital, National University Hospital, Jurong Medical Hospital, Tan Tock Seng Hospital and Khoo Teck Puat Hospital since 2007.

Other than the general clinical roles, the members of the CMHT hold unique and important functions in providing holistic care for the patients.

ROLES OF EACH MEMBER OF THE MULTIDISCIPLINARY CMHT

All clinical members of the CMHT are trained to carry out bio-psycho-social assessment for the patients. After identifying the problems the patient is facing in the home environment, the team plans and implements a comprehensive and effective care plan. They work with the patients to achieve rehabilitation goals and monitor patients’ adherence with medication and medical appointments. The team also assesses the needs of the patient and his family and go on to co-ordinate and advocate for a welfare package of the services required.

Other than the general clinical roles, the members of the CMHT hold unique and important functions in providing holistic care for the patients. Here is a description of their different roles.

Programme Directors/ Doctors

- Lead the team
- Ensure clinical standards
- Conduct research
- Work with psychologist on clinical work
- Support crisis intervention service
Community Mental Health Team

Community Psychiatric Nurses

- Monitor client’s progress, supervises their medication and administers injections as prescribed by the doctor.

- Assess client’s mental and physical status and notifies the doctor when there are aberrations or improvement in patient’s condition.

- Demonstrate knowledge of medication action, mode of administration, side effects and contra-indications for commonly used psychiatric and medical medication.

- Administer depot injections and perform treatment as ordered by the doctor.

Medical Social Workers

- Conduct social and family assessment for clients when necessary

- Provide clinical services in terms of social work intervention,

- Work with and support family members in implementation of therapeutic care plans.

- When necessary, join the Mobile Crisis Home Visit Team at crisis interventions at a patient’s home to render socio-economic support.

- Establish linkages with community social agencies and train the staff to better understand the various mental health issues and disorders.

- Assists in training the staff of social agencies or volunteers in managing psychiatric disorders
Occupational Therapists

- Explore with clients on rehabilitation goals and plans.
- Perform functional assessments and re-training in the areas of occupation, self-care and recreation.
- Work with clients to improve their Basic Activities of Daily Living (BADLs) and Instrumental Activities of Daily Living (IADLS).
- Conduct task analysis and grading of activities
- Encourage clients’ participation in work
- Collaborate with different agencies and services to assist clients in vocational rehabilitation

Counsellors

- Provide tele-advice
- Activate MCT for on-site service

Administrators

- Operationalise the implementation plan
- Oversee the financial health of the programme
- Monitor Key Performance Indicators (KPI)
- Report on the progress and performance of the programme to senior management of IMH and to MOH
The three principles of providing holistic care to the stable patients living in the community are: Accessibility, Affordability and Quality.

The service coverage of CMHT is divided into three zones, catering to the patients residing in the eastern, western and central parts of Singapore. IMH, being the headquarters of CMHT, takes care of the central zone of Singapore. Two satellite clinics were set up in the eastern and western locations for the convenience of patients living in those areas. Community Wellness Clinics (CWC) located at Queensway Polyclinic and Geylang Polyclinic increased the accessibility of community support for the patients in the community.

These satellite clinics help patients save on travelling time and cost. This will lower their expenditure on medical services, making CMHT services more affordable.

In order to improve the care service for the many patients in CMHT, patients are categorised into two main groups for a more customised care management. Depending on the history and nature of the patient’s psychiatric condition, different care management plans are tailored to treat patients more effectively. The rehabilitation service was further separated into Assertive Care Management (ACM) and Standard Care Management (SCM) to provide the patients with medical services more directed at the individual needs and required intensity.
Patients are grouped into the two categories by the definition below:

ACM: For patients who have had three or more admissions in the past year, with more than 30 days hospital stay per admission.

SCM: For patients who have had less than three admissions in the past year and less than 30 days hospital stay per admission.

ACM patients require more intensive monitoring and they receive home visits at every 2-4 weeks. SCM patients receive fewer home visits at an interval of every 4-6 weeks. In addition to conducting home visits, case workers (CMHT nurses and allied health staff) maintain regular contact with patients via the telephone to check on their progress and recovery.

