

## Evaluating Singapore's CHAT Assessment Service by the World Health Organisation (WHO) "Youth-Friendly" Health Services Framework

Young people experience high rates of mental health issues. However, many do not seek professional help. To improve youth health, the World Health Organization (WHO) highlighted the importance for healthcare services to be 'youth-friendly'. The Community Health Assessment Team (CHAT) was set up in 2009 under the auspices of Ministry of Health (MOH), Singapore to improve the awareness of youth mental health issues and increase accessibility of mental health services to young people aged between 16 and 30 years old in Singapore. Designed to be a youth mental health outreach and assessment service, it was unclear if CHAT met the WHO definition of 'youth-friendly' health service. A team from CHAT and IMH Research Division therefore decided to embark on a research study to evaluate CHAT's mental health assessment service model using WHO youth-friendly health service framework of accessibility, acceptability and appropriateness (AAA) and to ascertain the extent to which the CHAT mental health assessment service model is youth-friendly.

Three hundred young people aged 16-30 years old, who had gone through CHAT mental health assessments, completed a 27-item questionnaire based on the WHO youth-friendly service framework of AAA, developed for use in this study due to a lack of a pre-existing validated measurement tool. Two findings emerged that highlighted the challenges of implementing a youth-friendly service that is acceptable to young people and an opportunity for CHAT to relook into the assessment delivery. For example, the assessment team could use information gathered at initial triage more effectively to shorten the duration of assessment and avoid having young people repeat their concerns at triage and assessment levels.

Overall, the findings attested that CHAT was generally successful in implementing a youth-friendly service consistent with the WHO youth-friendly health service framework of accessibility, acceptability and appropriateness (AAA). This was achieved through

- (i) the ease of commuting to the physical location of CHAT Hub via public transport, an easy referral process, affordability (accessibility)

- (ii) having a safe environment in CHAT Hub, offering privacy and confidentiality, CHAT staff being professional yet friendly and approachable, offering information and giving choices to young people (acceptability)

- (iii) providing recommendations or treatment/help options fitting with the young people's concerns and making timely referrals to these options (appropriate).



CHAT's achievements have largely been due to consistent efforts on part of the CHAT team in engaging young people for their views and insights from the initial planning of the service to the ongoing yearly engagement of CHAT Ambassadors (young people recruited as volunteers where they embarked on various projects to aid with CHAT's service development and improvement). CHAT strives to continue efforts to engage young people in its service improvement so as to ensure that the service remains accessible, acceptable, appropriate and friendly to young people in need of mental health support.

More information about the study can be found at <https://doi.org/10.3389/fpsy.2019.00422>

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## Quality of Life Study

Institute of Mental Health (IMH) and National Council of Social Services (NCSS) is undertaking two studies to measure the quality-of-life of the mental health populations in Singapore – 1) Quality of Life of Children, Youth, and Caregivers and 2) Quality of Life of Caregivers.

The studies examine the quality-of-life outcomes related to young persons' personal and psychological well-being, their relationship with friends, family, teachers and schoolmates as well as their sense of social acceptance. Furthermore, the studies aim to identify the profile and needs caregivers in terms of their needs and feelings of efficacy in providing care to young persons with mental illness. By ascertaining these gaps and needs will help social services improve resource prioritisation and policy review.

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Table 1 – Description of questionnaires to be administered

Quality of Life of Children, Youth, and Caregivers	Quality of Life of Caregivers
<p><b>CHILD PARTICIPANT</b></p> <ul style="list-style-type: none"> <li>(i) <b>KIDSCREEN</b> A measure of general quality of life of children and youth concerning social support, physical and psychological well-being and school environment</li> <li>(ii) <b>DISABKIDS Chronic Generic Measure (DCGM)</b> A measure of quality of life specific to children and youth with health/developmental condition relating to social, emotional well-being and medication</li> </ul> <p><b>CAREGIVER PARTICIPANT</b></p> <ul style="list-style-type: none"> <li>(i) <b>WHO Quality of Life-BREF (WHOQOL-BREF)</b> A measure of quality of life of adults in terms of physical, psychological and social well-being</li> <li>(ii) <b>Caregiver Reaction Assessment (CRA)</b> A measure of positive and negative aspects of caregiving</li> <li>(iii) <b>Pearlin Mastery Scale</b> A measure of the overall sense of self-efficacy felt by caregivers</li> </ul> <p><b>Principal Investigators:</b></p> <div style="display: flex; align-items: center;"> <div> <p><b>Dr Ong Say How</b></p> </div> </div>	<p><b>CAREGIVER PARTICIPANT</b></p> <ul style="list-style-type: none"> <li>(i) <b>WHO Quality of Life -BREF (WHOQOL-BREF)</b> A measure of quality of life of adults in terms of physical, psychological and social well-being</li> <li>(ii) <b>Caregiver Reaction Assessment (CRA)</b> A measure of positive and negative aspects of caregiving</li> <li>(iii) <b>Pearlin Mastery Scale</b> A measure of the overall sense of self-efficacy felt by caregivers</li> <li>(iv) <b>WHO Disability Assessment Schedule (WHODAS)</b> A measure of the overall level of functioning of care-recipients with caregiver as proxy respondent</li> </ul> <p><b>Principal Investigators:</b></p> <div style="display: flex; align-items: center;"> <div> <p><b>Dr Wei Ker-Chiah</b></p> </div> </div>