



# Clinical Service and Research: An Evidence Based Model

#### Dr Daniel Fung

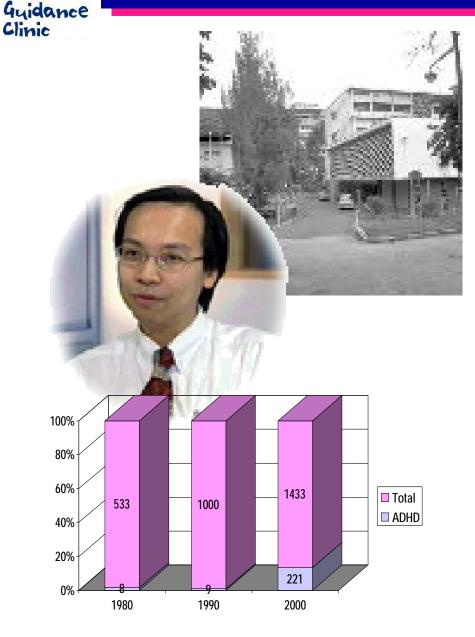
Chief, Department of Child and Adolescent Psychiatry, IMH Adjunct Associate Professor, Duke NUS GMS and NTU





## Ten Years Ago (1999)

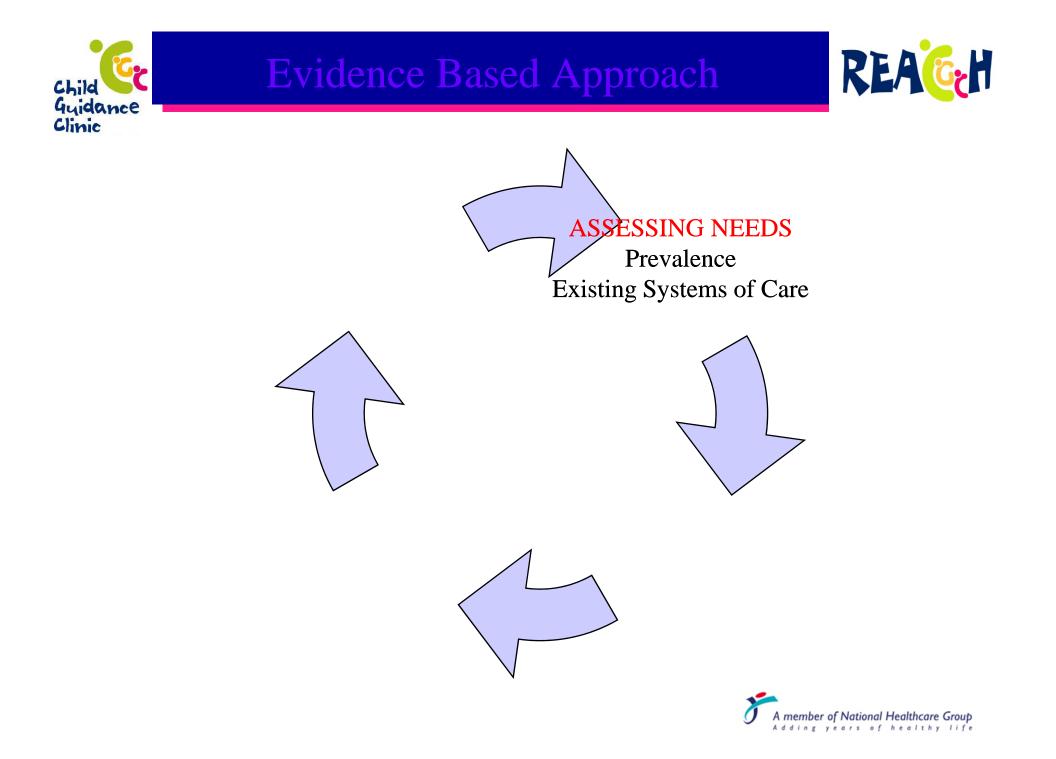




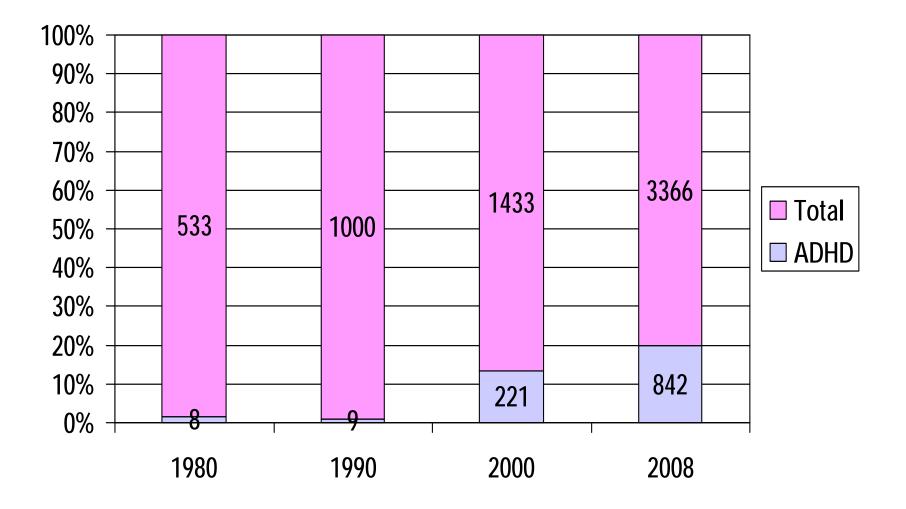
Child

- Child Psychiatry in Singapore established for 30 years
- Produced 10 child psychiatrists
- 1700 new cases annually
- ADHD not a common diagnosis
- Setting up of SPARK









