

Community Mental Health (CMH) Resource Kit for General Practitioners (GPs)

A toolkit providing information and resources on CMH services to assist GPs in supporting patients and caregivers.



Developed by:



Supported by:



Table of Contents

Foreword	3
How to Use the Kit	4
Quick Start Guide	5
About the Community Mental Health Masterplan	6
Section A: Mental Health (Adult)	7
1. <i>Mental Health General Practitioner Partnership (MHGPP)</i>	7
A. Types of support.....	7
B. Summary of support available for MHGPs versus non-MHGPs.....	10
C. How do I become a Mental Health GP Partner?.....	10
2. <i>Where Can I Refer My Patients for Community Support?</i>	11
A. Overview of your partners in supporting patients with mental health needs	11
11	
B. For co-management of mental health in the community: Community Intervention Team (COMIT), 18 year-old and above.....	11
C. For escalation to public hospitals: Assessment & Shared Care Team (ASCAT)	12
3. <i>Recommended Guide for Referral and Escalation for MH</i>	14
A. Standardised assessment tools	14
B. Flowchart for administering PHQ-4, PHQ-9, GAD-7 and C-SSRS Screener Version	14
C. Tiering based on PHQ-9 and GAD-7 scores	15
D. Proposed treatment actions based on tier of severity	15
4. <i>Cost Implication for Patients Referred to Community Partners/ Hospitals</i>	16
5. <i>Inpatient Psychiatric Services at Public Hospitals</i>	17
6. <i>Referrals to Subspecialty Clinics at Public Hospitals</i>	19
7. <i>Crisis Support and Helplines for MH Support</i>	20
A. Emergency and crisis support.....	20
B. Non-emergency helplines.....	20
8. <i>Resources for Community Mental Health Support for Adults</i>	22
Section B: Mental Health (Youth)	23
1. <i>Where Can I Refer My Youth Patients for Community Support?</i>	23
A. Co-management of Youth Mental Health in the Community-Youth Integrated Team (YIT), 12 to 25 Year-old	23
2. <i>Resources for Youths</i>	24
3. <i>Resources for Parents and Caregivers</i>	24
Section C: Dementia	25
1. <i>Enhancing Affordable Care through CHAS/Healthier SG Chronic Tier /CDMP Subsidies</i>	25
2. <i>Community Support</i>	26
3. <i>Other Services for Patients with Dementia and Caregivers</i>	26
A. Home-based	26
B. Centre-based	27
C. Referral Process.....	27
4. <i>Emergency Support and Helplines</i>	27
A. Counselling support/ information helplines.....	27
B. Emergency contact, in the event of extreme distress or urgent support required:.....	28
5. <i>Resources for Patients with Dementia and Caregivers</i>	29
Frequently Asked Questions (FAQs)	30
Quick References: QR Codes and Links	31

Foreword

The Agency for Integrated Care (AIC) aims to build integrated community mental health networks across various care settings to support persons with mental health conditions and/or dementia and their caregivers to live well in the community.

Together with the Ministry of Health (MOH), AIC developed and implemented the Community Mental Health Masterplan and General Practitioners (GP) have been our key partners. With your strong support, persons with mental health needs can now seek early treatment and receive timely support closer to home.

We hope this curated resource kit will be useful to provide you with the latest development in the community mental health sector and support you in providing more holistic care to your patients and their caregivers.

Dr Harold Tan

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National Mental Health Office
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How to Use the Kit

The Community Mental Health (CMH) Resource Kit for General Practitioners (GP) is specifically developed to enable you to deliver appropriate interventions and support in the community when you encounter patients with mental health conditions and/ or dementia. This kit provides an overview of the Community Mental Health Masterplan, available community resources for your patients and caregivers, and referral pathways to other services.

With the launch of *Major Depressive Disorder (MDD)* and *Generalised Anxiety Disorder (GAD)* Care Protocols under *Healthier Singapore (HSG)* in 2026, these will help you integrate mental health care along with chronic disease management, while ensuring consistent and quality care for your patients. These protocols align with the recommendations under the Tiered Care Model, enabling you to manage mild-to-moderate cases effectively in primary care settings. You can also refer to the prevailing *MOH ACE Clinical Guidances (ACGs)* for *MDD* and *GAD* to guide your clinical management and practices.

For any further clarifications on referral processes and community mental health services and resources, please email enquiries@aic.sg.

Quick Start Guide

Introduction

About the Community Mental Health Masterplan

In 2012, the Agency for Integrated Care (AIC) was appointed by the Ministry of Health to develop and implement the Community Mental Health (CMH) Masterplan. The plan is working closely with the health, social and community care partners to build an integrated mental health network to better support persons at risk with mental health issues, dementia, and their caregivers in the community.

Three Key Strategic Objectives of the Masterplan	Key Initiatives	Expected Outcomes
Enhancing mental health services for primary care settings	Enhancing care and support for patients with mental health conditions in primary care settings	Enhancing capacity of primary care settings to support individuals with mental health conditions
Expanding mental health services to support people with mental health conditions and their caregivers	Expanding Community Mental Health (CMH) services to support people with mental health conditions and their caregivers	Expanding Community Mental Health (CMH) services to support people with mental health conditions and their caregivers
Building community care capabilities, including care for patients, social and government agencies, private and voluntary organisations	Building community care capabilities, including care for patients, social and government agencies, private and voluntary organisations	Building community care capabilities, including care for patients, social and government agencies, private and voluntary organisations

[Community Mental Health Masterplan](#)

Section A: Mental Health

1. Mental Health GP Partnership Programme

The Mental Health GP Partnership Programme (MHGPP) was developed under the Community Mental Health Masterplan, where GPs play a key role in enabling early identification and improving access to mental health services.

Building on the efforts to strengthen mental health support and primary care in the community, AIC worked with Primary Care Networks (PCNs) to develop the Primary Care Network Mental Health (PCN-MH) initiative. PCN-MH complements the existing tenet partnership to offer team-based and holistic care and support for patients with mental health and chronic conditions.

As a MHGPP, you will provide care to patients with mild to moderate mental health and chronic health conditions through:

- Providing consultation, diagnosis, pharmacotherapy, and treatment to support the patient in coping and improving daily functioning.
- Providing psychoeducation and resources for caregivers on how to better engage and support their loved ones and link them up with appropriate resources and services.
- Adopting a team-based approach involving medical and allied health services to provide comprehensive support.

Types of Support

[Mental Health GP Partnership & Support](#)

Referral and Escalation

2. Support for Adults (18 Years Old and Above)

A. Community Intervention Team (COMIT)

Community Intervention Team (COMIT) offer a multidisciplinary approach to mental health care within the community. Each team is composed of allied health professionals in a range of services, including:

- Mental health and dementia assessment and individualised care plan
- Psychosocial interventions, psychotherapy, and psychoeducation
- Care coordination and case management
- Caregiver education, training, and support
- Collaboration with healthcare institutions & other community partners
- Establish a seamless care continuum with community partners

For patients with complex care needs, COMIT will work with other social service agency (Family Service Centres) for a coordinated and holistic care plan. These services funded by the Ministry of Health (MOH) and there is no charge to access the service.

