

Welcome!

We bring you the latest information to support you in your practice, including recorded CME webinars, highlights on SKH services and 'Pearls of Wisdom' on patient care. We hope you enjoy this issue!

❖ Foreword by Prof Teo Eng Kiong | Chief Executive Officer, Sengkang General Hospital



The COVID-19 pandemic has shaped more than a year of our lives, cancelling plans, upending livelihoods and causing feelings of stress and anxiety. Just a month ago, we took small steps to return to normalcy, only to find ourselves retreating into another heightened alert phase. In your work as a GP, you may have noticed that this is hitting some of your patients very hard as they are beset with uncertainty. Is it going to get worse? Can I ride this out?

Am I going to have the things that I rely on, like my work? Am I going to be able to see people?

These unresolved questions are part of what has been so stressful about this pandemic.

At Sengkang General Hospital (SKH) our team of psychologists /psychiatrists are aware the pandemic will be shaping our mental health well into the future. Historically, we know that pandemics and other public health crises, much like natural disasters, have a lasting impact. They have been associated with increased rates of post-traumatic stress and depression. The Department of Psychiatry and Department of Psychology and other healthcare professionals at SKH are seeing a steady increase in patients navigating the feelings of stress and anxiety during a year when nothing seems to have gone according to plan. For those who already have existing physical and mental health conditions, the stress of all this uncertainty can exacerbate these issues or can contribute to new problems.

Singaporeans are becoming more aware of the breadth and impact of mental health conditions, with one in seven Singaporeans experiencing a mental distress at some time in their lives. The family GP plays a critical role in our health ecosystem. You are often the first contact point when a mental health issue emerges. People with mental health conditions find it easier to open up to their family physician as there is a stigma associated with visiting psychiatrists but less so with GPs. Hence, having a network of GPs equipped with knowledge about mental illnesses will help early detection and allow patients to start treatment sooner.

SKH has always believed in walking with our patients and their loved ones through their healthcare journey. Many of you have toiled for years to build a healthier northeast community. We hope these partnerships will usher in new ways of addressing mental health issues while providing a coordinated platform for positive community transformation. SKH is still a fairly "young" hospital, and as the new CEO, I'm happy to learn from the rest of you. Please feel free to contact me if you feel there is something we can do better, or if there is anything we can help with.

We look forward to many more years of friendship.

❖ SKH CME Webinar | Managing Depression in the New Normal: A Primary Care Perspective

SKH recently organised a webinar on 6 August 2021 where a panel comprising SKH Psychiatrists, Psychologist, Medical Social Worker and Primary Care Family Physician engaged in an interactive open dialogue on best practices and relevant resources in managing mental health conditions, especially in the new normal with COVID-19. If you had missed our webinar, you can view the video-on-demand by clicking the button below or this link '[Play Video](#)'.



PANEL SPEAKERS:



Dr Victor Kwok Kah Foo
Head & Senior Consultant
SKH Psychiatry



Dr Tay Kai Hong
Consultant
SKH Psychiatry



Dr Sajeena Azeesu
Family Physician,
SM Haneefa Clinic
Member of SingHealth
Regional PCN



Ms Melissa Hu Yunyi
Medical Social Worker
SKH Medical Social Services



**Ms Audrey Bay
Wei Ying**
Psychologist
SKH Psychology

- **1 CME point will be awarded to eligible GPs.**
- Doctors who attended the actual webinar will have points submitted by SKH on your behalf.
- Doctors who watch the recorded webinar in your own time can submit self-claims via SMC portal (under Cat 3A). Please contact [Ms Julian Ang](mailto:Ms Julian Ang (Julian.ang.x.l@skh.com.sg)) (Julian.ang.x.l@skh.com.sg) to obtain the SMC-accredited and approved event ID for your Cat 3A self-claim.
- This webinar is part of a series of GP webinars. Details of the next webinar will be shared soon. Stay tuned!

