



ASIA PHILANTHROPY CIRCLE

29 January 2021, 3.00pm-4.30pm SGT

Singapore Round Table:

Strengthening Mental Health Care



Programme Agenda

Singapore Round Table: Strengthening Mental Health Care

- 3.00pm APC introduction and welcome
- 3.05pm Background into APC work on understanding the mental health landscape in Singapore
- 3.15pm Dialogue with CEI: What should be the priorities for philanthropists to address mental health in Singapore?
- 4.15pm Member discussion
- 4.30pm Event ends



Programme Logistics

Singapore Round Table: Strengthening Mental Health Care

- Turn on your video (encouraged)
- Mute yourself to reduce noise distractions until the Q&A portion
- Asking questions during the Q&A:
 1. Type question into the chat function
 2. “Raise your hand”
- Recording only of speaker presentations
- Chatham House Rules



Opening Remarks

Laurence Lien

CEO and Co-Chairman, APC



APC engagement on Mental Health in SG January 2020 to Present

1. First Roundtable Discussion (20 January 2020 at Caregiver's Alliance)

- Overview of **Caregivers' Alliance** (CAL), Mr Tim Lee
- Overview of Mental Health situation in Singapore by then **IMH** CEO, Dr. Chua Hong Choon
- Sharing on Journey and Philanthropy into Mental Health, Mr Hsieh Fu Hua

2. Follow-up on member interest through polling (August 2020)

- Singapore members indicated particular interest in two target groups: (i) **Children/Youth** and (ii) **Senior Citizens**

3. Research and outreach (September – December 2020)

- Landscape mapping on the range of interventions for mental well-being and mental health
- Reached out to **Majurity Trust, Touch Community Services, NCSS, Over the Rainbow**
- New solutions like: Thoughtfull app chat service

4. Singapore Round Table: Strengthening Mental Health Care (29 January 2021)



Youth Mental Health A Brewing Crisis

1,800

Number of referrals
The Community
Health Assessment
Team (CHAT)
received in 2019 [1]

607

Number of children aged 7
to 18 years old admitted
into public hospitals for
mental health conditions in
2018. [2]

71

Number of youths aged 20
to 29 who took their own
lives last year [3]

1 in 2

Of all mental illness
worldwide begins by the
age of 14, but most cases
go undetected and
untreated [4]

What did we learn?

- The mental health space is **highly fragmented**, with overlapping services and underserved gaps
- While the community was **dynamic**, not many had programmes that were conducted at **scale/scalable**



Mental Health Interventions in SG

Types of intervention (WHO Framework)

1. **Promotion of well-being**
 - General public or to a whole population group that has not been identified on the basis of increased risk.
2. **Targeted interventions:**
 - Selective groups with greater biological, psychological or social risk factors and
 - Indicated groups with high-risk people who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorder
3. **Early detection, treatment & rehabilitation**
 - Diagnosed or undiagnosed groups with established cases of the disorder or illness

Dimensions of accessibility

1. **Approachability** - Transparency, information regarding available treatments
2. **Acceptability** – Cultural and social attitudes
3. **Availability** – Sufficient capacity to produce services
4. **Affordability** – Individual's economic capacity to use services
5. **Appropriateness** – Fit between services and clients need, its timeliness, the amount of care spent in assessing health problems and determining the correct treatment and the technical and interpersonal quality of care



PROMOTION OF WELL-BEING

Intervention	Organizations	Approachability	Acceptability	Availability	Appropriateness	Affordability
School curriculum	MOE Character and Citizenship Education	Mandatory	Mandatory	Primary and secondary schools	To be seen!	Free
Online resources	AMKFSC – Mobile app #ImOKru Mental Connect Mindline.sg	Available to all, but might not be aware	Easy to access without stigma	Available to all	Resources lack recovery pathway	Free
Public campaigns	NCSS Beyond the Label Silver Ribbon	-	5 in 10 believed mental health issues due to personal weakness ¹	Available to all	-	Free
Counselling	Schools	Uneven identification of who needs help	Distrust in institutions	Low counsellor to student ratio Long waiting time	-	Free
Workshops	Individual: Brahm Centre, Calvary Community Peer support: MOE, Campus Psy, Resilience collective	institution-based	-	Available to all/selected groups	Variety of interventions including individual, peers and family	Free to students (institutions pay a fee)



