HEALTHY MINDS, HEALTHY COMMUNITIES

National Mental Health BLUEPRINT
SINGAPORE
2007 - 2012
Mental health is a fundamental and indispensable component of an individual’s health and well-being. Yet, mental illness is often neglected due to a lack of understanding, misconceptions, discrimination and stigma of the disease. Mental illness constitutes a significant burden of disease and adversely impacts on individuals, their families and society in terms of quality of life and financial costs. Across the world, there has been an increasing recognition of this enormous burden and it is timely to establish specific policies, plans and initiatives in Singapore to promote mental health and improve access to services.

The National Mental Health Blueprint looks at the entire spectrum of mental health and disease and considers how best to support each sector of the population so as to preserve mental well-being and promote mental resilience. For people with mental illness, it addresses early detection and intervention to achieve optimal treatment outcomes and minimise the need for institutionalised care. For patients recovering from mental illness, it looks into the establishment of resources for treatment and care within the community, support and rehabilitation to prevent relapse, and reintegration within society, so that they can continue to lead purposeful lives.

Achieving a healthcare system that has good and responsive mental health services demands commitment sustained over many years. This will enable the system to reinvent itself to address the needs and the changing needs of the individual patient and of society. No less important than the establishment of services is the need to eliminate discrimination and create an environment where people with mental illness are able to access these services openly, as well as participate and lead fulfilling lives in society.

We recognise that meeting the challenges of our mental health burden also requires inter-sectoral collaboration. The National Mental Health Blueprint also guides government agencies to work together and with our community partners to promote and sustain good mental health and provide better care and support and outcomes for people with mental illness. We have started making significant headway in this too. There is a lot more to be done. This plan marks an important step towards developing better support and care for people with mental illness.

Prof K Satku
Director of Medical Services
Ministry of Health
Introduction

In Singapore, the nature and prevalence of mental illnesses are comparable with developed countries. However, Singapore also faces a unique set of circumstances. With one of the fastest ageing populations, Singapore will be faced with an increase in ageing-related issues such as Dementia. Coupled with increasing strains from work and family related stress, there is a need to invest efforts to build mental resilience amongst young and old alike to prepare them for the challenges ahead.

Recognising that a holistic approach to mental health was needed, a National Mental Health Blueprint was formulated in 2007. This Blueprint is the result of collaborative efforts by physicians, psychologists, social workers, counsellors and policymakers from the Ministry of Health, Institute of Mental Health, Health Promotion Board, various Restructured Hospitals, Ministry of Education and the Ministry of Community Development, Youth and Sports.

The Blueprint recognises that to be effective, mental health policies and initiatives need to be targeted at different groups. As such, the Blueprint focuses on children and youth, working adults and the elderly.
National Mental Health Blueprint

Singapore’s vision is to have an emotionally resilient and mentally healthy community with access to community-based, comprehensive and cost-effective mental health services.

The aim of the Blueprint is to promote mental health and, where possible, to prevent the development of mental health problems and disorders. The policy also aims to reduce the impact of mental disorders.

The strategic focus of the Blueprint is promoting primary prevention, improving the provision and coordination of psychiatric services, developing mental health professionals, enhancing the mental health monitoring of the population and the quality of psychiatric services, as well as promoting mental health research.

Singapore takes a comprehensive approach to addressing the mental health needs of the population. It covers the mentally healthy, those who are at risk, those who have a minor psychiatric morbidity and those who have mental disorders.

This approach requires a stronger relationship between mental health services and the wider healthcare sector, as well as consideration of the social and physical environment. It also requires inter-agency collaboration in planning and implementing policies that have implications on mental health.

To achieve the vision of having an emotionally resilient and mentally healthy community, the blueprint has outlined four strategic thrusts:
Singapore’s mental health Blueprint is underpinned by eight key values:

- Mental health encompasses both mental well-being as well as the absence of mental disorders;
- Mental health is an integral part of general health;
- Mental health promotion and care must be both evidence-based and cost-effective;
- Those with mental disorders should preferably be given appropriate services within the community;
- Services should be available to everyone;
- The mentally ill should not be discriminated against;
- The needs and views of the mentally ill should be considered when planning, delivering and evaluating services; and
- Mental health care and promotion is a multi-sectoral effort.

To support the Blueprint, the Singapore government announced in 2007 that it would commit $88 million to be spent between 2007 and 2011 towards building an emotionally resilient society with good access to mental health services. Another $17 million would be spent every year thereafter to promote mental well-being. In 2009, an additional $35 million was injected to further improve mental health in Singapore over the subsequent three years.
Mental Health is more than the absence of mental disorders. The World Health Organisation (WHO) defines mental health positively as “…a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Therefore, positive mental health forms a crucial pillar for the well-being and effective functioning of an individual and subsequently, the community. It is important that we strive to increase awareness of mental disorders among the general public and support efforts to destigmatise mental disorders, with the aim of getting patients and high-risk individuals to seek treatment early and also provide support and understanding for persons with mental illness.

The Health Promotion Board (HPB) is the main driver for national mental health promotion and disease prevention programmes for the population.

