Integrating Mental Health with Community Ecosystem

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Mental Health & Stigma

“People with mental health problems are usually dangerous”

38.3% agrees

“The public should be better protected from people with mental health problems”

49.6% agrees

1 Chong et al., 2007, *Perception of the public towards the mentally ill in developed Asian country.*
What Is Mental Health?
- Definition by WHO

**Mental Health (WHO)**
- a state of well-being
- realizes his/her own abilities
- can cope with stresses
- work productively
- contributes to community

**Mental Disorder (DSM-V)**
- a syndrome
- disturbance in cognition, emotion regulation or behaviour
- distress in social, occupational, or other important activities

No Health without Mental Health!
Definition of Mental Health
- Definition by Diagnostic Service Manual V

Categories of Mental Disorders

Autism, ADHD
Down Syndrome
Specific Learning disorder

Depression, Anxiety, Bipolar,
Schizophrenia
Addiction, Hoarding
Dementia
Definition of Mental Health
- Definition by Diagnostic Service Manual V

- Developmental
  - Autism, ADHD
  - Down Syndrome
  - Specific Learning disorder

- Mental Disorders
  - Depression, Anxiety, Bipolar,
  - Schizophrenia
  - Addiction, Hoarding
  - Dementia

MSF – Social Care

MOH – Health Care
Mental Health in Singapore
- Prevalence

Singapore Mental Health Survey (2010)\(^1\)

<table>
<thead>
<tr>
<th>Top 3 mental conditions</th>
<th>Prevalence (lifetime)</th>
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</thead>
<tbody>
<tr>
<td>1. Depression</td>
<td>5.8%</td>
</tr>
<tr>
<td>2. Alcohol Abuse</td>
<td>3.1%</td>
</tr>
<tr>
<td>3. OCD</td>
<td>3.0%</td>
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Correlation between Chronic Disorders & Mental Health Conditions\(^2\)

Among those with **Chronic Disorders**, 14.3% also had a mental disorder

Among those with **Mental Disorders**, 50.6% had a medical disorder

\(^1\) Singapore Mental Health Survey (SMHS), 2010, results released 2011
\(^2\) Siow Ann Chong et al., 2012, Prevalence and Impact of Mental and Physical Comorbidity in the Adult Singapore Population
Mental Health in Singapore
- Ageing Population

Ageing Population - One in 4 aged 65 and above by 2030

- Changing social needs
  - Greater risk of social isolation
  - Greater need for social support

- Changing healthcare needs
  - More hospital visits and longer hospital stays
  - More chronic and long term care needs

- Changing mental health needs
  - Growing number of seniors with dementia
  - Need to prepare our society to better support

Well-being of Singapore Elderly Study (2013)

| Number of persons over 65 years old | Prevalence of dementia
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>2016 ---- ~ 490,000²</td>
<td>10% of those aged &gt; 60</td>
</tr>
<tr>
<td>2030 ---- ~ 900,000³</td>
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</table>

1 Singstats, data from 2 Aug 2017
2 Singapore population white paper, 2012
3 Well-being of Singapore Elderly (WiSE) study, 2013, results released 2014

Mental Health & Physical Health & Social Care are getting more intertwined
What Matters to the People?

Regardless of age...

- Being Respected (having choices)
- Emotionally Connected
- Being Independent (meaningfully engaged)
- Financially Supported (able to work)
The Determinants of Health
- A broader socio-cultural issue

**Health ≠ Healthcare**

- Interpersonal relationships
- Socioeconomic status
- Education & Work
- Cultural & Religious background
- Genetics
  - Identical twins with schizophrenia genes: only 30%-50% chance of both developing the disease
- Access to Health Services
- Environment
Healthcare 2020 – 3 Beyonds

“BEYOND HEALTHCARE TO HEALTH”

As we move beyond hospitals to the community and beyond quality to value, we also have to move beyond delivering healthcare, and focus on providing good health – to nurture a healthy nation and a healthy people.