Targeted Interventions

Services provided	Organizations	Approachability	Acceptability	Availability	Appropriateness	Affordability
Helplines	IMH, SOS , Tinkle Friend, Care Corner, Clarity Singapore, Limitless	Calls or messages	Can be done in private	Call for more trained volunteers	-	Free
Crisis support	995 emergency helpline	-	-	-	First-responders need to be trained in mental health first-aid	Free
Outreach efforts	Feiyue, IMH 's Community Health Assessment Team (CHAT), Anglican Community Services	-	-	Is there unmet demand?	Targeted at high-risk groups	Free
Group programmes and activities	Touch, Feiyue	Fee structure unclear	-	Is there unmet demand?	Variety of programmes around cyber-wellness	Mix of free and fee-based
Assessment	IMH, CHAT	Online and physical hubs	-	Long drawn-process		First consultation at IMH - \$40 CHAT - free



EARLY DETECTION, TREATMENT & REHABILITATION

Services provided	Organizations	Approachability	Availability	Appropriateness	Affordability
Treatment	National Addictions Management Service	-	-	-	Fee-based
Programmes	Peer support: Campus Psy, TOUCH Workshops We Care	Fee structure unclear		Some interventions include family components	Fee-based
Therapy/ counselling	Public hospitals, SAMH, SOS, Clarity Singapore, We Care, Children's Aid Society (CAS), Clarity Singapore, Calvary	Lack of information on fee and programme structure	Capacity?	Variety of art, exercise, meditation programmes Long drawn referral process Difficult to find the right "fit"	Mixture of free and fee-based services, with subsidies Insurance coverage improving Funds available
Residential rehabilitation	IMH	-	2000 beds	-	IMH ward fees from \$30 onwards
Transitional residences	Children's Aid Society, SAMH Group Homes	-	-	Often tied to addictive behaviours Does not solve family circumstances	Fee-based



Centre for Evidence and Implementation

What should be the priorities for philanthropists to address mental health in Singapore?

Mental Health Roundtable

Asia Philanthropy Circle

January 2021



ASIA
PHILANTHROPY
CIRCLE



Centre for
Evidence and
Implementation

Introductions



Dr Robyn Mildon
*Executive Director
Centre for Evidence
and Implementation*



Maryanna Abdo
*Managing Director
Centre for Evidence
and Implementation*



Dr Cheryl Seah
*Director
Centre for Evidence
and Implementation*



Joel Koh
*Advisor
Centre for Evidence
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Agenda

- Who we are – introduction to CEI
- Context for mental health in Singapore
- Roundtable discussion
- Next steps and close



Who we are – introduction to CEI

CEI is at the vanguard of a new approach

- We design evaluation frameworks for practitioners and policymakers
- We use rigorous methods and tools to trial, test and evaluate policies, practice and programs



- We help policymakers and practitioners determine what the evidence says about what works

- We use the emerging discipline of implementation science to narrow the gap between what we know (evidence) and what we do (implementation)

CEI brings deep global experience in mental health and related areas



Active Ingredients, Wellcome Trust, UK and Global

- CEI completed a project as part of the Wellcome Trust's ambitious 5-year, £200m mental health strategy
- The programme involved a number of systematic reviews on proposed 'active ingredients' in interventions for the treatment or prevention of depression or anxiety among 14-24-year olds
- CEI conducted a review of international evidence on the effectiveness of problem-solving interventions for young people



Establishment of Endowed Centre for Evidence Translation in Singapore

- Centre for Children and Families at National University of Singapore (launch 2021)
- Endowed Centre at NUS
- First knowledge translation centre of its kind in Singapore
- As a part of this work, CEI and our partners will be looking in detail at the area of maternal mental health



Beyond Blue, Australia

- Be You is one of the only efforts in Australia to deliver mental health promotion, prevention, and early intervention at scale.
- CEI undertook an Evaluation and Monitoring Project to 1) evaluate the implementation, outcomes and impacts of Be You in its early years and 2) develop tools, processes and systems that will allow Beyond Blue to successfully assess its outcomes for the next 10 years



Mental Health Reform

- CEI is currently supporting leadership within the MHRV, the body tasked with implementing the recommendations of MHRC
- This will to leverage implementation science approaches to ensure readiness for system reform.



Royal Commission on Mental Health, Victoria, Australia

- CEI contributed a chapter on implementation science and systems reform for inclusion in the final (forthcoming) report on the recommendations of the MHRC, a two year review in the state of Victoria
- It was established on 22 February 2019 to investigate deficiencies in the state's mental health system and the broader prevalence of mental illnesses and suicides in the state




Common Elements, Victoria, Australia

- CEI was engaged by the DHHS to develop:
- A set of evidence-informed common elements of practice – an approach used in low-resource mental health services
- An overarching implementation framework for the common elements approach, and an implementation model with five trial sites
- Adaptation to guide implementation across the State.

