NATIONAL MENTAL HEALTH AND WELL-BEING STRATEGY

(2023)

CONTENTS

EXECUTIVE SUMMARY

1.   A key tenet of the Singapore healthcare system is to recognise that physical, emotional and mental health are mutually reinforcing, and one cannot do without the other.

2.   The World Health Organisation (WHO) advocates that mental health is an integral aspect of health and well-being, representing more than just the absence of mental disorders. The National Mental Health and Well-Being Strategy ("Strategy") projects our vision of an effective mental health ecosystem in Singapore where individuals with mental health needs can seek help early without stigma and will receive help readily for their recovery. Our Strategy outlines our approach to achieve this vision, encompassing ongoing and planned whole-of-society efforts. Our Strategy also serves as a guide for stakeholders and service providers to contribute to achieving our desired mental health goals for Singapore.

A. Background and Overview of the Current Mental Health Landscape in Singapore

3.   The prevalence of mental health disorders has been rising over the years. In 2019, mental health disorders are one of the top four leading causes of disease burden in Singapore.[1]

4.   Efforts have been made over the years to improve mental health. A comprehensive National Mental Health Blueprint (NMHBP) was formulated in 2007 to reinforce mental well-being and resilience in our society, and shift the model of care from an acute-centric institutionalised model to a community-based model. The Community Mental Health (CMH) Masterplan was subsequently developed in 2012 to build on these efforts, by strengthening community mental health promotion, enhancing primary care services, integrating health and social care, and expanding services for dementia care.

5.   During the COVID-19 pandemic, the COVID-19 Mental Wellness Taskforce (CoMWT) was set up to investigate how the pandemic had impacted the mental health of our population and to identify areas for improvement. Key gaps in our current mental health landscape were identified and recommendations were put up. The Interagency Taskforce on Mental Health and Well-being ('Taskforce'), which succeeded the CoMWT, was subsequently established in July 2021 to review existing efforts and develop an inter-agency strategy to improve upstream prevention and ensure sufficient care capacity and good care coordination across the mental health service ecosystem.

6.   The Taskforce conducted a public consultation between May and August 2022, and received over 950 responses across the following areas: (i) care integration between health and social services; (ii) services and support for youth mental well-being; (iii) support for mental well-being of employees and employability of individuals with mental health conditions; and (iv) mental health literacy and stigma. The feedback gathered has been used to develop the Strategy.

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[1] Ministry of Health 28 October 2020 Global Burden of Disease 2019 Study Findings
https://www.moh.gov.sg/news-highlights/details/global-burden-of-disease-2019-study-findings

B. Our Vision for a Better Mental Health Ecosystem

7.   An effective healthcare strategy for mental health needs to be holistic. Rather than focusing attention on the treatment of mental disorders, equal emphasis should be placed on preventive care, aligned with the principles of Healthier SG strategy.

8.   The same consideration applies to mental health. An individual's mental health is not just affected by his or her own psychological well-being. It is shaped by larger driving forces in society including a combination of biological, social, and environmental factors.

9.   An effective mental health ecosystem needs to comprise accessible and good quality clinical care, and supportive community and society, where individuals with mental health needs can seek early support without stigma and receive help for their recovery.

10.   In addition, we can do more upstream by addressing societal driving forces, raising awareness of the importance of mental health and well-being, and building mental resilience and coping abilities in our population.

C. Our Plans to Achieve Our Vision

11.   Our Strategy on holistic mental health care is guided by a Tiered Care Model that organises mental health services into four tiers based on severity of mental health needs and the corresponding intensity of interventions required. This model lays the foundation for further strategic enhancements to the mental health ecosystem. It will improve care access and facilitate effective interventions and care provision, while avoiding unwarranted medicalisation and stigma.

12.   Our Strategy covers four focus areas to support and improve the mental health and well-being of the population – (1) expanding capacity of mental health services; (2) enhancing capabilities of service providers for early identification and intervention; (3) promoting mental health and well-being; and (4) improving workplace mental health and well-being.

<u>Focus Area 1: Expanding Capacity of Mental Health Services</u>

13.   To cope with the increasing care demand particularly for individuals with the most severe mental health needs, we will expand our hospital and long-term care capacity. We will enhance inpatient psychiatric bed capacity at the Institute of Mental Health (IMH). The redeveloped Alexandra Hospital (AH) will also offer expanded psychiatric services. For individuals with needs that can be met in the community, we will continue to expand mental health services in primary care and the community, including extending mental health services to all new polyclinics by 2030, and onboarding more general practitioners (GPs) to provide mental health care under Healthier SG.

14.   Easy access to mental health services will also facilitate early detection and intervention. In Singapore, we have over 200 mental health touchpoints in various forms (hotlines, text or email platforms, digital resources, and in-person services). We recognise that it can be time-consuming and difficult for the public to navigate these touchpoints. To simplify the help-seeking process, we will designate and publicise first-stop touchpoints that will direct individuals to the most appropriate services based on their needs.

<u>Focus Area 2: Enhancing Capabilities of Service Providers for Early Identification and Intervention</u>

15.   A National Mental Health Competency Training Framework has been developed to guide mental health practitioners in attaining the requisite knowledge, skills, and competencies commensurate with each tier of care under the Tiered Care Model. This will enable early detection and intervention to produce better outcomes and faster recovery for individuals with mental health needs.

16.   A vast network of community agencies provides social and financial assistance to various population segments including low-income families, individuals with family issues, and seniors. While frontline personnel at these touchpoints may not be dedicated mental health service providers, they may come across clients with mental health needs that require referral to appropriate mental health services. We will upskill these frontline personnel to be able to identify individuals with mental health needs, provide early intervention and support, and refer them to the appropriate mental health services where necessary. Over 90,000 of these frontline personnel have been trained to identify and respond to individuals with mental health needs. We will aim to train about 10,000 more frontline personnel in the next two years, and upskill 1,500 frontline social service professionals.

<u>Focus Area 3: Promoting Mental Health and Well-being</u>

17.   There are ongoing efforts to improve mental health literacy, some of which include the Beyond the Label (BTL) movement by the National Council of Social Service (NCSS), It's OKAY to Reach Out campaign by the Health Promotion Board (HPB), and online resources such as MindSG and mindline.sg. Beyond public education campaigns, a whole-of-society effort is necessary to change societal attitudes and destigmatise mental health. Improving mental health literacy and building mental resilience need to start at a young age. Mental Health Education lessons have been introduced in schools. Moving forward, Social and Emotional Development lessons will be introduced in preschools.

18.   Lay members of our community, such as teachers, peers, family members and coworkers, serve as important touchpoints to cultivate mental well-being and support one another in times of distress. We will strengthen their mental health literacy and equip them with essential skills to contribute to prevention efforts. Parents play a critical role in supporting their children's mental health and well-being. A Parents' Toolbox will be developed by the Ministry of Education (MOE), Ministry of Social and Family Development (MSF), and Ministry of Communications and Information (MCI), offering parents bite-sized practical strategies to help parents better support their children's mental health and well-being, including parenting in the digital age. Parent Support Groups in schools will also be equipped with resources on well-being and related topics to support their fellow parent communities. The need for parental consent affects children's and youth's access to mental health services. The government will study overseas practices to address this.

19.   Well-Being Circles have been set up in various grassroot communities across Singapore to bring the community together to strengthen mental well-being outcomes. They are led by a group of volunteers who come together to raise awareness on mental health and well-being in their communities, and provide a safe space for the community to support one another. The SG Mental Well-Being Network will work with community partners to set up more Well-Being Circles in different neighbourhoods.

20.   In this digital age, the prevalence of harmful online content remains a key concern, given the pervasive usage of online platforms among Singapore users, particularly children and youths. To address this, measures to enhance online safety for users in Singapore have been introduced, along with initiatives to empower users to protect themselves from content

that is harmful or detrimental to their well-being. The Taskforce is also working with MCI to develop a positive use guide, which will guide the healthy and positive use of technology, and provide recommendations on how to mitigate potential negative impacts.

Focus Area 4: Improving Workplace Mental Health and Well-being

21.   Given the time spent at work and the impact of work stressors on mental health, it is pivotal to enhance mental well-being in the workplace, tackle workplace discrimination, and strengthen employment support for individuals with mental health conditions.

22.   We will improve the mental well-being support systems and work-life harmony strategies for employees, by increasing employers' adoption of mental well-being initiatives and enhancing support networks. This includes (a) recognising progressive employers who are committed to enhancing their employees' mental well-being; (b) developing a community of Workplace Mental Well-Being Champions to organise and curate programmes and resources; and (c) training employees to become peer supporters at the workplace.

23.   Meaningful employment could help individuals with mental health conditions regain confidence and facilitate their recovery. We will encourage more employers to partner employment support agencies to help affected individuals gain employment and adapt to the work environment.

24.   Measures are in place to prevent workplace discrimination and ensure fair employment practices. Following the launch of the Tripartite Guidelines on Fair Employment Practices (2007), the Tripartite Committee on Workplace Fairness (2021) reviewed options to strengthen workplace fairness. As part of the Committee's recommendations, legislation on workplace fairness will be introduced to prohibit common forms of workplace discrimination, including discrimination towards individuals with mental health conditions.

D. Coordinating Our Mental Health Efforts

25.   A National Mental Health Office comprising officers from health, social and education sectors will be established in MOH by 2025 to oversee the implementation of the Strategy, the progress of existing initiatives, and future mental health care developments.

26.   Several potential indicators have been identified to help track the progress of efforts surrounding three key desired outcomes of our Strategy. Our desired outcomes are:

  (a) A mentally healthy and resilient population.
  (b) Individuals seeking help early and are able to access mental health services in a timely manner.
  (c) Improved societal attitudes and reduced stigma towards individuals with mental health conditions.

E. Conclusion

27.   All of us play a part in improving the mental health and well-being of our population. Coordinated and sustained efforts are required of the Government, employers, and community partners to strengthen upstream preventive efforts and provision of care for individuals with mental health needs.

SECTION 1: BACKGROUND AND OVERVIEW OF THE MENTAL HEALTH LANDSCAPE IN SINGAPORE

1.1 Prevalence of Mental Disorders in Singapore

According to the findings from the Global Burden of Disease Study in 2019, mental disorders were the fourth leading cause of disease burden in Singapore, accounting for 8.3% of the total disease burden.[2] The recent National Population Health Survey (NPHS) 2022 reported an increase in the prevalence of poor mental health from 13.4% in 2020 to 17% in 2022. Youths aged 18-29 years (25.3%) were the largest population subgroup in the survey, with poor mental health.[3]

1.2 Current National Mental Health Plans to Address the Population's Mental Health Needs

The importance of mental health is paramount as it impacts our overall well-being. Good mental health helps to drive personal and economic growth, allows us to build meaningful relationships, and makes us more resilient to life's challenges. Studies have also shown that mental health can impact physical health. Strategies have been put in place to address this need.

National Mental Health Blueprint (NMHBP) 2007-2012

First developed in 2007, the NMHBP looked at the entire spectrum of mental health and well-being, and considered how best to support each sector of the population to preserve mental well-being and promote mental resilience. The NMHBP covered four key strategic thrusts:

    (a) <u>Mental health promotion:</u>
        To raise awareness and understanding of mental health, empower individuals to develop knowledge and skills to strengthen their personal mental well-being, encourage early help-seeking, and reduce discrimination towards individuals with mental health conditions.

    (b) <u>Integrated mental health care across primary, community and hospital-based care settings:</u>
        To support early detection and treatment of mental health conditions, improve accessibility of mental health services in the community, and improve integration and care continuity across care settings.

    (c) <u>Manpower development:</u>
        To uplift the quantity and capability of mental health professionals.

    (d) <u>Mental health research:</u>
        To spearhead key research studies to establish the prevalence of mental health conditions in Singapore.

The NMHBP signalled a key shift in moving from an acute-centric institutionalised model to a community-based model supported by hospital specialists. While acute care remains an important component of mental health care delivery, further efforts were made to enable

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[2] Ministry of Health 28 October 2020 Global Burden of Disease 2019 Study Findings https://www.moh.gov.sg/news-highlights/details/global-burden-of-disease-2019-study-findings
[3] NPHS 2022 surveyed Singapore residents aged 18 to 74 years.

individuals with stable mental health conditions to be discharged for continued care and re-integration into the community.