To do this, we need to arrest the causes of ill health early and reduce the progression of long-term chronic diseases.

What about Mental Health?

Source: Speech by Minister for Health, Mr Gan Kim Yong, at the MOH Committee of Supply Debate 2016
For Successful Ageing
- Key Initiatives

More proactive outreach, health promotion and prevention

At the Individual Level:
Opportunities for All Ages

- Workplace Longevity
- Learning Opportunities
  - National Silver Academy
- Volunteerism
  - National Senior Volunteerism Movement
- Health and Wellness
  - National Senior Health Programme
- Retirement Adequacy

At the Community Level:
Kampong for All Ages

- Social inclusion
  - Early Investment in inter-generational harmony
  - Expand home visitation programmes in all mature divisions
  - Greater Recognition and support
- Protection for vulnerable elderly
  - Greater legal protection

At the National Level:
A City for All Ages

- Healthcare and aged care
  - Transform healthcare service delivery
- Senior friendly housing
- Senior friendly transport
- Senior friendly public spaces and parks
- Research into ageing
  - National Innovation Challenge on Ageing

Education & Work Socioeconomic Status

Social & Community Network Interpersonal Relationships

Access to Health Services Environment Research
Strengthening Care In The Community, Enable Ageing in Place

**Early Identification & Improved Access**
Expanding Mental Health Services in Primary Care (GPs/Polyclinics)

**Health & Social Care Integration**
Expanding Community Intervention Teams
Expanding Case Management Support after hospital stay

**Dementia Care Network**
Expanding Community Outreach & Support Teams
Building Dementia Friendly Communities

**Empowerment**
Training long-term care service providers, community partners, social service & government agencies, grassroots leaders & volunteers

**Enablement**
Development resources* for clients, caregivers and community partners
Leverage IT* to enable information exchange, facilitate referral and care processes

One Access point: one-stop care coordinator for clients and caregivers (AIC)

*CTO trial: pilot home leave trial to improve in mental health treatment compliance (MOH/IMH)
Employment support: vocational training, increase job opportunities and support network (NCSS)
For Mental Health
- Strategy and Network for Dementia Care in SG

National Dementia Strategy (NDS developed in 2009, in collaboration with the National Dementia Network)

<table>
<thead>
<tr>
<th>Living Well</th>
<th>Living with Illness</th>
<th>Crisis Care</th>
<th>End-of-Life</th>
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</thead>
<tbody>
<tr>
<td>Prevention &amp; Awareness</td>
<td>Early identification and diagnosis</td>
<td>Integrate and develop innovative care models</td>
<td>Prompt crisis care</td>
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<td></td>
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<td></td>
<td>Advanced Care Planning &amp; EOL</td>
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**NDS Focus Areas**

**Prevention, Awareness, Early Identification & Diagnosis**
- Health promotion education campaigns and programmes
- Conduct targeted case findings
- Expand primary care services for diagnosis

**Empowering Ageing in Place**
- Set up Dementia-Friendly Communities
- Increase accessibility of ACP & LPA and enhance end-of-life support
- Develop urgent admission for crisis
- Enhance caregiver support & respite

**Developing Integrated Care Models**
- Expand capacity of dementia care (centre-based, home-based, residential)
- Set up dementia clinics in polyclinics and shared care teams
- Develop dedicated services for persons with YOD and their caregivers
About Agency for Integrated Care (AIC)

- Incorporated in Aug 09
- National Care Integrator
- Coordinate patient referrals to ILTC services
- Support growth and development of the Primary Care and ILTC sectors

### Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>1992</td>
<td>Care Liaison Service</td>
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<tr>
<td>2001</td>
<td>Added Community Mental Health portfolio</td>
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<td>2008</td>
<td>Added Social Aged Care functions</td>
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<td>2009</td>
<td>Took on Interim Disability Assistance Programme for the Elderly (IDAPE)</td>
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<td>2011</td>
<td>Launched National ILTC IT Enablement Programme (NHELP)</td>
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<td>2012</td>
<td>Merger with Pioneer Generation Office</td>
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### Key Functions

