SMA news

For Doctors, For Patients

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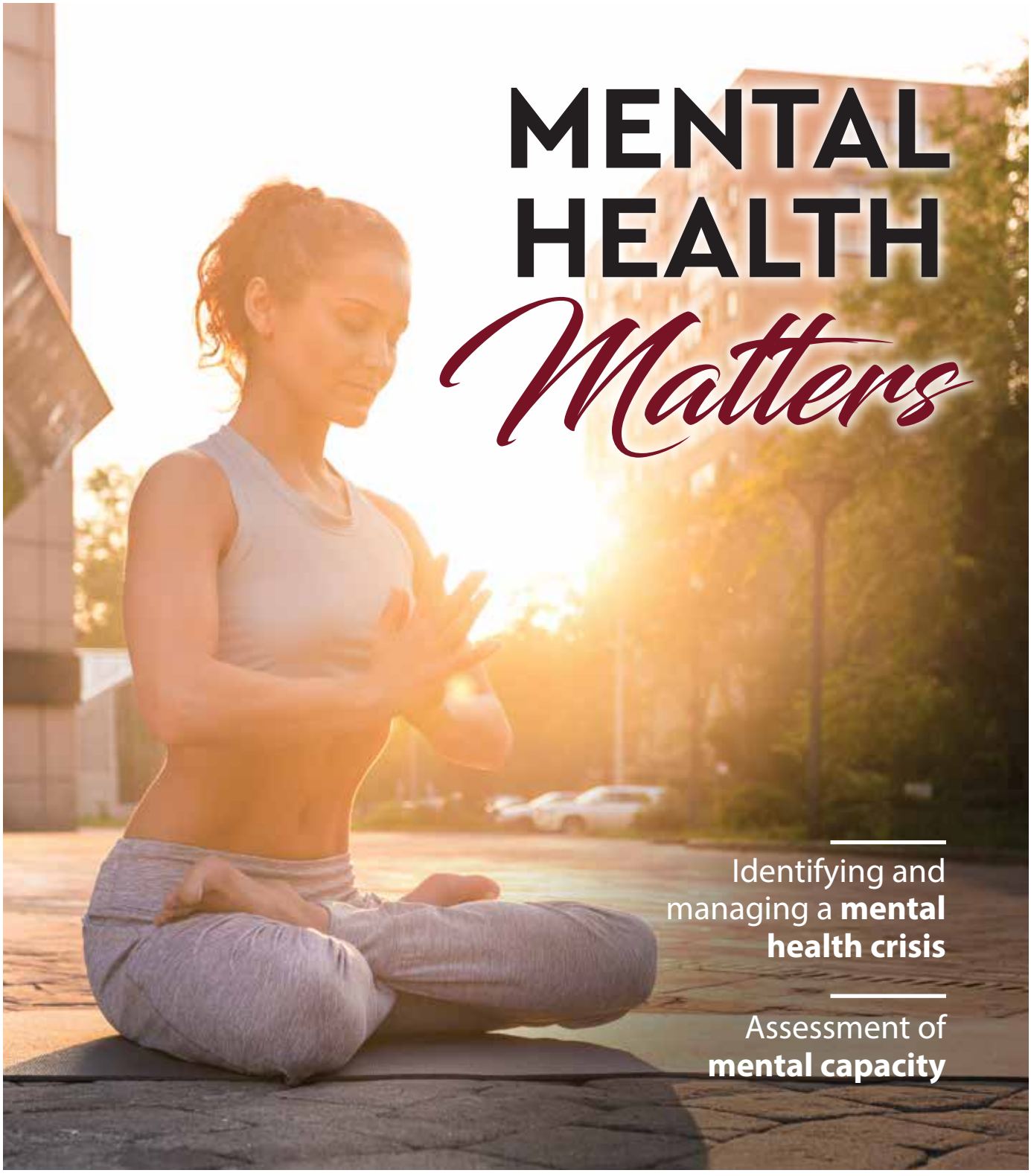

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Assessment of **mental capacity**

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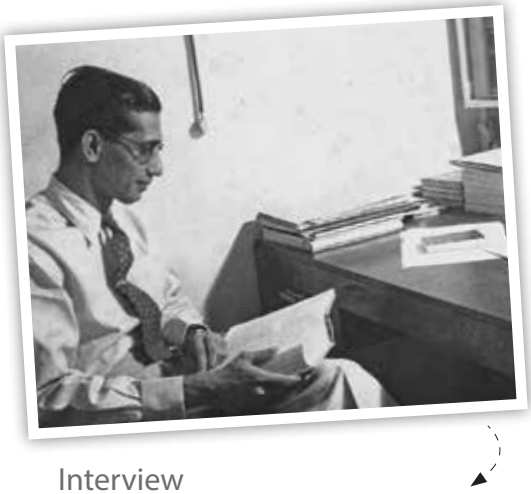

The EDITOR'S MUSINGS

Tina Tan

Deputy Editor

Dr Tan is a consultant at the Institute of Mental Health and has a special interest in geriatric psychiatry. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.

Let's talk about mental health.

This issue comes just after our local media published the latest suicide statistics by Samaritans of Singapore. Suicide rates have risen in Singapore by an alarming 10%, with the sharpest increase among teenage boys. This is a serious matter. There are many explanations as to why this is happening, and experts have begun to analyse the various contributing factors so that we can better identify and help those with mental health problems.

A term I often hear is "mental health literacy", but what does this really mean? The word "literacy" means to know something and to be familiar with it. By extension, having "mental health literacy" would mean being familiar with mental conditions and mental health issues, and knowing what to do about it (in other words, prevention and management). Hence, this month, we've sought to cover a range of topics that will enhance the mental health literacy of our readers.

The Health Promotion Board has contributed an article on various mental health initiatives and preventive programmes available, with a focus on various age groups such as children, the working population and our seniors. Especially important would be how doctors in primary care can play a part in such initiatives.

My colleagues at the Institute of Mental Health (IMH) have also written pieces on mental health resources. Dr Jared Ng's article focuses on community mental health resources, while Dr Goh Yen-Li at the GP Partnership Programme has written about what a GP can do during a patient's mental health crisis.

An all-important topic that each of us needs to familiarise ourselves with is mental capacity and its assessment. As our population ages and more medico-legal issues arise, a patient's ability to make important decisions for themselves has become a crucial part of the practice of medicine. The reality is that none of us can escape from this. Therefore, as a precursor for the upcoming SMA seminar on mental capacity assessment held in October, Dr Giles Tan and A/Prof John Wong from the College of Psychiatrists, Academy of Medicine, Singapore, have contributed an article on this topic.

IMH's second Singapore Mental Health Study found that one in seven Singaporeans would experience a mental disorder in their lifetime. That's a rather high proportion. The onus is on us to learn to pick up signs of mental distress in our patients and get them the help they need.

But as a reminder, one area that we doctors often neglect is our own mental well-being. If we can't focus because something is stressing us, then we will do no good to our patients – perhaps even do them harm. Physician, you have to heal thyself. Or at least know when you need healing.

So with that, remember, there is no health without mental health. ◆

The RIGHT Mindset

The Betterment of Singapore's Mental Health Landscape

Text by Mr Sim Beng Khoon

Mr Sim, director of HPB's Preventive Health Programmes division, leads his team in formulating and establishing policies, strategies and programmes relating to mental health, substance abuse and communicable diseases, and working closely with stakeholders and partners to develop and implement public education campaigns and health promotion initiatives.

Mental health is an important area of public health. As a nation, we aim to build a place where (i) primary care medical professionals are trained to recognise mental health issues, (ii) the afflicted can seek help without feeling judged and stigmatised, and (iii) the well-being of the mind is respected and valued.

Mental health lies across a continuum – with the "clinically diagnosed" at one end, the "at risk" with mild and moderate symptoms in the middle and the "well and coping" at the other end of the scale (see Figure 1). Depending on several factors like personal and work stress, lifestyle habits and ability to cope, each person's state of mind can change over time and at any time. In fact, we are all on various points of this mental health continuum at different points in our lives, and have the capacity to move along the scale, shuttling from adaptive coping, to mild and reversible distress and even to the severe end of the spectrum.

In Singapore, one in seven people has experienced a mental disorder in their lifetime.[1] More than three-quarters of those with mental health issues do not seek any professional help. Of those who seek medical assistance, depending on their condition, they can sometimes delay seeking treatment up to 11 years. This is why the Health Promotion Board (HPB) sees that it is critical to help those who are well and coping to maintain a positive mental well-being, and for those who are at risk to seek timely help. To achieve our objectives, we adopt a two-pronged strategic approach –

(i) build mental well-being among the well and coping population and (ii) facilitate help-seeking among the at-risk population. Our programmes focus on building mental well-being by equipping individuals with resilience and coping skills, as well as creating a supportive environment to encourage help-seeking. We adopt a life-cycle approach where we reach out to children and youth through schools, adults via workplaces and seniors through community platforms.

Starting the mental health journey from young

It is crucial to build mental resilience from a young age as it equips children with skills to manage transitions and face challenges in life. As children transit from kindergarten to primary school, and then to institutes of higher learning (IHLs), they have to manage changes in the school environment, including integrating with new classmates, as well as adapting to new teachers and various styles of education. This is why HPB has programmes at different education levels to help students cope throughout their school years.

In 2018, we piloted a Holistic Mental Health Package for preschools to help parents raise socially and emotionally healthy children. During the two-hour workshops, parents were taught the different aspects of a child's mental well-being and children learnt skills on how to identify and manage their emotions. The children were also given activity books on mental well-being. Parents were sent quarterly emails with tips and case studies on how to help preschoolers better manage their emotions. The pilot workshops were well received, with 86% of parent participants reporting an increase in their knowledge of mental wellness and 74% of them reporting their intention to apply what they had learnt during the workshop. A majority (91%) of parent participants also thought that the workshop was engaging for their children, and agreed that the activity was a good opportunity to practise the skills that they had just learnt. A total of ten two-hour workshops were conducted for about 350 parents and children in 2018.

We rolled out a sleep campaign for preschoolers from August to October 2018 to help parents inculcate good sleep habits in their children. As part of the campaign, Good Sleep Kits, comprising a resource guide with tips on how to prepare a child for bedtime and a suite of practical tools such as bedtime storybooks, were distributed to 20,000 preschoolers and their parents. The kit has since been enhanced to include other resources such as audiobooks and an audio sleepcast on relaxation exercises. A digital version of the kit is available to the public on goodsleep.sg.

At the primary school level, HPB provides interactive skits to equip students with skills on emotion and stress management. For Primary 6 students, we conduct transition workshops to help them better manage their transition to secondary schools.

Our Let's Face It programme adopts an interactive scenario-based drama approach to teach secondary school students how to manage their emotions using positive coping skills. The scenarios are based on common challenges, such as sibling comparison, bullying in schools and academic pressure. The programme benefitted over 30,000 students from 58 schools in 2018. We also conduct workshops for educators, as well as briefings and trainings for school counsellors so that they are equipped to support at-risk students who display signs and symptoms of mental health issues.

For the youths, our Peer Support Programme at the IHLs equips student volunteers with peer supporting skills that enable them to identify common mental health conditions and know when to reach out to their peers who might be in need of emotional support or, if need be, to refer them to school counsellors. In 2018, 1,500 students across 15 IHLs were trained as peer supporters. They shared that the programmes were useful in providing them with a better understanding of mental health and tips on helping their peers. They also found satisfaction in helping their friends and being part of a social support group that can make a difference in others' lives.

Addressing mental well-being in the workforce

Reinforcing the seriousness of workplace stress is the World Health Organization's recognition of burnout as an occupational phenomenon and a "syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed".

Mental well-being is important for a productive workforce and a healthy

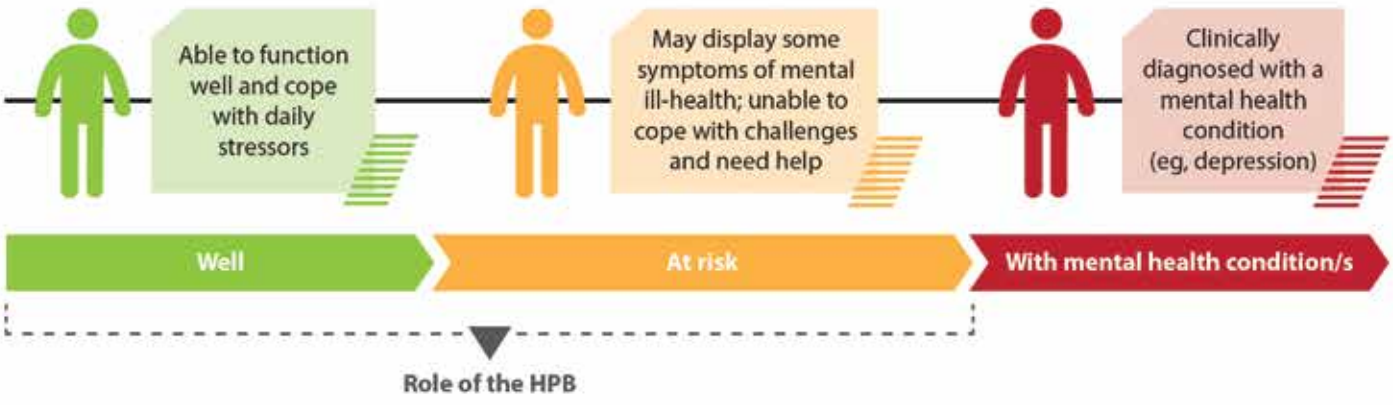

Figure 1: Mental health lies across a continuum – the HPB's role is to help those who are well and at risk

workplace, and creating a workplace that supports positive mental well-being takes concerted effort. Our Mental Health Workplace Programmes[2] equip managers with skills and knowledge on how to support staff at work, and teach employees stress management skills, including self-care, so that they are empowered to cope with challenges.

