

# A Community-Based Approach to Youths with Mental Health Issues in the Community

The logo for REACH (Response, Early intervention and Assessment in Community mental Health) features the word 'REACH' in a stylized font. 'REA' is in dark blue, 'C' is in light green, 'H' is in dark blue, and the 'i' and 'c' are in orange and pink respectively, forming a central graphic element.

**REACH**

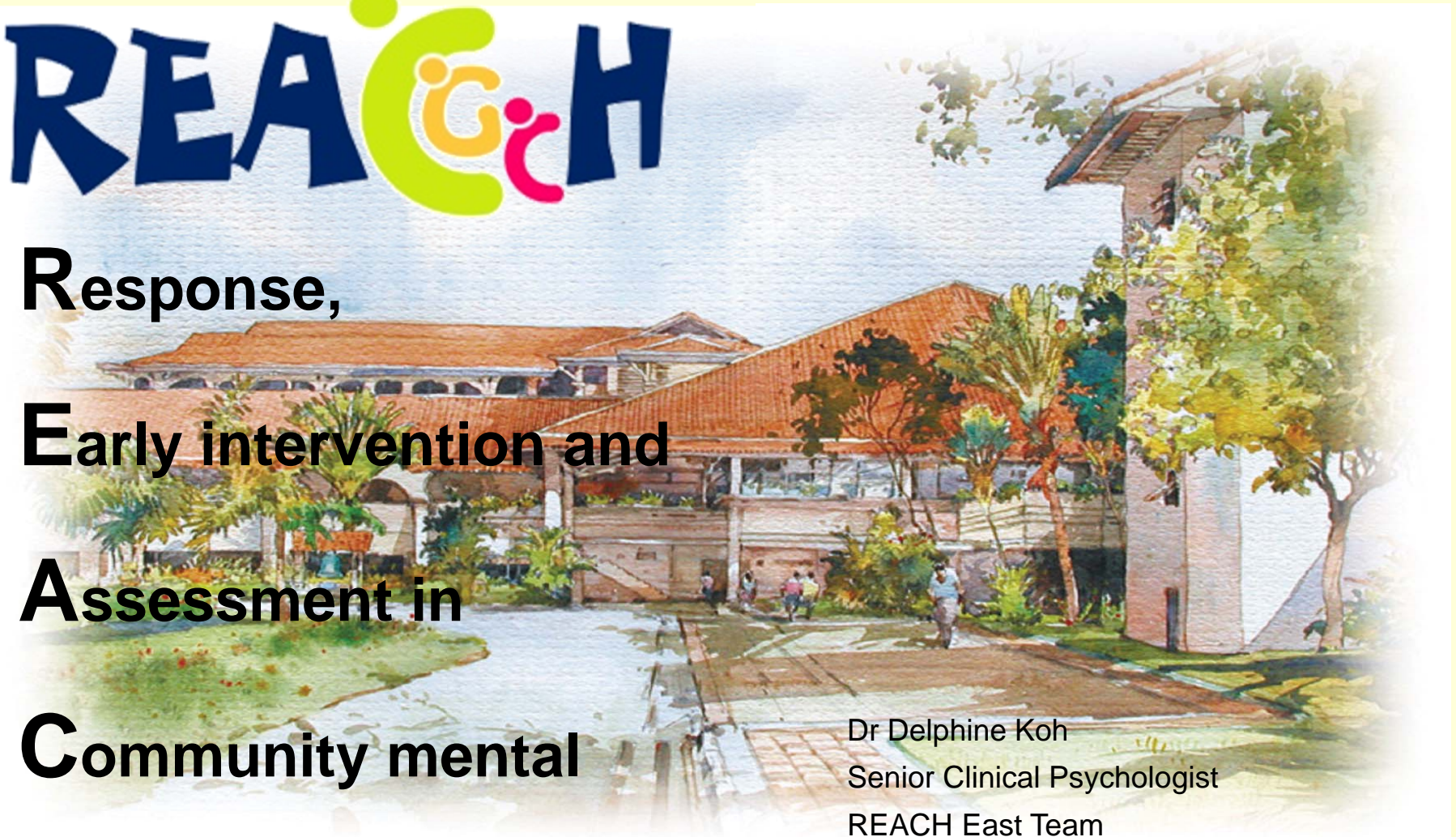
**Response,**

**Early intervention and**

**Assessment in**

**Community mental**

**Health for students**

A watercolor-style illustration of a school building with a red-tiled roof, surrounded by trees and a paved walkway. The scene is bright and sunny, with a clear blue sky.