GP-COMIT partnership

[Refer to COMIT](#)

B. Assessment & Shared Care Team (ASCAT)

Each Assessment & Shared Care Team (ASCAT) comprises multi-disciplinary professionals to provide assessment, treatment, and holistic care for patients with mental health conditions. In addition to supporting patients and caregivers, it enhances the mental healthcare capability of GPs through training and case discussion.

GP-ASCAT partnership

If you are a GP partner enrolled in the MHGPP, you would be partnered with an MHGPP onboarding. Please write in AIC should you wish to find out who are partnered with.

Referral process for ASCAT

- Contact your partnered ASCAT, if you have any questions regarding the mental health patients such as changing medications, co-consult discussions, co-management for complex cases, or referral of patients with severe mental illness.

[Refer to ASCAT](#)

3. Support for Youth (12 to 25 Years Old)

A. Youth Integrated Team (YIT)

The Youth Integrated Team (YIT) provides community-based mental health therapeutic intervention, and case management for youths with mild to moderate mental health conditions. The team also facilitates the formation of support, the youths and their families, and works actively with other youth community partners to provide holistic case management.

The teams focus on patients aged 12-25 and provide the following key services:

- Early identification & mental health assessment
- Case Management
- Therapeutic Interventions
- Maintenance & Monitoring

[Refer to YIT \(Youths\)](#)

2. Community Support

GPs can refer patients and/or caregivers to community partners for psychosocial support and case management, for a more holistic approach to supporting patients living with dementia and their caregivers.

COMMUNITY PROGRAMMES	WHAT THEY DO	WHO WILL BENEFIT	HOW TO REFER?
Community Intervention Team (COMIT)	COMIT provides assessment, counselling, psychotherapy, case management and psychoeducation support for patients with mental health conditions and dementia, including their caregivers.	For patients who may have or at risk of having dementia, or caregivers.	Please refer to page 11-12 for referral process.

3. Other Services for Patients and Caregivers

There are several community-based programmes and services in the community, that offers essential support for patients living with dementia and their caregivers, enhancing their quality of life.

[Refer to other community services \(Dementia\)](#)

Tools and Resources

A. Standardised Assessment Tools

- Patient Health Questionnaire-4 item (PHQ-4): brief screener of mental health symptoms.
- Patient Health Questionnaire-9 item (PHQ-9): screens for symptoms of depression, and severity.
- Generalised Anxiety Disorder-7 item (GAD-7): screens for symptoms of generalised anxiety disorder, and severity.
- Columbia - Suicide Severity Rating Scale Screener Version (C-SSRS Screener Version): screens for suicide risk.
- World Health Organisation Disability Assessment Scale (WHODAS 2.0): measure of overall functioning.

Beyond the PHQ-9, GAD-7, C-SSRS Screener Version and WHODAS 2.0, there are several tools that may be used within primary care to support varied needs of patients with mental health conditions or caregivers.

- Insomnia Severity Index (ISI): nature, severity, and impact of insomnia.
- Zung Burden Interview 2 (ZBI-2): burden of care and the mental health of a caregiver.
- Clinical Global Impression (CGI) scale: recommended care components for Bipolar Disorder and Schizophrenia under the COMP Handbook (2024).

Consolidated List of Assessment Tools

[MH: Standardised Assessment Tools](#)

G. Crisis Support and Helplines for MH Support

You may wish to share available helplines for mental health support in the community with your patients and their caregivers.

A. Emergency and Crisis Support

The table below lists the emergency hotlines for patients with risk of harm to self or others, or their caregivers, who may contact the line directly in case they need urgent support.

ORGANISATION	DETAILS	HELPLINE CONTACT
Helix Mental Health Helpline	For patients facing a mental health crisis and require support	6389 2222 (24-hour)
MH Emergency Room (24 hours)	For enquiries on MH emergency services, helix contact, Emergency Hotline	6389 2057 / 6389 2004
SupportLine of Singapore (SOS)	Provides emotional support for patients in distress	Helpline: 1-767 (24-hour) Care Mail: cahil@sol.sg

[MH: Crisis Support & Helplines](#)

5. Emergency support and helplines

GPs are recommended to share the essential helplines and emergency contact information listed below with your patients and caregivers. These resources provide support and immediate assistance, primarily outside of 24-hour.

A. Counselling Support/Information Helplines

SERVICE PROVIDERS	CONTACT AND OPERATION DETAILS
Dementia Helpline by Dementia Singapore	6277 0102 Mon to Fri, 9am to 6pm Sat 10am to 5pm
Care Line: DODCH Community Services	6544 6555 Mon to Fri, 9am to 5pm
Caregivers Alliance United (CAU) Helpline	6388 8821 / 6388 2888 Mon to Fri, 9am to 5pm

B. Emergency contact, in the event of extreme distress or urgent support required:

SERVICE PROVIDERS AGENCIES	CONTACT AND OPERATION DETAILS
Police	999
Fire	995
Medical Emergency	999

[Dementia: Crisis Support & Helplines](#)

About the Community Mental Health Masterplan

In 2012, the Agency for Integrated Care (AIC) was appointed by the Ministry of Health to develop and implement the CMH Masterplan. The plan focuses on working closely with the health, social and community care partners to build an integrated mental health network to better support persons at risk/with mental health issues and dementia, and their caregivers in the community.

Three key thrusts. One vision to deliver better mental health support.			
Key Thrust	Strengthening Primary Care	Enhancing Integrated Care in the Community	Increasing Capacity to Support Dementia Care
What	Improving accessibilities of mental health services in the primary care setting	Enhancing pre- and post- treatment support in the community for individuals with mental health conditions	Increasing capacity of dementia care services to support individuals living with dementia
How	Expanding mental health services in General Practitioner (GP) clinics and polyclinics	Expanding Community Intervention Team (COMIT), as well as Case Management Support after hospital stays	Expanding Community Outreach Team (CREST) and building Dementia-Friendly Communities and a Dementia-Friendly Singapore
Empowerment	Training community care organisations, community partners, social service and government agencies, grassroots leaders and volunteers		
Enablement	<p>One access point</p> <ul style="list-style-type: none"> • First-stop care coordinator for clients and caregivers (AIC) • Resource development for clients, caregivers, and community partners • Leverage IT to enable information exchange, facilitate referral and care processes 		

Building a Well-Connected Caregiving & Community Mental Health Ecosystem to Support Residents' Needs (Caregiving, Mental Health, Dementia)



Section A: Mental Health (Adult)

1. Mental Health General Practitioner Partnership (MHGPP)

The Mental Health General Practitioner Partnership (MHGPP) is one of the initiatives under the Community Mental Health Masterplan, where GPs play a key role in enabling early identification and improving access to mental health services.