SERVICES AVAILABLE

Rehabilitative Approach to Daily Life Skills

- Grocery shopping and cooking
- Purchase and care of clothing
- Use of transportation
- Help with social and family relationship
- Social skills training

Daily Life Skills – Grocery Shopping
Family Involvement
- Counselling and psychoeducation with family and extended family
- Coordination with family service centres
- Crisis management

Work Opportunities
- Source for volunteer and vocational opportunities
- Provide liaison with job agencies
- Educate employers

Health Promotion
- Provide preventive health education
- Conduct or refer for medical screening
- Provide liaison for acute medical visits
- Provide reproductive counselling and sex education

Medication Support
- Provide education about medication
- Order and deliver medications
- Monitor medication adherence and side effects
- Monitor clinic visits and hospitalisation

Housing Assistance
- Improve housekeeping skills
- Monitor rental or installment payments for the home
- Ensure necessary household items are available

Financial Management
- Plan budget
- Troubleshoot financial problems
- Assist with bills through social support, community development centers or voluntary welfare organisations
- Increase independence in money management

Counselling
- Use problem-oriented approach
- Process counselling into actions
- Promote development of communication skills
- Provide counselling as part of comprehensive rehabilitative
The clinicians of the ACM and SCM teams carry out a series of assessments to determine patients’ functional levels, mental state by measuring their behavioural symptoms. There are also assessments for the caregivers to determine the amount of stress they are having and their satisfaction level with CMHT services. These assessment tools include EQ-5D, Zarit Burden Interview, CSQ8, BPRS and GAF.

**ASSESSMENT TOOLS USED BY ACM AND SCM CLINICIANS**

- **EQ-5D**: A simple self-rated questionnaire to be filled by the patients. It will give a descriptive profile and an index score of the patient’s mental health state.

- **Zarit Burden Interview**: This set of test requires the caregivers to give a 5-point rating response on how strongly they felt to each item in the questionnaire.

- **CSQ-8**: Customer Satisfaction rating questions, applicable to both patients and caregivers

- **BPRS**: This tool measures the level of 18 symptoms to determine patient’s mental health state and tracks changes in severity of psychopathology. It provides a continuous score assessing treatment effectiveness. Also, it categorises patients according to traits similarity and is useful in recovery planning.

- **Global Assessment of Functioning (GAF)**: A zero to hundred score rating on the psychological, occupational and social functioning of the patient.

The past five years have seen very positive results of the CMHT psychosocial rehabilitation programme, in regards to decreasing the number of hospitalisation of the outpatients and shortening the required length of stay. This shows that CMHT services have significantly helped the outpatients stay in the community, reducing relapses which result in hospitalisation.

**CRISIS INTERVENTION (I) - MOBILE CRISIS TEAM**

The Mobile Crisis Team (MCT) was established in January 2004 to handle general enquiries over the telephone on psychiatric illness and provide emergency support to caregivers facing difficulties when handling patients at home. It started off with a small team of two counsellors and two psychiatric nurses. The MCT helpline operated from 8.30am to 5.30pm, Monday to Friday. The launch of CMHT in 2007 came with government funding for the programme. Since then, MCT has taken up more functions, such as co-ordination of Mental State Examination and providing 24-hour support. The funding from the Blueprint enables the team to increase its manpower and invest in skills training to improve its counsellor’s skills in de-escalating crisis. In 2009, it extended its operation hours to 24/7 and expanded its operations to include crisis situations such as potential suicides and homicides.

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>FY07 (%)</th>
<th>FY08 (%)</th>
<th>FY09 (%)</th>
<th>FY10 (%)</th>
<th>FY11 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of episodes of hospitalisation</td>
<td>58%</td>
<td>61%</td>
<td>64%</td>
<td>74%</td>
<td>78%</td>
</tr>
<tr>
<td>Length of stay of hospitalisation episodes</td>
<td>30%</td>
<td>62%</td>
<td>74%</td>
<td>82%</td>
<td>85%</td>
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</tbody>
</table>

No. of hospital admissions and length of hospital stay
Development of MCT over the years

2004 - Started with two counsellors and two psychiatric nurses, operating during office hours from Monday to Friday.

2007 - The establishment of CMHT increases the resource available for MCT operation. MCT manpower increased to three counsellors and began its new function in co-ordination of Mental State Examination (MSE) for IMH patients.

2009 - The MCT helpline operating hours were extended to 24/7. This extension was to give more support to patients and caregivers at times of emergency. Prior to this extension in operating hours, patients facing a crisis would have to visit the Emergency Room in IMH after office hours. With this 24/7 Helpline, patients, caregivers and members of the public can call at any time to seek for emergency assistance. This lowers the number of hospital walk-in patients, leaving more resources for more critical emergencies.