Community Mental Health (CMH) Masterplan 2012

The CMH Masterplan was launched in 2012, and built on the NMHBP to further strengthen mental health care in the community, so that individuals with mental health conditions could receive care closer to home. It focused on three key thrusts:

    (a) Strengthening primary care:
         To improve accessibility of mental health services in the primary care setting, including polyclinics and general practitioners (GPs).

    (b) Enhancing integrated care in the community:
         To enhance pre- and post-treatment support in the community for individuals with mental health conditions.

    (c) Increasing capacity to support dementia care:
         To increase capacity of dementia care services to support individuals with dementia.

1.3 Existing Mental Health Services in the Primary, Community, Hospital and Long-Term Care Settings

Through the NMHBP and CMH Masterplan, mental health services were introduced and enhanced in the primary, community, hospital and long-term care settings to support individuals with varying mental health needs.

Current Mental Health Services in the Primary and Community Care Setting

Mental health services in the primary and community care settings comprise a network of GPs, and community mental health teams run by social service agencies (SSAs).

    (a) GPs are trained by specialist-led teams to diagnose and treat individuals with mental health conditions in the community.

    (b) SSAs have set up community mental health teams to reach out to and manage affected or at-risk individuals and refer individuals to other services where needed. These include the community outreach teams (CREST) that raise awareness on mental health and identify individuals with mental health needs; and community intervention teams (COMIT) that provide mental health assessment and psychosocial interventions within the community.

    (c) School counsellors have been deployed in mainstream schools to provide support to students' mental health and social-emotional well-being. School counsellors also work closely with the Response, Early Intervention, Assessment in Community Mental Health (REACH) teams led by the public healthcare institutions to support students in need. CREST-Youth and Youth Integrated Teams (YITs) have been set up by SSAs to conduct outreach, screening, assessment and intervention for youth in the community.

Current Mental Health Services in the Hospital Care Setting

The Institute of Mental Health (IMH) is Singapore's tertiary psychiatric hospital that offers comprehensive inpatient and outpatient psychiatric services, crisis intervention, rehabilitation services, and community outreach programmes. Besides IMH, all public hospitals provide inpatient and outpatient psychiatric services.

Current Mental Health Services for Long-Term Care

Long-term care facilities are available for individuals with mental health conditions who require residential care or day support services, such as psychiatric nursing homes, rehabilitation homes and sheltered homes. Those who are medically stable but need transitional care can be transferred to these facilities before being discharged.

1.4 Interagency Collaborations to Improve Mental Health and Well-Being

The COVID-19 pandemic cast a spotlight on mental health concerns and highlighted the importance of mental health, well-being, and resilience in coping with life challenges and crises. The COVID-19 Mental Wellness Taskforce (CoMWT) was thus convened in 2020 to review the psychosocial impact of the COVID-19 pandemic on the population. Key areas of need identified included developing an overarching strategy on mental health and well-being, enhancing digital mental health resources, and establishing a national competency framework for mental health service providers.

The Interagency Taskforce on Mental Health and Well-being ('Taskforce') was then set up in July 2021 to oversee and coordinate multi-agency efforts. The Taskforce aimed to address gaps in the landscape, namely the need to strengthen mental well-being services and support for youths, improve care integration between health and social services, boost workplace well-being measures and employment support, and enhance mental health literacy and reduce stigma.

A public consultation was conducted by the Taskforce between May and August 2022 to obtain feedback from the public and various stakeholders on the recommendations proposed. Over 950 responses were received, and the feedback gathered has been used to develop the National Mental Health and Well-Being Strategy.

SECTION 2: OUR VISION FOR A BETTER MENTAL HEALTH ECOSYSTEM

2.1 Factors Affecting an Individual's Mental Health and Well-Being

Mental health is an integral part of health, defined as a state of well-being in which an individual realises his or her own abilities, is able to cope with stressors in life, work productively, and contribute to his or her community.[4] Thus, mental health is more than just the absence of mental disorders but fundamental to quality of life.[5]

Determinants of mental health include individual, social and societal factors, and their interaction with each other.[6] Thus, mental health needs to be understood from biological, psychological as well as sociocultural perspectives.[7] In order to prevent mental disorders and promote mental health, there is a need to simultaneously target several factors.[8] These factors can be broadly categorised across the 'individual', 'microsystems', and 'macrosystems' level (see Diagram 1).

Diagram 1: Factors Affecting an Individual's Mental Health and Well-Being[9]

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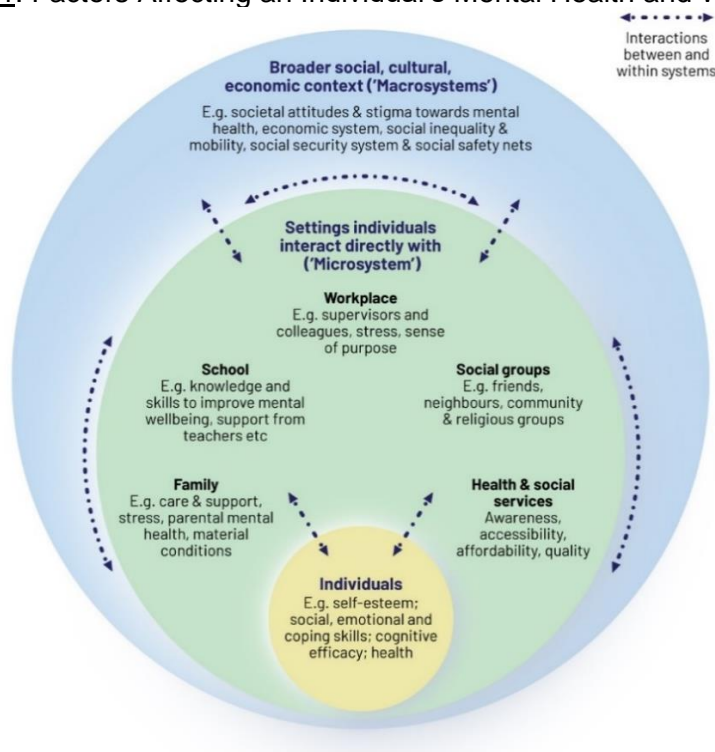
[4] World Health Organisation (WHO). 2022. World mental health report: transforming mental health for all.

[5] World Health Organization (WHO). 2012. Risks to mental health: An overview of vulnerabilities and risk factors. Background paper by WHO secretariat for the development of a comprehensive mental health action plan. Geneva: WHO http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf?ua=1.

[6] Sturgeon, S. 2007. Promoting mental health as an essential aspect of health promotion. Health promotion International 21 (S1): 36–41.

[7] Kendler, K.S. 2008. Explanatory models for psychiatric illness. American Journal of Psychiatry 165 (6): 695–702.

[8] World Health Organization (WHO). 2012. Risks to mental health: An overview of vulnerabilities and risk factors. Background paper by WHO secretariat for the development of a comprehensive mental health action plan. Geneva: WHO http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf?ua=1.

[9] Adapted from Bronfenbrenner's ecological theory.

At the macrosystems level, broader social, cultural and economic determinants such as structural stereotypes, social inequality, economic crises, and the recent COVID-19 pandemic affect an individual's sense of well-being, which will in turn impact his or her mental health. At the microsystems level, an individual's immediate social circle (e.g., family, school, workplace, and social groups) and services they access play a crucial role in advancing or impeding mental health and well-being. Lastly, at the individual level, an individual's biological predisposition, sense of self-worth, attitudes, beliefs, and coping skills interact with determinants at the microsystems and macrosystems levels to impact their sense of mental health and well-being. Both broad-based and targeted strategies, which would impact determinants at the macrosystems, microsystems and individual levels, would be necessary to advance the population's mental health and well-being.

2.2 Tiered Care Model as a Framework to Guide Mental Health Service Delivery

Demand for mental health care services in Singapore is increasing, especially since the COVID-19 pandemic. However, the current supply of healthcare professionals may be insufficient to meet the growing demand for specialist mental health services. In Singapore, the ratios of psychiatrists and psychologists to population are 4.6 and 9.7 per 100,000 respectively.[10] These are lower than other OECD countries.[11]

To ensure timely access to care and a sustainable healthcare system, care must be sited at the most appropriate setting. To this end, Singapore has studied overseas stepped care models for mental health care delivery and is developing a Tiered Care Model for our mental health service ecosystem. The Tiered Care Model is the cornerstone of our Strategy, which shifts the focus to providing care through trained personnel in the community. This will facilitate appropriate provision of care based on individuals' needs, enabling mental health care to be delivered timely and more effectively.

We will organise mental health services and touchpoints into different care levels depending on the severity of mental health needs and intensity of interventions needed. Service providers will be equipped to right-site individuals to the appropriate tier of services using standardised detection, assessment, and referral protocols.

(a) **Tier 1** initiatives will focus on promoting mental well-being and building resilience among individuals who are coping well. These include curriculum that builds mental well-being and resilience in schools, digital self-help platforms and parents and community support groups.

(b) **Tier 2** services are of low intensity, supporting individuals with mild mental health needs such as difficulties coping with challenging situations, or those exhibiting mild symptoms of mental health conditions. These services aim to prevent escalation of symptoms through early detection and the provision of low intensity support and interventions.

(c) **Tier 3** services are of moderate intensity, supporting individuals experiencing moderate symptoms of mental health conditions, to help reduce the severity of their symptoms. Service providers in this tier must be able to conduct mental health assessments and provide psychotherapy.

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[10] https://www.moh.gov.sg/news-highlights/details/sufficiency-of-number-of-practising-psychiatrists-and-psychologists-in-singapore
[11] https://www.oecd-ilibrary.org/sites/5246ea47-en/index.html?itemId=/content/component/5246ea47-en

(d) **Tier 4** services are of high intensity, delivered by psychiatrists, psychologists, and other multi-disciplinary mental healthcare professionals in hospital settings (inpatient or outpatient) to support those with high mental health needs. These services comprise specialist-led psychiatric assessments, psychological and medical interventions, including acute and emergency services.

Diagram 2: Tiered Care Model

	Tier 1 Mental Well-being Promotion	**Tier 2** Low Intensity Services	**Tier 3** Moderate Intensity Services	**Tier 4** High Intensity Services
Who will benefit?	Healthy individuals (i.e., coping well, no or minimal symptoms of mental health conditions)	Individuals with low mental health needs (e.g., some difficulties coping, mild symptoms of mental health conditions)	Individuals with moderate mental health needs (e.g., difficulties coping, moderate symptoms of mental health conditions)	Individuals with high mental health needs (e.g., major difficulties coping, showing severe symptoms of mental health conditions)
Objective	Promote and maintain mental well-being for all individuals, and prevent development of mental health conditions	Facilitate coping and prevent the escalation of symptoms	Reduce severity of symptoms	Reduce severity of symptoms and stabilise chronic mental health conditions
Examples of interventions /resources provided	• School curriculum to build mental well-being and resilience • Public education and self-help (e.g., MindSG, SG Mental Well-Being Network) • Parenting/Peer/ Community support • Workplace mental well-being support	• Mental health needs detection • Counselling • Stress and anxiety management, social skills training, behaviour management	• Mental health assessment[1] • Psychotherapy (e.g., Cognitive Behavioural Therapy) • Medical treatment	• Psychiatric assessment[2] and diagnosis • Specialised and longer-term psychological interventions • Medical treatment • Emergency services

[1] A mental health assessment is conducted to gather detailed information and to gain a deeper understanding of an individual's needs. It includes identifying the nature of the issue(s), determining the severity of the issue(s), determining a diagnosis (where relevant), and developing specific intervention recommendations to address the issue(s). It is often supported by results from psychological tests, clinical interviews, and behavioural observations.

[2] Psychiatric assessment is conducted to determine or rule out certain diagnoses, through evaluating an individual's current mental health symptoms, function, and history. It is used to inform specific treatment plans tailored to the needs of the individual.