- Co-create new model
- Integrator
- Navigator
Vision: Integrated Community Living - Aging In Place

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

A vibrant Care Community enabling people to live well and age gracefully

Clients stay at home with loved ones and age in place

Mental Health Care  Dementia Care  Active Ageing

Going to Restructured/Community Hospitals for acute & rehab care

...visiting GP for medical care

Staying in nursing home for convalescence

...visiting allied health professionals for mental health needs and self-care

...socialising in neighbourhood

Social Service Agencies & Wellness Centre

Polyclinic

Nursing Home/Rehab Centre

Hospital

Senior Care Centre

Presented to layman Active Ageing Dementia Care Mental Health Care
Integrating Mental Health with Community Ecosystem - Population Health Approach

Keeping those who are Well at Home

- Awareness & Empowerment
  - Training & Partnering community partners, government agencies, social service agencies, grassroots, & volunteers
  - Community Outreach Teams (CREST) as community nodes, providing emotional support, early identification, linking services, follow-up & home support

Care & Assessment Close to Home

- Assessment & Intervention
  - Community Intervention Teams (COMIT) - Allied Health & nurses led teams that provide counselling & intervention
  - Partnering GPs & Mental Health Teams in Polyclinics

Specialist Care in Hospitals

- Specialist Assessment, Fast Track & Stabilisation
  - Hospitals - Multi-disciplinary assessment and intervention teams

Back to Community

- Rehabilitation & Reintegration
  - Community Hospitals, Centre-Based, Residential & Home Care (e.g. SCCs, rehab residential home and NHs)
  - Community Outreach & Intervention Teams, to provide long term support, psychosocial rehabilitation and case management

Care Coordination & Caregiver support (Careinmind@aic.sg)
To provide one-point contact and home-based assessment
Integrating Mental Health with Community Ecosystem - Tiering of Services

- **Care Integration**
  - Right-siting & community based services

- **Community Integration**
  - Wellness & supportive services
  - Care coordination & navigation

- **Level 1**
  - Well/Health

- **Level 2**
  - High Risk
  - Stable
  - At Risk

- **Level 3**
  - Complex

**CREST** = Community Outreach Teams
**COMIT** = Community Intervention Teams
Integrating Mental Health with Community Ecosystem - Focus Areas

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

- High prevalence
- High support needs
Objectives:
1) Integrate Physical Health & Mental Health
2) Integrate Health & Social Care
3) Local adaptation according to population needs
1. **Person-Centric Approach**
   - IRIS (Insight, Respect, Individualised, Support)
   - Life journey across care continuum

2. **Targeted Approach**
   - Adaptation according to population profile and needs in each locality
   - Matching outreach and early identification efforts to target population
   - Little family support: CREST with SAC/CS coordinate support & care
   - At risk (empty nesters): CREST (a.k.a Project IRENE) with preventive health activities

3. **Leverage on Existing Service Providers**
   - Partnering local providers with existing social and health care services
     - COMIT team with existing FSC providers
     - Support local GPs to be MH GP partners through capability building & complement GP care with allied health-led intervention teams

4. **Collaboration & Partnership**
   - Bringing partners across health, social, community sectors to co-create solutions to better support the residents through regional and local network

5. **Empower & Enable Community**
   - Providing the community (GRLs and volunteers) with knowledge and skills to increase awareness
   - Supporting caregivers and clients with resources and support network to age in place
Strengthening Care In The Community, Enable Ageing in Place

**Embedding Mental Health in Primary Care Network (GPs, Polyclinics)**
- Provide easy access to services in a non-stigmatising environment, care closer to home
- Support clients with mild to moderate mental health conditions &/or with chronic illness (e.g. COPD)

**Health & Social Care Integration**
- Enhance Integration by Building Capacity & Capability of Community Care Partners
  - Provide community-based intervention, health & social care coordination for client & caregivers in the community & dementia care support
  - Support clients who are frail &/or with complex needs