To operate the 24/7 helpline, the number of counsellors was increased from three to seven. New counsellors attended core training and then trained on the job.

2010 - With support from the Ministry of Health (MOH), one more counsellor was recruited to add to the rotating shift of counsellors. The number of nurses was increased from two to six and the operating hours of the home visit team was extended from 8am to 5.30pm to 8am to 6pm.
CRISIS INTERVENTION (II) - MCT HELPLINE

The majority of calls received were from the general public making enquiries and patients or caregivers seeking advice or assistance. At times of crisis, the counsellor will assess the situation and activate the Mobile Crisis Team if necessary.

Possible outcomes from a telephone call to the MCT helpline

- Counsellors provide information over the telephone to the general public
- De-escalate stressful situations involving clients, thus reducing the number of admissions via Emergency Room
- Coordinate with doctors, caregivers and community partners to arrange home visit of the Mobile Crisis Team
When a helpline counsellor received a call, the first action will be to perform a triage of the situation reported. If the incident concerns psychiatric patients, the counsellor will have to assess the risk to the patient and caregivers and available resources, responding with a de-escalation plan or activating a home visit team if the caregiver is unable to handle the situation. Upon discussion with the attending psychiatrist of the patient and getting caregiver’s approval, the home visit team will conduct a home visit to the patient, engaging the help of the police if the situation requires it. The home visit team may have to assist to bring patients to the Emergency Room in IMH for assessment, and admission if necessary.

**ROLES OF HELPLINE COUNSELLORS**

The role of helpline counsellors has diversified over the years, exceeding the initial expectations of handling general enquiries and conducting basic triaging to assessing potential crisis from callers, coordinating intervention for complex cases and ensuring that proper follow up care is rendered to the patients/ caregivers after the intervention. They also participate in networking sessions with external agencies together with other CMHT staff.

**IMPROVED PROCESSES TO PROVIDE BETTER SERVICE TO PATIENTS/CLIENTS**

Processes are constantly fine-tuned to better serve our patients. Improvements are made based on feedback from partners and agencies we meet in the course of our work.

**Handling suicidal and homicidal cases**

A system was set up to coordinate care by the patient’s attending psychiatrist, MCT clinical supervisors, CMHT doctors and Emergency Room doctors. A working protocol was established involving external agencies such as the police and other community partners.

### De-escalating & triaging cases

- De-escalating emotional crisis over the helpline as priority
- Assessing immediate risk to caller or others is also a priority
- Investigating clinical, family, and social background by using engaging and enquiring techniques and software tools such as SAP and iPharm
- Assessing caller’s capacity to respond to advice given (especially for IMH patients) and suitable advice given or follow-up actions based on the assessment
- If need be, consult the patient’s attending psychiatrist or staff in-charge

### OUTCOMES

- The counsellors handle approximately 800 calls per month from clients/patients, caregivers, community partners and the general public
- Gradually, they have sharpened their skills in triaging the situation, coaching the callers to manage the crisis themselves, thus reducing the need to activate the home visit team (See Table 2)
- The home visit team has also grown from strength to strength. It is capable of managing the crisis at the patient’s residence and rarely engages police support
- All home visits were conducted within 72 hours upon first contact or agreement on the arrangement
### Performance Indicators

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>FY07</th>
<th>FY08</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of calls received</td>
<td>10,045</td>
<td>8,408</td>
<td>9,694</td>
<td>9,898</td>
<td>9,336</td>
</tr>
<tr>
<td>No. of home visits</td>
<td>179</td>
<td>103</td>
<td>87</td>
<td>93</td>
<td>79</td>
</tr>
</tbody>
</table>

Proportion of clients who needed police escort for E-room visits (pre/post) of all clients who had E-room visits:

<table>
<thead>
<tr>
<th></th>
<th>FY07</th>
<th>FY08</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>3.40%</td>
<td>7.80%</td>
<td>2.30%</td>
<td>3.20%</td>
<td>2.50%</td>
</tr>
</tbody>
</table>

Table 2. Helpline Statistics

There is a general decline in the number of calls to the MCT. This is a positive outcome as caregivers are now more capable of handling psychiatric patients at home, lessening the need to contact the MCT helpline counsellors.
Call distributions concentrate on weekdays; Despite receiving fewer calls on weekends, we are committed to provide accessible service round the clock.

