KEY FEEDBACK ON THE 12 PRELIMINARY RECOMMENDATIONS FROM THE REACH SURVEY AND SMALL GROUP ENGAGEMENTS (SGEs) AND THE TASKFORCE'S RESPONSES

Table 1: Key feedback on the 12 preliminary recommendations and the Taskforce's responses

Key Feedback on the Recommendations	Taskforce's Responses
Focus Area 1: **Improve accessibility, coordination, and quality of mental health services**	
Recommendation 1 Implement a care model that provides a tiered system of services (ranging from peer support, general counselling, to more intensive psychological and psychiatric services), to cater to individuals with varying levels of mental health needs.	
76% of the respondents from the REACH survey agreed with the recommendation. Respondents raised three key comments: - Appropriate public communications are important, to facilitate public awareness of the mental health services available and promote help-seeking behaviour. - Service providers need support to implement the care model, including information on referral processes, other providers involved in the landscape, and the role of each provider at each tier. - Private sector providers could be included as an additional avenue of support for persons with mental health needs. Those who disagreed with the recommendation raised feedback on the need to ensure	The care model will be a framework applicable to a variety of mental health service providers in both public and private sectors. We will develop communication materials targeted at both mental health service providers and the general public, to raise their awareness of the range of mental health services available to support persons with mental health needs. We will also develop a practice guide that will lay out the roles of service providers at different tiers of the care model and the processes through which there would be step-up/step-down of care. The practice guide will also include referral protocols as well as IT enablers to be used to facilitate the implementation of the care model. To ensure service providers are appropriately supported, we will review the resourcing required to operationalise the model in a sustainable manner. The National Mental Health Competency Training Framework Workgroup will also develop a competency training framework to set out the competencies required in each tier of the care model (see Recommendation 4).

Key Feedback on the Recommendations	Taskforce's Responses
sufficient resources to operationalise the model to benefit those in need, and that individuals providing the services in each tier of the model should be competent to fulfil their roles and responsibilities.	

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81% of the respondents from REACH survey agreed with the recommendation. • Respondents generally shared that different first-stop touchpoint service modalities were required, to cater to the different population segments. These touchpoints will need to be supported by trained personnel, responsive to the needs of the individual, with seamless referral processes. • Respondents suggested that in-person first-stop touchpoints be located across regions for greater accessibility and that these touchpoints be publicised for greater awareness by both persons with mental health needs and other service providers in the ecosystem.	The Taskforce will review the different modalities of mental health services (e.g., hotline, text, in-person, digital) to determine the few first-stop touchpoints to be designated, taking into consideration factors such as regional distribution of services, needs of different population segments, as well as the capability and capacity of service providers.

Recommendation 3
Standardise processes and systems to improve coordination between social and healthcare service providers in these areas:

a) Mental health service providers to use a common suite of assessment tools.

b) Develop common referral workflows, and in doing so, establish clarity of role of service providers and the support and services available for clients with varying needs.

Key Feedback on the Recommendations	Taskforce's Responses
An average of 80% of the respondents from REACH survey agreed with the three sub-recommendations. a. Common suite of assessment tools Respondents shared that a common suite of assessment tools should strike a balance between ease of use and comprehensiveness of the tools used to assess Persons with Mental Health Conditions (PHMCs) for further referral to the appropriate mental health services. b. Standardising referral workflows Some respondents felt that having a standardised referral form could help to facilitate and tighten the referral process between service providers. c. Common IT platform • Respondents shared that having a common IT platform would be important to facilitate the referrals of clients/ patients to other service providers. • Some respondents pointed out the need to factor existing national health and social IT platforms in the planning of this recommendation, to reduce duplication and confusion to users. • Respondents also highlighted the importance	a. The Taskforce will work with key stakeholders / agencies to review and select a common suite of assessment tools that will cover the common mental health conditions and be applicable to a wide population segment. These tools would be included in the practice guide. b. The practice guide will also include referral protocols to facilitate seamless referrals across service providers. The Taskforce will consider whether a standardised referral form is required. c. The Taskforce will review existing national IT platforms, in planning how a common IT platform can facilitate case referrals and enhance information sharing for the mental health service providers in the health and social sectors. The Taskforce will also develop clear information sharing guidelines to guide service providers, their clients, and patients (and include these guidelines in the practice guide).

