

A photograph of a young woman with long brown hair, wearing a black turtleneck, looking down with a somber expression. Another person's hand is resting on her shoulder, suggesting support or care. The background is blurred, showing an indoor setting with lights.

Upper Room Mental Wellness Intervention

Programme Evaluation Report

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Executive Summary

Context

Mental health is an integral part of health.¹ While mental health issues generally onset in childhood and adolescence, they tend to go undetected for years.^{2,3} This may be due to poor mental health literacy and stigma.⁴ This could lead to maladaptive behaviours such as self-harm or suicide.^{5,6} With this backdrop, the social service sector in Singapore increasingly recognises youth mental health as an emerging issue with complexity. There is a great need for structured and effective youth mental health programmes.

Upper Room is a 12-month mental health intervention programme by TOUCH Mental Wellness, a service of TOUCH Community Services. Incepted in June 2018, it caters to youths aged 12-20 in Singapore. It aims to enable youths to manage mental health issues affecting them and attain a positive state of mental well-being. These are to be achieved via evidence-based therapeutic modalities to support youths and their families at three levels: one-to-one counselling, family counselling, and peer-support groupwork.

Evaluation Scope and Objectives

In early 2020, TOUCH commissioned graduate students from the National University of Singapore's Saw Swee Hock School of Public Health (NUS SSHSPH) to conduct a midterm evaluation of Upper Room. The programme was 1.5 years into implementation by then. The programme staff also had collected output and outcome indicators that could be used to assess the programme effects and any potential for scaling.

¹ World Health Organisation (2018).

² Subramaniam et al. (2019). Minding the Treatment Gap: Results of the Singapore Mental Health Study. *Social Psychiatry and Psychiatric Epidemiology*. doi: 10.1007/s00127-019-01748-0

³ Kaushik, A. et al. (2016), cited in Lim et al. (2017). Child Community Mental Health Services in Asia Pacific and Singapore's REACH Model. *Brain Sciences*, 7(10):126. doi: 10.3390/brainsci7100126

⁴ Pang et al. (2017). Stigma Among Singaporean Youth: A Cross-Sectional Study on Adolescent Attitudes Towards Serious Mental Illness and Social Tolerance in a Multiethnic Population. *BMJ Open* 2017:7. doi: 10.1136/bmjopen-2017-016432

⁵ The Straits Times, Singapore. (27 September 2019). "Youth Suicide Cases Worrying: Lawrence Wong."

⁶ Channel News Asia, Singapore. (5 August 2019). "MOE, MSF 'Very Concerned About Spike in Youth Suicides; Experts Say More Support and Awareness Necessary'".

The evaluation aimed to assess the programme’s effectiveness, relevance and sustainability in meeting its objectives. The programme’s theory and design were also reviewed to identify areas that contributed to the success of the above areas as well as areas for improvement.

Methodology

A mixed methods approach was used, involving a review of the programme’s theory of change (see Figure 1) and logic model using evidence drawn from literature, followed by a mapping exercise against the programme’s implementation plans and measurement tools.

Revised Theory of Change

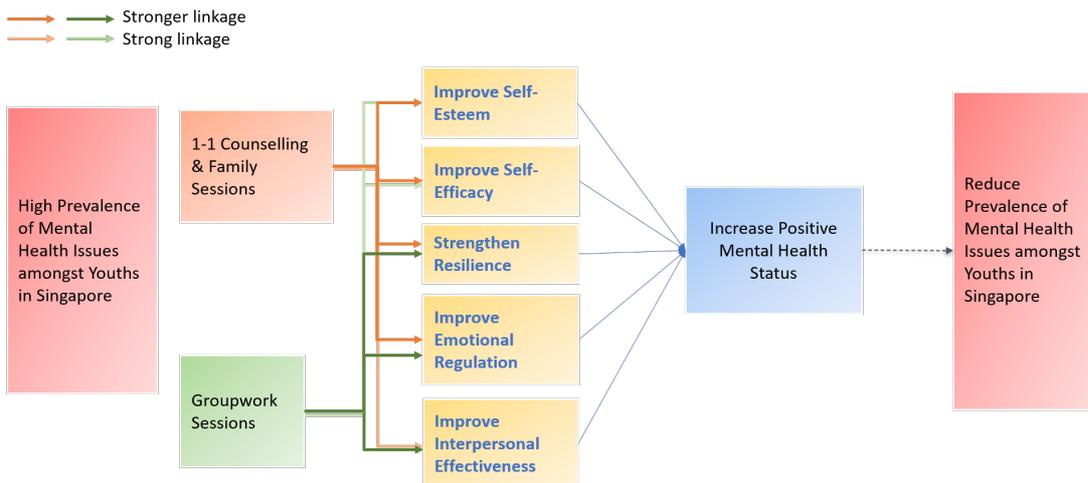


Figure 1: Upper Room’s Revised Theory of Change

Clients’ intervention data collected by staff via pre-post questionnaires from June 2018 to December 2019 were analysed. Qualitative data were obtained by NUS SSHSPH evaluators via interviews with caseworkers, youth clients and parents in March 2020 and triangulated with the quantitative data to form key findings.

Key Findings

1. Reach

- The programme met its annual reach target. It engaged 47 youths between June 2018 to December 2019.
- 80% of these cases were referred by parents or schools.
- 66% had their counselling sessions at TOUCH's premises. 45% of them had a prior psychiatric diagnosis.

2. Effectiveness

- Client interviews indicated positive overall perspectives of the intervention. For example, the interviewed parents had observed improvements in their children's ability to regulate and discuss their emotions.
- Similarly, positive results were shown directly from the improvements of mental health scores captured via the pre-post survey.
- These indicated some extent of improved management of mental health symptoms, resilience and social competencies.

3. Relevance

- Based on the client interviews, the programme was reported to have met their needs and expectations.
- The programme's theory of change, logic model and measurement tools were found to be inadequately linked and thus could be refined.

4. Sustainability

- The programme experienced success in engaging and partnering key stakeholders. The regular referrals from schools and parents contributed to a stable pool of youth clients.
- Staff differed in their caseload and uptake of training specific to mental health intervention, and these may hinder the scaling-up process.

Limitations

There was no counterfactual to assess the actual programme effects. Recall bias may be present given the retrospective nature of the interviews which were conducted after case closure. Similarly, the small sample size for the pre-post survey (n=17) lent low statistical power.

Recommendations and Conclusion

Despite some limitations stemming largely from the evaluation design and a small sample size, there were encouraging results gathered about Upper Room, leading to these recommendations:

- To refine the programme's theory of change, logic model and measurement tools, and tighten the linkages between them
- To strengthen the monitoring and reporting processes for quality control
- To increase staff capability and confidence such as through further training to strengthen group facilitation skills and intervention modalities.

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