We also hold experiential workshops where participants experience therapeutic activities such as ukulele playing and plastic shrink art crafting while learning effective stress management techniques. These workshops saw an increase in uptake of about 38% from 2017 to 2018. In addition, we also piloted a workplace wellness roadshow in 2018, where employees can assess their individual stress levels through a self-assessment test, learn about stress management tips and take part in experiential activities such as terrarium building. About 850 employees over ten locations attended the roving roadshow and 73% of the participants said they intend to try out the stress management tips they had learnt.

For mature workers with multiple shift patterns, such as taxi drivers, cleaners and security guards, we specifically customise our interventions in the form of individual or group health coaching, where they receive instruction on stress management skillsets like deep breathing and progressive muscle relaxation techniques, which they can incorporate anytime at work. We also educate them on sleep hygiene tips, especially if their shift work arrangement impacts their sleep routine.

To further encourage a supportive workplace environment for employees, HPB also conducts management training workshops to help managers and human resource (HR) personnel identify staff in need of assistance, and equip them with skills on how to approach and support these staff. Similarly, supplementary workshops are also available to further mental first aid skills, such as basic counselling and problem-solving tailored to make workplaces more conducive and supportive for staff with mental health issues or conditions. There has been a good demand for the workshops, which reached over 780 managers and HR personnel since it started. A post-workshop survey indicated that 64% of participants have applied the skills they learnt at their workplaces.

A holistic approach to health for Singapore's seniors

HPB regards mental health as a part of active ageing since different aspects of seniors' health conditions can influence their ability to continue leading a fulfilling life.[3]

In Singapore, about one in ten seniors aged 60 years and above have been diagnosed with dementia. With the prevalence of dementia expected to increase by 10% in the next 15 years,[4] it is a priority to step up our efforts in dementia awareness. Locally, almost half (45.5%) of dementia cases are vascular dementia. This is why we need to focus on raising vascular dementia awareness and educating seniors and their caregivers on how to adopt healthier lifestyle habits so as to lower its risk.

Besides running awareness campaigns through marketing platforms, HPB also provides community programmes, such as "Balik Kampung" workshops, to educate seniors on the importance of good mental well-being through cognitive stimulation activities. These community programmes have been conducted at various locations such as community venues including senior activity centres and museums. In 2018, 50 workshops were conducted for 1,200 seniors who found the sessions educational and effective in imparting new skills.

Joining hands with all stakeholders to raise mental health awareness

To promote the importance of mental health, medical professionals and all segments of the community must have an understanding on how to safeguard mental wellness and be willing to do their part in helping Singaporeans stay mentally resilient.

HPB's role in this heterogeneous landscape is about raising awareness for self-care and imparting skills to manage stresses and challenges, while also identifying avenues for those in need to seek help.

Medical professionals are in the best position to engage with individuals and spot signs and symptoms of mental health issues early. They can act as a conduit to raise public health awareness on the importance of mental well-being and deepen individuals' understanding of mental health issues.

Events like the Together Against Stigma international conference[a] and the annual Singapore Mental Health Conference serve as important platforms for mental health advocates to share their efforts in addressing mental health stigma and exchange ideas on how we can become better mental health advocates.

There is more to be done to bring mental well-being to the forefront of people's minds and reduce the stigma of mental health. Together, we must strive to achieve a reality where mental well-being is a top priority, by continuing efforts in research, developing best practices to manage conditions and removing barriers to access help. ◆

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1. Institute of Mental Health. Latest nationwide study shows 1 in 7 people in Singapore has experienced a mental disorder in their lifetime. Available at: http://bit.ly/2L4dbxE.

2. Health Promotion Board. Mental Health Workplace Programmes. Available at: http://bit.ly/2MHH6yJ.

3. HealthHub. Stay healthy today, enjoy more tomorrows. Available at: http://bit.ly/2LI3ACn.

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Note

a. The upcoming 9th Together Against Stigma international conference will be held from 3 to 5 October 2019.

WE SET THE TONE

Text by Dr Lee Yik Voon

We often encounter crossroads at critical times of our lives. We may be in better situations at times and in less favourable situations at others. Someone once said, "Good fortune is often sandwiched between two adversities and vice versa." We may be cruising along in life but inevitably we will hit a crossroad.

For this month's column, I would like to share some discussions based on snippets that I have heard from my friends over these past months, and how they reminded me about how I should respond.

In the face of difficulties

I know everything happens for a reason. Sometimes I wish I was omnipotent and knew what those reasons were.

We all have perfect visual acuity when looking at events and issues retrospectively. Making the right decision is never easy, if not impossible, on many occasions. If we had thought about the various possible outcomes carefully, after weighing the pros and cons, I think one should not be faulted for making unintentional errors in our assessment of our patients that result in undesirable outcomes. We should be allowed to be given opportunities to make amends. To err is human. We make mistakes; we can only project the likely outcomes based on past experiences and past records.

You often hear that everybody perishes; it's a matter of whether it is sooner or later.

Somebody may publicly declare they are not afraid of mortality but when the suffering comes, will they bend over and shrivel up? They may harbour the flawed thinking that they could choose a quick and painless exit over a long drawn-out bedridden and vegetative existence.

Leaving our loved ones in a state of prolonged grief, regret

and remorse is certainly not our original intention. Some patients will make decisions on treatment based on how it will negatively impact their children. For example, an elderly patient with colon cancer may refuse treatment for fear that it will bankrupt his children. However, he will not be able to foresee that his children, being well brought up by him, will be full of regret and remorse if they were not given the opportunity to provide the best treatment for their elderly father.

What is the best decision? Is there a role for doctors in the family conference to help decide upon the best plan of action for our elderly terminal patients?

Choose to be happy

We often try to read people and it's a skill that is necessary in practice. We often try to see the goodness in people but can we ignore the bad that we may perceive? Who among us will be able to perceive the duality of an individual or perceive his thoughts through his actions? How many of us can tell a person's hidden intent?

We must be optimistic not because everything is going our way but because we can see the good in everything. By doing so, it gives us strength and confidence to face the day-to-day challenges in life, work or relationships.

Do you always find a reason to laugh? Laughter may not add years to our lives but it will add life to our years and make our life more pleasant and enjoyable. Laugh and the whole world laughs with you, but when we cry, we should not do it all alone either.

Every time our patients see us, they expect us to be cheerful and smiling, to be a happy doctor always ready to take care of their medical problems and woes. But we are human too, despite our role of the healer, the counsellor and the comforter.

When things don't work out, don't ask why someone keeps hurting us. We should ask why we keep letting them. Like in any bad relationship, why do we still hang on and not be willing to leave? What is holding us back and pulling our hearts down?

I see some similarities in our doctors' chat group talking about how bad some third-party administrators (TPAs) are. Why do so many clinics still hold on to TPAs if they are hurting? Is it for the volume and image they bring? Or how busy the clinic looks? Is it like a smelly security blanket that Linus, the comic character in *Peanuts*, carries? Is it to draw the relatives of the TPA patients to visit our clinic? Is it the wishful hope that we will be the last man/clinic standing? Is it that we are oblivious to the financial viability and not business-savvy? Or is it that we think we can still game the system?

There is always a reason to smile, find it.

It may be embarrassing to be in awkward situations. I often find it amusing in certain manner and that makes me smile and laugh. Often I realise too late that the cheerful expression was inappropriate to the feelings of the family of the victim though I bore no ill intention of hurting their feelings.

Value ourselves

True friends are the ones who will lift us up when no one else even notices that we are down. As for the rest, I suspect they may not want to get involved for fear of collateral damage or sacrificing their time to help us instead of seeking material gains.

When we finally retire, our friends, our lives, people will judge us anyway, so there is no need to live our lives trying to impress others. Instead, we should live our lives to impress ourselves. The relationship with our own self sets the tone for every other relationship we have.

At the end of the night before we shut our eyes and sleep, be contented with what we have done and be proud of who we are. Reflect upon what we could have realistically done better and accept what we could not. Accept our limitations. If we really have done our best, that is enough.

Reflect, be real and lead our lives. ◆

Dr Lee is a GP practising in Macpherson. He is also a member of the current National General Practitioner Advisory Panel. He is a pet lover at heart who is the proud owner of a dog, and regularly feeds neighbourhood community cats. He also enjoys playing online war games and thinks that playing Pokemon Go is a good form of exercise.

HIGHLIGHTS

FROM THE HONORARY SECRETARY

Report by Dr Lim Kheng Choon

Dr Lim is the Honorary Secretary of the 60th SMA Council. He is currently an associate consultant at Singapore General Hospital.

SMA welcomes Court judgement on professional misconduct

In response to a media query regarding the recent court judgement, SMA released a statement on 25 July 2019, which is reproduced below.

"We welcome the Court of 3 Judges (C3J) decision to absolve Dr Lim Lian Arn of professional misconduct.

Specifically the point that not all breaches of the Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines (ECEG) amount to professional misconduct; there should be a proven case of serious negligence. This is important for all doctors who try their best for their patients, but some will inadvertently make human errors. Honest mistakes should therefore be judged as such.

It is the responsibility of the SMC to adduce evidence to prove professional misconduct beyond reasonable doubt in the specific context of the case, which in this case is informed consent.

The SMA was concerned that the previous SMC Disciplinary Tribunal decision could lead to the practice of defensive medicine. We therefore fully welcome the C3J decision."

Visit http://bit.ly/31k9dra to view the case summary and http://bit.ly/2YGC86Q to view the full judgement.

Publication of joint CFPS-SMA study on effect of a disciplinary proceeding on practice behaviour

SMA congratulates the authors of the paper "A descriptive study of the effect of a disciplinary proceeding decision on medical practitioners' practice behaviour in the context of providing a hydrocortisone and lignocaine injection".

Following the conviction of Dr Lim Lian Arn for professional misconduct by SMC earlier this year, SMA and the College of Family Physicians Singapore (CFPS) commissioned a study evaluating the impact of the case and how it affected medical practice. The results of the study were recently published in the *Singapore Medical Journal*. It showed that after the conviction, fewer doctors offered the hydrocortisone and lignocaine injection. The median price charged for performing the injection also increased among the surveyed doctors. The study concluded that when the deterrent effect of a conviction is unintended, negative consequences will be increased healthcare costs and increased prevalence of defensive medicine.

SMA congratulates the authors Drs Wong Chiang Yin, Subramanium Surajkumar, Lee Yik Voon and Tan Tze Lee for their work.

The details of the study can be found here: http://bit.ly/2GMDmYa.

SMA selects preferred partners in medical indemnity

Given the changing landscape in medical indemnity, the wide variety of products being offered and the varied needs of our members, SMA has named the Medical Protection Society as the preferred mutual, NTUC Income as the preferred insurance company and Jardine Lloyd Thompson Group as the preferred insurance broker for providing medical practice indemnity to SMA Members.

Our preferred partners were chosen based on many factors, including their track record in medical practice indemnity, their openness to our suggestions, the transparency in their processes and the quality of their products.

We are confident that the range of products and services provided by our preferred partners will meet the needs of the vast majority of doctors practising in Singapore.

Meeting with HSA

On 8 July 2019, SMA, represented by 1st Vice-President Dr Tan Yia Swam, met with Health Sciences Authority (HSA) CEO Dr Mimi Choong and her team. Others present included attendees from the Academy of Medicine, Singapore, CFPS and Singapore Dental Association. Various issues were discussed, including the import and supply of unregistered therapeutic products and medical devices, health products manufactured by healthcare institutions for their patients' use, and communication of health product safety information. SMA will provide further updates on these issues when details are finalised.

SMA Council connects with overseas student leaders

SMA Council members met with student leaders from the Singapore Medical Society of Ireland and Singapore Medical Society of the United Kingdom on 18 July 2019. There was an open discussion on the needs of overseas Singapore medical students and how SMA may assist in several areas, including facilitating reintegration with the local work environment and highlighting available local job openings. ◆

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Venue: Camden Medical Centre
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Breast Cancer - 19 October 2019

1 pm	Registration (Lunch will be provided)
2 pm	Breast screening: which radiological test should I choose for my patient and how do I act on the report?
2.30 pm	What should I do with abnormal imaging/lumps?
3 pm	What's new in breast cancer treatments?
3.30 pm	Evidence on the prevention of breast cancer and update on radiation therapy techniques and clinical outcomes of radiation use in breast cancer
4 pm	Questions and Answers

Lung Cancer - 16 November 2019

1 pm	Registration (Lunch will be provided)
2 pm	Overview of the treatment landscape for non-small-cell lung cancer
2.40 pm	Lung cancer surgery and what we can do
3.20 pm	Advantages of radiation therapy
4 pm	Questions and Answers

*Topics are subject to change

For more information and to register, scan the QR code or contact Denise Tan at 6540 9195 or denisetan@sma.org.sg.

To see more upcoming events, please visit our website at https://www.sma.org.sg.

Mental Health Crisis:

How To Identify And What To Do?