Context for mental health in Singapore



**In the wake of Covid-19,
pressure on public spending is
increasing and mental health
issues are on the rise.**



Mental ill health and suicide were urgent challenges in Singapore even before COVID-19

Singapore Mental Health Study found that:

- Lifetime prevalence of mental illness among Singaporeans increased from roughly 1 in 8 to 1 in 7 between 2010 to 2016¹
- Significant and largely persistent treatment gaps with financial concerns, lack of awareness, and attitudes being key barriers²

Suicide leading cause of death of 10- to 29-year-olds – 3x traffic accidents³

- In 2018, suicides rose by 10%, with a record high among boys aged 10-19, and these figures remained roughly constant in 2019⁴

2020 public consultation led by NMP Anthea Ong identified perceived challenges in access, affordability, and quality⁵

The public, private, and social sectors have been responding to these challenges



2016

Second *Singapore Mental Health Study* published



2018

NCSS launched “Beyond the Label” to combat stigma



2021

From this year, the Character and Citizenship Education curriculum in schools will focus more on mental wellness and peer support



2017

Government launched Community Mental Health Masterplan



2020

Integrated Youth Service was established to strengthen support for youths at risk of developing mental health issues



Despite these positive changes, the situation is worsening in the wake of the Covid-19 pandemic

Infectious disease outbreaks (e.g. SARS) negatively impact mental health¹

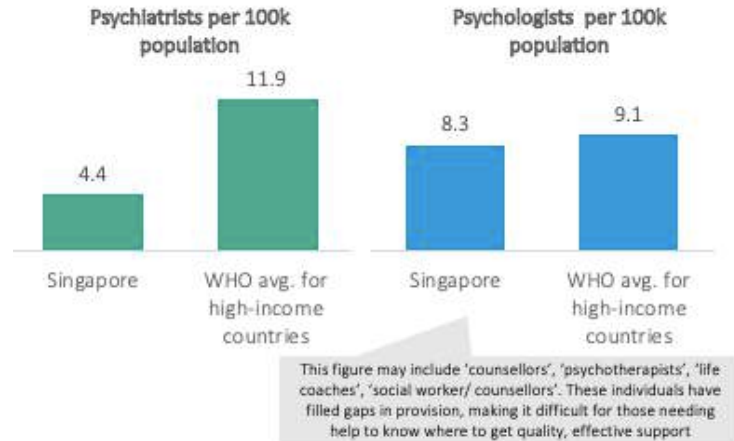
- A 2020 poll by the National Youth Council found that nearly half of respondents aged 16-34 felt their mental health worsened during the pandemic²
- Continuing retrenchments and the pandemic's economic fallout will exacerbate underlying issues even as they drive new mental health challenges. This will strain resources considerably

Recognising these risks, the sector is responding

- In October 2020 Prime Minister Lee announced inter-agency task force
- Many new campaigns and projects to address acute challenges in mental health worsened by Covid-19, from coalitions to social impact bonds

There are significant challenges, including a shortage of mental health professionals and a worsening of social challenges during COVID

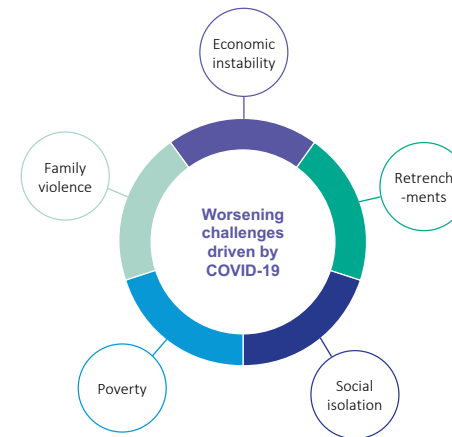
Shortage of well-trained mental health professionals



Though the number of mental health professionals is growing rapidly in Singapore, some shortfall is likely to persist.

→ **Solutions must be evidence-based and effective, meeting contextual needs in Singapore**

Worsening of wider social challenges and competing demands for investment



Financial resources are even more precious in this context.


