Mental Health in Singapore
Moving Care from Institutions to Integrated Networks

Tan Weng Mooi, PharmD
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Singapore
5.69 million population
Life Expectancy (y/o)
Male (80) Female (85)
Ageing Population
- High ratio of dependents to working adults
  - 1:8 (2015) vs. 1:4 (2030)
- Rise in prevalence of chronic illnesses including dementia

Small, Multi-Cultural Nation
- Dense & reduced personal space
- Reduced tolerance

Educated & Globalized Population
- Rise in expectations
Health Beyond Healthcare

Beyond hospital-centric to community-based care
Health Minister Gan Kim Yong

Strengthening community-based support for persons with dementia and their caregivers
Senior Minister of State (Health & Environment)
Dr Amy Khor

Source: MOH’s Committee of Supply Speech (April 2016)
# Mental Health Prevalence in Singapore

## Singapore Mental Health Survey (2010)

<table>
<thead>
<tr>
<th>Top 3 mental conditions&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Time taken to seek treatment&lt;sup&gt;1&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>1. Depression</td>
<td>5 years</td>
</tr>
<tr>
<td>2. Alcohol Abuse</td>
<td>14 years</td>
</tr>
<tr>
<td>3. OCD</td>
<td>9 years</td>
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## Well-being of Singapore Elderly Study (2013)

- **Number of persons over 65 years old**
  - 2015 ---- ~ 460,000<sup>2</sup>
  - 2030 ---- ~ 900,000<sup>3</sup>

- **Prevalence of dementia<sup>4</sup>**
  - 10% of those aged > 60

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<sup>1</sup> Singapore mental health survey (SMHS), 2010, results released 2011
<sup>2</sup> Singstats, data from 30 Sep 2015
<sup>3</sup> Singapore population white paper, 2012
<sup>4</sup> Well-being of Singapore Elderly (WiSE) study, 2013, results released 2014
Community Mental Health in Singapore

"1 in 10 will suffer from mental illness"

Common disorders include depression and alcohol abuse: Study

By Chang Ai-lien
Senior Correspondent

More than one in 10 people in Singapore will be struck by mental illness in their lifetime, according to a large new study here.

Many are likely to face depression, the commonest mental illness here. It is projected to affect 170,000 adults, with more women affected than men.

Others may be affected by alcohol abuse or obsessive-compulsive disorder (OCD), an anxiety affliction characterised by obsessions, repetitive rituals, as well as intrusive thoughts and impulses.

These were the top three mental disorders to surface in the $6.9 million Singapore Mental Health Study, in which 5,046 people were interviewed extensively last year.

The problem is a serious one, said Institute of Mental Health (IMH) experts who released the results yesterday. Mental illness can strike at any age, and most people do not seek help.

Most sufferers do not seek help (50% - 90%)
Evolution of Mental Health Sector in Singapore

**Custodian**
- Mental Hospital constructed at Yio Chu Kang (renamed “Woodbridge Hospital in 1951)
- Training for the Master of Medicine (Psychiatry) started
- Rehab & Community Psychiatric Nursing Services
- Satellite Behavioral Medicine Clinic was started
- Woodbridge Hospital renamed Institute of Mental Health
- National Mental Health Blueprint¹

**Therapeutic**
- Outpatient Mental Health Clinics at Bukit Timah, Paya Lebar & Kallang
- Woodbridge Hospital renamed Institute of Mental Health
- Early Psychosis Intervention Programme & Stress Management Programmes

**Community**
- Community Psychiatry & Community-based Programmes at IMH
- National Mental Health Masterplan²

¹Nation-wide initiative driven by MOH in collaboration with IMH & hospitals, HPB & partners (2007-2011)
²Nation-wide initiative driven by MOH in collaboration with AIC, IMH & hospitals, HPB & community partners (2012-2017)
Key Gaps in the Community (2011)

1. Lack of structured care coordination
   - Fragmentation of services
   - Information gaps (incl. care protocols) from social to health
   - Hospital centric, acute care model

2. Lack of community-based services, community support & trained mental health professionals
   - In community & acute care settings, incl. GPs, Allied Health Professionals, etc
   - Shortage of supported & residential care, dementia day centres, caregiver respite centres, etc

3. Lack of Sustainable Frameworks
   - Lack of sustainable financial funding system
   - Not enough structured training programme
   - Gaps in awareness & early detection involving GPs & caregivers
   - Shortage of enablers e.g. common databases, IT

4. Stigma
   - Lack of understanding & low acceptance by community
   - Resulting in treatment gaps

*From focus group discussion held in 2011*
## Evolution of the Mental Health Masterplan

### AIM: Promote mental health, prevent & reduce the impact of mental health disorders

### STRATEGIC THRUST:

1. Mental health promotion
   - Outreach, public education on mental illnesses
2. Integrated mental health care
   - GP partnership, outreach programmes for students, youths, adults & seniors
3. Developing manpower
   - Training for psychiatrists, family physicians, allied health professionals & nurses
4. Research & evaluation

