

Making Mental Health accessible to the community through Primary Care

By Agency for Integrated Care



In recent years, mental health awareness in Singapore has grown, no doubt exacerbated by the COVID-19 pandemic where many faced challenges and stressors as a result of issues such as unemployment and social isolation. Additionally, stigma towards individuals with mental health conditions is highly prevalent in the Asia Pacific, preventing many from seeking help and treatment.

This makes it even more important for Mental Health to be a key component of Primary Care. When mental health is suitably integrated with primary care services, it becomes more accessible to residents, allowing them to seek treatment for mild to moderate conditions at a GP clinic without fear of stigmatisation. Many mental health patients have chronic conditions as well, in fact a 2010 Singapore Mental Health Study showed that 14.3% of people with a chronic physical condition had at least one mental disorder and 50.6% of those with a mental disorder had a chronic physical condition. Hence, it would be greatly beneficial for such patients to have their conditions co-managed by the same doctor or care team, a move that is in line with MOH's vision for "One Singaporean, One Family Doctor" which will ultimately result in stronger patient-doctor relationships.

About the Primary Care Network - Mental Health Programme (PCN-MH)

Building on the Mental Health GP Partnership Programme, the PCN-MH Programme was developed to enable the holistic management of patients' chronic and mental health co-morbidities in a primary care setting. If cases can be detected early and managed well in the community, conditions are less likely to worsen or require specialist treatment in the long-term.

PCN GPs who are keen on managing patients with mental health conditions are strongly encouraged to participate in the programme.

Types of conditions that PCN-MH GPs will be managing

GPs on the PCN-MH programme will be caring for patients with mild to moderate mental health conditions covered under the Chronic Disease Management Programme: depression, anxiety, bipolar disorder and schizophrenia.

They will also serve as care navigators, referring patients with more severe mental health conditions to partner hospitals for further treatment.

Partnerships with Assessment and Shared Care Teams (ASCAT) from tertiary acute hospitals

PCN-MH GPs will have access to continuing Medical Education talks and case discussion platforms regularly organised by ASCAT Teams, which are physician-led, multidisciplinary psychiatric teams based at acute tertiary hospitals that help to integrate mental health care between the hospital and community. They provide training not only to GPs but to allied health professionals in the community like social workers, counsellors and psychologists as well. PCN-MH GPs partner a team from a tertiary hospital who will be on hand to assist with clinical consults and support the escalation of patients with severe mental conditions for further treatment at the hospital.

Benefits of participating in the PCN-MH Programme



Holistic Care

Patients receive care for both physical and mental conditions in one setting.

Training & Capability-Building

GPs receive ASCAT training on detecting, diagnosing and managing mental health conditions



Support from PCN HQs & Community Services

GPs may refer patients to PCN nurses and community mental health providers for counselling and to reinforce treatment plans

Subsidies & Access to Lower Cost Psychiatric Drugs



GPs will have access to lower cost psychiatric drugs for their patients. Subsidies for mental health conditions under CDMP and CHAS will also be available to patients.

Support from PCNs and Community Programmes

PCN-MH GPs will be able to refer patients with mild mental health conditions to PCN nurse counsellors for counselling, patient/caregiver education and treatment plan support. The PCN nurses receive regular training from hospital ASCAT teams to keep their skills and capabilities current.

For patients with moderate mental health conditions, PCN-MH GPs will be able to refer patients and caregivers to Community Intervention Teams (COMIT) for assessment, counselling, therapy, case management and psychoeducation. These services are provided at no additional charges.

Financial Support for PCN-MH

PCN-MH GPs will have access to lower cost psychiatric drugs for their patients. Savings achieved from the procurement of drugs through the programme's appointed vendor may be passed on to PCN-MH patients.

In addition to that, patients can receive CHAS subsidies for mental health conditions covered under CDMP. Patients will also be able to tap on Medisave for outpatient treatment claims which will help to defray out-of-pocket treatment costs.

How PCN-MH will be aligned with the Healthier SG Strategy

Under the proposal for Healthier SG, residents will be encouraged to enrol with one family physician who will serve as a first point-of-contact to manage their health, in line with MOH's vision for "One Singaporean, One Family Doctor". Residents will then co-develop a health plan with their doctor. When both physical and mental health conditions are managed by the same physician in a primary care setting, this will facilitate the development of a holistic health plan that addresses the resident's physical and mental health needs.

Interested in participating in PCN-MH? Please contact your PCN programme manager or AIC account manager for more information.

Join us for our Brown Bag Sessions on
Enhancing Diabetes Management through PCN Data, the Chronic Disease Registry and PDSA Workshops

Dates and times are listed below, please scan the QR code(s) to register



12 November 2022
(Saturday), 2 - 3pm



3 December 2022
(Saturday), 2 - 3pm