The challenges we face in mental healthcare

Chua Hong Choon
Chief Executive Officer, IMH
Singapore Mental Health Study 2010

Major Depressive Disorder
1 in 17
(159,697)

Alcohol abuse
1 in 32
(86,679)

Obsessive Compulsive Disorder
1 in 33
(82,624)

Top 3 Most Common Disorders
Singapore Mental Health Study 2010

The majority of mental illness occurred by 29 years old.

Average no. of years taken to seek help:
- Psychiatrists: 13 years
- Counsellors: 9 years
- General Practitioners: 5 years
- Religious or Spiritual Healer: 12 years

HELP?
- 22.1% Psychiatrist
- 21.6% Counsellors
- 18.0% General Practitioner
- 12.0% Religious or Spiritual Healer
Well-being of the Singapore Elderly (WiSE) Study 2013

1 in 10 (52,000) aged 60 years and above had dementia in 2013

- Depression: 3.7%
- Subsyndromal Depression: 13.4%

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Well-being of the Singapore Elderly (WiSE) Study 2013

Factors Associated with Dementia

- **AGE**
- **ETHNICITY**
- **EDUCATION & EMPLOYMENT**
- **STROKE**
- **CHRONIC PHYSICAL ILLNESS**
- **LONELINESS & LACK OF PHYSICAL EXERCISE**
More in number, a result of growing population, increasingly stressful social circumstances

More empowered and informed, demand a higher standard of care

Increasing complexity of cases, difficult and time-consuming to treat
Express themselves more assertively
- causing more social disturbances
- more resistant to receiving treatment
Patient Trend

Occupancy Rate

- 2010: 82.7%
- 2011: 83.9%
- 2012: 85.2%
- 2013: 88.2%
- 2014: 89.7%
- 2015: 93.1%

Average Length of Stay (Acute)

- 2010: 18.37
- 2011: 16.55
- 2012: 20.06
- 2013: 21.09
- 2014: 19.4
- 2015: 21.4

Admission

- 2010: 9209
- 2011: 9117
- 2012: 8239
- 2013: 8826
- 2014: 8790

Number of Outpatients

- 2010: 35002
- 2011: 35273
- 2012: 36145
- 2013: 37236
- 2014: 38949
- 2015: 40109
• Fewer, as a result of smaller families
• Older
• May be the cause of some issues, e.g. dysfunctional families
Well-being of the Singapore Elderly (WiSE) Study 2013

Caregivers’ Burden

- 20% gave up or cut down on work
- 46% being distressed
- 26% experienced high care burden
- 11% developed psychological morbidity e.g. depression or anxiety

Societal cost for dementia care
S$500mil
60.3% recognised the condition as a mental disorder but, only 43.7% could correctly recognise and name the mental disorder.

ALCOHOL ABUSE: 57.1%
DEMENTIA: 66.3%
DEPRESSION: 55.2%
OBSESSIVE-COMPULSIVE DISORDER: 28.7%
SCHIZOPHRENIA: 11.5%
Less tolerant of people who are 'different', quick to exclude them and to complain about them.
Our increasingly diverse population and new generation Singaporeans may be the source of dysfunction and stress to those who are vulnerable to developing mental health problems.

Greater availability of gambling and illegal substances.
Challenges as Opportunities
<table>
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<tr>
<th>MOH</th>
<th>NHG</th>
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<tr>
<td><strong>Living Well</strong></td>
<td><strong>Preventive Care</strong></td>
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<td>• Promote mental wellness</td>
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<td>• Increase resilience</td>
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<td>• Prevention of mental health issues &amp; dementia</td>
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<tr>
<td><strong>Living with Illness</strong></td>
<td><strong>Emergency Care</strong></td>
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<td>• Early identification</td>
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<td>• Skills &amp; tools for self-management</td>
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<td>• Rehabilitation recovery &amp; re-integration</td>
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<td><strong>Crisis Care</strong></td>
<td><strong>Inpatient Care</strong></td>
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<td>• Prompt, responsive system</td>
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<td><strong>Living with Frailty; End of Life Care</strong></td>
<td><strong>Outpatient Care</strong></td>
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<td>• Access to ILTC services</td>
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<td>• Caregiver support</td>
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**NHG POP. HEALTH PLAN FOR CENTRAL REGION**
Adopting Population Health at IMH

Pre-Pop.Health

Child And Adolescent Psychiatry
General Psychiatry
Community Psychiatry
Early Psychosis Intervention Programme
Forensic Psychiatry
Allied Health
Geriatric Psychiatry
National Addictions Management Service

