



BEYOND TRADITIONAL EPIDEMIOLOGY : A PARADIGM SHIFT FOR BETTER HEALTHCARE POLICIES

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WHAT IS EPIDEMIOLOGY

Epidemiology is the study *(scientific, systematic, and data-driven)* of the distribution *(frequency, pattern)* and determinants *(causes, risk factors)* of health-related states and events *(not just diseases)* in specified populations *(neighborhood, school, city, state, country, global)*. It is also the application of this study to the control of health problems



(Principles of Epidemiology, 3rd Edition).

WHAT IS POLICY

- A course of action that will create a desired objective in the interest of the masses or the people in a given country.
- Public policy is anything that a government chooses to do or not to do (Thomas Dye).
- **A system of laws, regulations, government actions and funding priorities promulgated by a government to address social or economic issues.**



THE GAP BETWEEN RESEARCH AND POLICY

01

There tends to be a lack of communication between researchers and policy makers.

02

Policy makers are not informed about ongoing research

03

Researchers lack knowledge of the most pressing policy questions in order to make their research more relevant.

04

Ineffective communication of research findings

05

Researchers often feel that research is deemed unimportant, censored or controlled by policy makers

WHY SHOULD RESEARCHERS BRIDGE THE GAP?

..... Because we care

- 1 CREATING AWARENESS OF A PROBLEM – SUGGEST SOLUTIONS
- 2 EXAMINE EFFECTIVENESS OF POLICY SOLUTIONS
- 3 ESTIMATE COSTS AND CONSEQUENCES OF POLICY SOLUTIONS
- 4 ADVOCACY

CAN EPIDEMIOLOGICAL STUDIES SHIFT POLICIES?

CASE STUDY: SINGAPORE MENTAL HEALTH STUDY 2010

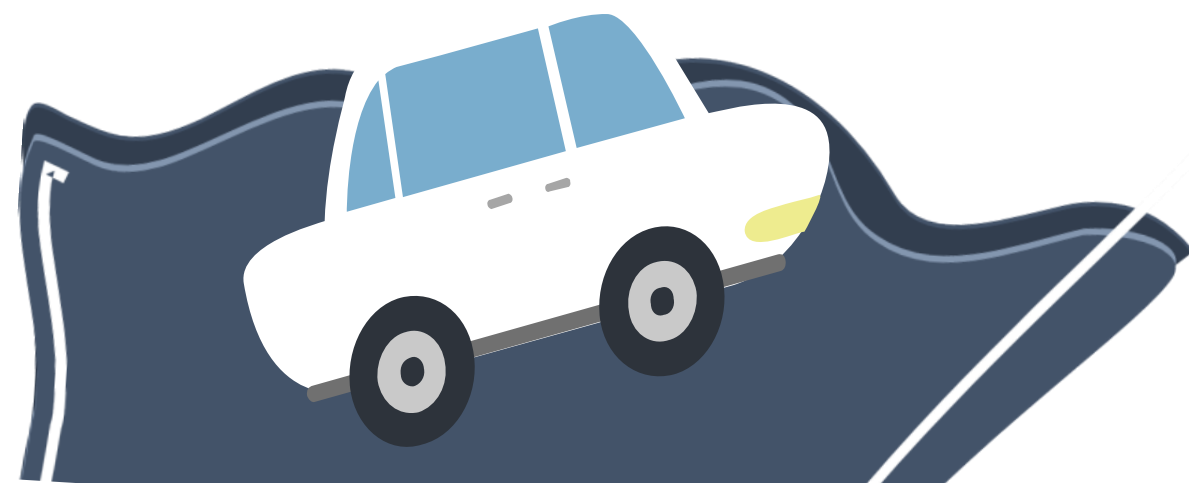
PERCEIVED GAP IN MENTAL HEALTH KNOWLEDGE IN SINGAPORE

- by Clinicians and Researchers



Lack of nation-wide data on prevalence, associated factors and treatment gap of mental illnesses.

- Few studies done
- Small sample size of studies
- Focus only on prevalence of Major Depressive Disorder and Generalised Anxiety Disorder



THE SINGAPORE MENTAL HEALTH STUDY

Developed as an integral part of the
National Mental Health Blueprint and Policy (2007)



Foot-in-the-door-technique

Asking a small request first and then following up with a larger request



01

Mental health promotion

02

Integrated mental healthcare

03

Strengthening mental health
manpower capacity

04

Developing Mental Health Research

Established the need for population wide epidemiological survey

- To inform care
- To inform manpower needs



INVOLVING POLICY MAKERS IN RESEARCH



Policy-makers who are consulted at the initial stages of a research project tend to be more open since they can actively participate and hence have a stake in shaping the research questions, and thereby take "ownership" of the research as well.

THE SINGAPORE MENTAL HEALTH STUDY: Involvement In Study Conception

Formation of Stakeholders Committee



ROLE OF STAKEHOLDER COMMITTEE

01

To advice the researchers on relevance of identified aims and help them identify community needs that should be investigated

02

Monitor progress of the study

03

Critically evaluate study results at various stages of the study

04

Trouble shoot problems identified by researchers

05

Advice on dissemination of study results

This ensured involvement of policy makers throughout the study and a multi-disciplinary dialogue with various stakeholders that informed the researchers

Singapore Mental Health Study (2010)

The study aimed to obtain accurate national information about the prevalence and correlates of mental, substance, and behavioral disorders in Singapore

Duration : 3 years (April 2008 – March 2011)

Funding : Ministry of Health
Singapore Millennium Foundation

Collaborating Centres:



Results of the SMHS 2010



Interview response rate : 75.9 %

Completed Interviews : 6616

Respondent Profile

	N	UNWEIGHTED %	WEIGHTED %
Gender			
Male	3299	49.9	(48.5)
Female	3317	50.1	(51.5)
Ethnicity			
Chinese	2006	30.3	(76.9)
Malay	2373	35.9	(12.3)
Indian	1969	29.8	(8.3)
Others	268	4.0	(2.4)
Age Mean (SD)		42.0 (14.5)	43.9