Building on the efforts to strengthen mental health support and primary care in the community, AIC worked with Primary Care Networks (PCN) to develop the Primary Care Network-Mental Health (PCN-MH) Initiative. PCN-MH became part of the existing MHGPP to offer team-based support and holistic care for patients with mental health and chronic conditions.

As a MH GP Partner, you will provide care to patients with mild to moderate mental health and chronic health conditions through:

- Providing consultation, diagnosis, pharmacotherapy, and treatment to support the patients in coping and improving daily functioning.
- Providing psychoeducation and resources for caregivers on how to better engage and support their loved ones and link them up with appropriate resources and services.
- Adopting a team-based approach involving medical and allied health services to provide comprehensive support.

A. Types of support

i. Capability Building

You will have access to Continuing Medical Education (CME) talks, trainings, case discussion platforms regularly organised by the Assessment and Shared Care Teams (ASCAT). These will help enhance your competencies in managing mental health cases and keep you updated on the latest treatment modalities. Please refer to [page 12 to 13](#) for ASCAT's key services and referral process.

ii. Financial Assistance

Participation in national schemes such as Community Health Assist Scheme (CHAS) and Chronic Disease Management Programme – Mental Illness (CDMP-MI), allow your patients to claim outpatient treatment costs for conditions include:




- Major Depression
- Anxiety
- Bipolar Disorder
- Schizophrenia

CHAS CHRONIC TIER	HEALTHIER SG CHRONIC TIER
<ul style="list-style-type: none"> • CHAS subsidy tiers are based on the type of CHAS card that the patient has, namely the CHAS Blue, Orange, or Green tier. All Pioneer Generation (PG) and Merdeka Generation (MG) seniors receive special subsidies at CHAS clinics. • For more information on CHAS subsidies, please scan the QR code below: <div data-bbox="368 736 619 987" data-label="Image"> </div> <p data-bbox="304 990 684 1025">https://for.sg/chas-subsidies</p>	<ul style="list-style-type: none"> • The Healthier SG Chronic Tier has been introduced at Healthier SG GP clinics since 1 February 2024. This will benefit CHAS/PG/MG cardholders who have higher medication needs and whose bills may exceed the current CHAS annual subsidy limits. • For more information on Healthier SG Chronic Tier subsidies, please scan the QR code below: <div data-bbox="971 741 1222 992" data-label="Image"> </div> <p data-bbox="839 994 1361 1066">https://for.sg/healthier-sg-chronic-tier-subsidies</p>
CDMP-MI (MEDISAVE)	
<ul style="list-style-type: none"> • A co-payment of 15% will apply to each outpatient CDMP bill (i.e., patient is required to pay out-of-pocket 15% of the bill). • An annual withdrawal limit of \$500/\$700 per patient applies. • \$300 per elderly patient (aged 60 and above) per year from patient's or patient's spouse's Flexi-Medisave can be used together with the annual outpatient Medisave limits. <div data-bbox="368 1680 619 1930" data-label="Image"> </div> <p data-bbox="205 1933 759 1968">https://www.for.sg/medisave-undercdmp</p>	<ul style="list-style-type: none"> • With Healthier SG, from 1 February 2024, patients who have enrolled in Healthier SG can use MediSave to fully pay for the CDMP bill at Healthier SG clinics, up to the MediSave 500/700 withdrawal limit. They no longer need to co-pay 15% of their bill in cash.

iii. Drug Support

Through the drug support scheme provided by AIC, Mental Health GP Partners can procure psychiatric medications through AIC's appointed vendor, NHG Pharmacy, ensuring affordability for patients. Please scan the QR codes below to access consolidated information on the drug ordering form, list of drugs and ordering processes.

For other Healthier SG white-listed drugs, more details can be found through [HSG/subsidised-drugs](#).

DRUG ORDERING FORM	LIST OF DRUGS UNDER AIC DRUG SUPPORT	GUIDE TO DRUG SUPPORT FOR GPs
 medsorderform	 listofMHGPPdrugs	 drugsupportguide
Please email the completed drug ordering form to NHGPh.order.psc@nhghealth.com.sg to place your order.		

iv. Ancillary Services and Community Support

To complement the medical care provided to your mental health patients, referrals to Community Intervention Team (COMIT) or PCN nurses¹ are also made accessible and affordable.

- COMIT can provide psychotherapy, home visits and psychosocial intervention services for patients with up to moderate mental health needs. Please refer to [page 11](#) for COMIT's key services and referral process.
- PCN nurses are trained in mental health and can provide basic psychosocial intervention for patients with mild mental health needs.

¹ Referrals to PCN nurses for mental health counselling are only applicable for PCN GPs.

B. Summary of support available for MHGPs versus non-MHGPs

SUPPORT AVAILABLE	MHGP	NON-MHGP
Capability building support, through attending training programmes and case discussion platforms by ASCAT	Yes	Can only access training programmes provided by ASCAT
Access to CDMP-MI, which allows your patients to claim for outpatient treatment of specific MH conditions Refer to page 8 for more details	Yes	No
Drug support	Yes	No <i>Note: GPs onboarded under Healthier SG will have access to the Healthier SG white-listed drugs.</i>
Community support	Yes Through paired COMIT, and PCN nurses (only applicable for PCN GPs)	Yes Through paired COMIT, and PCN nurses (only applicable for PCN GPs)

C. How do I become a Mental Health GP Partner²?

If you are not currently enrolled in MHGPP, you may reach out to us to find out more via the following channels:



