COUNTRY REPORT

COMMUNITY MENTAL HEALTH TEAM IN SINGAPORE

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Abstract

Introduction: **Mental disorder has been becoming a well-known disease which affects the function of both individuals and societies; however, the majority of mental illness patients from low or middle income countries have very little access to the treatment due to limited resources. Community mental health teams, on the other hand, provide more accessible and efficient care for patients with mental diseases.** ***Objectives:*** **To elaborate the service of the community mental health team in Institute of Mental Health by summarizing the personnel composition, working target, inclusion/exclusion/discharge criteria, and main services. To explore the current achievement by reviewing the data regarding number of referrals, number of active cases, and patients' performance (number of admission and length of inpatient stay) from 2008 to 2012. To discuss illness management and recovery model and motivational interview which are started to use in our service recently.** ***Results:*** **The composition of the community mental health team and the role of team members, the working target and criteria, the main service and recent development have been elaborated in the article. From 2008 to 2012, we had received 852 to 471 new referrals and managed up to 986 active cases each year, at the same time, number of admission had been reduced between 60% to 77% and length of inpatient stay had been decreased between 61% to 79% every year.** ***Conclusion:*** **The community mental health team is a multidisciplinary team which provides rehabilitation, psycho-education and support to the patients and their family, works towards motivating and training patients to be independent living and working in community.** ***ASEAN Journal of Psychiatry, Vol. 15 (2): July – December 2014: 225-229.***

Keywords: Community Mental Health Team, Community Mental Health Service

Introduction

Mental disorders have been becoming a well-known burden to all societies and affecting millions of people worldwide. According to the World Health Organization report in 2012, mental disorders accounted for 13% of the global burden from diseases in 2004 [1]. On the other hand, most of the patients with mental illness have very little access to the treatment due to the limited resources. In low- and middle-income countries, 76% to 85% of people with severe mental disorders receive no treatment, and the corresponding figures for high-income countries can be also as high as 50% [2]. Then how to allocate the limited resources and use the cost-effective interventions to promote mental health becomes a big challenge.

Since the 1950s, dramatic changes such as the invention of new and effective medications, development of psychotherapy and deinstitutionalization have been prevailing in the mental health cares [3], which have enabled patients with severe mental illness to live safely within the community [4]. However, most of these patients have returned

back to the community without preparation or social support, which caused many setbacks such as relapse of illness or forensic offences [5]. Therefore, community-based mental health services were born to help those patients to solve the difficulties and cope with the new environment [6].

Community Mental Health Team (CMHT) is a very important part of community mental health service, which supports or treats people with mental disorders in a domiciliary setting, instead of the psychiatric hospital. It is a system of care in which the patient's community, not a specific facility such as hospital, is the primary provider of care for people with mental illness [7]. The World Health Organization also states that community mental health services are more accessible and effective, lessen social exclusion, and are likely to cause less possibilities for the neglect and violations of human rights that were often encountered in mental hospitals before [8].

Community Mental Health Team in Singapore

The Community Mental Health Team (CMHT) in Singapore is a national program funded by the Ministry of Health, under the National Mental Health Blueprint [9]. CMHT is a multidisciplinary team comprising psychiatrists, medical officers, community psychiatric nurses, occupational therapists, medical social workers, psychologists and counselors, which provides community-based treatment to psychiatric patients.

The role of team members

A consultant psychiatrist leads the team, and chairs weekly meeting to discuss the difficult cases and train the staff within the team. Medical officers are included in the CMHT to visit patients at their homes, assess and manage the patients in their familiar surroundings, which enables more accurate assessment of their mental state and cognitive functioning. Community psychiatric nurses are a team of nurses from Institute of Mental Health, who are State Registered Nurses with post-basic training in psychiatric nursing. They visit patients at their homes, provide assessment, clinical care like depot injections, side-effects monitoring and psycho-education.

Occupational therapists assess patients' ability to cope with their activities of daily living at home, and also give advice to the confused elderly on home modification to improve the safety. Medical social workers assist to network with the community partners to better support our patients in the community. Psychologists and counselors assess of the mental health needs of patients and undertake psychological therapies with individuals or family.

Aims of Community Mental Health Team (CMHT)

The goals of CMHT include to maintain adult persons (18 to 65 years old) with mental illness in the community as long as possible (especially the high-risk, frequent defaulters); to reduce hospital re-admissions and length of stay through home-based psycho-social rehabilitation; to collaborate with social, health and government agencies to provide holistic support to patients living in the community; and to provide training, consultation, support to social agencies as well as primary health service providers to strengthen their capability in understanding and managing patients with mental illness.

Inclusion criteria for Community Mental Health Team (CMHT)

Based on the principles and goals of CMHT, patients who are included in CMHT service should be any individual aged 18 to 65 years suffers from severe and persistent mental illness (such as schizophrenia, delusional disorder and bipolar disorder), or presents with severe symptoms and impairment that results in distress and major disability in daily functioning, or has significant disability caused by severe mental illness and not receiving other outpatient treatment.

Exclusion criteria for Community Mental Health Team (CMHT)

To ensure that only patients whose major handicaps result from severe mental illness and who have the basic resources to live in the community are accepted, any individual who

suffers from organic brain disorder, or has primarily an alcohol or substance-related illness, or has no fixed address (and/or homeless) will be excluded from CMHT service. Also, any patient refuses the services offered by CMHT will not be accepted.