RESULTS

Epidemiology of Mental Disorders

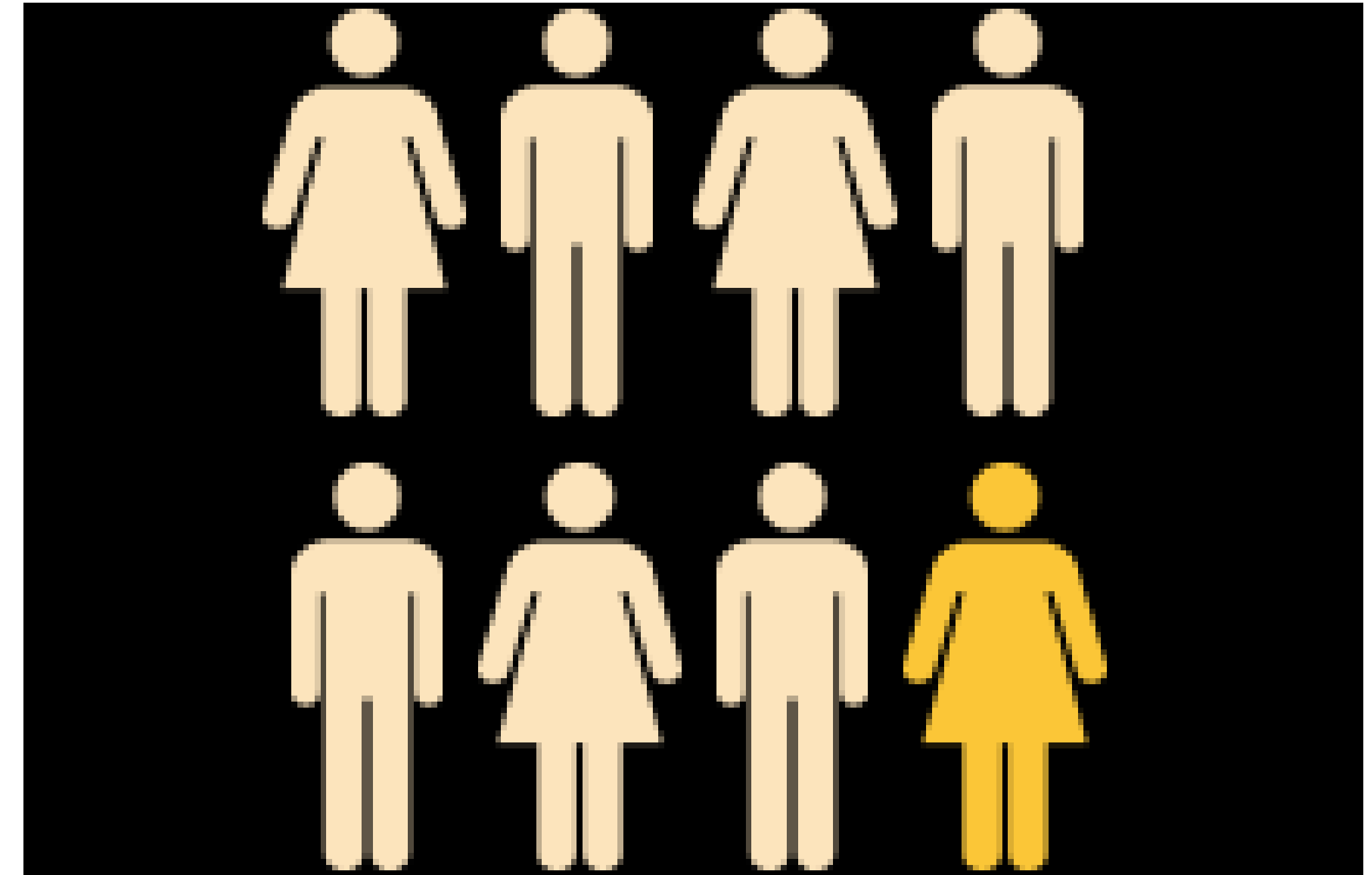
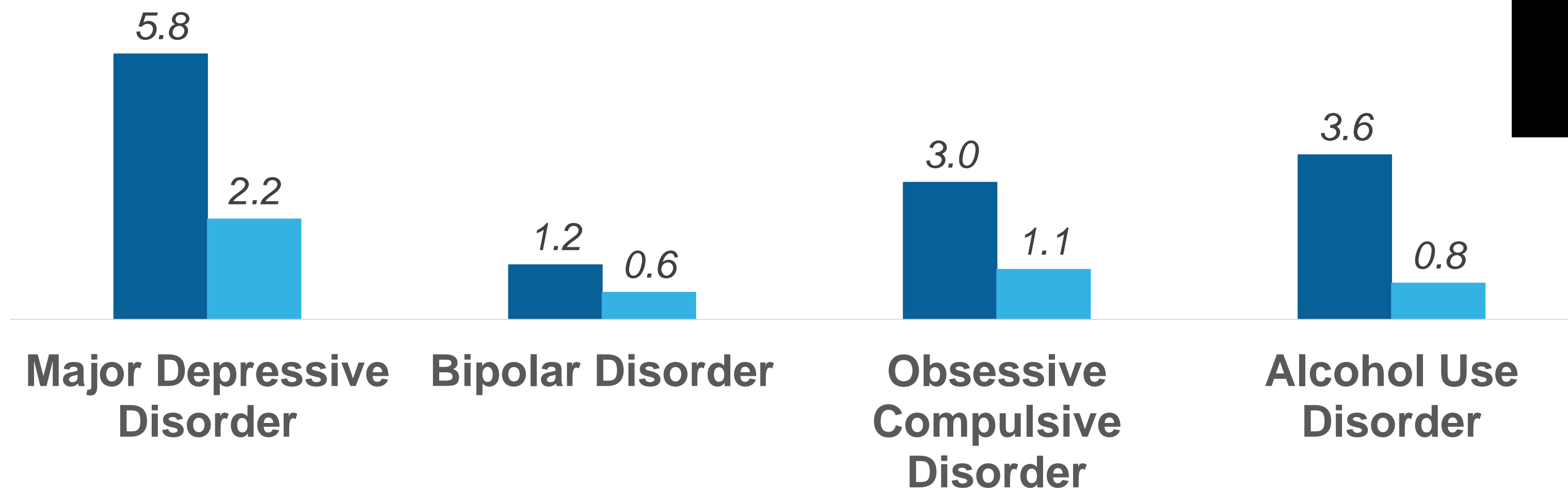