Find & contact your Account Manager via



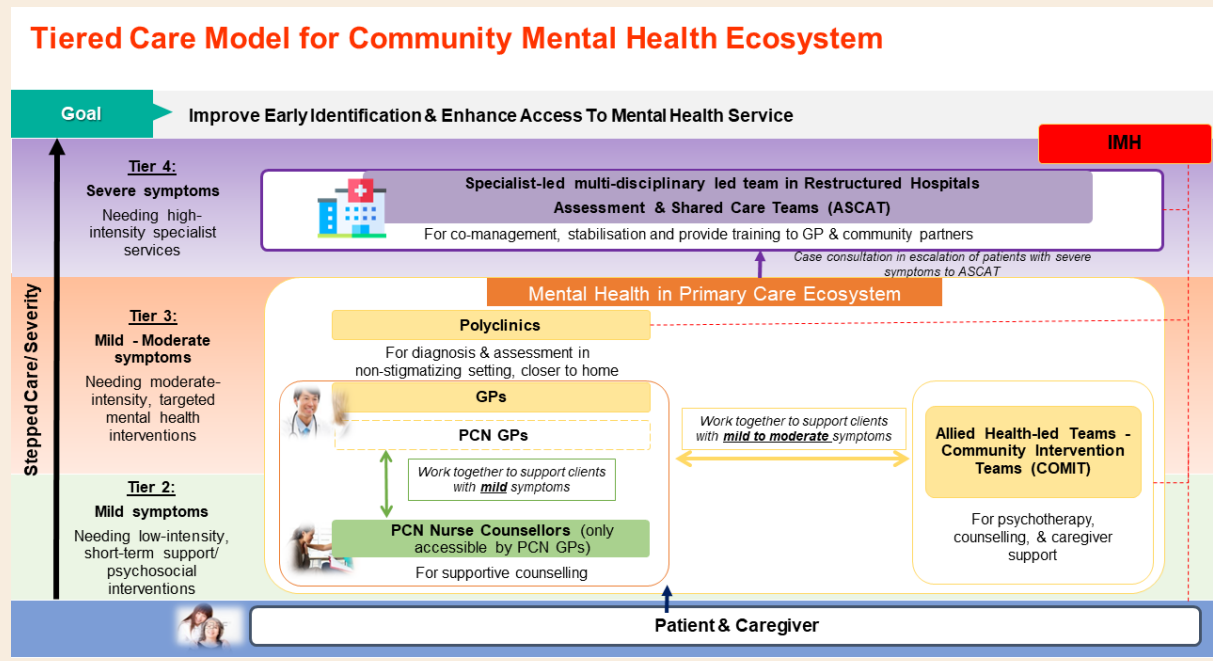
<http://for.sg/gpamfinder>

² Similar to other national initiatives, all GP clinics who are onboarded onto the MHGPP will be identified in the public domain as a participating clinic under the Mental Health GP Partnership.

2. Where Can I Refer My Patients for Community Support?

Whether you are enrolled in MHGPP or not, you may collaborate directly with your paired COMIT partner to provide the appropriate support for your patients. Based on the patients' needs, the COMIT partner may also coordinate referrals to other relevant services, such as Family Services Centres (FSCs).

A. Overview of your partners in supporting patients with mental health needs



B. For co-management of mental health in the community: Community Intervention Team (COMIT), 18 year-old and above

i. *What is COMIT?*

The Community Intervention Team (COMIT) is made up of qualified care professionals who are trained to provide assessment, psychotherapy, psychosocial interventions such as cognitive behavioural therapy and psychoeducation support. These services are available for your patients aged 18 years and above with mental health condition or dementia, as well as their caregivers. All services are fully funded by the government and provided free of charge to your patients.

ii. *How can COMIT support my patients' needs?*

Based in the community, COMIT works closely with you, polyclinics, hospitals and other partners to provide collaborative care that addresses the physical, mental, emotional and social needs of both your patients and caregivers. Key services that COMIT can provide for your patients include:

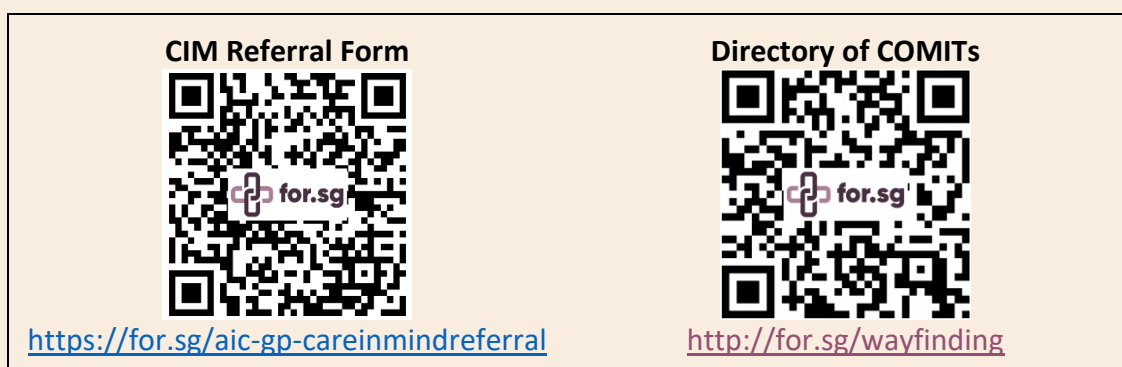
- Mental Health and dementia assessment and individualised care plan
- Psychotherapy and behavioural management include Cognitive Behavioral Therapy (CBT), Family Therapy and Solution Focused Therapy
- Psychosocial interventions including counselling
- Collaborative care through case management approach
- Psychoeducation on mental health conditions, symptoms of relapse and coping skills to reduce stressors
- Caregiver education, training, and support

iii. *GP-COMIT partnership*

To facilitate efficient collaboration and timely support for patients, AIC has paired each GP clinic to a COMIT provider. Please refer to [Annex A: GP-COMIT pairing list](#) for the contact details of your paired COMIT provider.

iv. *Referral process for COMIT*

- Simply write a memo including your patient’s name, NRIC, presenting symptoms, reasons for referral, any psychotropic medications started, patient’s contacts and address, and clinic’s contacts. The patient can then reach out to the COMIT with the memo to schedule their appointments.
 - For patients with higher needs whom you may have concerns with compliance to follow-up at COMIT, you may consider emailing the referral to COMIT.
 - If you are familiar with sending referral via CareinMind (CIM), you may still email the completed CIM referral form to careinmind@aic.sg.
- Besides your paired COMIT, you may also refer patients to other COMIT or psychologists whom you may have an existing working relationship with, depending on your patient’s needs or preferences.



C. For escalation to public hospitals: Assessment & Shared Care Team (ASCAT)

i. What is ASCAT?

The Assessment & Shared Care Team (ASCAT) comprises a multi-disciplinary team led by psychiatrists, that is set up within each Regional Health System (RHS) cluster. ASCAT

supports you with clinical consultation and capability building, that will help you manage patients with mild to moderate mental health conditions in the community.

ASCAT also serves as a gatekeeper for hospital services. If you encounter patients with more urgent and severe mental health needs, you can surface these cases to ASCAT. The ASCAT psychiatrist will determine if the patient requires a fast-track service at the hospital. Once the patient has stabilised, ASCAT will right-site the patient back to you, to co-manage with community mental health partners.

ii. GP-ASCAT partnership

If you are a GP partner enrolled in the MHGPP, you would be partnered with an ASCAT upon your MHGPP onboarding. Please write in to mhgpp@aic.sg should you wish to find out which ASCAT you are partnered with.

iii. Referral process for ASCAT

Contact your partnered ASCAT, if you have any questions regarding the care of your mental health patients such as changing of medications, co-consultations, case discussions, co-management for complex cases, or referral of patients with urgent care needs to hospitals.

Directory of ASCATs



<https://for.sg/list-of-ascats>

3. Recommended Guide for Referral and Escalation for MH

Under the Tiered Care Model, common standardised assessment tools, tiering and proposed treatment actions shown below are recommended across social and health settings, including primary care, COMIT, and public hospitals. This is to facilitate communication and prompt case escalation as well as right-siting across the community mental health ecosystem, based on patients' needs and severity.

