

UNDERSTANDING

THE **QUALITY OF LIFE** OF

ADULTS WITH

MENTAL

HEALTH ISSUES

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MENTAL
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PRESIDENT'S FOREWORD

MR HSIEH FU HUA
NCSS President

"That food goes uneaten and families remain vulnerable tells us that hunger is but one need among many."

Before I became President of NCSS, I used to volunteer for a charity, handing out food provisions to vulnerable families. Many recipients were kind and invited me into their homes. What struck me during these visits was the sight of stacks of unconsumed and even expired food. They explained to me that when social service organisations offered help, it was usually food.

While well-intentioned, gifts of food address hunger as opposed to what keeps people hungry. That food goes uneaten and families remain vulnerable tells us that hunger is but one need among many. It also reminds us that people's real needs can be very different from what we believe them to be.

In addressing these issues, NCSS advocates a quality of life approach to understanding needs. Areas such as psychological well-being, independence and having social support are vital to living well. This entails encouraging people to express what they need, and to be active participants in addressing their own needs.

The Quality of Life Study has shed valuable insights on how all individuals can hold onto their aspirations, use their abilities and be active in society. It has surfaced the need for open conversations to increase mental health awareness and improve mental well-being. More can also be done to support them in achieving meaningful employment and at the workplace. Persons with mental health issues have strengths and expertise which can be unlocked when we focus on supporting their pursuits and ambitions.

Ultimately, it is my hope that every contributor to this sector can join NCSS in taking a person-first perspective, seeing individuals beyond recipients of help alone and empowering all to live with dignity in a caring and inclusive society.



FOREWORD

DR GERARD EE
Chairman of the NCSS Advocacy and Research Panel

"Regardless of ability, condition or age, our lives are made up of many diverse facets, aspects and experiences intricately woven together."

Regardless of ability, condition or age, our lives are made up of many diverse facets, aspects and experiences intricately woven together. Even as individuals, we are shaped by the ecosystem we live in, be it the people close to us, community or wider society. Hence, focusing on a few aspects rather than the whole – the individual rather than his or her interactions with the entire ecosystem – prevents us from seeing meaningful linkages that contribute to who a person is.

With this in mind, NCSS carried out a series of studies to examine the quality of life of various vulnerable populations and seniors through a person-centred and holistic approach. To understand their aspirations, needs and well-being from their perspective, we adopted the World Health Organisation's framework on Quality of Life, conducting surveys, interviews and discussions.

This is one in a series of publications that presents the results of those findings to practitioners, social service professionals, volunteers and service users for their application. Each contains rich information that can be used to guide social service providers, funders and other stakeholders in the social service ecosystem, to dive into understanding and developing solutions so as to empower service users towards achieving their fullest potential.

Among numerous applications, the insights gleaned from these findings have contributed towards national initiatives such as the Enabling Masterplan 3, the nation's disability blueprint, as well as the Social Service Sector Strategic Thrusts, a five-year strategic roadmap for the sector developed in partnership with the public, private and people sectors.

I am extremely grateful to our advisors. They are experts in the field of statistics, psychology, social work, disability, mental health and seniors and research. I am also thankful to each and every respondent who participated in the study, along with the many who helped ensure that their opinions were heard.

AN OVERVIEW OF MENTAL HEALTH

WHAT IS MENTAL HEALTH?¹

A state of well-being in which every individual can:



Realise his or her potential



Cope with the normal stresses of life



Work productively and fruitfully



Have the ability to contribute to the community

WHAT IS A MENTAL DISORDER?²

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a mental disorder is characterised by clinically significant disturbances in a person's behaviour, thinking or feeling that suggest dysfunction in psychological, biological or developmental processes underlying mental functioning.

Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities. As a rule of thumb, it satisfies three criteria:



I was 24 years old when I went mad. That was in 2008. During my hospitalisation, I was restrained. I was tied down to the bed for more than 12 hours, in a room with ten other patients. When the nurses removed the raffia that bound my wrists and ankles, I tried to stand up but immediately collapsed onto the floor. I was wheeled into the shower room and doused in cold water. One does not have to go through this traumatic experience to appreciate how I felt at the time – ignored, that nobody was listening, that no one cared.

This impressive study is a serious attempt to understand what quality of life means to persons with mental health issues, by a governmental organisation that recognises the importance of mental health for individuals and society. This effort is part of a wider series of studies that looks at the quality of life of vulnerable persons in Singapore.

It is the mark of enlightened policy-making to consider and include the views of those who are most affected by it. In this study, NCSS has sought out and integrated the perspectives of persons with mental health issues. By caring to listen, it has given persons with mental health issues the opportunity to make their views heard.

This publication is a consolidation of those views. It highlights how the quality of life of persons with mental health issues can be improved, putting forth ideas that will be useful to mental health professionals and decision-makers, and which begins to answer the question – how can society build meaningful connections with such persons who are vulnerable and have been stigmatised?

One of the recommendations in this publication is that there be more opportunities for persons with mental health issues, that employers take advantage of the strengths of this under-utilised group. It is wonderful to note that NCSS is leading by example in this respect. Beyond advocating for more opportunities for vulnerable persons, it is also open, as an organisation, to hiring them.

This publication by NCSS is a small but necessary step, to a future where persons with mental health issues are treated with dignity. It should be read carefully. Let us build a society where all persons with mental health issues are in a place where they can feel that somebody is listening, that someone cares.



MESSAGE

MS CHAN LISHAN

Author, *A Philosopher's Madness*

"Let us build a society where all persons with mental health issues are in a place where they can feel that somebody is listening, that someone cares."

¹ World Health Organisation. (2014). *Mental Health: A State of Wellbeing*.

² American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*.

Tabled below are some common mental health disorders. Virtually all of them vary in severity, and require the presentation of multiple, clinically observable symptoms to be diagnosed.

ADDICTIONS (E.G. SUBSTANCE, BEHAVIOURAL)

Addictions affect people both physically and psychologically. A person can become addicted to either **substances** (e.g. abuse of drugs, alcohol) or to certain **behaviours** (e.g. gambling, sex, the Internet).

ANOREXIA NERVOSA

Self-starvation and excessive weight loss, coupled with an intense fear of gaining weight.

BIPOLAR DISORDER

Characterised by repeated episodes in which mood, energy and activity levels alternate significantly. Unlike mood swings, mood changes in bipolar disorder are severe, persistent and significantly affect the individual's ability to function.

BULIMIA NERVOSA

Cycles of binge-eating and purging. The person consumes large amounts of food at short intervals, before getting rid of the food through vomiting, laxative abuse or over-exercising.

DEMENTIA

A group of syndromes that affect the brain and are characterised by progressive global deterioration in intellect including memory, learning, orientation, language, comprehension and judgement.

MAJOR DEPRESSIVE DISORDER

Profound and pervasive feelings of sadness, emptiness, worthlessness and hopelessness that affect both body and mind.

GENERALISED ANXIETY DISORDER

Persistent and excessive symptoms of anxiety not restricted to a particular event or circumstance. Manifests in both physical (e.g. trembling, increased muscle tensions) and psychological (e.g. excessive worrying, difficulties concentrating) forms, which interfere with day-to-day activities and relationships.

OBSESSIVE-COMPULSIVE DISORDER

Obsessions are recurrent and persistent ideas, images or impulses, while **compulsions** refer to physical or mental acts that are repetitive, purposeful, and which attempt to reduce the anxiety caused by the obsession.

PANIC DISORDER

Severe, recurrent and often unexpected panic attacks that significantly impair a person's life. Panic attacks are typically characterised by a sudden onset of pounding heartbeat, shakes, cold sweat, breathlessness or giddiness.

POST-TRAUMATIC STRESS DISORDER

Affects many who survive major, traumatic experiences that are unexpected, life-threatening or highly distressing as perceived by a person. Manifests in avoidance, hyper-arousal as well as intense psychological distress as a result of exposure to anything associated with the trauma in question.

SCHIZOPHRENIA

A disorder characterised by major psychosis (e.g. delusions, hallucinations, disordered thinking or abnormal behaviour) but also deficiencies in mental functioning such as impairments in attention, poverty of speech or lack of emotional response.

Sources: DSM-5, Health Promotion Board, Institute of Mental Health, NCSS



DEMOGRAPHICS AND KEY TRENDS



Major Depressive Disorder, Alcohol Abuse and Obsessive-Compulsive Disorder are highly common in Singapore.³

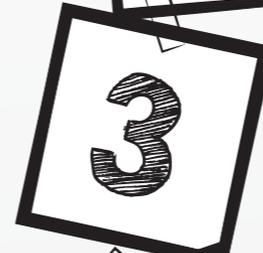
Major Depressive Disorder is the most common mental illness in Singapore, with nearly 1 in 20 having experienced it at some point in their life.

♀ It affects **women** more than men.

1/2 **Half** of those who experienced it also had a chronic physical illness.



Most major mental illnesses occur by the age of 26⁴, and begin when a person is between the age of 18 and 29.⁵



Only less than a third who have a mental illness seeks help.⁶



The public believes that persons with mental health issues can recover if they want to, are unpredictable and that having a mental health issue hints at personal weakness.⁷



Most people can recognise symptoms of Major Depressive Disorder and Alcohol Abuse, though not so for Obsessive-Compulsive Disorder and Schizophrenia.⁸

³ Institute of Mental Health. (2011, Nov 18). Latest Study Sheds Light on the State of Mental Health in Singapore.

⁴ Ibid.

⁵ Vaingankar, J. A., Rekhi, G., Subramaniam, M., Abdin, E., & Chong, S. A. (2013). Age of Onset of Life-time Mental Disorders and Treatment Contact. Age of onset was self-reported. Disorders considered excluded eating disorders and phobias.

⁶ Chong, S. A., Abdin, E., Vaingankar, J. A., Kwok, K. W., & Subramaniam, M. (2017). Where Do People With Mental Disorders in Singapore Go To For Help?.

⁷ Institute of Mental Health. (2015, Oct 6). IMH's National Mental Health Literacy Study Shows Dementia, Alcohol Abuse and Depression are the Most Recognisable Among Common Mental Disorders.

⁸ Ibid.

INTRODUCTION

Anyone can experience a mental health issue at some stage in life. While addressing its symptoms is important, it is equally significant to recognise that those affected do not stop having the same needs as any other person. Hence, solutions need to go beyond a person's condition alone and meet needs in a more effective, collective and sustained manner.