RESULTS

Prevalence of Mental Disorders

1 in 8 Singaporean has a mental health condition

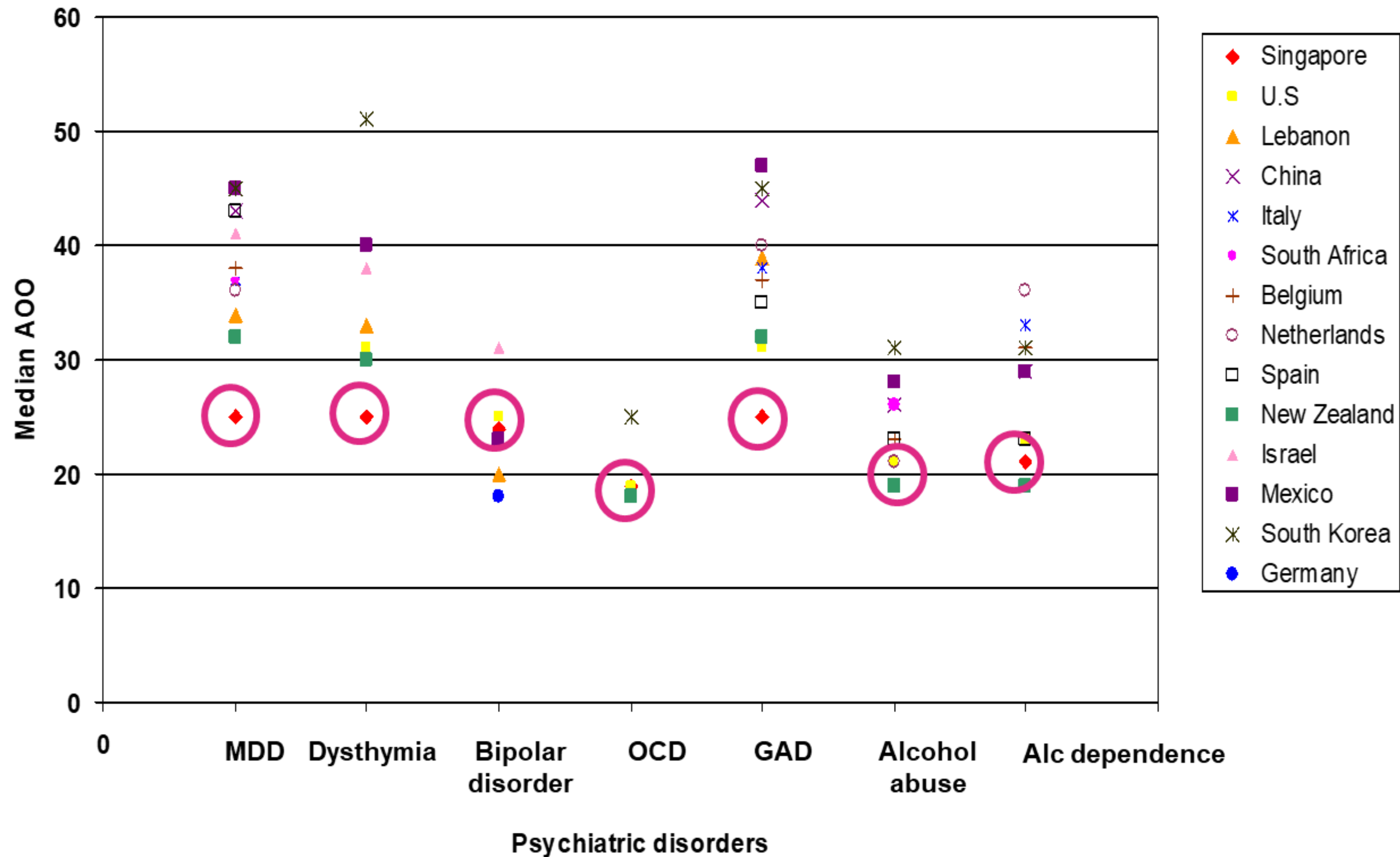
Lifetime 12-month



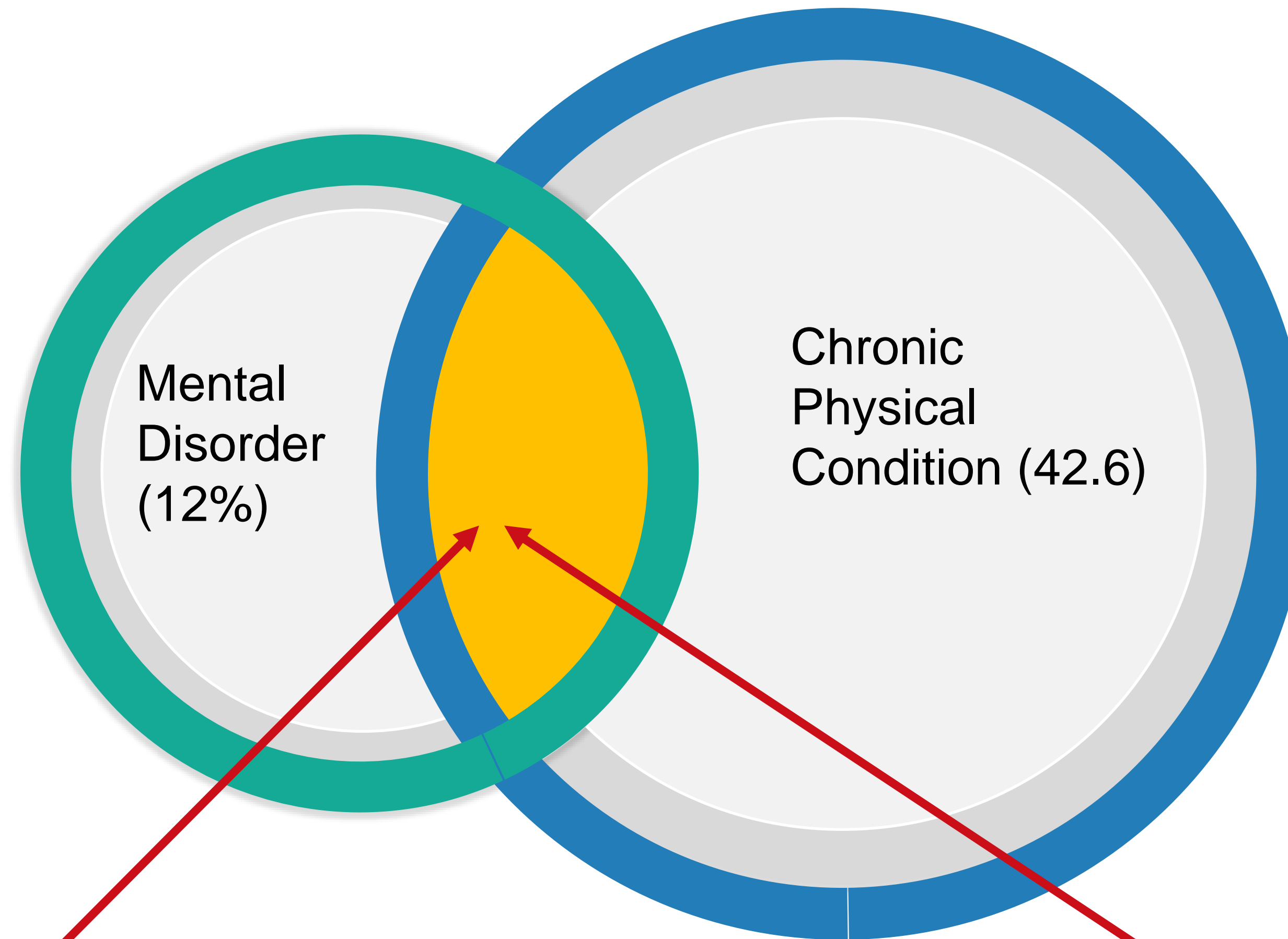
Chong et al. (2012) A population-based survey of mental disorders in Singapore.

RESULTS

Cross national comparison of median Age of Onset (AOO) Of Mental Disorders



Co-Morbidity with Physical Disorders



50.6% of those with mental disorder have at least 1 Chronic physical condition

14.3% of those with any physical condition had a mental disorder

RESULTS

Treatment of Mental Disorders



RESULTS

Treatment Gap among those with Mental Disorders

Disorder	Treatment Gap %
Alcohol Abuse	96.2
Obsessive Compulsive Disorder	89.8
Alcohol Dependence	88.2
Major Depressive Disorder	59.6
Generalised Anxiety Disorder	56.5

Chong et al. (2012) Treatment gap in common mental disorders: the Singapore perspective.



DISSEMINATION PLAN



STRATEGY

Research institutions should develop a dissemination strategy, which could involve having press briefings, conference presentations, sending regular policy briefs to relevant ministries, and establishing personal contacts with policy-makers.



STAKEHOLDERS

Think about stakeholders and interested parties beyond the ministries you are currently involved with.

ENSURE THAT POLICY-MAKERS UNDERSTAND YOUR RESEARCH

01



Make your findings readable and understandable : use simpler language, and focus on the application rather than the theoretical background

02



Provide targeted research, which provides suggestions that can be implemented by policy makers

03



Be willing to present to multiple stakeholders

04



Talk to whoever wants to talk to you and engage them to both create awareness of your work and to get them to act on it

DISSEMINATION

We presented the research to:

Ministries



Stat Boards



NHG Board



Psychological medicine
departments of hospitals



SingHealth



SingHealth

Voluntary
Welfare
Organisations

General
Public



National Healthcare Group

DISSEMINATION OF RESEARCH Publications

Soc Psychiatry Psychiatr Epidemiol
