



Clinical Service and Research: An Evidence Based Model

Dr Daniel Fung

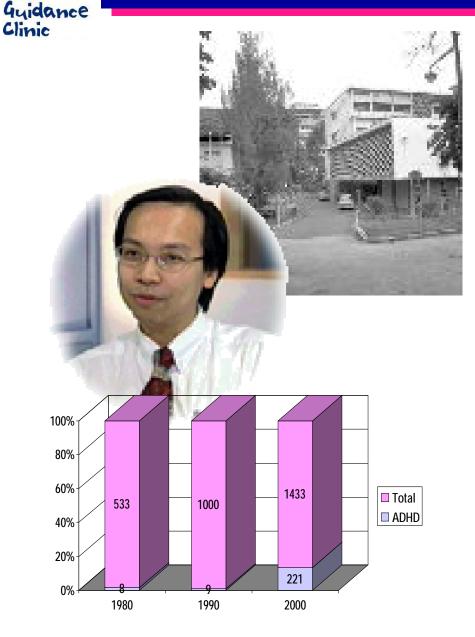
Chief, Department of Child and Adolescent Psychiatry, IMH Adjunct Associate Professor, Duke NUS GMS and NTU





Ten Years Ago (1999)

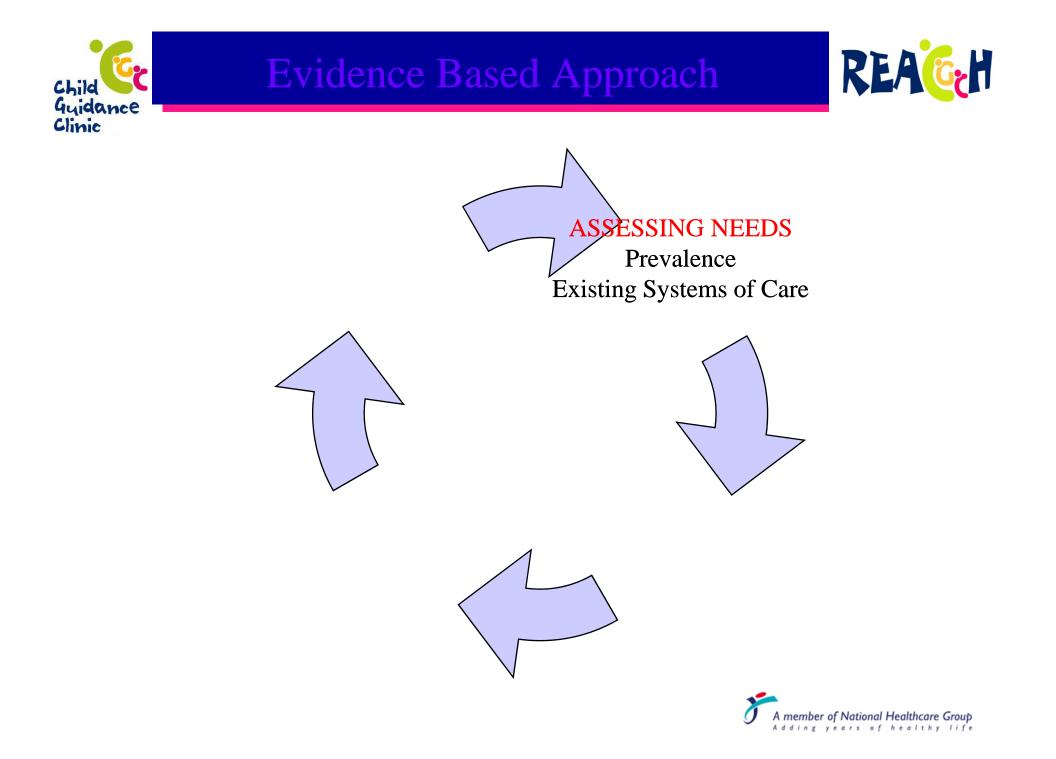




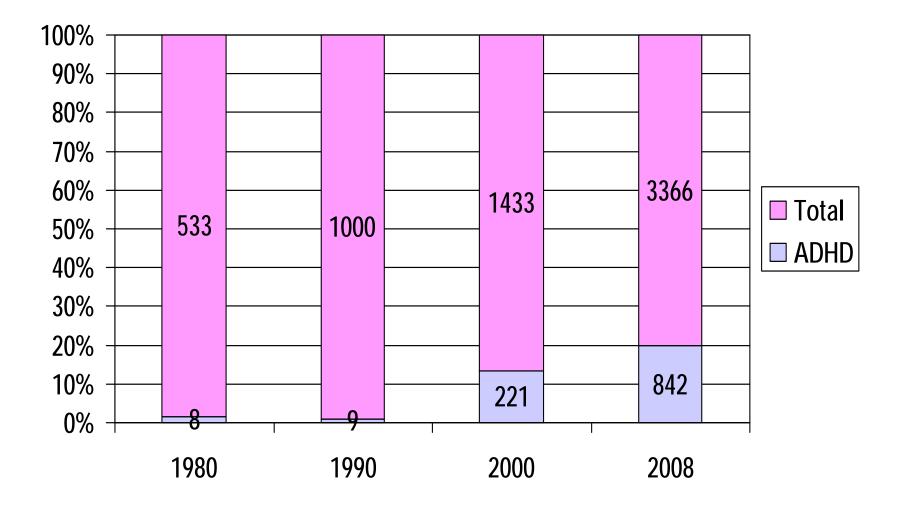
Child

- 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