SECTION 3: OUR PLANS TO ACHIEVE OUR VISION

Our Strategy on holistic mental health care covers four focus areas to support and improve the mental health and well-being of the population – (1) expanding capacity of mental health services, (2) enhancing capabilities of service providers for early identification and intervention, (3) promoting mental health and well-being, (4) improving workplace mental health and well-being.

FOCUS AREA 1: EXPANDING CAPACITY OF MENTAL HEALTH SERVICES

We will expand the capacity of mental health services across hospital-based and community-based care to support individuals with varying mental health needs. We will also strengthen services through enhanced crisis support services, facilitated ease of access to mental health support, and better service coordination across service providers.

Focus Area 1.1: Expanding Mental Health Care Capacity in Hospital-Based and Community Care Settings

Expanding Hospital-Based Acute Care Capacity

Today, all public acute hospitals provide general psychiatric inpatient and outpatient services. As the only specialised psychiatric hospital in Singapore, IMH houses the largest inpatient facility with 48 wards and 1,950 beds. IMH sees about 8,800 inpatient admissions annually. It also provides patient care in the community through initiatives such as the Mobile Crisis Team and Community Mental Health Team.

With increased awareness and enhanced access to mental health support, the demand for acute mental health services is expected to increase. As our population ages, the co-existence of both mental and physical disorders is expected to increase in tandem.

IMH has refurbished 11 acute wards, aimed at enhancing inpatient care. This includes the creation of a new rehabilitation centre and the refurbishment of the addiction medicine ward. The rehabilitation centre aims to provide structured psychosocial rehabilitation for patients to prepare for independent living in the community. MOH will continue to improve and expand IMH's capacity to meet rising tertiary care, rehabilitation, and recovery care needs.

Meanwhile, the National University Health System (NUHS) will also set up psychiatric services in the future redeveloped Alexandra Hospital campus to support psychiatric patients, including those with comorbid medical and psychosomatic issues. This includes inpatient beds for psychiatric care and rehabilitation, as well as paediatric psychiatric services.

Expanding Long-Term Care Capacity

Apart from tertiary care, step-down care facilities such as psychiatric nursing homes, psychiatric rehabilitation homes, psychiatric sheltered homes, and psychiatric day centres are available for medically stable individuals who no longer require tertiary-level interventions but still need residential care support or rehabilitation prior to their discharge back home. Plans are in place to build more of such facilities to meet future needs, including two psychiatric nursing home facilities and one psychiatric rehabilitation home facility by 2030.

Expanding Community Facilities to Support Youths with Suicide Risk

IMH sees, on average each year, 650 individuals aged 10 to 19 years old with acute stress reactions and emotional disorders presenting with suicidal behaviour. At least half of these cases do not suffer from any mental health condition. Instead, the common triggers are often related to social stressors such as difficult relationships with family members, peers or romantic partners.

Currently, these individuals may be brought to IMH emergency services for assessment and treatment. Post-discharge, some of them may be re-admitted due to difficulty in coping with their living environment. Considering this, an intermediate facility for youths at-risk of suicide or severe self-harm will be developed to stabilise these individuals with integrated psycho-social support in a non-stigmatising and safe environment. They will be supported by a multi-disciplinary team consisting of psychiatrists, psychologists, social workers, live-in care staff and nurses.

Expanding and Improving Access for Mental Health Services in Primary Care Settings

GPs and polyclinics are critical touchpoints for individuals with mental health needs, given that they are community based, accessible, and affordable. Research has shown associations between mental and physical health conditions. About 13.9% of people with a chronic physical disorder have a mental health condition, while 53.6% among those with mental health conditions suffer from a chronic physical disorder[12]. Integrated care for both mental and physical health enables holistic patient management, opportunistic early detection and intervention for mental health needs, and may minimise the stigma of seeking help.

<u>*Mental Health Support Provided in Polyclinics*</u>

Mental health services in polyclinics are delivered by multidisciplinary teams including family doctors, nurses, psychologists and medical social workers. These teams are supported by psychiatrists from partnering restructured hospitals or IMH through a shared care model, which provides a platform for co-consults, case discussions, and referrals to psychiatric care in the hospitals for those with higher mental health needs. Apart from the diagnosis and treatment of patients with common mild-to-moderate mental health conditions, polyclinics also provide follow up care for post-acute stable mental health patients from hospitals. Today, 17 out of the existing 24 polyclinics provide mental health services. This will be extended to more polyclinics, including all new polyclinics, by 2030.

In addition, enhanced support for maternal mental health will be made available to 14 polyclinics by 2025. Mothers who bring their children for childhood vaccinations and childhood development screening will also receive mental health screening for anxiety and depression during the same visit. Those found to be at risk will be followed up by the polyclinic or referred to tertiary care depending on severity. Subsidies are available at polyclinics to make it affordable for eligible Singaporeans.

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[12] Singapore Mental Health Study 2016.

Mental Health Support Provided by General Practitioners

Under the Mental Health General Practitioner Partnership (MHGPP) Programme and Primary Care Network-Mental Health (PCN-MH), partnering GPs are trained to identify, diagnose and treat individuals with mental health conditions in the community. These GPs are also supported by community mental health teams. GPs from the Primary Care Network (PCN) are additionally supported by Nurse Counsellors who provide mental health resources and basic counselling to patients. Since the launch of the programme in 2012, over 400 GPs have been trained.[13]

Subsidies are also available for individuals seeking treatment for mental health conditions at GP clinics. All Singaporeans, regardless of income, are eligible for Community Health Assist Scheme (CHAS) subsidies at CHAS GPs participating in the MHGPP when they seek treatment for conditions under the Chronic Disease Management Programme-Mental Illnesses (CDMP-MI), namely major depression, anxiety disorders, bipolar disorder and schizophrenia. Patients can also use MediSave to pay for the remaining out-of-pocket expenses after subsidies. These schemes make mental health services at the GP clinics more affordable and accessible.

Thus far, 41,000 patients have benefitted from GP and polyclinics mental health services. Going forward, we plan to onboard more GPs to provide mental health support under Healthier SG.

Focus Area 1.2: Strengthening Crisis Support Services

Increasing Accessibility to Round-The-Clock Support for Individuals in Distress

IMH operates a 24-hour Mental Health Helpline to triage and help distressed individuals on an urgent basis. Crisis response teams may be activated for those in imminent danger to themselves or others. Meanwhile, SOS operates a 24-hour hotline as well as crisis text messaging service ('CareText') and email support ('CareMail') to counsel individuals with suicidal intent. The demand for these services has been increasing year on year, with a 27% increase from 2021 to 2022.[14] In August 2022, SOS answered almost 1,800 chats, close to triple the number of chats received in August 2021. 40% of texts and 21% of calls received were associated with suicide risk. CareText served more youths in distress, with 82% of clients aged 29 and below. Meanwhile, 80% of SOS-trained CareText volunteers are aged 29 and below, suggesting that more youths are stepping up to support their peers in mental health.[15]

The increasing use of helplines highlights the importance of providing prompt access and intervention for individuals with mental health conditions including those with risk of suicide. While these helplines will continue to support individuals in distress, first-stop touchpoints will be identified for each modality (e.g. helpline, text, online platform) to help distressed individuals navigate the myriad of mental health services and be directed to appropriate services based on their needs.

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[13] For training, GPs may enrol in the Graduate Diploma in Mental Health (GDMH) which is offered annually by the National University of Singapore (NUS) in collaboration with IMH since its inception in 2010. GPs may also be trained by psychiatrists as part of the ASCAT programme that is funded under the Community Mental Health Masterplan.
[14] SOS's Press Release on Highest Recorded Suicide Numbers in Singapore Since 2000 (July 2023), https://www.sos.org.sg/pressroom/highest-recorded-suicide-numbers-in-singapore-since-2000
[15] SOS launches 24-hour WhatsApp service to help people in distress https://www.channelnewsasia.com/singapore/suicide-whatsapp-service-caretext-samaritans-singapore-help-2929241

Crisis Response

The Singapore Civil Defence Force (SCDF) responded to an annual average of more than 500 individuals who attempted suicide between 2018 and 2022. Responding to individuals with suicide risk is a time-sensitive matter. It is therefore critical for the various crisis support services to work closely to ensure that individuals with suicide risk are attended to promptly.

Piloted in March 2021, the IMH Crisis Response Team (CRT) is a joint initiative by IMH, Singapore Police Force (SPF) and MOH to support police officers with assessments to determine appropriate and timely interventions for attempted suicide cases. The CRT comprises staff trained to handle individuals with suicide risk across all age groups supported by triaging through the IMH helpline. Prior to the introduction of CRT, there was no triaging system which had led to uncertainty over where individuals with suicide risk should be brought to after they were picked up by the police or SCDF, and resulted in unnecessary visits to emergency services.

Those assessed to have potentially undiagnosed physical or medical issues would be conveyed to acute public hospitals for further medical evaluation. For individuals requiring urgent psychiatric support, the CRT staff would transfer the individual to IMH for timely stabilisation and psychiatric management.

The SPF and SCDF have procedures to intervene suicide attempts effectively to save lives. For example, SPF's Crisis Negotiation Unit is trained to handle individuals attempting suicide, including those who try to barricade themselves from being helped. The unit includes police officers and psychologists who are trained in negotiation tactics to persuade such individuals to reconsider their actions. SPF also works closely with relevant healthcare institutions such as IMH in supporting individuals who have attempted suicide.

Focus Area 1.3: Strengthening Mental Health Services for Pregnant Women

KK Women's and Children's Hospital (KKH) saw a 47 per cent increase in patients with postnatal depression in 2021-2022, as compared 2019-2020.[16] While this increase could be attributed to the COVID-19 pandemic, women at the antenatal and post-partum stages are known to have higher risk of developing anxiety and depression. Furthermore, they are less likely to seek professional help. Antenatal depression is a major risk factor for postnatal depression, which can affect mother-child bonding and in the longer term, the child's neurocognitive development and mental health in the future.[17,18] About 1 in 10 women experience postnatal depression within the first three months of giving birth.[19]

Good maternal health provides the best possible chance to optimise every child's future physical, mental and socio-emotional outcomes. We are thus enhancing support for the mental health of women during and after their pregnancy through the following:

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[16] Media release on "KKH introduces universal antenatal depression screening to reduce postnatal risks in mothers and children". https://www.kkh.com.sg/news/announcements/kkh-introduces-universal-antenatal-depression-screening-to-reduce-postnatal-risks-in-mothers-and-children

[17] Plant, D.T., Barker, E.D., Waters, C.S., Pawlby, S., and Pariante, C.M. (2013). Intergenerational transmission of maltreatment and psychopathology: the role of antenatal depression. Psychological medicine, 43(3), 519-528. https://doi.org/10.1017/S0033291712001298

[18] Hutchens, B.F. and Kearney, J. (2020). Risk Factors for Postpartum Depression: An Umbrella Review. Journal of Midwifery & Women's Health, 65:96-108.

[19] https://www.healthhub.sg/live-healthy/1676/understanding-postnatal-depression

(a) KKH has introduced universal antenatal depression screening this year under Singapore's first Psychological Resilience in Antenatal Management (PRAM) programme. Under this programme, pregnant women detected with moderate to high risk of antenatal depression will be referred to a clinical counsellor or psychiatrist for individualised care. Less severe cases will receive counselling support over the phone. The PRAM programme is expected to benefit about 12,000 patients at KKH annually.[20]

(b) The Perinatal Mental Health Guidelines have been rolled out this year for women of child-bearing age to learn how to recognise changes in their mental well-being during and after pregnancy, including signs and symptoms of anxiety and depression, and how to seek help when needed. It provides tips on lifestyle behavioural interventions targeting sleep, diet and physical activity to help women make lifestyle adjustments even before pregnancy to reduce risks of perinatal depression.

(c) NUH will enhance its case management capacity to support more women with high risk of mental health conditions during pregnancy and postnatally. Separately, mental health screening and support will be extended to fathers of children and spouses of women receiving care at NUH.

