Bridging the Gap for People with Mental Illness

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Institute of Mental Health, Singapore
Consequences of Untreated Illness

- Become more severe and treatment refractory
- Single disorder often progress to complex comorbid disorders that are more difficult to treat
- Associated with school failure, teenage pregnancy, unemployment, marital violence, chronic medical conditions, substance abuse, and poor quality of life
Treatment Gap

- Phenomena of wide treatment gaps is worldwide

- WHO compilation of 37 community-based epidemiological studies:
  - Depression (56%)
  - Bipolar Disorder (50%)
  - Generalized Anxiety Disorder (58%)
  - Obsessive Compulsive Disorder (60%)
  - Alcohol Abuse and Dependence (78%)
In US, approximately 31% of the population is affected by mental illness every year, and 67% are not treated (Kessler et al., 2005)

In Europe, 27% affected people yearly and 74% receive no treatment people versus those with diabetes where treatment gap is only 8% (Alonso et al., 2007)
National Mental Health Blueprint and Policy

Focus on:
- Mental health education and promotion
- Integrated mental healthcare
- Strengthening mental health manpower capacity
- Developing mental health research
AIMS:
- Establish the prevalence of select mental disorders
- Describe the current use of health services
- Establish the level of unmet needs including treatment gap
- The effect on the labour force and productivity

Funders:
Singapore Millennium Foundation and Ministry of Health, Singapore

Collaborating Centres:
Sampling Strategy

Study Design
Cross-sectional epidemiological study

Target population
All Singapore Residents (including Singaporean and PR, aged 18 years and above, and living in Singapore)

Source population
2,750,390 residents aged 18+ years

Sampling method
Disproportionate stratified sample

Sampling frame
List of 15900 residents (Randomly selected from a national database maintained by Ministry of Home Affairs)

Required sample size
6500 residents
Singapore Mental Health Study

- Composite International Diagnostic Instrument (CIDI) developed by WHO used across more than 30 countries
- Generation of comparable data
- Data on services, social support, 30-day functioning, chronic medical conditions, etc.
Respondent profile

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Unadjusted</th>
<th>Adjusted</th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td>%</td>
<td>%</td>
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<tr>
<td>Male</td>
<td>3299</td>
<td>49.9</td>
<td>(48.5)</td>
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<tr>
<td>Female</td>
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<td>50.1</td>
<td>(51.5)</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Chinese</td>
<td>2006</td>
<td>30.3</td>
<td>(76.9)</td>
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<tr>
<td>Malay</td>
<td>2373</td>
<td>35.9</td>
<td>(12.3)</td>
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<tr>
<td>Indian</td>
<td>1969</td>
<td>29.8</td>
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<tr>
<td>Others</td>
<td>268</td>
<td>4.0</td>
<td>(2.4)</td>
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<tr>
<td>Age</td>
<td></td>
<td>Mean (SD)</td>
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<td>42.0 (14.5)</td>
<td>43.9</td>
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</table>

Screener eligibility rate : 67.5 %
Interview response rate : 75.9 %
Completed Interviews : 6616
# Treatment Gap

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Treatment Gap %</th>
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<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>59.6</td>
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<tr>
<td>Generalised Anxiety Disorder</td>
<td>56.5</td>
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<tr>
<td>Obsessive Compulsive Disorder</td>
<td>89.8</td>
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<tr>
<td>Alcohol Abuse</td>
<td>96.2</td>
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<tr>
<td>Alcohol Dependence</td>
<td>88.2</td>
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</table>
Singapore Mental Health Study

Prevalence of 12-month disorder by severity

- **Major Depressive Disorder**
  - Serious: 24.3%
  - Moderate: 60.4%
  - Mild: 13.4%

- **Generalised Anxiety Disorder**
  - Serious: 28.1%
  - Moderate: 59.4%
  - Mild: 12.5%

- **Obsessive Compulsive Disorder**
  - Serious: 5.9%
  - Moderate: 30.6%
  - Mild: 63.5%

- **Alcohol Abuse**
  - Serious: 37.5%
  - Moderate: 62.5%
  - Mild: 0%
## Singapore Mental Health Study