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# Importance of Mental Health



Table III. Top ten causes of disease burden (in DALYs) in Singapore in 2004 by age group.

Rank	0–14 years of age (% of DALY) (n = 24,668)	15–34 years of age (% of DALY) (n = 42,223)	35–64 years of age (% of DALY) (n = 165,873)	≥ 65 years of age (% of DALY) (n = 130,466)
1	Autism spectrum disorders (20.7)	Anxiety & depression (25.9)	Diabetes mellitus (15.6)	Ischaemic heart disease (16.1)
2	Asthma (10.9)	Schizophrenia (9.9)	Ischaemic heart disease (9.5)	Stroke (11.6)
3	Attention-deficit hyperactivity disorder (6.0)	Diabetes mellitus (6.5)	Stroke (6.1)	Diabetes mellitus (8.2)
4	Low birth weight (5.8)	Road traffic accidents (6.1)	Anxiety & depression (5.8)	Alzheimer's disease & other dementias (6.5)
5	Anxiety & depression (5.6)	Self-inflicted injuries (5.5)	Breast cancer (4.6)	Lung cancer (5.3)
6	Congenital heart disease (3.3)	Migraine (4.4)	Lung cancer (3.9)	Lower respiratory tract infections (4.8)
7	Falls (2.8)	Asthma (2.3)	Adult-onset hearing loss (3.7)	Vision disorders (4.2) <sup>†</sup>
8	Migraine (2.5)	Anorexia & bulimia (2.1)	Osteoarthritis (3.2)	Chronic obstructive pulmonary disease (3.7)
9	Other chromosomal disorders* (2.1)	Bipolar disorder (1.7)	Schizophrenia (3.0)	Colon & rectum cancer (3.7)
10	Lower respiratory tract infections (1.7)	Falls (1.5)	Self-inflicted injuries (2.9)	Osteoarthritis (2.8)