Focus Area 1.4: Facilitating Access to Mental Health Support Through First-Stop Touchpoints

In Singapore, we have over 200 mental health touchpoints in various forms such as hotlines, text or email platforms, digital resources, and in-person services. However, these may not be apparent to the public or address all types of needs. Thus, this could deter help-seeking, or indirectly cause individuals to converge at emergency services even though they do not require emergency or specialist care.

Based on the findings from a public consultation that was conducted by REACH[21] in 2022, 81% of the respondents agreed that having designated first-stop touchpoints would improve the clarity and accessibility of services. To simplify the help-seeking process, we will designate and publicise first-stop touchpoints that will guide individuals to the most appropriate support or services to meet their needs. These may include face-to-face services in primary care, hotlines such as the planned national mental health helpline and text service, or digital platforms such as Mindline and MindSG.

Focus Area 1.5: Enhancing Service Coordination Across Service Providers

Incorporating Mental Health Support into Social Service Agencies

Community-based SSAs, such as Family Service Centres (FSCs) and counselling programmes, that provide support for vulnerable families and individuals will play an active role in supporting individuals presenting with distress and contribute significantly towards the early detection of

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[20] Media release on "KKH introduces universal antenatal depression screening to reduce postnatal risks in mothers and children". https://www.kkh.com.sg/news/announcements/kkh-introduces-universal-antenatal-depression-screening-to-reduce-postnatal-risks-in-mothers-and-children
[21] REACH (reaching everyone for active citizenry @ home) is the lead agency in facilitating Whole-of-Government efforts to engage and connect with citizens on national and social issues.

individuals with mental health conditions. These SSAs could direct individuals with mental health conditions to appropriate services and resources such as CREST and COMIT which are already available in some SSAs. There are over 90 CREST and COMIT teams island wide, and over 300 staff in FSCs have been trained to identify and refer individuals with mental health needs to dedicated mental health services where necessary. We will continue to upskill the capabilities of social service agencies to expand community mental health support.

Standardising and Streamlining Processes Across Service Providers

A Practice Guide will be developed to lay out the roles and responsibilities of mental health service providers in each tier of the Tiered Care Model. It aims to standardise triaging, referral and care coordination processes across service providers in different tiers. A common IT platform and guidelines on mental health data sharing will be developed to support this. Additionally, we will work towards standardising detection and assessment tools, referral workflows and intervention approaches across acute care, school, and community settings.

Establishing a Centralised Case Management Team

A central case management system will be piloted within IMH, NUH and KKH to facilitate care coordination and smooth handover of post-discharge cases with suicide risks. A central team of case managers in each hospital will monitor the cases through the care pathway from the first patient visit (usually at the hospital's emergency department) and link up with schools and community providers for additional support when needed. The case managers will ensure that the patients receive continuous care until the suicide risk is mitigated.

Leveraging Digital Technologies to Facilitate Care Integration and Early Intervention

Mental health support is being provided by more than 450 health and social service agencies, making it challenging for clinicians and practitioners to refer individuals to appropriate support services. To address these challenges and support the efforts of the Taskforce, the MOH Office for Healthcare Transformation (MOHT) is working on a Digital Mental Health Connect (DMHC) platform that will enable clinicians and counsellors from different health and social care settings to refer patients or clients to one another seamlessly. The DMHC aims to support right-siting and referrals to appropriate services based on the individual's needs, preferences and risk level. MOHT will work with key partners to integrate the DMHC platform to existing social and health case management systems to facilitate care integration, coordination, and data sharing.

FOCUS AREA 2: ENHANCING CAPABILITIES OF SERVICE PROVIDERS FOR EARLY IDENTIFICATION AND INTERVENTION

Focus Areas 2.1: National Guidelines on Recommended Competencies to Raise Capabilities across Service Providers

A National Mental Health Competency Training Framework (NMHCTF) has been developed to guide practitioners in attaining the requisite competencies commensurate with each tier of care under the Tiered Care Model (see Diagram 3). Development of the framework was guided by a workgroup comprising representatives from MOH, Ministry of Social and Family Development (MSF), IMH, Agency for Integrated Care (AIC), MOE, National Council of Social Service (NCSS), Social Service Institute (SSI) and Health Promotion Board (HPB). Details on the NMHCTF have been included in the Annex.

Diagram 3: Summary of Competencies Recommended under NMHCTF

Tiers under the Tiered Care Model	Expected knowledge	Expected skills
Tier 1	• Understand what constitutes mental well-being and how to promote good mental health. • Understand range of behaviours signalling coping difficulties, burnout or emotional distress, and how self-care can help. • Understand what is Psychological First Aid (PFA), and when and how PFA can be applied.	• Identify individuals with coping difficulties, burnout or emotional distress. • Practise and teach self-help techniques. • Communicate effectively and sensitively with individuals in distress. • Apply PFA to individuals in distress.
Tier 2 (in addition to competencies covered under Tier 1[22])	• Know the warning signs of a mental health crisis, including suicidal intent. • Understand risk factors that contribute to an individual's suicidal behaviour. • Understand the common causes, triggers and early symptoms of anxiety and depressive disorders. • Understand how ethics and medico-legal considerations relate to interventions.	• Identify persons in a mental health crisis, including having suicidal intent. • Apply techniques that may help de-escalate a mental health crisis. • Determine a person's risk level for suicide and develop a safety plan. • Identify persons with anxiety or depressive disorders by using recommended case detection methods. • Apply ethical and medico-legal considerations in practice.
Tier 3	• Understand the common causes, signs and symptoms of	• Identify individuals with schizophrenia, obsessive compulsive disorder, and

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[22] Competencies expected of Tier 1 practitioners would be also expected for Tier 2 practitioners.

Tiers under the Tiered Care Model	Expected knowledge	Expected skills
(in addition to competencies covered under Tier 1 and 2[23])	schizophrenia, obsessive compulsive disorder, and insomnia (in addition to anxiety and depressive disorders). • Know available psychological interventions for each condition relative to the severity of the symptoms, and their expected benefits and risks.	insomnia (in addition to anxiety and depressive disorders) by using recommended case detection and assessment instruments. • Apply Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI), where appropriate. • Follow up on individuals' progress through case management.
Tier 4	Practitioners would adhere to their own competency development plans prescribed by their employers or respective professional bodies	

Focus Area 2.2: Improving Capabilities of Frontline Personnel to Identify Early Warning Signs and Provide Early Intervention

Today, a vast network of community agencies, including the Social Service Offices (SSOs), FSCs and Active Ageing Centres (AACs) provide social and financial assistance to various population segments including low-income families, individuals with family issues, and seniors. While frontline personnel at these touchpoints are not dedicated mental health service providers, they may come across clients with mental health needs that require referral to appropriate mental health services.

Mental health awareness training has been provided for over 90,000 frontline personnel from agencies such as Housing & Development Board (HDB), Town Councils, SPF, the National Environment Agency (NEA), SSOs and FSCs, to detect and respond to mental health cases that surface in the community. AIC has also worked with the Civil Service College (CSC) to ensure that all civil servants have access to the Mental Health Awareness e-learning. There are further plans to enhance the capabilities of frontline personnel, such as being able to provide psychological first aid[24] where necessary. We will aim to train about 10,000 more frontline personnel in the next two years. To expand these efforts, we will aim to upskill 1,500 frontline social service professionals.

Schools and IHLs have educators trained to recognise signs of distress in students and refer them to counsellors if needed. All schools, polytechnics and Institutes of Technical Education (ITE) have dedicated time and space for educators to monitor and check-in on their students' well-being, and provide early guidance and support when needed. Students with mental health needs are referred to REACH, Community Healthy Assessment Team (CHAT), CREST or COMIT. Schools and IHLs also share resources with the students such as the SOS hotline, TOUCHline, and Mindline.

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[23] Competencies expected of Tier 1 and 2 practitioners would be also expected for Tier 3 practitioners.
[24] Psychological first aid is a crisis response intervention technique that facilitates recovery and reduces trauma-related stress after a crisis event.

FOCUS AREA 3: PROMOTING MENTAL HEALTH AND WELL-BEING

Traditionally, our focus has been on treating individuals with or at risk of mental health conditions. We need to shift our focus to primary prevention by raising awareness of mental health and well-being and cultivate mental resilience among the population.

Mental health promotion plays an integral role in creating a society that values mental well-being, and reduces stigma and discrimination towards individuals with mental health conditions. In addition, having good mental health and well-being can improve an individual's quality of life, and is integral to an individual's physical health and social relationships.

Focus Area 3.1: A National Push Towards Normalising Mental Health, Improving Mental Health Literacy and Reducing Stigma Towards Individuals with Mental Health Conditions

Mental health is an integral part of life, considering that everyone will experience mood and emotional changes from time to time. However, if an individual with poor mental health is being supported at institutional settings, it contributes to the societal perception of him/her being weak, strange or even dangerous. We need to work on de-medicalising and normalising conversations surrounding mental health, increase mental health literacy, and improve societal attitudes and reduce stigma towards individuals with mental health needs.

Mental health literacy refers to having the right knowledge and understanding about mental health conditions that will aid their recognition, management, or prevention.[25] It includes the ability to recognise symptoms of mental health conditions and to know where and when to seek help.[26] Improved mental health literacy in the population can help clear misconceptions and false beliefs, change societal perceptions and reduce stigma and discrimination. This will improve help-seeking behaviours and treatment adherence, and lead to better outcomes.

Several efforts have been made to improve mental health literacy and reduce stigma:
   (a) HPB launched the "It's OKAY to Reach Out" campaign in 2021 to raise awareness and normalise conversations on mental health and well-being, and encourage individuals to reach out for support when needed, especially for the youths. This was complemented with a campaign to help parents better understand their child's emotional health and identify concerning behaviour.

   (b) The Workplace Safety and Health (WSH) Council launched the "Take Time to Take Care" campaign in 2021 to encourage employees to look after their own and colleagues' safety and health, including mental health.

   (c) Since 2018, the Beyond the Label (BTL) Movement launched by NCSS has been actively raising public awareness and acceptance of individuals with mental health conditions.

   (d) World Mental Health Day is commemorated annually on 10 October to raise awareness on mental health and well-being, and mobilise efforts in support of mental health. Since

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[25] Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. Medical journal of Australia, 166(4), 182-186.
[26] Jorm, A. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. The British Journal of Psychiatry, 177(5), 396-401. doi:10.1192/bjp.177.5.396

2016, AIC, IMH, HPB, and NCSS have been co-organising events to commemorate the World Mental Health Day.

Despite these public education campaigns, a 2021 study on societal attitudes concerning mental health conducted by NCSS showed persistent stigma in society.[27] Hence, while ongoing efforts in raising mental health literacy need to continue, campaigns alone would not be effective. A whole-of-government, whole-of-society effort is necessary to transform societal attitudes in order to eliminate stigma.

Beyond raising awareness through the annual BTL Festival, a BTL Collective was launched in 2022 to leverage partners across all sectors for their relevant expertise and experience to address stigma and promote help-seeking behaviour and inclusive hiring practices. These ground-up efforts will achieve greater and sustainable impact in reducing stigma towards individuals with mental health conditions.

MOH and MCCY are also coordinating whole-of-government mental health promotion efforts through standardising key public communications messages across agencies on mental health and well-being. The NMHO will oversee these efforts in the future.

Starting Early: Improving Mental Health Literacy and Reducing Stigma Among Children and Youths

Young adults aged 18 to 29 years have the highest proportion with poor mental health, compared to other age groups.[28] Hence, improving mental health literacy and reducing stigma need to start at a young age. The following are existing efforts on improving mental health literacy among children and youth:

(a) Through the Mental Health Education lessons in the refreshed Character and Citizenship Education (CCE) curriculum in schools, students will learn knowledge and skills to build resilience, strengthen their mental well-being and overcome their challenges. This includes differentiating normal stress from distress and mental illness, break negative thinking patterns, and better manage their emotions and seek help when they need to. Students are taught how to actively stand up against stigma surrounding mental health issues, and to show care, respect and empathy to all. These efforts extend to the IHLs and are reinforced through learning opportunities beyond the classroom and campus setting.