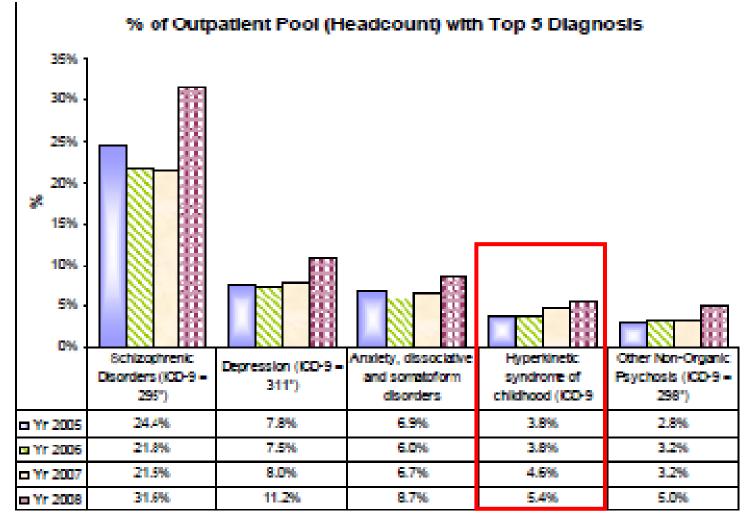


ADHD in IMH

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 R²= .105, p < .05
- * 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

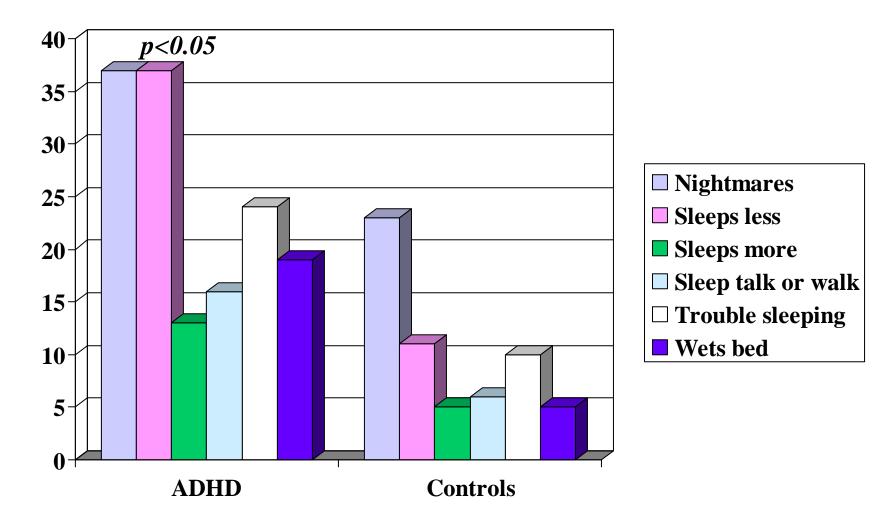
- Item 37: Gets in many fights R²= .240, p < .05
- * Item 57: Physically attacks people $R^2 = .103$, p < .05
- * Item 86: Stubborn, sullen, or irritable $R^2 = .109$, p < .05
- Item 94: Teases a lot R²= .123, p < .05