DOI 10.1007/s00127-012-0507-8

ORIGINAL PAPER

Obsessive-compulsive disorder: prevalence, correlates, help-seeking and quality of life in a multiracial Asian population

Mythily Subramaniam · Edimansyah Abdin ·
Janhavi Ajit Vaingankar · Siow Ann Chong

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Abstract

Purpose Obsessive-compulsive disorder (OCD) is a particularly debilitating disorder characterized by onset, chronic course, and significant comorbidity. People with OCD often delay or are unwilling to seek treatment. The aim of the study was to establish the prevalence and correlates of obsessive compulsive disorder in the Singapore population, to determine types of obsessive compulsive (O/C) symptoms, the comorbidity of the disorder to examine the quality of life among those with OCD. **Methods** The Singapore Mental Health Study was a cross-sectional epidemiological survey of the adult, resident Singapore population. Face-to-face interviews were completed with 6,616 respondents between December 2009 and December 2010 giving a survey response rate of 75.9 %. The diagnoses of lifetime and 12-month mental disorders were established using Version 3.0 of the Composite International Diagnostic Interview (CIDI-3.0); clinical severity of cases in past 12-months was assessed using a fully structured version of the Yale-Brown Obsessive Compulsive Scale and functional impairment was assessed by using the disease specific Sheehan Disability Scale which are incorporated in the CIDI. Health-related quality of life was measured using the Euro-Quality of Life Scale. **Results** The lifetime and 12-month prevalence of OCD was 3.0 and 1.1 %, respectively. Younger age and marital status (divorced or separated) were significantly associated with OCD. About 40 % of respondents with lifetime OCD

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The Singapore Mental Health Study: an overview of the methodology

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Addiction

RESEARCH REPORT

Prevalence and correlates of alcohol use disorders in the Singapore Mental Health Survey

