



METHODIST WELFARE SERVICES
MWS

Project S P R I N G

*Synchronising Partnerships,
Realising Individuals' Needs & Growth*

MWS Family Service Centre – Tampines
Presenters: Ruth Ng, Rachel Lee

The banner features the MWS logo in the top left, a decorative leaf in the top left corner, and two stylized pots with flowers in the top right. The background has light green and blue abstract shapes.

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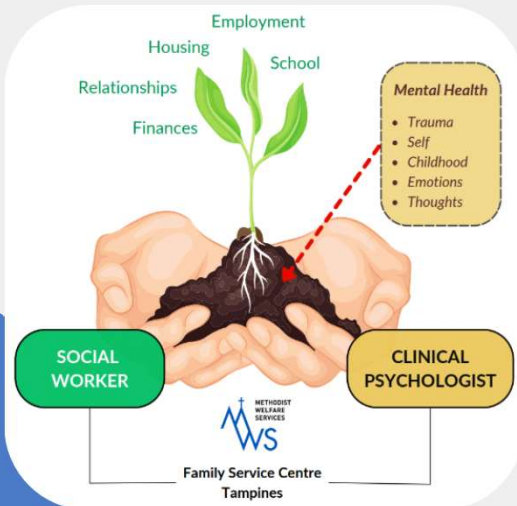
Outline

- 
Background
- 
Synchronizing Partnerships
- 
Case study

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What is Proj SPRING about?



Providing **synchronized** and **community based mental health services** via the **co-location** of 2 key professions: **social workers** and **clinical psychologists** at the **FSC** to achieve improved functioning and overall mental wellbeing for clients and families who experience trauma.

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Trauma-Informed Services at FSCT

- Traumatic experiences can impact the brain and body and have lasting effects
- Recognizing that our clients come with histories of trauma, which often have an impact on their functioning
- Adopting trauma-informed principles in our engagements and interventions with clients as well as how we work with each other in MWS FSCT



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Background

Current landscape of mental health needs and services

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FSCT Needs Assessment in 2022

Top 3 Presenting Issues for Intakes			
Jan to Mar 2022		Apr to Jun 2022	
Family Violence	35%	Family Violence	40%
Accommodation	17%	Accommodation	19%
Mental Health	15%	Mental Health	9%

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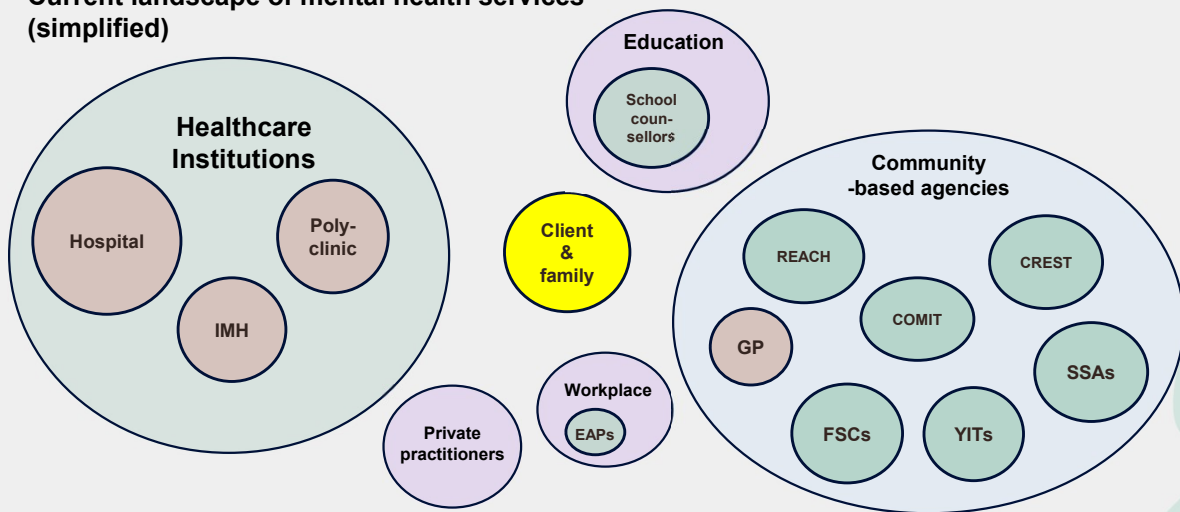
FSCT Needs Assessment in 2022