There is a general decline in the number of home visits conducted by MCT. This is a positive outcome as the CMHT counsellors are now more capable of de-escalating stressful situation described by the caregiver or patients, minimising the need for MCT to do on-site crisis intervention.
During crisis intervention, the MCT home visit team rarely engages the support of police to escort patients into IMH. Police involvement was kept at a low 3.5% of all the crisis interventions conducted since 2009. This shows an improvement of the MCT in handling stressful situations, achieving the goal of convincing patients to return to the hospital for assessment on their own will when there is a need.

CLIENT ENGAGEMENT

Going on outings and taking part in other social events have become a part of CMHT rehabilitation programme for patients. The idea was very well received as participants are given the opportunity to acquire basic social skills while enjoying themselves in a community setting and there were more requests for such activities. Currently, the CMHT organises such events once every two months.

From participating in such events, patients learn social skills which help them reintegrate into society. They get to see the world outside their homes and at the same time build up their confidence to go out on their own, or with family and friends. They learn to take public transport, buy meals, get directions and read sign boards to help them get around. In time, they will learn how to take care of themselves whether it is to go marketing or to the movies, and more importantly where and whom to approach to get the help that they need. Also, such outings provide the opportunity for patients, caregivers and their case workers to bond while having fun.

In the last five years, CMHT organised several outings to places of interest in Singapore, trips to factories and taking in the sights in Chinatown, Little India, Malay Village and Orchard Road during festive occasions. Apart from outings, we also organise fun and interactive activities such as karaoke sessions which is the most popular among patients. To encourage healthy living, we take them for walks in parks. Given the popularity of such gatherings, CMHT is planning to include activities like musical concerts and educational workshops.
Working with Community Partners
NETWORKING

From FY2007 to 2011, CMHT networked with community partners and provided training for their ground staff. The training aims to improve their understanding and management of psychiatric patients in the community. CMHT also host regular case conferences with social service agencies.

The main objective of networking is to strengthen the capability of social service agencies and primary health service providers in understanding and managing psychiatric patients.

One of the main challenges faced by community partners is their difficulty in communicating with people with mental illness. Secondly, there is a common assumption that psychiatric patients are aggressive and can be violent. With these in mind, the CMHT systematically strived to eliminate stigma and create awareness of the difficulties faced by those suffering from mental illness when they seek assistance and services from the community.

In the past five years, the CMHT has met with 83 organisations including the Community Development Councils (CDC), Family Service Centres, Prison Service, the Singapore Police Force, religious organisations, psychosocial rehabilitation service providers and volunteers in the community grassroots organisations.

Through the networking sessions, CMHT familiarised our community partners with the services and resources that are available to assist them in managing people with mental illness. In turn, the team gets to understand the community partners’ needs and better cater our services to bridge the service gaps.

The CMHT also provides basic and advanced mental health training sessions regularly. The training curriculum is detailed during the networking sessions and the partners are encouraged to register for the sessions.

As part of the Department of Community Psychiatry’s on-going efforts to publicise our services, we have given presentations within IMH, as well as for the Singapore Association for Mental Health, community leaders and for the general public.

COMMUNITY OUTREACH INITIATIVES

In our community outreach efforts, public forums were initiated to publicise CMHT programme to patients, their families and the general public. Other than providing information on mental illness and our programme, these forums also provide an avenue for the audience to ask questions about mental illness and at the same time provide invaluable feedback to the team.

The main objective of networking is to strengthen the capability of social service agencies and primary health service providers in understanding and managing psychiatric patients.
The ACT team under the CMHT programme is also liaise closely with community partners and various voluntary welfare organisations to render support to patients. This includes visits to Simei Care Centre, participation in the Mental Health Network and meetings with representatives of the CDCs and the Ministry of Social and Family Development (MSF).

We also have weekly regular mental health education talks for patients and caregivers at the Community Wellness Clinic (CWC) in Geylang. Topics such as “What is Mental Illness” and “Compliance to Medications” have been presented by our doctors, social workers and Community Psychiatry Nurses. So far, CMHT have conducted two lectures for general practitioners practising in the vicinity of the Geylang and Queenstown CWCs.

These public forums and talks not only serve to educate the patients, caregivers and general public about mental illness, they also aim to destigmatise mental illness and mentally ill patients as well as improve the networking of available resources for our patients in the community.

CASE CONFERENCES

Case Conferences are face-to-face team meetings with community partners, with the purpose of sharing expertise and coming to an agreed course of action. Majority of clients supported by the Hougang Care Centre (HCC), Simei Care Centre (SCC) and the Singapore Association for Mental Health (SAMH) are patients from the IMH. CMHT initiated the case conferences as a platform for these step-down care services to discuss challenging cases and to provide advice and guidance. Clients who are due for discharge from the centre and in need of community support are also discussed during the conferences and some are referred to CMHT for follow-up care.