HPB’s mental health education and promotion efforts are developed with the following objectives:

- to raise awareness and understanding of the importance of mental well-being,
- to empower individuals to have lifestyle knowledge and skills to strengthen their personal mental well-being,
- to improve the understanding and symptoms of mental health problems and encourage people to seek help early,
- to reduce discrimination against people with mental health problems.

HPB’s mental health programmes and activities are tailored for different segments of the population, for the different psycho-emotional needs at different stages in life. Its outreach efforts have targeted at schools, workplaces and the general community.

Outreach in Schools

The Health Promotion Board (HPB) organises various mental wellness promotion programmes to equip youth with knowledge and skills to foster mental wellness; empower them to deal with the common life challenges (e.g. stress, managing expectations) and help them develop mental resilience. Such programmes include Zippy’s Friends which equips lower primary school students with skills to cope with socio-emotional changes; the “I Am A VIP Programme” which promotes positive self-esteem among upper primary school students and the Children’s One-Stop Psycho-Educational Services (COPES) Managing Emotions programme which empowers secondary school youth to manage their emotions effectively.

HPB also works with the Ministry of Education (MOE) to review the school-based Mind Your Mind (MYM) programme to enhance its comprehensiveness and coverage of topics with the inclusion of newer topics such as cyber wellness as well as managing change and transitions. As part of the revised MYM programme, mental wellness initiatives will also be extended to the Institutes of Higher Learning (IHL) and the Special Education schools. To support stakeholders including teachers who play a pivotal role in nurturing the mental wellbeing of the youth, various capacity building programmes such as the Mental Health First Aid course are organised to raise their mental wellness literacy.

Outreach at Workplaces

HPB approaches mental health at the workplace on three levels: empowering the individual, nurturing influencers such as the HR/health activists and building a conducive work environment by harnessing management support.

The Treasure Your Mind (TYM) programme aims to raise awareness among working adults on the importance of mental health to an individual’s holistic health, promote learning of skills to make positive lifestyle changes, and to empower the individual to adopt an attitude and confidence to optimise their mental well-being.

HPB also organises mental health workshops and seminars for human resource professionals and health activists to keep them abreast with mental health developments at the workplace.

An employers-led alliance (iCARE Mental Health Alliance) has been formed to serve as the “industry catalyst” to raise employers’ awareness about the importance of mental health and to champion best practices to promote employee mental wellbeing. The alliance brings together companies from various sectors and includes representatives from the Ministry of Health (MOH) and HPB. The iCARE Alliance has commenced its outreach efforts to different industries to advocate 10 recommended practices for adoption by organisations.

To further incentivise workplaces to look after their employee’s wellbeing, a top up of $2000 to the existing Workplace Health Promotion (WHP) Grant is available to workplaces. This additional fund encourages organisations to augment and sustain employee mental health promotion programmes and initiatives.
Outreach in the Community

To reach out to adults in the community setting, the Nurture Your Mind (NYM) programme was developed to demonstrate how various aspects in life are related to mental well-being. To this end, the NYM talks and workshops infuse aspects of mental well-being such as stress management, self-acceptance, etc. with practical life issues such as managing finances, personal grooming, etc.

Public education events are organised in collaboration with partners such as the Institute of Mental Health (IMH), Singapore Association for Mental Health (SAMH), the Asian Women’s Welfare Association (AWWA), the Singapore Action Group of Elders (SAGE) and Silver Ribbon Singapore (SRS). These events provide information on a wide spectrum of mental health topics – mental well-being, emotional resilience, managing stress, mental illnesses, fighting stigma etc. in English, Mandarin and Malay.

Another programme, Nurture Your Mind for Older Persons, aims to empower seniors by helping them understand the importance of an active lifestyle, good relationships and the value of keeping their minds active through a series of activities that combines the use of art, craft, music and drama.

Public Education on Dementia and Depression

HPB has a 5-year phased approach (2009 to 2013) in its Dementia public education plan to increase awareness about dementia and educate the public about it. A 5-year phased approach (2009 to 2013) has similarly been adopted for Depression public education.
Integrated Mental Health Care
Mental health is not just a health issue but is also determined by social factors as well. No single institution has the reach or resources to meet the mental health needs of Singapore’s population. The integration of tertiary services with primary care and community services is crucial to improve access to services across care settings and reduce the stigma associated with mental illness. For example, institutions such as schools, general practitioners and family service centres are usually the first to observe the early warning signs and thus have an irreplaceable value in identifying people who might need help. It is thus vital for these institutions to play their part.

Singapore’s health care policy is also moving towards a policy of right-siting, where healthcare is dispensed at the appropriate site, which is not always going to be a hospital. The vision is to move away from a largely acute illness centred, institutionalisation-based healthcare delivery system towards a community based model of psychiatric care. For people with mild problems, or whose problems are stable, being cared for within the community is better for the patient, and better for society as it frees up scarce hospital beds for those who really needed it. The move towards community psychiatric care will be a long journey, but will lead to improved accessibility of services, better quality of life for patients, and destigmatising mental illness. In addition, community-based services, that are readily accessible and convenient, help in the early detection and treatment of mental health problems as well as smooth reintegration of discharged patients into the community. Hence, the Blueprint has developed initiatives such as community mental health teams and GP Partnerships to link specialist mental health services with primary care and provide support to community partners.