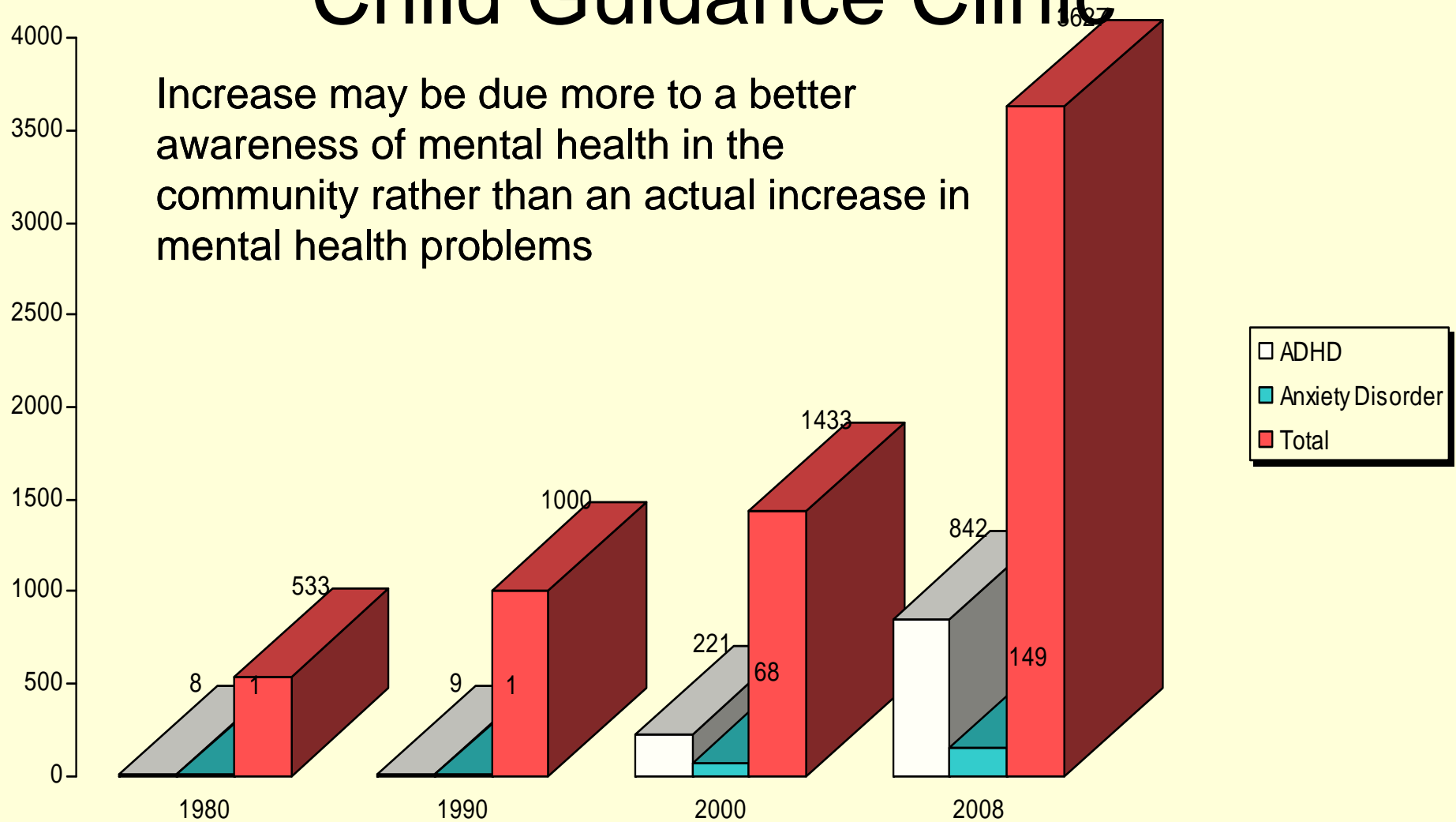
DALY: disability-adjusted life years

\* excludes Down syndrome

† includes low vision or blindness due to glaucoma, cataract, macular degeneration and all other causes; but excludes diabetic retinopathy and sight loss due to congenital causes, other diseases or injuries.

# Increasing Demand at Child Guidance Clinic

Increase may be due more to a better awareness of mental health in the community rather than an actual increase in mental health problems