### Age of onset and delay in help-seeking for mental illnesses (N=6529)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Childhood (Age &lt;12)</th>
<th>Adolescent (Age 12-17)</th>
<th>Youth (Age 18-29)</th>
<th>Adult (Age 30-59)</th>
<th>Late Adult (Age 60+)</th>
<th>Treatment Delay (Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
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<tr>
<td>Major Depressive Disorder</td>
<td>17</td>
<td>3.9</td>
<td>59</td>
<td>12.9</td>
<td>185</td>
<td>47.0</td>
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<tr>
<td>Dysthymia</td>
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<td>3.1</td>
<td>3</td>
<td>19.6</td>
<td>14</td>
<td>56.3</td>
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<tr>
<td>Bipolar Disorder</td>
<td>5</td>
<td>5.2</td>
<td>24</td>
<td>24.6</td>
<td>36</td>
<td>37.0</td>
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<tr>
<td>Generalised Anxiety Disorder</td>
<td>5</td>
<td>3.4</td>
<td>12</td>
<td>21.3</td>
<td>32</td>
<td>46.0</td>
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<tr>
<td>Obsessive Compulsive Disorder</td>
<td>38</td>
<td>19.9</td>
<td>61</td>
<td>25.0</td>
<td>69</td>
<td>32.1</td>
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<tr>
<td>Alcohol Abuse</td>
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<td>.</td>
<td>22</td>
<td>9.6</td>
<td>151</td>
<td>67.4</td>
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<td>Alcohol Dependence</td>
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<td>1</td>
<td>1.0</td>
<td>32</td>
<td>85.7</td>
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<td>Type of professional seen</td>
<td>%</td>
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<td>-------------------------------------------</td>
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<td>GP/ Family Doctor</td>
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<td>Other Medical Doctor</td>
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<tr>
<td>Psychologist</td>
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<td>Social Worker</td>
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<td>Counselor</td>
<td>21.6</td>
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<tr>
<td>Other mental health professional</td>
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<tr>
<td>Other health professional</td>
<td>1.9</td>
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<tr>
<td>Other Religious/ Spiritual healer</td>
<td>12.0</td>
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</tr>
<tr>
<td>Other healers</td>
<td>2.2</td>
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Senior Minister Goh Chok Tong announced last Sunday that a pilot study to find out the needs of the elderly and how the Government can create a support system for this growing segment of the population will be launched in his Marine Parade ward. Marine Parade was picked for the study because, as Mr Goh said, it is a “precursor” to the situation Singapore will face in 20 years’ time, when one in five – or about 900,000 people – will be aged 65 and older.

In fleshing out the details of the study the following day, Mr Lim Boon Heng, the minister in charge of ageing issues, said it will include a survey which will kick off in February next year. Various ministries will be involved in the study, and good cost-effective ideas will be replicated in other wards before the five-year time frame is up.

Programmes supporting the elderly to age in place already exist. Examples include a wellness programme and seniors activity centres which also provide referral services. The Housing Board has built studio apartments with fittings like alarm systems and grab-bars. There have also been community efforts to help the needy elderly. As highlighted by Prime Minister Lee Hsien Loong in a recent speech, the South West Community Development Council, for example, helps vulnerable elderly living in rental blocks, with volunteer welfare organisations running mobile clinics and home-nursing services for the residents.

The Government’s plan to conduct the Marine Parade study is an indication that the silver tsunami that it had talked about for years is now very close. The elderly have become very visible. Members of Parliament report their increasing numbers in the various constituencies. This study should perhaps have been done earlier, but it is better late than never. Ad-hoc measures and individual initiatives are no longer enough. There must be a concerted national effort to attend to the needs of the elderly. We urge haste.
Multimorbidity

- 14.3% of those with chronic physical disorder have at least one mental disorder
- 50.6% of mental ill people have physical disorder, and
- 84% did not have any treatment for their mental disorders
To All Employees:

NEW INCENTIVE PLAN - WORK-OR GET FIRED
Work and Mental Illness

- 7% of the local workforce had a history of mental illness, only 2 out of 10 sought any treatment

**WHY?**

- Work climate discourages taking medical leave
- Lack of recognition or denial of mental disorder
- Fear of being labeled as mentally ill

In an US national survey of people with disabling mental disorders, 32% reported that they were turned down for a job after disclosing their mental disorder.

(Wahl, 1999)
Steps in Help-Seeking

- Insight
- Perceiving the need for treatment
- Ability to access care

- Influenced by age, gender, race, education, the beliefs and attitude of family and friends, and the culture and value system of the community

- Available and accessible mental health services, financial resources and insurance coverage.
Barriers to Help-seeking

- Asians may tend to focus on physical features than emotional/psychological ones
- Fear of discrimination and stigma

50% of respondents “would not want anyone to know if they are suffering from a mental illness”
Barriers to Help-seeking

- People with mental illness might have cognitive difficulties
- Frightened or suspicious and less willing to communicate
- Doctors inexperienced in mental health issues
- Physical symptoms complaints dismissed as psychogenic in origin
National Mental Health Blueprint and Policy

- Early detection systems for certain mental illnesses implemented in community and general hospitals
- Training care providers in various social sectors and grass roots organizations
- Public awareness campaigns
- Extending coverage of both Medisave and MediShield to include mental illness
What more can be done?

**Schools**
- Mental health promotion
- Implementing preventive measures: children taught skills in stress management and basic understanding of mental illnesses
- Educate teachers and parents

**Work**
- Policies that include early recognition and screening
- Ensure people with mental illness are not being discriminated and given help to re-enter workforce
Narrowing Treatment Gaps

- Bold and innovative thinking needed
- Internet and telephone-delivered therapy – to increase accessibility to care
Collaboration with spiritual and traditional healers
Family Service Centres
Task shifting...

Empowering
Caring
Supporting families
THE ABANDONED ILLNESS
A report by the Schizophrenia Commission

“not just on grounds of efficiency…but also on grounds of equity…
do those interventions help breakdown otherwise entrenched positions of social exclusions, creating better life opportunities”
“We know what is desirable, but the obstacle to its achievement are economic, industrial and political.”

Geoffrey Rose

“I would say that the opportunities are economic, industrial and political.”

“As scientists, we need to do a better job in terms of thinking through of how to influence policy.”