To this end, NCSS supports a **person-centred** and **ecosystem** approach towards helping individuals achieve **quality of life**. This is also the value which underlies the Social Service Sector Strategic Thrusts (2017-2021), a 5-year roadmap for the social service sector.⁹

PERSON-CENTRED

A *person-centred* approach operates on the belief that an individual has the capacity to understand, articulate and work through problems, making decisions on how to overcome them.¹⁰

ECOSYSTEM

Addressing individuals holistically also means seeing them as connected to different contexts that mutually influence each other, and which impact every aspect of an individual's life — an *ecosystem*¹¹ comprising caregivers and family, community and wider society. In practice, this means that understanding the needs of persons with mental health issues necessitates taking into account their interactions with the ecosystem, towards more holistic understanding and solution creation.

QUALITY OF LIFE

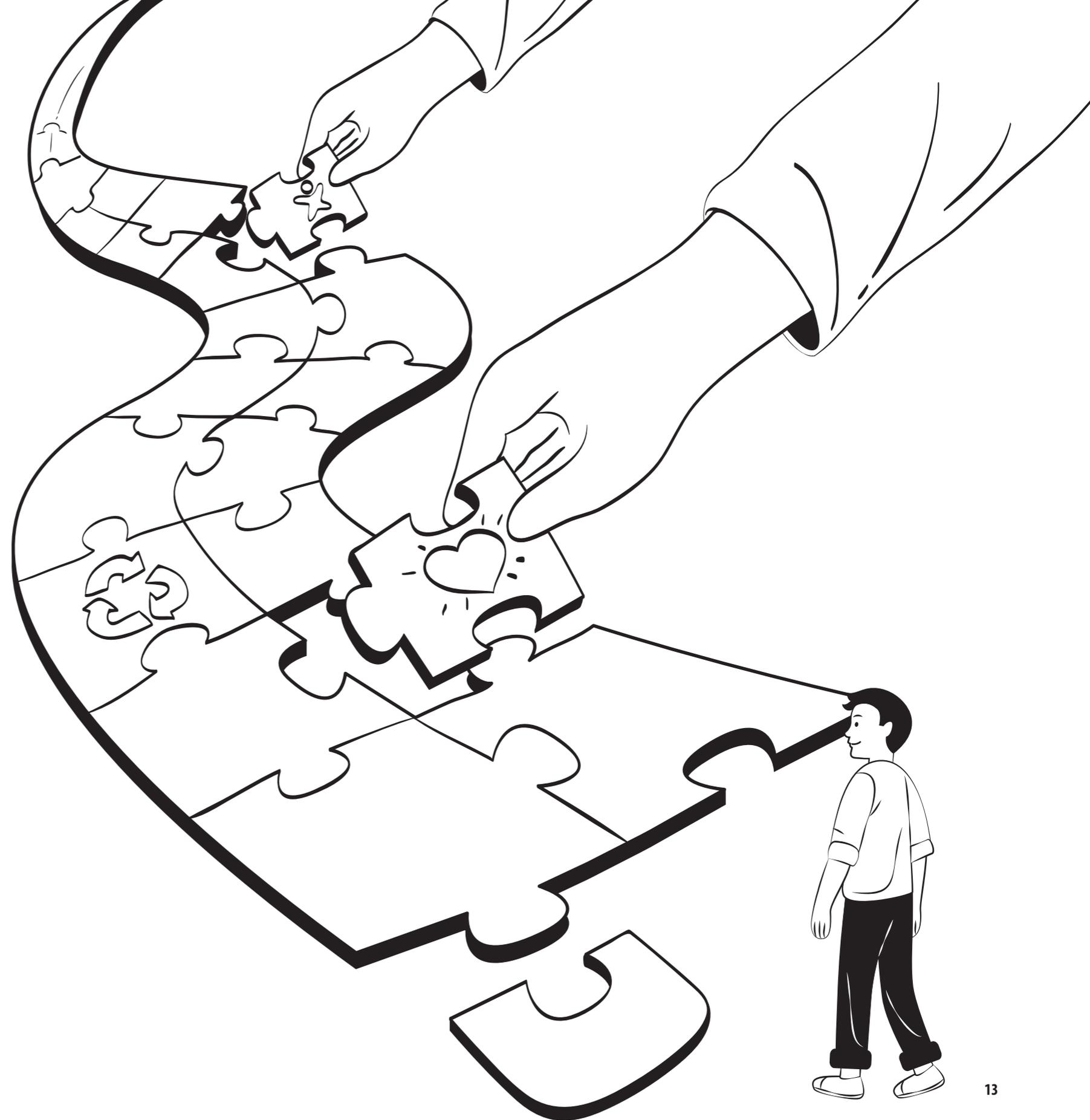
Taking a multi-faceted approach to individual well-being, a key goal is to ensure that individuals' *quality of life* is optimised in the form of a core set of diverse, essential needs to be met. These needs are evaluated from individuals' own point of view, which gives credence to people's own awareness of what they need. This is important because researchers agree that the assessment of quality of life is subjective¹², but also and because individuals perceive needs and give importance to them in different ways.

⁹ The Social Service Sector Strategic Thrusts document may be found on NCSS' website at <http://www.ncss.gov.sg/4ST>.

¹⁰ The term "person-centred" was first introduced by the psychologist Carl Rogers in the 1940s. Further information about the person-centred approach can be found at <http://adpca.org/content/history-0>.

¹¹ Bronfenbrenner, U. (1986). *Ecology of the Family as a Context for Human Development: Research Perspectives*.

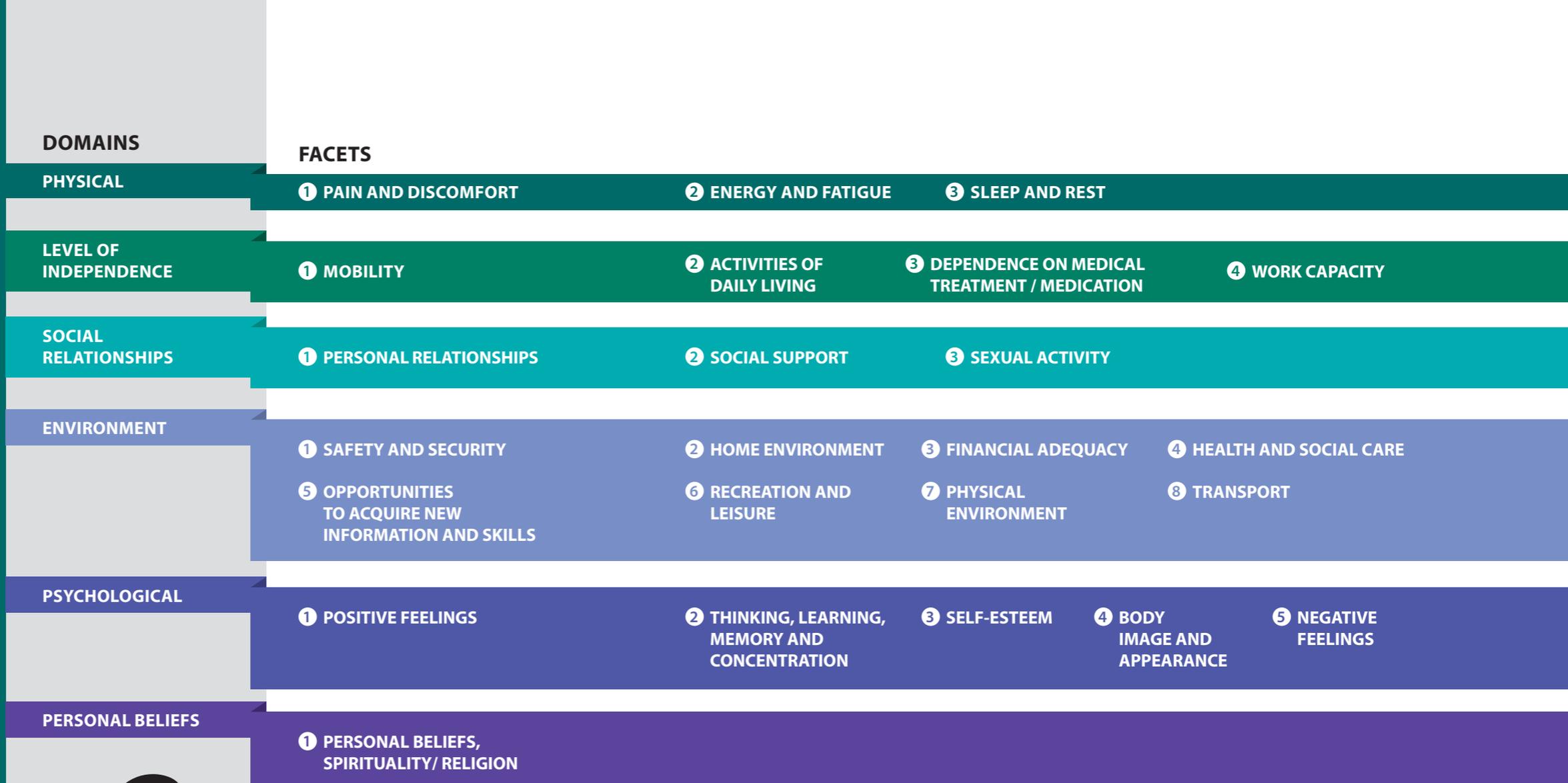
¹² Blatt, B. (1987). *The Conquest of Mental Retardation*; Taylor, S. & Racino, A. (1991). *Community Living: Lessons For Today*.



The World Health Organisation (WHO) defines Quality of Life as such¹³:

“An individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.”

It conceptualises Quality of Life in six constituent domains, subdivided into 24 facets. More details on the domains and facets may be found in **Annex A**.



With this in mind, NCSS conducted the **Quality of Life Study on Persons with Mental Health Issues** in Singapore. This survey targeted persons with mental health issues who are or have accessed social support, and is the first study carried out for this group that focuses on their quality of life and what they consider important to their well-being.

These findings support existing knowledge and feedback, and help NCSS represent the views of persons with mental health issues. NCSS will also

reference them for deeper solutioning, research, service planning efforts, public education and policy recommendations.

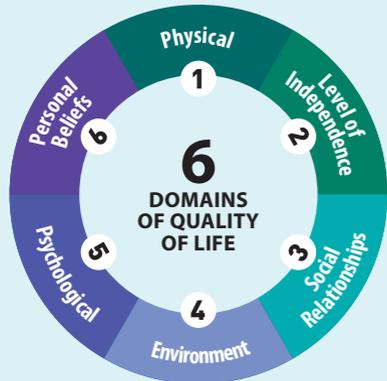
The results from this inaugural study serve also as a baseline for future comparison, allowing changes in quality of life to be tracked over time. This will strengthen the social service sector’s ability to assess the impact of our schemes, initiatives, services and programmes, and identify trends for future needs and gaps.