Discharge criteria for Community Mental Health Team (CMHT)

Patients would be discharged after a suitable time period upon the agreement among patient (including patient's care giver), CMHT member and the referral doctor. Any patient who demonstrates the ability to function in major role areas, or requests for discharge despite the team's best effort to develop a rehabilitation plan, or enrolls into a housing service such as nursing home or a residential care center, or currently is enrolled in an outreach service provided by another community agency may be discharged.

The main services offered by CMHT

Assertive Care Management

This team provides community-based treatment and psycho-social rehabilitation to patients with severe and persistent psychiatric illnesses who are high users of inpatient services (such as schizophrenia, delusional disorder and manic-depressive psychosis), so that they may continue to live in the community whilst working towards recovery. The team also provides personalized service and the intensified visits, depending on the needs of each patient.

Standard Care Management

This service is mainly for symptomatically stable patients and focusing on patients' compliance with medication, which is different from assertive care management which provides more intensive care for more unstable patients in community. The methods used for improving compliance have changed from simple support and psycho-education to behavior-focused psycho-education and motivational interview. The CMHT staffs monitor the patient's compliance with medication and assess medication side effects. Where appropriate, patients are taught ways of counteracting these side effects either with lifestyle or behavioral modification.

Mobile Crisis Team

Patients under the coverage of Institute of mental Health (IMH) and their caregivers in crisis situations can call a Mobile Crisis Helpline for help. The helpline puts them through to a qualified counselor for immediate assistance and advice. A risk assessment of the situation, current support system and resources will be conducted by the counselor. In critical situations, the Mobile Crisis Team will be activated to conduct a home visit for these patients. This service reduces the impact of mental health emergencies through immediate response to crisis at a community level.

Community Psychiatric Nursing Service

Community Psychiatric Nurses help to provide continuity of care for discharged patients in their own homes. This team counsels patients to comply with their medication and provides psychological support to caregivers. During home visits, the Community Psychiatric Nurse assesses the mental state of the patient and observes for any therapeutic or side effects of medications. Any feedback received from the patient is shared with their caregivers to help them with their care management. This service is for patients of all age groups.

Networking

The CMHT supports our patients in the community by networking with the community partners, such as the Family Service Centers, police and Voluntary Welfare Organizations, etc. The aims of the networking session are to identify needs of patients within the community, to identify service gaps, and to identify training needs of our community partners.

Current achievements of CMHT service

After the establishment of CMHT service in 2007, we have seen very positive results in regards to reducing the number of hospitalization and decreasing the length of inpatient stay (Table 1). This shows that CMHT service has significantly helped the

outpatients stay in community, reducing relapses which result in hospitalization.

Table 1. CMHT performance result from 2008 to 2012

Financial Year	2008	2009	2010	2011	2012
No. of referrals to CMHT	852	817	774	738	471
No. of active cases	673	919	986	959	964
Reduction in length of inpatient stay	61%	64%	74%	78%	79%
Reduction in number of admission	60%	70%	74%	74%	77%

Recent developments of CMHT service

Illness management and recovery model and motivational interview using in standard care management are our new development in CMHT service, we adopt these two methods to help to build up therapeutic alliance with patients and to improve medication compliance. We also modify our weekly meeting into more teaching focused CMHT round. A consultant psychiatrist chairs the round every week to review the selected cases and revise the rehabilitation, treatment and emergency or crisis management plans. All the staffs can discuss the difficulties they meet during practice, which is a good opportunity for learning and patient management training within the team. In this way, improvements can be continuously made to ensure that patients receive maximal benefits from the program.

Discussion

Some studies showed that over the course of a year, about three-quarters of patients who are prescribed psychotropic medication and not on any community mental health service will discontinue, often coming to the decision of themselves and without informing a health professional [1]]. And the discontinuation will cause symptom relapse, re-hospitalization, and increase the clinical burden and cost [11].

Nowadays, more physicians use the word "adherence" to replace "compliance"; the difference is that for adherence, the patients are more engaged into the decision making of his treatment, rather than simply following the clinician's instruction [12]. There are several models to help to build up this therapeutic alliance. Illness management and recovery model and motivational interview are the methods we use in our CMHT.

Illness Management and Recovery model

For Standard Care Management service, we begin to practice Illness Management and Recovery model[13], which is a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, cope effectively with their symptoms, strengthen their abilities for pursuing personal goals and develop a sense of identity that allows them to grow beyond their mental illness. The techniques including psycho-education, behavioral tailoring for medication, training in relapse prevention, and coping skills training employing cognitive-behavioral techniques are proved to be effective in illness management and recovery.

The CMHT staffs will be active and persistent in engaging patients by addressing issues of their concerns, treating individuals with dignity and offering genuine help, establishing trustworthy relationships with both patients and their relatives, accompanying them through the rehabilitation road to achieve their personal goals.

Motivational interview

Motivational interview is a person-centered, non-directive method which focusing on exploring and resolving patient's ambivalence and enhancing the intrinsic motivation [14]. There are usually five basic principles: (1) expressing empathy, (2) avoiding argument, (3) supporting self-efficacy, (4) rolling with resistance, (5) developing discrepancy.

The CMHT staffs will use this semi-directive, patient-centered counseling style for eliciting

behavior change by helping patients to explore and resolve ambivalence, increasing the patient's awareness of the potential problems and detrimental consequences when non-compliance with the medicine, and increasing patient's adherence with the medication.

Conclusion

The CMHT builds therapeutic relationships with the patients and caregivers, provides rehabilitation, psycho-education and support to the patients and their family, works towards motivating and training these patients to be independent living and working in community.

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