Text by Dr Goh Yen-Li

Photo by Mental Health – GP Partnership Programme

In your daily practice, you would see patients presenting with different illness ranging from the common cold to mental health issues that are pressing. As it could be a crisis, the more prepared you are, the better the patient would be able to get the help in a timely manner.

What are the warning signs that indicate that a patient is experiencing a possible mental health crisis?

- They may have mood swings that happen spontaneously
- There could be increased episodes of agitation
- They may become withdrawn from their social circle, school or work
- There could be dramatic changes in their mood, personality and behaviours
- They may develop hallucinations, delusions and bizarre thoughts
- They may become more paranoid towards others, or suspicious toward loved ones or others
- They may engage in self-harm behaviours, such as cutting themselves
- They may feel a sense of hopelessness and even have thoughts of suicide
- They may have difficulties performing their daily routines, such as personal grooming and making their own meals

What you may face

Below are two scenarios that could happen in your daily practice.

Scenario 1

Patient A comes with his mother to your clinic for his monthly follow-up; you notice that there is something about him that feels off. He is unkempt, preoccupied and distracted. During the interview with him, you observe that his speech is pressured and tangential, and he starts to speak loudly. As you continue to speak to him, he becomes more agitated, begins to shout and starts pacing around the room. These are signs that he may be having a relapse and is getting aggressive.

Some signs that indicate that the patient is becoming aggressive include:

- Physical cues – Glaring at you, becoming restless, pacing around the room, adopting a rigid posture or displaying threatening gestures, standing very close to you or invading into your personal space
- Verbal cues – Hurling vulgarities, getting louder in his speech, being demanding with his requests
- Mood cues – Being irritable, angry, labile where the mood change is quick and spontaneous

- Thought cues – Being paranoid, suspicious, unable to focus on a task, is preoccupied, easily distracted

His mother shares that he is becoming more paranoid at home, closing the windows and drawing all the curtains in the house and not allowing anyone to leave the curtains undrawn as he feels that others would be able to read his mind if they did so. He refuses to shower as he feels that those who can read his mind will attempt to contaminate the water. His mum is unable to calm him down and he continues to shout and pace around the room.

You decide to try and de-escalate the situation so that he may calm down and minimise the possibility that he may get physical. If you feel that his mum may agitate him further, it would be advisable for her to leave the consultation room first.

You continue to engage him, pay attention to him, and identify his needs and feelings. Let him feel that he is being heard. You should be concise when communicating with him as he may not be able to pay attention to what you are saying. It would be all right to have periods of silence as it would allow him to take in what you have just told him. In the event he needs further treatment in the hospital, take the time to explain to him what is going to happen, for example, "Patient A, you are feeling really unsafe now, I will be calling the paramedics to bring you to the hospital for treatment as it is a safe place."

It is important to try and maintain a safe distance from him and know where the exit is, so that in the event he turns physical, you would be able to make your exit and call the police for assistance. If he calms down, you can discuss with his mum to bring him to the Emergency Services at the Institute of Mental Health (IMH) for review as he has shown signs of relapse. He may have to be admitted for treatment or his medication would need to be titrated. If his mum feels that she is not able to bring him to the IMH Emergency Services on her own, she can call the non-emergency ambulance to send him there.

Scenario 2

Patient B comes for her appointment. You observe that she keeps looking down and is rather quiet, unlike her usual self. She shares that she has problems sleeping for the past two weeks since her boyfriend's death. In addition to her insomnia, she has poor appetite and difficulties focusing on her job. She does not find any pleasure in the activities that she enjoyed doing previously and finds that life is hopeless. She has harboured thoughts of joining her boyfriend. She has searched the Internet on ways to end her life and has decided on a way to do so. She has tidied up her possessions and written suicide notes to her parents, siblings and friends so that they can read them after she passes on. You try to call her parents and siblings in view of her suicidal intent, but no one answers the calls.

She informs that she has no confidence in keeping herself safe when she goes home. You manage to contact her family and they rush to your clinic to attend to her. You explain the situation to them and they agree to bring her to the IMH Emergency Room immediately. However, in the event that you are unable to contact any next of kin and if she refuses to seek help at IMH Emergency Services, it is important that you call the police for assistance.

Patient B has displayed some of the warning signs of being suicidal – she has tidied up her possessions and written suicide notes, finds life meaningless and has searched for ways to end her life.

How to equip yourself

The Mental Health – GP Partnership Programme (MH-GPPP) is a collaboration between IMH and GPs to care for and manage patients with stable mental health conditions in the community. The GP partners who join the programme will be briefed by the MH-GPPP team and will undergo a clinical attachment to learn how to manage patients with mental health issues. In addition, the MH-GPPP team would pay visits to the GP clinics to update them on the community resources, as well as the resources that GPs and patients' next of kin can tap on in the event of a crisis or when the patient has a relapse and is unwilling to seek treatment.

During these visits, the team will update the GPs on the community resources that are available in the regions where they are practising. This is also an opportunity for our partners to seek advice on what they can do in managing complex cases or how to manage crises.

The resources that GPs can tap on to seek assistance when a patient is experiencing a mental health crisis are:
IMH Mental Health Helpline: 6389 2222
SOS: 1800 278 0022

Legend

1. A GP partner is briefed by an MH-GPPP team staff on the community support resources that GPs can tap on when a patient is having a crisis

Dr Goh is a psychiatrist and a medical doctor in public service. She treats acute inpatients and outpatients at the Institute of Mental Health. She has also been programme director of the Mental Health – GP Partnership Programme since 2010.

A Concerted Effort For *Better Mental Health*

Text by Dr Jared Ng

The 2016 Singapore Mental Health Study (SMHS) showed that one in seven people in Singapore has experienced a mood, anxiety or alcohol use disorder in their lifetime. Compared to the same study done in 2010, there was a slight increase in the lifetime prevalence of mental illnesses. However, the proportion of the people with mental disorders who were not seeking help remains high and a significant treatment gap remains.[1]

Several reasons have been put forth for this treatment gap and stigma is one of them. Despite efforts to combat the stigma of mental illness, it is still daunting for many people to admit that they have a mental illness and seek treatment for it. Mental health literacy needs to be improved and quality mental healthcare has to be accessible, especially in a setting with less stigma attached.

Even though primary care in Singapore represents the first point of contact for most patients in Singapore (with 20 polyclinics and about 1,500 private GP clinics distributed all over the island), many patients (and pre-patients) may not associate mental health treatment with their family doctors, whether in public or private practice. Among those with a mental disorder who sought help, more than 40% consulted a psychiatrist, whereas only 20% went to see their primary care physicians, according to SMHS 2016.

Mental health services in the primary care setting

Since 2010, there has been significant effort to equip primary care physicians to be competent and confident in assessing and treating patients with mental health concerns.

The Assessment and Shared Care Teams (ASCATs), funded by the Agency for Integrated Care, were started in 2010 to address the treatment gap issues. As mentioned above, there was a sizeable number of persons with mental health issues who did not want to seek help with hospitals due to issues of stigma. As a result, many persons remained undiagnosed and untreated, and they

tended to present with more severe symptoms by the time they sought help. As such, there was a pressing need to bring mental health care into the community so that needs can be identified and attended to early.

The new model of care, delivered through ASCATs, sought to provide mental health assessment, treatment and support in the community, through polyclinics, private GP practices and social service agencies. The vision then was to develop a mental health integrated network that enables adults residing within the region to access holistic and patient-centred mental health services.

The first ASCAT was set up at Khoo Teck Puat Hospital in 2010 to serve the mental health needs of the population living in the north of Singapore. This was followed by the second team set up at Ang Mo Kio (AMK) Polyclinic to perform psychiatric assessment and follow-up treatment for patients with mild to moderate mental health disorders, such as those with depression, anxiety and sleep issues. Since 2012, four more ASCATs were formed. ASCAT@Central at the Institute of Mental Health (IMH) would support the entire central region of Singapore. The team at Changi General Hospital supported the east, and the two ASCATs at National University Hospital and Ng Teng Fong General Hospital, respectively supported the western region of Singapore. Even though each ASCAT team has relative autonomy on how they engaged the patients and community partners, the mission for each team was the same – to bring mental health care to the community.[a]

IMH developed and launched its ASCAT programme in 2012. One of its core functions was to provide training for primary care practitioners in the form of didactic lectures, case supervisions and co-consultations for both polyclinics and family medicine clinics (FMC). Psychiatrists were also available to provide tele-consultation at any time for the primary care doctors.

AMK Polyclinic and Hougang Polyclinic have set up mental health clinics (termed Health & Mind Clinics, or HMCs for short) which see patients with conditions such as depression, anxiety disorders, adjustment disorders and insomnia. When these services first started, psychiatrists from IMH would sit in with the family physicians (FPs) to provide supervision for their mental health patients. These FPs were identified based on their interest in mental health, and it took three to six months of such training for them to be confident and competent to independently evaluate and treat the range of patients with mental health issues presenting to the polyclinics. If these FPs identify that their patients require further evaluation and treatment at a tertiary level, patients will be given fast-track access at IMH. (At the time of writing this article, Toa Payoh Polyclinic has also begun training their FPs to start a HMC.)

Apart from polyclinics, ASCAT@Central has also trained doctors from Unity FMC to attend to patients with mental health issues. Unity FMC runs weekly dedicated clinics where a psychiatrist would sit in with the GP to see patients, both existing and new, with mental health concerns. Once the patient is evaluated and has a treatment plan, he/she will continue their follow-up with the FMC. If the FMC doctor identifies that the patient needs tertiary level care, the patient will get expedited appointments at IMH. Similarly, FMC doctors can consult their psychiatrist colleagues at any time if they encounter issues with their patients.

ASCAT@Central also engages non-medical partners such as community intervention teams, Family Service Centres and other social service agencies through training initiatives, such as workshops and case conferences, so that they are better equipped to care for those with mental health problems within the community. Many of these community partners work closely with GPs and hospital-based mental health services to support patients through their time of distress and crisis. They also run case management, therapy sessions and provide caregiver support for those in the community.

More to be done

The intention of this mental health network is to provide patient-centred quality care in the most appropriate and accessible settings. Through the partnerships, more serious and complex cases can be easily escalated to the tertiary mental health services, while stable patients can be right-sited to the community partners. The need for mental health services in Singapore is only projected to grow. We have made progress over the years but we can certainly do better. Increasing the competency and capacity of primary care and other community partners is only one part of the solution. Other aspects that need to improve include mental health education, reduction of stigma and strengthening the resilience of the population. ◆

Reference

1. Institute of Mental Health. Latest nationwide study shows 1 in 7 people in Singapore has experienced a mental disorder in their lifetime. Media Release. Available at: http://bit.ly/2L4dbxE.

Note

a. There are currently five ASCATs in Singapore. The ASCAT set up to support AMK Polyclinic was incorporated into the current IMH ASCAT@Central in 2012.

Dr Ng is a consultant at the Institute of Mental Health and has a special interest in the public health approach to mental illnesses and mental health. He maintains his own mental wellness by spending time with his kids and dogs.

Assessment of Mental Capacity: Key Points

Text by Dr Giles Tan and A/Prof John Wong

Doctors are caring for more patients who are older and/or are living with disabilities in an increasingly complex medico-legal environment. A significant proportion of these patients, who often have complex medical problems, will have some impairment of their mental capacity or may require to have it assessed by a doctor. Such assessments could be used to (a) make a Lasting Power of Attorney (LPA); (b) apply for the appointment of deputies by the Court; or (c) determine mental capacity in other more specific areas (eg, consent for treatment).

The Mental Capacity Act (MCA) provides the statutory framework to address issues relating to the mental capacity to make decisions.[1] It covers individuals who have an underlying impairment of or a disturbance in the functioning of the mind and/or brain. The code of practice lists stroke, brain injury, dementia, mental health problems and intellectual disability as some of the conditions.

The five statutory principles that underpin the MCA are: (a) a person must be assumed to have capacity unless it is established otherwise; (b) a person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success; (c) a person is not to be treated as unable to make a decision merely because he makes an unwise decision; (d) an act done, or a decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests; and (e) before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

For the purposes of the Act, a person is unable to make a decision for himself if he is unable to (a) understand the information relevant to the decision; (b) retain that information; (c) use or weigh that information as part of the process of making the decision; or (d) communicate his decision (whether by talking, using sign language or any other means).

When undertaking an assessment of mental capacity for a particular individual, information and history should be gathered from multiple sources, including interviews with caregivers, in addition to interviewing the person with possible impaired mental capacity (who should always be involved in the process). It is advisable to have a structured approach to performing the assessment and the use of structured tools will aid in the process. The Mental Capacity Assessment Tool that SMA devised covers various domains of functioning and can be used by doctors undertaking the assessment of mental capacity.

Following the assessment of mental capacity, for the purposes of applying for an LPA, the LPA Form 1 or Form 2 needs to be certified by a certificate issuer who could be a practising lawyer, a psychiatrist or an accredited doctor.[2] For the application of a Court-appointed deputy, the Court requires the completion of Form 224[3] comprising both the affidavit and medical report that includes assessment of the person's mental capacity in relation to personal welfare, property and affairs.