(b) HPB conducts programmes for students to equip them with skills on how to deal with stress, overwhelming emotions, interpersonal conflicts, and life transitions. These programmes are conducted at critical years, such as when students transit from pre-schools to primary one, and from primary six to secondary one. HPB also organises workshops to train educators and parents in basic mental health literacy and emerging youth-related issues. This equips them with skills to better support children and teens.

(c) From January to August 2023, more than 1,400 students from IHLs have undergone training by HPB to be peer supporters. These students offer a listening ear, provide

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[27] The study showed that four out of five respondents felt individuals with mental health conditions were stigmatised. One in four believed that a main cause of developing mental health conditions was the lack of self-discipline and willpower. One in five were concerned about living in the same neighbourhood with persons with mental health conditions, while one in four found it stressful to be co-workers with a person with mental health conditions.
[28] National Population Health Survey 2022

support to their peers who show signs of emotional distress, and encourage them to seek help from trusted adults (e.g. parents, educators or counsellors).

(d) Youth community mental health teams – CREST-Youth and Youth Integrated Teams (YIT), have been formed to raise mental health awareness and encourage youths to seek help early beyond the school setting. CREST-Youth teams reach out and screen youths who are at risk and provide basic emotional support, while YIT provide in-depth assessment and intervention for youths with mental health needs.

These efforts will continue and be scaled up as part of our Strategy. Most of the initiatives relating to improving mental health literacy for children and youth have been targeted at children of school-going age, i.e. 7 years old and above. To start building mental and socio-emotional resilience from young, the Early Childhood Development Agency (ECDA) is leading the Social and Emotional Development (SED) initiative for preschools. This includes improving availability and accessibility to local SED resources and training for Early Childhood educators as well as enhancing the sector's capability to promote children's SED during their preschool years.

No Health Without Mental Health: Integrating Mental Health Within Preventive Health Efforts

Mental and physical health are interdependent on each other. When one is compromised, the other will be at risk. With this focus, HPB has been integrating mental well-being promotion and education into its preventive health programmes. For example, HPB has piloted a Sleep Challenge as part of the National Steps Challenge, to encourage participants to clock sufficient sleep daily for their physical and mental well-being. This will be extended to more Healthy 365 app users. The new LumiHealth experience was launched in August 2023. LumiHealth is a digital personalised health programmed designed by HPB in conjunction with Apple, which uses gamification to encourage the adoption of healthy physical and mental health habits.

Focus Area 3.2: Encouraging Help-Seeking

Improving Access to Mental Health Services for Children and Youth

The need for parental consent affects children's and youths' access to mental health services. Under common law, the age of consent is 21 years old and above. Children and youths below 21 years old who need to seek mental health services at schools, healthcare providers or in the community may not be able to do so if their parents withhold consent, or if they are concerned about sharing their mental health concerns with their parents. To address this, the Government will study overseas practices and explore plausible options.

Improving Support for Parents

Parents play a critical role in supporting their children's mental health and well-being, especially when their children are unable to cope, and inculcating psychological resilience in their children from young. Given the growing mental health needs and life stressors that youths face today,[29] parents have raised the need to be better equipped to support their children effectively. The following are existing efforts to support parents:

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[29] The Singapore Mental Health Study 2016 found that there was a higher prevalence of mental disorders among those age between 18 – 34, as compared to other age groups.i

(a) HPB conducts workshops for parents of children and youth aged 3 to 17 years old, to equip them with skills to help their children cope with their emotions, build resilience and learn strategies to cope with stressors.

(b) Parent Hub is an online resource platform for parents introduced by HPB. It contains curated age-appropriate information and tools that parents could tap on in nurturing their children's physical and mental health and well-being.

(c) MOE currently supports parents with resources on topics such as cyber wellness, mental health and strengthening parent-child relationships through MOE's social media platforms, Parent Kit and the Parenting Resource repository in Parents Gateway. These resources are also provided to Parent Support Groups in schools so that they can provide peer support for fellow parents.

Many of these existing efforts and resources are evergreen and aim to provide support to all parents. Furthermore, parents may not have time to participate in workshops and support group activities or may prefer to keep their children's mental health needs private. Based on feedback and greater awareness of mental health, parents hope to have better conversations on mental health and well-being with their children, and more convenient avenues to self-help at their own pace and privacy.

Considering such feedback, we will be developing a Parents' Toolbox to equip and empower parents to build strong relationships with their children as a foundation for strengthening children's mental and emotional resilience, as well as parenting in a digital age. The Parents' Toolbox is expected to be launched from early 2024 in phases, via multiple channels and platforms to cater to parents of different profiles and needs.

Strengthening Informal Support Networks in the Community

The SG Mental Well-Being Network was launched in July 2022 to bring government agencies, community partners, and citizens together to strengthen the mental well-being outcomes of our society.

One key initiative is the setting up of Well-Being Circles. These are led by volunteers who are trained to support the mental well-being of individuals in the community. They also help to raise public awareness on mental health and train peer supporters, thus growing an empowered community whose members can support one another. Each Well-Being Circle may tailor programmes to the unique needs of the community it supports.

Six Well-Being Circles have been set up to-date, bringing together about 30 partner organisations and over 500 trained peer supporters. Along with citizens and community partners, the Network aims to set up more Well-Being Circles and build a safe and caring society.

In addition, HPB rolled out a recent national campaign to equip Singaporeans with effective support skills. Targeted at the general population, the campaign 'Supporters who listen, support better' was launched in September 2023 to increase awareness and equip Singaporeans with the right skillsets to provide emotional support to those around them.

Focus Area 3.3: Promoting Safe Usage of Digital Platforms

The relationship between social media use and mental health (particularly that of children's and youths') is a double-edged sword. On one hand, social media is a useful platform for raising mental health awareness and sharing positive information and experiences. On the other hand, it is used in cyberbullying and exposes users to negative and harmful contents; it also induces unhealthy social comparisons and can be addictive. All these pose significant risks to mental health and well-being.

The prevalence of harmful online content remains a key concern, given the rampant usage of online platforms locally, especially among children and youth. Three in five Singapore users had experienced harmful online content on social media, and many people were concerned with its potential harm on children.[30] The US Surgeon General's Advisory on Social Media and Youth Mental Health, released in 2023, suggested that exposure to harmful online content, and excessive and problematic social media use are associated with poor mental health.

To mitigate the risks of social media and harmful online content, we have introduced measures to enhance online safety for users and combat harmful online practices in Singapore, while empowering users with information and tools to protect themselves.

Enhancing Online Safety for Users

The Online Safety (Miscellaneous Amendments) Act 2022 introduced amendments to the Broadcasting Act (BA) to enhance online safety for Singapore users, including on social media platforms. This was done after extensive consultation with multiple stakeholders. Under the amended BA, the Infocomm Media Development Authority (IMDA) can issue directions to disable access by Singapore users to egregious content found on Online Communication Services (OCSs).[31] Egregious content includes content advocating or instructing on suicide or self-harm, physical or sexual violence and terrorism, among others.

IMDA also introduced the Code of Practice for Online Safety[32] in 2023, which requires designated Social Media Services (SMSs) with significant reach or impact in Singapore to put in place systems and processes to mitigate users' exposure to harmful online content. Recognising that children are most at risk, designated SMSs must put in place specific measures to protect them from harmful content, including:

- Applying age-appropriate policies to accounts belonging to children; and
- Putting in place tools for parents/guardians to manage their children's safety.

Six SMSs have been designated so far: Facebook, HardwareZone, Instagram, TikTok, X (formerly Twitter) and YouTube. The Ministry of Communications and Information (MCI) and IMDA are also studying additional measures such as a Code of Practice for App Distribution Services.

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[30] https://www.mci.gov.sg/pressroom/news-and-stories/pressroom/2022/11/speech-by-minister-for-communications-and-information-mrs-josephine-teo-at-the-second-reading-of-the-online-safety-(miscellaneous-amendments)-bill?category=Infocomm+Media

[31] Online Communication Services (OCSs) are electronic services that allow users to access or communicate content via the Internet or deliver content to end-users.

[32] IMDA's Online Safety Code comes into effect. https://www.imda.gov.sg/resources/press-releases-factsheets-and-speeches/press-releases/2023/imdas-online-safety-code-comes-into-effect

Empowering Users to Manage Online Risks

Individuals must have the knowledge, skills and maturity to manage potential online risks and use the Internet responsibly, particularly youths who are more regular users. Evidence suggests that excessive social media use may have a negative impact on an individual's self-esteem, and impact sleep duration and quality which in turn affects mental and physical health.
Algorithms are built into social media platforms to track users' uses and preferences, and recommend content to keep users engaged. Concerns have been raised over social media algorithms feeding harmful content such as those that glorify suicide. These risks impact youths who are more psychologically vulnerable. To address these concerns:

(a) MOE has strengthened cyber wellness education in schools and IHLs by training and nurturing students to be discerning, safe, respectful, and responsible users in the cyber space. They are also taught the importance of respect and empathy, how they can protect themselves and others online, and to seek help when necessary.

(b) MCI and IMDA are working with partners from the public, private, and people sectors to educate Singaporeans on safe and responsible use of cyberspace. This year, MCI worked with technology companies such as Google, Meta, Bytedance and X to launch an Online Safety Digital Toolkit[33] that provides parental controls, privacy and reporting tools, as well as self-help resources.

(c) The Media Literacy Council (MLC) has produced digital well-being resources in support of the Digital for Life (DfL)[34] movement. These resources cover tips on digital wellness, preventing cyber bullying, identifying false information and protecting oneself from online harassment.

(d) HPB also provides cyber wellness tips on MindSG targeted at teens and youths.

Recognising that parents play a critical role in guiding children as they navigate the digital world, MCI has been working with MOE and MSF on a Parents' Toolbox (described in Focus Area 3.2) to help parents understand the digital landscape and empower them to support their children in navigating the cyber space and staying safe online. A positive use guide on technology and social media will also be introduced to articulate how technology and social media can contribute to or hinder youth developmental processes, the negative impact of excessive and problematic social media use, as well as recommendations to mitigate its potential negative impact and promote positive and healthy use.

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[33] Media Literacy Council (MLC). Tools and resources for managing your own safety online, betterinternet.sg

[34] Digital for Life movement was launched in February 2021 with the President as its Patron which brought partners from the people, private and public (3P) sectors together to co-create solutions and galvanise the community to help citizens embrace digital learning as a lifelong pursuit.

Focus Area 3.4: Leveraging Digital Technologies

MindSG
HPB developed the MindSG portal in collaboration with whole-of-government partners[35] to facilitate Singaporeans' access to mental health resources. The content is curated by mental health experts and covers information on mental well-being and self-care, among others. Users may also assess their own stress levels and mental health risks, and search for mental health support or services based on their needs. The portal has so far garnered more than 3 million page views, from over 1.4 million users. The portal will be enhanced progressively to introduce more topics and features.

Mindline
This anonymous mental health and wellness platform was introduced by MOHT to address stressors and coping needs of working adults and youths. Since its launch in 2020, close to a million individuals have accessed Mindline. On average, over 13,000 unique users visit the site weekly, of which 30-40% explore features such as the AI-enabled chatbot and self-assessments on the platform. Individuals may be referred to helplines or other care services. Partnerships with various organisations to adopt mindline@work wellness programmes for their employees have also gained significant traction. We will further develop Mindline in conjunction with Healthier SG care protocols for mental health.

Let's Talk
This digital peer support forum was co-created in 2022 with young people and government agencies like NYC, HPB and NCSS. Youths can use this platform to offer advice to one another in the digital space. There are also features that leverage support from mental health professionals to answer questions on well-being. This has reduced the barriers to help-seeking for many young people and is a scalable source of wellness support in the community.

Establishing a Framework for Evaluating Safety and Effectiveness of Digital Mental Health Platforms

Digital mental health platforms are growing at a rapid pace with an estimated 30,000 mental health applications available today. While some have shown certain benefits, most digital mental health platforms have not been comprehensively evaluated or regulated because of the porous digital marketplace. Challenges in regulating digital application stores include insufficient regulation and lack of standards for effective evaluation.