From the Delinquent Behavior sub-scale

 Item 26: Doesn't seem to feel guilty after misbehaving R²= .062, p = .066







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



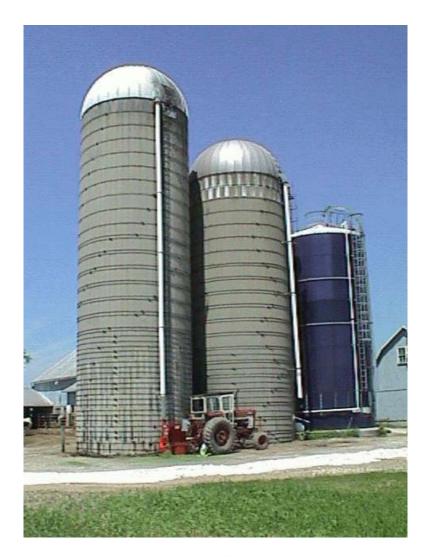


Our Systems aka Silos

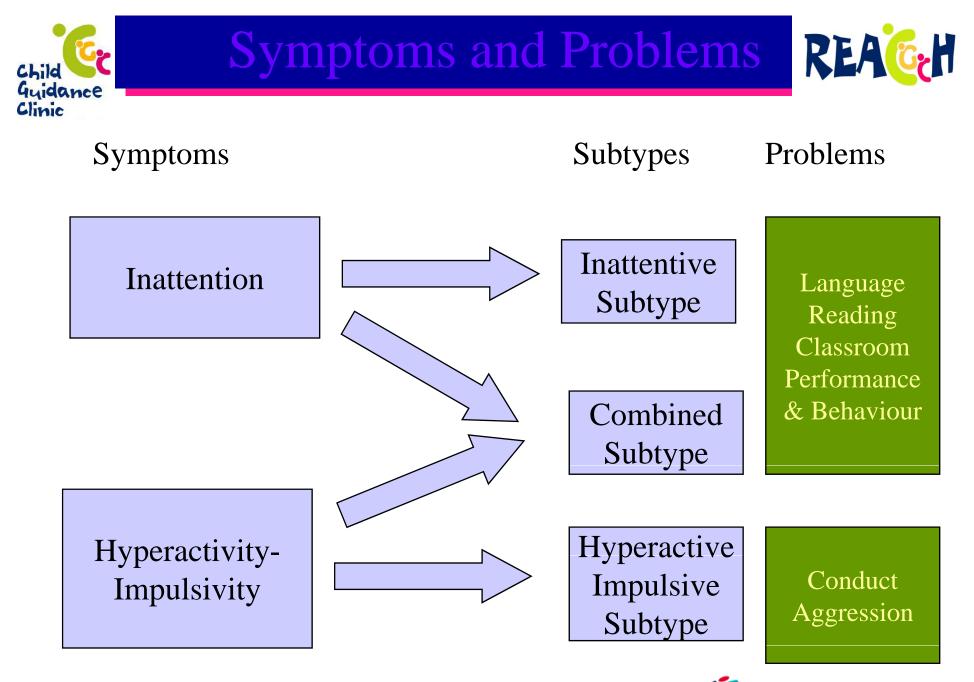


Health

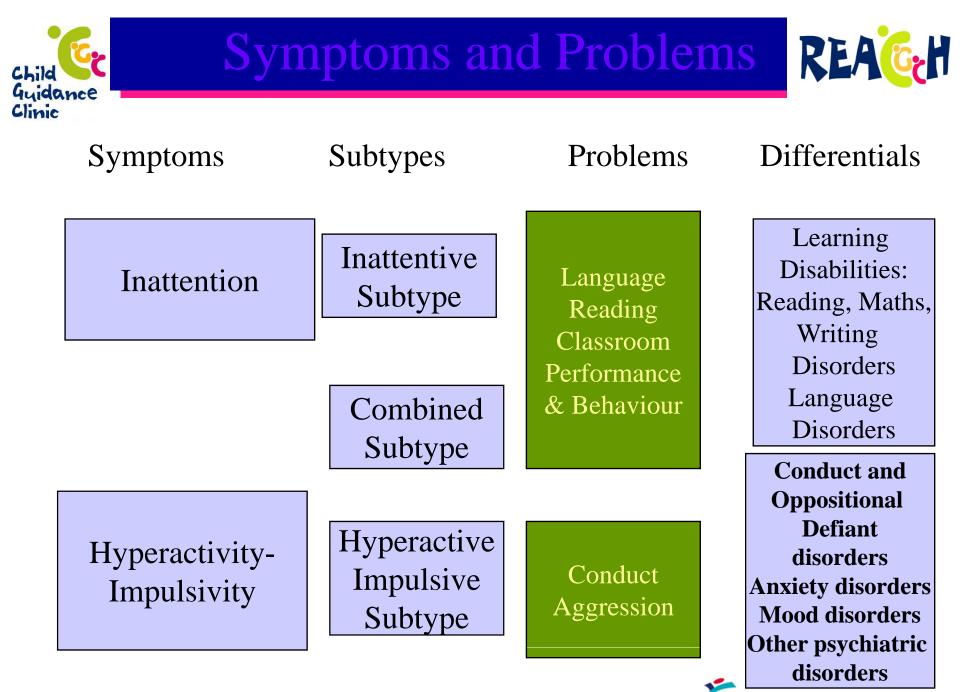
- Paediatrics
- Psychiatry
- Others e.g. GPs
- Education
 - Ed Psychologists
 - School Counsellors
 - Others e.g. LSC
- Social services
 - Psychologists
 - Child protection
 - Probation