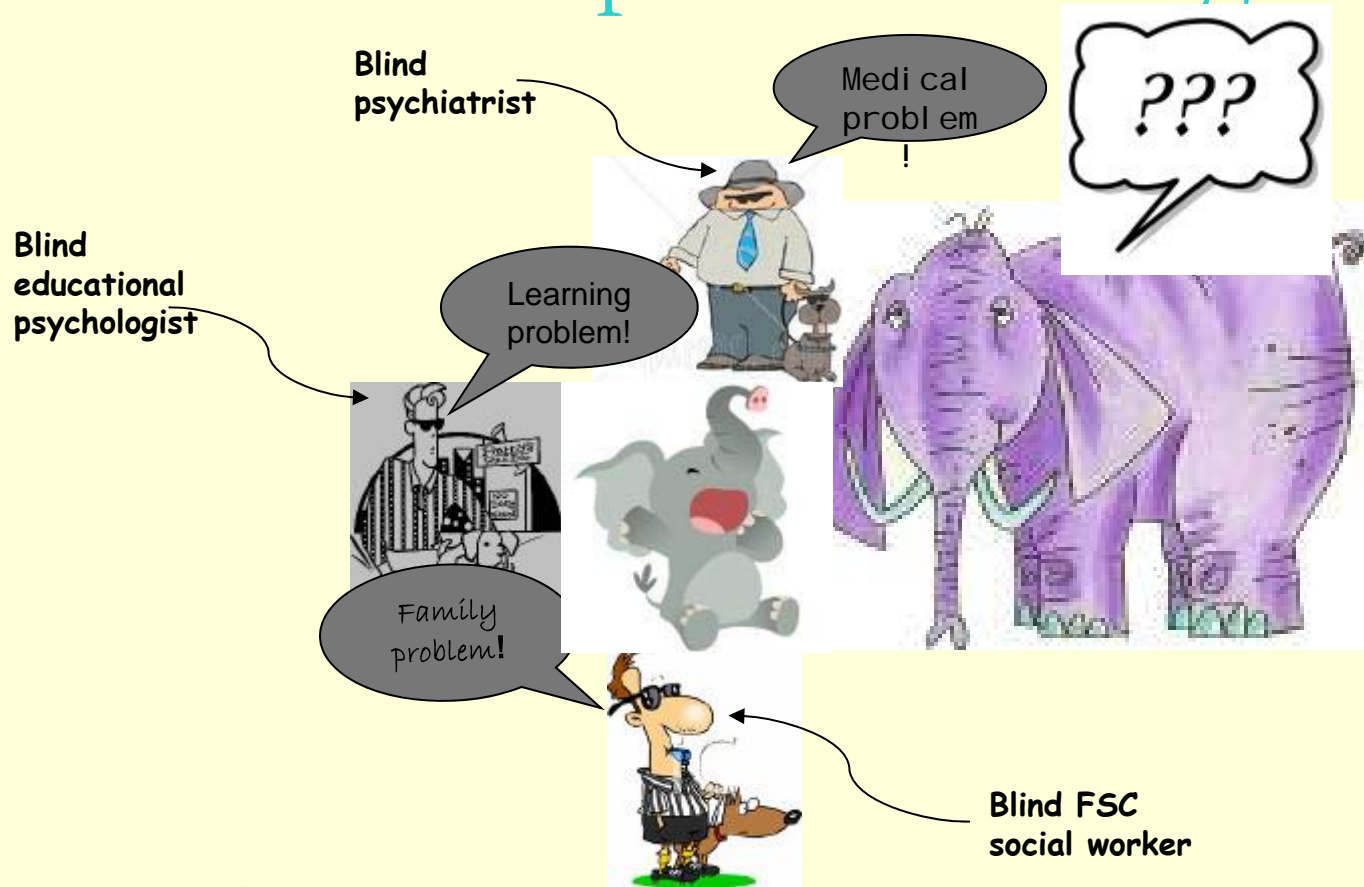


# Challenges at CGC

- First-come-first serve system
- Parents do not give consent for clinic to work with school
- No formal communication/feedback channel