A. Standardised assessment tools

- Patient Health Questionnaire 4-Item (PHQ-4): brief screener of mental health symptoms
- Patient Health Questionnaire 9-Item (PHQ-9): screens for symptoms of depression, and severity
- Generalised Anxiety Disorder 7-Item (GAD-7): screens for symptoms of generalised anxiety disorder, and severity
- Columbia - Suicide Severity Rating Scale Screener Version (C-SSRS Screener Version): screens for suicide risk
- World Health Organisation Disability Assessment Scale (WHODAS 2.0): measure of overall functioning

Beyond the PHQ-9, GAD-7, C-SSRS Screener Version and WHODAS 2.0, there are several tools that may be used within primary care to support varied needs of patients with mental health conditions or caregivers.

- Insomnia Severity Index (ISI): nature, severity, and impact of insomnia.
- Zarit Burden Interview-12 (ZBI-12): burden of care and the mental health of a caregiver.
- Clinical Global Impression (CGI) scale: severity and improvement of the mental health condition, and is a recommended care component for bipolar disorder and Schizophrenia under the *CDMP Handbook for Healthcare Professionals (2024)*.

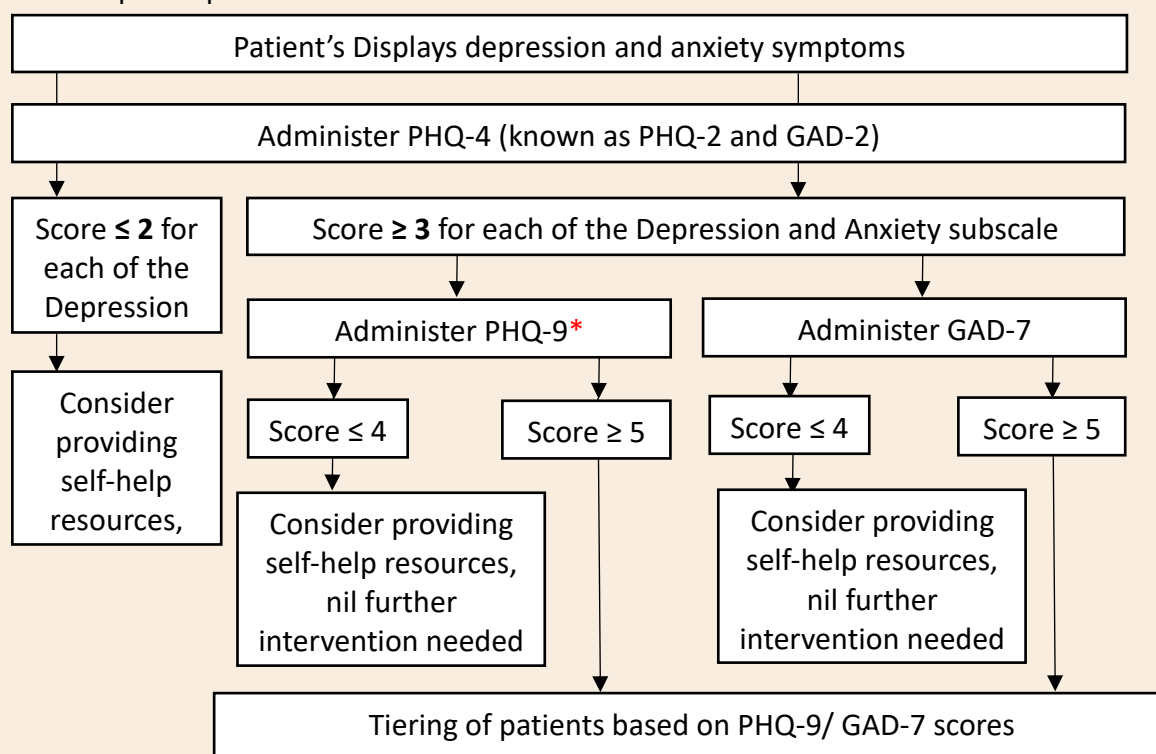
Consolidated List of Assessment Tools



<https://for.sg/standardiseddetectiontools>

B. Flowchart for administering PHQ-4, PHQ-9, GAD-7 and C-SSRS Screener Version

The diagram below serves as a guide on the recommended follow-up actions, upon administering the PHQ-4, PHQ-9, GAD-7 and C-SSRS screener. Clinicians should still rely on their professional judgement/ clinical discretion if further assessment and follow-up is required.



*If patients score positive on Qn 9 of PHQ-9, or PHQ-9 score 20 or more, or you suspect suicide risk at any point of assessment, the C-SSRS screener should be administered.

C. Tiering based on PHQ-9 and GAD-7 scores

TIER 1 HEALTHY Mental well-being promotion	TIER 2 AT-RISK Low-intensity services	TIER 3 UNWELL Moderate intensity services	TIER 4 UNWELL High intensity services
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PHQ-9 score	Minimal	Mild	Moderate	Moderately severe	Severe
	0-4	5-9	10-14	15-19	20-27
GAD-7 score	Minimal	Mild	Moderate		Severe
	0-4	5-9	10-14		15-21

D. Proposed treatment actions based on tier of severity

The table below serves as a guide on where you may refer your patients for further care under each tier, based on the tier of severity of their symptoms. Regardless of the scoring derived,

clinicians should exercise clinical flexibility and judgment to determine the diagnosis and care plan.


TIER (BASED ON SEVERITY OF PATIENT'S SYMPTOMS)	PROPOSED TREATMENT ACTIONS FOR APPROPRIATE LEVEL OF CARE FOR PATIENTS WITHIN THE ECOSYSTEM
Tier 1: Well/ very mild	<ul style="list-style-type: none"> To provide resources (e.g. self-help resources, such as MindSG) for mental well-being promotion.
Tier 2: Mild	<ul style="list-style-type: none"> To provide assessment and continue managing these patients. Refer to Community Intervention Teams (COMITs) for psychosocial intervention.
Tier 3: Moderate	<ul style="list-style-type: none"> To consider starting pharmacotherapy (i.e., medication) and refer to COMIT. MH GP partners have the option for case-consultation with Assessment and Shared Care Team (ASCAT), where appropriate. COMITs will provide moderate intensity psychosocial interventions (psychotherapy, e.g. Cognitive Behavioural Therapy).
Tier 4: Severe	<ul style="list-style-type: none"> To refer patients for specialist intervention, such as Public Hospitals' Emergency Department/ Specialist Outpatient Clinics/ASCAT to provide high-intensity mental health interventions.