The upcoming National Mental Health Office (NMHO) will establish a Technological Evaluation Framework to evaluate existing and emerging digital mental health solutions. Such a framework would help to identify suitable solutions for approval based on cost-effectiveness, safety, and sustainability considerations. The relevance of care protocols tied to digital mental health solutions will also be assessed, such as the upcoming ones under Healthier SG.

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[35] The WOG workgroup is made up of HPB, together with Agency for Integrated Care (AIC), Institute of Mental Health (IMH), Ministry of Culture, Community and Youth (MCCY), Ministry of Education (MOE), Ministry of Health (MOH), Ministry of Manpower (MOM), Ministry of Social and Family (MSF), National Council of Social Service (NCSS) and Tripartite Alliance for Workplace Safety and Health (WSHC).

FOCUS AREA 4: IMPROVING WORKPLACE MENTAL HEALTH AND WELL-BEING

According to the World Health Organisation (WHO), good work is beneficial for our mental health. A healthy state of mental well-being can also contribute to improved productivity.[36] Conversely, a negative working environment or unemployment can cause poor physical and mental health.

Based on data collected from the Ministry of Manpower (MOM), one in three employees found it challenging to cope with work demands and pressures or felt exhausted physically and psychologically from work. These employees who experienced work stress or burnout took more medical leave per year and/or encountered more accidents or near miss incidents compared to other employees. Strengthening mental well-being in the workplace could lead to greater productivity and safety.

Focus Area 4.1: Strengthening Mental Health and Well-Being Support at Workplaces

Improving Mental Health Literacy and Reducing Stigma in Workplaces

There is a need to create a safe and open culture in workplaces for employees with mental health concerns to seek help without the fear of being discriminated. Improved mental health literacy and reduced stigma in workplaces would also enable affected individuals to seek out employment opportunities purely based on their merit.

HPB provides mental wellness programmes aimed at equipping employers and employees with the skills and knowledge to better take charge of their mental well-being. There is a Wellness in Transition (WIT) programme that supports new workforce entrants in cultivating resilience, learning self-care and building social networks at work. WIT workshops are also available for supervisors to help them address the emotional needs of younger co-workers and learn to be a supportive leader. To support mature workers in maintaining their well-being even after they retire from the workforce, HPB's health coaching programmes educate on the importance of social connections to mental health, and the need to build social networks outside of work. Meanwhile, companies can leverage HPB's Workplace Outreach Wellness (WOW) package and programmes in their Healthy Workplace Ecosystems, to provide mental wellness talks and workshops for their employees.

MOM convened a Tripartite Strategies Committee[37] to develop the WSH 2028 targets report. The Tripartite Strategies Committee recognised the need to focus on work-related stress at workplaces and cultivate greater awareness of mental health risks. Training is given to supervisors to recognise common mental health conditions, educational talks on building workers' mental resilience, and develop guidelines on workplace psychosocial hazards.

MOM, WSH Council and NCSS are working to improve the mental well-being support systems and work life harmony strategies for employees, through increasing employers' awareness and

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[36] Kangasniemi, A. & Maxwell, L. & Sereneo, M.. 2019. The ROI in workplace mental health programes: Good for people, good for business. Retrieved from https://www.deloitte.com/us/en/insights/topics/talent/workplace-mental-health-programs-worker-productivity.html

[37] The Tripartite Strategies Committee comprise representatives from the Government, industry, unions; and partner organisations such as training providers, voluntary welfare organisations, insurance companies, healthcare institutions, and Institutes of Higher Learning.

adoption of mental well-being initiatives; enhancing support networks and assistance; and fostering a psychologically safe environment to destigmatise mental health issues at work.

Supporting Employers in Employing Individuals with Mental Health Conditions and Promoting Mental Well-Being in Workplaces

Based on a survey conducted by the Ministry of Manpower, there was an increase in the proportion of job seekers who faced discrimination due to mental health conditions (from 2.9% in 2021 to 5.0% in 2022) as well as an increase in the proportion of employees who were discriminated at work due to mental health conditions (from 3.2% in 2021 to 4.7% in 2022). On a positive note, more employees sought help upon facing discrimination at work.[38]

Although workplace attitudes towards individuals with mental health conditions have improved, employees felt that more could be done to address stigma and support mental well-being in workplaces. An NCSS study revealed that only three in five respondents were willing to work with someone with mental health conditions and only two in five agreed that their organisations provided adequate support for their mental well-being.[39] At a public consultation conducted by REACH in 2022, employers cited time, resource and knowledge constraints as challenges to implement workplace mental health and well-being support.

MOM, in partnership with WSH Council, IMH, Changi General Hospital, and HPB, introduced the iWorkHealth online tool in 2021 to enable employees to self-assess their mental well-being and identify workplace stressors. Based on iWorkHealth data collected in 2022, one in three employees was found to have experienced work stress and/or burnout from work. Employers can receive anonymised company- and department-aggregated reports to help them understand issues faced at the workplace and can refer to recommended interventions available on iWorkHealth's site.[40]

MOM, Tripartite Partners and various workplace stakeholders have developed resources on supporting employees' mental well-being. These would include the Tripartite Advisory on Mental Well-being at Workplaces and the Playbook on Workplace Mental Well-being. They include plug-and-play templates and tips to help employers kick-start mental well-being initiatives at workplaces.

The annual National Workplace Safety and Health CARE (Culture of Acceptance, Respect and Empathy) Award recognises organisations that have adopted exemplary mental well-being practices and highlights them as employers of choice. Such role models would be publicised to raise awareness and encourage other employers to emulate.

To better support employers, further initiatives are in the pipeline:

(a) MOM and WSH Council will do more to recognise progressive employers committed to strengthening their employees' mental well-being. This includes the existing National WSH CARE (Culture of Acceptance, Respect and Empathy) Award.

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[38] Ministry of Manpower, Manpower Research and Statistics Department (2023), Fair Employment Practices 2022. https://stats.mom.gov.sg/Pages/Fair-Employment-Practices-2022.aspx
[39] National Council of Social Service (2021), Attitudes towards Persons with Mental Health Conditions. Retrieved from: https://www.ncss.gov.sg/docs/default-source/ncss-publications-doc/ncss-study-on-public-attitudes-towards-pmhcs_4-oct.pdf
[40] https://www.tal.sg/wshc/programmes/iworkhealth/overview

(b) MOM and WSH Council will develop a community of Workplace Mental Well-Being Champions (WMWCs) to: (i) rally senior management to implement policies and to support employees' mental well-being; (ii) organise and curate mental well-being programmes and resources; and (iii) establish a system to refer persons in distress to professional help. Resources and training will be provided to strengthen WMWCs' knowledge and skillsets on mental well-being at workplaces.

(c) NCSS will reach out to more companies to adopt a peer support system, enabling trained peer supporters to help employers create safe environment for workers in need and destigmatise mental health issues at work.

Customising Mental Health Support for Specific Occupational Needs

Not all employees face the same stressors at work. Mental health support needs to be strengthened or customised for specific occupational needs such as those of police officers and national servicemen. The Ministry of Defence (MINDEF) and Ministry of Home Affairs (MHA) have put in place robust mental health support systems, supported by psychiatrists, psychologists, counsellors and para-counsellors, to detect and support service personnel with mental health conditions.

All pre-enlistees are assessed by medical officers for psychiatric and behavioural concerns, before enlistment and appropriate deployment. In MINDEF, the assessment guidelines are regularly reviewed. All service personnel are monitored for their psychological well-being while in service. During the Basic Military Training (BMT), recruits are taught to recognise distress signs and practise self-care as part of their psychological resilience training. They are also paired with buddies who offer peer-level support. All SAF commanders are trained to recognize mental health issues, and interview their servicemen regularly to identify potential problems and render assistance.

When needed, service personnel are provided with counselling and medical treatment. Trained para-counsellors are present in all units to provide frontline counselling to distressed service personnel. A 24-hour anonymous counselling hotline is available if they do not wish to speak to officers from their units. Those with more serious mental health issues may be referred to in-house psychiatrists for further evaluation and treatment, supported by a multi-disciplinary team including psychologists and counsellors.

Focus Area 4.2: Improving Employment and Employability of Individuals with Mental Health Conditions

Employing individuals with mental health conditions can help them regain confidence in re-integrating into society. This morale boost will ease their recovery process and improve their overall quality of life.

Meanwhile, companies benefit from being recognised as inclusive employers. Their commitment to supporting individuals with mental health conditions can also help foster trust and loyalty from their employees which in turn, can make them more motivated and productive.

During the REACH public consultation in 2022, employers cited concerns over hiring individuals with mental health conditions such as uncertainty about their abilities and the support they need

and misconceptions about the employability of persons with mental health conditions. To tackle this, the three key employment support agencies, namely IMH Job Club, Singapore Anglican Community Services (SACS) Integrated Employment Services (IES) and Singapore Association for Mental Health (SAMH) MINDSET Learning Hub, have been providing customised employment support services for individuals with mental health conditions and their employers.

To further creating inclusive workplaces, NCSS is engaging stakeholders to co-curate training and provide consultancy or advisory to employers and co-workers. With the support of the Beyond the Label (BTL) Collective, NCSS is also developing case studies and videos on inclusive employment to increase awareness of best practices, to get more employers on board this initiative.

Reintegrating Recovering Individuals with Mental Health Conditions Through Employment

By being employed, individuals with mental health conditions gain a sense of purpose that helps improve their self-esteem and facilitate their recovery. Employment support agencies help reintegrate recovering individuals back into society by providing them with vocational counselling, job readiness assessments, job placements, coaching, and continuing support. At IMH Job Club, such reintegration is supported by a multi-disciplinary team of therapists and job placement officers. NCSS will be publicising information on employment support services in the community to raise awareness, and work on developing a standardised job fit assessment and referral framework.

MOM is working with organisations such as Singapore National Employers Federation (SNEF) to publicise employment support services and showcase success stories of employers working with persons with mental health conditions. IMH Job Club is also actively seeking new partnerships with employers to widen the pool of employment opportunities for persons with mental health conditions.

Meanwhile, SkillsFuture Singapore (SSG) will be driving inclusivity in training by raising awareness of Workplace Mental Health and Wellbeing in the Training and Adult Education (TAE) community and working with training providers to customise and increase access to training for individuals with mental health conditions. NCSS will also look into the provision of training allowance to encourage individuals with mental health conditions to take up and complete their job training.

Peer support helps individuals with mental health conditions deal with challenges at work. Often, those who have successfully stayed on their jobs serve as role models to motivate others who are contemplating vocational rehabilitation. More than 150 individuals with mental health conditions have undergone training to become certified peer support specialists to help others who are struggling, since the Peer Support Specialist Programme[41] was launched by NCSS in 2016.

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[41] National Council of Social Service. Peer Support Specialist Programme. Retrieved from: https://www.ncss.gov.sg/our-initiatives/peer-support-specialist-programme

Preventing Workplace Discrimination and Strengthening Workplace Fairness

<u>*Tripartite Guidelines on Fair Employment Practices*</u>

The Tripartite Alliance for Fair & Progressive Employment Practices (TAFEP) was set up in 2006 by MOM, the National Trades Union Congress (NTUC), and SNEF to promote the adoption of fair, responsible and progressive employment practices among employers, employees and members of the public.

To achieve its objectives, TAFEP introduced the Tripartite Guidelines on Fair Employment Practices (TGFEP) in 2007, which set out fair and merit-based employment practices, complete with examples of what should or should not be done across the various stages of employment. All employers in Singapore are expected to adhere to the guidelines, failing which, MOM may impose administrative penalties on errant employers.

According to the TGFEP, employers must recruit and select employees based on merit (such as skills, experience or ability to perform the job), regardless of characteristics such as mental health condition. Employers should not ask job applicants to declare personal information such as their mental health condition unless there are job-related considerations.