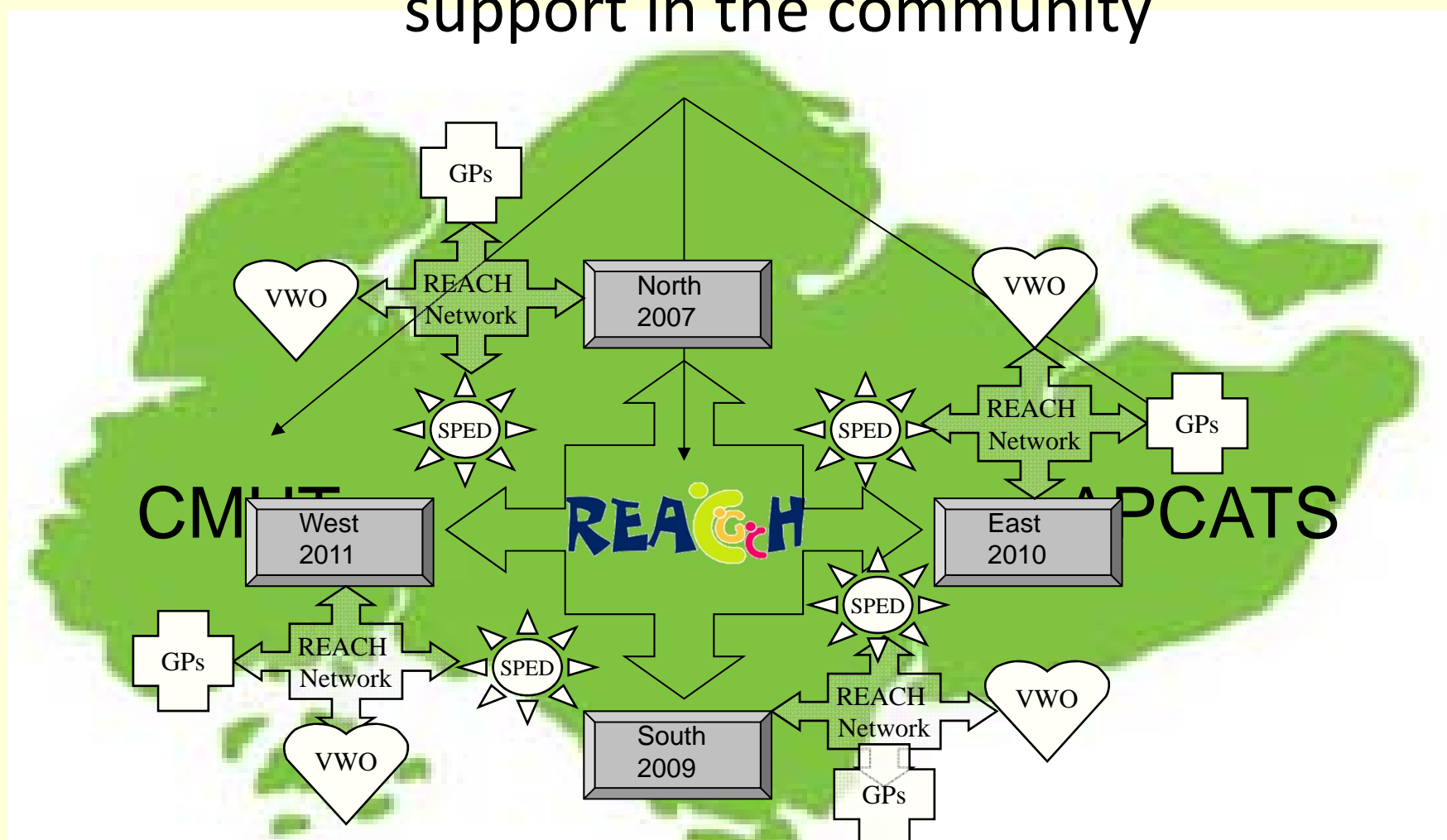
# Why REACH?

... A story about the blind men and the elephant in a village ...




# National Mental Health Blueprint

To increase the accessibility of mental health support in the community



# Objectives

- ☆ To improve mental health of children and adolescents in schools 
- ☆ To develop schools and community partners capacity to detect and manage mental health disorders of students in the community
- ☆ To develop a mental health network for children and adolescents in the community

# Types of Services

- **Clinical Services**

- Responsive evaluation of referred students through triaging system
- Advice on mental health issues through the REACH Helpline
- Early intervention of common child mental health problems e.g. school refusal, ADHD, Anxiety etc.


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# Types of Services



- **Training**

- Training of school counsellors (mainstream and SPED schools) in identifying and managing mental health issues, as well as in mental health promotion.
- Training of GPs & staff of social service agencies in managing mental health problems



