

Passport to Better Communication

IMH's Case Management Unit (CMU) and Adult Neurodevelopmental Service (ANDS) have introduced a new communication tool to better co-ordinate patient care with community partners, caregivers and healthcare providers.

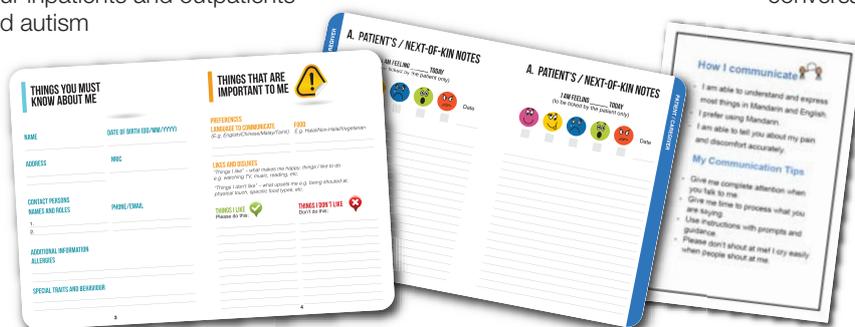
Known as the Patient Wellness Passport and ANDS Communication Passport respectively, it is a small booklet that patients can carry with them to show their care providers. The Passport contains basic details about their health, lifestyle patterns, medication, functional and social needs, as well as behavioural and communication needs. This reduces the need for patients to repeat information, and gives their care providers access to salient information on the spot, which helps to strengthen interdisciplinary collaboration and achieve better health outcomes for the patients.

"We developed it for both our inpatients and outpatients with intellectual disability and autism spectrum disorder, who often have difficulties in communicating," says Dr Sajith Sreedharan Geetha, Consultant, Adult Neurodevelopmental Service (ANDS), IMH. The ANDS Communication Passport captures holistic information about the patients, their personal

preferences, communication styles, behavioural problems and triggers. It ensures that different members of the multi-disciplinary care team as well as community care providers are aware of these personalised needs and how to better support them in different care settings. Patients and caregivers can utilise the ANDS Communication Passport with any of their care providers when needed.

CMU's Patient Wellness Passport also allows patients to be more involved in their care. They have a say in the information included, and work with their care providers to record relevant details. There are also pages where patients can pen their thoughts on how they cope with their health conditions, areas they need help with and their quality of life goals after discharge.

"The Patient Wellness Passport is designed to improve communication and help our patients start meaningful conversations with care providers to express their needs and preferences," said Ms Margaret Hendriks, Head, Case Management Unit, IMH, "We believe that it will be useful to not just our patients but also our healthcare and community partners as we work together to help them live well in the community."



Sample pages from the Patient Wellness Passport (left and middle) and ANDS Communication Passport.

Study to Predict Response to ECT

Dr Ho New Fei, a researcher with the IMH's Research Division, has been awarded the Open Fund - Young Individual Research Grant by the National Medical Research Council, Singapore, for her study titled 'Predicting Responders to Electroconvulsive Therapy Across Schizophrenia and Depression: A Prospective Study'.

Electroconvulsive therapy (ECT) is used for treating patients with severe mental illness such as depression and schizophrenia who do not respond well to medications. ECT involves applying a calibrated electrical current to the brain and is safe and

fast-acting (as compared with drugs which may take months for an effect). Some patients show drastic improvements in their symptoms with ECT; however some patients do not.

Dr Ho and a multi-disciplinary study team of doctors and scientists will work together to determine biological signatures that can help doctors identify the type of patients who respond well to ECT.

They will study patient volunteers with schizophrenia and depression before and after ECT, as well as healthy volunteers. In

addition to performing safe, non-invasive brain scans to measure the structure and connections of brain regions responsible for memory and emotions, they will also collect measures related to the volunteers' genetic makeup, cognition, memory, sleep and sense of well-being. The data will be used to come up with an ECT response index, which can help doctors determine if the patient is a good candidate for ECT.

The study is expected to be completed by August 2019.