<u>*Strengthening Workplace Fairness Through Legislative Means*</u>

While standards of fair employment have improved, workplace discrimination remains a concern among some jobseekers and employees in Singapore today. From 2018 to 2022, TAFEP and MOM received an average of 315 complaints of discrimination each year, with the most common grounds of discrimination being nationality, age, sex, marital status, pregnancy status, caregiving responsibilities, race, religion, language, disability, and mental health conditions.[42]

To review the options on strengthening workplace fairness, the Tripartite Committee on Workplace Fairness (the "Committee) was formed in 2021. It announced that legislation on workplace fairness would be introduced, sending a stronger signal against workplace discrimination. The Committee has since made recommendations[43] on the upcoming Workplace Fairness Legislation (WFL), which has been accepted by the Government. This legislation will prohibit common forms of workplace discrimination, including discrimination based on mental health conditions.

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[42] Building Fairer & More Harmonious Workplaces, Tripartite Committee on Workplace Fairness Final Report.
[43] Building Fairer & More Harmonious Workplaces, Tripartite Committee on Workplace Fairness Final Report.

SECTION 4: COORDINATING OUR MENTAL HEALTH EFFORTS

In view of the multi-factorial nature of mental health which requires a whole-of-government and whole-of-society approach, the Government will establish a National Mental Health Office (NMHO) to oversee the implementation of the National Mental Health and Well-being Strategy and guide future mental health care developments. The NMHO will comprise officers from the health, social and education sectors, and function as one integrated organisation established in MOH. The NMHO is expected to be fully established by 2025.

To ensure that we have the right services and interventions that meet the needs of the population, the NMHO will work with various partners to track the following indicators to determine the progress and impact of our Strategy. This list will be reviewed periodically and may include new indicators when relevant data is available.

<u>Diagram 4</u>: Relevant Indicators to Monitor Outcomes

Thematic areas	Outcomes	Relevant indicators (examples)
Individual's perception of mental well-being and quality of life	People are mentally healthy and resilient.	• Proportion of individuals reporting positive mental well-being / poor mental health • Lifetime prevalence of common mental disorders / suicidal behaviour • Number of suicide deaths • Disease burden due to mental disorders • Quality of Life score of individuals with mental health conditions, including that of children and youth
Early intervention and access to mental health services	People are able to access community, primary care and hospital-based mental health services in a timely manner.	• Proportion of individuals with mental disorders or distress seeking help from professionals or informal support networks • Median treatment delay for common mental disorders • Admission / re-admission rates and median length of stay in acute care settings for individuals with primary diagnosis of mental health conditions • Number of individuals with primary diagnosis of mental disorders being attended to at emergency services at IMH or other acute public hospitals • Number of individuals with mental health needs attended to by community mental health services
Societal attitudes and stigma towards individuals with mental health conditions	Improved mental health literacy	• Proportion of individuals who recognised common mental disorders
	Reduced discrimination and stigma towards individuals with mental health conditions	• Proportion of individuals who reported positive attitudes toward individuals with mental health conditions • Proportion of job seekers who faced discrimination due to mental health condition during the job search process • Proportion of employees who faced discrimination at work due to mental health condition

Thematic areas	Outcomes	Relevant indicators (examples)
		• Proportion of individuals with mental health conditions who reported that they are engaged in open employment

SECTION 5: CONCLUSION

All of us have a part to play to achieve the best outcomes for our mental health and well-being. The government alone cannot achieve success in this endeavour and must partner service providers from the public and private sectors, as well as the public to tackle underlying societal factors and triggers of poor mental health. As individuals, we must also work on developing self-awareness, resilience, and coping skills, as well as look out for one another.

Our Strategy aims to tackle mental health issues coherently and holistically, from both preventive and curative perspectives, and through hospital-based acute care settings, schools, workplaces, and the community. A whole-of-society approach, guided by the Tiered Care Model, is key to improving the mental well-being of our population.

ANNEX: NATIONAL MENTAL HEALTH COMPETENCY TRAINING FRAMEWORK

INTRODUCTION

Scope of the framework

The delivery of mental health services requires a multidisciplinary workforce that is well trained and equipped to provide clinical care, information, support and assistance. Mental health services may be provided in a broad variety of settings including through self-help, at an individual's own home, in community settings, residential homes and acute hospitals. In addition, people who are not working in health or social care sectors (e.g. teachers, policemen, customer service officers, etc.) may come across individuals with mental health conditions and therefore need to be aware and know how to handle such individuals.

The NMHCTF was developed with these considerations in mind. The framework builds upon the Tiered Care Model for mental healthcare delivery, which consists of 4 tiers. As Tier 4 services largely reside in hospitals which have their own competency development plans for clinical staff, the NMHCTF only focused on competencies expected of professionals and paraprofessionals in Tiers 1 to 3.

Description of each competency under the framework

The framework consists of 9 competencies, with each section covering:
- A brief description of each competency
- Relevant tier(s) under the Tiered Care Model
- Competency descriptors, comprising[44]:
  - **Knowledge**
  - **Skills**
  - **Attitudes**

The descriptors for each competency indicate the minimum competencies expected and are intended to apply to a variety of practitioners across different contexts and settings. Some practitioners and service providers may choose to undergo additional training beyond what is prescribed in this framework to grow new competencies to augment their roles.

Attitudes expected of practitioners toward individuals with mental health needs or conditions

Practitioners are expected to display the following attitudes toward individuals with mental health needs or conditions:
- Empathize with individuals who are experiencing mental distress.
- Promote mental well-being in their context or environment.
- Challenge common stereotypes and negative attitudes towards persons with mental health conditions and be socially inclusive.

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[44] Components included in competency descriptors reference the approach used by SkillsFuture Singapore competency framework. Singapore Workforce Development Agency (2012) *Develop competency-based assessment plans*, *Develop Competency-Based Assessment Plan*. Available at: https://www.ssg.gov.sg/content/dam/ssg-wsg/ssg/trainingorganisations/cd/cbap_-worksho2_20121018_qad_v02final.pdf.

- Recognise the need for early intervention and appropriate referrals for individuals with mental health needs, including in a mental health crisis such as feeling suicidal.
- Practise within the limits of one's abilities and refer to other service providers if unsure how to manage.
- Foster and maintain collaborative relationships with other professionals, and therapeutic relationships with their clients/patients and caregivers.

Summary of Competency Descriptors for Each Tier

<u>Diagram 5</u>: Summary of Competencies Recommended under NMHCTF

Tiers under the Tiered Care Model	Expected knowledge	Expected skills
Tier 1	• Understand what constitutes mental well-being and how to promote good mental health. • Understand range of behaviours signalling coping difficulties, burnout or emotional distress, and how self-care can help. • Understand what is Psychological First Aid (PFA), and when and how PFA can be applied.	• Identify individuals with coping difficulties, burnout or emotional distress. • Practise and teach self-help techniques. • Communicate effectively and sensitively with individuals in distress. • Apply PFA to individuals in distress.
Tier 2 **(in addition to competencies covered under Tier 1[45])**	• Know the warning signs of a mental health crisis, including suicidal intent. • Understand risk factors that contribute to an individual's suicidal behaviour. • Understand the common causes, triggers and early symptoms of anxiety and depressive disorders. • Understand how ethics and medico-legal considerations relate to interventions.	• Identify persons in a mental health crisis, including having suicidal intent. • Apply techniques that may help de-escalate a mental health crisis. • Determine a person's risk level for suicide and develop a safety plan. • Identify persons with anxiety or depressive disorders by using recommended case detection methods. • Apply ethical and medico-legal considerations in practice.
Tier 3 **(in addition to competencies covered under Tier 1 and 2[46])**	• Understand the common causes, signs and symptoms of schizophrenia, obsessive compulsive disorder, and insomnia (in addition to anxiety and depressive disorders). • Know available psychological interventions for each condition relative to the severity of the symptoms, and their expected benefits and risks.	• Identify individuals with schizophrenia, obsessive compulsive disorder, and insomnia (in addition to anxiety and depressive disorders) by using recommended case detection and assessment instruments. • Apply Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI), where appropriate. • Follow up on individuals' progress through case management.
Tier 4	Practitioners would adhere to their own competency development plans prescribed by their employers or respective professional bodies	

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[45] Competencies expected of Tier 1 practitioners would be also expected for Tier 2 practitioners.
[46] Competencies expected of Tier 1 and 2 practitioners would be also expected for Tier 3 practitioners.

Summary of Competencies Recommended under NMHCTF

Diagram 6: Competencies Recommended under NMHCTF

Competencies [47]		Tier 1	Tier 2	Tier 3
1	Mental health awareness	●	●	●
2	Practising self-care	●	●	●
3	Supporting individuals with mental health needs	●	●	●
4	Providing psychological first aid	●	●	●
5	Management of mental health crisis		●	◉
6	Suicide risk assessment and intervention		●	◉
7	Knowledge and identification of mental health conditions		●	◉
8	Counselling and psychosocial intervention skills		●	◉
9	Ethics and medico-legal considerations in mental health		●	●
● Competency is applicable to professionals/roles under the respective tiers under the Tiered Care Model				
◉ Competencies expected of Tier 3 practitioners would be at an advanced level, compared to competencies expected of Tier 2 practitioners				

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[47] As Tier 4 services largely reside in hospitals, which have their own competency development plans for clinical staff, competencies for Tier 4 will not be covered by this framework.

COMPETENCY 1: MENTAL HEALTH AWARENESS

Description

Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stressors of life, can work productively and is able to contribute to his or her community. The promotion, protection and restoration of mental health is key for individuals and communities to flourish.

Relevant Tiers under the Tiered Care Model
Tiers 1, 2, and 3

Competency descriptors

Knowledge
- Understand common terms such as 'mental well-being', 'mental health', 'mental health needs', 'mental health conditions', and 'mental disorders'.
- Understand the importance of promoting positive mental health, and behaviour that promote and protect mental health and well-being.
- Understand the importance of support from families, carers, friends, and social networks for individuals with mental health needs.
- Understand the social, personal, and economic effects of mental health conditions.

Skills
- Articulate behaviour that promote and protect mental health and well-being.

Attitudes
(Refer to the common attitudes expected of practitioners toward individuals with mental health needs or conditions in the earlier section.)

COMPETENCY 2: PRACTISING SELF-CARE

Description

The World Health Organisation defines self-care as caring for one's physical, mental, and social health. Self-care is important and beneficial for those providing care and those being cared for; it is not possible to pour out of an empty cup. Taking time to care for oneself will allow one to care for others better.

Relevant Tiers under the Tiered Care Model
Tiers 1, 2, and 3

Competency descriptors

Knowledge
- Understand the signs and symptoms of burnout, and why self-care is important for mental health practitioners.
- Understand what constitutes physical and emotional well-being.
- Understand the principles, processes, and options for supporting self-care including psychological mindedness[48] and emotional intelligence as essential components in contributing to mental well-being and resilience.

Skills
- Practice self-care techniques, such as mindfulness, engaging in activities that bring happiness and joy, spending time with loved ones and friends, having regular exercise and engaging in hobbies.

Attitudes
(Refer to the common attitudes expected of practitioners toward individuals with mental health needs or conditions in the earlier section.)

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[48] Psychological mindedness refers to a person's capacity for self-examination, self-reflection, introspection and personal insight.

COMPETENCY 3: SUPPORTING INDIVIDUALS WITH MENTAL HEALTH NEEDS

Description

Social connectedness and inclusion in a community is essential for good mental health and well-being. Individuals with mental health conditions may experience social exclusion, stigma, discrimination, unemployment, isolation, and loneliness. Fostering socially inclusive communities through positive relationships contributes to the well-being of individuals with mental health conditions and their caregivers. Supporting individuals with mental health conditions requires empathy, encouragement, and respect.

Relevant Tiers under the Tiered Care Model
Tiers 1, 2 and 3

Competency descriptors

Knowledge
- Understand the signs, symptoms and common contributing factors of emotional distress.
- Understand the importance of establishing rapport and building respectful, trusting, honest and supportive relationships with individuals with mental health needs, as well as their families/caregivers.
- Understand the common public attitudes toward individuals with mental health conditions and the impact they may have on these individuals.
- Recognise avenues for mental health support in the community.

Skills
- Identify individuals who are in distress.
- Utilise effective communication techniques by creating an environment that facilitates open communication and responding with sensitivity when individuals disclose difficult experiences.
- Use common publicly available resources to signpost individuals with mental health needs and their carers for further help, resources, or guidance.