Mental Health	
Question	Total Number of FSC Clients
Please state the number of clients in your caseload that have been diagnosed with at least one mental health condition and is receiving intervention from formal systems for this (excluding the FSC):	49
Please state the number of clients in your caseload that have been diagnosed with at least one mental health condition and is NOT receiving intervention from formal systems for this (excluding the FSC):	25
Please state the number of clients in your caseload that are SUSPECTED of having at least one undiagnosed mental health condition :	43
	117

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National Mental Health and Wellbeing Strategy

Current landscape of mental health services (simplified)



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Stigma: A Key Barrier to Recovery

Structural stigma

(Accessibility & efficiency)

"Takes too much time"

"Expensive"

Interpersonal stigma

(Perception & understanding of treatment)

"They ask me a lot of questions"

"The medicine not working"

Intrapersonal stigma

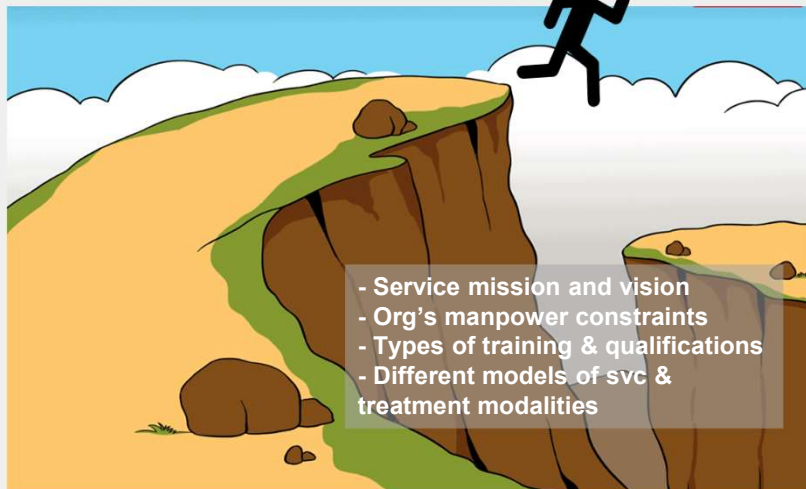
(Self-stigma, internalized feelings of disempowerment)

"I think I can handle myself"

Javed, et al (2021)

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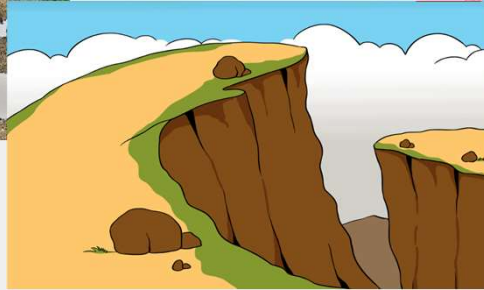
Current Experience with Mental Health Services



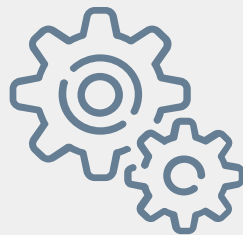
- Service mission and vision
- Org's manpower constraints
- Types of training & qualifications
- Different models of svc & treatment modalities

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Current Experience with Mental Health Services