The first steps on this journey towards integrated mental healthcare have already begun. As part of integrating mental healthcare, a series of multidisciplinary community mental health teams have been formed to integrate and strengthen community partners via early detection and treatment of mental health problems. Various programmes have been developed to address different demographic and target groups in Singapore.

They include Response, Early Intervention and Assessment in Community Mental Health (REACH which targets youths); Community Mental Health Team (aimed at adults) and the Community Psychogeriatric Programme (aimed at the elderly).

There are also two programmes for psychosis – Early Psychosis Intervention Programme (EPIP which helps those in the early stages of psychosis) and the Community Health Assessment Team (CHAT which reaches out to youths age between 16 and 30 years old before their first episode of mental illness).

In addition, there are programmes to work with general practitioners as well as programmes to help recovering adults find work. Each caters to a specific age group so that continued care is available for Singaporeans as they move through different life stages and settings.
Response, Early Intervention and Assessment in Community Mental Health (REACH)

A multidisciplinary team comprising medical doctors, clinical psychologists, medical social workers, occupational therapists and nurses work closely with school counsellors and family service centres to identify children who need additional assistance. The team also works with general practitioners on diagnosis and management.

When REACH was launched in 2007, it focused on providing training and support and a helpline to school counsellors. It has since extended its help to VWOs that work with at-risk youths, out-of-school youths or those from dysfunctional families. REACH has also been working with general practitioners to manage patients with common child mental health disorders such as Attention Deficit Hyperactivity Disorder (ADHD).

Counsellors and VWO staff can call the helpline to get help on identifying students with mental health issues. When necessary, members of the REACH team will also go to the schools to do assessments or interventions. They also conduct training and sit in on case conferences.

REACHING OUT TO HELP STUDENTS

One day, primary school student Lim Aik Beng* suddenly insisted that he did not want to go to school. The 10-year-old claimed to have stomachaches and even hit his parents when they insisted he go to school.

The worried parents contacted the school counsellor who called the REACH helpline. REACH went to the school and found out that the boy had been scolded by his form teacher and had become afraid of the teacher. The boy also suffered from anxiety, which compounded the problem.

To help him overcome his issues, the boy went through cognitive behavioral therapy and learned social skills to boost his self-confidence. The medical social worker from REACH accompanied the boy to school for about three weeks to ease his worries while his parents were taught how to manage the child. The medical social worker also got the teacher to write a note of reconciliation, which made the boy feel better.

After about a month, the boy was eventually able to overcome his fear of going to school. One year on, he is excelling in school and even took part in a competition on national TV.

All this was possible because REACH provides school counsellors with the necessary resources to help them identify children with possible mental health issues, and draw up a plan to help clients overcome their problems.

* Not patient’s real name.
Early Psychosis Intervention Programme (EPIP)

EPIP is a programme initiated by the Institute of Mental Health (IMH) to detect and treat psychosis at an early stage to improve outcomes. The EPIP team consists of psychiatrists, case managers, psychologists, medical social workers, occupational therapists and researchers.

EPIP takes in people between the ages of 18 and 40 who have been newly diagnosed with First Episode Psychosis. EPIP provides individualised case management, psychological assessments, psychotherapy, stress management, crisis intervention, recreational activities, caregiver groups and patient support groups.

Launched in 2001, EPIP aims to raise awareness of the early signs and symptoms of psychosis and to reduce the stigma around it. It also aims to establish strong links with primary healthcare providers, detect and manage psychosis early and improve the outcome of these patients and reduce the burden of care for their families.

One of EPIP’s focus is indicated prevention. Here, EPIP focuses on individuals at ultra high risk of developing psychosis or other mental disorders. EPIP has set up a Support of Wellness Achievement Programme (SWAP) for individuals between 16 and 30 with at-risk mental states. These individuals are at very high risk because their parents might suffer from mental illness. Alternatively, these individuals might suffer from mild symptoms, or might have experienced Brief Limited Intermittent Psychotic Symptoms (BLIPS).

EPIP works with tertiary institutes, the Ministry of Community Development, Youth and Sports, voluntary welfare organisations, family service centres, general practitioners and the Singapore Armed Forces as well as the Singapore Civil Defence Force. All these institutions help to identify and refer cases to EPIP.

Geraldine* was 19 when she suffered her first Brief Limited Intermittent Psychotic Symptoms (BLIPS). While on holiday in Perth, she suddenly believed that she had the ability to read minds and she became deeply suspicious of everyone. After a week, these symptoms went away and as a result, Geraldine resumed her normal life. Three years later though, new symptoms appeared and with greater severity and she had to be warded at the Institute of Mental Health (IMH). She believed that the television spoke to her and she became suspicious of everyone again. The hospital had to remove mirrors in the ward because she was convinced that there were cameras behind them. She was later diagnosed as having bipolar disorder with psychotic features.