Attitudes
(Refer to the common attitudes expected of practitioners toward individuals with mental health needs or conditions in the earlier section.)

COMPETENCY 4: PROVIDING PSYCHOLOGICAL FIRST AID

Description

Psychological first aid (PFA) is a supportive response to individuals suffering and who may need support after a traumatic or crisis event. Although individuals may need access to help and support for a long time after an event, PFA is aimed at helping individuals who have been very recently affected by a crisis event.[49]

Relevant Tiers under the Tiered Care Model
Tiers 1, 2, and 3

Competency descriptors

Knowledge
- Understand how crisis events affect people.
- Understand what is PFA, and when and how PFA can be applied.
- Recognise that there may be situations when someone needs more advanced support than PFA alone. [50]

Skills
- Identify individuals who are suffering from a traumatic or crisis event.
- Support individuals who are experiencing or experienced a highly distressing event by applying PFA.
- Employ empathic communication skills.
- Refer individuals in distress to appropriate mental health support.

Attitudes
In addition to the common attitudes expected of practitioners toward individuals with mental health needs or conditions highlighted in the earlier section, practitioners should:
- Act in ways that respect the safety, dignity, and rights of individuals who have been affected by a distressing event.

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[49] World Health Organisation (2011). Psychological First Aid: Guide for field workers
[50] PFA should not be used for individuals who may need more immediate advanced support, such as individuals who may hurt themselves or others.

COMPETENCY 5: MANAGEMENT OF MENTAL HEALTH CRISIS

Description

A mental health crisis is defined as any situation in which an individual's behaviour puts them at risk of hurting themselves or others, and/or prevents them from being able to care for themselves or function effectively in the community.[51] Examples of situations that can lead or contribute to a mental health crisis include home, environmental, school or work stressors, and other stressors such as witnessing an act of violence. Mental health crises are not limited to individuals with pre-existing mental health conditions, but can also affect people without a diagnosed mental health condition.

Individuals experiencing a mental health crisis may exhibit signs such as difficulty or inability to perform daily tasks, increased agitation, or dramatic changes in personality, mood or behaviour.[52] In some cases, the individual may even threaten or attempt to harm themselves or others, or threaten to commit suicide.

Relevant Tiers under the Tiered Care Model
Tiers 2 and 3

Competency descriptors

Knowledge
- Understand common causes/factors that contribute to a mental health crisis.
- Identify warning signs of a mental health crisis, including warning signs of suicide.

Skills
- Apply techniques that may help de-escalate a mental health crisis, such as keeping a calm voice and expressing support and concern.
- Determine the level of crisis intervention required – whether psychosocial interventions would help or if the individual requires emergency services.

Competencies that apply in a crisis that involves the risk of suicide are covered under "Competency 6: Suicide Risk Assessment and Intervention".

Attitudes
(Refer to the common attitudes expected of practitioners toward individuals with mental health needs or conditions in the earlier section.)

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[51] Brister, T. (2018). Navigating a Mental Health Crisis: A NAMI resource guide for those experiencing a mental health emergency. National Alliance on Mental Illness, 1-25.
[52] Brister, T. (2018). Navigating a Mental Health Crisis: A NAMI resource guide for those experiencing a mental health emergency. National Alliance on Mental Illness, 1-25.

COMPETENCY 6: SUICIDE RISK ASSESSMENT AND INTERVENTION

Description

According to reports made to the police in Singapore between 2020 and 2022, an average of about 2,820 individuals attempted suicides or harboured suicidal ideations each year. The association of suicidality with the younger age group is notable, especially given that suicide is the leading cause of death among those aged 10 – 29 years old in Singapore. Efforts must be taken to identify those at risk of suicide and intervene effectively.

Relevant Tiers under the Tiered Care Model
Tiers 2 and 3

Competency descriptors

Knowledge
- Understand risk factors that contribute to an individual's suicidal behaviour.
- Understand the ways personal and societal attitudes affect views on suicide and interventions.
- Understand the resources that are available to an individual with suicide risk.
- Understand the key elements of an effective suicide safety plan and the actions required to implement it.

Skills
- Engage with an individual at risk of suicide in a safe manner.
- Conduct suicide risk assessment and articulate an individual's risk level for suicide.
- Develop a safety plan for an individual with suicide risk.
- Provide guidance and suicide intervention to an individual with suicide ideation in ways that meet their individual safety needs.

Attitudes
(Refer to the common attitudes expected of practitioners toward individuals with mental health needs or conditions in the earlier section.)

COMPETENCY 7: IDENTIFICATION OF MENTAL HEALTH CONDITIONS

Description

Mental health conditions are not uncommon in Singapore. 12% of the population had at least one life-time mood, anxiety, or alcohol use disorder. Majority of the individuals with mental health conditions did not seek help. Of those who sought help, there was a considerable delay before doing so.[53] These conditions affect individuals' quality of life and has implications on their families and carers. Timely identification of individuals' mental health conditions is important as it enables individuals to receive early intervention. Practitioners need to be equipped with the knowledge of common mental health conditions and be familiar with available screening tools to identify these conditions.

Relevant Tiers under the Tiered Care Model
Tiers 2 and 3

Competency descriptors for Tier 2 practitioners
Tier 2 practitioners are expected to be able to:
- Identify and support individuals with anxiety disorders and depressive disorders (Details on how Tier 2 practitioners are expected to support these persons are covered under "Competency 8: Counselling and Psychosocial Intervention Skills")
- Identify individuals with other common mental health conditions (such as schizophrenia, obsessive-compulsive disorder, insomnia, bipolar disorder) and refer to appropriate Tier 3 or 4 services when necessary.

Knowledge
- Understand the common causes and early symptoms of anxiety and depressive disorders.
- Understand the available screening and assessment tools to assess mental health state and conditions to identify anxiety and depressive disorders.

Skills
- Identify individuals who may have anxiety and depressive disorders by utilising recommended screening and assessment instruments.

Attitudes
In addition to the common attitudes expected of practitioners toward individuals with mental health needs or conditions highlighted in the earlier section, practitioners should:
- Develop the sensitivity to identify potential signs and symptoms of common mental health conditions.

Additional competency descriptors for Tier 3 practitioners
Other than identifying and supporting individuals with anxiety disorders and depressive disorders, Tier 3 practitioners are expected to be able to:
- Identify and support individuals with other common mental health conditions such obsessive compulsive disorder, schizophrenia, and insomnia.
  (Details on how Tier 3 practitioners are expected to support these persons are covered under "Competency 8: Counselling and Psychosocial Intervention Skills")

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[53] Singapore Mental Health Study 2016 Report

- Identify individuals with other mental health conditions, and refer to appropriate Tier 4 services when necessary.

Knowledge
- Understand the common causes, signs and symptoms of anxiety, depressive disorders, schizophrenia, obsessive compulsive disorder, and insomnia.
- Exercise professional judgement, as well as identify appropriate screening and assessment tools for each condition and understand how to use them to inform conceptualisation of the client's needs.

Skills
- Identify individuals who may have anxiety, depressive disorders, schizophrenia, obsessive compulsive disorder, and insomnia by utilising recommended screening and assessment instruments.
- Refer individuals with anxiety, depressive disorders, schizophrenia, obsessive compulsive disorder, and insomnia, who require more intensive or emergency services to appropriate health care providers or support channels.

COMPETENCY 8: COUNSELLING AND PSYCHOSOCIAL INTERVENTION SKILLS

Description

Psychosocial interventions include psychoeducation, strengthening social support, promoting functioning in daily activities, and psychological treatment.[54] Counselling is a type of psychological treatment that involves the systematic use of problem identification and problem-solving techniques over several sessions.[55] Psychosocial interventions can help individuals gain clarity surrounding their issues and help them work towards achieving their desired outcomes and goals.

Relevant Tiers under the Tiered Care Model
Tiers 2 and 3

Competency descriptors for Tier 2 practitioners
Tier 2 practitioners are expected to be able to support individuals with anxiety disorders and depressive disorders.

Knowledge
- Identify psychosocial issues that place stress on the person and impact their life, including family and relationship problems, employment, housing, finances, access to basic security and services, and discrimination.
- Identify signs of distress.

Skills
- Demonstrate effective communication skills by creating an environment that facilitates open conversation, responding with sensitivity when the individual discloses difficult experiences, and involving the person in all aspects of the intervention as much as possible.
- Provide low-intensity or short-term psychosocial interventions to prevent escalation of symptoms for individuals with anxiety disorders and depressive disorders. This includes involving supportive family members and social support where appropriate and offering life skills and social skills training if needed.

Attitudes
(Refer to the common attitudes expected of practitioners toward individuals with mental health needs or conditions in the earlier section.)

Additional competency descriptors for Tier 3 practitioners

Other than supporting individuals with anxiety disorders and depressive disorders, tier 3 practitioners are expected to be able to support individuals with other common mental health conditions such as obsessive-compulsive disorder, schizophrenia, and insomnia.

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[54] Psychological treatments are interventions that typically require substantial dedicated time.
[55] World Health Organisation (2016). mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialised health settings.

Knowledge
- Understand the available treatment modalities for each condition, relative to the severity of the symptoms, and their expected benefits.
- Understand the common complications if conditions are left untreated.
- Understand how a cognitive-behavioural model can be applied in the assessment, clinical formulation and interventions for individuals with with mental health conditions.

Skills
- Provide moderate-intensity evidence-based mental health interventions to reduce the severity of symptoms.
- Adopt a Cognitive Behavioural Therapy (CBT)[56] approach to assessment, conceptualisation and intervention, where appropriate.
- Apply Motivational Interviewing (MI)[57] techniques, to complement other intervention methods. Key skills in MI include utilising open-ended questions, engaging in reflective listening, and eliciting self-motivated change plans[58].
- Practitioners can supplement the use of CBT and MI with other evidence-based psychosocial approaches, based on professional judgement of what would best support the individual's needs.
- Follow-up on individuals' progress through case management support.[59]

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[56] Cognitive Behavioural Therapy (CBT) is defined as a type of psychological treatment that combines cognitive components (aimed at thinking differently, for example through identifying and challenging unrealistic negative thoughts) and behavioural components (aimed at doing things differently, for example by helping the person to do more rewarding activities). (Referenced from World Health Organisation's mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialised health settings)

[57] Motivational Interviewing is defined as a client-centred, directive method for enhancing intrinsic motivation to change. (Miller WR, Rollnick S. Motivational Interviewing – Preparing People for Change, 2nd edition. 2002, New York: Guilford Press.)

[58] Tan, A. (2012). Introduction to Motivational Interviewing (MI), *The Singapore Family Physician Vol 38(1), Jan-Mar 2012:19.*

[59] For individuals with multiple needs or risk factors, who usually require a range of support services from different agencies, the Guidelines for Case Master Action Planning provides guidelines to support and guide multi-agency case coordination efforts.

COMPETENCY 9: ETHICS AND MEDICO-LEGAL CONSIDERATIONS IN MENTAL HEALTH

Description

There are complex ethical and medical legal issues pertaining to the care of individuals with mental health conditions. Practitioners supporting individuals with a mental health needs must be fully aware of their duty of care, which involves acting in the best interests of individuals with mental health needs, and not acting or failing to act in ways that result in harm.

Relevant Tiers under the Tiered Care Model
Tiers 2 and 3

Competency descriptors

Knowledge
- Understand the importance of confidentiality in mental health practice and situations where confidentiality may need to be breached to keep individuals with mental health conditions or others safe from harm.
- Understand the provisions of the Mental Health (Care and Treatment) Act (MHCTA) in Singapore, and when these provisions apply.
- Understand how ethics, medical, and legal considerations relate to interventions.

Skills

- Apply ethical and medico-legal considerations into the interventions.
- Apply ethical principles surrounding patient safety and confidentiality in mental health practice.
- Recognise when and how to apply the provisions of the MHCTA so that individuals with mental health conditions can receive appropriate psychiatric services.

Attitudes
(Refer to the common attitudes expected of practitioners toward individuals with mental health needs or conditions in the earlier section.)