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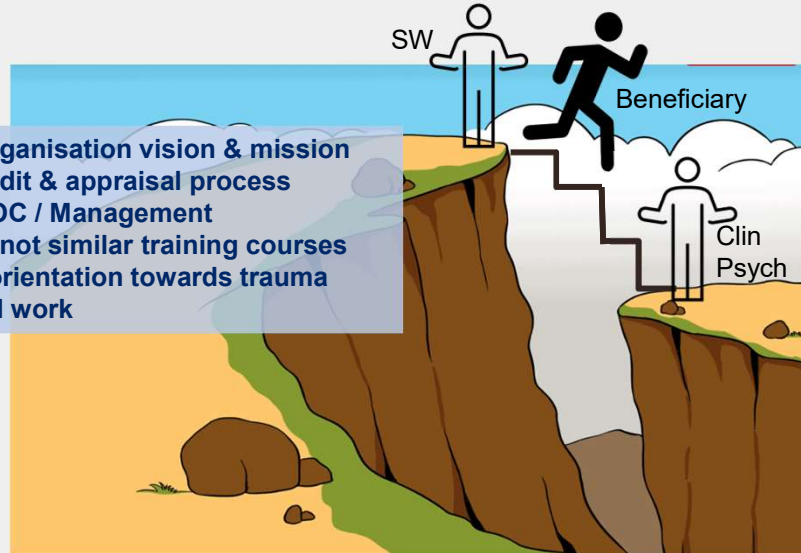
Synchronizing Partnerships

Between professions, clients
and agencies

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Synchronizing Partnership Btw SW and Clin Psych

- Same Organisation vision & mission
- Same audit & appraisal process
- Same HOC / Management
- Same, if not similar training courses
- Similar orientation towards trauma informed work



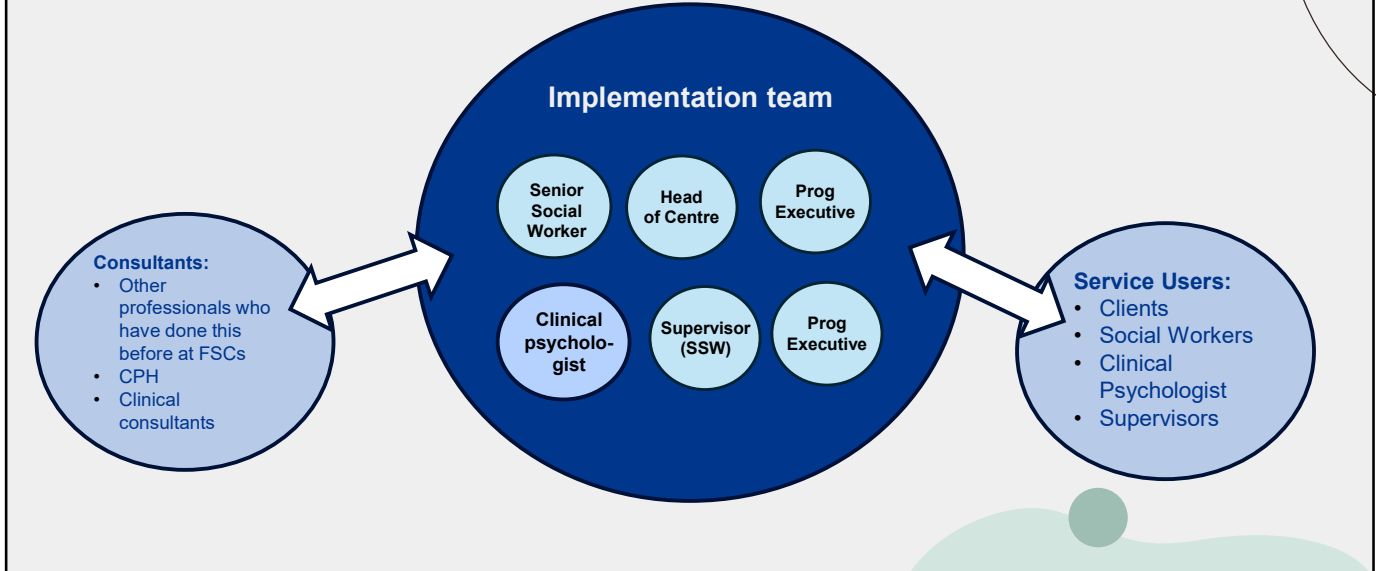
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How we work on synchronizing



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Ongoing Implementation



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Case study

A case study to highlight how a client requiring tertiary care is responded to where there is a synergistic partnership between clinical psychology and social work services in the community.