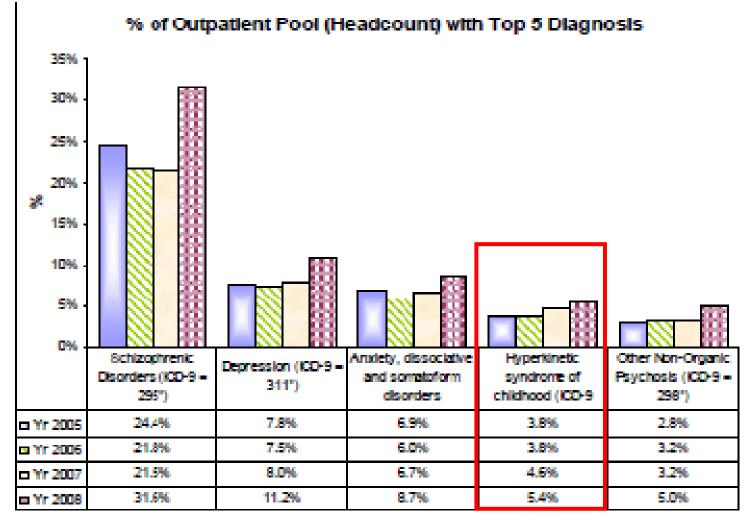


## ADHD in IMH

Child

Guidance Clinic





IMH Annual Report 2008



How Common in Singapore?



2004-5 study of 2145 children aged 6 to 12 using the CBCL: Externalising Problems include ADHD and Conduct related disorders

Parent's report on prevalence of

*Guidance* Clinic

- Emotional & Behavioural Problems 12.5%
- Internalising Problems 12.2%
- Externalising Problems4.9%

Teacher's report on prevalence of

- Emotional & Behavioural Problems 2.5%
- Internalising Problems
   2.2%
- Externalising Problems
   2.4%

*Woo et al: Singapore Med J* 2007; *48* (12) : 1100





From the Attention Problems sub-scale

- Item 8: Can't concentrate, can't pay attention for long R<sup>2</sup>= .105, p < .05</li>
- \* Item 10: Can't sit still, restless, or hyperactive  $R^2 = .062$ , p = .068
- \* Item 41: Impulsive or acts without thinking  $R^2 = .141$ , p < .05

#### From the Aggressive Behavior sub-scale

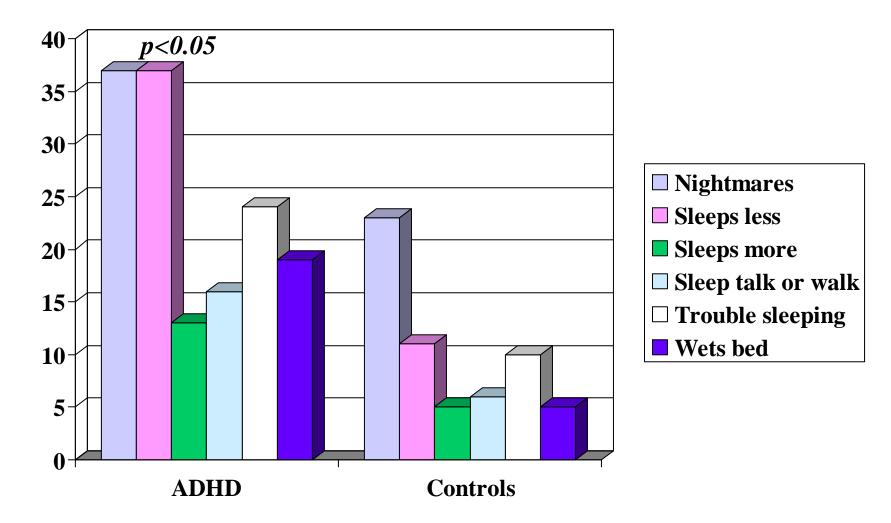
- Item 37: Gets in many fights R<sup>2</sup>= .240, p < .05</li>
- \* Item 57: Physically attacks people  $R^2 = .103$ , p < .05
- \* Item 86: Stubborn, sullen, or irritable  $R^2 = .109$ , p < .05
- Item 94: Teases a lot R<sup>2</sup>= .123, p < .05</li>

#### From the Delinquent Behavior sub-scale

 Item 26: Doesn't seem to feel guilty after misbehaving R<sup>2</sup>= .062, p = .066