Here are some unanswered Questions and Answers from the recent CME webinar:

**Your
Questions
Answered**

By **Dr Victor Kwok**
Head and Senior Consultant | Department of Psychiatry
Sengkang General Hospital

1) QUESTION?

If a student who is a patient has depression with anxiety compounded by school academic and CCA demands- and always improves when on school breaks - refuses to see psychiatrist or psychologist or social worker due to various factors. What more could I do besides referring to free counselling services, providing what I can, medications?

ANSWER:

It sounds like the student has a good rapport with you. In this case, you may consider counselling like empathetic listening and providing simple advice.

I, sometimes share my own experience and what I would have told my younger self (which is to have more fun instead of studying so hard.) The school counsellor is a good resource too. You may also consider antidepressants like SSRI. As there is a black box warning of increase suicidal thoughts for adolescents, you will need to get the parent's consent. You can refer to www.mentalhealthsg.com for more information on SSRI.

2) QUESTION?

How does one approach a person who is deeply religious but has strange manifestations and claims has the ability to have astral visitors etc but insists this is all spiritual and not a psychiatric condition? What is the best approach to help someone like this who is driving her family members up the wall? What community resources and how to approach without resistance?

ANSWER:

It is sometimes difficult to differentiate culture-bound syndrome from a psychotic disorder. One tip is to ask the family members if they think it is still within reasonable limits of their religion. Other symptoms to look out for would be auditory hallucinations (patient talking to himself or herself) and deterioration in functioning at school or work.

I would suggest that you provide a listening ear and continue building a strong rapport with the patient. You can then persuade the patient to go for further assessment. You can consider CHAT which is a part of the Early Psychosis team from IMH. It is located at Orchard Road (*s'cape), not IMH, which could be more acceptable for patients. They provide confidential assessments (www.chat.mentalhealth.sg). Alternatively, consider the nearest family service centre.

3) QUESTION?

May I ask if you recommend doing an ECG before initiating SSRI in younger patients.. For eg patients in their 20s? I ask this as a patient in my clinic was correctly started on an SSRI fluvoxamine.. But later developed prolonged qtc and recurrent syncope. In the hospital, the patient was changed to escitalopram and the specialists said the fluvoxamine was the cause of the prolonged qtc

ANSWER:

In general, there is no need to do ECG before initiating SSRI. With regards to the choice of medicine for this patient, we are unable to comment as we do not have all the medical information.

❖ Highlights

More Singaporeans seeking help for mental health issues amid Covid-19 pandemic

The lifetime prevalence of depression in Singapore is about 5-6%. That means 1 in 20 Singapore residents will suffer a major depressive episode in their lifetimes.

More people in Singapore have been seeking help for mental health issues amid the Covid-19 outbreak. The pandemic had not only caused mental health issues in people who previously had none, but also exacerbated pre-existing conditions. Anecdotal accounts of rise in rates of domestic violence, marital breakdowns, academic stress and relationship struggles in youths are likely due to increase feelings of loneliness during the pandemic. However, it is not just the young whose mental well-being has suffered due to the pandemic. Home-based learning (HBL) adds to the stress of parents who are working from home. Due to HBL and ramifications of social distancing, it's not surprising the parents have become more involved in daily caregiving activities. Pandemic parenting can be hard. Coupled with an increase in work-related or relationship stresses and daily schedule disruptions, these may take a toll on parents' mental health.

Management of depression is both an art and science. All hands on deck approach involving healthcare professionals, community mental health teams and social service agencies. We hope that the GPs who attended this seminar gained some knowledge to better manage their patient's psychological well-being.