She spent about two months in the hospital where she had to undergo electro-convulsive therapy as well as medication and psychotherapy. During her stay, she joined the Early Psychosis Intervention Programme (EPIP). Geraldine got along well with the case manager whom she met at EPIP and they discussed frequently about matters that she was concerned about. They include issues about boy-girl relationships, plans after hospitalisation and how to accept her illness. After she was discharged, Geraldine attended activities at Club EPIP, a clubhouse that provides rehabilitation and recreational programmes for other clients who suffer from psychosis.

“The support from EPIP made me believe that I was not alone in this,” she said.

Eventually, EPIP asked Geraldine to start a peer support group to allow fellow recovering patients to share their stories and deal with issues of returning to society.

Today, Geraldine is on long-term anti-psychotic medication and a mood-stabiliser. She has become a confident young woman who is currently juggling a job in human resources as well as part-time university studies. She has picked herself up and is now looking forward to a brighter future, thanks to her treatment and the support she received from EPIP.

* Not patient’s real name.
Community Health Assessment Team (CHAT)

CHAT was launched in April 2009 to promote awareness of youth mental health issues. Reaching out to those aged 16 to 30 years old, CHAT has an online presence with our website (www.YouthInMind.sg) and Facebook (www.facebook.com/chatfans) and a physical presence in the heart of town at *SCAPE, a youth hub to hang-out at.

It also wants to encourage this group to seek help if needed and to get them to recognise that mental illness is a youth concern too. CHAT offers on-site assessments at certain post-secondary educational institutes as well as resources and assessments at our hub at *SCAPE.

In addition, CHAT networks and trains our community partners who work with youths, as well as youths themselves on mental health issues.
Community Mental Health Team (CMHT)

The CMHT service aims to keep adults (18 to 65 years old) suffering from mental illness to continue living in the community for as long as possible and to reduce hospital re-admissions and length of stay. The CMHT is a multidisciplinary team that consists of psychiatrists, psychologists, occupational therapists, medical social workers, community nurses and counsellors.

Members of the CMHT make house visits to provide psycho-social rehabilitation and assess the condition of patients and their living environment, and ensure that they do not miss appointments. By providing a holistic service, CMHT enables adults with mental illness to live at home in familiar surroundings.

CMHT has a mobile crisis team that provides crisis intervention when the need arises. When someone has a crisis, for instance, the mobile crisis team can be deployed to de-escalate the situation.

CMHT also has a helpline which is open to the public and manned by counsellors. This is part of the community mental health support network. If someone has a mental health crisis, they can call this helpline to receive professional advice.

The team works with grassroots leaders, family service centres, volunteer welfare organisations, Community Development Councils and general practitioners. These community partners act as an early warning system, alerting CMHT to situations that may require intervention.

HOUSE CALLS MADE A DIFFERENCE TO WEI QIANG

Wei Qiang*, who is in his late 30s, suffers from chronic Schizophrenia, a condition which runs in his family. As he was unable to comply with his medications and had multiple relapses, he was put under the care of the Community Mental Health Team (CMHT).

Under this programme, team members make house calls at his home monthly. During the visit, the team assesses his condition, checks that he is taking his medication and ensures that he has sufficient medicine until his next appointment.

Wei Qiang lives in a rented one-room flat with his elderly mother who is in her late 60s. CMHT helped to make the home more hygienic and conducive for both mother and son. The flat used to be crammed from floor to ceiling with bags of clothes, old luggage, stacks of newspapers and empty mineral water bottles. CMHT engaged a cleaning company to help clean their house and make it more liveable. The team also removed a bedbug-infested bed and replaced it with a new one.

It was during one home visit that CMHT staff discovered that Wei Qiang’s mother was in need of urgent medical attention. She was rushed to the hospital where she was immediately admitted. She is now wheelchair-bound and Wei Qiang has taken over the role as the caregiver.

With CMHT’s support, Wei Qiang takes his medication regularly and this has reduced his episodes of hospitalisation at IMH. His condition has stabilised and he hopes to get a job as a cleaner so he can help provide for his mother. CMHT will help him to find a job.

* Not patient’s real name.
Community Psychogeriatric Programme (CPGP)

The CPGP aims to improve the mental health of the elderly through community partnerships. Launched in 2007, Changi General Hospital began the programme in the eastern part of Singapore. Its equivalent, the Aged Psychiatry Community Assessment & Treatment Service (APCATS) which is spearheaded by the Institute of Mental Health, services central and western Singapore.

The CPGP also works with staff and volunteers of eldercare agencies such as day care centres, community hospitals, nursing homes and Community Development Councils as well as general practitioners. Under this programme, staff and volunteers were trained to understand and manage mental health problems in the elderly. Training is conducted in English, Malay and Mandarin in order to meet the needs of participants and where required, intermediate modules that provide more in-depth knowledge and skills have been conducted.

Eldercare agencies are encouraged to screen their vulnerable clients for dementia and depression and post-screening assessments of clients who need help are arranged. Ongoing support and consultancy has also been made available to interested agencies.

This programme provides direct care to home-bound elderly with mental health problems and their caregivers, thereby avoiding unnecessary admissions to hospitals.

At Changi General Hospital (CGH), clinical attachments for doctors and staff from other institutions, such as St. Andrew’s Community Hospital, Alexandra Hospital, Tan Tock Seng Hospital and Singapore General Hospital are provided.