4. Cost Implication for Patients Referred to Community Partners/ Hospitals

PROGRAMME	COST
COMIT	COMIT is fully funded by the government and there is no out-of-pocket cost.
ASCAT	<p>If your patients require further co-management and escalation to ASCAT, you may refer them to ASCAT or the Specialist Outpatient Clinic (SOC) as a subsidised referral, if he/she holds a CHAS card. Prevailing SOC subsidy policies apply. The level of subsidy that the CHAS patients receive is determined through household means-testing using Monthly Per Capita Household Income (PCHI) or the Annual Value (AV) of their residential property.</p> <p>Current SOC subsidy levels for Singapore Citizens are shown below:</p>

Household with income	Household without income	Subsidy for Singapore Citizens
Monthly Per Capita Household Income (PCHI)	Annual Value (AV) of property	Current SOC Subsidy Level
\$1, 500 and below	\$21,000 and below	70%
\$1, 500 to \$2,300	-	60%
\$2, 300 to \$3,600	\$21,000 to \$31,000	50%
\$3,600 to \$7,000	-	40%
Above \$7,000	Above \$31,000	30%

For more information on the healthcare subsidies, kindly scan the QR code below:



<https://for.sg/soc-subsidies>

5. Inpatient Psychiatric Services at Public Hospitals

For patients with high mental health care needs that require emergency service or inpatient care, your partner ASCAT may advise on the referrals to the Emergency Department (ED) at their own hospital, or ED at the next nearest public hospital where appropriate. Please provide a memo (through patients) with the proposed advice and name of the ASCAT Doctor you have consulted.

For patients with high risk of harm to self or others, they should be referred to IMH as the first-line of support.

ASCAT	PATIENTS WITH HIGH MENTAL HEALTH CARE NEEDS
Singapore General Hospital (SGH)	ASCAT will advise for patients to be referred to their public hospital's ED or the next nearest hospital's ED.

Sengkang General Hospital (SKH)	
National University Hospital (NUH)	
Changi General Hospital (CGH)	
<p>NHG Health consisting of:</p> <ul style="list-style-type: none"> • Khoo Teck Puat Hospital (KTPH) • Tan Tock Seng Hospital (TTSH), and • Institute of Mental Health (IMH) 	ASCAT will advise for patients to be referred to the nearest public hospital's ED, or to IMH if the hospital does not have an inpatient psychiatry ward.
Ng Teng Fong General Hospital (NTFGH)	ASCAT will advise for patients to be referred to NUH or the next nearest public hospital's ED, as NTFGH does not have inpatient psychiatry ward.

The table below provides a reference of the public hospitals with inpatient psychiatric services:

REGIONS	PUBLIC HOSPITALS	INPATIENT UNIT
Central (NHG)	Institute of Mental Health (IMH)	Yes
	Khoo Teck Phuat Hospital (KTPH)	-
	Tan Tock Seng Hospital (TTSH)	Yes
Western (NUHS)	Ng Teng Fong General Hospital (NTFGH)	-
	National University Hospital (NUH)	Yes
South-Eastern (SingHealth)	Changi General Hospital (CGH)	Yes
	Sengkang General Hospital (SKH)	Yes
	Singapore General Hospital (SGH)	Yes

6. Referrals to Subspecialty Clinics at Public Hospitals

SUBSPECIALTIES	REFERRAL CRITERIA
Eating Disorders	<ul style="list-style-type: none"> • Below age 13 years – Refer to KK Women’s and Children’s Hospital (KKH) • Age 13-16 years – Refer to Singapore General Hospital (SGH) or KKH • Above age 16 years – Refer to SGH
Addiction / illicit drug use	<ul style="list-style-type: none"> • Refer to Institute of Mental Health (IMH) National Addiction Management Service (NAMS)
For psychiatric disorders that are related to menstrual cycles, menopause, infertility, pregnancy, and postnatal period	<ul style="list-style-type: none"> • Refer to KKH Mental Wellness Clinic
For Preschoolers aged 0-6 years (before they start Primary 1) with learning,	<ul style="list-style-type: none"> • Refer to KKH or • Refer to National University Hospital (NUH) Child Development Unit (CDU)

behavioral or developmental issues of preschool age group (0 -6 years old)

located at Jurong Medical Centre and Keat Hong Community Club

7. Crisis Support and Helplines for MH Support

You may wish to share available helplines for mental health support in the community with your patients and their caregivers.

A. Emergency and crisis support

The table below lists the emergency hotlines for patients with risk of harm to self or others, or their caregivers, who may contact the lines directly in case they need urgent support.

For patients who exhibit suicide risk, you may discuss and develop with them a safety plan, which includes the signs of an impending suicide risk and identification of relevant parties that they can contact to assist them when they are in significant psychological distress. You may also share the emergency hotlines with your patients.

ORGANISATION	DETAILS	HELPLINE CONTACT
IMH Emergency Room (24 hours)	<ul style="list-style-type: none">For enquiries on IMH emergency services, kindly contact Emergency Hotline	<ul style="list-style-type: none">6389 2003 / 6389 2004
Samaritans of Singapore (SOS)	<ul style="list-style-type: none">Provides emotional support for patients in distress	<ul style="list-style-type: none">Hotline: 1767 (24-hour)Care Mail: pat@sos.org.sgCare Text (24-hour Live Chat): https://sos.org.sg
Police	<ul style="list-style-type: none">For situations in which police assistance is required, where a person may pose significant threat to self and/or others	<ul style="list-style-type: none">999
Ambulance	<ul style="list-style-type: none">For medical emergencies:For mental health patients requiring attention:	<ul style="list-style-type: none">9951777




B. Non-emergency helplines

For patients who may need a listening ear, you may share with them the helplines below to contact for support. Kindly note that these hotlines provided are for one-off counselling. For patients who may require further support, please refer them to COMIT.

ORGANISATION	DETAILS	HELPLINE CONTACT
National mindline 1771	<ul style="list-style-type: none"> • Singapore’s first national mental health helpline and text messaging service, providing 24/7 access to mental health support, including assistance with connecting to appropriate mental health services and resources 	<ul style="list-style-type: none"> • Telephone hotline: 1771 • WhatsApp: 6669 1771 • Web chat: go.gov.sg/fsmh
Brahm Centre Assistline	<ul style="list-style-type: none"> • Provide support to distressed teenagers, young adults and their parents 	<ul style="list-style-type: none"> • 6655 0000 (Mon to Fri, 9am - 6pm) • 8823 0000 (During and after office hours)
Care Corner Counselling Hotline (For Mandarin-speaking)	<ul style="list-style-type: none"> • Provides toll-free Mandarin counselling hotline for individuals struggling with issues such as family dynamics, grief, and loss as well as other mental health challenges. 	<ul style="list-style-type: none"> • 1800-353-5800 (Open daily between 10am-10pm, excluding public holidays)
Caregivers Alliance Limited Helpline (For Caregivers)	<ul style="list-style-type: none"> • For caregivers who are caring for persons living with dementia and living with mental health issues 	<ul style="list-style-type: none"> • 6460 4400 (Monday- Friday, 9am-6pm)
Fei Yue Online Counselling Service (For Youths)	<ul style="list-style-type: none"> • Online mental health screening and online chat for youths aged 12 to 25 to discuss any mental health or emotional concerns. 	<ul style="list-style-type: none"> • Website: eC2.sg (Monday, Thursday, Friday, 10am-12pm / 2pm-5pm)