### GOAL: Better health outcomes and maximising individual potential

### STRATEGIC THRUST:

1. Strengthening **primary care** to improve access to mental health services
2. Enhancing integration and expanding **pre and post-treatment** support in the community
3. Increasing capacity to support clients with **dementia** and **caregivers** with the aging populations

### National Mental Health Blueprint

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<th>FY07–11</th>
<th>FY12–17</th>
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<td>(~$180M)</td>
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**National Mental Health Blueprint FY07–11 (~$180M)**

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**Community Mental Health Masterplan FY12–17 (~$237M)**

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About the Agency for Integrated Care

- Incorporated in Aug 09
- National Care Integrator
- Coordinate patient referrals to ILTC services
- Support growth and development of the Primary Care and ILTC sectors
- Gear up healthcare system to cope with increasing elderly population

Agency is health-care matchmaker

Revamped body matches patients with agencies that can meet their needs.

Incorporated in Aug 09

About the Agency for Integrated Care

Support growth and development of the Primary Care and ILTC sectors

Gear up healthcare system to cope with increasing elderly population
Role of AIC
Working with Multi-Sectoral Stakeholders

MACRO

MESO

MICRO

Service Providers

- Co-create new solutions
- Integrator
- Navigator
Vision: Integrated Community Living
Aging in Place

Provide “Home Help” & wrapped-around services with some care supervision

Clients stay at home with loved ones and age in place

Staying in nursing home for convalescence

Going to RHs / CHs for acute & rehab care

...visiting GP for medical care...

...socialising in neighbourhood

A vibrant Care Community enabling people to live well and age gracefully
Integrated Community Mental Health and Dementia Support Networks

1. **Home**
   - Home-based (Multi-disciplinary Care)

2. **Community**
   - Faith-based Groups

3. **Community Support**
   - Social Enterprise & Job Matching & Support
   - VWO-led team to provide support, resources & assistance
   - AH-led Interventions (VWO) eg counselling
   - GP/ Polyclinic
   - Social Service Agencies with Family Therapist / Mental Health Counsellor

4. **Community Interventions**
   - Crisis Management Team
   - Day Cte & Rehab/ Dementia Cte

5. **Acute Care**
   - IMH / RHs
   - Community Hospitals
   - Nursing Homes, Residential Care Centres, Halfway House/Supported Housing and Dementia Hostel/Home

6. **Rehab / Residential Care**
   - Caregiver Respite Care
   - Short-term stay with counselling
   - Case Mgt
   - Nat’l Help line

Increase # / involvement
### 3Cs Strategy

<table>
<thead>
<tr>
<th>CAPABILITY BUILDING/ COMMUNITY SUPPORT</th>
<th>CAPACITY BUILDING / ACCESSIBILITY</th>
<th>COMMUNICATIONS, ENGAGEMENT &amp; OUTREACH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Mental Health Professionals</strong>&lt;br&gt;- Nurses, AHPs, GPs</td>
<td><strong>Community Resource &amp; Support Mechanisms</strong>&lt;br&gt;- Mental Health Helpline&lt;br&gt;- Resource Website</td>
<td><strong>Engagement &amp; Empowerment</strong>&lt;br&gt;- Caregivers&lt;br&gt;- Grassroots/ CDCs&lt;br&gt;- Faith-based Groups&lt;br&gt;- Police&lt;br&gt;- Schools/ Higher institutions</td>
</tr>
<tr>
<td><strong>Community Resource &amp; Support Team (CREST)</strong>&lt;br&gt;- Community-based Resources and Engagement</td>
<td><strong>Community Based Care Centres</strong>&lt;br&gt;- Dementia &amp; Rehab Day Care Centres, Drop-in Centres, Short-stay Centres for persons with mild crisis, Caregiver Respite Centres</td>
<td><strong>Ambassadors in mental health in the community (iChamps/ Friends &amp; Champions of Dementia)</strong></td>
</tr>
<tr>
<td><strong>Community-based Mental Health Services</strong>&lt;br&gt;- Allied Health-led Interventions (COMIT)&lt;br&gt;- Physician-led, Multi-disciplinary Shared Care Team (ASCAT)</td>
<td><strong>Residential Services</strong>&lt;br&gt;- Dementia Hostels&lt;br&gt;- Psychiatric Nursing Homes</td>
<td></td>
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Approach (1) - CMH Focus Areas

- Dementia
  - \( \sim 10\% \). 2014: 65,600  2020 90,000

- Depression
  - \( \sim 6.3\% \) 2010: 93,500; 2020: 164,600

- Well but At Risk
  - (eg. elderly living alone, individuals with multiple medical conditions or with family history of MI, dysfunctional families)

- Psychosis
  - Lifetime prevalence of Schizophrenia (1 ~3%)

- High prevalence
- High support needs

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1. WiSE Study (2013)
2. SMHS (2010)
4. WHO (1997) Gender differences in the epidemiology of affective disorders and schizophrenia
Approach (2) - Stepped Approach

Living at Home In Community

- Residents in need of mental health support are identified by Grassroots Leaders and volunteers
- Community Outreach Team (CREST) in SACs to provide basic emotional support & linkages