¹³ World Health Organization. (1993). Study Protocol for the World Health Organization Project to Develop a Quality of Life Assessment Instrument (WHOQOL).

QUALITY OF LIFE STUDY ON PERSONS WITH MENTAL HEALTH ISSUES

RESEARCH OBJECTIVES

- To understand the needs of persons with mental health issues across six domains of quality of life¹⁴



- To obtain a quantitative baseline for the quality of life of persons with mental health issues
- To surface priority areas for action

METHOD

This study was carried out in two stages, comprising a survey as well as post-survey focus group discussions.

QUANTITATIVE SURVEY

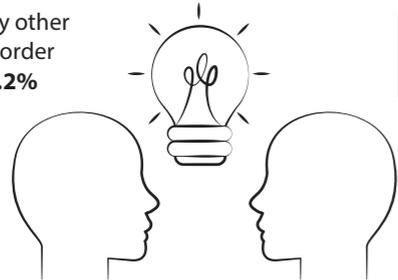
Participants for the quantitative survey were obtained through a random sampling of mental health service users from various mental health agencies and networks. Respondents were screened to ensure that they were in stable condition to respond to the survey¹⁵.

The survey was self-administered and conducted face-to-face. The final sample comprised 477 responses. Respondents were asked to complete the survey on their own, and assisted if they had trouble understanding any terms.

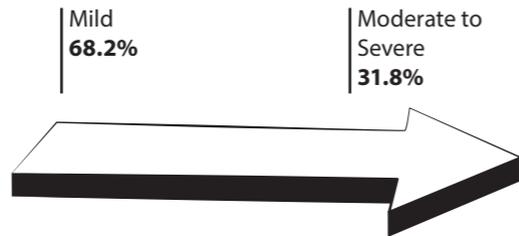
Nearly 1 in 3 presented more than one mental health condition.

RESPONDENT BREAKDOWN BY MENTAL HEALTH CONDITION

Psychosis 27.9%	Mood Disorder 14.3%	Substance Abuse 7.7%	Anxiety Disorder 4.4%
Any other disorder 13.2%	Comorbidity (>1 condition) 32.5%		

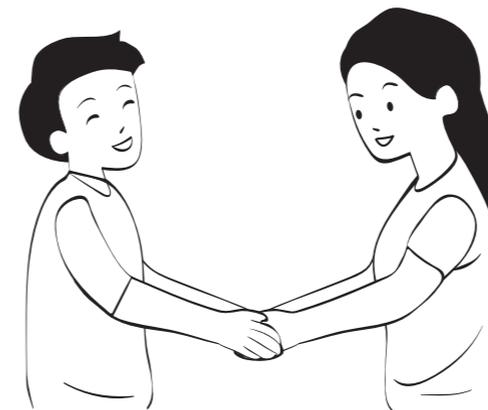


RESPONDENT BREAKDOWN BY SEVERITY OF MENTAL HEALTH CONDITION



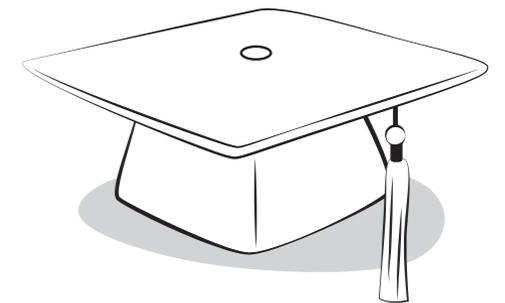
RESPONDENT BREAKDOWN BY GENDER

Male 56.2%	Female 43.8%
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RESPONDENT BREAKDOWN BY EDUCATION

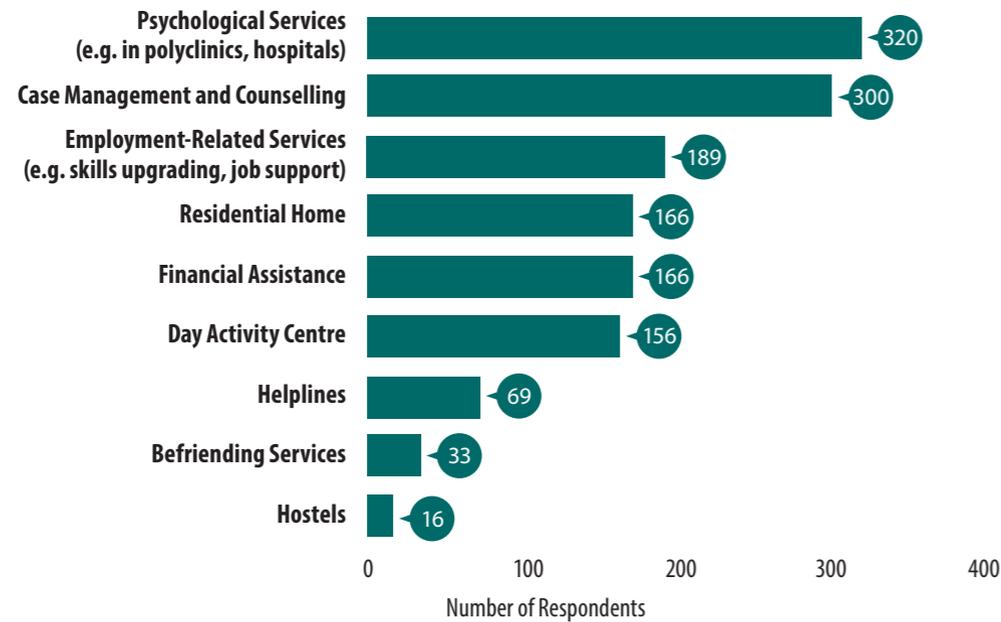
Secondary and Below 61.4%	Institute of Technical Education/ Polytechnic/ Junior College 26.8%	University and Higher 11.6%	Others 0.2%
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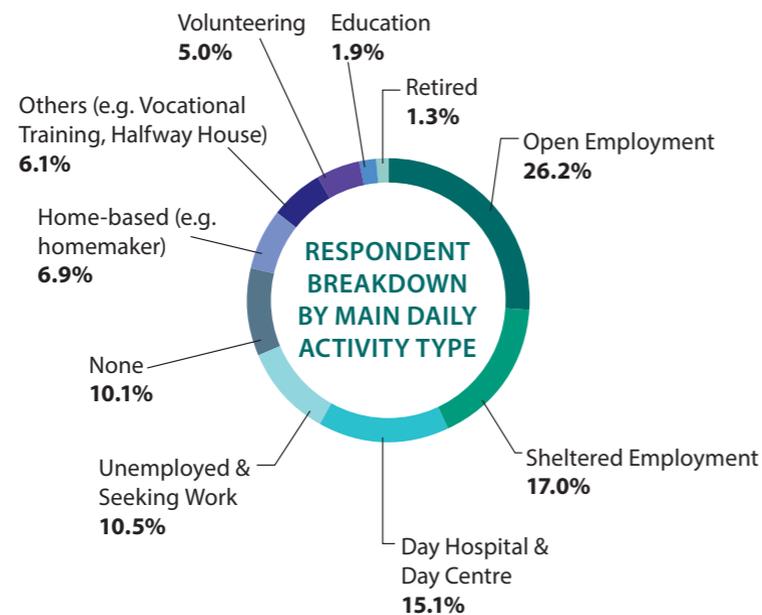
¹⁴ More details on the domains, and facets under each domain, in **Annex A**.

¹⁵ Includes persons with mental health illness accessing or who have accessed social services, and whose condition has to be stable for at least 2 weeks. Participants with these conditions were excluded: Severe Dual Diagnosis (i.e. mental illness with severe intellectual disability), Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). No representative national registry for persons with mental health issues exists, especially as many who have mental health issues do not seek help. Response Rate = 76%. Of 630 surveys distributed, 477 were used after data verification.

RESPONDENTS WHO HAVE USED OR ARE CURRENTLY ACCESSING SERVICES[^]



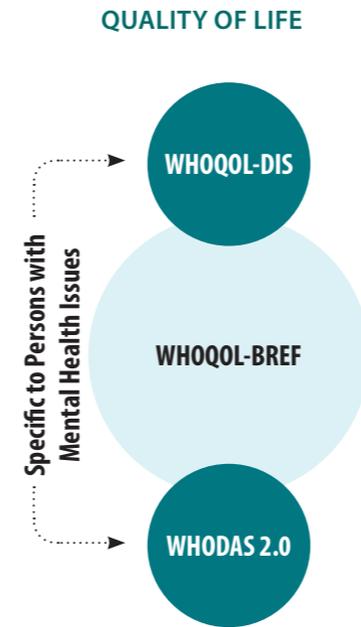
[^] Respondents were allowed to indicate their attendance of more than one service



COMPARISON TO THE GENERAL POPULATION

As a basis for comparison, NCSS obtained a representative sample (n = 942) of the general population through the Department of Statistics¹⁶ as well.

In this survey, three World Health Organisation Quality of Life (WHOQOL) instruments were used. Further questions were asked on their satisfaction of services accessed, the types of services they require as well as the Quality of Life domain(s) in which they desired the most improvement. All questions were translated into Chinese, Malay or Tamil where necessary.



WHOQOL-BREF¹⁷

This is a 26-item scale that asks respondents to rate their perceived state of well-being in the last two weeks. Questions are answered on a five-point scale and comprise of:

- 24 questions that corresponded with the 24 facets of Quality of Life
- Two questions regarding their perception of life and health overall

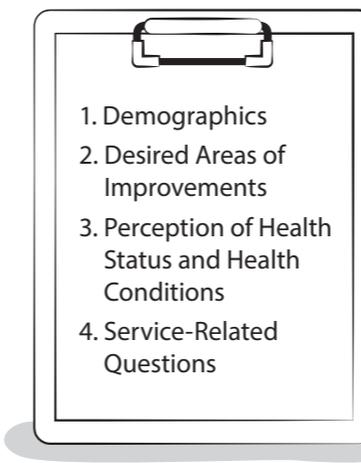
In addition to the sample of persons with mental health issues, the WHOQOL-BREF was administered to the general population sample as well.

