



COLLEGE OF FAMILY PHYSICIANS
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A/Prof Daniel Fung and his family celebrating his father's 89th birthday in March 2021

INTERVIEW WITH A/PROF DANIEL FUNG ON

Children, Family and Mental Healthcare in Singapore

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

College Mirror (CM): Hi A/Prof Daniel, thanks for taking time to share with us your pearls of wisdom on children, family and mental healthcare in Singapore. Can you begin by sharing with us what do you and your family like to do on a weekend off?

A/Prof Daniel Fung (DF): My wife, Joyce, and I have begun a daily ritual since the beginning of 2021. We take walks in the morning every day except during wet weather.

Joyce wakes up really early about 5 am while I am usually up by 6:30 am. We grab our masks, walking or trekking shoes, slap on the apple watch and I bring my phone and we are off. It is usually a 30-minute, 7000-step brisk walk around the estate and beyond. On working days, it is a quick shower and I am off to work (which on some days, could mean sitting at the desk and work-from-home (WFH)).

On weekends, we may also take a dip in the pool, make a leisurely breakfast, and pull a lovely cup of Americano style coffee – freshly ground and squeezed through 9 bars of pressure into my double walled glass cup. I like my breakfast with a mix of savoury and sweet ingredients but I am partial to cheeses and fruits.

(continued on Page 3)

IN THIS ISSUE:



REFLECTIONS
FROM FMRC 2021

Pg 10

VACCINATION^{SG}



SINGAPORE'S COVID-19
VACCINATION
PROGRAMME

Pg 14



INTERVIEW WITH
DR TAN SIANG HON

Pg 20

CONTENTS

- 01 Cover Story**
INTERVIEW WITH A/PROF DANIEL FUNG ON CHILDREN, FAMILY AND MENTAL HEALTHCARE IN SINGAPORE
- 04 Editor's Words**
- 07 FPSC #96**
UPDATES IN DM AND CKD MANAGEMENT: IS SGLT2i THE ANSWER?
- 09 Interview**
A DAY IN THE LIFE OF A HOMECARE DOCTOR
- 10 Event**
REFLECTIONS FROM FAMILY MEDICINE REVIEW COURSE (FMRC) 2021
- 13 President's Forum**
- 14 Invited Article**
SINGAPORE COVID-19 VACCINATION PROGRAMME
- 16 Doc in Practice**
COVID-19 PANDEMIC RESPONSE IN MARINE PARADE POLYCLINIC: FEVER TENT AND COVID VACCINATION HUB (CVH) WORK
- 17 Report**
BEHAVIOUR CHANGE COUNSELLING
- 18 Interview**
INTERVIEW WITH DR ZURAIMI MOHAMED DAHLAN AND DR ELLY SABRINA ABOUT MARITAL BLISS
- 20 Interview**
INTERVIEW WITH DR TAN SIANG HON ABOUT WORKING OVERSEAS AND BRINGING UP CHILDREN
- 22 FPSC #95**
WHAT'S NEW IN ASTHMA MANAGEMENT

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College of Medicine Building
16 College Road #01-02, Singapore 169854
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(continued from Cover Page: Interview with A/Prof Daniel Fung on Children, Family and Mental Healthcare in Singapore)

I read the newspaper on my iPad regularly and that is used for much more than news – it is standard accompaniment for breakfast. Sometimes I may listen to videos of church sermons which is now a rather common place. We used to go to church physically on Sundays but now, we can visit more than one virtually.

As for the rest of the family, two of my kids are married and they only come for weekend dinners. This usually leaves the other three adult children still with us. They usually wake up between lunch and dinner time. So, most of the weekend, other than meal times, is reading and writing with some video game time and gardening in between.

CM: How do you think the practice of Psychiatry will develop in Singapore over the next 10 to 20 years?

DF: I think that psychiatry, like all other disciplines in medicine, will see many new disruptive changes in practice. These changes are likely to be hard to predict but will definitely transform care moving forward. I will share 3 obvious ones.