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

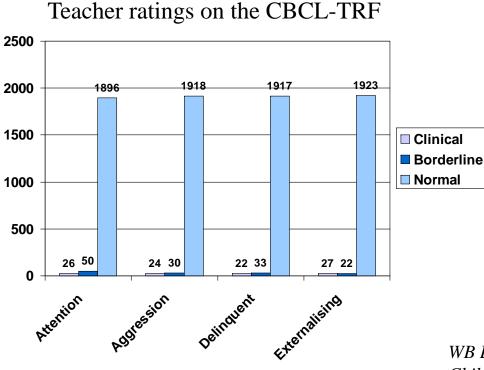




Teacher's Knowledge



Teachers know very little about ADHD



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

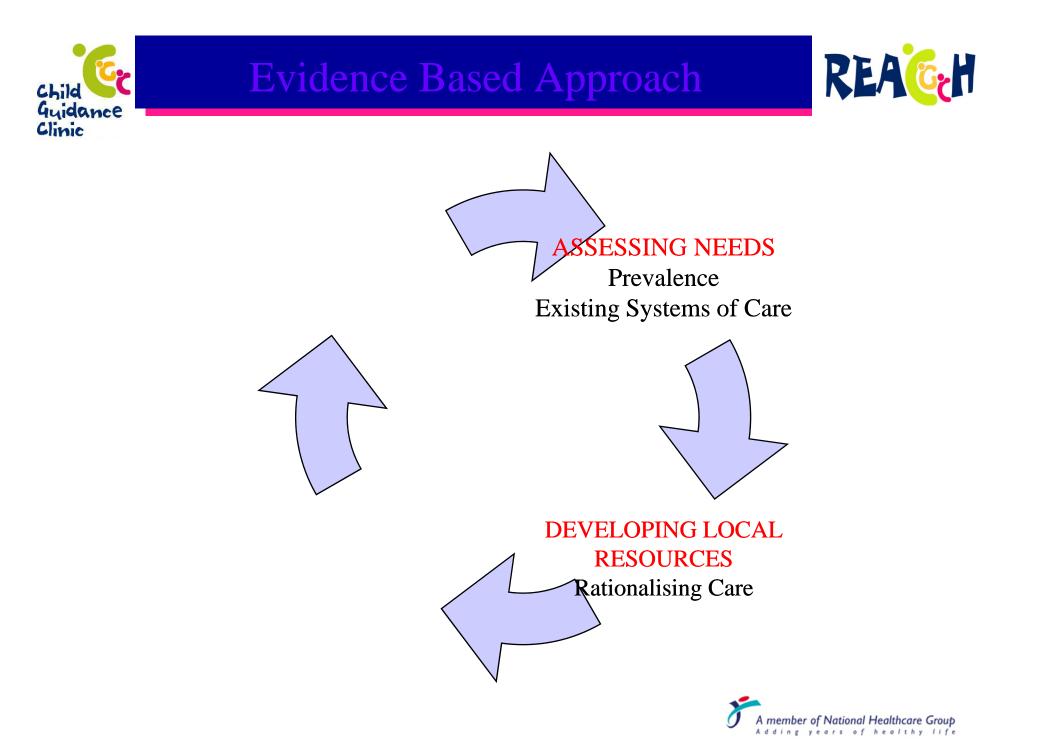
DALY: disability-adjusted life years

* excludes Down syndrome

[†] 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





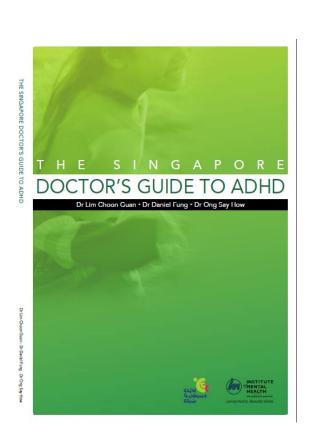


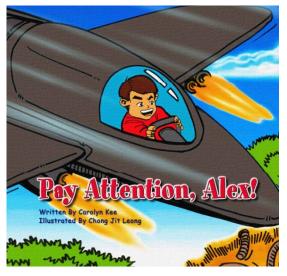
Educational Resources



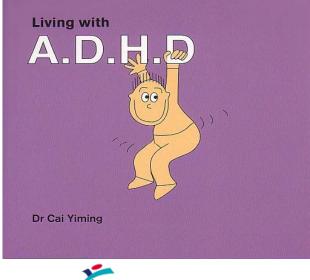
- Parents and Teachers
- Doctors







REACH

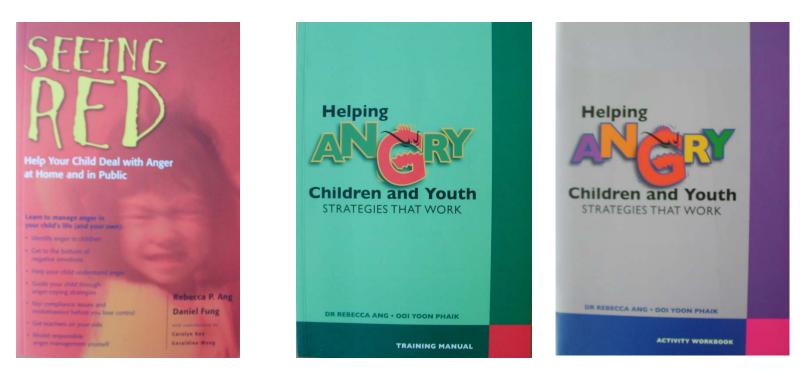








Cognitive Behavioural Approaches





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...