Lim et al Ann Acad Med Singapore 2008;37:655-61



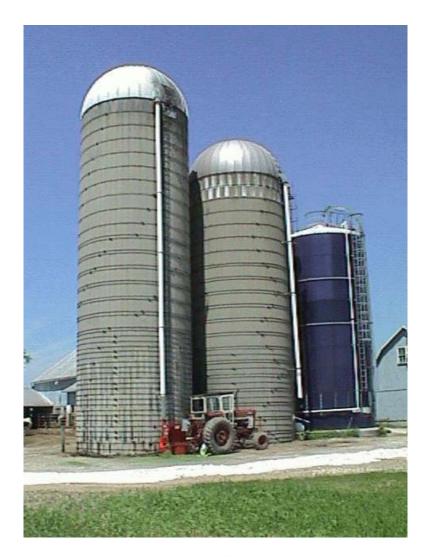


# Our Systems aka Silos

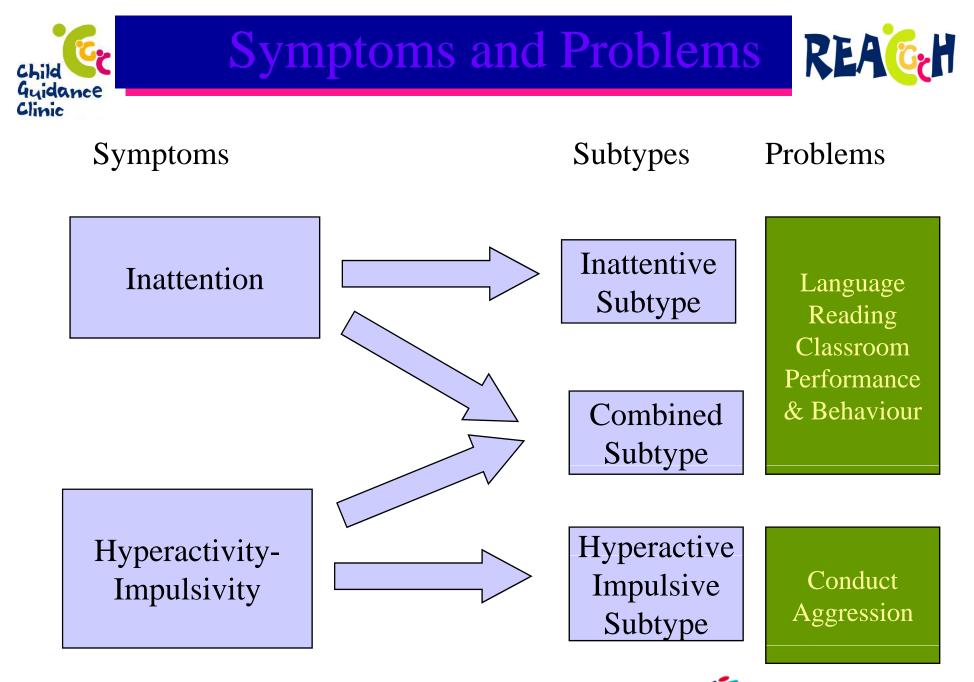


#### Health

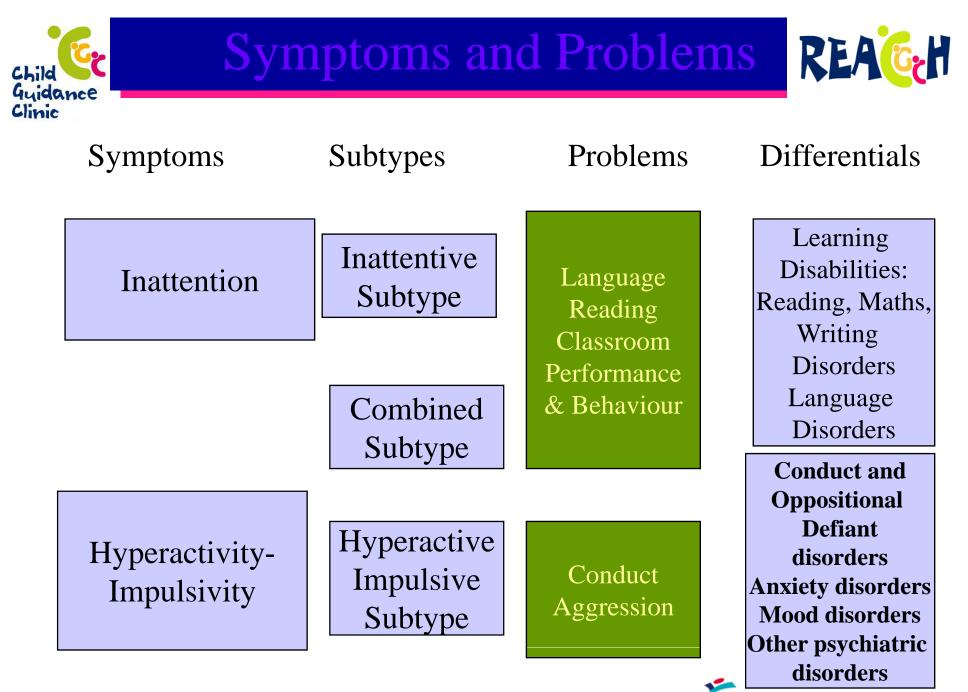
- Paediatrics
- Psychiatry
- Others e.g. GPs
- Education
  - Ed Psychologists
  - School Counsellors
  - Others e.g. LSC
- Social services
  - Psychologists
  - Child protection
  - Probation







A member of National Healthcare Group



A member of National Healthcare Group

Child

*Guidance* Clinic



#### Table III: Attention Deficit/Hyperactivity (ADHD) Block.

Correct responses to questions on ADHD		
It has been shown that medication alone is the most effective mode of treatment in children with ADHD. (F)	85.4	
A child with ADHD may show all the signs at home and yet none of the signs at school. (F)	68.8	
Sugar has been clearly proven to be a causative factor for hyperactivity in children. (F)	72.9	
Features of inattention and hyperactivity in most ADHD children improve towards adolescence, even without medication. (F)	27.1	