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# Types of Services

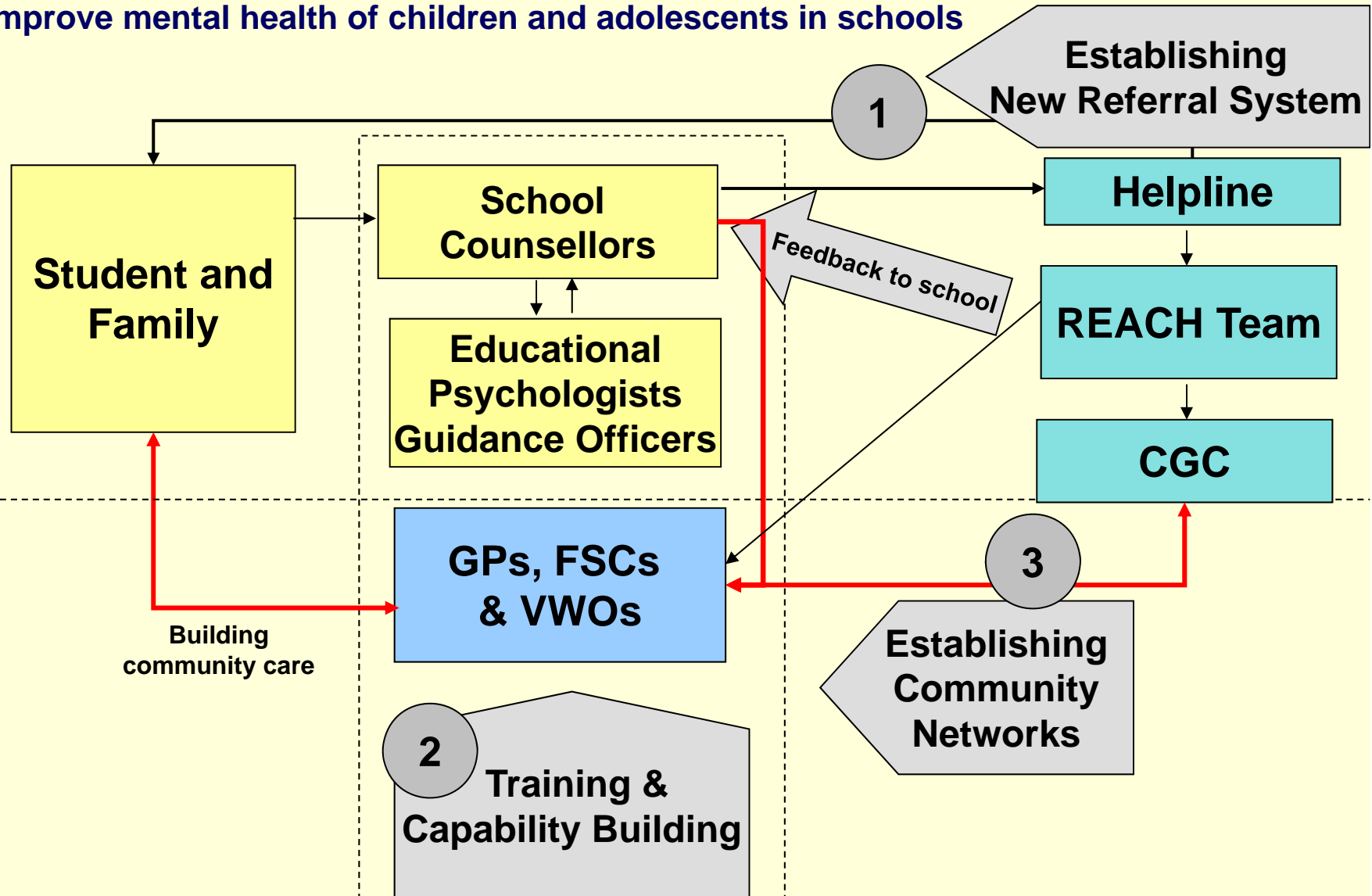


- **Networking/Integrating care**

- Facilitate linkages between schools, social & community agencies, GPs & mental health service providers to integrate care processes
  - Inter-agency consultation & case conference