**Dementia-Friendly Communities**
- Empowering & Enabling Seniors in the Community
  - Engage the community to be aware of dementia, empower & enable seniors & caregivers to live and age well in the community
  - Support seniors & caregivers in the community & at home

**Training, Enablers and Care Coordination**
Integrating Mental Health with Community Ecosystem - Embedding Mental Health in Primary Care Network (PCN)

AIM: One Singaporean, One Family Doctor

What a GP usually see:
- Chronic disease management, diabetes;
- Multiple chronic conditions;
- Single chronic condition with complications;

NOW – add on Mental Health
Chronic conditions/diabetes with mental health needs

- Increased accessibility through single healthcare provider
- Early detection

Holistic management
Integrating Mental Health with Community Ecosystem
- Enhance Integration by Building Capacity & Capability of Community Care Partners

Social & Health Care Integration

**Leverage on existing SACs & Cluster Support** in the community to provide community outreach, early identification, service linkage

**Build capacity & capability of CMH partners & FSCs** to provide intervention
**Partner them with GPs and Polyclinics** for medical management

**Cross-train Home Helpers** to provide information, cognitive stimulation, caregiver respite and support

**Regional Integrated Network**
- **Home Care Services**
- **Residential Care**
- **Elderly Respite Care Service**
- **Community Resource, Engagement and Support Teams (CREST)**
- **Grassroots, CDCs, SSOs, FSC, SACs (Local Support Network)**
- **Restructured Hospitals (RHS)**
- **Home Intervention** (for dementia patients)
- **Allied health-led multidisciplinary Teams (COMIT)**
- **GPs/Polyclinics**

**Resources & Guidelines**
- **Tier 4 (Advanced Level)**: Specialists in the health and social services who have the expertise in caring, treating and supporting person with dementia and the caregiver.
- **Tier 3 (Intermediate Level)**: Direct Care Staff in the health and social services who have contact and provide direct support to person with dementia and the caregiver; and may play a supervisory and guiding role at the workplace.
- **Tier 2 (Basic Level)**: Care Staff in the health and social services who have direct contact with the person with dementia and the caregiver.
- **Tier 1 (Foundation Level)**: Individuals who may have indirect contact with person with dementia.

**Dementia Friendly Design**
- **For Nursing Homes**

CREST = Community Outreach Teams
COMIT = Community Intervention Teams
Building Dementia-Friendly Communities to move towards Dementia-Friendly Singapore ...

**ENGAGED Community**

**EMPOWERED PWDs & CGs**

**ENABLED Seniors**

**Community Network for Seniors**

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<th>Well Seniors</th>
<th>Lonely Seniors</th>
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<td>• Companionship and emotional support</td>
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Integrating Mental Health with Community Ecosystem
- Empowering & Enabling Seniors in the Community

**Embed Dementia/Mental Health into CNS**

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<tr>
<td>- Exercises</td>
<td>- Upskill befrienders with dementia/mental health knowledge &amp; skills</td>
<td>- Support caregivers and their self-care</td>
</tr>
<tr>
<td>- Social Activities</td>
<td></td>
<td>- Care coordination &amp; service linkage</td>
</tr>
<tr>
<td>- Preventive activities</td>
<td>- Targeted case finding (dementia screening)</td>
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Integrating Mental Health with Community Ecosystem
- Empowering & Enabling Seniors in the Community

Involving the Youths…

**Friends**

**Creating Awareness**
- Experiential learning on ageing & dementia
- Youth sharing knowledge to internal circle, such as close families and friends

**Champions**

**Playing a Part**
- Youth imparting knowledge to the community through outreach activities
- Youth contributing to the community through engagement e.g. life review or structured ABCD activities

**Leaders**

**Driving the Change**
- Advocating ideas and initiatives to the community
- Initiate Projects and Programmes for youth organizations
- Finding innovative solutions

Creating Community Support Networks through the Youth
Join Us on This Journey...

Dementia Friends Mobile App

Download the App now!
Thank you!