The CMHT has conducted a total of 64 case conferences from FY2007-2011. The team comprising psychiatrist, medical social worker, occupational therapist and community psychiatric nurse will go to the agencies to discuss challenging cases encountered.
TRAINING FOR COMMUNITY PARTNERS

CMHT conducts training to help our community partners, consisting of mental health service providers such as restructured hospitals, polyclinics, Voluntary Welfare Organisations (VWO) and government agencies, understand and provide for the needs of persons with mental illness. Here is a breakdown of the training that we provided in the last five years.

Outreach Milestones

- 4138 people trained (Basic Training and Skills Training)
- 2523 patients received psycho-social rehabilitation
- Networked with 89 agencies including religious groups, voluntary welfare organisations, statutory boards, government agencies, family service centres and welfare organisations.
- About three case conferences were conducted each month for Simei Care Centre, Hougang Care Centre and Singapore Association for Mental Health

Key Topics of Training

- Common Types of Mental Disorders – An introduction to mental disorders and their prevalence in the community. Participants will learn how to identify features of schizophrenia, bipolar disorder and major depression over the course and a better understanding of what sufferers of mental disorders go through.
• Management of Suicidal Behaviours – An introduction to suicidal behaviours. The audience will be given a demonstration on the professional assessment of patients with potential suicide and they will gain insights on suicide interventions for high risk patients.

• Management of Disturbed, Aggressive and Violent Behaviours – Audience will learn to look out for signs and cycle of aggression, learn preventive measures and management of aggression and violence.

• Tactical Communication – Participants get to learn useful communication skills and apply them when facing stressful situations and use interventions.

• Control and Restrain – Participants will pick up practical skills for self-defence. They will learn different breakaway techniques, allowing them to break away from an assault without inflicting injury to the assailant or themselves.
FEEDBACK FROM THE COMMUNITY PARTNERS WHO ATTENDED CMHT TRAINING

All the participants felt that the training they received was informative and useful in helping them have a better understanding of mental illness and the people suffering from it. Above is a graphical presentation of the knowledge gained by the participants after attending CMHT training.

Graph 5 - Training Outcomes
TRAINING FOR HEALTHCARE PROFESSIONALS

Training is one of the main Community Psychiatric Nursing (CPN) services available to both internal and external agencies. Since 1992, training has been provided to Advanced Diploma Nursing (psychiatric nursing) students by way of formal lectures at Nanyang Polytechnic, as well as providing professional attachments for the trainees. This training was also extended to the Advanced Diploma in Gerontological Nursing students.

In the year 2000, Advanced Diploma in Community Health students were added to the list for training by CPN. Apart from nursing students, professional internships were also provided for doctors and officers from the National Council of Social Services. In addition, we had overseas scholars coming for training attachment – six nursing students from Brunei and a medical student from United Kingdom. The team has also started to take in nursing staff for training attachments.

ACADEMIC PROGRAMME

The CMHT is also actively involved in academic and research activities. Regular in-house training is provided for nurses, doctors and allied health staff.

SSN Huang Zhenwei attending Conference at Assertive Community Treatment Association (ACTA)
Selected staff are given the opportunity to participate in overseas clinical attachments, with aims to adopt the best practices in delivering mental health care services.

**STAFF TRAINING AND DEVELOPMENT**

The CMHT recognises the importance of professional development of staff including doctors, nurses, occupational therapists, medical social workers, counsellors as well as administrative staff to enhance their knowledge and skills to better care for our patients. These include Basic Counselling for all helpline counsellors and psychosocial rehabilitation training, family intervention and social skills training for all CMHT staff.

In addition to on-the-job training, CMHT staff are sent to courses which may be conducted in-house or by other organisations locally, or overseas courses on scholarships and training attachments.

The Health Manpower Development Programme (HMDP) offered by MOH also provides an avenue for staff to be trained in relevant courses either locally or overseas. The HMDP also allows the department to invite foreign experts to Singapore to train our staff.

This HMDP programme provides sponsorship of doctors for attachment training in renowned overseas institutions as part of their specialist development. It also provides sponsorship of nurses and other allied healthcare staff for overseas attachment to learn best practices as part of their advanced training, and
Community Mental Health Team

as preparation for the development of new services. Also, under HMDP, overseas experts are invited to Singapore to lecture, conduct studies and lead in the development of new services.