Key Feedback on the Recommendations	Taskforce's Responses
of data confidentiality and patient consent for sharing of patients' information between service providers.	

Recommendation 4 Ensure frontline workers, peer supporters, and mental health para-professionals are equipped with the relevant mental health competencies, and knowledge of mental health conditions and community support services.	
94% of the respondents from REACH survey agreed with the recommendation. Respondents shared that it would be useful to develop standardised core training modules that are aligned with the competencies required under the tiered care model (under Recommendation 1).	The National Mental Health Competency Training Framework Workgroup is developing the competency training framework, taking into consideration the knowledge and skillsets required to train and upskill frontline workers, peer supporters and mental health para-professionals to support the implementation of the tiered care model.

Focus Area 2 **Strengthen services and support for youth mental well-being**	
Recommendation 5 Leverage the care model for mental health and well-being services (see Focus Area 1 Recommendation 1) to enhance accessibility and increase the range of quality mental health services for youth.	
84% of the respondents from REACH survey agreed with the recommendation. a. Lack of awareness on when and where to seek help Respondents expressed concerns that some youths may not be aware of their limits in coping with stressors, the intensity of services they require, or how to access the suitable level of service for their needs. b. Barriers to help-seeking Respondents generally would seek help from trusted friends/adults but could feel apprehensive about seeking help from mental health service	a. To encourage youth and their parents to seek help early, the Taskforce will raise awareness of the range of mental health services available in the community, and improve access to these services. The Taskforce will ensure that entry points to mental health services are clear, accessible, and widely publicised through public education on when and where to seek help. For mental health service providers, we will ensure that there is clarity on their roles and responsibilities in the care model. We will also ensure that service providers are trained to have the necessary competencies to deliver mental health services across the tiers in the care model to meet the needs of youths, and refer service users to the appropriate tier of services according to their needs. b. The Taskforce will clarify the process of seeking mental health services, and existing guidelines that safeguards service users' data.

Key Feedback on the Recommendations	Taskforce's Responses
providers due to perceived lack of confidentiality and fear of loss of opportunities due to stigma.	The Taskforce will continue to address stigma by encouraging and normalising conversations around mental health and strengthening youth's social support systems (e.g. immediate and extended families).

Recommendation 6	
Develop a parents' toolbox to equip parents with youth mental health and cyber wellness knowledge and skills.	
82% of the respondents from REACH survey agreed with the recommendation. a. Content of toolbox Respondents resonated with the toolbox's focus to address parents' challenges in having meaningful parent-child interactions and conversations, and in role-modelling positive use of technology and social media. b. Dissemination of toolbox Respondents mentioned that the parents' toolbox should be made easily accessible, in order to maximise outreach to parents, especially parents who may not be engaged through conventional parent engagement platforms.	The Taskforce is working with stakeholders to ensure that the toolbox complements existing parenting initiatives. We are also working with existing touchpoints and service providers to maximise our outreach to parents. We have noted parents' suggestions to ensure that the content is concrete, simple, and bite-sized, and will develop convenient ways for parents to access the toolbox content as they guide their children.

Recommendation 7	
Promote positive and healthy use of technology and social media.	
82% of the respondents from REACH survey agreed with the recommendation. a. Impact of social media use on mental health and well-being Respondents agreed that there was a need for greater awareness of both positive and negative effects of the features	The Taskforce will work with key stakeholders to develop guidelines on how social media and technology can be leveraged to positively impact youth mental well-being. The Taskforce will also enhance youths' digital literacy and cyber wellness and empower youths, through youth-centric community networks, to take better care of their thoughts and mental health and be a positive influence online.

Key Feedback on the Recommendations	Taskforce's Responses
of social media on mental health and well-being. b. Greater education on safety tools is needed Respondents commented that despite awareness of the various safety tools, youths are unsure of how to use them appropriately for their mental well-being.	