WHOQOL-DIS

This is an add-on module of WHOQOL-BREF which surveyed respondents on three areas of life regarded as important to persons with mental health issues – *Autonomy, Discrimination and Social Inclusion*¹⁸. Similarly, questions were answered on a five-point scale and based on respondents' experiences in the last two weeks. There were 13 questions in total, including:

- One question about the overall effect of the mental health issue(s) on respondents' life
- 12 questions on aspects related to Autonomy, Discrimination and Social Inclusion, in particular:

OTHER AREAS SURVEYED BY NCSS



Facet	Areas Covered
Autonomy	Feeling in control of one's life Being able to make day-to-day choices and big decisions in life
Discrimination	Unfair treatment Needing to stand up for oneself Worries about the future
Social Inclusion	Feeling accepted and respected in society Ability to communicate effectively with people Opportunities to be involved in social and local activities Feeling that dreams, hopes and wishes will be realised

¹⁶ Responses from the general population sample who indicated that they had mental health conditions and/or disability were removed so that the general population sample could be used as a control group for comparison with the other target groups. 2,000 households surveyed. Response rate: 50%.

¹⁷ According to WHOQOL Group (1998), the WHOQOL-BREF has been validated cross-culturally for various populations worldwide.

¹⁸ Items were generated from focus group discussions, tested and validated across 15 countries (Power, Green & The WHOQOL-DIS Group, 2010).

WHODAS 2.0 (WHO DISABILITY ASSESSMENT SCHEDULE)¹⁹

This 36-item instrument measures functioning levels in six domains of health and disability. Responses are indicated on a five-point scale to measure intensity and the level of difficulty in performing these activities:

Domain	Areas Covered
Cognition	Understanding and communicating
Getting Along	Interacting with other people
Life Activities	Domestic responsibilities, leisure, work and school
Mobility	Moving and getting around
Participation	Joining in community activities, participating in society
Self-Care	Attending to one's hygiene, dressing, eating and staying alone

FOCUS GROUP DISCUSSIONS

To derive deeper insights into the survey findings, focus group discussions were carried out with mental health practitioners and leaders. The discussions included open conversations on participants' understanding and views on the needs of and challenges faced by persons with mental health issues, pain points as well as strategies in moving forward.

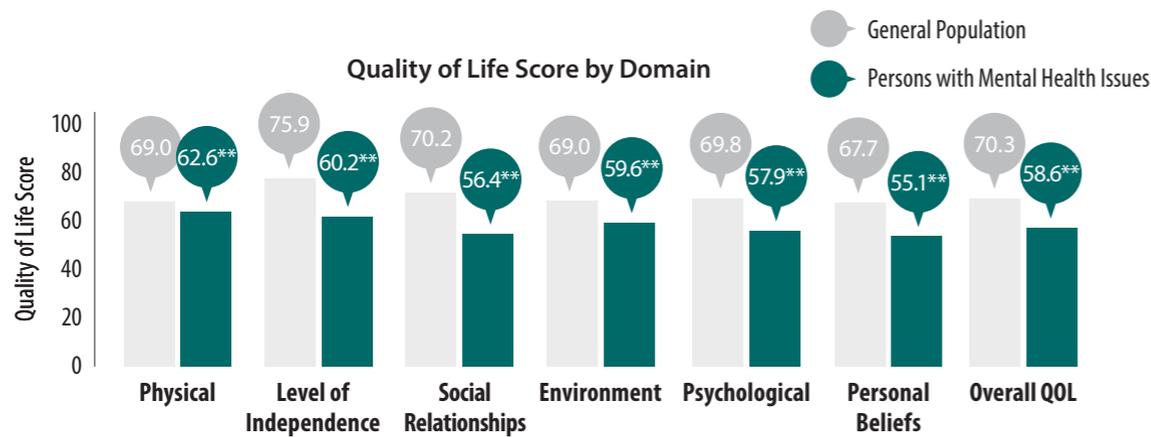
KEY FINDINGS

To apply the findings in a more direct manner, ideas and innovative solutions (from Singapore or from overseas) are presented that adopt a person-centred and ecosystem approach in improving the lives of persons with mental health issues. They are not meant to be prescriptive, but to highlight both existing and innovative models to inspire more solutions that are ground-up.

Finding #1

Persons with mental health issues experienced a *lower quality of life* than the general population.

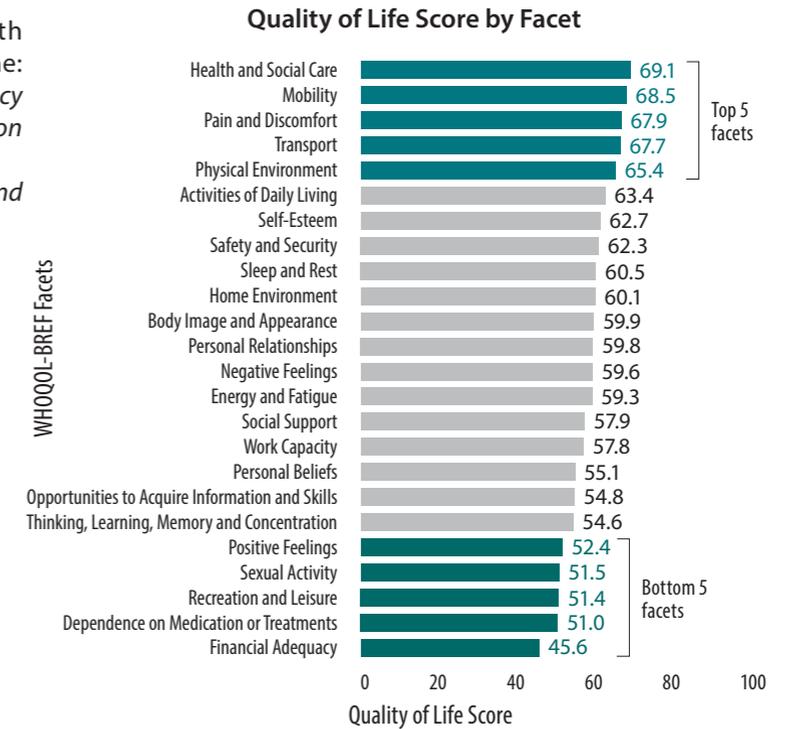
At the domain[^] level, the scores for *personal beliefs* and *social relationships* were the lowest.



** p < 0.01. A Multivariate Analysis of Variance was performed on the six domains related to quality of life (DV) and group membership (IV).

At the facet level[^], persons with mental health issues reported the:

- Worst scores in *financial adequacy* and *dependence on medication or treatments*
- Best scores in *access to health and social care, and mobility*



[^] For more information on the Quality of Life domains/facets, please refer to **Annex A**.

Idea: Boost personal support networks.

Focus group discussions revealed the importance of growing the personal support network of persons with mental health issues to encourage them to perform self-care, participate in social and recreational activities and have hope for the future. This is especially critical as several experienced abandonment and attrition of both friends and family upon being diagnosed.

Peer support programmes and peer specialists were shared to be effective in speeding up the recovery process of a person with mental health issues, and to increase self-confidence through peer role-modelling.

The counsellors at the Singapore Management University's (SMU) Mrs Wong Kwok Leong Student Wellness Centre are often assisted by **Peer Helpers**, full-time undergraduate students trained in helping skills to provide a listening ear and emotional support for their peers. Peer helpers also organise campaigns and events which raise awareness of mental health and well-being in the entire SMU community.

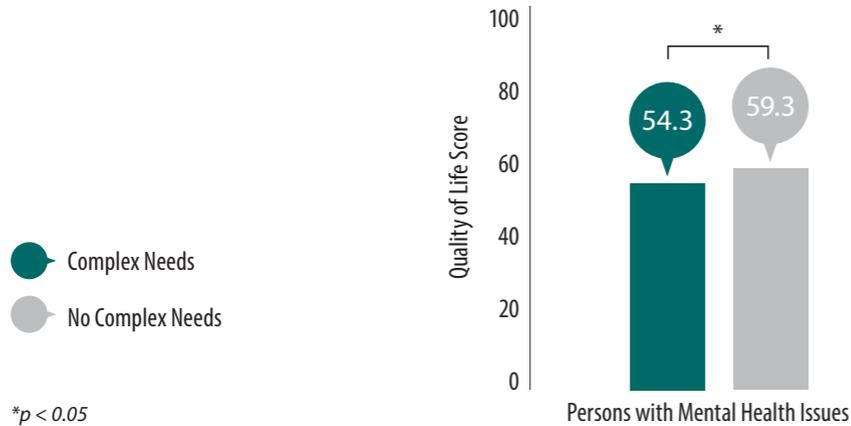
More information may be found at: www.smu.edu.sg/wklswc/smu-peer-helpers

¹⁹ The WHODAS 2.0 has been tested in different cultural settings and health populations and has robust psychometric properties (Gold, 2014).

Finding #2

Persons with mental health issues who had complex needs (i.e. having a disability or being over the age of 65), reported lower quality of life.

Quality of Life Score by Presence of Complex Needs



Idea: Expand mental health services to seniors as well as persons with disabilities.

More support and guidance could be given to mental health agencies to better serve clients who are seniors or who have disabilities, and to collaborate with other community organisations. There could also be a greater and preventive emphasis on mental well-being upon the diagnosis of a disability or when dealing with seniors, particularly those who are at risk for vulnerability such as singles or those who are socially isolated.



In building the capability for community based psychiatric assessment, the **Aged Psychiatry Community Assessment and Treatment Service-Regional Eldercare Agencies Partnership (APCATS-REAP)** was initiated to train eldercare agencies and General Practitioners (GPs) to provide coordinated mental health services for the elderly in the community. It focuses on building organisational capabilities in early detection as well as management and coordination of mental healthcare.

More information may be found at: www.imh.com.sg/education/page.aspx?id=658

Finding #3

Idea: Look out for caregivers with mental health issues and extend the necessary support.

Currently, it is unclear as to whether the mental health condition was acquired before or during caregiving. However, looking out for this group is important as the quality of care they provide to those they serve is often closely linked with their own quality of life.