A CLASroom for young inpatients

Ms Meem Abdul Rahman (third from left) and her team from RMHC Singapore receiving a token of appreciation from A/Prof Daniel Fung, Chairman, Medical Board, IMH (second from right), Adj A/Prof Ong Say How, Chief (first from left) and Dr Jared Ng, Consultant, Department of Child and Adolescent Psychiatry, IMH (second from left).

For the first time, the young inpatients of IMH are able to receive academic skills-based interventions in an inpatient setting. Located within Sunrise Wing, a 20-bedded ward for patients aged 6 to 18 years, the Centre for Learning and Academic Skills (CLAS) was set up with a generous sponsorship from the Ronald McDonald House Charities Singapore.

CLAS allows the children to participate in relevant academic sessions in a conducive environment with a specialist teacher while

receiving treatment for their mental health conditions. In the past, being away from school for extended periods might cause stress to the patients as they had to catch up on their studies upon returning to school. Today, with appropriate guidance and supervision, these children are able to learn important coping strategies to help them manage their daily stressors as well as academic load. This increases their ability and confidence, making it less challenging for them to return to school upon discharge.

Mental Health First Aid for Older Persons

IMH's Aged Psychiatry Community Assessment and Treatment Service (APCATS) regularly conducts the course Mental Health First Aid (Older Person). The 2-day course aims to empower community eldercare agencies and partners in managing older persons with mental health issues. It covers topics such as depression in the elderly, dementia, anxiety and psychosis and provides information on how to spot the warning signs and provide help. A session will be held on 11 and 12 October 2016, with the next one planned for early 2017. For more information on the course, please email apcats@imh.com.sg



SPOTLIGHT ON PARTNERS

Caregivers Alliance Limited

Dr Sally Thio, Executive Director of Caregivers Alliance Limited

Caregivers Support Centre located in IMH (left); a strong support network (right).

Caregivers play a critical role in the recovery process of their loved ones who have been diagnosed with a mental illness. When well-supported, caregivers develop deeper insight into the challenging journey that they face. This enables their own emotional healing, as well as informed responses and helpful actions for their loved ones.

Caregivers Alliance Limited (CAL) has been providing services that improve the lives of caregivers since 2012. Our free, 12-week Caregiver-to-Caregiver Education Programme (C2C) equips families with the essential information and skills they need to look after their loved ones, as well as

enables experiential learning and emotional rebalancing. For those who are unable to attend the C2C classes, we bring one-to-one coaching via our flexible Individual Training & Support (ITS) Programme.

CAL also provides caregivers access to a larger support network of peers. It is a strong community of caregivers who have come together to share their experiences and caregiving strategies to help others.

CAL works closely with IMH to connect caregivers, in particular those who are new to caring for persons with mental illness, to



the community resources available to them. In December 2013, we established the Caregivers Support Centre (CSC) at the main lobby of IMH to reach out to families and provide information, referrals, counselling, training and support. It is also not uncommon to see CAL staff and volunteers in IMH Emergency Services and satellite clinics in Queenstown and Geylang offering comfort and support to families of patients.

To date, CAL has reached out to 5000 people and 1265 of them have attended the C2C programme.

A Mother's Caregiving Journey

By Dr Tan Buay Imm*

My son started to behave differently when he was 20 years old. He became withdrawn and isolated, and suffered severe insomnia. He also had distorted thoughts and heard voices. Having no choice, we took him for treatment against his will. We were shocked to learn that he had schizophrenia. Things went well until he had a major relapse at the age of 23 after refusing treatment.

In the early stages of his illness, I spent many sleepless nights worried about his whereabouts and safety. I was reacting to his undesirable behaviours and refusal to treatment negatively; my mind was filled with anger, frustration, anxiety, guilt and grief. I felt guilty for neglecting my other children.

Life took a turn for the better after my son was admitted for treatment. He felt that the medical staff in the ward understood him and that he could finally talk freely and safely in the supportive environment. Today he has accepted and lives with his mental illness. He acknowledges that medication helps to normalise his thoughts and mood. He is also well enough to continue his studies.

I sought support from Caregivers Alliance Limited, and the lessons helped to improve my problem-solving and communication skills. Into the fifth year of my caregiving journey, I learnt that showing love, patience, empathy and equipping oneself with knowledge of the condition are important in

helping with the patient's recovery.