Apart from sponsorship under HMDP, members of CMHT have been sent on study visits and attachments to various overseas institutions to learn more about mental healthcare.

In addition, nurses from CMHT are encouraged to do further studies. There are scholarship programmes available for advanced diploma, postgraduate diploma and bachelor in nursing courses at Nanyang Polytechnic.

In 2009, Dr Joseph Leong was awarded the HMDP with Robert Paul Liberman, the distinguish Professor of Psychiatrist at the University of California, Los Angeles (UCLA). Dr Leong had hands-on experiences mastering Personal Effectiveness for Successful Living (PESL), as well as very comprehensive exposure from in-patient care to community care, care-givers training and community partner engagement.

STAFF ENGAGEMENT

Each year, the CMHT staff gather to share their experiences and bond outside the hospital’s premises. At these sessions, there will be team bonding activities and discussions for the upcoming year’s plans. It is a treat for the team as they build better rapport and team spirit while they celebrate their hard work and achievements in the past year.
Publications and Presentations
The CMHT is actively engaged in research to ensure that the delivery of psycho-social rehabilitation remains current and relevant in the changing face of healthcare. Staff have undertaken projects to understand the condition of patients and formulate techniques to render stronger support to their patients. Some of the research findings were submitted in journal articles while others were presented as posters in overseas conferences.

### Publications and Presentations

<table>
<thead>
<tr>
<th>Date</th>
<th>Authors/Title</th>
<th>Journal/Publication Details</th>
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<tbody>
<tr>
<td>Apr-07</td>
<td>Lee Cheng, Matthew Woo, Assertive Community Treatment Programme in Singapore</td>
<td>Psychiatry Investigation (Official Journal of Korean Neuropsychiatric Association) - Vol 4 (Suppl) No 1/April 2007, 113</td>
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<td>Sep-08</td>
<td>Poon, W. C., Lee, C and Mark, L, A Survey of Persons with Mental Illnesses with Young Children who are Living in the Community</td>
<td>Journal of Czech and Slovak Psychiatry, Vol 104 (SUPPL) 2/September 2008: 688</td>
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<td>Mar-09</td>
<td>Cheng Lee, Weng Cheong Poon, Shawn Ee, Seng Hong Ong, Kian Shyan Chong</td>
<td>Outcomes of a Community Mental Health Team (CMHT) Services in Singapore</td>
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<td>Jul-09</td>
<td>PK Poo, C Lee, M Hendriks, R Mahendran</td>
<td>An evaluation of a structured psychoeducation program for case managed patients</td>
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<tr>
<td>Nov-09</td>
<td>Ms Tan Chay Huang Sharon</td>
<td>Caregiver’s burden in the community</td>
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<td>Mar-10</td>
<td>Cheng Lee</td>
<td>Effectiveness of a Mental Health Training Programme for Social Agencies and Community Partners</td>
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<tr>
<td>Apr-10</td>
<td>Ms Tan Chay Huang Sharon</td>
<td>Caregiver’s coping strategies in the community</td>
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<td>Ms Tan Chay Huang Sharon</td>
<td>Effectiveness of Illness Self Management in group therapy</td>
</tr>
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<td>Oct-10</td>
<td>Cheng Lee, Michael KH Yong</td>
<td>The Mobile Crisis team (MCT) Service in Singapore</td>
</tr>
<tr>
<td>Aug-11</td>
<td>Ms Tan Chay Huang Sharon</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>Nov-11</td>
<td>PK Poo, C Lee, M Hendriks, R Mahendran</td>
<td>Organizing a supportive counseling, psycho education, networking and linkage case management service for patients on psychiatric outpatient treatment to improve clinical outcomes</td>
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JOURNEY TO RECOVERY

The Community Mental Health Team launched the book “Journey to Recovery” in January 2012. This is a collection of our patients’ stories about how they try to live a meaningful life despite of the limits of the symptoms of their mental illness. From their experience, we want to see beyond their illness and see them as people with hopes and aspirations. Through their stories, it demonstrates how community psychiatry has helped them to get well and stay well.

ILLNESS SELF-MANAGEMENT RECOVERY (ISMR) PROGRAMME

One of the tools successfully developed and used by caseworkers on coaching patients the techniques of self-assessment and motivation evolved through research. CMHT caseworkers conduct the ISMR Programme when they visit patients suffering from severe mental illness in their homes. Through the use of worksheets and motivational interviewing, the programme serves to educate patients about their condition, how and what they can do to help themselves stay well to reduce the chances of relapse and readmission to hospital. This includes their medication adherence and identifying and preventing the triggers which cause their symptoms to act up, leading them to relapse.