Focus Area 3	
Improve workplace well-being measures and employment support	

Recommendation 8
Improve mental well-being support systems and work-life harmony strategies for employees in general (including PMHC), by partnering employers to increase awareness on mental health resources, and enhance support networks and assistance available through: a) Appointing and training mental health champion(s) at every workplace; b) Training employees, including those with lived experience, to take on the role of a peer supporter; and c) Enhancing access and availability of Employee Assistance Programmes (EAP).

72% of the respondents from REACH survey agreed with the recommendation. Respondents shared the following comments: • Commitment from management/leaders of organisations to improve workplace mental well-being is crucial to change behaviours and reduce mental health stigma at workplaces. • Workplace mental health support should be formalised in company policies. • Mental health support resources should be made	The Taskforce will build on and augment existing resources to better address stigma – this includes better sign-posting to expand the reach of the resources, and continuing to rally organisations' senior management to create an inclusive workplace culture and ensure success of the mental well-being champions (MWBC) community and peer support structure. These include encouraging organisations to appoint MWBCs and creating a community for MWBCs to exchange best practices and resources to support their roles. In addition, the recommendation hopes to develop a training framework for employees to be MWBCs or peer supporters, and increase awareness, adoption and formalisation of workplace mental health support through company policies and practices.

Key Feedback on the Recommendations	Taskforce's Responses
easily available at workplaces. • Companies who have implemented MWBC and peer support framework need to ensure that these mental health supporters are supported and trained.	

75% of the respondents from REACH survey agreed with the recommendations. • Respondents shared that there was a lack of awareness of customised employment support services. • Some respondents also provided feedback that they preferred data on mental health conditions to be shared only with consent.	The Taskforce will raise awareness of customised employment support services via community touchpoints and developing a tiered management framework to support PMHCs with different levels of work readiness. The Taskforce noted feedback on data confidentiality when sharing data for referral and case management among employment support agencies and will study the feasibility of 'opt-in' data sharing arrangements when developing the standardised referral and assessment framework.

Recommendation 10

Improve PMHC's access to training by:
 	
  a) Developing additional on-the-job customised vocational training;
 	
  b) Identifying suitable mainstream training courses and piloting accessibility arrangements for PMHC; and
 	
  c) Providing training allowances.

Key Feedback on the Recommendations	Taskforce's Responses
79% of the respondents from REACH survey agreed with the recommendation. Respondents shared that there was a lack of options for training, job placement and post-job placement support that cater to the different needs of persons with mental health conditions.	The Taskforce will expand the options for vocational training to better meet the needs and aspirations of persons with mental health conditions, and work with training providers to better accommodate their needs when attending mainstream courses.

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Recommendation 11

Increase the number and variety of job opportunities available for PMHC through:

    a) Encouraging employers to partner employment support agencies and Workforce Singapore (WSG) to provide support for PHMC; and

    b) Addressing stigma in the workplace by amplifying success stories of inclusive employment and showcasing employers that put in place support for PMHC.

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85% of the respondents from REACH survey agreed with the recommendation. Respondents provided some comments on the following: • The need for longer-term placements with appropriate accommodations to provide more job stability for PMHCs. • The need to expand job opportunities for PMHCs to ensure good job fit. • PMHCs would benefit from knowing which employers are progressive and supportive.	The Taskforce will support employers to hire and retain new and existing employees with mental health conditions, especially through the provision of appropriate post-placement support. The Taskforce will work with partners to further promote inclusive employment and share stories of successful adoption of workplace support to reduce stigma. The Taskforce will also study the feedback on developing recognition for progressive employers who are supportive of PMHCs.

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Recommendation 12

Equip employers, HR practitioners, supervisors and colleagues with knowledge on supporting PMHC and creating inclusive workplaces, through support services and resources such as helplines and consultancy clinics.

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86% of the respondents from REACH survey agreed with the recommendation.	The Taskforce will better equip employers with knowledge on supporting PMHCs and creating inclusive workplaces and facilitate translation of knowledge into supportive behaviours.

Key Feedback on the Recommendations	Taskforce's Responses
Respondents generally supported the recommendation on training of supervisors, HR personnels and co-workers and suggested that there was a need to translate knowledge into supportive behaviours on the ground.	