If you are interested to know more, please contact:



Dr Victor Kwok Kah Foo
Head & Senior Consultant
SKH Psychiatry



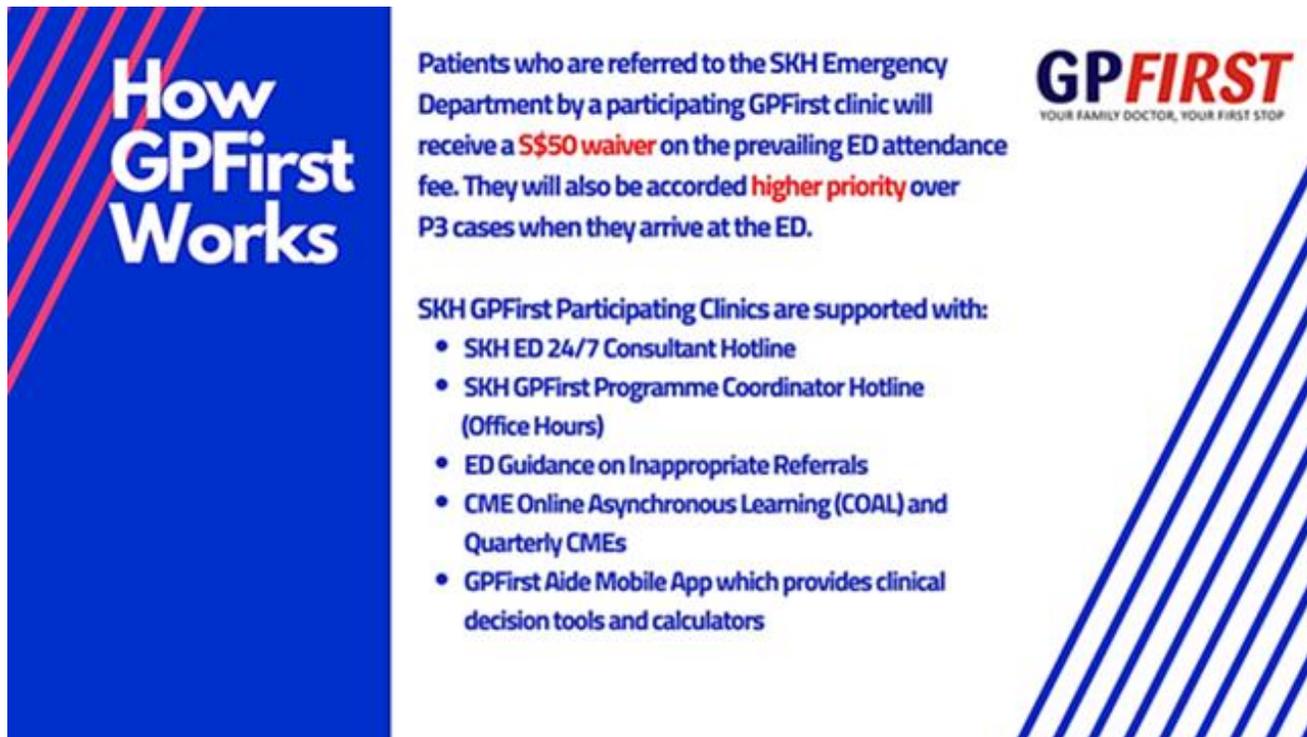
Dr Tay Kai Hong
Consultant
SKH Psychiatry

.....

❖ Services

Join the GPFirst Programme (Northeast Region)

GPFirst aims to encourage people to visit their GPs first instead of going to the emergency department, if they are having mild to moderate or non-emergency medical conditions so that they can be cared for more promptly. This will allow ED care teams to focus on urgent cases. SKH has launched this programme since November 2020.



How GPFirst Works

Patients who are referred to the SKH Emergency Department by a participating GPFirst clinic will receive a **S\$50 waiver** on the prevailing ED attendance fee. They will also be accorded **higher priority** over P3 cases when they arrive at the ED.