CGH worked with St. Hilda’s Community Services and Temasek Polytechnic on a Ministry of Community, Youth and Sports (MCYS) funded project to develop “Mind Games” for the elderly. The CPGP trained the staff of St. Hilda’s and other eldercare agencies on how to use the prototype of the “Mind Games” in order to extend the use of the games to other agencies.

CPGP TEAM SUPPORTS ELDERLY PATIENTS AT HOME

After exhibiting unusual behaviour, 84-year-old Mr Lee was sent to IMH where he was diagnosed with delusional disorder (persecutory type). He was put on anti-psychotic medication and after his condition stabilised, he was discharged. However, his family faced great difficulty in bringing him for his check-ups at IMH because he was wheelchair-bound and his children did not drive. As a result, he was put on the APCATS programme.

As his condition is stable, APCATS team reviews Mr Lee every three months. During the one hour visit, a nurse and a doctor will assess his mental state, check for side effects of the medication, do a physical examination and provide psycho-education and caregiver support. A medical social worker, occupational therapist or physiotherapist will also visit him from time to time to provide social support and functional assistance.

APCATS helped Mr Lee’s family to apply for Medifund subsidy to pay for the visit.

His daughter Ivy Lee said, “My siblings and I are already in our 50s and it is hard to juggle work with bringing our father to the outpatient clinic at IMH since it opens only during office hours and on weekdays. The home visits have greatly helped my family emotionally and financially.”

* Not patient’s real name.
Job Club

Job Club is a one-stop vocational rehabilitation service that helps people with mental illness to find jobs. Launched in 2009, it seeks to reintegrate individuals back into society by helping them acquire the necessary job skills and networking with employers to ensure adequate training and job opportunities. Job Club is run by occupational therapists, medical social workers and job placement officers.

By being employed, the mentally ill gain independence and self-esteem. Job Club provides individualised vocational counselling, psychosocial and vocational readiness assessments, job placements and coaching, and job-site follow-up.

Job Club helps clients to identify their interests and strengths, so they can be matched to suitable jobs. It also teaches clients vocational skills so that they are able to work in sectors like retail, food and beverage or cleaning. Clients are taught critical job-seeking skills such as resume-writing, personal grooming and interview techniques. Peer support groups facilitated by Job Club provide clients with support and encouragement in dealing with the challenges they meet at the workplace.

The programme also networks with prospective employers to create and expand employment opportunities for individuals with psychiatric conditions. It works with employers to help them understand issues that the clients may have in adapting to a new work environment. It also helps employers to better understand the client’s psychiatric condition, as well as the need for continual treatment.

Thomas*, who is in his 30s, was diagnosed with Schizophrenia in the late 1990s and he has been receiving treatment at IMH ever since. A polytechnic graduate, Thomas had been freelancing as a graphic designer.

However, since his freelance work did not give him a steady income, he decided to look for another job, one that would provide a stable salary.

Thomas contacted Job Club in December 2009 and it helped him find a job with a fast food restaurant where he now works in the kitchen. The company is flexible about working hours and the job scope allows him to go for his regular check-ups. Job Club works closely with his employer and continues to monitor and support him with regular calls and follow up.

* Not patient’s real name.
In the last decade, research has shown that for people suffering from certain medical and surgical conditions e.g. cardiac, trauma, oncology, neurology and geriatrics, the prevalence of mental disorders such as depression, anxiety and post-traumatic stress disorders is high and its presence has a negative impact on the clinical outcome, overall health and economic cost and quality of life for these conditions. Since these mental disorders are potentially preventable and treatable, early identification and intervention would lead to improved clinical outcomes, reduction in overall healthcare costs and improved quality of life.

For a more holistic management of certain high-risk medical and surgical conditions, it may be more cost effective to have a multidisciplinary health team approach where the mental health team is an integral part of the medical or surgical team. Patients suffering from these high risk conditions will be screened for mental illness during their inpatient stay and receive early intervention and treatment where needed.

**Integrated Hospital Teams**

As part of the blueprint, several hospital teams have been piloted and they include:

- SGH Gastroenterological Depression Team
- KKH Postnatal Depression Team
- KKH Psychosocial Trauma Team
- KTPH MD3 Management of Depression and Distress in Diabetes
- NUH Women Emotional Health Services
- CGH Psychosocial Trauma Team
- TTSH Effective Mood Management After Stroke Team
- TTSH HIV-Psychiatry Team

SGH – Singapore General Hospital
KKH – KK Women’s and Children’s Hospital
KTPH – Khoo Teck Puat Hospital
NUH – National University Hospital
CGH – Changi General Hospital
TTSH – Tan Tock Seng Hospital
Soon after the birth of her third child, Mdm Kee* began to feel stressed and exhausted. She found it hard to complete her chores and felt overwhelmed because everything was piling up. She was unable to sleep even after the baby had settled, and she struggled to nurse her baby because her milk supply had dwindled from insufficient rest. She blamed herself and was racked by guilt and feelings of inadequacy.