Lian et al: Singapore Med J 2003 Vol 44(8) : 397-403

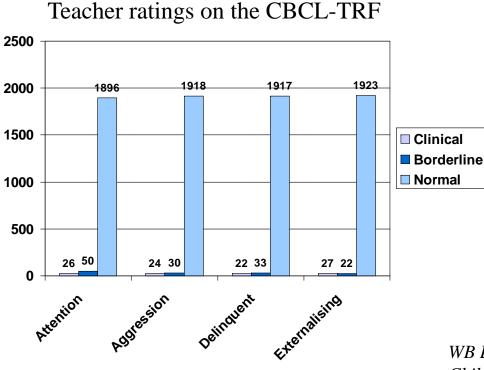




#### Teacher's Knowledge



#### Teachers know very little about ADHD



Correct responses to questions on ADHD	%
<ol> <li>Medication can help to improve learning in some children with ADHD. (T)</li> </ol>	58
<ol> <li>Children with ADHD will outgrow their inattention and hyperactivity. (F)</li> </ol>	28
<ol> <li>A child with ADHD may show all the signs at home and yet none of the signs at school. (F)</li> </ol>	61
<ol> <li>Children with ADHD may present with just inattention and without hyperactivity (i.e. ADD – attention deficit disorder) (T)</li> </ol>	28
<ol> <li>A child with ADHD will not sit still for an hour of computer play. (F)</li> </ol>	22

WB Lian et al (2008) Journal of Paediatrics and Child Health 44 (4), 187–194 Woo et al: Singapore Med J 2007; 48 (12) : 1100