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ABSTRACT

Aims To establish the prevalence, correlates, comorbidity and treatment gap of alcohol use disorders in the Singapore resident population. **Design** The Singapore Mental Health Study is a cross-sectional epidemiological survey. **Setting** A nationally representative survey of the resident (citizens and permanent residents) population in Singapore. **Participants** A total of 6 616 Singaporean adults aged 18 years and older. **Measurements** The diagnoses were established using the World Mental Health Composite International Diagnostic Interview (WMH-CIDI) diagnostic modules for life-time and 12-month prevalence of selected mental illnesses including alcohol use disorders. **Findings** The life-time prevalence of alcohol abuse and alcohol dependence was 3.1 % and 0.5 %, while the 12-month prevalence of alcohol abuse and alcohol dependence was 0.5 % and 0.3 %, respectively. The life-time and 12-month prevalence of alcohol use disorders was 3.6 % and 0.8 %, respectively. Those with alcohol use disorder had significantly higher odds of having major depressive disorder [odds ratio (OR) 3.1] and nicotine dependence (OR 4.5). Compared to the rest of the population, those with an alcohol use disorder had significantly higher odds of having gastric ulcers (OR 3.0), respiratory conditions (OR 2.1) and chronic pain (OR 2.1). Only one in five of those with alcohol use disorder had ever sought treatment. **Conclusions** The prevalence of alcohol use disorders is relatively low in the Singapore adult population. Comorbidity with mental and physical disorders is significant, emphasizing the need to screen people with alcohol use disorders for these comorbidities.

Keywords Alcohol abuse, alcohol dependence, comorbidity, Singapore.

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Vaingankar et al. *Health and Quality of Life Outcomes* 2011, **9**:92
<http://www.hqlo.com/content/9/1/92>



RESEARCH

Open Access

The positive mental health instrument: development and validation of a culturally relevant scale in a multi-ethnic asian population

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Abstract

Background: Instruments to measure mental health and well-being are largely developed and often used within Western populations and this compromises their validity in other cultures. A previous qualitative study in Singapore demonstrated the relevance of spiritual and religious practices to mental health, a dimension currently not included in existing multi-dimensional measures. The objective of this study was to develop a self-administered measure that covers all key and culturally appropriate domains of mental health, which can be applied to compare levels of mental health across different age, gender and ethnic groups. We present the item reduction and validation of the Positive Mental Health (PMH) instrument in a community-based adult sample in Singapore.

Methods: Surveys were conducted among adult (21–65 years) residents belonging to Chinese, Malay and Indian ethnicities. Exploratory and confirmatory factor analysis (EFA, CFA) were conducted and items were reduced using item response theory tests (IRT). The final version of the PMH instrument was tested for internal consistency and criterion validity. Items were tested for differential item functioning (DIF) to check if items functioned in the same way across all subgroups. **Results:** EFA and CFA identified six first-order factor structure (General coping, Personal growth and autonomy, Spirituality, Interpersonal skills, Emotional support, and Global affect) under one higher-order dimension of Positive Mental Health (RMSEA = 0.05, CFI = 0.96, TLI = 0.96). A 47-item self-administered multi-dimensional instrument with a six-point Likert response scale was constructed. The slope estimates and strength of the relation to the theta for all items in each six PMH subscales were high (range: 1.39 to 5.69), suggesting good discrimination properties. The threshold estimates for the instrument ranged from -3.45 to 1.61 indicating that the instrument covers entire spectrums for the six dimensions. The instrument demonstrated high internal consistency and had significant and expected correlations with other well-being measures. Results confirmed absence of DIF.

Conclusions: The PMH instrument is a reliable and valid instrument that can be used to measure and compare level of mental health across different age, gender and ethnic groups in Singapore.

Keywords: Positive mental health, multi-dimensional, instrument development, item reduction, factor analysis, item response theory

Background

Traditionally epidemiological studies have provided a wealth of research relating to the incidence, prevalence, determinants and consequences of mental illnesses, with little focus on mental health. The World Health

Organisation states that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity and mental health is 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' [1]. Mental health and well-being contribute to a wide range of outcomes for individuals and communities.

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COMMUNICATION OF RESEARCH

Media

THE STRAITS TIMES

'1 in 10 will suffer from mental illness'

'Profound impact' on well-being

Common disorders include depression and alcohol abuse: Study

BY CHANG AI-LIEN
SENIOR CORRESPONDENT

MORE than one in 10 people in Singapore will be stricken by mental illness in their lifetime, according to a large, new study here.

Many are likely to face depression, the commonest mental illness here. It is projected to affect 170,000 adults, with more women affected than men.

Others may be affected by alcohol abuse or obsessive-compulsive disorder (OCD), an anxiety affliction characterised by obsessions, compulsive rituals, as well as intrusive thoughts and impulses.

These were the top three mental disorders to surface in the \$6.9 million Singapore Mental Health Study, in which 6,616 people were interviewed extensively last year.

The problem is a serious one, said Institute of Mental Health (IMH) experts who released the results yesterday. Mental illness can strike at a young age, and most people do not seek help.

CONTINUED ON PAGE A10

Largest study on mental disorders here

THE Singapore Mental Health Study, a three-year, \$6.9 million nationwide study, is the largest and most comprehensive of its kind here.

It has shed light on selected mental disorders in the Republic - how common they are, who gets them, when they set in, who seeks help, and the impact on employment and productivity.

Over 6,600 people - Singapore citizens and permanent residents aged 16 and above - were surveyed for the study, which was funded by the Singapore Millennium Foundation and the Ministry of Health (MOH).

Top 10 health news in 2011

As the new year approaches, JOAN CHEW looks back at the health news this year

6 STATE OF MENTAL HEALTH HERE MAPPED

In a nutshell: The findings from the Singapore Mental Health Study were released on Nov 18.

The three-year, \$6.9 million nationwide study polled 6,616 Singaporeans and permanent residents aged 18 and above.

The study found that more than one in 10 people will be stricken by mental illness in their lifetime.