# REACH Framework

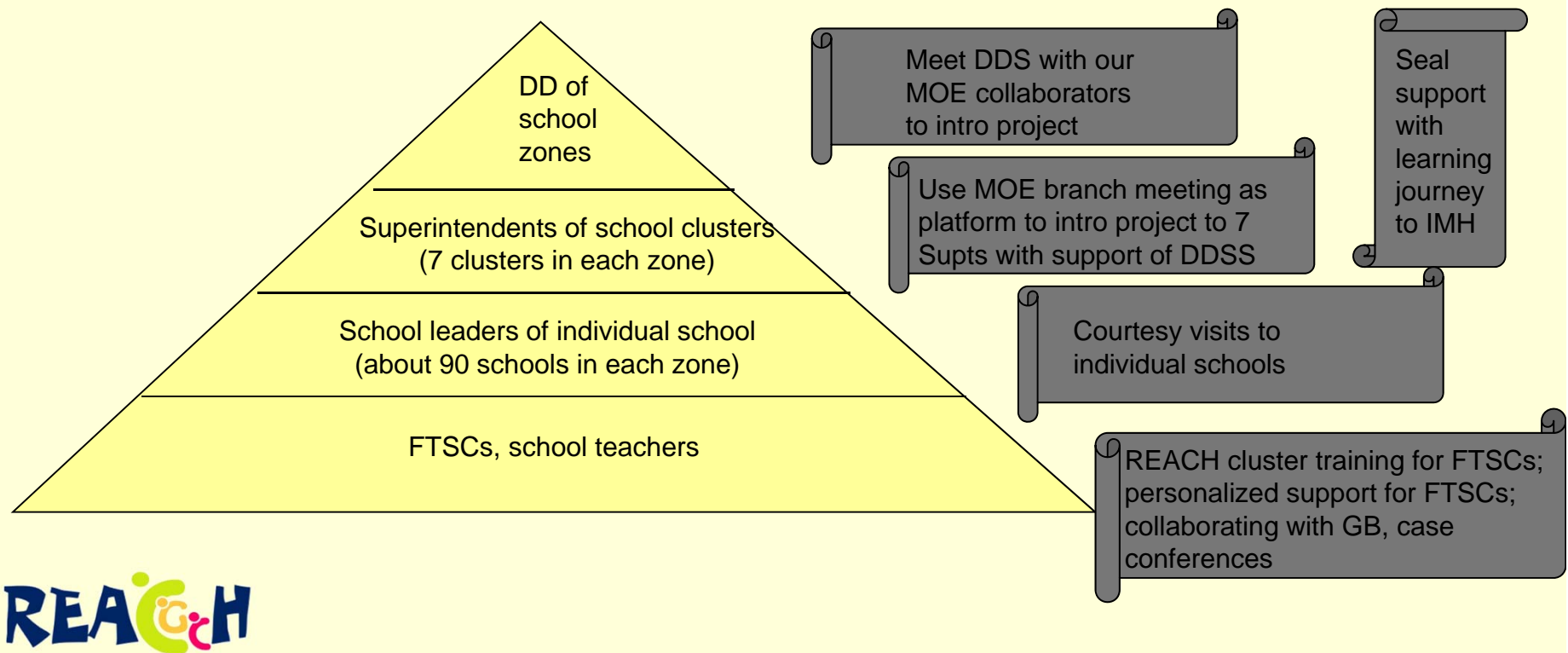
Provide early interventions, support and training to school counsellors & improve mental health of children and adolescents in schools