Patients with impaired mental capacity may not have sufficient mental capacity to make a specific decision. Doctors undertaking an assessment of mental capacity for this group of patients need to bear in mind the requirements under the MCA, be aware of and address potential barriers to an effective assessment and apply good practice guidelines to ensure that they perform the assessment to a reasonable standard. To gain a more in-depth understanding, join us at the Caring for Persons with Diminished Capacity (Temporary/Fluctuating) seminar, jointly organised by the SMA Centre for Medical Ethics and Professionalism and College of Psychiatrists, Academy of Medicine, Singapore, on 12 October 2019. ◆

References

1. *Singapore Statutes Online. Mental Capacity Act (Chapter 177A). Available at: https://sso.agc.gov.sg/Act/MCA2008.*

2. *Office of the Public Guardian. The Lasting Power of Attorney. Available at: http://bit.ly/31PKICa.*

3. *Family Justice Courts. Forms: Form 224 Doctor's Affidavit. Available at: http://bit.ly/31RjwDm.*

Dr Tan is the honorary secretary of the College of Psychiatrists, Academy of Medicine, Singapore. He is a senior consultant in the Department of Developmental Psychiatry at the Institute of Mental Health and visiting consultant at KK Women's & Children's Hospital.

A/Prof Wong is the president of the College of Psychiatrists, Academy of Medicine, Singapore. He is senior consultant and head of the Department of Psychological Medicine at National University Hospital and National University of Singapore.

CARING FOR PERSONS WITH DIMINISHED CAPACITY (TEMPORARY/FLUCTUATING)

Jointly organised by the SMA Centre for Medical Ethics and Professionalism and College of Psychiatrists (COP), Academy of Medicine, Singapore

12 October 2019 (Saturday)
1 pm to 5 pm
Camden Medical Centre
2 CME points (pending SMC's approval)
Complimentary for all Healthcare Professionals

Objectives:

This course enables doctors to…

- Understand the legal guidance of the Mental Capacity Act (MCA) in the care of persons lacking mental capacity
- Understand and assess mental capacity
- Write appropriate medical reports in establishing the mental capacity of their patients
- Make good clinical judgements in the area of mental capacity

Target audience:

- GPs
- Psychiatrists
- Neurologists

1 pm	Registration (Lunch will be provided)
2 pm	Introduction and Overview on Caring for Persons with Diminished Capacity
2.30 pm	Overview of Dementia and Clinical Aspects of Temporary, Fluctuating and Permanent Loss of Capacity
3 pm	Lasting Power of Attorney Certification and Mental Capacity Assessment
3.30 pm	Mental Capacity Assessment Reports for the Courts
4 pm	Panel Discussion – Questions and Answers
4.45 pm	Conclusion and Closing Remarks
5 pm	End of Seminar

Interested to educate yourself more about the MCA?

SMA and COP will be collaborating to bring you another seminar on 4 April 2020 on ***Persons with Intellectual Disabilities (PWIDs)***.

This seminar will feature an overview on PWIDs and the Mental Capacity Assessment Tool, and will provide you with a structured approach to assessing PWIDs.

For more information or registration, please visit https://www.smacmep.org.sg or contact Jasmine Soo at 6540 9196 or jasminesoo@sma.org.sg.

'TIS THE SEASON TO BE JOLLY... *Or is it ?*

Text by Dr Tina Tan, Deputy Editor

In my clinical practice, I'm usually quite aware of when a festive occasion is approaching, and not just because of the hospital decor. Sometimes, patients request for discharge or home leave to celebrate the holidays and sometimes they want to reschedule appointments because they are travelling or are busy. I've even encountered patients (usually the elderly ones) who refuse to allow their families to bring them to the hospital for treatment until that all-important gathering has occurred (#reuniondinner).

The holidays can make for a nice change in pace. We can plan vacations, not think about work and spend precious time with family. Some holiday periods, such as Chinese New Year, Hari Raya Puasa and Deepavali, are of special significance to us.

The flurry of activity

Yet, it comes as no surprise that public holidays and festive seasons can be a burden. The holidays can be stressful because of the sheer amount of preparation that goes into getting things ready, what with buying food and cooking it all, wrapping presents and counting out how much *ang bao* (red packet) money to give to *that* relative. Then there's the part about having to spend time with people you don't necessarily enjoy interacting with, hosting guests, and dealing with family feuds and downright awkward questions of well-meaning aunties and uncles. Pretty much a logistical nightmare.

Oh yes, there's also Valentine's Day. 'Nuff said.

And for those thinking of getting away from it all instead? Don't get me started on travelling with kids.

For those without kids, you know you aren't the only one thinking of travelling, right? Just think of the hordes of like-minded people trying to *siam* (Hokkien for "avoid") the holidays as well!

A time of isolation

But on the flip side, the holidays can be especially isolating for some. A patient of mine once shared her distress whenever the weekend or public holidays came around. Years ago, her only family member in Singapore, her husband, passed away. It then became a struggle for her to deal with periods of time outside her regular work. She felt *lonely*, she said, with tears in her eyes. She could cope when there were things to do and colleagues to interact with, but the holidays were painful for her – she would be off work, her friends would

be with their families and even the community centres were closed. And then there were the memories of how she used to spend the holidays with her late husband. What was she to do to pass the time?

The sad thing is that she probably isn't the only one with such thoughts.

The term "holiday blues" (or "festive blues") remains rather ill-defined. But intuitively, it probably refers to the mental health toll that festivities can bring for various reasons – too much to do, the absence of things to do or perhaps memories that might trigger grief and sadness, or anger and resentment, as well as regret.

What makes things awkward and difficult for the individual who is experiencing the "blues" is that they're "supposed" to feel happy because it's a joyous and auspicious time. However, just because someone *appears* joyful doesn't mean that they aren't experiencing negative emotions on the inside. The stigma of being unhappy during the festive period can prevent people from even acknowledging how they feel, much less talk about it. Not to mention the constant reminders of whatever festive occasion that is approaching. Decorations galore and piped-in music in shops and supermarkets, as well as the buzz on the radio, television and social media – it's hard to get away from all that.

As with the patient above, the absence of loved ones, either through a breakup, family estrangement or death, can lead to distress during the festive season. What makes things worse is that certain occasions become a time of self-reflection, longing and reminiscence. All of these emotions can lead to depression and suicidal thoughts prior to, during and after the special occasion.

That being said, it must first be recognised that feeling stressed, tired, lonely or down during a festive season can be a *normal* experience, for whatever reasons. Therefore, it's also *alright* to voice out such emotions rather than bottle them up inside.

It is the occasional patient for whom the passing of the holidays becomes especially difficult. These are the ones we should take extra care to look out for. It may manifest in someone who is a bit more withdrawn and teary-eyed, or looks more stressed and frazzled than usual. The patient may complain of having difficulty sleeping, poor mood or irritability. Some delicate prodding may elicit the cause of these emotional changes, after which it would be prudent to do a risk assessment.

A few Western studies have looked into the use of mental health services and suicide incidents around the holiday season. A 2011 North American study found an increase in mood-related issues during Christmas, with higher use of psychiatric services.[1] That study, together with another one from the Netherlands in 2018,[2] found an increase in suicides *after* Christmas, though not before.

There aren't any local studies on this phenomenon, but I can imagine that to many folk, taking one's life *during* a festive season would be seen as morally wrong (ruining other people's fun) or even wrong from a superstitious/spiritual perspective (ie, *pantang*).

As with any suicide screen, it is important to keep in mind the usual risk factors – depression, social isolation, chronic illness and pain, and gender – for a start. Once these patients are identified, management which would best address their needs, such as medications, referrals to specialists and/or enhanced community support, should then occur.

A timely reminder

Let's not forget our own friends and family members, and those in our community and neighbourhoods, who may not be as immersed in the season's festive cheer. I wouldn't under-estimate the practical support that our loved ones could use amid the busyness of preparing for a celebration, such as assistance in running errands or cleaning the house. Then there is the emotional aspect of things, such as paying an elderly relative a visit, especially if they live alone. A simple act of kindness can go a long way.

One final word – look after yourself. Oftentimes, the more conscientious (let's not use the word "perfectionistic") among us may shoulder all the responsibility of preparing for festive occasions. Resist the temptation to do that. Yes, it would mean delegating responsibilities or not worrying about the finer details, but it's probably better for one's mental well-being in the long run.

So as we gear up for the holiday that's approaching, let's remember that 'tis the season to be jolly. ◆

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1. Sansone RA, Sansone LA. The christmas effect on psychopathology. Innov Clin Neurosci 2011; 8(12):10-3.

2. Hofstra E, Elfeddali I, Bakker M, et al. Springtime Peaks and Christmas Troughs: A National Longitudinal Population-Based Study into Suicide Incidence Time Trends in the Netherlands. Front Psychiatry 2018; 9:45.

Dr Tan is a consultant at the Institute of Mental Health and has a special interest in geriatric psychiatry. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.

BRINGING CARE TO THE COMMUNITY:

A Rehab Perspective on Home-Ventilated Patients

Text and photo by Dr Valerie Ng

From the moment doctors graduate from medical school, we are bound by the Hippocratic Oath, vowing to "first, do no harm". However, we quickly learn that this is not always possible and many a time, even our best intentions are shrouded by consequences of our actions. Questions such as "what does it truly mean to treat in the patient's best interest?" or "what equates to a justifiable quality of life?" slowly ebb at our conscience as we meander through our training years of residency. Unfortunately, in-hospital training only gives you a glimpse of the patient's life without true understanding of the individual – their likes, dislikes, character and preferences, among other things.

In order to understand if such questions could be better answered by a service that knew home-ventilated patients better, I decided to do an attachment with the Home Ventilation and Respiratory Support Service (HVRSS) to further appreciate what the service entails and how it integrates into the continuity of care framework.

The power of teamwork

The HVRSS team comprises senior consultants from three main specialties – (1) respiratory and critical care medicine; (2) anaesthesiology, intensive care and pain medicine; and (3) continuing and community care. It is spearheaded by Dr Chan Yeow and supported by a team of nurse clinicians, senior staff nurses, a medical social worker and a respiratory therapist. They run a weekday, office-hours service for all home-ventilated patients across Singapore, providing care for patients afflicted with a myriad of conditions – from traumatic spinal cord injury patients in the young population, to geriatric high-functioning individuals, including ventilated patients with cancer and neurodegenerative disorders.

The HVRSS nurses form the backbone of the service. They review patients independently in the patients' homes, perform routine tracheostomy changes, monitor bloods and capillary blood gases, adjust ventilator settings and change nasogastric tubes and catheters. They also connect with the patients and their families through their genuine concern for the individuals and their welfare on top of their medical ailments. Their love and care for their patients is truly inspiring.

The beauty of community medicine lies beyond the medical care of the patient, but instead, encompasses the individual and his/her entire community as a whole. We saw a ventilated patient who suffered from Duchenne muscular dystrophy. His mother was his primary caregiver. Unfortunately, she suffered from osteoarthritis of her knees and as she became more immobile due to her knee pain, her son's care was inadvertently affected. She was unable to see a doctor due to difficulty in finding a substitute caregiver. Therefore, during one of our routine reviews with the patient, I examined her in their home and recommended some strengthening exercises and non-pharmacological treatment for her knee pains. She was extremely grateful, as this not only helped them financially but also freed up her time spent waiting in the clinic. This was when I began to see the rewards of community medicine with the HVRSS team.

From the time a patient is referred, either as an inpatient or in an outpatient setting, the HVRSS team begins building rapport with both the patient and their primary caregivers. I quickly learnt that other than the individual's own resilience, perseverance and tenacity to survive, a familial support network is integral to their quality of survival and sustainability of care. This was contrary to what I thought before – that the underlying medical condition would be the life-limiting factor. It also became apparent that a certain degree of financial capability was required to sustain decent care for home-ventilated patients in the community. In order to run the HVRSS successfully, selecting appropriate patients is one of the fundamental steps to "get right" from the start.

My rotation with the HVRSS team showed me how patients were given a new lease of life with a ventilator. We saw a young patient with a high cervical traumatic spinal cord injury. He was tracheotomised due to diaphragmatic

weakness after the accident. Being on the ventilator allows him to talk and use his laptop and gadgets with the assistance of simple aids despite being a complete tetraplegia. He has also been able to travel overseas with the assistance of the ventilator. Another success story encountered during my attachment with the HVRSS team involved an 87-year-old lady who underwent tracheostomy for prolonged intubation due to recurrent pneumonias. With the aid of the ventilator and tracheostomy, she is able to ambulate and spend her golden years at home rather than being institutionalised. This was indeed heartening for me – seeing patients, whom I had thought would not have made it past the year, functional at home and having a decent quality of life.

The many challenges

However, despites their best efforts, the HVRSS team has its limitations. My attachment with the team showed me not just the benefits of the service, but also the struggles and gaps in our society, and the ones who have "fallen through the cracks".

During one of our home visits, we saw a young patient with spinal muscle atrophy who was dependent on non-invasive ventilation overnight, dependent on all his activities of daily living and transfers but still able to mobilise independently with an electric wheelchair using the residual motor power in his right thumb and fingers to navigate and manoeuvre. It therefore struck me by surprise when he shared that he was the owner of an online marketing company and was working full-time. Yet his self-reflection of his condition and the eventuality of his future shook me the most. As his parents (who are already in their 60s) continue to age and him being an only child, there are no other substitute carers should his parents pass away or be no longer able to care for his increasing medical needs. Given their lack of financial capability to employ a helper, the eventuality of living in a nursing home with all its restrictions, coupled with loss of independence and freedom, really hit home.