On her six-week postnatal check at KKH, she went for the free routine Postnatal Emotional Health Screening. As she spoke to the counselling-trained case manager, Mdm Kee broke down. She scored high on the Edinburgh Postnatal Depression Scale (EPDS) screening questionnaire, and she was encouraged to see a psychiatrist. A session was arranged the same day and her case manager sat in with her to provide support as she entered clinical intervention. She was provided with supportive therapy and antidepressant medication that was compatible with breastfeeding.

As it was hard for her to return for an early review, her case manager kept in touch through phone counselling, providing support as well as monitoring her response to treatment. Mdm Kee also joined the Perinatal Depression Support Group, where she found comfort in the shared experiences of other mothers suffering from postpartum depression.

With therapy, she gradually recovered and was taken off her medication. She even became a source of support to the other patients in the group.

* Not patients’ real names / photographs.

Anna*, who is in her late 20s, had been suffering from Irritable Bowel Syndrome (IBS) for several years. However, when the problem became worse, she arranged an appointment to see her gastroenterologist.

She was screened during her appointment and it was found that she scored highly on both the anxiety and depressive scales. In a subsequent appointment with a psychiatrist, she disclosed that she had been feeling depressed for months after she broke up with her boyfriend, who also worked in her department. She was afraid of turning up for work because he had become difficult. In addition, her colleagues pestered her to reconcile with him.

After the consultation, she started taking antidepressants and began going for therapy. She started sharing her problems with her mother and she learnt to be more assertive in dealing with her colleagues.

As her mood improved, Anna found that her abdominal pain became better, and she had less frequent diarrhoea. She realised the link between her “mind” and her “gut”, and she learned to have some control over both. As a result, her condition improved and she did not have to see the gastroenterologist as often.
KTPH MD3 (MANAGEMENT OF DEPRESSION AND DISTRESS IN DIABETES) IMPROVES OUTCOMES THROUGH HOLISTIC APPROACH

Sixty-two year old Mdm Lim* was diagnosed with diabetes and during the screening, was found to be clinically depressed. Her diabetes was also poorly controlled. She was enrolled into the KTPH MD3 programme where she underwent counselling sessions with the medical social worker (MSW), education with the diabetes nurse educator (DNE) and reviews by the psychiatrist.

Mdm Lim, who was separated from her husband, lived with her son, daughter-in-law and one-year-old granddaughter in a one-room rental flat. Her son, who was a psychiatric patient, had difficulty obtaining a job and the family was dependent on Mdm Lim’s monthly CPF payout of $297 for their living expenses. She was constantly worried about their financial situation and was upset with her daughters for not providing any financial assistance. As a result, her relationship with her daughters was very strained. Because of the strain, she neglected to manage her diabetes.

The MSW assisted Mdm Lim with the Medifund application, which not only helped to pay her medical bills but also provided the glucometer which she was not able to afford previously. The DNE, together with the social worker, set goals to help Mdm Lim achieve a better control over her diabetes. Through counselling, Mdm Lim managed her anxiety better, had a clearer understanding of her son’s psychiatric condition and changed her expectations of her daughters.

The medication prescribed by the psychiatrist helped Mdm Lim to be less depressed. Six months into the programme, Mdm Lim’s blood sugar level and HbA1C had dropped to a healthy range. She is now coping better with diabetes and is a happier person.

TIMELY SUPPORT FROM NUH WOMEN EMOTIONAL HEALTH SERVICES (WEHS)

Maria*, a 21-year-old single mother scored a 16 on the Edinburgh Postnatal Depression Scale, which suggested that she might be experiencing some distress.

The case manager met with Maria and learnt that she had a three-year-old daughter from a previous relationship and was 21 weeks pregnant with her current boyfriend of two years. Her boyfriend was not keen to keep the baby, and she did not have support from her family. At that time she and her daughter were staying with a friend temporarily, and she received a small allowance for babysitting her friend’s children. Maria contemplated thoughts of suicide as she felt helpless and lost in her current situation but did not act on it because of her daughter.

The case manager developed a care plan for Maria. She suggested that Maria approach a Family Service Centre near her residence for financial and housing assistance. Following that, appointments were arranged for her to see WEHS team’s psychiatrist for depression within two weeks. She was also referred to a medical social worker.

Subsequently, Maria began attending training courses to learn skills that would make her employable. She also moved to a shelter. Thanks to various community resources, she received short-term financial assistance and practical support. Maria’s case manager followed up with her over the phone on a regular basis and met up with her each time she returned to NUH for appointments. Besides offering a listening ear, the case manager also explored and discussed available options with Maria whenever she felt overwhelmed or frustrated in the process of seeking help.

Maria finally delivered a healthy baby boy. She is not a mere passive receiver of help but has been actively exploring ways to make a better life for her and her children.

NUH WEHS also provides early antenatal screenings and support for women with gynaecologic cancers.
ROAD TO RECOVERY FROM TRAUMA WITH SUPPORT FROM CGH PSYCHOSOCIAL TRAUMA TEAM

Because of a traffic accident, Mr Ali* injured his right leg and had to spend a week in hospital. However, after being discharged, his problems were not over. He had trouble sleeping and became edgy and irritable. He developed a phobia of travelling on the road and kept thinking about his accident despite trying not to. His family members became impatient with him and kept asking him to snap out of his “self-induced misery”. These comments made him feel even more isolated.