# REACHing out to the *village*: Experiences, challenges and learning points

## 1) Establishing A New Referral System

- Overcoming resistance from school personnel to new referral system



# REACHing out to the *village*: Experiences, challenges and learning points

## 2) Training and Capacity Building

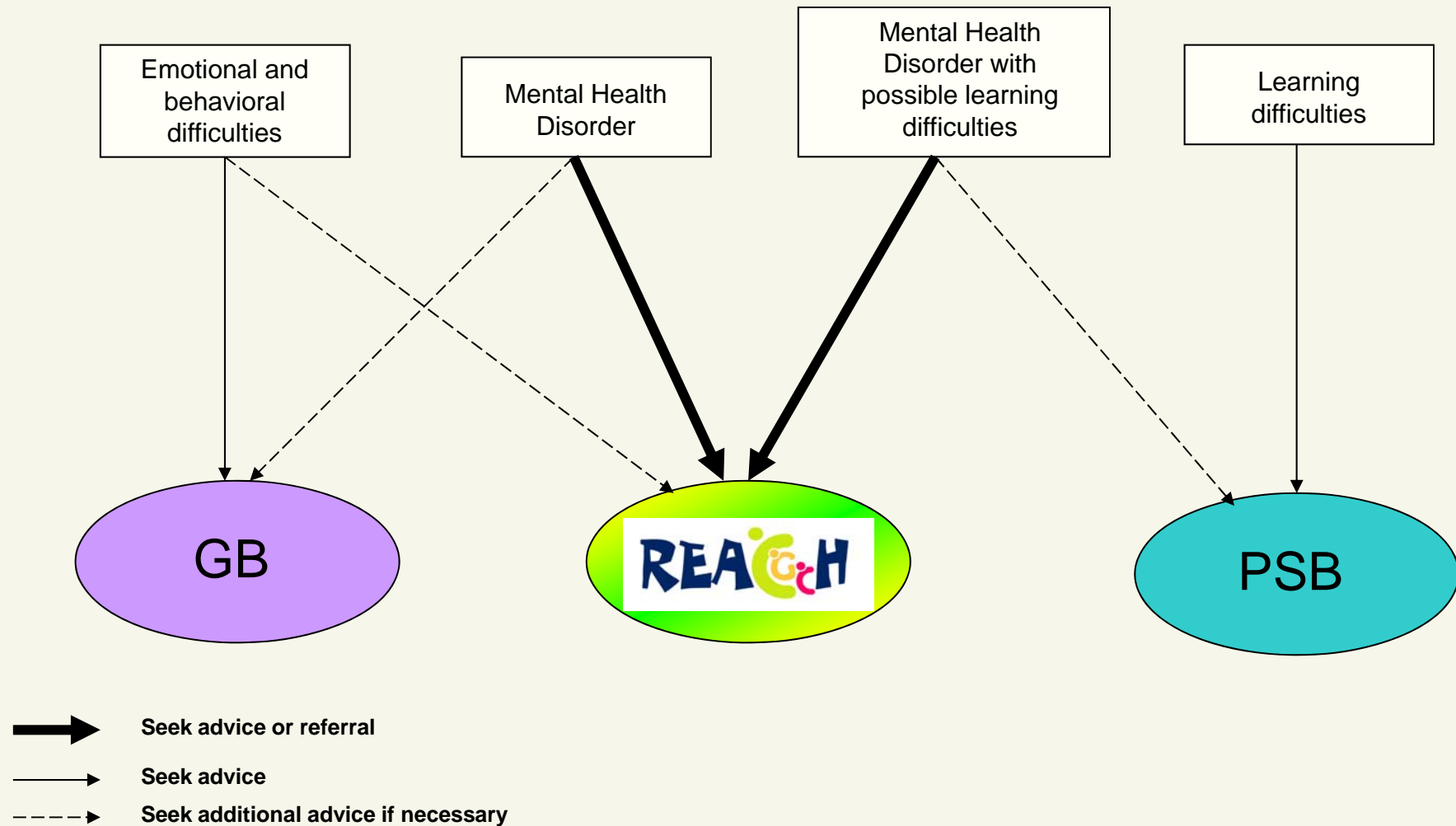
- ☆ Work closely with MOE Guidance Branch on training FTSCs
- ☆ Targeted training through conducting case conferences on student for affected school personnel
- ☆ Identify relevant personnel in organisation to train
- ☆ Conducting Sat afternoon or weekday evening trainings for GPs and in preferably the first half of the year
- ☆ Create online portals to provide information and resources on common mental health disorders in children and adolescents

# REACHing out to the *village*: Experiences, challenges and learning points

## 2) Training and Capacity Building

- ☆ Integrating community resources in management plan
- ☆ Delineating clearly for schools on roles of REACH and MOE branches

# Roles of REACH, PSB and GB



# REACHing out to the village: Experiences, challenges and learning points

## Positive Outcomes Experienced

- ☆ Shortened waiting time for students to be seen.
- ☆ Lesser stigma – pas more willing to give consent.
- ☆ More thorough assessment in community.
- ☆ Advice can be given faster, support can be provided more readily.
- ☆ Learnt how each school works, different things work for different schools. Personalised school-based interventions can be given.
- ☆ Schools have a lot of resources that can be tapped on.

# REACHing out: Experiences, challenges and learning points

## Positive Outcomes Experienced

- ☆ Linking up between agencies have been much easier.
- ☆ We see the ripple effect in FTSCs
  - improved triaging,
  - improved information gathering
  - using what we have taught for other cases.
- ☆ We have seen improvements! Working in the community has allowed us to work closely with schools and family to help improve students' mental health.

# REACHing out to the *village*: Concluding Reflections

- ☆ Getting the *village* to work together is tough but possible
- ☆ Creating a common *holistic language of help* out of the medical, social and educational speak is important



REACH

# What our Partners Say

# Q & A



**REACH**