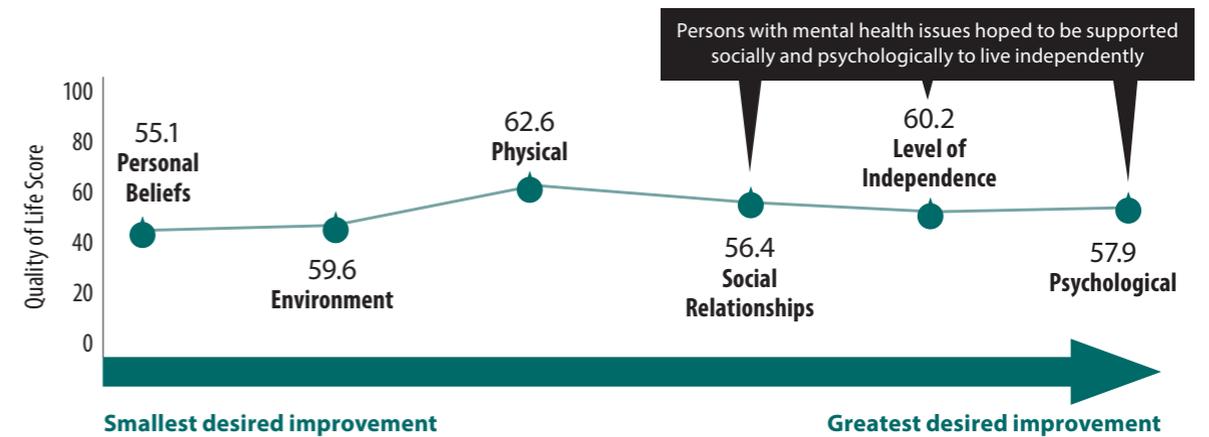
While there are some support avenues for caregivers of persons with mental health issues (e.g. the Family Link Program, support groups by Singapore Association for Mental Health), more can be done for caregivers *with* mental health issues. This could involve preventive mental health measures for new caregivers, or extending support to caregivers with mental health issues.

10.9% of respondents were also caregivers.



Finding #4

Persons with mental health issues wanted to see improvements in their *psychological well-being, level of independence and social relationships*. In particular, a significant number expressed their desire to be employed.

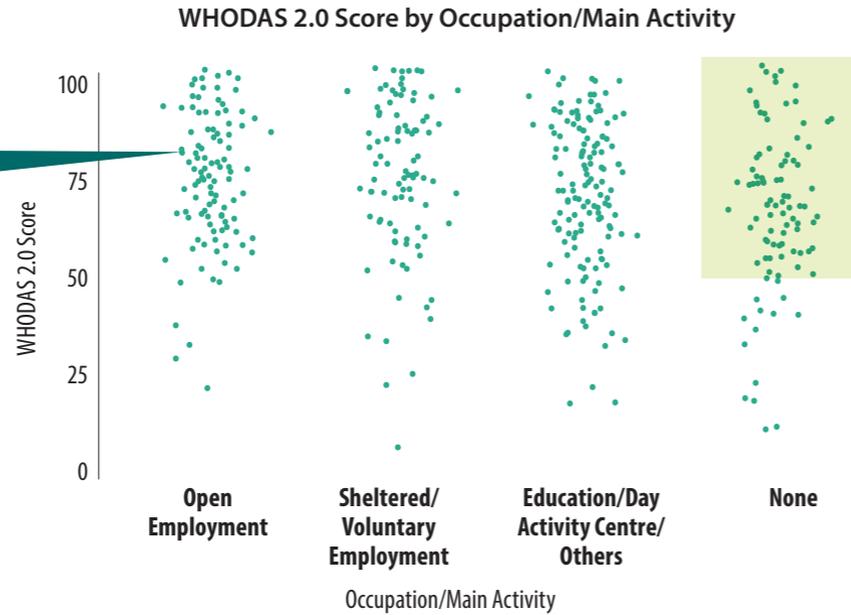


Finding #5

A number of those surveyed who are *higher functioning* responded that *they are not engaged in a main daily activity*, be it employment, education or other forms.

Each dot represents one respondent. The WHODAS 2.0 domains are (p.20):

- Cognition
- Getting Along
- Life Activities
- Mobility
- Participation
- Self-Care



Idea: Support persons with mental health issues to achieve sustainable and meaningful employment.

Despite career guidance and training being available, survey respondents frequently communicated that they did not know how or lacked self-confidence to access them. In this regard, proactive assistance and outreach would be helpful.

Focus group participants also suggested matching jobs to the interests and abilities of persons with mental health issues, as well as more assistance to train and connect them to meaningful employment opportunities.



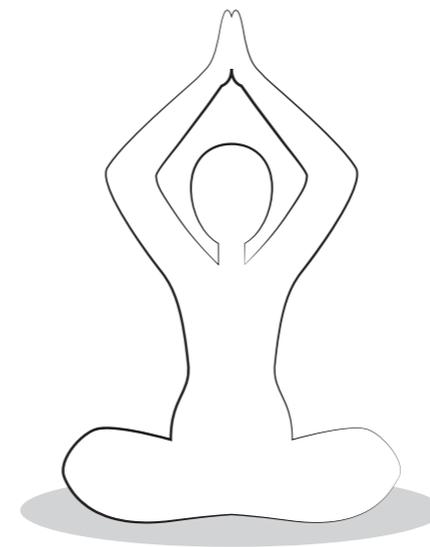
1 The Singapore Anglican Community Services' **Integrated Employment Services** helps persons in recovery seek sustained employment. In addition to career guidance and training by employment specialists, it features a mobile team of mental healthcare specialists and occupational therapists that provide on-the-job support until the worker becomes more independent.

More information may be found at <http://sacs.org.sg/our-services/psychiatric-rehabilitation-and-recovery-services/>

2 In a bid to strengthen the support for persons with mental health issues, mental health social service organisations as well as the Institute of Mental Health (IMH) have hired 25 full-time peer support specialists in a move to recognise peers in the recovery journey. These agencies collaborated with NCSS on the **Peer Support Specialist Programme**, which trains persons in recovery to work as peer support specialists in the social service and healthcare sectors. Skills learnt include recovery language, class facilitation and self-care.

More information may be found at: www.ssi.sg/peersupportspecialistprog

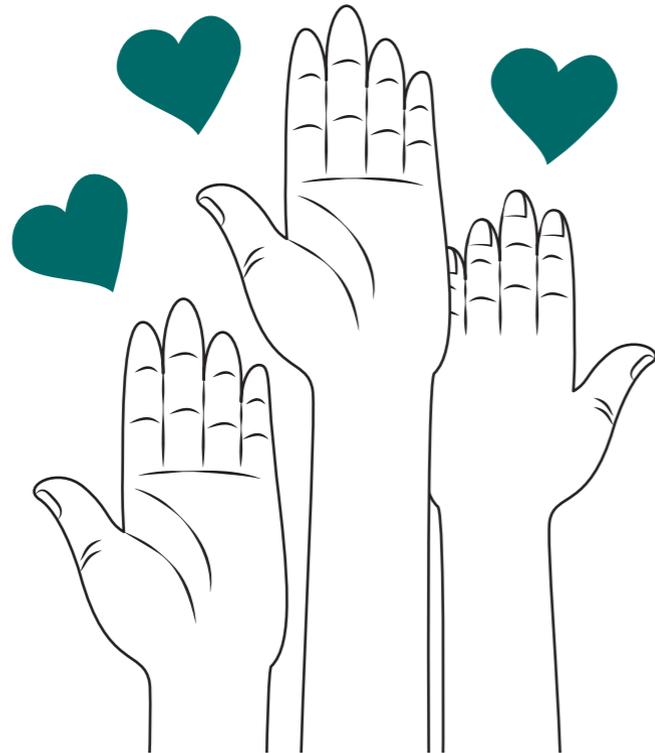
Encouraging employers to collaborate with mental health service providers to develop mental health services such as counselling or stress management techniques can also help in safeguarding workplace mental health.



In addressing the loss of productivity as a result of ill mental health among employees, Électricité de France (EDF) Energy rolled out its **Employee Support Programme**, a partnership between its occupational health department and a team of specialist psychologists and therapists in the UK. It was developed in consultation with the company's stakeholders, and involves segments such as cognitive-behavioural therapy for employees who need quick access to treatment and advice, as well as a training programme for managers to mitigate the effects of ill mental health.

More information may be found at: wellbeing.bitc.org.uk/all-resources/case-studies/better-specialist-support-edf-energy

If a company has the practice of offering small accommodations or alternative work arrangements such as flexible working hours, restructured job scopes or taking time off, such extensions can be availed to persons with mental health issues on the basis of valid certification.



Idea: Create volunteer opportunities for persons with mental health issues.

In addition to meaningful employment, volunteering can have a positive effect on the subjective well-being of persons with mental health issues by improving their social participation and chances to make friends. This provides for a self-validating experience and fosters the belief that one's actions can make a difference.

Tapping on the unique experiences of persons with mental health issues can be helpful in specific areas of mental health work. Thus, apart from opportunities such as events management, administration and intermediary support, the England-based mental health charity **Self Help** takes volunteerism one step further.

Inclined towards an ecosystem and user-led approach to volunteerism, the charity encourages service users, their friends/relatives and carers to contribute in designing the activities of the charity itself. For instance, the **Design of New Unique Therapeutic Services (DONUTS)** group is a monthly "co-production" meeting that discusses the design and development of peer-based services. In addition, its **Service User Reference Forum (SURF)** offers volunteers the chance to work with senior managers in raising awareness and developing the profile of Self Help and its services.

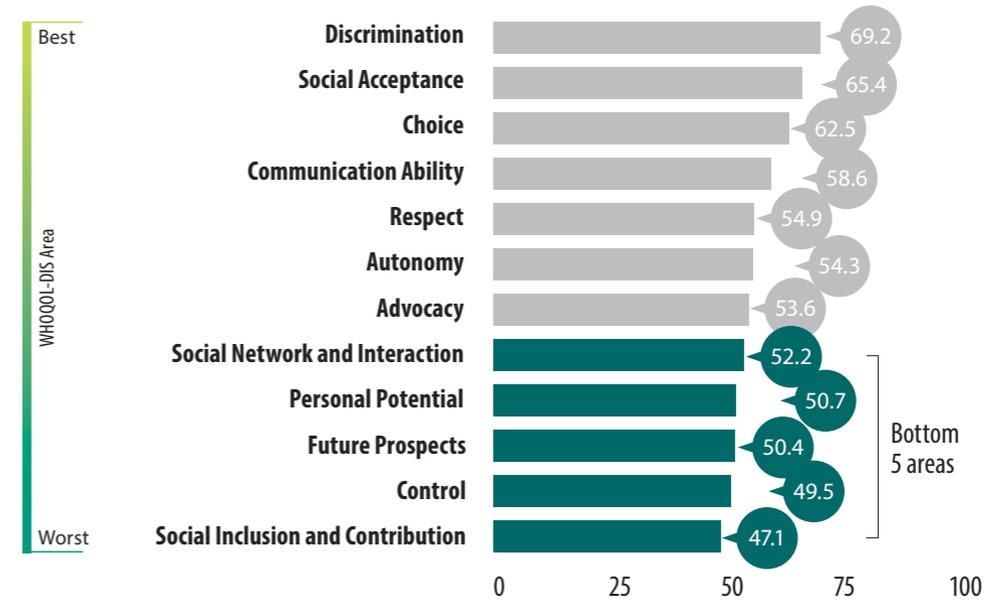
More information may be found at: www.selfhelpservices.org.uk/get-involved/volunteering

Finding #6

Persons with mental health issues felt that they lacked *autonomy* and control over their lives and in making life decisions.