(1) Digital Psychiatry

I start with this because we are now well into the digital world. The millennials and the Gen Z are mostly digital natives and quite familiar with this world of virtual interactions. This would mean that the virtual information and consults form a new ecosystem of care over and above the more traditional face-to-face meetings.

Traditional interactions between the GP and psychiatrists, that of pen and paper referral may go online. There may be more collaborative e-consultations in which GPs can be supported in their care of patients with common mild mental illnesses such as anxiety and depression.

Monitoring of patients between consults can be enhanced with apps and wearable technology.

(2) Population Psychiatry

This is a term that I coined to represent the upstream efforts of medicine.

It is evident over the last two decades that early identification although attractive in providing better access, is nothing like primary prevention efforts or even health promotion.

(continued on Page 5)

(continued from Page 3: Interview with A/Prof Daniel Fung on Children, Family and Mental Healthcare in Singapore)

Prevalence research has shown that only up to 20% of populations have a lifetime risk of mental illness. Reaching those at risk and trying to prevent onset of illness is one positive step.

However, creating a mentally healthy lifestyle capable of managing life's various stressors and reducing the likelihood of traumatic events whenever possible, especially in childhood, will go a long way in reducing the need for psychiatric services. Most of this effort, if driven through healthcare will sit in the primary care domain as GPs see families and any upstream methodology in healthcare starts with the GP.

We only have about 260 registered psychiatrists in Singapore and even with current pipelines for training, we are unlikely to double that number. However, based on prevalence data, we would need at least 3 times that number of psychiatrists if all mental illnesses are managed by psychiatrists.

The role of the GP in managing what we have called the mental health gap is critical in most societies of the future.

(3) Transdisciplinary Psychiatry

Apart from psychiatrists, there is a clear indication that there are many social determinants of mental illnesses which also require other mental health professionals such as psychologists, social workers, nurses, occupational therapists and pharmacists to co-manage a person with mental illness.

In the future, it is likely that these Mental Health Professionals MHPs will also operate in the community working closely with GPs.

This is already beginning to be in place in various polyclinics and primary care networks today and will be further expanded.

Singapore's Agency for Integrated Care (AIC) has been funding the development of Assessment and Shared Care Teams (ASCAT), Community Intervention Teams (COMIT) and Community Resource Engagement and Support Teams (CREST) for this purpose since 2012.

CM: How can we improve children's mental health in Singapore?

DF: Before I answer the question of improving mental health, let me first explain what mental health means vis-à-vis what is mental illness.

A mental disorder or disease is caused by a brain pathology that results in it not working well. Unfortunately, psychiatric mental disorders are not grossly identifiable so there is

imaging or special test that can identify the current neural network disruptions or deficiencies.

What is even more problematic is that mental illness is how the disorder manifests in persons with mental illness and it differs despite some common symptoms' clusters. This difference means that the mentally ill – even with a common diagnosis – may have very different symptoms or experiences with the symptoms.

There is a third category of mental sickness which is the way society views the disorder or illness. Mental disorders in Singapore have a lifetime prevalence of about 1 in 7 according to the Singapore Mental Health Study done in 2016 (up from 1 in 8 in 2010). Globally this prevalence can be as high as 1 in 5. This means that a significant portion of our population will never experience mental illness.

Mental health on the other hand, is a much broader concept of overall subjective wellbeing associated with living. Poor mental health is often brought about by stress that is not well managed and can afflict all of us. So to speak of mental health, we must look to the population and consider what needs to be done.

Now let me tackle this issue of improving children's mental health. This is not an easy question because it means how to reach the almost 40,000 children born every year and make sure that their parents are doing well, that parenting tasks are not disrupted by family breakup and discord and reduce child adverse experiences and that children have an opportunity for benevolent experiences to improve their resilience.

This means that the family, instead of childcare and schools, must continue to be the centre of social and emotional development of children. GPs and Primary Care Physicians can contribute to enhancing children's mental health as medicine becomes more of a coaching role with democratisation of knowledge and educational competencies in new parents.