The HVRSS team has always pushed the boundaries of community medicine and challenged the notion of "quality of life" as well as "when enough is enough". We had two patients with end-stage cancers on ventilators – one with thymic cancer that had metastasised to the bone, liver and lungs, and another with a recurrent rapidly enlarging glioblastoma, both with less than six months prognosis. Both were repeatedly admitted to hospital for pneumonias and other recurrent infections. This brought up the discussion of whether the ventilator was considered a life-prolonging intervention and if slowly weaning them off the ventilator as part of palliation would be ethical to relief their suffering or if that would be considered an acceleration of death. Seeing these two patients made me re-evaluate my own thoughts and understanding of the phrase "patient's best interests".

All in all, my attachment with the HVRSS team was truly an eye-opening experience for me. I am now more aware of the services available in the community and how the HVRSS team has made significant changes to people's lives. Their actions not only affect the individuals they look after, but the families and communities that are involved in their lives as well. Despite being stipulated as an office-hour service, in fact, the service goes above and beyond their call of duty; they serve not just as an accessible point of care in the community, but also as a confidante in times of need for patients and their families. As a service that traverses both the acute and community setting, they have truly embodied the meaning of continuity of care.

Legend

1. HVRSS nurse clinician assessing a caregiver's competence in putting on a non-invasive ventilation mask for the patient

Dr Ng is a third-year rehabilitation medicine senior resident at Tan Tock Seng Hospital (TTSH). As she embarks on the final leg of senior residency training, she hopes to use her specialist knowledge and expertise to further rehabilitation in the community and help TTSH set up its first ventilator rehabilitation unit.

Golfing YOUR WAY TO GREAT PROFESSIONAL FRIENDSHIPS

Text by Jo-Ann Teo, Editorial Executive

The 2019 run of the SMA Annual Golf Tournament, held on 17 July at Sembawang Country Club, was well attended by SMA Members and guests. To encourage and foster inter-professional ties, SMA extended the invitation to our friends from other professional bodies both within and outside the healthcare sector, playing host to members of the dentistry and law professions this year.

With clear skies above and gorgeous undulating greens beneath, more than 70 golfers were off to a shotgun start at 1.30 pm after a scrumptious buffet lunch. Everyone made sure to give their best shots during the tournament as they vied for the numerous challenge trophies and novelty prizes, not to mention the hole-in-one prize – a Mercedes-Benz E200 AVANTGARDE.

As dusk approached, each flight of golfers made their way back to the clubhouse to freshen up for the dinner and prize presentation. The convener of this year's tournament, Dr Adrian Tan, took to the stage to address the golfers. He thanked everyone for their participation, commenting that the event is a good way in which doctors – especially GPs and specialists – could have the opportunity to get together and interact with one another. Dr Tan also complimented the golf course's well-manicured greens, thanked the event, trophy and goodie bag sponsors for their support, and wished everyone a good evening ahead. Upon commencement of the eight-course Chinese-style dinner, the banquet hall was abuzz with chatter as golfers networked and reminisced on the day's happenings.

Shortly into the dinner, Ms Michelle Ang of Bizmann System (S) Pte Ltd, the main sponsor of the event, took to the stage to share more about the digitisation and automation of supply purchases. Attendees were encouraged to visit the booth set up by Bizmann to find out more about their company's services. Additional booths were also set up by the SMA eMarket to review how the e-procurement portal can further enhance its support for SMA Members and their clinics' needs, and by the SMA Charity Fund (SMACF) who promoted their Adopt-A-Bear campaign, a newly launched fundraising effort to support underprivileged medical students in their education journey. We would like to thank all golfers who generously donated to SMACF's cause.

The banquet hall quietened to a hush as emcee Dr Chan Kwai Onn appeared on stage for the moment everyone was waiting for: the prize presentation ceremony. A round of cheers and applause erupted from the golfers as each winner was announced. For the fourth consecutive year, the GP team was all smiles as they received the Best Team Award.

Lawyer Mr Leon Koh, who was participating in the SMA Annual Golf Tournament for the first time, took home prizes for the longest drive with a whopping record of 258 meters and for placing first in the Friends of SMA category. When approached by *SMA News*, Mr Koh, who is also the Law Society of Singapore's golf convener, expressed that he enjoyed the event and complimented the team, saying that "The fact that you managed to get so many sponsors is a testament to how well organised and well run the event is."

As the night drew close to an end, everyone was at the edge of their seats in anticipation for the final segment – the lucky draw. A grand total of 20 prizes, ranging from golf accessories to water filters and dining vouchers, were given out to the lucky winners. The hearty chatter wound down soon after and the tired but happy golfers bade goodbye to friends – both new and old.

SMA would like to thank all Members and friends whom we trust enjoyed their time on the greens and at the dinner. Catching up with Dr Li Man Kay, who is a regular golfer and has been participating in SMA's golf tournaments for more than ten years, he shared that "it's not so much about the competition but the friendship and the game itself" that brings him back year after year. We look forward to bridging more inter- and intra-professional ties to build a more collegial working environment. See you at next year's tournament!

Congratulations to the Winners!

Best Gross:
Dr Chong Tat Chong

Best Stableford:
Dr Charles Tan Tse Kuang

Best Nett:
Dr Tay Jam Chin

Best Senior Golfer:
Dr Kuek Bak Lim Leslie

Best Lady Golfer:
Dr Howe Wen Li

Best Team (GP vs Specialist)

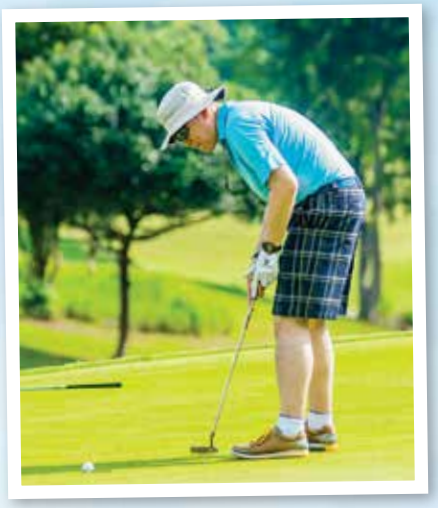
Winner: GPs
Dr Chong Tat Chong
Dr Robert Ong Chee Meng
Dr Beng Teck Liang
Dr Adrian Tan Yong Kuan
Dr Howe Wen Li

Runner-Up: Specialists
Dr Charles Tan Tse Kuang
Dr Chan Kwai Onn
Dr Kelvin Chew Tai Loon
Dr Tay Jam Chin
Dr Ng Hui Nai

Friends of SMA

Winner:
Mr Leon Koh

Runner-Up:
Mr Andrew Ng



Acknowledgements

Main Sponsor:

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Trophy Sponsors:

Dr James Chang Ming Yu
Dr Goh Swee Heng

Family of the late Dr Heah Hock Thye
Family of the late Dr Ling Chaw Ming

Dr Lo Hong Ling
Dr Oon Chiew Seng

Prize and Goodie Bag Sponsors:

Convenor: Dr Adrian Tan Yong Kuan

SMACF Adopt-A-Bear Campaign

A Cause Worth Supporting

Text by Sara Kwok, Executive, SMA Charity Fund

"Doctor" – this title draws a lot of attention, along with some misconceptions. A common perception among the public is that doctors are rich and have made it to the upper echelons of society – a reasonable assumption that is however not always accurate. Unknown to many, it takes years for medical professionals to earn an above-average income and be "top earners" (as how our society defines them). Behind the glamourous title, people tend to overlook the extraordinary amount of expenses incurred and the financial stress some doctors have had to endure just to pursue a medical education. However, despite the financial challenges they may face, many doctors in training still dive into it in pursuit of their passion and are mentally prepared to be debt-ridden for many years after graduation.

Medical education, even if highly subsidised, is undoubtedly costly for many. Besides tuition fees, that may be defrayed by bursaries, financial assistance schemes and loans, basic living expenses prove to be one of the largest hurdles for underprivileged students. The daily expenses of medical students are significantly higher as compared to that of students from other faculties. As a result, medical students may engage in part-time jobs during the course of their medical studies to support themselves, often at the expense of their studies. Some may even have the added burden of trying to support their families.

This year, in conjunction with SMA's 60th anniversary, SMA Charity Fund (SMACF) launched a fundraising campaign in support of underprivileged medical students. The "Adopt-A-Bear Campaign" is a fundraising initiative where uniquely designed bears clad in various doctors' attires are presented to donors in appreciation of their support. Donors who contribute $1,000 receive a limited edition set containing five bears, while the single exclusive bears are given away with every donation of $60.

This campaign is dedicated to helping medical students cope with the struggle of their living expenses through the SMA Medical Students' Assistance Fund, thereby easing their families' financial burden and allowing them to focus on their studies so that they may graduate as competent doctors.

Your support provides underprivileged students with an equal opportunity to pursue their dreams, alleviate their family's social economic struggles and ultimately pay it forward by serving the community.

Let us help bring about a positive impact on our country's healthcare by supporting our future doctors. Have you done your part? ◆

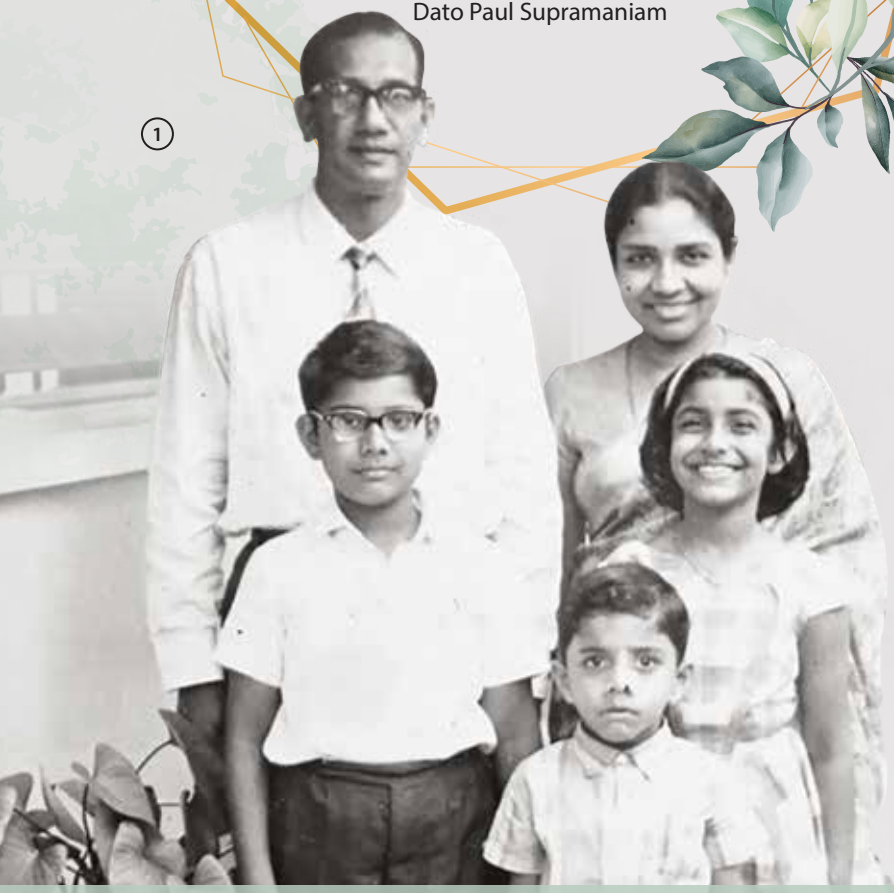
To donate, please scan the QR code or visit our donation portal at https://giving.sg/smacf/adopt-a-bear.

Dr JMJ Supramaniam

A MAN OF RESILIENCE AND FAITH – PERSPECTIVE FROM A SON

Interview by Dr Toh Han Chong

Photos by
Dato Paul Supramaniam



① Dr JMJ Supramaniam with his wife and children.

Dr James Mark Jeyasebasingam Supramaniam, or Dr JMJ Supramaniam for short, was a pioneer in the local management and elimination of tuberculosis, and was among those who developed Tan Tock Seng Hospital from a chest hospital to a general one. Earlier this month, a book titled *He Saved Thousands: The Story of JMJ Supramaniam* was launched to document his biography.

SMA News is privileged to speak with his son, Dato Paul Supramaniam, to gain a more personal perspective about his childhood, career and contributions to local medicine, as well as his harrowing experiences during the war.

– Dr Tan Yia Swam, Editor

A minister's son

Dr Toh Han Chong (THC): Thanks for hosting us in your beautiful home for this interview, Paul. Tell us about your father when he was a child – his background, heritage and his experience growing up?

Dato Paul Supramaniam (PS): Certainly, Han Chong. It's a pleasure to meet you. My father's childhood actually had a very big bearing on him and taught him to live his life based on his convictions – something he learnt from his father. Our ancestry can be traced back to Ceylon, Jaffna in the north, where the family had lived since the early 1200s. My paternal great grandfather came across to Singapore in the 1880s after she became a Crown colony.

My father was born in Kuala Lumpur (KL) in 1921, when the borders between Malaya and Singapore were more fungible. His upbringing was fairly peripatetic, because his father, Reverend James Arumugam Supramaniam, was a Methodist minister, the headmaster of Methodist schools in both countries, a community leader and a district superintendent, who was serving at different times in Singapore, KL, Penang, Pahang and Negeri Sembilan.

If I had to define my father's childhood, I would say that it was one of considerably forced resilience. The reason for that is that he never knew his mother. My father told me that he had no memory whatsoever of his mother, except that he believes he has some subconscious memory of being hugged by her.