The top three mental disorders which they are likely to face are depression, alcohol abuse and obsessive-compulsive disorder - an anxiety affliction characterised by obsessions, compulsive rituals, and intrusive thoughts and impulses.

While the majority of mental illnesses occurred by 29 years of age, two in three patients never sought help and those who did took years to do so.

Significance: The study is part of the National Mental Health Blueprint launched in 2007 and the results will probably be used to design programmes to improve



Alcohol abuse is one of the top three mental disorders here.

mental health in the population.

Professor Chong Siew Ann, vice-chairman of the medical board (research) of the Institute of Mental Health and the study's principal investigator, said that it is of great concern that people do not seek early treatment for mental illnesses, resulting in "decades wasted and having a profound impact on health, well-being and productivity".

More than half of all patients here with a mental illness also have a chronic physical illness.

The unemployment rate of those with mental illnesses is about twice that of those without such ailments.

SPECIAL REPORT



Singapore is the OCD capital of the world, with around one in 30 people suffering from obsessive-compulsive disorder at some point in their lifetimes. Chang Ai-Lien and Judith Tan find out why.



Management Service (Name)
www.nsmhs.sg

■ Located at the Institute of Mental Health, Nams includes the Community Addictions Management Programme as an outpatient unit, and the Secondary Centre, which provides residential detoxification and rehabilitation.
■ To make an appointment: 6389-2200
■ Addiction Helpline: 6-RECOVER (6732-6837)

Addiction Medicine Clinic, Changi General Hospital
■ To make an appointment: 6850-3333

Suggestions thrown up by the experts to stem the drinking habit in the young include more campaigns and talks, particularly in schools, and stricter enforcement against those who sell alcohol to underage drinkers.

Also, alcohol could be labelled to allow people to estimate how much they are drinking and what constitutes a safe amount, and screening methods could be taught to more general practitioners and community service groups.

Dr Thomas Lee, a psychiatrist in private practice and past chief of the IMH addiction medicine department, said that a council for problem drinking, similar to the National Council on Problem Gambling,

the stigma associated with it," he said.

The youngest patient so far was 14, while others as young as 16 admitted that they had been drinking for several years.

Associate Professor Manidasa Winslow said: "We're seeing it more often, even in schools, with

According to IMH, its National Addictions Management Service treats roughly 500 to 600 patients with alcohol addiction problems each year.

The number of new cases has

cent of such young adults are addicted to alcohol in their lifetime, she found.

What is worse, four in five people here with alcohol-related woes do not seek help for the problem.

need to keep an eye on the younger age group where the figure is not so low, especially since there's a large treatment gap," said Dr Subramaniam Mythily, deputy director of the Institute of Mental Health's (IMH)

The easy availability and social acceptance of alcohol, more disposable income and a partying culture have drawn more young people to drink, experts said.

Singapore may boast one of the

he drinks at least three times a week, at places like Holland Village, Clarke Quay and the nightspot Zouk in Jek Kim Street.

He confessed with a laugh that he started drinking at 13, when his

Those aged 18 to 34 twice as likely to drink excessively and binge drink, according to study

but lower than those of Western countries, and less than half the world average - where one in 10 is estimated to suffer from mental illness in their lifetime.



Used cans collected by a kanying gurl man near Road Bridge overlooking Clarke Quay. The bridge is a popular spot for young drinkers to hang out. Psychiatrists say they are seeing more cases of young people drinking, especially binge drinking.

重郁症、酒精滥用及强迫症最常见 精神病患者过半不



除了强迫症,我国其他精神病患比率都比欧美与大洋洲国家来得低,与其他亚洲国家如日本与中国相仿。

黎远涛 报道

重郁症、酒精滥用及强迫症是本



The Singapore Mental Health Study, most people while they are in their

"This is of great concern," said Associate Professor Chong Siew Ann, vice-chairman of the IMH's medical board research, who led the nationwide study.

"Mental illness often occurs at the prime of life, and goes undetected and untreated, resulting in decades wasted and having a profound impact on health, well-being and productivity."

The information from the study, including treatment gaps, will go towards developing new mental health services and policies, and refining current ones, he said.

He hopes the results will include less stigma in the community, better care for patients, and more awareness all round.

In the study, depression emerged as the most pervasive mental illness here. Characterised by profound feelings of sadness, restlessness and hopelessness, the debilitating condition is projected by the World Health Organisation to become the second-leading cause of disability worldwide by 2020.

In Singapore, it will strike 6.3 per cent of the adult population at some stage of their life. This amounts to 110,000 women and 60,000 men, half of whom will also suffer from a chronic physical illness.

Alcohol abuse and OCD are the next most common mental disorders.

Mental illness trends here generally follow global trends.

A surprising finding, however, is that Singapore has the highest rate for OCD, which hits 3 per cent of people here. The figure for the United States is 2.3 per cent, while in Europe it is 1.1 per cent.

Said Dr Mythily Subramaniam, deputy director of IMH's research division: "This is the first and only disorder where we bucked the trend."

The reasons are not yet clear, but the disease itself is affected by both genetic and environmental factors such as developmental upbringing and even illness.

Prof Chong said: "This study has identified the problems. Now we can work out the solutions and how to do better."

The study is an integral part of the National Mental Health Blueprint. The blueprint was launched in 2007 with a number of initiatives to promote mental health, help prevent the development of mental health problems, and reduce their impact.

Another important finding is that while the onset of mental illness occurred in most people while they were in their 20s, two in three never sought help.

Even those who eventually did took years to do so.

On top of that, mental illness also occurred alongside chronic conditions such as cancer, diabetes and heart problems.

Half of those with mental illness also had chronic physical ailments.

Dr Chai Hong Choon, IMH's chief executive officer, said that there are many efforts to narrow these gaps, such as working with schools and older-care

centres to spot and treat mental

More general practitioners being roped in to care for first batch of 20 GPs can graduate diploma in mental

being, adding that another 50 been trained to manage mental

This will give them better treating such patients, and encourage more sufferers to ward to get help, he said.

ward to get help, he said.

ward to get help, he said.