I am happy that my son and I have re-established our relationship with trust, love and acceptance. We both agree to allow him to recover slowly and steadily from his illness. More important, we know that we are not alone in the journey of recovery and we do not have to suffer in silence.

**Dr Tan Buay Imm is a General Practitioner by profession. She is a passionate mental health advocate and also a committee member of the Voices of Experience programme initiated by IMH in 2014 for the purpose of engaging and involving consumers in mental health advocacy, patient care and consultancy work to improve the hospital's services and programmes.*

Sharing Best Practices

The International Forum on Quality and Safety in Healthcare, a biannual gathering of healthcare professionals in quality improvement and patient safety, was held in Singapore from 26 to 28 September.

As part of the pre-conference Experience Day on 26 September, IMH, the Agency for Integrated Care and National Healthcare Group Polyclinics jointly organised a full-day of workshops and site visits to share knowledge and best practices in Singapore's mental healthcare with the delegates.

The workshops focused on the development of mental health services in tertiary care,

primary care and the community to ensure continuum of care, and highlighted various programmes that have been put in place to help people with mental health issues receive accessible, effective services and live well in the community.

The delegates later visited sites in IMH such as the Mood Disorders Unit, Dementia-friendly Ward and High Dependency Psychiatric Care Unit, as well as community partner Monfort Care, which provides a network of programmes for individuals and families facing transitional challenges.



A/Prof Chua Hong Choon, CEO, IMH shares insight on Singapore's mental health landscape.

Children checking and cleaning repeatedly to feel better

*By Ms Haanusia Prithivi Raj,
Senior Clinical Psychologist,
Department of Child and Adolescent Psychiatry, IMH*



Obsessive Compulsive Disorder (OCD) emerged as one of the top three most common disorders in the Singapore Mental Health Study conducted by IMH in 2010. The study found that one in 33 adults in Singapore has had OCD at some point in his or her lifetime. However, the condition is not restricted to adults – it can affect children and teenagers too. IMH Child Guidance Clinics see between 100 and 200 children and adolescents with OCD a year.

OCD is a psychiatric disorder with strong biological underpinnings that causes problems in information processing. This results in recurring anxiety-provoking intrusive thoughts and images (obsessions) which cause the person to engage in repeated behaviours or mental rituals (compulsions) to alleviate the anxiety and discomfort. For example, someone with a cleanliness compulsion may wash their hands far more often than someone without OCD and not just in between meals or when their hands are soiled. Sometimes, they may avoid touching items they deem as dirty such as door knobs, lift buttons and taps and engage in extensive and excessive rituals to ensure cleanliness, such as using hand-sanitisers excessively, washing their clothes separately, or repeatedly checking the clothes to see if they are soiled.

In children, OCD symptoms easily go undetected, resulting in delay in seeking treatment. Children are often unable to verbalise their intrusive thoughts or understand that their actions do not make sense. They may also be secretive or feel ashamed of their behaviour. Parents and caregivers, too, delay seeking treatment as they may feel that the child's rituals and behaviours are just a

phase of growing up. OCD can be successfully treated and evidence shows that the sooner it is tackled, the better the treatment outcomes are likely to be.

Here are some ways to help adults assess if a child is engaging in compulsive behaviours:

1) Check frequency and severity of the compulsive behaviours.

By noting the number of times the child performs his rituals and the intensity of his actions (e.g. a child obsessed with cleanliness may wash for a longer time as compared to someone without OCD; he may use an excessive amount of soap, hand-sanitiser or wet wipes).

2) Assess if the child's peers are also doing it.

Check if others take one-hour baths or check under the table repeatedly before they leave the classroom.

3) Look out for other compulsions that the child may have and ascertain if the behaviour is related to OCD.

It is important to remember that OCD compulsions do not occur in isolation and it is possible for the child to develop other related compulsions (e.g. checking, arranging, repeating phrases, avoiding, and seeking reassurance).

If you know of a child struggling with symptoms of OCD, speak to the child's school counsellor or make an appointment with the Child Guidance Clinic at Tel: 6389 2200.

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