My father was orphaned at 15, when my grandfather suddenly died, primarily from overwork, although the medical records say the cause of death was "cerebellum thrombosis". The rich infusion of character, responsibility, strong values of service to mankind, and the conviction that life was meant to be lived for others, of which my father got from his father, was very strong.

The medical career

THC: It is well known that he loved literature, history and reading, and these traits passed down to the children. What compelled him to go into medicine?

PS: My father's elder brother, George, went to medical school in 1933 on

a scholarship; he was an academic exhibitioner and president of the medical college union in 1938 and 1939.

My father wanted to do literature but his immediate elder sister, Grace, was offered a scholarship to the medical school. The Federated Malay States (FMS) only gave two scholarships per family for medicine, and Grace said to my father, "You have the potential, you are a bright boy. I'm going to get married and I'll not be able to contribute as much in medicine as you can, so I'm going to give up my scholarship on the basis that you go and do medicine." So she persuaded him, as did George and another elder brother, Robert, that he should do medicine. So out of duty and because his sister gave up the scholarship, he took the FMS scholarship to medical school which he was awarded in 1939.

The war years

THC: Perhaps share some insights into your father during those war years. I understand that he was acknowledged as a hero during the war.

PS: He joined the British Medical Auxiliary literally a day or two after the bombing of Pearl Harbor on 7 December 1941. Later, in an interview with the National Archives, he was asked about that and he said that he was compelled to enlist as he felt a duty within himself. He worked under fire as a stretcher bearer and medical orderly to evacuate the wounded. When the Japanese's attack on Singapore was in full force, he volunteered to lead the Christian burial of Yoong Tat Sin during the time of heavy Japanese shelling.

THC: Who was Yoong Tat Sin?

PS: He was a medical student who had been killed, I believe, during the bombing of Tan Tock Seng Hospital (TTSH) earlier that morning. While they were out burying him that evening, the Japanese mistook the burial party for Indian soldiers and started to shell them severely. My father was hit by the shelling despite diving into the open trench and two people next to him died instantly – one was hit in the heart. My father thought that he had lost his leg and would soon die from the bleeding. Tan Chee Khoon, who witnessed it, shouted to him from the top of the medical college, "James, come up, come up, you're still alive." And so he was able

to crawl and hop up on one leg back to Sepoy Lines, where he passed out.

Mr Day did emergency surgery on my father, assisted by the head of surgery, Prof Eric Mekie, who wanted to amputate his leg to save his life, but K Shanmugaratnam, who was a medical student assisting in the theatre, said, "No, we must save his leg. He's a champion athlete." There was a permanent hole in his calf, but my father survived. No gangrene set in. The next day, the British surrendered and within two to three days, they were given instructions by the Japanese to evacuate the general hospital in Sepoy Lines to Miyako, the Woodbridge Hospital.

They were not allowed to take anything, including medicines, with them. The Japanese sentries kept watch, but my father realised that the British prisoners of war were going to need medical supplies. As he was on a stretcher under a blanket, he volunteered for his fellow medical students to strap the medicines and syringes onto his body and said, "If I get discovered, it'll just be one person killed. But if I get through, there'll be a huge amount of medication and stuff that we can get across to Miyako Hospital and then to the British." Because he was tall, lots of medicines, syringes and medical supplies were strapped to him under the blanket.

He passed the sentries and was put on a Japanese military truck; he prayed throughout the journey. The Japanese stopped to search the truck, but they never lifted his blanket and the medicines and essential equipment got through. If they had lifted the blanket, it would have been instant death for him as they would have bayoneted him on the spot. For his gallantry, he received a medal from King George after the war.

Medical training

THC: Did your father spend any time overseas doing medical specialist training?

PS: Yes, he did. After the war, 28 individuals were picked by the British government from across the various ministries and departments in Singapore to be sent off for Malayanisation. Two of which were doctors – my father and Dr Yeoh Seang Aun. My father wanted to do obstetrics and gynaecology and had been picked to do that, but at the last minute, the colonial authorities asked, "Tuberculosis (TB) is a major killer, will you go and do that instead?" and he agreed.

THC: Was your father a young doctor at the time you were born?

PS: I was born in 1957 in Edinburgh when he was there as part of Malayanisation working with Prof John Crofton, a TB world authority.

He left in 1955 to do internal medicine in Edinburgh, Glasgow and Wales, and by 1957, he had already completed his FRFPS (Glasgow), MRCP Edinburgh and Tuberculous Diseases Diploma (Wales), and also worked in hospitals in Edinburgh and London. His progression was very fast; he started late but he accelerated quickly. By 1958, he was one of the early local heads of department in the medical services, under the British.

THC: Your father famously said, "To know TB is to know medicine", just as Sir William Osler had previously said, "To know syphilis is to know

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medicine". What did he mean by this? Given that he was one of the pioneers in TB here and Singapore was then a great leader in TB treatment, tell us about the times he was part of the leading team in the war against TB.

PS: I was too young when he started leading this campaign, but I gleaned insights from several publications he published in 1958 about TB treatment. His knowledge of TB treatment was cutting edge at that time. The world authority was Prof Crofton in Edinburgh, whom my father had the privilege of studying with and then working with. Back then, it was normal for one to head off just to get their specialist qualifications and then come back, but my mother joined him and got pregnant with me!

THC: You're a Scottish pregnancy. (*chuckles*)

PS: Yes, but my mother had a very difficult time. Early in the pregnancy, she had a fall while on holiday with her mother. She was then hospitalised for many months and regarded as unstable to travel. My father was summoned back by the colonial secretary after completing his training. He said, "If I come back, my wife would have to stay behind alone because if she travels back, she will lose the baby. So can I stay back and work with Crofton till the baby is born in March or April 1957?"

Ultimately, the colonial secretary agreed and my father had the privilege of working as a specialist doctor in Edinburgh and at the Brompton Hospital in London. He also did a short stint at Moorfields Eye Hospital because he wanted to learn more about ophthalmology.

So I think when he said, "to know TB is to know medicine", it was because he was a firm believer that TB could be prevented. He also believed that it could be treated, not just medically but with hearts and minds. That goes back to Sir William Osler. His research on TB with Prof Crofton and Prof Wallace Fox (who later came to be acknowledged himself as a world authority) also contributed to his belief. Lastly, he knew that TB could affect every organ and manifest in many ways. It tested doctors' intellect, intuition and medical skills of not just one organ. If you were a TB doctor, you had to know the whole body system. You couldn't just say you're a liver specialist or a brain specialist – but a complete physician.

Giving his best as a doctor

THC: It's quite illuminating for readers to realise that world-class clinical research, like the work done by your father and his colleagues, actually occurred at that time here in Singapore.

PS: In fact, Sir Tom Blundell FRS, former chief scientist in the UK and now a science advisor to the Singapore Government, once said that the work done in TB by my father, with emphasis on clinical research, was the foundation for today's Singapore self-belief in medical research.

As a child, I remember my father saying that the rest of the world thinks that we can't do world-class research here, but we've done it with TB, and he became a world authority and special advisor to the World Health Organization in 1964. He was in Geneva for a very long time through 1964 and helped to set up medical services in African countries, Taiwan and India. He really believed that we had the skills and resilience, and he knew what he could do as he was respected on the world stage.

He believed that medicine had a bigger role than to simply dispense medicine and heal people. He believed that some ailments could be prevented with better social policies, diets and exercise, and he also believed in the strength of medicine for international diplomacy. He was already practising a form of diplomacy for Singapore when he went to Geneva in 1964, because we were part of Malaysia and had no foreign service. He was out there as a voice for Singapore. He believed that medicine had that wider role and it gave one very strong skills that were portable at the government sphere.

Beyond just work

THC: I also want to focus on his multifaceted talents. Tell us more about his talents in sports and other areas?

PS: In university, he was captain of the athletics and soccer teams (despite injuring his leg during the war); he was a champion athlete who held the Keith Cup (after Dr Chan Ah Kow), and he ran

in the Amateur Athletics Association's meets in Singapore and Selangor. As a young doctor, he also played league soccer, hockey and badminton. He was part of the first ever students' union in 1949 when King Edward College and Raffles College merged. As a student leader and a leader of the King Edward College Union, he became the first vice-president of the combined Students' Union of the University of Malaya. He was a great lover of poetry, history, literature and music. He listened extensively to classical music in Singapore and when he was in Europe he would travel to hear famous conductors like Wilhelm Furtwangler. He made me and my siblings learn music when we were kids, and even encouraged my mother to pick up violin!

THC: He was truly a renaissance man. As a young boy, you must have seen a very busy father.

PS: I hardly saw him, except for the occasional tennis lesson at night, and possibly briefly on weekends. Even then, he worked on Saturdays.

THC: What was the driving spirit of your father? What were some of the principles that he lived by?

PS: Firstly, Christian values; putting others before self, and serving God and the country would very much epitomise the values that he held. He also always believed that whatever you do, do it quietly. What you do with the right hand, the left hand should not know.

My father also wanted the upliftment of the Indians and Malays, because that's what his father had done and also because of his own strong belief in the common man. I recall that when I was a child, many of the hospital dressers, nurses, hospital porters and ambulance drivers were Malay and Indian. Occasionally, after playing tennis on Saturday evenings after working all day in his office, he'd come home to them waiting for him. He would then change into a sarong and a singlet, and would sit with them in the garden and drink sweet tea. The satay man would also come and make satay for them. He did this because he wanted them to be able to talk to him about their real problems, he talked to them in Tamil or Malay.

THC: That's amazing.

The Supramaniam family

THC: What's life like in the Supramaniam family?

PS: The holidays were interesting, but because he was always busy, we didn't have many vacations with him. There was one very memorable time back in 1965 or 1966 when we went up to Cameron Highlands and stayed at Cluny Lodge, a rest house that was the property of the Singapore Government and available to senior people. My father wanted to spend time with us and he invited my cousins along too and drove us all up. There was also a Government holiday house in Changi that was available for senior people, and we'd occasionally go there for the holidays.

Every year until his passing, we visited my maternal grandfather (JMJ's father-in-law) in Ceylon. As children, we also once visited my father's old stomping ground: Edinburgh. He took me to the Royal Infirmary, to Arthur's Seat, and to where Sir John Crofton lived.

THC: How was he as a father? Perhaps share with us some memories of him?

PS: I have some good memories of my father.

When I was five, I had a very sudden onset of severe appendicitis which caused terrible acute pain. My mother thought it was indigestion and said, "No, it'll be fine." At about four o'clock that afternoon, I was literally in tears and I said to her, "Can daddy come home and see me?" She called him and gave him the symptoms; he came straight home, felt my tummy, lifted me, put me into the car and drove straight to the General Hospital where they operated on me immediately, saving my life. Throughout the night, after the surgery, I kept getting up and he was there, sitting next to me and holding my hand.

THC: Thank you so much, Paul. Excellent insights into your father; truly one of Singapore's finest doctors and sons. Thank you. ◆

This print copy barely scratches the tip of what we gleaned from the interview. For more insights into Dr JMJ Supramaniam's lifetime of accomplishments and contributions, visit http://bit.ly/2kvqNbX.

Legend

1. The family at their Berrima Road home (circa mid-1960s)

2. JMJ leading his team to yet another relay victory

3. JMJ as a champion athlete in medical college (1947)

4. "A doctor's doctor – cerebral, kind, compassionate and humble..." – Prof John Wong, CEO of National Healthcare Singapore, speaking of Dr JMJ Supramaniam (2018)

5. JMJ as a chest physician in Tan Tock Seng Hospital

6. JMJ as a young doctor outside his hospital quarters

7. Dato Paul and Dr Toh Han Chong at Supramaniam Residence

Dr Toh is a senior consultant, clinician-scientist and deputy medical director at the National Cancer Centre Singapore. He was former Editor of *SMA News*. Dr Toh wanted to be a writer, architect or film director as a child but veered towards Medicine in the end. No regrets though.

Breaking Down BEAR-iers with Teddy Bear Hospital

Text by Teresa Liew
Photos by Singapore Medical Society of Australia and New Zealand

A profession in the healthcare industry is largely defined by a passion for service and giving. As medical and allied health students who are equipped with clinical knowledge and skills, we are in such an amazing position to step outside our classrooms and widen our exposure through volunteer work.

Especially for students studying overseas, the opportunity to contribute back to the Singapore community is crucial in keeping yourself rooted to your country and it provides a platform for you to interact with your community. However, these opportunities may be difficult to come by.

Pioneered in January 2018, the Teddy Bear Hospital is an initiative by the Singapore Medical Society of Australia and New Zealand (SMSANZ). It comprises volunteers from 12 universities across Australia and New Zealand, and provides an opportunity for all volunteers to engage with children in Singapore kindergartens and primary schools.

What's a teddy bear doctor?

The Teddy Bear Hospital is an interactive workshop that aims to improve healthcare education among young children by:

(i) Alleviating childhood fears of and anxiety towards medical environments and procedures;

(ii) Educating them about the importance of managing health; and

(iii) Breaking down barriers between children and healthcare professionals to foster positive relationships.

These objectives were achieved through a series of role-play stations, to which the children brought their "sick" teddy bears to improve its health. This provided a fun and relaxed environment for children to associate with the healthcare system, while learning key healthy messages through activities and games.