They also felt excluded from *contributing meaningfully to society*, worried about *future prospects* and did not feel that they could fulfil their potential.

WHOQOL-DIS Score by Area



Idea: Change public attitudes towards mental health issues.

The most significant barriers to inclusion and acceptance are attitudes and mindsets. It is important to change the negative perception of mental health issues and to improve awareness and understanding. This is especially important, given that knowledge of mental disorders remains a concern in Singapore.

Public education efforts might focus on more tangible ways in which the public could reach out towards persons with mental health issues, such as role-playing everyday scenarios where individuals might exhibit behaviour or share concerns that require intervention or support.

The Agency for Integrated Care (AIC) works closely with government agencies, community partners, grassroots organisations as well as health and social care partners to form a **Local Community Support Network**, which works to raise mental health awareness of grassroots leaders and community partners, empowering them to recognise residents at risk and learn how to better support them. It has outreached to grassroots leaders and community partners with educational and training workshops.



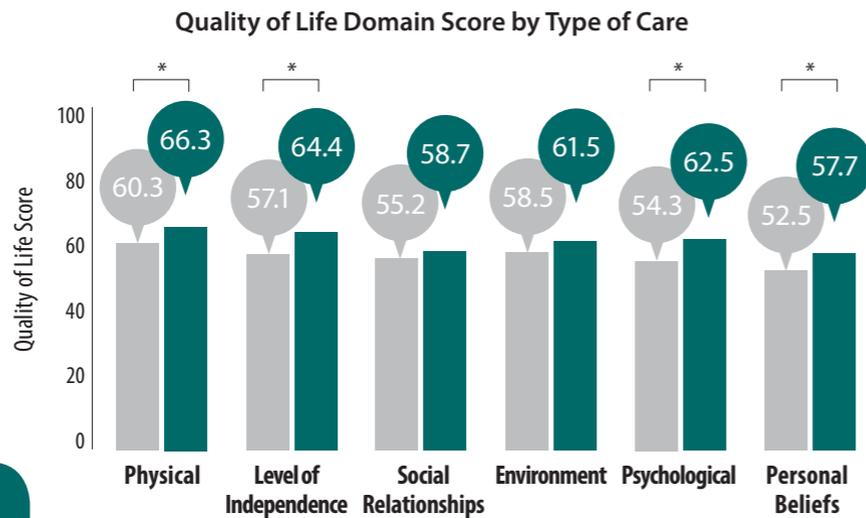
It helps to be familiar with mental wellness from a young age. In school, anecdotes of persons in recovery, or mental health facts, could be included as part of the curricula. Students could also be tasked with out-of-classroom assignments at mental health agencies, where they might be exposed to a more grounded understanding of things beyond textbook knowledge.

The Human Library is a programme with many chapters worldwide. It is designed to set the stage for positive conversations that can challenge stereotypes and prejudices through dialogue. It features a cost- and space-efficient “library”, which features human beings as “books”, whose time can be “borrowed” by others to find out more about their lives. Among the many who have signed up as “books” for “loan”, several have had mental health issues, such as Bipolar Disorder, Attention Deficit Hyperactivity Disorder and Post-Traumatic Stress Disorder.

More information may be found at: humanlibrary.org

Finding #7

Respondents who are or have accessed step-down care²⁰ reported significantly higher *physical, level of independence, psychological and personal beliefs* scores, than those who have not.



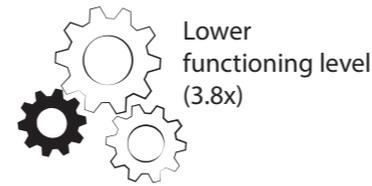
Idea: Improve transition support for persons with mental health issues returning to the community.

Transition support can be in the form of accompanying persons in recovery to follow-up and other community-based services, addressing their worries about reintegrating into the community or engaging them with peer support specialists in their journey beyond the mental healthcare system. Having such support can help them to better reintegrate into the community.

²⁰ Transition care for persons recovering from mental illness includes hostels and residential homes.

Finding #8

Respondents were more likely to have a lower quality of life[^] if they had:



Lower functioning level (3.8x)



Not been earning a personal income (1.7x)



Not engaged in regular sports or physical recreational activities (1.7x)

Idea: Encourage persons with mental health issues to stay healthy.

[^] **Binary logistic regression** was conducted (median QOL cutoff). Controlled for age and gender. Lower quality of life refers to scores in the bottom 50th percentile.

53% of respondents surveyed reported having a chronic disease such as heart disease, asthma, stroke and diabetes.

For example, individuals taking antipsychotics had a greater risk of physical health problems (e.g. inadequate nutrition, reduced exercise/fitness, pain and discomfort), negative impact on sensory functioning or lesser ability to perform activities of daily living — all of which put them at greater risk for chronic disease.

Conversely, having a chronic disease may also increase one’s propensity for mental illness, as it can result in significant changes to way of life or increased financial burden, which contribute in turn to poorer mental health.

Idea: Optimise opportunities for sports and recreational activities.

Sports and recreational activities can also help individuals safeguard their mental well-being and improve their quality of life.



Recognising the role of physical activity in the prevention and management of mental health issues, the London-based charity Mind has pioneered **Get Set to Go**, a programme which aims to support people with mental health issues to feel more confident about being physically active. It adopts a multi-pronged approach that includes organised sport and physical activity sessions, online peer support as well as national campaigns to promote the mental health benefits of physical activity. In particular, it trains peer sports navigators — volunteers who have had first-hand experience of mental health problems or have supported loved ones in managing their mental health — as positive role models to encourage participants to get active.

More info may be found at: www.mind.org.uk/about-us/our-policy-work/sport-physical-activity-and-mental-health/get-set-to-go/

Finding #9

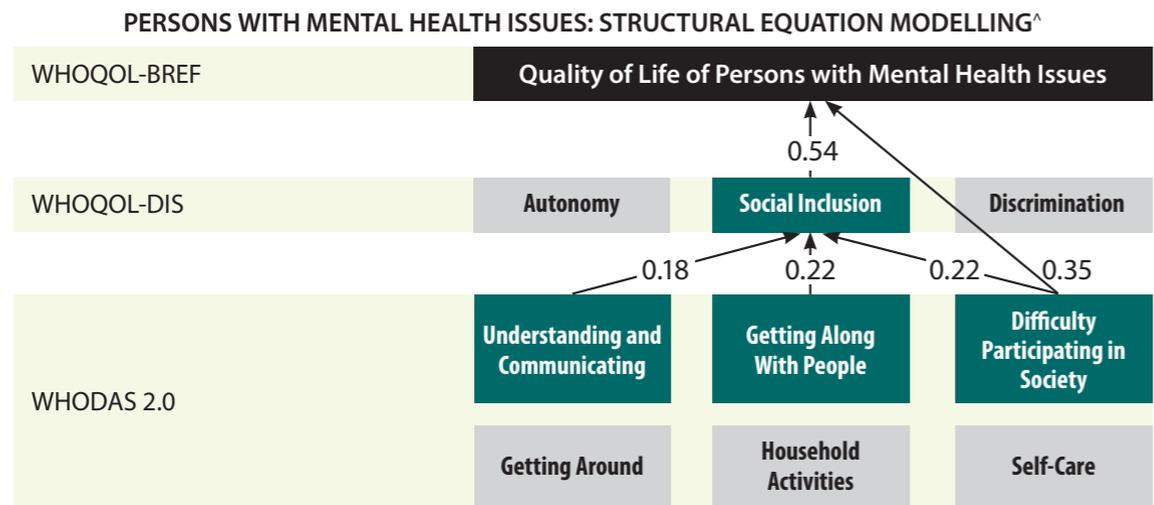
In holistically improving the areas outlined in the WHOQOL-BREF, addressing *social inclusion* when designing initiatives can achieve the greatest effect.

Aspects to focus on include:

- Eliminating barriers to *understanding, communicating and getting along with others*
- Increasing *social participation*

Hence, for instance, leisure activities for persons with mental health issues could be designed to encourage positive interactions with the community or others in the neighbourhood.

The **Structural Equation Modelling (SEM)** is used to understand the relationship between factors, particularly that between observable and unobservable variables. It provides numerical estimates that indicate the strength of such relationships.



[^] A simplified representation of Structural Equation Modelling – Multiple Indicators Multiple Causes Method

Idea: Promote understanding and effective interaction.

NCSS' **Removing Barriers Series** of booklets includes one for persons with mental health issues, and details important tips for how people can support them in everyday environments such as work, school or the neighbourhood. More information can be found on the NCSS website at <https://www.ncss.gov.sg>.



In sum, the ideas may be classified into three broad areas of action:

TRANSLATING IDEAS TO ACTION		
SOCIAL SUPPORT & INCLUSION	OPPORTUNITY	PERSONAL POTENTIAL
Work towards full and effective participation and inclusion of persons with mental health issues in society	Improve availability and access to resources and opportunities for persons with mental health issues	Improve persons with mental health issues' physical and mental well-being so that they can achieve their personal potential
	Encourage persons with mental health issues to stay physically healthy through sports and recreational activities	
Boost the personal support networks of persons with mental health issues	Expand mental health services to seniors and persons with disabilities	
Change public attitudes through community training and workshops as well as events to impart mental health literacy	Extend the necessary support to caregivers with mental health issues	
Teach others to interact with and help persons with mental health issues	Support persons with mental health issues to achieve and sustain meaningful employment	
	Create volunteer opportunities	
	Improve transition support for persons with mental health issues returning to the community	

THE MENTAL HEALTH SERVICE LANDSCAPE

The following key programmes and services cater to persons with mental health issues²¹.

For more information, a glossary as well as a list of mental health agencies is attached in **Annex B**.

