

Interview with Dr Nelson Wee – *Early Pioneer in Swab-And-Send-Home (SASH) Programme*

Interviewed by Dr S Suraj Kumar, Honorary Secretary, College of Family Physicians Singapore

During the recent COVID-19 Resilience II Webinar 4 Round Table discussion, one of the panellist (Dr Nelson Wee) spoke about the Swab-And-Send-Home (SASH) Programme. We have since received some enquiries about the SASH Programme and took this opportunity to catch up with Dr Nelson.

College Mirror (CM): Can you share with our readers about your current practice?

Dr Nelson Wee (NW): I am currently practicing in a multi-doctor family medicine practice in Holland Village area. The clinic was set up in 1997 and has been providing primary care to the community since. In addition, we are a designated Public Health Preparedness Clinic (PHPC). As soon as we received the invitation to provide SASH in early

2020, we understood the importance of this service and quickly signed up for the programme.

CM: Why did your clinic sign up for the SASH Programme?

NW: In the early days of the pandemic, COVID-19 testing was only available at National Centre for Infectious Disease (NCID) and the hospitals, patients requiring testing had to wait for dedicated ambulances to convey them to testing

Dovetailing Mental Healthcare and Family Medicine for Holistic care

by Dr Low Cheng Hong, Charity, Family Physician, Editorial Team Member (Team B)

I have been a General Practitioner for 20 years. Though well trained in many aspects of Family Medicine, I knew that I was not confident in diagnosing and managing mental health conditions. The myths that hinder me are: treatment of mental health patients is discouraging because no matter what is done for them, it is perceived that they would not recover; and that medications will not help much. After enrolling in GDMH, I realise these myths are untrue.

I would like to thank IMH and our lecturers for their dedication and commitment in planning this systematic and comprehensive program. There are lectures, tutorials, role-plays and clinic attachments. I like the free interaction where we could ask all the questions puzzling us and the role-plays which portray realistic clinic scenarios. There is a range of normality beyond which mental conditions present themselves. I learn how to assess this threshold. I learn which are the conditions which require mainly psychotherapy and counselling, which are those requiring medications right from the start and when to refer patients to the psychiatrists. I learn what my place is, as a GP, in the management of mental patients and I become confident in fulfilling this role. The course has also familiarised me with psychiatric medications, I learn the basic principles and skill to adjust these medications to achieve the best efficacy with the least side-effects. With proper management, many mental health patients can live a normal life in the community. One of my patients was a depressed, suicidal

young man. After counselling and tiding him through that darkest tunnel of his life, he recovered fully and was most grateful.

The 2016 Singapore Mental Health Study shows that 1 in 7 people in Singapore has experienced a mental disorder in their lifetime; and that majority (more than three-quarters) of people with a mental disorder in their lifetime did not seek any professional help. General Practitioners in the community, being the first point of contact with patients, play a pivotal role in early detection of diseases. Mental health patients and their families in distress need to be given a chance. I took up GDMH as I am willing to be a part of their hope. I have also formed a team with other GDMH doctors to crystallise mental health concepts in videos and propose these videos for the Continuing Medical Education (CME) of doctors. We hope that this initiative will go hand in hand with GDMH through IMH to bridge the gap in primary care. I would strongly recommend GDMH to doctors in every discipline

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■ CM