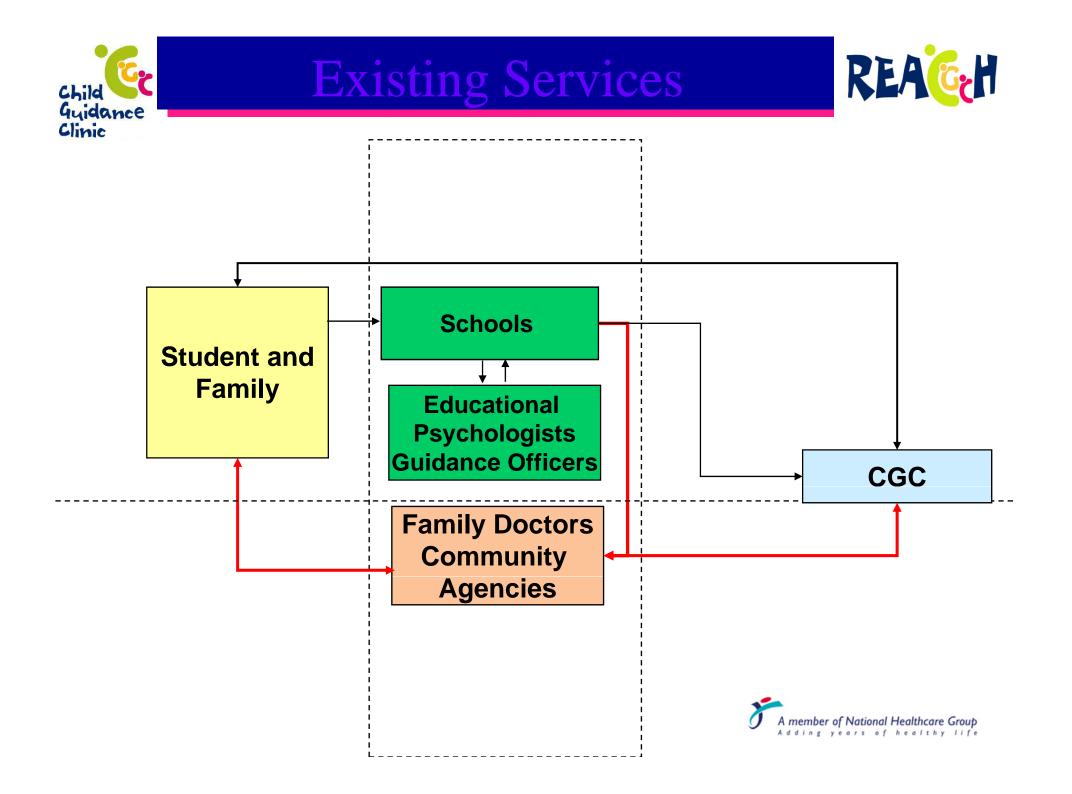


Report of the National Mental Health Working Group

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

> Ministry of Health Republic of Singapore December 2008





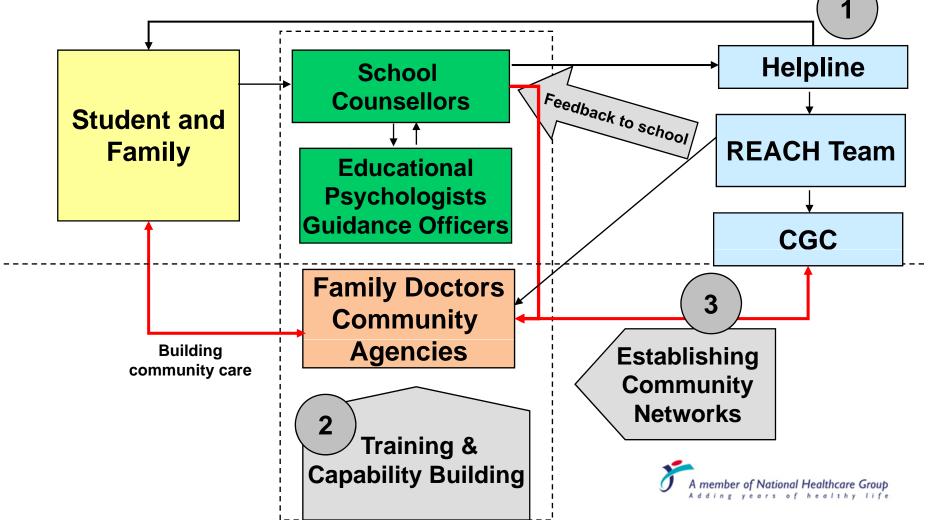