PREVENTION AND EARLY IDENTIFICATION	HEALTHCARE AND SOCIAL SERVICES	
Early Identification and Detection (e.g. CHAT, EPIP)	Psychiatric Treatment and Psychological Intervention	Counselling Services and Family Work
Health Promotion	Illness Management and Recovery	Befriending
Suicide Prevention	Psychiatric Rehabilitation and Residential Services	Support Groups
	Addictions Services (e.g. National Addictions Management Service)	Peer Support Services (e.g. Peer Support Specialist Programme*)
	Home Visits and Community Outreach	Halfway Houses
	Psychiatric Assessment (e.g. CHAT, Community Psychogeriatric Team)	Employment Support (e.g. IMH Job Club, Project H.I.R.E*)
	GP Partnerships	Individual Training and Support
		Caregiver Support
		Social Service Offices
		Family Service Centres
	Suicide Intervention/Postvention	
	Crisis Management	
	Information and Referral Services	
	Helplines	

* indicates programmes in the pilot phase

²¹ Programmes and services listed are not exhaustive.

WHAT CAN YOU DO?

At the end of the day, everyone plays an important role in the mental health support ecosystem. Here are some suggestions for what you can do:

IF YOU ARE A...	YOU CAN...
PERSON WITH A MENTAL HEALTH ISSUE	Reach out to family and friends whom you can trust. Speak up and don't be afraid. If you are between 16 and 30, contact CHAT for a free and confidential check, or email them at CHAT@mentalhealth.sg . Most people complete their checks within two weeks of contacting CHAT.
EMPLOYER	If an employee reveals that he or she has a mental health issue, be honest and open about how you can support them at work. Help make the workplace more inclusive for persons with mental health issues. When in doubt, seek the advice of IMH Job Club or SACS Integrated Employment Services . Give persons with mental health issues a chance; ascertain their strengths instead of deciding their weaknesses.
SERVICE PROVIDER	View service users as persons worthy of help, support and recovery. Empower them to achieve their fullest potential. Support them to actualise their potential and aspirations in wider society.
GRASSROOTS WORKERS	Raise awareness of mental health issues in the community, and encourage any who feel distressed to reach out for assistance appropriately.
CO-WORKER / FRIEND	Express your concern. Let your friend know that you care about him or her, and have observed changes in his or her behaviour. Lend a listening ear and provide your support, and encourage him or her to seek professional help if necessary.
CAREGIVER	Don't be afraid to confide in others. If you need help, reach out to friends, family or organisations like the Caregivers Alliance Limited , or visit them at the Caregivers Support Centre at IMH.
FAMILY	Support your parent, sibling or child in any way you can. For example, suggest joint activities that you enjoy doing together previously but may have stopped engaging in, or simply spend more time in his or her company. Be watchful, and reach out if you notice unusual behaviour such as social withdrawal, strong changes in mood or self-hurting behaviour.
MEMBER OF THE PUBLIC	Recognise that mental health issues are real, and that dismissing them would only cause the problem to get worse for those who experience them. If you encounter someone who might need help or exhibits symptoms of mental health issues, reach out and encourage him or her to seek help. Speak up on his or her behalf if the individual is being ridiculed or harassed. Download a copy of the Removing Barriers series off NCCSS' website and share it with people you know. Help others understand the challenges that persons with mental health issues face, and encourage inclusive behaviour.

A list of hotlines may be found on the last page.

ACKNOWLEDGEMENTS

We would like to thank all our respondents, who have been gracious and kind enough to share their opinions, thoughts and stories, so that many may benefit. Special thanks also to our consultants, social service providers and partners for providing us with your feedback and assistance.

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In memory of:

[†]Prof Michael Power (1954-2017)
National University of Singapore
...and all who have contributed to
the research and this publication in
one way or another.

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ANNEX A: GLOSSARY OF QUALITY OF LIFE DOMAINS AND FACETS

DOMAIN	FACET	DESCRIPTION
Physical	Pain and Discomfort	This facet explores unpleasant physical sensations experienced by a person and the extent to which these sensations are distressing and interfere with life.
	Energy and Fatigue	This facet explores the energy, enthusiasm and endurance that a person has in order to perform the necessary tasks of daily living, as well as other chosen activities such as recreation.
	Sleep and Rest	This facet concerns how much sleep and rest, and problems in this area, affect the person's quality of life.
Level of Independence	Mobility	This facet examines the person's view of his/her ability to get from one place to another, to move around the home, move around the work place, or to and from transportation services.
	Activities of Daily Living	The facet explores a person's ability to perform usual daily living activities.
	Dependence on Medication or Treatments	This facet examines a person's dependence on medication or alternative medicines for supporting his/her physical and psychological well-being.
	Work Capacity	This facet examines a person's use of his or her energy for work. "Work" is defined as any major activity in which the person is engaged.
Social Relationships	Personal Relationships	This facet examines the extent to which people feel the companionship, love and support they desire from the intimate relationship(s) in their life. It also addresses commitment to and current experience of caring for and providing for other people.
	Social Support	This facet examines how much a person feels the commitment, approval, and availability of practical assistance from family and friends.
	Sexual Activity	This facet concerns a person's urge and desire for sex, and the extent to which the person is able to express and enjoy his/her sexual desire appropriately.
Environment	Opportunities to Acquire New Information and Skills	This facet examines a person's opportunity and desire to learn new skills, acquire new knowledge and feel in touch with what is going on.
	Recreation and Leisure	This facet explores a person's ability, opportunities and inclination to participate in leisure, pastimes and relaxation.
	Physical Environment	This facet examines the person's view of his/her environment. This includes the noise, pollution, climate and general aesthetic of the environment and whether this serves to improve or adversely affect quality of life.
	Transport	This facet examines the person's view of how available or easy it is to find and use transport services to get around.
	Safety and Security	This facet examines the person's sense of safety and security from physical harm.
	Home Environment	This facet examines the principal place where a person lives, and the way that this impacts on the person's life.
	Financial Adequacy	The facet explores the person's view of how his/her financial resources and the extent to which these resources meet the needs for a healthy and comfortable lifestyle.
	Health and Social Care	The facet examines the person's view of the health and social care in the near vicinity.

DOMAIN	FACET	DESCRIPTION
Psychological	Positive Feelings	This facet examines how much a person experiences positive feelings of contentment, balance, peace, happiness, hopefulness, joy and enjoyment of the good things in life.
	Thinking, Learning, Memory and Concentration	This facet explores a person's view of his/her thinking, learning, memory, concentration and ability to make decisions. This incorporates the speed of thinking and clarity of thought.
	Self-Esteem	This facet examines how people feel about themselves. This might range from feeling positive about themselves to feeling extremely negative about themselves.
	Body Image and Appearance	This facet examines the person's view of his/her body. Whether the appearance of the body is seen in a positive or negative way is included in this facet.
Personal Beliefs	Negative Feelings	This facet concerns how much a person experiences negative feelings, including despondency, guilt, sadness, tearfulness, despair, nervousness, anxiety and a lack of pleasure in life.
	Personal Beliefs, Spirituality/Religion	This facet examines the person's personal beliefs and how these affect quality of life. This might be by helping the person cope with difficulties in his/her life, giving structure to experience, ascribing meaning to personal questions and providing the person with a sense of well-being.

ANNEX B: GLOSSARY OF MENTAL HEALTH SERVICES AND LIST OF MENTAL HEALTH AGENCIES
GLOSSARY OF MENTAL HEALTH SERVICES

TERM	DESCRIPTION
Befriending	Programmes aimed at reaching out to and engaging persons with mental health issues (e.g. long stay residents) through ward visits and by planning events.
Caregiver Support	Provide advice and support to caregivers of persons with mental health issues through information and referral, consultations, counselling, training, support groups and other support programmes.
Community Health Assessment Team (CHAT)	A national outreach and mental health check programme under the IMH that promotes awareness of mental health issues and access to mental health resources. It features a free and confidential mental health check for those between 16 and 30 years old.
Community Psychogeriatric Team	Aims to improve the mental health of seniors in the community through partnerships with eldercare agencies and GPs. A multi-disciplinary team, including medical social workers, nurses, physiotherapists and geriatric psychiatrists, that conducts: <ul style="list-style-type: none"> • Training, consultation and support for eldercare agencies and family practitioners • On-site mental health assessments, psychosocial interventions and functional rehabilitation
Early Psychosis Intervention Programme (EPIP)	Using a multi-disciplinary approach, it focuses on the early detection and intervention of persons with psychosis and at high risk, with the aim of reducing the duration of untreated psychosis and improving patient outcomes.
Family Service Centres	Centres based in the community which provide help and support to individuals and families in need, supporting them to better cope with personal, social and emotional challenges.
GP Partnerships	Trains GPs to manage patients with stable mental illness.
Halfway Houses	Centres of rehabilitation that help substance abusers reintegrate into society.
IMH Job Club	A one-stop centre and supported employment service for persons with mental health issues.
National Addictions Management Service	Provides treatment for behavioural and substance addictions, including assessment, treatment planning, counselling and case management, relapse-prevention training and psychoeducation for patients and their families.
Peer Support Specialist Programme*	Creates opportunities for persons in recovery to reintegrate into the community by leveraging on their skills and lived experiences to support existing persons with mental health issues. The programme also involves public education efforts and other initiatives that cater to persons with mental health issues, with the aim of encouraging acceptance and social inclusion.
Project H.I.R.E (Help Integrate Recovering persons with mental health issues through Employment)*	Aims to raise awareness on the employability of persons <i>with</i> mental health issues by engaging them to become employable, and supporting employers to increase internship and employment opportunities for persons with mental health issues.
Social Service Offices	Brings social assistance closer to residents in the community who are in need, making ComCare and other forms of assistance such as job matching and family services more accessible.
Suicide Intervention/ Postvention	Suicide Intervention programmes support persons with suicidal tendencies through hotline, counselling, email befriending and on-site crisis intervention. Postvention supports families of suicide victims through helpline, home visits, face-to-face counselling and support groups.

* indicates programmes in the pilot phase

LIST OF MENTAL HEALTH AGENCIES[^]

For more details on the services that each agency offers, please refer to each agency's respective website.