Living Well
Crisis Care
Living with Illness
Living with Frailty
Dying Well

Facilitate Effective Mental Health Promotion and Prevention
Deliver Effective Holistic Care and Optimise Patients’ Mental and Physical Well-Being
Facilitate the Development of Primary, Secondary and Long-term Mental Health Services for Singapore’s Population

Central Region – through Clinical Services Thrust & Depression Drivers
IMH Medical Care Clinic
GP Partnerships
Assessment and Shared Care Team
Integrated Patient Assessment and Continuous Engagement program

All Patients – through Empanelment & Clinical Services Thrust Drivers
Community Partners (Schools, workplaces, constituencies, community centres)
Mobile Crisis Team
Mental Health Helpline

Post-Pop.HealthPlan
**Primary Drivers**

- Implement Evidence-based Activities
  - To Build A Mentally Healthy Population and Reduce The Burden of Mental Illnesses
    - P3: Facilitate effective mental health promotion & prevention
    - P4: Deliver effective holistic care & optimise patients’ mental & physical well-being
    - P5: Facilitate the development of primary, secondary & long-term mental health services for S’pore’s population

- Create Mechanism to Enhance Adoption
  - Build Supporting Structures
    - Institute Engaging / Activating / Nudging for Health
      - Clinical Governance to work with Clinical Depts to consolidate tx protocols & ensure quality
      - Corporate Comms to work with Clinical Depts to consolidate De-stigmatisation work
      - Clinical Champions to work with Clinical Depts to consolidate early detection & prevention, & mental health promotion work
      - Develop & implement frameworks for appropriate referrals &/or referrals between IMH & care providers
      - Operations to develop/monitor LEAN processes to support above Activities
      - Motivate staff to deliver evidence based activities through Performance Measures and meeting interests of key partners
        - Education Office to consolidate/Improve/increase competency training sessions for secondary care providers
        - Perform training needs analysis
        - Build peer specialist programme to complement existing manpower
        - Adopt Technology (data mart) to monitor progress
        - Adopt Social Media to support Activities
        - Adopt Technology (EMR) to improve communication across Institutions & departments
        - Work with MOH to develop ILTC
      - Ward Enhancements

**Secondary Drivers**

- Anti-stigma campaigns targeting specific groups
- Increasing contact between public and PMIs
- Effective Mental Health Screening in the community (Identified NHG & IMH partners in primary & community care – Polyclinics & GPs)
- Organise events/campaigns aimed at increasing know-how, awareness of respective conditions & help-seeking behaviour (i.e., general public, caregivers)
- Partnerships with HPB to deliver programmes to nurture children, youths, parents on core attributes & life skills trainings
- Partnerships with HPB & Min. of Manpower to deliver stress mgt schemes to high stress workplaces
- Develop/implement/refine tx protocols for disease management & recovery
- Consultants / Teleconsults through ASCATs (Identified NHG & IMH partners in primary & community care – Polyclinics & GPs)
- Effective Allied Health Services for both Outpts & Inpts
  - Physical Health Screening among IMH patients: 1) Screen outpatients for DHL. Patients prescribed with medication for at least one of the DHL conditions (New patients age 40 & above); 2) Screen inpatients (Long Stay patients) - DHL, DRP, DFS, Mammography, BMD
  - IMH to work with nursing homes and step-down facilities to decant long stay patients

**Goal Statement**

19/9/2016
Provide integrated services across the care spectrum, from prevention, early detection, treatment to long term care in collaboration with community partners, based on patients’ and caregivers’ needs.
Engagement Approach

Multi-pronged Approach

1. Understand needs of community

2. Build capability through mental health training

3. Direct liaison with Grassroots Organizations
Support for Caregivers

IMH Caregiver Support Group

AIC collaborations and initiatives

Silvercircle

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WEEKEND RESPITE CARE SERVICES LAUNCH SUPPORT CAREGIVERS OF ELDERLY

1. Caregivers of adult or elderly persons with physical or mental conditions have more respite care options to turn to following the launch of the Centre-based Respite Care (CBRC) program announced by Minister for Health, Mr Tai Soon Yew, at the official Silver Circle Senior Care Centre (SCC) at Serangoon Central today.

Family Link Programme (FLP)

Programme is a 9-sessions workshop run by Singapore Association for Mental Health (SAMH) for caregivers of persons with any one of the 3 kinds of mental illnesses: Alzheimer's Disease (Manic-Depressive Disorder) or Schizophrenia. SAMH runs Family Link Programme in both English and Mandarin on a quarterly basis. The first Malay class has just started.

CAREGIVER BASICS 101
A RESOURCE GUIDE FOR NEW CAREGIVERS

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Activating and Engaging our patients in care

"Happiness is yours, if you choose to have it" - JULIUS CHAN
Person with Schizophrenia

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Thank You for your Attention!