<p>SAGE Counseling Centre, The Seniors Helpline (For Seniors)</p>	<ul style="list-style-type: none"> • For any person aged 50 years and above to call in, or for anyone to talk about or discuss issues or services related to older persons. 	<ul style="list-style-type: none"> • 1800 555 5555 (Monday – Friday, 9am-7pm; Saturday, 9am-1pm)
<p>Singapore Association for Mental Health Helpline</p>	<ul style="list-style-type: none"> • For people who have psychological, psychiatric, or social problem, and others who need information for such persons. 	<ul style="list-style-type: none"> • 1800 283 7019 • (Monday – Friday, 9am-6pm)

8. Resources for Community Mental Health Support for Adults

<p>REAL A safe space for young working adults to be connected to mental health support and access targeted resources</p>  <p>https://for.sg/realspace</p>	<p>CMH Wayfinding Tool A tool that allows you to find MH services based on your needs, age and location</p>  <p>https://for.sg/wayfinding</p>	<p>Top 5 MH Resources Information and tips to self-care and care for loved one</p>  <p>https://for.sg/aic-mhtop5</p>
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Section B: Mental Health (Youth)

1. Where Can I Refer My Youth Patients for Community Support?

A. Co-management of Youth Mental Health in the Community-Youth Integrated Team (YIT), 12 to 25 Year-old

YIT provides community-based mental health assessment, therapeutic intervention, and case management for youths with mild mental health conditions, while monitoring and checking in with the youth patients before, during and after intervention has been provided. The team also facilitates the formation of supportive relationship between the youths and their families, and works actively with other youth agencies, schools, and community partners to provide holistic case management.

The teams focus on patients aged 12-25 and provide the following key services:

- Mental health assessments and support youths in understanding and identifying their care needs
- Coordinated person-centric care (social and health) intervention and support for youths and their caregivers
- Collaborations and co-management of cases with community and healthcare partners
- Formation of supportive relationships with families and peers in recovery journey of youths

i. Referral process for YIT

Access the YIT directory below for your region and contact the service provider directly for referral of patients.






ii. *Guidance on referrals for patients aged between 18-25 years old: YIT vs COMIT*

For patients aged between 18-25 years old, the **distinction between YIT and COMIT** is based on the **life stage profile of the patients**. YIT primarily supports youths who are in transitional life stages, undergoing or in-between education.

2. Resources for Youths

<p>REAL</p> <p>A safe space for youth to be connected to mental health support and access targeted resources</p>  <p>www.for.sg/realspace</p>	<p>Mindline</p> <p>A digital platform offering MH resources and support for emotional and mental well-being</p>  <p>https://for.sg/mindlinesg</p>	<p>MindSG</p> <p>A platform for learning about self-care and to identify avenues for MH support</p>  <p>http://for.sg/hpbmindsg</p>
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3. Resources for Parents and Caregivers

<p>Parenting for Wellness Toolbox for parents</p> <p>A resource that aims to equip parents with the knowledge and skills to build strong parent-child relationships, strengthen child's mental well-being and emotional resilience, and parent effectively in the digital age.</p>  <p>https://for.sg/parentingwellness</p>	<p>Guidelines for Suicide Prevention Programmes for Youths</p> <p>A resource that aims to provide guidance, direction and structure for initiatives aimed at safeguarding our youth.</p>  <p>https://for.sg/suicideprevention</p>	<p>Mental Health Caregiver Helpsheets</p> <p>A resource that supports caregivers in managing and understanding loved one's mental health, treatments, medications, preventing a relapse for the loved one.</p>  <p>www.for.sg/mh-caregiverhelpsheet-en</p>
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Section C: Dementia

This section seeks to provide information on available dementia resources, to facilitate the care delivery to your patients living with dementia and their caregivers in the community.

1. Enhancing Affordable Care through CHAS/Healthier SG Chronic Tier /CDMP Subsidies




At participating CHAS clinics, eligible patients living with dementia can benefit from subsidies under CHAS (Chronic Tier) or the Healthier SG Chronic Tier, as well as utilise their Medisave for outpatient dementia treatment under CDMP. This allows you to offer comprehensive care for patients living with dementia, alongside their other chronic conditions, within the same setting. For additional information or assistance with CHAS/CDMP enrolment, please visit:

Sign Up for CHAS (GP)



<https://for.sg/sign-up-for-chas-gp>

For more details on CHAS/ Healthier SG Chronic Tier/ CDMP/ subsidies, refer to page 8 of this booklet or scan the following QR codes:

CHAS SUBSIDIES	HEALTHIER SG CHRONIC TIER SUBSIDIES	MEDISAVE FOR OUTPATIENT TREATMENT
 https://for.sg/chas-subsidies	 https://for.sg/healthier-sg-chronic-tier-subsidies	 https://for.sg/medisave-undercdmp

2. Community Support

You can refer patients and/or caregivers to community partners for psychosocial support and case management, for a more holistic approach to supporting patients living with dementia and their caregivers.

COMMUNITY PROGRAMMES	WHAT THEY DO?	WHO WILL BENEFIT?	HOW TO REFER?
Community Intervention Team (COMIT)	<u>COMIT</u> provides assessment, counselling, psychotherapy, case management and psychoeducation support for patients with mental health conditions and dementia, including their caregivers.	For patients who may have or at risk of having dementia, or caregivers.	Please refer to page 12 for referral process.

3. Other Services for Patients with Dementia and Caregivers

There are several community-based programmes and services in the community, that offers essential support for patients living with dementia and their caregivers, enhancing their quality of life and care.

A. Home-based

PROGRAMMES/SERVICE	WHAT THEY DO?
Home Personal Care (HPC)+	<u>Home Personal Care+</u> offers streamlined and localised personal care services such as light housekeeping, showering, medication assistance and cognitive engagement, patients can tap on needs basis as their care needs change overtime for care continuity.
Meals on Wheels (MOW)	<u>MOWs</u> delivers meals to homebound patients who cannot purchase or prepare their meals and lack caregiver assistance.
Home Therapy	<u>Home Therapy</u> offers rehabilitation services, including physiotherapy, occupational therapy, and speech therapy, at home to help patients regain/ maintain their functional abilities.

B. Centre-based

PROGRAMMES/SERVICE	WHAT THEY DO?
Dementia Day Care Centres (DDCC)	<u>DDCCs</u> offer a full day programme for patients living with dementia suited for a centre-based care environment. This service focuses on sustaining or enhancing seniors' physical health, cognitive functions, and social well-being through engaging and recreational activities.
Community Rehabilitation Centres (CRC)	<u>CRCs</u> offer physiotherapy and/or speech therapy to patients whose conditions impair daily activities such as mobility or restroom use.
Nursing Home Respite Care	Selected nursing homes, equipped with specialised dementia facilities, provide targeted care and support for patients and caregivers needing short-term accommodations, ranging from a few days to several weeks.