Policy Shift

Significant Treatment Gap



TRANSLATING RESEARCH INTO POLICY

Community Mental Health Master Plan 2012

01

Early detection systems implemented in community and general hospitals

Extending coverage of both Medisave and MediShield to include mental illness

03

02

Training care providers in various social sectors and grass roots organizations

Public awareness campaigns

04

TRANSLATING RESEARCH INTO POLICY

Campaigns and Community Interventions



Like Sumaiyah, 1 in 8 adults have experienced a mental health condition in their lifetime.

Mental illness does not discriminate, so why should we?

Beyond the label

Let's unite against mental health stigma.

Join the movement.
#beyondthelabel

mental illness? myths & facts?

- 1** Myth: Only those who are severely ill get mentally ill.
Fact: Many factors contribute to the development of a mental disorder that are not related to any mental strength and weakness.
- 2** Myth: People with mental illness are violent and unpredictable. They should be kept away from the rest of us.
Fact: Most individuals with mental illness pose no threat to the community. They are no more violent than anyone else. Most people with mental health conditions are functioning members of the community who do not pose any danger to others.
- 3** Myth: People don't recover from mental illness.
Fact: People can and do recover from mental illness. There are many effective mental health treatments and services available.
- 4** Myth: Mental health issues don't affect me and my loved ones.
Fact: Mental health issues can seriously affect you or your loved ones. For example, about 3.8% of the adult population in Singapore suffered from Major Depressive Disorder at some point in their life.
- 5** Myth: Mental illness does not affect young people.
Fact: Most people who suffered from mental illness experience the onset of their condition in their teenage years. About 7.8% of people who suffer from depression.
- 6** Myth: There is nothing I can do for a person with mental illness.
Fact: Family and friends can help people with mental illness by encouraging them to seek professional help, supporting them in their journey of recovery, and not reacting to their diagnosis.

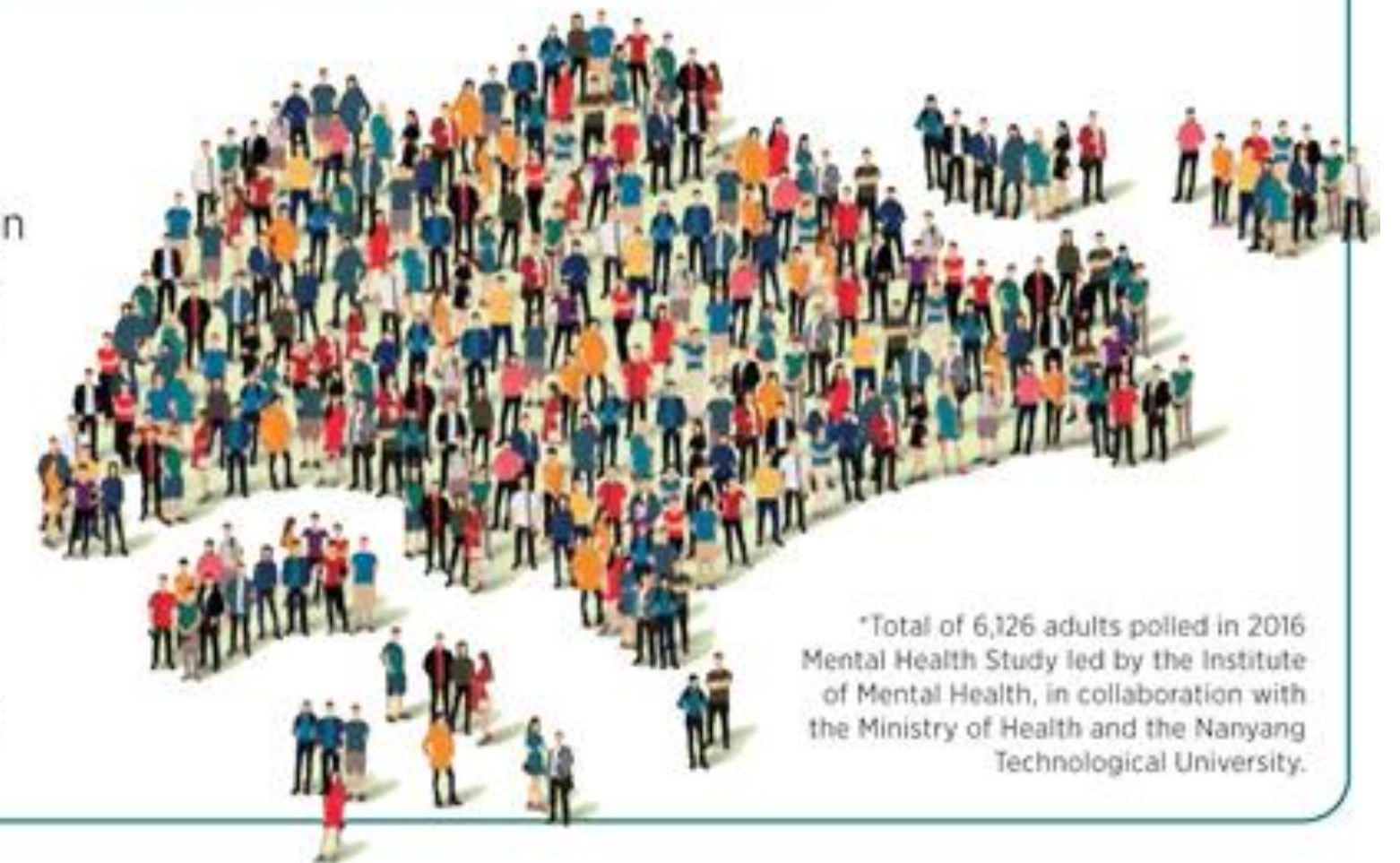
Health Exchange

IN SINGAPORE

A SURVEY* CONDUCTED IN 2016 SHOWED THAT:

6.3%
have experienced depression in their lifetime, making it the most common mental illness

1.6%
have had Generalised Anxiety Disorder, up from 0.9% in 2010



*Total of 6,126 adults polled in 2016 Mental Health Study led by the Institute of Mental Health, in collaboration with the Ministry of Health and the Nanyang Technological University.