A counsellor who called after he was discharged heard about his problems and advised him to seek help. About a month after the accident, he went to the psychotrauma clinic where he was diagnosed with post-traumatic stress disorder. He was started on medications and psychotherapy. His wife was also given information about his condition and she learned how she could support him.

After a few months of treatment and psychotherapy, Mr Ali’s condition gradually improved. Eventually, he was able to stop his medications and went back to work.

TTSH EFFECTIVE MOOD MANAGEMENT AFTER STROKE (EMMAS) TEAM HELPS STROKE PATIENT FIND MEANING IN LIFE AGAIN

Mr Koh*, 59, suffered from an acute stroke with left-sided body weakness. Because of this, he needed assistance to bathe and to go to the toilet but he felt ashamed and embarrassed to ask for help.

The stroke left him depressed and worried as he feared that he would never be able to work again. He suffered from insomnia and his appetite vanished. Life began to feel meaningless to him.

He was warded for two weeks at TTSH after the stroke, which was followed by six weeks of physical rehabilitation therapy. During this period, he was screened and diagnosed with clinical depression. He received supportive counselling, group therapy and anti-depression medication from the EMMAS team and these helped him to overcome his emotional state.

“Seeing my strength and co-ordination improve was probably the most important factor that made me happy again,” he said. “However, I would not have recovered so well if I did not seek treatment for my depression and participate in therapy.”

Today, Mr Koh is feeling much better and is happily back home.

* Not patients’ real names / photographs.
Mental Health-General Practitioner (MH-GP) Partnership

The MH-GP Partnership is a programme aimed at enhancing the links between general practitioners (GPs) and the Institute of Mental Health (IMH) to treat stable patients within the community.

The programme initially began with GPs getting involved in the care and management of stable patients experiencing early psychosis. Today, GPs handle patients who suffer from anxiety and depression as well. Through this partnership, patients are able to get medical treatment more conveniently as the clinics tend to be located close to the homes of patients. In addition, GPs are able to see patients in the evening, which makes it easier for those who are working to schedule appointments.

The benefits of this programme extend beyond patients. Through this partnership, GPs become more aware about mental illness and patients are given right-site care which means that resources are better allocated.
General Practitioner, Dr Wong Wee Nam had always been interested in psychiatry. As a result, when IMH began recruiting doctors for its GP Partnership Programme, Dr Wong was happy to sign up.

He joined in 2007 and went through a training course and a clinical attachment at IMH. He has since been seeing stable patients that IMH has put on the programme. Most of these are patients who suffer from Schizophrenia.

Dr Wong said the programme benefits his patients. “It is very convenient for the patients as the clinic is nearer their homes. They come in at their convenience, so it is not necessary for them to apply for leave from work. This makes it easier to schedule their appointments. Most of all, there is less stigma and patients get more holistic care with this programme.”

As a GP, Dr Wong also sees family members of some of these patients. This certainly improves communication and helps provide total care for his patients.

Josephine* is one such patient who sees Dr Wong regularly and she is very happy to be on the programme. “It works very well as I don’t have to travel one and a half hours to IMH for my follow-up,” she said.

She found Dr Wong to be a good fit for her. “Dr Wong comes across as a very caring doctor. He has a calming effect on patients and administers both advice and medicine with great care. Dr Wong listens to what the patient says and gives his best advice.”

Dr Wong said that none of his patients have told him that they would prefer to see a specialist just for regular follow-ups.

*Not patient’s real name.

Chronic Disease Management Programme (CDMP) Medisave

CDMP was introduced by the Ministry of Health to improve the level of care and to reduce the healthcare cost for persons with chronic diseases when they seek medical treatment. Under the CDMP, patients can draw on their Medisave account to help reduce out-of-pocket payments for outpatient treatment of their chronic diseases. As of 2009, Schizophrenia and Depression were added to the list of medical conditions to allow the use of Medisave for CDMP. The extended coverage benefits patients suffering from these mental illnesses as treatment is now more affordable for them.
For the mental health policy to be successful, it is essential to ensure that there is sufficient manpower to meet the mental health needs of the nation. Currently there is a shortage of psychiatrists and registered mental health nurses. In addition, there is inadequate regulation of mental health professionals and a lack of training opportunities for family physicians. Under the Blueprint, various strategies are being pursued.
Mental Health and the Health Manpower Development Plan (HMDP)

The MOH Mental Health HMDP for allied health professionals and nurses was established in 2008 to sponsor post-graduate training and skills upgrading for allied health professionals and nurses. This is so that they can pursue skills upgrading or postgraduate training in clinical psychology, occupational therapy and other mental health areas.

In 2009, Senior Staff Nurse Yeap Beow Im from the Institute of Mental Health went on a two-month HMDP attachment at a 21-bed psychogeriatric ward at the Johnston R. Bowman Health Centre in Chicago.

There, she learned various models of care, assessment tools, therapeutic interventions and strategies in managing challenging behaviours in the older adults. One of these models, Person-Centred Care model, encourages patients to exercise their decision-making ability during hospitalisation. Though this model is not unique, implementing it as a care model for patients with challenging behavioural problems is novel, given its therapeutic care-giving characteristics. It encouraged her to explore possibilities of incorporating aspects of the model into the local healthcare institution.