SKH GPFirst Participating Clinics are supported with:

- SKH ED 24/7 Consultant Hotline
- SKH GPFirst Programme Coordinator Hotline (Office Hours)
- ED Guidance on Inappropriate Referrals
- CME Online Asynchronous Learning (COAL) and Quarterly CMEs
- GPFirst Aide Mobile App which provides clinical decision tools and calculators

GPFIRST
YOUR FAMILY DOCTOR, YOUR FIRST STOP

Please visit www.gpfirst.sg for more information.

If your clinic is located in northeast Singapore and you wish to join GPFirst, or have any queries, please contact:

Ms Ivy Goh at ivy.goh.y.h@skh.com.sg (Tel: 6930 4282)

Ms Jayne Tan at tan.lih.jing@skh.com.sg (Tel: 6930 4167)

SKH Appointment Hotline: Tel: 6930 6000 | Email: appointments@skh.com.sg

Teleconsultations for Patients

[UPDATED 30 April 2021] Teleconsultation services at SKH are available for the following clinical specialties and Allied Health services below. *Note: Patient's eligibility is assessed after first face-to-face consult with SKH healthcare professional.*

Doctor Consultations	
<ul style="list-style-type: none"> • Bariatric Surgery • Breast Surgery • Cardiology • Colorectal Surgery • Endocrinology & Diabetes • General Surgery • Geriatric Medicine • Hepatobiliary Surgery • Internal Medicine • Neurosurgery 	<ul style="list-style-type: none"> • Orthopaedic Surgery • Otolaryngology (ENT) • Pain Management • Palliative Medicine • Psychiatry • Respiratory Medicine • Rheumatology • Sleep Medicine • Upper Gastrointestinal Surgery • Urology
Non-doctor Consultations	
<ul style="list-style-type: none"> • Preoperative Evaluation • Outpatient Cardiac Rehabilitation 	<ul style="list-style-type: none"> • Anti-Coagulation Clinic • Dietetics • Occupational Therapy • Psychology • Speech Therapy

SKH patients also pay **lower** teleconsultation charges than face-to-face (**F2F**) consultation charges. Applicable for those with doctor consultations only.

- **Video Consult:** Same rate as F2F consultation charges (**20% discount valid till 30 September 2021**)
- **Phone Consult:** **25% cheaper** than F2F consultation charges

* VC discount of 20% is not applicable for Non-Residents.

PEARLS OF WISDOM



Ms Melissa Hu Yunyi
Medical Social Worker
SKH Medical Social Services

Depression is a common mental health condition that can be frequently encountered in the primary care setting. However, patients and caregivers may downplay their symptoms and reject treatment out of embarrassment and fear of repercussions on their careers and social lives. Furthermore, the isolating effects of COVID-19 measures have magnified existing psychosocial issues as well as given rise to new ones. Families and friends are restricted from physical gatherings and social service agencies have also had to modify their operations. This loss of face-to-face social support may negatively impact mental health and hinder help-seeking behaviour. As healthcare professionals, we have opportunities to identify our patients with mental health needs and facilitate them in receiving appropriate care.

Unfortunately, there may be considerable pushback from patients and their loved ones who may be in denial of or ashamed of getting psychiatric help. It is therefore important to listen, validate, and offer hope. Oftentimes, mental health conditions are intertwined with social problems. This is where allied health professionals like social workers can work with you on non-pharmacological management which some patients may be more receptive to. For instance, I had a patient who experienced loss of appetite, insomnia, and anhedonia but was hesitant about getting help. However, by pacing with the patient, I normalised his experience and provided psychoeducation on depression and treatment options. He slowly warmed up to the idea of receiving help and finally agreed to see a psychiatrist.

There is always light at the end of the tunnel. Take heart in what you do and remember that your sincerity and patience is the crucial first step in beginning such a conversation.

Follow us on [Facebook](#) and [Instagram](#).

If you have any questions or wish to provide feedback, please email Julian.ang.x.l@skh.com.sg
You have received this GP Bulletin because of your relationship with Sengkang General Hospital Pte. Ltd.
We respect your privacy and will never share your email address with a third party.