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

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

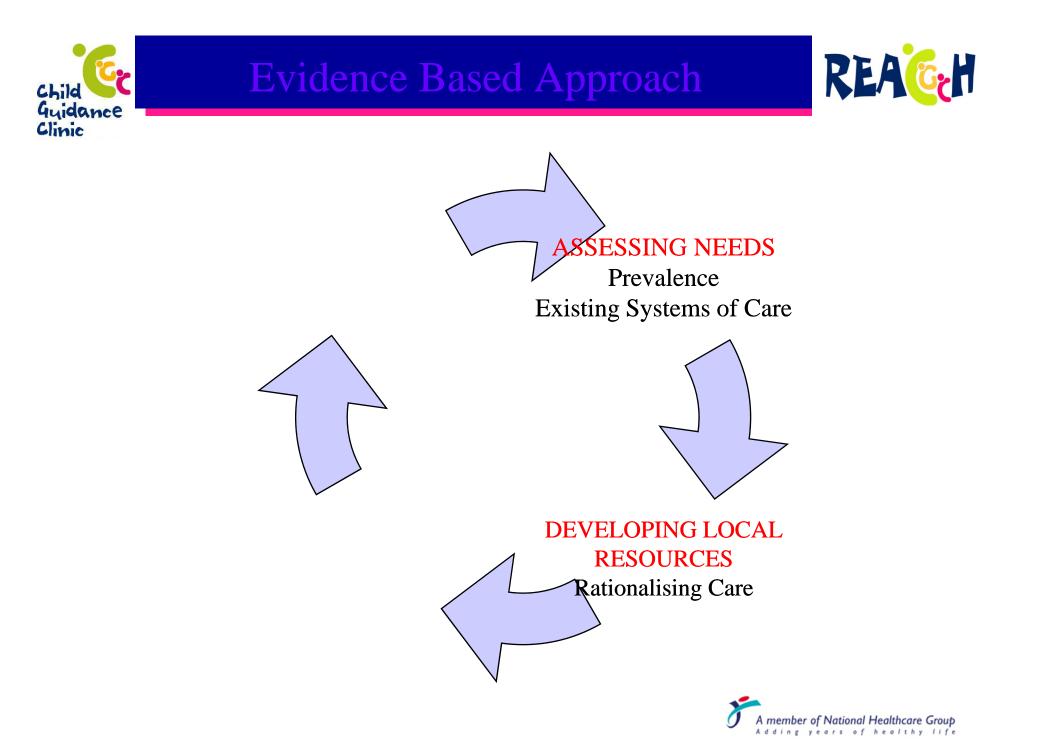
DALY: disability-adjusted life years

\* excludes Down syndrome

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

*Singapore Med J 2009; 50(5) : 468* 





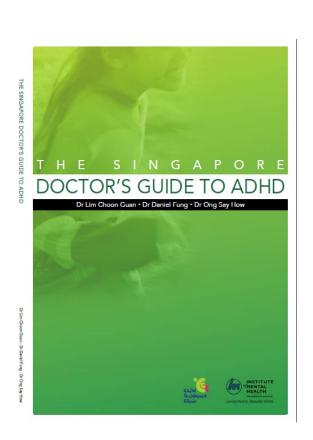


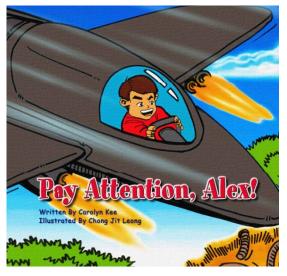
## **Educational Resources**



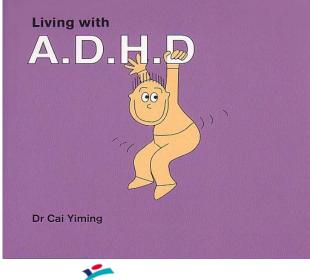
- Parents and Teachers
- Doctors







REACH

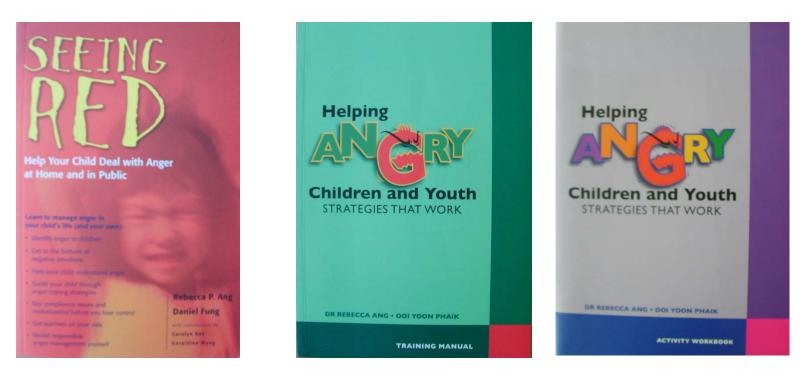








#### Cognitive Behavioural Approaches





# Audio Visual Interactive Decoding (AVID) REACH

- Analysis & Synthesis of letter-phoneme correspondences at cluster level
- Speed in phonological retrieval

Child

Guidance

- Development of orthographic knowledge
- Integration of meaning with orthography
- Training in verbal working memory skills.







#### National Mental Health Blueprint



#### Keportof de Llutonal Mental Ebaldi. Working Genge

- ...not solely a clinical issue but is also determined by psychosocial factors.
- A Whole-Of-Government approach is therefore needed to shape a social-cultural environment that supports...