AMKFSC Community Services Ltd www.amkfsc.org.sg	Club HEAL www.clubheal.org.sg	Silver Ribbon (Singapore) www.silverribbonsingapore.com
Bethesda Community Assistance And Relationship Enrichment (CARE) Centre www.bcare.org.sg	HighPoint Community Services Association (HCSA) Community Services* www.hcsa.org.sg	Singapore Anglican Community Service (SACS) www.sacs.org.sg
Brahm Centre Ltd www.brahmcentre.com	Hindu Endowments Board* www.heb.org.sg	Singapore Association for Mental Health (SAMH) www.samhealth.org.sg
Breakthrough Missions Ltd* www.breakthroughmissions.org.sg	Institute of Mental Health www.imh.com.sg	Singapore Buddhist Welfare Services* www.sbw.org.sg
Calvary Community Care www.calvary.sg	Jamiyah Singapore* www.jamiyah.org.sg	SPD www.spd.org.sg
Care Corner Singapore Ltd www.carecorner.org.sg	Montfort Care www.montfortcare.org.sg	Sunlove Abode For Intellectually-Infirm Ltd www.sunlovehome.org.sg
Caregivers Alliance Limited (CAL) www.cal.org.sg	New Hope Community Services* www.newhopecs.org.sg	Tai Pei Social Service www.dabei.org.sg
Chee Hoon Kog Moral Promotion Society www.chkmps.org.sg	NTUC Health Co-Operative Limited www.ntuhealth.sg	The Helping Hand* www.thehelpinghand.org.sg
Christian Care Services (Singapore)* www.christian-care-services.org	O'Joy Care Services www.ojoy.org	The New Charis Mission* www.thenewcharismission.org.sg
Christian Home Mission Ltd* www.hidingplace.com.sg	PERTAPIS* www.pertapis.org.sg	The Turning Point* www.tturningp.com
CLARITY Singapore Limited www.clarity-singapore.org	PSALT Care Ltd www.psaltcare.com	Thye Hua Kwan Moral Charities Limited www.thkmc.org.sg
	Samaritans of Singapore (SOS) www.samaritans.org.sg	Trybe Limited* www.trybe.org

[^] As of July 2017

* Provides halfway houses

Hotlines

IMH Mental Health Helpline (24 hours): 6389 2222

Samaritans of Singapore (24 hours): 1800 221 4444

CHAT (for youth aged 16-30): 6493 6500/6501

Club Heal (focused on Malay language speakers): 6899 3463

SAMH Counselling Helpline: 1800 283 7019

For Caregivers

Caregivers' Association of the Mentally Ill (24 hours): 6782 9371

Caregivers Support Centre, IMH: 6388 2686/8631

For Employment Services

IMH Job Club: 6389 2678

SACS Integrated Employment Services: 6812 9600

A more comprehensive list of helplines may be found on NCSS' website at <http://www.ncss.gov.sg/Press-Room/Publications/Detail-Page?id=Mental-Health-Resource-Directory>

National Council of Social Service

170 Ghim Moh Road, #01-02
Singapore 279621

Tel : 6210 2500

Fax : 6468 1012

www.ncss.gov.sg

#7 Respondents who are or have accessed step-down care (e.g. hostels, residential homes) reported higher *physical, level of independence, psychological and sense of meaning in life* scores, than those who have not.

Idea
Improve transition support for persons with mental health issues returning to the community.

#8 Major Indicators of Lower Quality of Life:

- Having a chronic disease
- Not earning a personal income
- No regular participation in sports or physical recreation

Idea
Encourage persons with mental health issues to stay healthy.

Idea
Optimise opportunities for sports and recreational activities.

- **Get Set to Go** features a combination of sports, online peer support and national campaigns in supporting persons with mental health issues to feel more confident about being physically active



#9 In holistically improving quality of life, addressing *social inclusion* when designing initiatives can achieve the greatest effect. Aspects to focus on include eliminating barriers to *understanding, communicating and getting along with others* as well as increasing *social participation*.

Idea
Promote understanding and effective interaction.

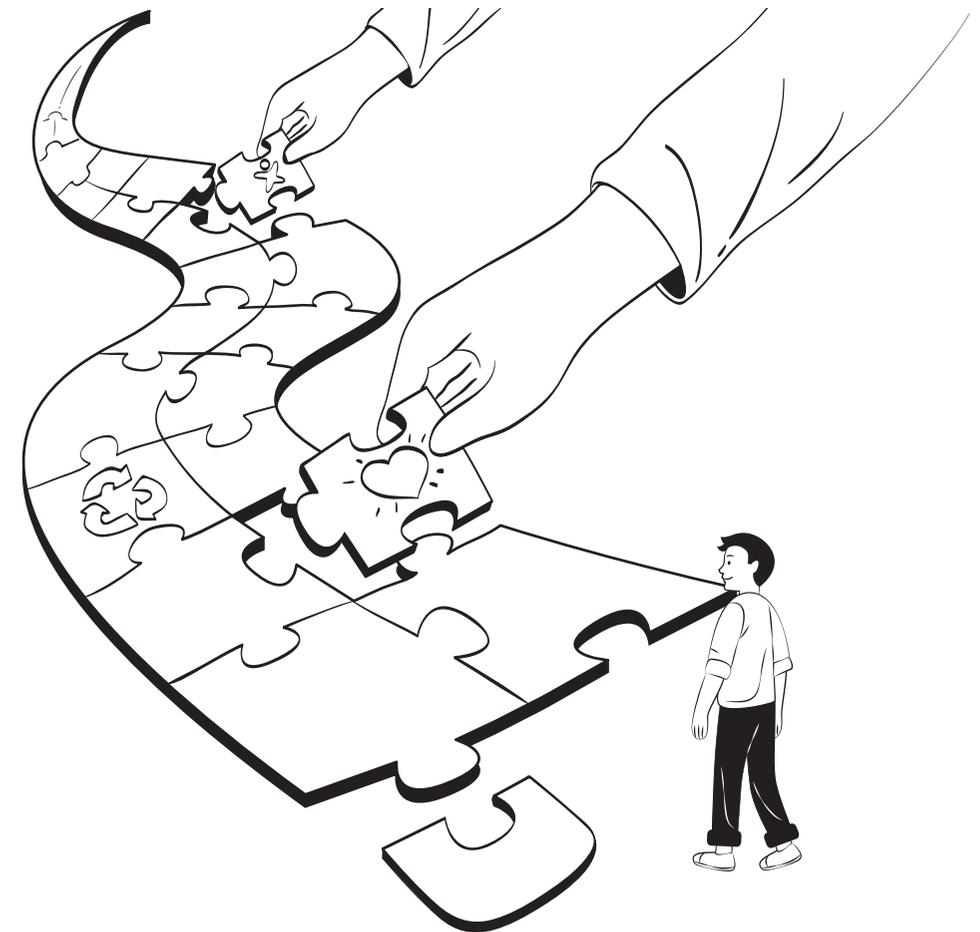
- Educate others to support persons with mental health issues with the **Removing Barriers Series**, which provides tips on how members of the public can better respond to them in everyday scenarios



UNDERSTANDING THE QUALITY OF LIFE OF ADULTS WITH MENTAL HEALTH ISSUES

EXECUTIVE SUMMARY

NCSS takes a **person-centred** and **ecosystem** approach towards helping individuals achieve **quality of life**.



Person-Centred

Individuals are persons capable of understanding, articulating and working through problems as well as making decisions on how to overcome them.



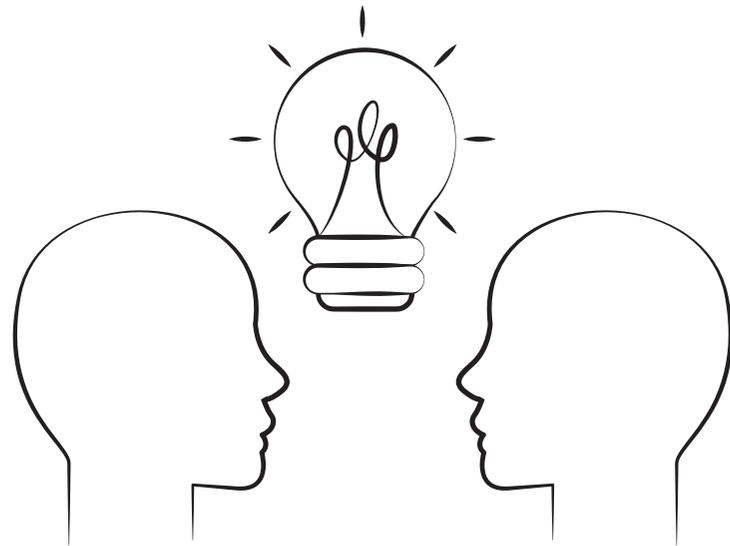
Quality of Life

Individuals possess a core, diverse and essential set of needs regardless of disability, cultural or socio-economic status.



Ecosystem

Individuals are part of, influence and are influenced by a larger system comprising other players such as caregivers, community and society at large.



QUALITY OF LIFE STUDY ON PERSONS WITH MENTAL HEALTH ISSUES: KEY FINDINGS & IDEAS

#1 Persons with mental health issues experienced a *lower quality of life* than the general population. In particular, they scored low on feeling a *sense of meaning in life* and in *social relationships*.

While satisfied with their *mobility* as well as their *ability to manage pain and discomfort*, they scored low on *financial resources* and in their *dependence on medication or treatments*.

Idea
Boost personal support networks.
• Embark on peer support initiatives like the Singapore Management University (SMU) **Peer Helpers**, which provides positive role-modelling, a listening ear as well as learning points from shared experiences

#2 Persons with mental health issues who also had a *disability* or were *above the age of 65*, experienced lower quality of life.

Idea
Expand mental health services to seniors as well as persons with disabilities.
• Provide opportunities for collaboration between mental health as well as eldercare and disability support systems; the **Aged Psychiatry Community Assessment and Treatment Service – Regional Eldercare Agencies Partnership (APCATS-REAP)** is one example

#3 10.9% of respondents were also *caregivers*.

Idea
Look out for caregivers with mental health issues and extend the necessary support.

#4 Persons with mental health issues wanted to see improvements in their *psychological well-being*, *level of independence* and *social relationships*. In particular, a significant number expressed their desire to be employed.

#5 A number of those surveyed who are *high-functioning* responded that *they are not engaged in a main daily activity*, be it employment, education or other activities.

Idea
Support persons with mental health issues to achieve and sustain meaningful employment.
• Boost mental health support; for instance, EDF (Électricité de France) Energy's **Employee Support Programme** offers therapy and training as well as support for managerial staff on mental health literacy

Idea
Create volunteer opportunities for persons with mental health issues.
• Tap on and value the unique experiences of persons with mental health issues, as the English charity **Self-Help** does with its unique volunteer opportunities

#6 Persons with mental health issues felt that they *lacked control over their lives and in making life decisions*.

They also felt excluded from *contributing meaningfully to society*, worried about their *future prospects* and did not feel that they could fulfil their personal potential.

Idea
Change public attitudes towards persons with mental health issues.
• Change negative public perceptions through community training and workshops such as the AIC's **Local Community Support Network**
• Impart mental health literacy through events such as **The Human Library**, which challenges stereotypes and prejudices through open dialogue