Unwell & Assessment needed

- Assessment by Community Intervention Teams (comprising of allied-health professionals & nurses)
- For those who require home assessment

Hospital Care

- Care & stabilisation by IMH or Restructured Hospitals
- For those who require specialist care

Back to Community

- Supported by GPs, Polyclinics & Mental Health partners to provide counselling, care coordination & caregiver support
- Supported by Family and friends

For those who are discharged

One-access point by AIC (Singapore Silver Line, careinmind@aic.sg)
Roles Definition: Service Providers
According to Illness Acuity

Service Providers’ Role:

- Level 1: Well/Health
- Level 2: Stable/At or High Risk
- Level 3: Complex

Community Integration - Wellness & supportive svc - Care coordination & navigation

Care Integration - Right-siting & community based services

Community / Home

SOCs, Polyclinics, GPs and Care Centres

IMH & RH

* Agency for Integrated Care (AIC) Logo
Approach (3) - Integrated Community Living by Regional Health System

Objectives:
1) Integrate Physical Health & Mental Health
2) Integrate Health & Social Care
3) Local adaptation according to population needs
Regional Integrated Network (RIN)

Client / Caregiver’s Needs
- Awareness of mental illness and symptoms
- Avenues to diagnosis & management
- Locate suitable health/social care and support services

Restructured Hospitals (RHs)
Community-Based Specialist-led Multidisciplinary Teams (ASCAT / Shared Care)

Eldersit Respite Care Service
Community Resource, Engagement and Support Teams (CREST)
Grassroots, CDCs, SSOs, FSC, SACs

Home Care Services
Residential Care
Home Intervention (for dementia patients)
Allied health-led Intervention Teams (COMIT)
GPs/Polyclinics

Legend
ASCAT – Assessment and Shared Care Team
COMIT – Community Intervention Team
CDC – Community Development Councils
SSO – Social Service Office
FSC – Family Service Centre
SAC – Senior Activity Centre

Blue denotes Community Multi-Agency Partnership

Helpline / careinmind@aic.sg
Community Care Coordination / Caregiver Support
Primary Care - GPs/ Polyclinic Teams
(RIN Thrust 1)

- **Specialist-led Multidisciplinary Teams (ASCAT/ Shared Care):** Provides training & case conferencing for capability building of GP partners & community partners.

- **Allied Health-led Intervention Teams (COMIT):** Complement primary care doctors by providing psychotherapy, counselling & caregiver support.

- **Community Resource Engagement and Support Teams (CREST):** Provides basic emotional support, follow up, service linkages, caregiver support.

- **Client and caregiver**

- **GPs & Polyclinic Teams**
  - Provides assessment, diagnosis & medical management in a holistic manner.

**Care Coordination & Liaison**
Helpline & Caregiver Support
Local Community Support Network - Multi-Agency Partnership
(RIN Thrust 2)

Bringing multi-agencies together to better support residents in the local community.
Local Community Support Network
- Multi-Agency Partnership (Cont’d)

- **Education** for government agencies, grassroots leaders, volunteers, residents & caregivers to increase mental health knowledge

- **Home visit & assessment** by community mental health professionals
  - recommend appropriate follow-up

- **Multi-agency meeting** to co-create solutions to empower & enable the community partners to better support the residents & their families
# Increasing Capacity to Support Clients with Dementia & Caregivers
*(RIN Thrust 3)*

## RESIDENTIAL CARE
- 7 Community Hospitals
- 33 NGO Nursing Homes
- 36 Private Nursing Homes

## CENTRE-BASED CARE
- 8 Singapore Programme for Integrated Care for the Elderly (SPICE)
- 54 Day Care Centres
- 44 Dementia Day Care Centres
- 36 Senior Care Centres

## HOME CARE
- 2 Home Medical Partners
- 25 Home Nursing Partners
- 7 Home Therapy Partners
- 15 Mixed Services (Home Medical/ Nursing/ Therapy)
- 4 Integrated Home & Community Care Partners – Pilots
Innovative Person Centric Programmes
(RIN Thrust 3)

Empowering Seniors & Caregivers

**Family of Wisdom (ADA)** - Respite and emotional support for caregivers, promoting mutual self-help

**Happy Kopitiam (Montfort Care)** – Informal support group for caregivers through pop-up mobile svc

**Charis Activity Centre for Elders (MWS)** – Integrated resource centre, early identification of MH conditions

Support & Intervention

**Mindful Caregiver (Brahm Centre)** – Mindfulness, caregiver support

**Eldersitter (ADA, NTUC, THK)** – Respite for caregivers, cognitive stimulation for seniors

**Home Intervention (ADA, Hua Mei)** - Behavioural interventions for seniors, support for caregivers
Moving beyond Facilities & Services to Building Communities for Seniors and Persons with Dementia where…

People will be aware of dementia and better understand how to support them and their caregivers.

Businesses and services will be respectful and helpful.

Resources exist for early diagnosis and service linkage.

Environments will be safe and easy-to-navigate.

Engaged Community
Empowered Caregivers
Enabled Seniors
Video on the Integrated Network
Do attend our session later on:

Weaving the Integrated Community Network
A Person-Centric Approach

Thank you