C. Referral Process

For referrals to the abovementioned services, please refer to the following:

STATUS	POINT OF CONTACT
GP under a PCN	Please contact your PCN HQ for referral process assistance.
Non-PCN GP	Please reach out to your account manager or email gp@aic.sg for more support.

4. Emergency Support and Helplines

You are recommended to share the essential helplines and emergency contact information listed below with your patients and caregivers. These resources provide support and immediate assistance, particularly outside of clinic hours.

A. Counselling support/ information helplines

SERVICE PROVIDERS	CONTACT AND OPERATION DETAILS
Dementia Helpline by Dementia Singapore	6377 0700 Mon to Fri: 9am to 6pm Sat: 9am to 1pm

Care Line TOUCH Community Services	6804 6555 Mon to Fri, 9am to 5pm,
Caregivers Alliance Limited (CAL) Helpline	6460 4400 Mon to Fri: 9am to 6pm

B. Emergency contact, in the event of extreme distress or urgent support required:

SERVICE PROVIDERS/ AGENCIES	CONTACT AND OPERATION DETAILS
Samaritans of Singapore (SOS)	<ul style="list-style-type: none"> • Hotline: 1767 (24-hour) • Care Text (24-hour Live Chat): https://sos.org.sg
Police	<ul style="list-style-type: none"> • 999
Ambulance	<ul style="list-style-type: none"> • For medical emergencies: 995 • For non-emergency ambulance: 1777

5. Resources for Patients with Dementia and Caregivers

<p>DementiaHub.SG Singapore's first one-stop resource portal designed for public, persons living with dementia, caregivers, and care professionals, that houses the most relevant, comprehensive, and up-to-date information on dementia</p>  <p>www.dementiahub.sg</p>	<p>Living with Dementia: A Resource Kit for Caregivers</p> <ul style="list-style-type: none"> • Book 1 – Living with Dementia (signs & symptoms) • Book 2 – Caring for yourself (self-care tips, where to seek help) • Book 3 – Planning Care (financial & legal planning) • Book 4 – Providing Care (effective communication)  <p>https://for.sg/livingwithdementia</p>	<p>Ask the Expert video series covers topics & useful tips e.g. how to manage behaviours of concern, finances, and legal planning, communicating with persons living with dementia, etc</p>  <p>https://for.sg/asktheexperts</p>
<p>Top 5 Caregiving Resources Information and tips for caregivers to self-care and care for loved one</p>  <p>https://for.sg/aic-cgtop5</p>	<p>Care Services Recommender Online tool to help caregivers find community care services and financial schemes to manage their loved one's care. By answering some questions about their loved one's care needs and health condition, the caregiver will be able to view services, schemes, and tips relevant to them</p>  <p>careservicesrecommender</p>	<p>Other resources on general caregiving</p>  <p>https://for.sg/cg-resources</p>

Frequently Asked Questions (FAQs)

1. What is the price range for drugs supplied by NHG Pharmacy?

AIC sends monthly updates on the drug prices from NHG Pharmacy to the email address that you have indicated when you registered as a Mental Health GP partner. For more information, do look out for our monthly email update.

2. Can I purchase drugs from NHG Pharmacy for any type of patients?

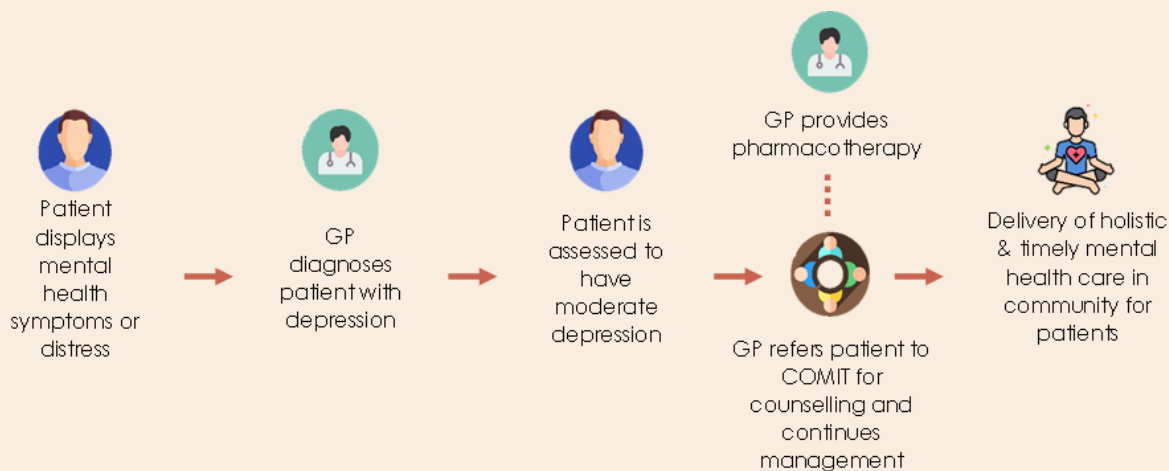
Mental Health GP partners will have an account set up with NHG Pharmacy and can order drugs for patients with mental health needs seen in the clinic.

3. Is the drug support under MHGPP available for foreigners?

The drug support offered to you as a Mental Health GP partner is part of a national scheme, Mental Health GP Partnership, and is offered to Singaporean and Permanent Residents to ensure affordable drug cost.

4. How can patients be diagnosed by a GP and co-managed with community partners?

Below is an illustration of how your patients with mental health needs may be identified and diagnosed, and co-managed with community partners, for holistic care and support for patients in the community. You may also visit www.for.sg/mh-comit to find out more how COMIT works to support the patients.



Quick References: QR Codes and Links

DRUG SUPPORT AND ORDERING FOR MHGPP

Guide to Drug Support for GP Partners



<https://for.sg/drugsupportguide>

List of Medications included under Drug Support



<https://for.sg/medsunderdrugsupport>

Drug ordering form for NHG Pharmacy



<https://for.sg/medsorderingform>

STANDARDISED ASSESSMENT TOOLS

List of Standardised Assessment Tools



<https://for.sg/standardiseddetectiontools>

DIRECTORY OF COMMUNITY PARTNERS

Directory of COMITs



<http://for.sg/wayfinding>

Directory of ASCATs



<https://for.sg/list-of-ascats>

Directory of YITs



<https://for.sg/list-of-yits>

AIC CAREINMIND (CIM) REFERRAL (FOR COMIT)

CIM Referral Form



<https://for.sg/aic-gp-careinmindreferral>

FINANCIAL SCHEMES

CHAS subsidies (Chronic Tier)



<https://for.sg/chas-subsidies>

Healthier SG Chronic Tier subsidies



<https://for.sg/healthier-sg-chronic-tier-subsidies>

CDMP-MI (Medisave)



<https://www.for.sg/medisave-undercdmp>

CHAS/CDMP ENROLMENT

Sign up for CHAS GP



<https://for.sg/sign-up-for-chas-gp>