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Case Study: Kayla

**name has been changed to maintain client's confidentiality*



33 yo, single



Accommodation support:

- Chased out of her home due to dispute with her family member
- Was putting up temporarily with a friend which was not a long-term solution



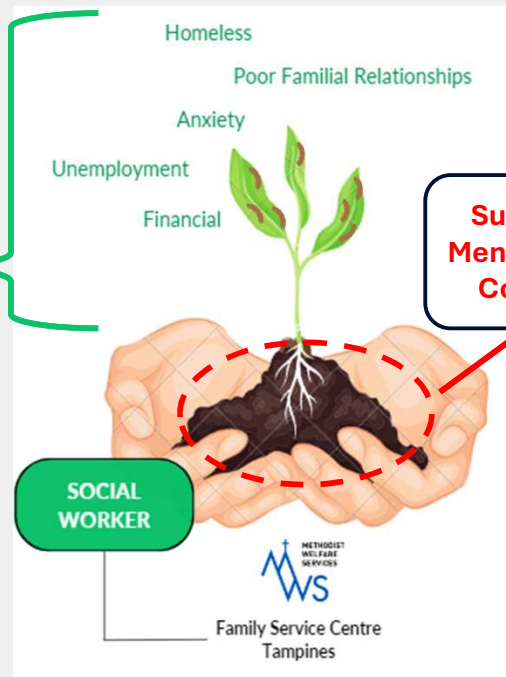
Emotional Support:

- Reported having experienced multiple traumatic incidents of harassment that caused her anxiety and feelings of being watched

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Concerns

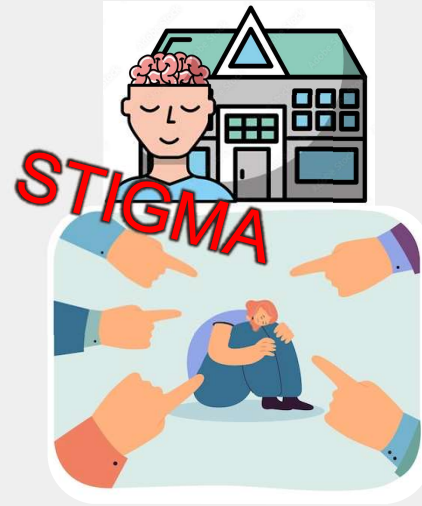
Visible issues that were apparent for Social Worker to provide case management support



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Stigma Regarding Mental Health Services

- Recommended for Kayla to approach the polyclinic to get a referral to see a mental health specialist at the hospital.
- However, she was hesitant for **fear that such medical records may hamper her employment opportunities.**



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How Project SPRING **helped client overcome stigma** in receiving mental health services:

Interpersonal stigma

- Less daunting in a community (vs institution)



Intrapersonal stigma

- 3 bridging sessions (facilitated rapport building)

Structural stigma

- 1st bridging session took place within 5 working days from referral
- Greater flexibility in scheduling sessions (compared to hospital which would not have the bandwidth to keep the case open if client defaulted/was late)



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Social Worker

- With CP in the picture, **SW could focus on tackling her most urgent case management issue: homelessness**
- Secured a spot in the transitional shelter for her to **increase stability to work on her other issues** (especially stabilizing of her Mental Health)
- System navigation support** with shelter, SSO, HDB on her other needs (employment, financial, long term housing)

Clin. Psychologist

- During bridging session, CP could make an **assessment of Kayla's reported harassments as hallucinations**
- Using professional language, CP could appropriately term Kayla's experience and **psychoeducate** on her condition
- CP's assessment guided the sense-making of client's behavioural presentation and **informed the appropriate intervention required** i.e., psychiatric services in addition to the psychological support

Collaboration

- Alignment of assessment & working goals; co-authoring CSWP (doc)
- Coordination of care
- Jointly **managing crisis**

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In Crisis...

Client

- Openness and receptivity to perceive MH services as an alternative intervention aside from her other sources of support e.g., spiritual intervention

Clin. Psychologist

- Use of professional advice to broach the topic on the need for psychiatric services

Collaboration

- Leveraged on **rapport** built to encourage client **towards her needed intervention**

Kayla was bridged to IMH!

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