Highlights of the January 2019 workshops

Partnerships

In 2019, the Teddy Bear Hospital reached out to more than 200 children aged five to seven years old from five kindergartens, student care centres and primary schools across Singapore.

In addition, this volunteering opportunity was also opened up to nursing and allied health students studying in Australia and New Zealand. This collaboration saw more than 80 students from medicine, nursing, occupational therapy, physical therapy, speech pathology, nutrition and dietetics working together in health promotion. This provided a unique platform to facilitate conversations between key members of a multidisciplinary team.

Health promotion

Volunteers ran various stations including:

(i) "Teddy Goes to the Doctor" – participants simulate a GP clinic consultation and examine their teddy bears with different medical equipment;

(ii) "Save Teddy" – an emergency situation is simulated and participants have to call an ambulance for help;

(iii) "Why did Teddy Fall Sick?" – participants learn good hygiene practices that they can adopt in their daily lives;

(iv) "What is on Teddy's Plate?" – participants learn about healthy eating habits by creating a meal plan for their teddy bears according to the Health Promotion Board My Healthy Plate guidelines; and

(v) "Keep Teddy Healthy" – participants learn about healthy living and the importance of exercise.

These stations were well received by the children, teachers and volunteers, who all enjoyed themselves during the crafts, games and activities.

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A note of gratitude

It has been an amazing experience being able to represent our universities and professions in serving our community in Singapore. On behalf of the SMSANZ, I would like to extend our thanks to those who have made this project possible. We would like to give special thanks to Dr Chia Shi-Lu, Member of Parliament for Tanjong Pagar (Queenstown) group representation constituency, and Ms Irene Ho, chief executive officer of the Luxury Network Singapore and head of Mission Diplomatic Council Singapore, for their support of this initiative for the past two years. We are also very grateful to the Singapore Global Network for helping us reach out to more allied health students across Australia and New Zealand.

I hope that this project will encourage more healthcare students overseas to contribute back to the Singaporean community in the future. It has indeed been an amazing experience working alongside my future colleagues in the important task of health promotion.

To find out more about SMSANZ and its initiatives, please visit https://smsanz.sg. ◆

Legend

1. "Save Teddy"

2. "Keep Teddy Healthy"

3. "Teddy Goes to the Doctor"

4. Group photo with the participants

5. "What's on Teddy's Plate?"

Teresa is a third-year medical student from the University of Queensland and the current president of the SMSANZ. She first initiated the Teddy Bear Hospital in 2017 as part of the SMSANZ's Outreach Portfolio.


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CHAS ENHANCEMENTS TO STRENGTHEN CHRONIC CARE FOR ALL SINGAPOREANS

By Agency for Integrated Care

CHAS has played a critical role in bringing person-centric care closer to Singaporeans' homes, and CHAS GPs like you remain our key partners in ensuring primary care remains affordable and accessible. To better support GPs in anchoring chronic care in primary care, MOH will be implementing a set of enhancements for CHAS.

To keep you abreast of all updates for the smooth administration of CHAS, we have provided key information about the upcoming enhancements as well as answers to common queries posed by GPs and patients.

Key enhancements to CHAS from 1 Nov 2019

CHAS Green

CHAS will be extended to cover all Singaporeans for chronic conditions, regardless of income, through the introduction of a new tier – CHAS Green. This will provide up to $160 of annual subsidies for those with chronic conditions.

CHAS Orange

CHAS Orange cardholders can enjoy subsidies of up to $10 per visit, for common illnesses.

CHAS Blue

CHAS Blue and Orange cardholders will enjoy an increase in annual subsidies of up to $20 for complex chronic conditions.

Merdeka Generation (MG)

All MG cardholders will be eligible for special benefits under CHAS. These include subsidies of up to $23.50 per visit for common illnesses and annual subsidies of up to $520 for chronic conditions.

Simplified CHAS Application Process

To ensure the accessibility of affordable primary care, the CHAS application process has been simplified to make it more convenient for Singapore Citizens to apply.

Only the main applicant needs to provide acknowledgement	Only one household member needs to apply for CHAS on behalf of his/her family members living at the same address listed on their NRICs. All household members will then be informed of the application via a text message or hardcopy letter (depending on the preferred mode of notification chosen by the applicant).
CHAS applications can now be made online!	With the launch of an online application portal, Singapore Citizens are now able to apply for CHAS online! CHAS clinics may refer patients to the online portal (www.chas.sg) should they enquire about the CHAS application process. Alternatively, patients may also continue to apply for CHAS using the hardcopy CHAS application form, which is available at any Community Centre or Club (CC), Community Development Council (CDC), Public Hospital, or Polyclinic.

Frequently Asked Questions

01 Are CHAS cards auto-issued or do my patients have to apply for CHAS?

As CHAS cards are issued on an application basis, please advise your patients to submit an application if they would like to enjoy CHAS subsidies. All Singapore Citizens who apply for CHAS will be accorded a CHAS card based on their means-test status.

Monthly Per-capita Household Income (PCHI) to qualify for subsidy	Subsidy Tier (Singapore Citizens)
PCHI ≤ $1,200	CHAS Blue
$1,200 < PCHI ≤ $2,000	CHAS Orange
PCHI > $2,000	CHAS Green

02 Are there any eligibility criteria for CHAS Green applications? For example, do applicants have to be diagnosed with a chronic condition?

All Singapore Citizens will be eligible for CHAS, regardless of income. Applicants do not have to be diagnosed with a chronic condition to apply and no proof of medical history is required for the application. However, CHAS Green cardholders will enjoy CHAS subsidies for treatment of their chronic conditions only.

03 Where can I direct my patients should they need assistance with their CHAS application?

They may call the CHAS hotline 1800-275-2427 (1800-ASK-CHAS) for assistance.

Regional Primary Care Dialogue Sessions

In line with our continued efforts to enhance and anchor chronic disease management in primary care, AIC and MOH will be jointly organising a series of regional primary care dialogue sessions on the following Saturdays, from 2pm to 4pm:

- 26 Oct, 2 Nov, 9 Nov, and 16 Nov

Lunch will be available from 12.30pm onwards, for every session.

These dialogue sessions will be hosted by Senior Minister of State (Health) Dr Lam Pin Min, and we would like to invite all GPs to join us for a Saturday afternoon of sharing and exchange of views on primary care transformation and in particular how GPs could be better supported to deliver and anchor care in the community.

If you would like to find out more about the upcoming enhancements and primary care dialogue sessions, please contact the AIC GP Engagement team at **gp@aic.sg** or **6632 1199**, or visit Primary Care Pages (**www.primarycarepages.sg**).

Hola, Tijuana!

Text and photos by Dr Juliana Poh

Okay, I'll admit that we crossed mostly because we wanted to attempt the busiest border crossing in the world, especially after all the Trump talk about the wall. I had been religiously checking border wait times online a few weeks before the scheduled crossing. We changed some pesos for the one-day trip from a shop at the terminal stop of the San Diego blue line trolley at San Ysidro. Despite blogs writing about two-hour delays for pedestrians and *n* hours for passenger vehicles, we experienced none of that on the Wednesday morning we went. It was a smooth (and short) walk to the Mexican customs in the transit centre. Singaporean and Malaysian passport holders do not require a visa for visits of less than 180 days. And so, we were in Tijuana in under 20 minutes!

Exploring the city centre

Rather than walk 20 minutes to the Zona Centro, we hopped on a "*combi*" from the unofficial "bus terminus" for 10 pesos (US$0.70) and were serenaded with a live *guitarra conchera* performance during the short ride. We were enjoying every bit of Mexico already! Zona Centro is landmarked by a big McDonald's outlet and the famous Tijuana Arch on Revolution Avenue, which can be seen from San Ysidro. There's a lot to see on the main street, which is the historic downtown of Tijuana. We stopped by a shop selling beautiful traditional Mexican dresses and lucha libre masks, and were educated by the friendly shopkeeper about the main figures in Mexican wrestling. There were kids' masks available too! Unfortunately, we had no luck in securing tickets to any live matches that day as the timings were not suitable. The main tourist street wasn't particularly busy that morning, but we did find a sizeable congregation at the historic Metropolitan Cathedral for the noon mass.

Unknowingly, we wandered into the Zona Norte, a neighbourhood notorious for its crime and sleaze. The landscape was different with streetwalker **and** police presence. We quickly found our way back to the main street and enjoyed a snack of famous fish tacos at a roadside eatery. Tacos cost a fraction of the prices in San Diego – US$2 for two fish tacos and US$4 for two pork tacos! We were also much entertained watching the tortillas being freshly prepared: from kneading, to pressing, and finally grilling.

With our tummies filled, we explored the local market, which sold everything from food stuff like cheese, dried chilli, honey and sweets, to even tortilla presses and piñatas! I had to pack some goodies home as gifts. By a stroke of luck, we heard that Tijuana is the birthplace of Caesar's salad and decided to stop at Hotel Caesars for more food. (*How much calories could a salad add, right?*) This world-famous dish was created in Caesar's restaurant in 1927 and this is one of the three longest-running restaurants in Tijuana. The deco and black-and-white tiles bring visitors back to the Prohibition era when the restaurant was established. The table-side preparation of the salad was the main draw, of course, with the waiter giving a live commentary on the ingredients and steps. I have never in my life gotten so excited over a salad. In Singapore, the salad leaves are chopped up into little bits. Here, there is a choice of a small (three leaves) or large (five leaves) portion, and the romaine lettuce are nicely laid out after being evenly tossed with all the ingredients, with one big crunchy crouton. Delicious!

Indulging in local spirits

Post-lunch, we tasted some tequila and mezcal (*yes, they are not the same thing*) in one of the numerous tequila shops along Revolution Avenue. The shopkeeper explained to us that tequila is a type of mezcal made from the blue agave, and both of these centuries-old spirits are produced only in certain

Legend

1. US$2 for two yummy fish tacos!

2. One of the several zonkeys seen along Revolution Avenue

3. Tortillas freshly made upon order

4. Having caesar salad where it all started – Hotel Caesars

5. When in Mexico, drink mezcal!

6. Most tourists hang out along colourful Revolution Avenue, which is bustling with activity by noon

regions of Mexico. Mezcal has become more popular in Singapore in the last three years, but it's still not common to find mezcal with the agave worm in the bottle. Obviously, this became our best souvenir (S$43) from the trip! It was tempting to lug back some vanilla essence from the same shop too; after all, Mexico is the world's fourth largest producer of vanilla. Their prices were definitely way better than back home – 500 ml for S$19 – what a steal!

Since we were still able to walk in straight lines after the tasting, we made a trip to the iconic Tijuana Cultural Centre, which houses a history museum, an art museum and an OMNIMAX cinema. It was an interesting peek into the history of the Baja Peninsula and California, dating from the prehistoric times to the 20th century. However, many of the exhibit labels were not completely translated to English and I felt that it limited my understanding of the region's development. It was still well worth the 20 pesos admission fee though.

Having seen enough zonkeys and eaten enough tacos for the day, we decided to attempt the border crossing before dark, not knowing if there would be crazy queues as blogged. (*Read: fear and excitement at approaching the border*) However, we were pleasantly surprised by the smooth walk throughout the sheltered (and CCTV-monitored) walkway – no crowds and no queues. In fact, it wasn't clear which part was Mexican and which bit was American; it was all over in 15 minutes, passport stamp and all. But one thing for sure – Mexico, we'll be back! ◆

Dr Poh works part-time in the emergency department but needs caffeine round the clock; she dreams of the day when caffeine infusions will be legal and easily accessible.

SMA MEMBERS' APPRECIATION NITE 2019

Featuring the premiere screening of

STAR WARS

- THE RISE OF SKYWALKER -

19 DECEMBER 2019, THURSDAY

Golden Village (GV) Great World City

Approximately 7 pm
(Subject to confirmation by GV in December)

$10 nett for a pair of tickets*
(Inclusive of one popcorn and drink combo set)

To register for SMA Members' Appreciation Nite, please visit http://bit.ly/2TTCSVE.
If you have any queries, please contact Rita or Priyah at
appreciationnite@sma.org.sg or 6223 1264.

*Terms and conditions apply

SMA 60 Years
For Doctors For Patients

We'll always be with you. No one's ever really gone.

In view of SMA's 60th Anniversary, the Association will donate all proceeds collected from this event to the SMA Charity Fund (SMACF) which supports needy medical students in their living expenses. To find out more about SMACF, visit http://bit.ly/AboutSMACF or scan the QR Code.

• SALE/RENTAL/TAKEOVER •

Clinic/Rooms for rent at Mount Elizabeth Novena Hospital. Fully equipped and staffed. Immediate occupancy. Choice of sessional and long term lease. Suitable for all specialties. Please call 8668 6818 or email serviced.clinic@gmail.com.

Gleneagles Medical Centre clinic for rent. 400 sq ft. Waiting area, reception counter and consultation room. Immediate. SMS 9680 2200.

Fully furnished clinic room with procedure room for rent at Mount Elizabeth Novena Hospital. Suitable for all specialties. Please call 8318 8264.