Apart from treating illnesses, the GP can assist in promoting good health including mental health. Governmental policies will make a great difference, but it is the personal relationships that GPs form with families that will develop the trust and stickiness that patients and families will need especially since the village or *kampung* settings are gradually eroded and nuclear families are becoming more isolated from each other.

GPs can practice family health and that starts with what I would call brain health. Good nutrition, lifestyle habits and caring relationships can be encouraged in a thriving

(continued on the next page)

(continued from Page 5: Interview with A/Prof Daniel Fung on Children, Family and Mental Healthcare in Singapore)

GP practice. Technology can be developed to support GPs as they encourage family health. Happier families will bring about better children mental health.

CM: How can GPs and Family Medicine Practitioners contribute to improving mental healthcare in Singapore?

DF: Let me explain this broader concept of what family health means.

GPs and Family Medicine practitioners form the foundational framework in the healthcare sector for mental healthcare. Mental health promotion and illness prevention starts with the family as I have described in the earlier question. I am not plucking this concept from the air.

One example is the Vermont Family based approach; a novel health promotion programme based on the concept of a wellness environment. This programme enlists wellness coaches for families. I would love to see GPs along with our community support ecosystem of allied health specialists “coach” families on what to do for good health.

Today, the GP may be stuck in seeing many illnesses but with artificial intelligence enabled chatbots and well curated

websites, GPs can spend more time understanding their patients and families, offering lifestyle and preventative approaches to families to improve health including mental health.

Regular exercise, good nutrition, sufficient sleep and maintaining good relationships should be prescribed and promoted by GPs. With telehealth access to both asynchronous sources of advice (well curated resources for GP practice, imagine UpToDate on steroids) as well as synchronous advice from specialists (live as needed telecollaborative consults), GPs can be empowered to play an effective role in supporting families with mental health concerns.

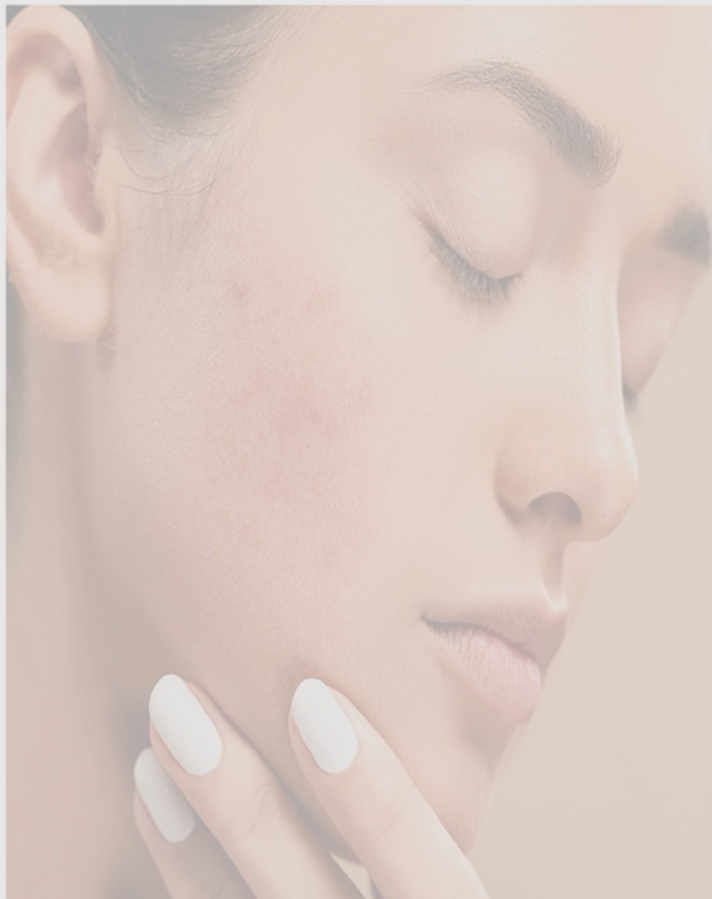
CM: What are three parenting tips you would like to share with fellow parents?

DF: I usually advise on 3 basic principles;

(1) Recognise your role as a parent

This changes as the child grows but your goal is to raise a child who is capable of looking after themselves and be independent, contributing adults.