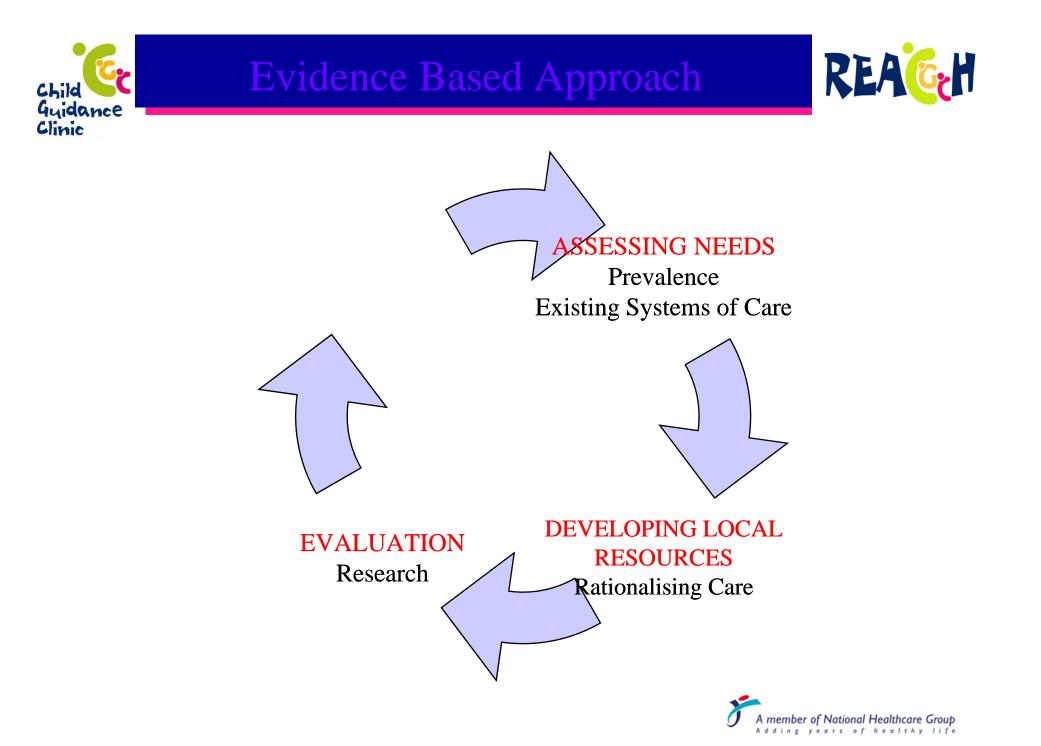
REACH for Students



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







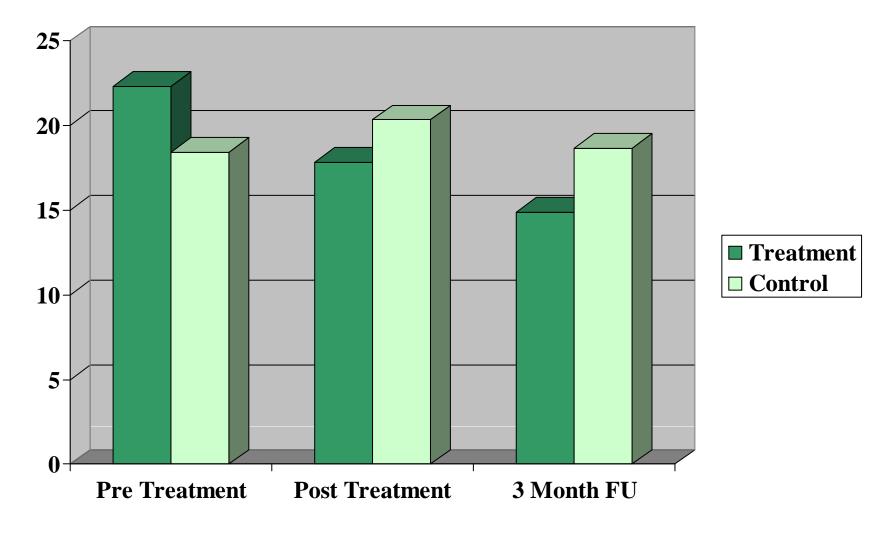


103 children

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