Her attachment also gave her a different perspective on how psychogeriatric wards are run. The ward she was attached to places strong emphasis on multi-disciplinary collaboration, education and support for the older adults by linking patients or caregivers to other support services and step-down care.

It also has a memory clinic, where research is emphasised. The attachment provided her with more knowledge and greater experience to broaden her perspectives on managing patients with challenging behavioural problems.

ATTACHMENT GIVES NURSE NEW INSIGHT AND BROADER PERSPECTIVE IN PSYCHOGERIATRIC CARE
Improving the Pipeline of Psychiatrists

At 2.5 psychiatrists per 100,000 people, Singapore needs to double its existing pool of just over 100 psychiatrists within the next 10 years. Funds have been made available to improve the uptake of Psychiatry among doctors. MOH has also engaged the Accreditation Council for Graduate Medical Education in the United States to introduce significant enhancements to the postgraduate training system to educate larger numbers of specialists and family physicians.

Mental Health Training for Family Physicians

To train family physicians in mental healthcare, IMH has worked with the National University of Singapore to launch a Graduate Diploma in Mental Health (GDMH). Family physicians with mental health training will be able to detect and treat the patients with minor psychological problems like mild anxiety and depression. The Family Medicine Programme, which prepares young doctors to become GPs, will also have a core posting in psychiatry.
Mental Health Research
Research is the cornerstone of progress. Singapore has the potential to make valuable research contributions in mental health because we have discrete, homogenous ethnic groups with limited mobility, good IT systems and a high level of clinical expertise.

**Aim of Research: To Improve Outcomes and Treatments**

In the past, this area has been neglected but with the Biomedical Sciences Initiatives and the National Mental Health Blueprint, mental health research has assumed priority and has become a major strategic thrust. In 2009, the Institute of Mental Health (IMH) established a Scientific Advisory Board to maintain and further develop its aim of research excellence. The 10-member Board is made up of distinguished experts from the science and technology communities, industry and academia.

The Board will provide input on the development of strategies and policies in the area of research in IMH, encourage interdisciplinary, integrative mental health research and identify emerging opportunities and make recommendations on how the Institute might position itself relative to these new initiatives.

IMH’s Research Division is spearheading two key research projects. The first is the Singapore Mental Health Study which is a population-based mental health survey to establish the prevalence of mental illnesses in the adult population in Singapore, and validate a tool to assess positive mental health. The study will also investigate the social, cultural and economic factors associated with major mental disorders, describe the current use of mental health services and identify barriers to mental health care in Singapore. Baseline preparatory work has been completed. The findings will provide valuable information for policy formulation and programme development.

The second is the Translational and Clinical Research Flagship Programme on Neuroscience which is a five-year project funded by the National Research Foundation Singapore. The aim of this project is to identify the biomarkers of disease vulnerability, progression, and treatment in schizophrenia and related psychosis. It is being undertaken by an international consortium led by IMH.

Development of research human capital is important and various mentoring schemes have already been initiated at IMH. There is a Visiting Scientist Scheme and a Nursing Research Mentoring Scheme to mentor staff. In addition, NUS has introduced a Masters of Clinical Investigation to give clinicians the knowledge and skills needed to design and conduct clinical investigations. IMH also has a formal training programme for junior faculty members so that they can learn about research design, research management and statistical analysis.
Conclusion

The National Mental Health Blueprint provides the first steps in paving the way towards improving mental health care and service delivery in Singapore. This report showcases a variety of initiatives with an emphasis on improving awareness of mental health and shifting the existing system from a largely institution-based model towards a community-based model of care. The Blueprint is helping to galvanise the development of community-based programmes with the establishment of community mental health teams for patients of all ages.

However, the process of shifting towards community-based care has only just begun, and much more needs to be done. We will continue to expand community-based psychiatric services and capabilities, such as building more rehabilitation services in the community and increasing accessibility to care to fully support de-institutionalisation efforts. As we progressively de-stigmatisate mental illness, more will come forward for treatment. One major challenge ahead for government and the community is to ensure that mental illness is treated like any other physical health issue, as well as ensure that appropriate services are in place to address the unique disabling effects that can be associated with the illness.
For the Blueprint to succeed, we need to ensure that our society understands mental illness better and that key people like teachers, school counsellors and general practitioners have the tools to identify people who need help. There is also a need to further strengthen inter-sectoral links such as social welfare, housing, employment and education. The aim is to treat mentally ill patients successfully and help them reintegrate into society, so as to lead purposeful and economically productive lives.

This vision cannot be realised by a piecemeal approach by individual parts of the government. A multi-agency response in collaboration with community partners and leveraging on their different strengths is the best way to achieve our vision of having an emotionally resilient and mentally healthy community with access to integrated, community-based, comprehensive and cost-effective mental health services.
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Representative, Chapter of Psychiatrists (with the Academy until July 2005)

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Dr Koh Yang Huang
Ms Sng Yan Ling
Dr Wong Mun Loke

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A/Prof Chiam Peak Chiang
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