Sources: WHO, Mental Health Atlas 2017; MOH (2020); Singapore Psychological Association, 2020; World Health Organization, 2017; Note: Actual number of psychologists in Singapore may be higher since practicing psychologists since registration for practice is not mandatory



Most mental health systems globally, including Singapore's, are plagued with fundamental shortcomings

- Delays in service provision
- Limitations in access to support and services
- Fragmented services
- Limited routine outcome monitoring
- Provision of care that does not match the consumer's level of need
- Provision of care that is has a limited or non-existent evidence base

**There is not
enough time or
money to do things
the way we've
always done them**

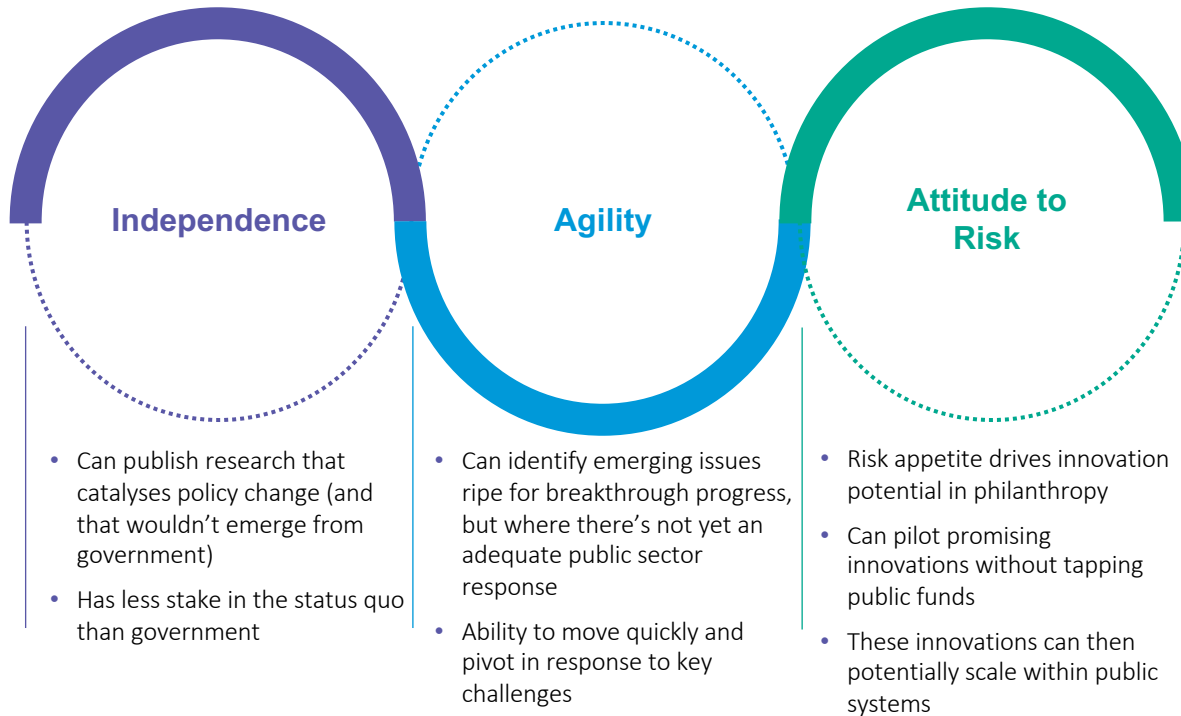


What is needed

We need to change who delivers mental health care, how they deliver this care, and to ensure that what they deliver works well for the people who need it most.

Before we act, we need to know how and where efforts will be most meaningful.

Why philanthropy?



Mental health is a field rich with promising innovations. Philanthropy has a key role to play in spurring sector change in Singapore and beyond