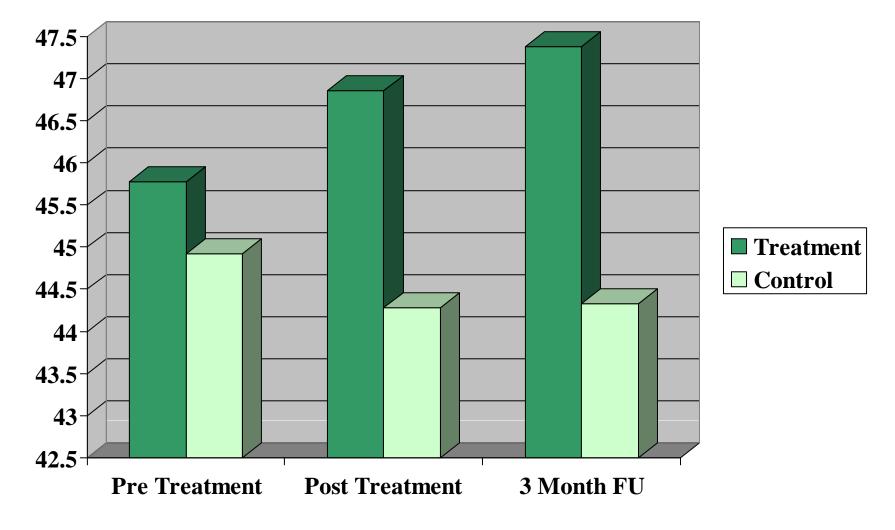




Ooi et al ASEAN J Psychiatry 2007

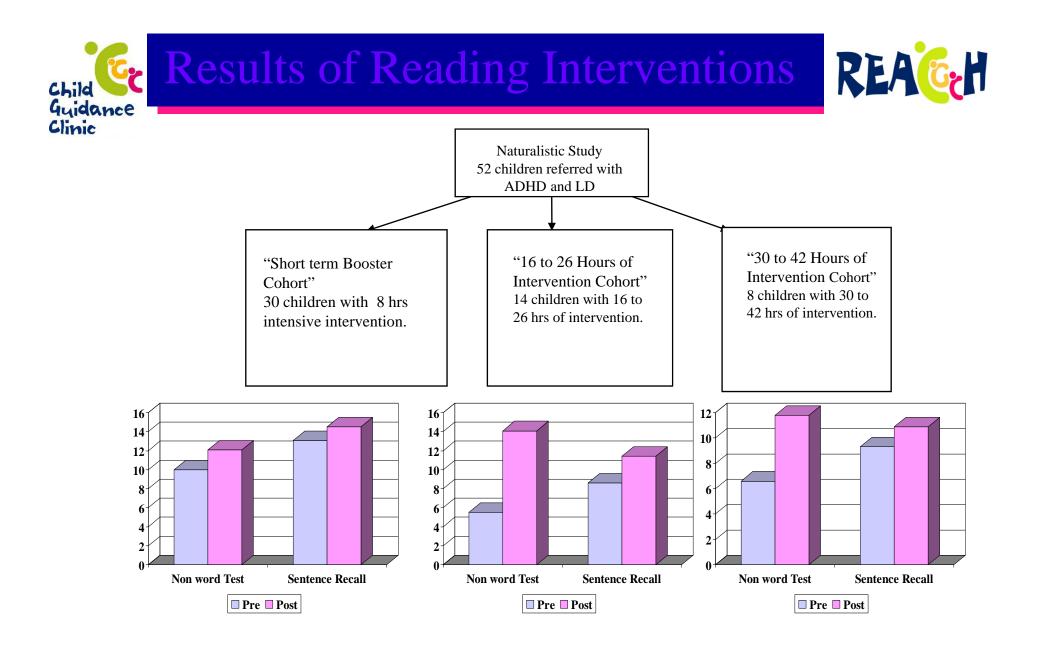






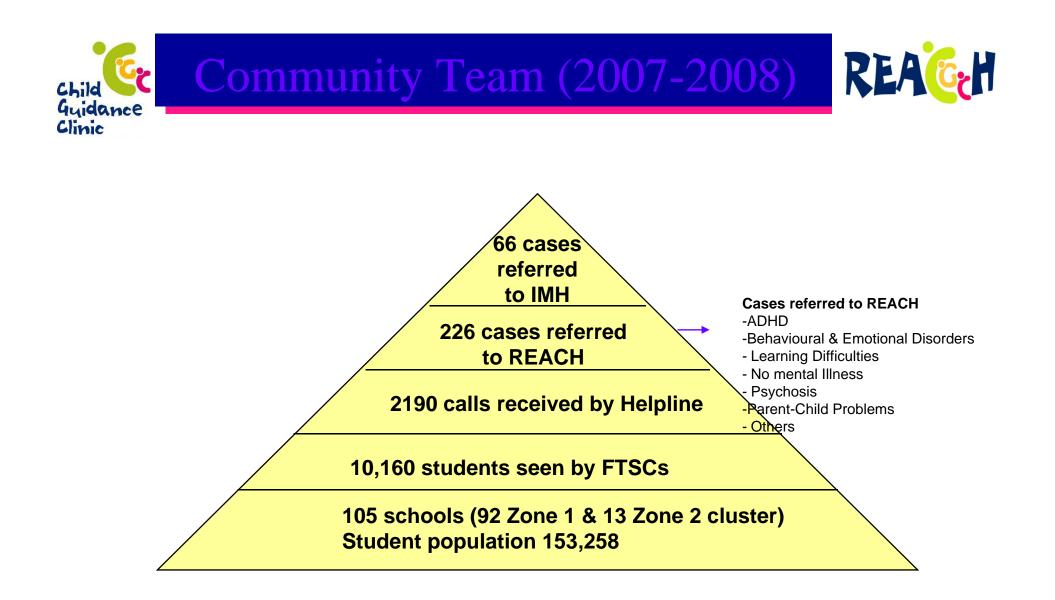
Ooi et al ASEAN J Psychiatry 2007