Buy/sell clinics/premises: Takeovers (1) D10 Bukit Timah, 1300 sq ft (2) D2 Chinatown, mall practice, 560 sq ft (3) D20 Ang Mo Kio heartland practice, with shop (4) D20 Bishan Heartland practice. (5) Specialist clinic in Mt Elizabeth for takeover. Established with huge patient base. Clinic spaces (a) D1 China Square, 900 sq ft, CBD (b) D19, Serangoon Central, 700 sq ft (c) D3, Chin Swee, fitted, 700 sq ft (d) D14 Sims Place, fitted, mixed catchment (e) D1, Raffles Place, fitted, 300+ sq ft (f) D2 Oxley Tower, 321 sq ft, bare (g) D7 Parklane, 345 sq ft, fitted (h) D19, Kovan Central, 700 sq ft. Call 9671 9602. Yein

Clinic for rent. 1119 sq ft. Upper Bukit Timah. Good frontage next to Beauty World MRT Exit A. One operating theatre with two recovering beds. Suitable for aesthetic, plastic, cardiology or share specialists' clinic. Call Mr Lim 9666 3343.

• POSITION AVAILABLE/PARTNERSHIP •

We are looking for a resident doctor for our clinic in the Northern part of Singapore. We are committed in providing our doctors a competitive remuneration (at least $13,500/month) and attractive bonus. Please call Dr Mok at 9765 1525.

Dr D Aesthetics Medical Clinic in Orchard looking for fully registered full time doctor with special interest in aesthetics (with ADEG certificates). Passionate and dedicated. Potential profit sharing. Training will be provided. Please send resume to david@drdaesthetics.com or WhatsApp 9827 7722.

• MISCELLANEOUS •

For Sale (1) Fotona SP Dynamis Nd:YAG / Erbium YAG (2) Fotona QX MAX – Q-Switch laser (3) Lumenis UltraPulse CO2 laser (4) Nano Light IPL. Interested, please contact 6733 2555 / email hktan6@singnet.com.sg.

• SMA JOBS PORTAL •

Position : GO

Positions Available:

Click on each position's link for a detailed job description.

Date Posted	Position/ Job Title	Organisation	Application Deadline	Job No
04/09/2019	Doctor experienced in medical aesthetics field	Epiderma Pte Ltd	15/10/2019	J00315
02/09/2019	Permanent Locum Medical Doctor focused on aesthetics (suitable for someone interested in part-time practice)	TYAS	30/11/2019	J00212
30/08/2019	GPs & Doctors focused in aesthetics	THE iCLINIC	15/10/2019	J00333
21/08/2019	Visiting Gynaecologist	TLC Lifestyle Practice	30/09/2019	J00332
19/08/2019	Family Medicine Physicians and Generalists	Jurong Community Hospital	31/12/2019	J00298

OneCare Medical

OneCare Medical is a Primary Healthcare Group that aims to provide holistic and accessible Acute and Chronic care in the community. We were founded in 2013 by a team of three Family Physicians, and have grown to a group of more than 20 clinics, mostly situated in the heartlands.

Our Patients mainly comprise of residents that live around the clinics, encompassing whole families – from babies to the elderly – and it is this breath of primary care that our doctors find rewarding.

Our Doctors are a close knit team from different backgrounds and experiences, so that we are able to help each other out when queries and difficulties arise.

GENERAL PRACTITIONERS AND FAMILY PHYSICIANS

Requirements
- Fully registered with SMC

Responsibilities
- Provide Acute and Chronic care consultations in the GP setting
- Health screenings and reviews
- Pre-employment checkups and other statutory examinations

Benefits
- To be part of a close knit team of GPs and FPs providing good support and learning opportunities
- Regular CMEs and support for Post-grad courses
- Competitive salary with annual leave and bonuses

Contact: Dr Kenneth Koh
drkennethkoh@onecaremedical.com.sg | www.onecaremedical.com.sg

Dear Colleagues and friends,

Capital MindHealth Clinic

It is with pleasure that I inform you I have commenced my private practice, Capital MindHealth Clinic, at Gleneagles Medical Centre.

Prior to private practice, I was a Senior Consultant in the Department of Psychiatry at the Singapore General Hospital (SGH). I was awarded the Health Manpower Development Program (HMDP) fellowship by the Ministry of Health, Singapore, to pursue further training in mood disorders at the Black Dog Institute, Sydney, Australia. I participated in cutting-edge neurostimulation research and gained valuable clinical insights into the management of depression and bipolar disorder, which I maintained upon return to Singapore.

I participated in the training of medical undergraduates from both the National University of Singapore (NUS) and Duke-NUS Graduate Medical School (GMS) and was appointed Senior Clinical Teacher, and Adjunct Assistant Professor, respectively. As Associate Program Director of the National Psychiatry Residency Program, I was involved in the post-graduate training of psychiatric trainees.

I had received grants to conduct research into the areas of mood disorders and neurostimulation (transcranial Direct Current Stimulation, Electroconvulsive Therapy), with publications in several peer-reviewed journals.

During my career, I have been fortunate to receive the Singapore Health Quality Service Award on several occasions for my care and service to patients.

My current practice offers clinical services which include assessment, treatment (medication &/or psychological therapy) and specialist medical reports for a wide range of psychiatric conditions for patients of various age groups. I have experience in women's mental health, old-age psychiatry and working with patients suffering from chronic pain.

I thank you for your past support and look forward to working with you to provide the best care for our patients.

Warmest Regards,

Dr Chan Herng Nieng
Psychiatrist & Medical Director
MB.BS, M.Med (Psychiatry), FAMS (Psychiatry)

6 Napier Road, Gleneagles Medical Centre, #03-11, Singapore 258499

Tel: 6261 1138

Email: drchan@capitalmindhealth.com.sg

Breastfriend
SURGERY AND WELLNESS

Dear Friends,

I am happy to officially announce my entry into private practice. I have set up "Breast Friend Surgery & Wellness" Pte Ltd, to build my vision of personalised breast care. My current appointments are: Clinical Director of Thomson Breast Centre, and Visiting Consultant with Nexus Surgical Associates.

How may I help you and your patients?

1. Evaluation of abnormal breast imaging
2. Assessment of breast lumps for biopsy or surgery
3. Second opinion for breast conditions
4. Management of breastfeeding abscesses
5. Psychosocial support for patients with breast conditions

Feel free to email me at **breastfriendsurgery@gmail.com** and I shall personally attend to your queries. To make appointments, may I trouble your staff to contact my staff at either of the following addresses:

Thomson Breast Centre
Thomson Medical Centre
339 Thomson Road #03-03
Singapore 307677

Tel: 6252 5535

Nexus Surgical Associates Pte Ltd
Mount Elizabeth Novena
Specialist Centre
38 Irrawaddy Road #08-43
Singapore 329563

Tel: 6570 2720

Thank you for your support and well wishes! #breastfriendforever

Regards,

Tan Yia Swam

KENT RIDGE HEALTH

GENERAL PRACTITIONERS

Kent Ridge Health Pte Ltd is a Health Maintenance Organization that provides corporate clients with one-stop healthcare solutions, focusing on convenience and sustainability. By incorporating modern technology with our 24/7 response team, prompt healthcare services are easily available. We have a presence throughout the Asia Pacific region, including China, Indonesia, Laos, Malaysia, the Philippines and Vietnam, where we work with reputable healthcare providers that have been hand-picked by the team.

Kent Ridge Health Pte Ltd provides a comprehensive set of healthcare solutions, from health screening and telemedicine to corporate urgent care. In order to provide suitable healthcare solutions for everyone, Kent Ridge Health Pte Ltd streamlines workflow for all stakeholders, ensuring smooth healthcare delivery processes for overall increase in productivity.

Kent Ridge Health Pte Ltd, we recognize the importance of every stage in the healthcare delivery process, from early detection to treatment and finally, recovery. Hence, we provide Executive Health Screening packages for early detection; specialist and inpatient care for treatment; and rehabilitation care such as physiotherapy.

Our carefully selected healthcare providers are experts in their own fields and in providing the most appropriate advice and services for our clients.

Requirements

- Fully registered with the Singapore Medical Council
- Private practice experience preferred
- Able to commit long term, with a desire to grow with the company
- Innovative and adaptable

Responsibilities

- Provide virtual care services for patients with acute and chronic conditions through online video consultations
- Provide primary care services
- Conduct health screening, including tests, consultations and reviews

Benefits

- Profit-sharing

Contact Jenifer Goh
jenifer.goh@kentridgehealth.com | 9022 8129 | 1 Pemimpin Drive #02-06 Singapore 576151

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The Importance of MENTAL HEALTH AWARENESS From a CLINICAL PSYCHOLOGIST'S perspective

Who are we?

I recently conducted a mental health awareness talk for a corporate audience. While I was explaining my role as a clinical psychologist in the management of mental health wellbeing, a gentleman in the audience appeared genuinely confused. He asked: "So you just talk to people for an hour each time?". My further attempts in explaining what I do were obviously unsuccessful, as he pursued with: "So you prescribe alternative medicine then?". It was then that the rest of the audience chimed in at the same time: "No she does not prescribe medication!". Unfortunately, his puzzled look did not go away for the rest of the hour, as he found it hard to appreciate how depression can be managed without medication.

Yes, we talk to people, but the talking has a purpose: we elicit change and enhance an individual's coping with their distress, through how and what we say. We assess and provide evidence-based treatments to manage and alleviate mental health disorders, through a number of approaches and techniques.

Another part of our role focuses on psychometric assessments. These can be administered to assess for the presence of a mental health condition, a developmental delay, or a learning disorder, among others. Common assessments include those assessing for psychopathology, general intellectual abilities, developmental disorders, and personality profiling.

In Singapore, clinical psychologists are allied health professionals who possess at least a master's degree in clinical psychology, which involves coursework, a thesis, and placements. They work in various settings (government, healthcare, private practice), and serve a wide range of demographics (children, adults, elderly, special needs, forensic).

How are physical and mental health related?

Coming from a public healthcare background, I have supported my fair share of patients presenting with mental health symptoms alongside a medical condition. A young man with a family history of heart diseases suffering from panic attacks in the form of heart palpitations; a breast cancer survivor who experienced anxiety and depression during a relapse; a middle-aged woman with white coat hypertension and a generalized anxiety tendency; a young man suffering from post-traumatic stress disorder after a road traffic accident.

Mental health disorders are difficult to assess and quantify, as they are more intangible and subjective. As such, they are easily overlooked, unfortunately making their presence known through other manifestations. Hopelessness from depression can make a patient reluctant to seek treatment for diabetes. Catastrophic fears can make a patient develop panic attacks leading to multiple visits to the emergency department. Occupational burnout makes one avoidant of work through the abuse of medical leave. Specific phobia of needles can make insulin injections terrifying.

In a healthcare setting, clinical psychologists have been a helpful complement to doctors. Frameworks and assessment tools exist to help us assess the presence of a mental health condition impacting on physical health and daily functioning. Conducting accurate assessments and interventions can support and complement medical treatments, making them more effective by identifying individual psychological processes which can impede adaptive health behaviours.

What are the benefits of mental health wellness on physical health?

Have you ever felt demotivated and lost pleasure in the activities you enjoyed, over a stressful situation which affected your mood? Mental and physical health often interplay and affect each other. Mental distress affects our daily functioning, compromising quality of life and motivation. For instance, depression can lead to a loss of pleasure in meaningful activities, thereby encouraging inactivity and an unhealthy lifestyle. Maladaptive coping strategies like smoking and drinking may be used to temporarily alleviate unpleasant mental and emotional reactions. Identification and management of mental health symptoms lead to a better psychological and emotional wellbeing, thereby making life more purposeful and enjoyable, which helps the adoption of healthier lifestyle choices.

On the other hand, physical ailments can contribute to secondary manifestations of mental health symptoms. A diagnosis of cancer can contribute to a psychological grief or adjustment reaction, while its physical symptoms are likely to intensify into further distress. Identification and management of maladaptive patterns of perceiving and responding to physical ailments can also help enhance coping, improve treatment adherence, with better health outcomes.

When to consider seeing a Clinical Psychologist?

Not uncommonly, "fire-fighting" cases happen, when patients present with severe distress, significant functional impairment, and self-harm risk, hoping that one therapy session will help alleviate their pain. Not surprisingly, early access and management of a mental health condition leads to a better prognosis.

Consider a referral when the following happens: persistent emotional distress lasting for a few weeks, where daily functioning (work, social life, personal life) is showing signs of impairment. In cases where there is risk of harm to self and others, the referral should be immediate.

Not to mention, there is a sizeable group of individuals who prefer non-medication treatments, and clinical psychologists will be a good resource to consider.

What happens in a session?

The first session usually involves an intake assessment to understand the presenting issues manifested through the mental health symptoms and the precipitant. Sometimes, formal psychometric assessments will be administered to find out psychological and/or developmental factors which can identify pre-existing vulnerabilities.

Psychoeducation will be provided, to help the individual better understand the nature and development of the experienced mental health symptoms. Subsequently, a treatment plan will be proposed depending on the type of orientation, before interventions commence. Monitoring of treatment progress is usually done through psychometric assessments, clinical interview and observation, and assessment of daily functioning.

At the Centre for Effective Living, we provide psychotherapeutic, counselling, and assessment services to clients presenting with either mental health symptoms, or with comorbidities to physical health concerns. Other common services include psychometric assessments and behavioural interventions for children, and couples therapy.

Conclusion

While it has been encouraging to see more individuals step forward to seek treatment, there are many others who have limited insight, as they can be stretched from managing their existing physical ailments. Showing them a door towards mental health support will be a good first step, by providing the link between physical and mental health wellbeing, and how allied health professionals like a clinical psychologist can value add to their overall health.

Written by
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Endorsed by
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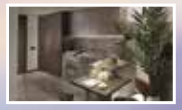

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