Investing in the right approaches has never been more important

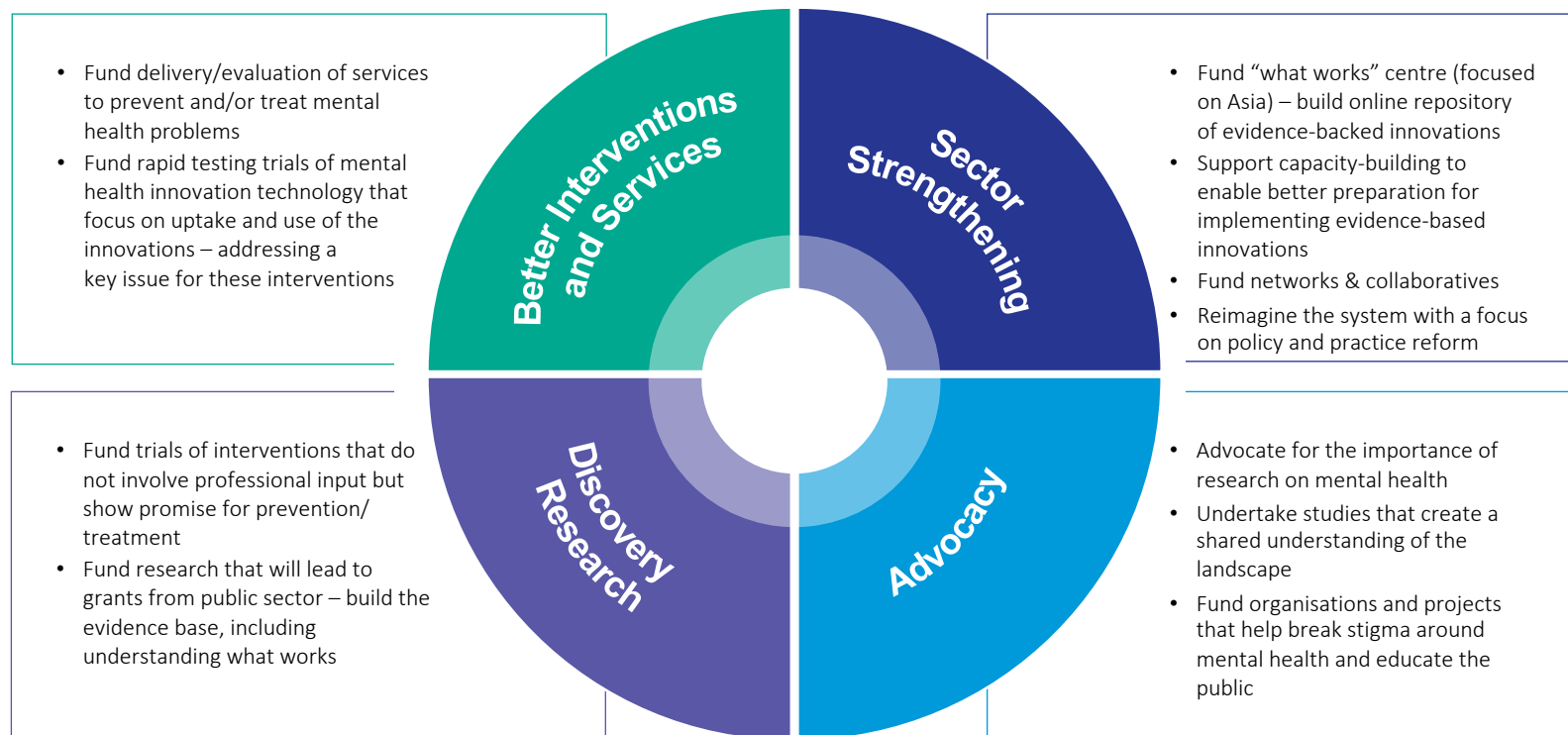
Evidence can help

- Evidence-informed decision-making is about better evidence for better decisions
- It is about good use of resources, avoiding harm and maximising good, and has among other core principles equity, equality, accountability and transparency
- It has the potential to improve life for us all but in particular vulnerable people

In Singapore mental health

- Good evidence on what works is essential to ensure that the right solutions are implemented in policy and practice and localised to fit the needs and constraints on the ground
- Good evidence can help both to identify what solutions can work in Singapore as well as empowering practitioners and frontline workers with proven approaches

Options for philanthropists



Options will also be shaped by philanthropists' strategic priorities

Example: Five Strategies to Address Mental Health and Addiction from The Center for High Impact Philanthropy (CHIP)

Examples of Potential Solutions in the US Identified by CHIP



Sources: Center for High Impact Philanthropy, 5 Strategies to Address Mental Health & Addiction

Selected innovations globally



INNOCENTWELL





Roundtable discussion



Roundtable Discussion

What is the role for philanthropy in meeting the challenge?

- Are you/ organisations you support currently working on this challenge? In what ways?
- What more can be done?

What are the most urgent issues to address?

- Unmet needs and gaps
- Vulnerable groups

What kind of actions do you find most compelling?

- Service delivery vs. research and advocacy?
- Scaling new innovations vs. scaling proven programs?
- Working within existing systems vs. reimagining systems?

Next steps and close



Potential opportunity

- One opportunity is to conduct a study to capture insight on the landscape
- This would include the gaps and gather insight on what is working
- It would look at opportunities to better leverage evidence in mental health in Singapore and leverage international examples
- Further action in Singapore would benefit from greater insight on the landscape, gaps and opportunities
- This would be a springboard for taking action



CEI is considering such a study. Would you like to continue the conversation?

Thank you for your time

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Member Discussion



APC's Upcoming Events February – March

- **4 Feb:** Vaccines online dialogue
- **9 Feb:** Indonesia Dinner Roundtable in Singapore
- **24 Feb:** Call for Collaboration – Environment
- **March:** Arts Salon