Kheng et al J of Youth Studies 2009

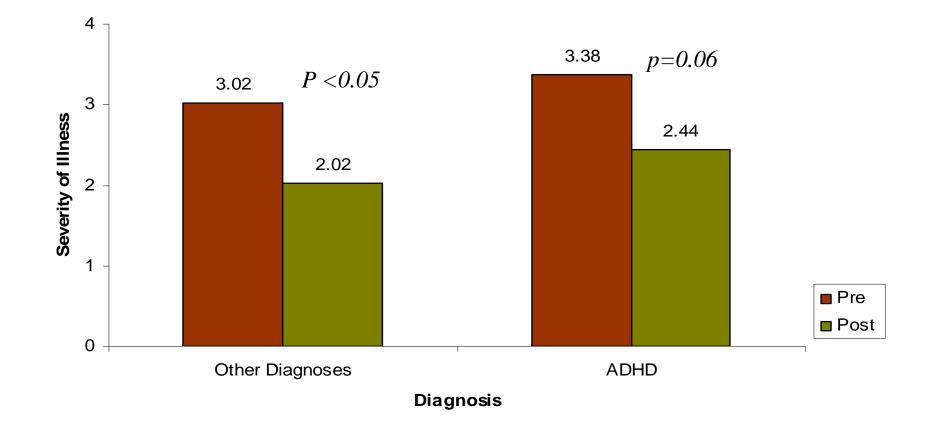




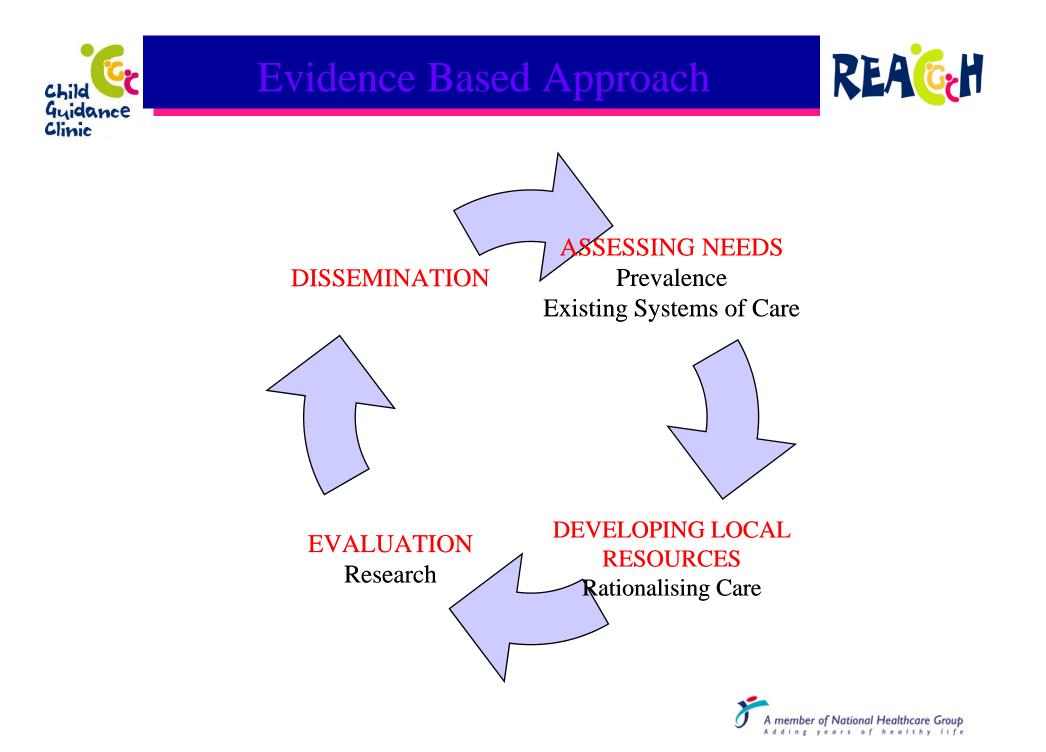




ADHD (N=20) vs. Other Diagnoses (N=60) Pre and Post Comparison







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