TRANSLATING RESEARCH INTO POLICY

MEDICAL SERVICES IN IMH

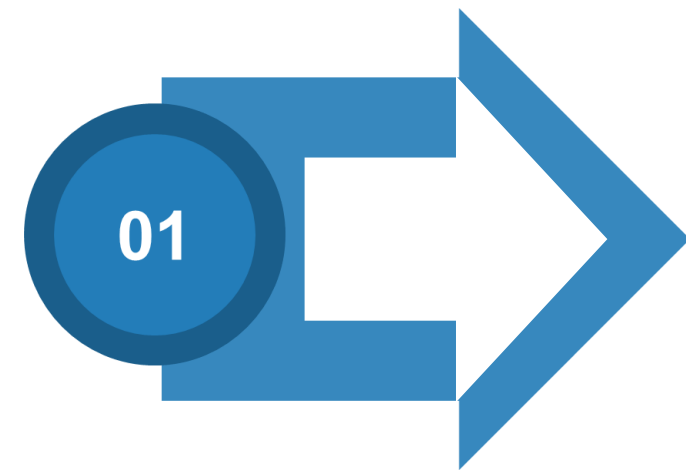


- ✓ Service to serve patients who are not keen to be referred for their physical health conditions to primary care providers
- ✓ Provided by a fulltime family physician (GP) who heads the programme with locum doctors
- ✓ Clinical guidelines for care of medical conditions followed
- ✓ Regular monitoring of physical health parameters

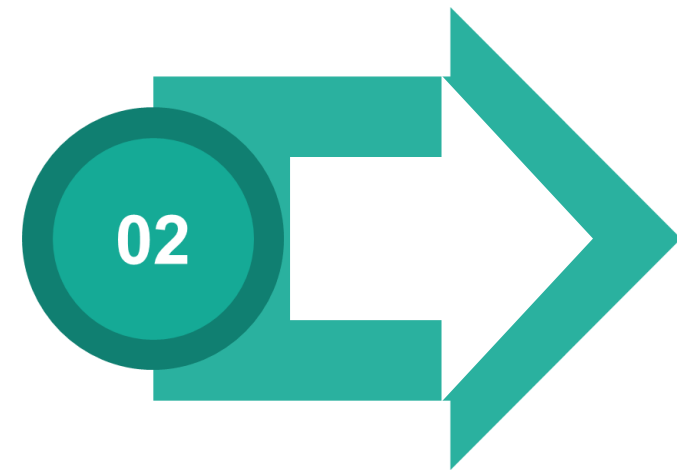


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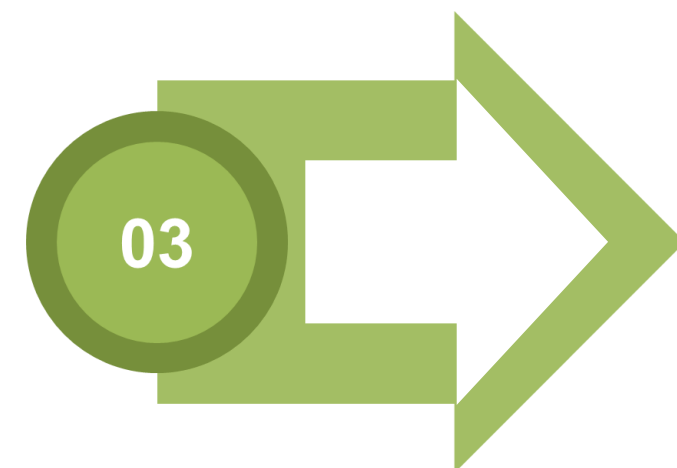
Request for serial epidemiological surveys



We put up a proposal and justified the need for a second SMHS in 8-10 years



Ministry of Health asked us to repeat the survey in 6 years time!



We embarked on the second SMHS in 2015

RELEVANCE OF SERIAL EPIDEMIOLOGICAL SURVEYS



Identify emerging disorders in the population

Examine changes if any in prevalence/treatment gap



A Perfect Storm... Acknowledgements

01

Policy makers who were interested!

02

Senior policy makers with good understanding of psychiatric epidemiology

03

A clinician researcher who is a respected opinion leader and pushed the agenda relentlessly

04

A team that worked above and beyond what was expected of them!

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Wei Ling Chow
Bernard Lee
Stefan Ma

Ministry of Health of Singapore

Kwok Kian Woon

Nanyang Technological University



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Halimah Jacob

1d ·

For the first time, we now know that six types of mental disorders cost Singapore \$1.7b a year. The figure looks huge but then it's not even the total cost. This figure covers only direct medical care and productivity loss. As the IMH study pointed out, it excludes other costs such as caregiver burden, medications and loss of earnings associated with unemployment.

Caregiver burden is usually difficult to quantify but is the most painful consequence of mental illness. Often, families suffer too when they have to take care of a family member who's suffering from mental illness. They experience economic loss too because they have to forgo job opportunities or cannot pursue their career as aggressively as others without such caregiving responsibilities. In severe cases, where the mentally ill cannot work, the financial burden of caregiving increases.

But the biggest challenge for them is the ignorance and lack of compassion that they encounter from some members of society. Some think that mental illness is the result of a feeble mind or a weakness of character. Mental illness is an illness of the brain, just like an affliction to the heart or liver or kidney. And it can affect the most brilliant as well as the most upright people. Illnesses of all kinds have no boundaries. Rich or poor, clever or average no one is insulated.

What can we do as a society? So much more. The first step is to tap our deep well of humanity. Let's consider a person as a human being first over his economic worth or social standing. Second, we do need effective early intervention programmes, particularly important in helping the young before the illness takes root. Third, provide a supportive, and understanding environment so that people will seek help early.

It can happen to anyone. In being kind to others, we are being kind to ourselves too.

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