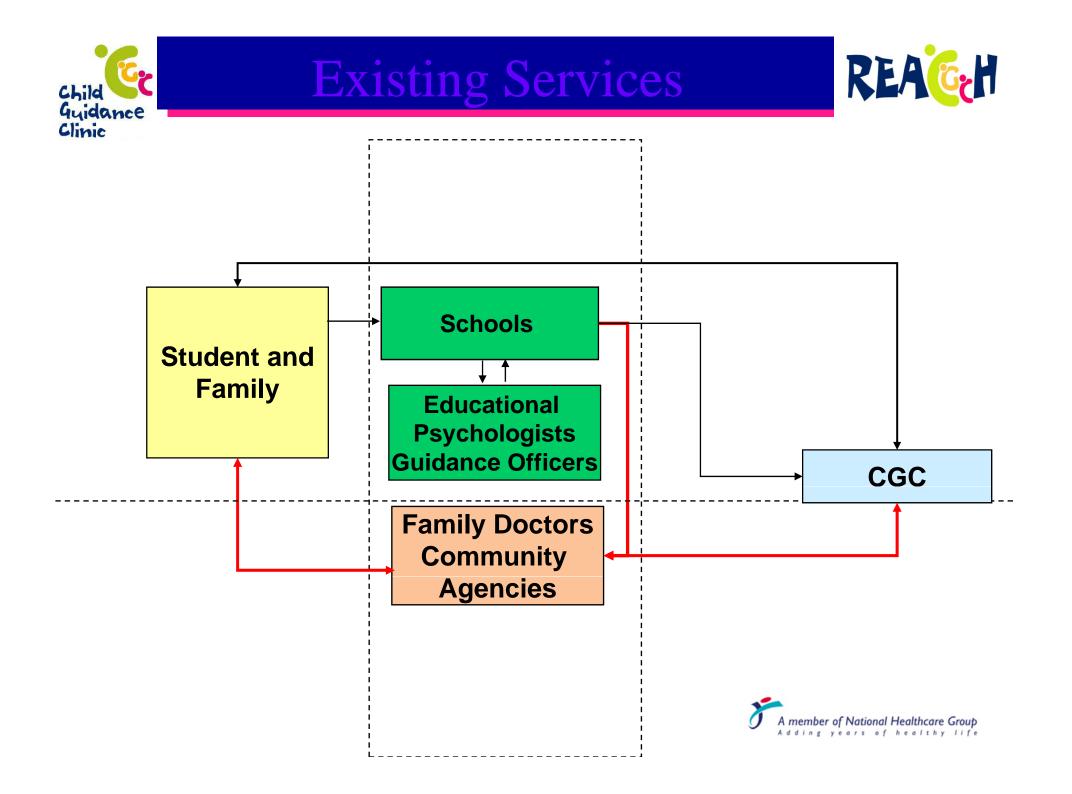


Report of the National Mental Health Working Group

Changing Times, Peace of Mind - Investing in Our Monthal Wolldoing & Resilience

> Ministry of Health Republic of Singapore December 2008





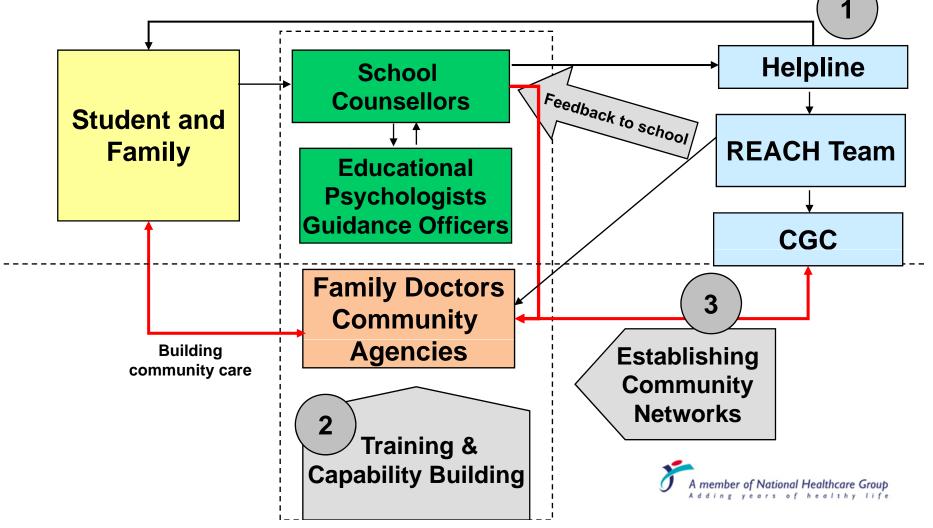


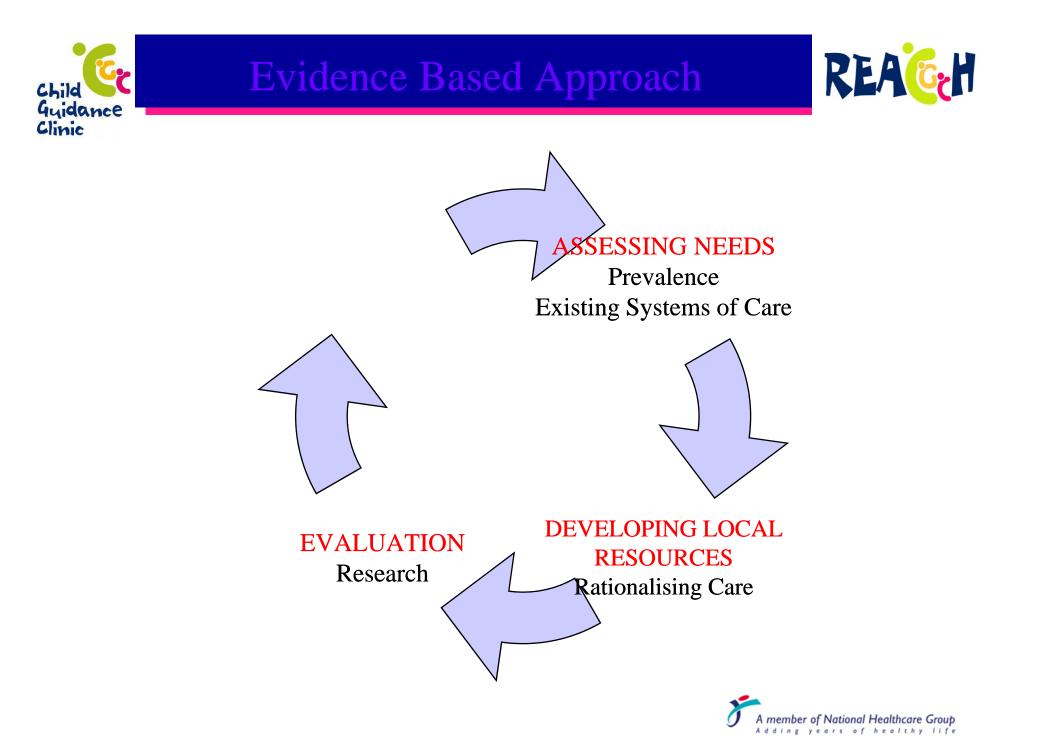
## **REACH** for Students



#### Response, Early intervention and Assessment in Community mental Health MOH together with MOE & MCYS

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







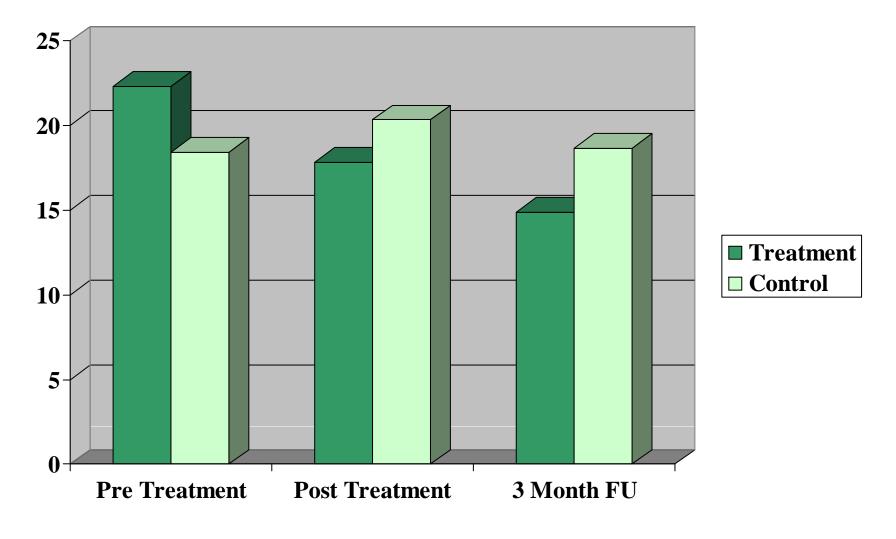


103 children

Guidance Clinic

- Aged 8 to 12 (Mean 10.22, SD 1.31)
- **51 CBT+TAU, 52 TAU**
- CBT 9 1.5 hours weekly training on:
  - Recognising signs of anger
  - Modifying thoughts that promote anger
  - Learning problem solving strategies