(continued on Page 8)



General Practice Dermatology workshops (online)

July 2021 – April 2022

Dermatologists from three institutions have come together to produce an interactive and engaging series of workshops to empower primary care doctors with the skills and expertise to provide sufficient and appropriate first-line dermatologic care to common skin problems in the community.

At the end of these workshops, participants will be able to

- Identify common presentations of community-prevalent skin conditions
- Formulate and distinguish between differential diagnoses of common skin problems
- Order relevant investigations
- Discuss therapeutic options and institute appropriate treatments contextualized to severity of condition, diagnostic likelihoods, patient's resources and mindsets
- Make appropriate and timely specialist referrals

Who should attend this course:

Polyclinic doctors, GPs, family medicine residents, MOs and other subspecialty doctors

Testimonial from some of our participants:

“Primary-care focused, relevant content, evidence-based...”

“Engaging style of presenting and distilling of content into key pearls. Very practical and applicable...”

Course Details:

Dates : 2 Saturdays per month

Time : 2.00pm – 4.00pm

Venue: Zoom online

Fees : \$25 per workshop (inc. GST)

To see the full schedule and register for your desired sessions, scan QR Code or visit

<https://tinyurl.com/derm2021>



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General Hospital
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(continued from Page 6: Interview with A/Prof Daniel Fung on Children, Family and Mental Healthcare in Singapore)

Parenting is the journey to get there. When a child is young, they need a parent who makes demands according to their needs rather than their wants and is responsive to the child to help the child feel good about themselves knowing that they are loved. As the child grows older, this would also mean letting go and allowing the child to make decisions, wise or otherwise, so that they learn from their failures and mistakes.

(2) Set up a system of rules with its consequent rewards and punishments

(3) Understand and improve on our parenting style

Our parenting style can be briefly considered using the two dimensions of how demanding we are of our child and how responsive we are to our child's emotional and developmental needs.

Developing a good relationship is a journey we take with our children. No one is perfect, which is why we have a spouse to help in the parenting process. Our relationship with our spouse is critical in our aim to be good parents.

■ CM

FAMILY PRACTICE SKILLS COURSE

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the following Family Practice Skills Courses (FPSC).

FPSC #90 Geriatric Care 2021 Update

held on 6-7 March 2021

Expert Panel:

Dr Vanessa Mok Dr Ong Eng Hui
Ms Lim Hui Min Dr Christopher Lien
Dr Ng Beng Yeong Dr Wee Tze Chao

Chairperson:

Dr Kenneth Tan

FPSC #93 Basic Obesity Management Accreditation

held on 3-4 April 2021

Expert Panel:

Dr Tham Kwang Wei Dr Suraj Kumar
Dr Benjamin Lam Dr Lee Ying Shan
Dr Amanda Lim Dr Tan Kok Kuan
Mr Adrian Toh Dr Shanker Pasupathy
Ms Izabela Kerner Ms Irene Chu
Dr Ivy Lim Dr Donna Tan
Dr Natalie Koh

Chairperson:

Dr Tham Kwang Wei
Dr Benjamin Lam

FPSC #91 Osteoporosis: A Growing Primary Care Concern

held on 13 March 2021

Expert Panel:

Dr Vivien Lim
Dr Chionh Siok Bee
A/Prof Lau Tang Ching

Chairperson:

Dr Linsey Gani

FPSC #92 Mental Health 2021 Update

held on 27-28 March 2021

Expert Panel:

Dr Kwek Thiam Soo Dr Alvin Lum
Dr Tina Tan Dr Rajeew Ramachandran
Dr Ong Kian Chung Dr Wong Tien Hua

Chairperson:

Dr Chen Jia Wei

FPSC #94 2021 Update: Malnutrition, Muscle Loss and Sarcopenia

held on 8 May 2021

Expert Panel:

A/Prof Lim Wee Shiong
Dr Tey Siew Ling
Adj Assoc Prof Samuel TH Chew

Chairperson:

Adj Assoc Prof Tan Tze Lee