The caseworker acts as a facilitator and takes on the task to ‘mentor’ the patients and monitor their progress. The focus is on the patients’ strengths, and from there, goals are then set and strategies developed to help then to achieve their goals. The ultimate aim is to have patients grow from strength to strength and take charge of their own lives.
Moving Forward
The CMHT has made considerable progress in the provision of community-based psychiatric services and accomplished several milestones in improving patient care over the past five years. It has established partnership with several restructured hospitals and developed a training network with primary healthcare providers, government and social agencies to strengthen their capabilities in managing people suffering from mental illness as well as to provide holistic support to them living in the community.

CMHT will continue to build on its clinical, training and research capabilities to enhance the provision of psychosocial rehabilitation services and crisis intervention to the community. It will also be embarking on two new strategic initiatives, the National Mental Health Helpline (NMHH) and Pilot Supervision Program (PSP), on strengthening community-based intervention and support for mentally ill patients, especially those at risk and requiring closer monitoring. These strategic initiatives are in line with the Institute of Mental Health’s vision to be “a tertiary centre of excellence and global leader in mental healthcare”.

Currently, CMHT Mobile Crisis Team will be activated to intervene situations involving existing patients of IMH as it started out to provide support for existing IMH patients. It is part of the standard operation protocol for the MCT to be fully aware of the patient’s medical history before their intervention.

In recent years, CMHT helpline reported that a significant proportion of the phone calls received were actually situations regarding a non-diagnosed case – this means that IMH does not have any information on this person. In such situations, the helpline counsellors will de-escalate the situation and advise the person to have an appointment at IMH. Evidently, there is a service gap for this significant pool of non-diagnosed cases living in the community. More work can be done to provide a more complete crisis intervention service for the public. This led to the birth of the National Mental Health Helpline (NMHH).

**CMHT will continue to build on its clinical, training and research capabilities to enhance the provision of psychosocial rehabilitation services and crisis intervention to the community.**
NATIONAL MENTAL HEALTH HELPLINE

The National Mental Health Helpline will be an extension of the existing MCT, extending its support and services to community partners for PMIs who are not known to IMH or those who have yet to receive any psychiatric care. This is a paradigm shift from the MCT Helpline’s current focus on only patients known to IMH. From FY 2012, CMHT has been working closely with the Agency of Integrated Care (AIC) to expand the scope to partnering FSCs and community agencies.

Co-ordinating with partner agencies

The following flowchart illustrates the involvement of partner agencies in the NMHH work process.
NEW REFERRAL FLOWCHART

Our existing MCT work process is represented by the light blue boxes and accompanied by the NMHH initiatives in dark blue arrows below.

Home-visit activation requires detailed planning to perform de-escalation of stressful situation, and at all times, ensuring the safety of the patient and caregivers. This requires collaborations with partner agencies to prevent miscommunication and ensure that the objective of helping the clients is always met. The addition of NMHH in CMHT will bring about a more complete service for the public, closing the service gap by supporting both existing IMH patients and non-diagnosed cases.

PILOT SUPERVISION PROGRAMME FOR HIGH RISK PATIENTS WITH CO-MORBID CONDITIONS

The Pilot Supervision Programme (PSP) will be an extension of the current CMHT community-based treatment. It will address the needs of higher risk patients with co-morbid conditions living in the community. The programme will focus on improving treatment outcomes for high-risk patients with co-morbid conditions through an intensive treatment approach and incentivised system to engage the patients to the programme.
Thank you for coming to see me. I like to chat with you. You taught me how to control my anger.

I will always remember you for your thoughtfulness. You are my shining star!

Thank you for allowing me to be the emcee for the event. Other than you, I don’t think anyone, including myself, believe that I can actually speak before an audience. Thank you for believing in me, Sister Leow! Please take good care of yourself and may you always be in the pink of health.

I appreciate your love and care given to my wife, and your support given to my family in the past few years. I am very happy with my wife’s condition in the last one year. I feel less stressed out nowadays.

You are the best. Thank you for your encouragement and care. I will work hard. Thank you for ‘walking’ together with me these few years!

I would like to thank my case worker and her team for making me a better patient. I am overall better than last year when I was admitted to IMH. I hope to go back to work some day when my condition is more stable.