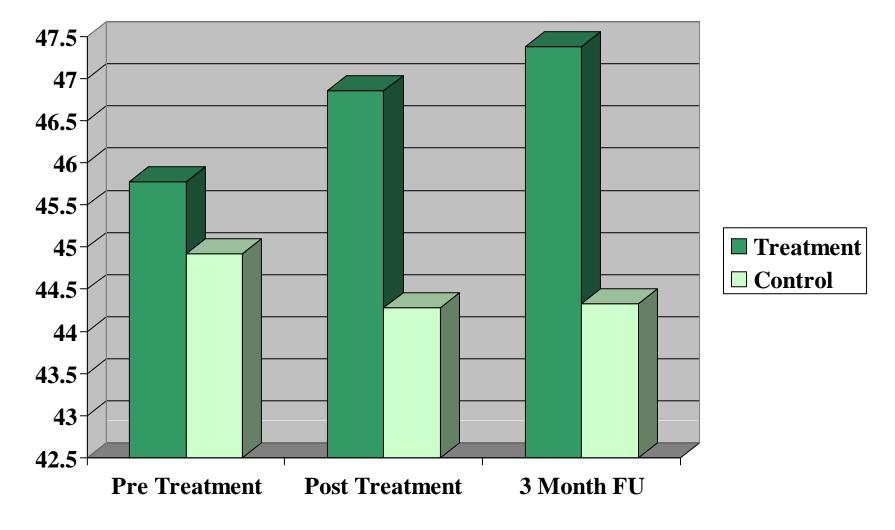




Ooi et al ASEAN J Psychiatry 2007

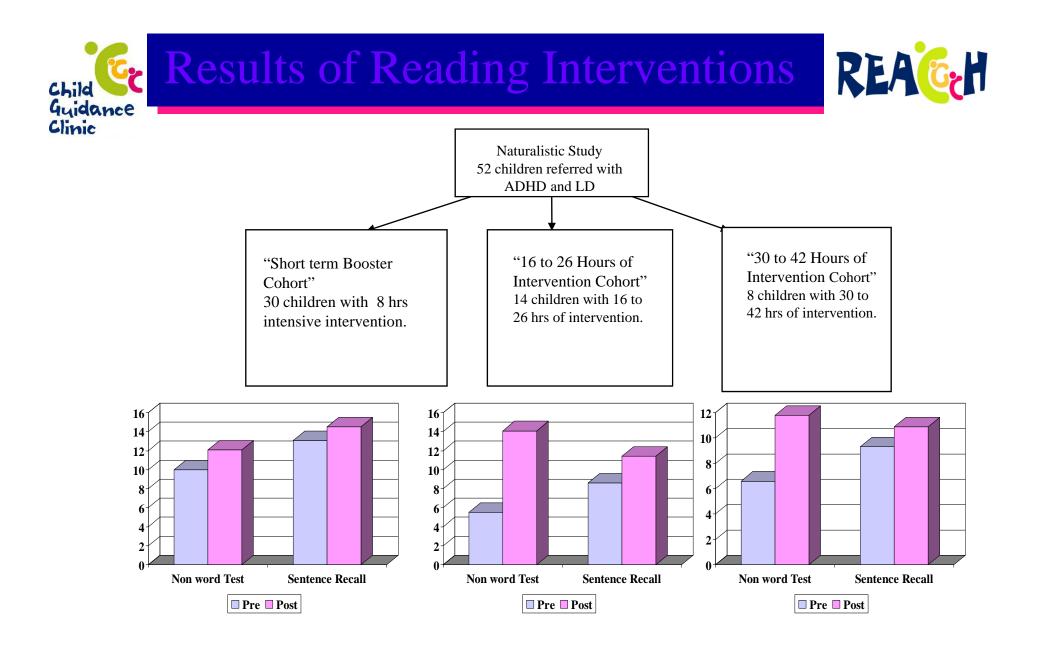






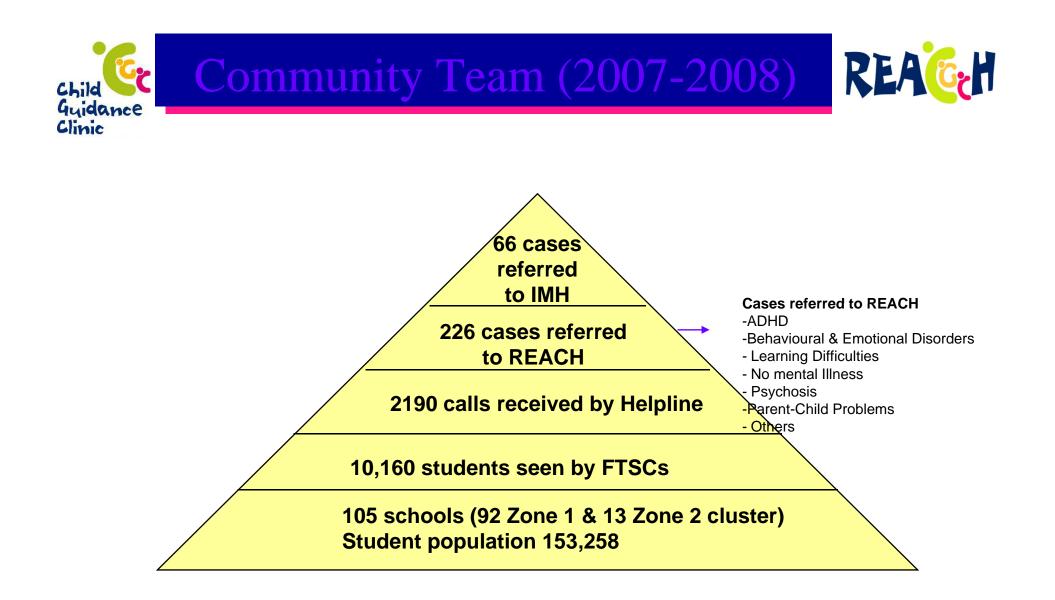
Ooi et al ASEAN J Psychiatry 2007





Kheng et al J of Youth Studies 2009

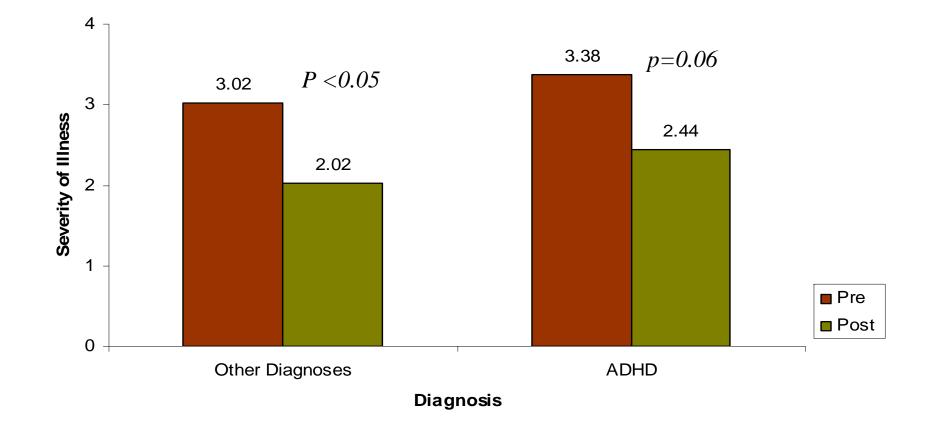




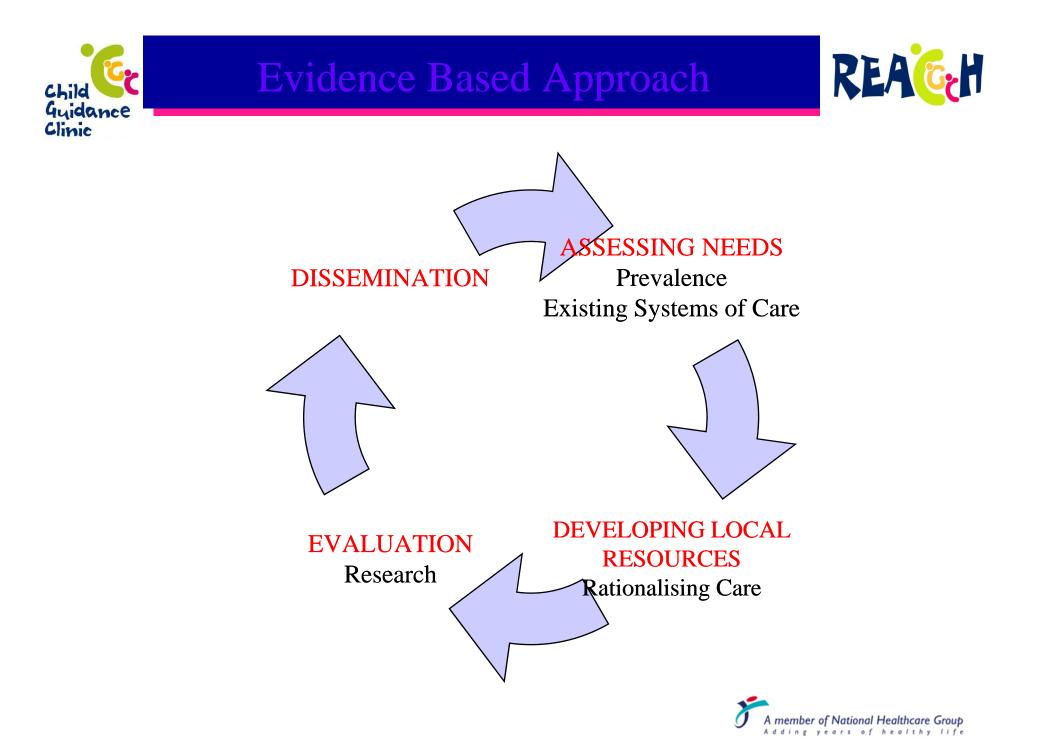




ADHD (N=20) vs. Other Diagnoses (N=60) Pre and Post Comparison







# **Moving Forward**

5







# Service and Research Gaps



Child

*Guidance* Clinic

- Juvenile forensic services
- School dropouts
- Special schools support
- Well developed community network
  - Partnerships with primary care providers i.e. schools, general practitioners and social service agencies





REAGH



# Roc N Ash Web Portal