I would like to take this great opportunity to say a big thank you to you for helping me to improve my relationship with my stressed out mother and second sister who are my caregivers. From your counselling, I decided to make peace with my family. They are happier and more positive now. And they treat me nicer too.

Rain or shine, you are there for us. Thank you so much!
Awards and Recognition

OUR OUTSTANDING STAFF

Several members of our Community Mental Health Team received the Healthcare Humanity Award which recognises healthcare workers who hold true to their calling of caring for the sick and infirmed.

NURSE CLINICIAN MS LEOW ME LYE

Ms Leow Me Lye received the award in 2010. She is an avid mental health advocate and friend to her patients. She puts their welfare before that of her own. During the H1N1 outbreak, she was more concerned about her patients not receiving their injections than she was about her own safety. In her free time, Ms Leow is a volunteer with Singapore SOKA Association’s medical group.

DR JOSEPH LEONG JERN-YI

Dr Joseph Leong Jern-Yi has received numerous compliments and commendations for his extraordinary dedication and selflessness in the course of his work. In the last 10 years, he has contributed greatly to the mental health community. He thinks nothing of going the extra mile to encourage greater family support for his patients which he believes to be vital for their recovery.

AWARDS

<table>
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<tr>
<th>Year</th>
<th>Award Recipient</th>
<th>Award Description</th>
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<tbody>
<tr>
<td>2007</td>
<td>Dr Lee Cheng</td>
<td>NHG Quality Pillar Award</td>
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<tr>
<td>2008</td>
<td>Ms Tan Chay Huang Sharon</td>
<td>Silver Award for Quality Service</td>
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<td>2008</td>
<td>Ms Tan Chay Huang Sharon</td>
<td>Best Oral Presentation Nursing Merit Award (National Healthcare Group Annual Scientific Meeting 2008)</td>
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<td>2008</td>
<td>Dr Lee Cheng</td>
<td>Healthcare Humanity Award</td>
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<td>2008</td>
<td>Dr Lee Cheng</td>
<td>IMH Sayang Award</td>
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<tr>
<td>2009</td>
<td>Ms Tan Chay Huang Sharon</td>
<td>Merit Award for Clinical Nursing</td>
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<tr>
<td>2010</td>
<td>Ms Leow Me Lye</td>
<td>Healthcare Humanity Award</td>
</tr>
<tr>
<td>2010</td>
<td>Dr Lee Cheng</td>
<td>Public Service Star Service Award</td>
</tr>
<tr>
<td>2011</td>
<td>Dr Joseph Leong Jern-Yi</td>
<td>Healthcare Humanity Award</td>
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Annex III

Home visit scheme for mental patients

Mental institute’s teams aim to keep chronic sufferers out of hospital with regular visits. After the young man was discharged from hospital, the team continued to visit him weekly at his house. The nurse visited him twice a week.

Helping to keep patients in community

By Joshua Tan

MORE than 30,000 mentally-ill patients living in the community get a helping hand to remain in it from nurses and medical social workers, who make sure they are taking their medication.

On average, a month, each patient gets a visit by the Community Mental Health Team (CMHT). Their job is to work with the patient and his family to keep him from having to be admitted into the Institute of Mental Health (IMH). Team members, usually a nurse or a medical social worker, will sit and count pills with the patient “to make sure he is taking his medicine regularly,” said senior nurse clinician Ong Seng Hong, 47.

“A patient is given a certain number of pills to last him until his next appointment, by counting the pills we can tell if he has been taking them,” he said.

The CMHT programme was created in 2001, following the Health Ministry’s announcement that it would pump S$30 million into fighting mental illnesses over the next five years – almost half of which would go to community care efforts.

Each CMHT is led by a psychiatrist. It also comprises five to six nurses, an occupational therapist, a psychologist and a medical social worker. Teams are divided into these roles:

A patient may get more frequent visits depending on how he is doing, said IMH spokesman. The teams also keep in contact with other agencies, both Government and non-profit, to help manage their cases.

As long as a mentally-ill patient takes his medication regularly, he is able to keep the sickness at bay – much like someone with diabetes,” he said.

The logo of the CMHT symbolises the strong network of support for patients out of the hospital, helping them stay well to enjoy a fruitful life with their family and friends. The icons in the logo represent the multi-disciplinary and multi-agency approach to caring for those with mental illness. The bright colour reflects the positive mindset of the care team and caregivers about the patients and family members under their care.
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