Guidelines to Support Young Persons' Access to Mental Health Services

Public Consultation by Ministry of Health

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Introduction

Importance of Early Support for Young Persons

1. In Singapore, about one in three young persons aged 10 to 18 years reported mental health symptoms such as depression and anxiety.[1] However, 70% of young persons with mental health symptoms did not seek professional support for their mental health needs.[2]

2. The age of onset adds urgency to this challenge. Most mental health conditions emerge during the formative years of childhood through early adulthood. Existing evidence shows that about one-third of individuals with mental health conditions experience the onset of these conditions before age 14. This rises to nearly half by age 18 and almost two-thirds by age 25.[3]

3. Childhood and early adolescence thus represent a critical period where the mental health of an individual begins to take shape and forms the basis of subsequent emotional, social and cognitive development that impact long-term health, social and economic outcomes. Failure to identify and support young persons with mental health needs increases the risk of long-term consequences, such as poor educational attainment, unemployment, chronic physical conditions, suicide and substance misuse.[4]

4. Thus, mental health is an integral part of health – good mental health impacts physical health; and vice versa. There is no health without mental health.

Current Practices Around Parental Consent

5. In Singapore, a person is legally considered an adult at 21, gaining full legal rights such as the ability to make decisions without parental consent. However, there is currently no minimum age for a young person to consent to mental health services on their own. This has led to inconsistent practices around parental consent across different settings.

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[1] Source: Singapore Youth Epidemiology and Resilience (YEAR) study (2023)

[2] Source: National Youth Mental Health Study (2024)

[3] Solmi M, Radua J, Olivola M, Croce E, Soardo L, Salazar de Pablo G, et al. Age at onset of mental disorders worldwide: largescale meta-analysis of 192 epidemiological studies. Molecular psychiatry. 2022;27(1):281–95.

[4] Copeland, William E., et al. “Adult Functional Outcomes of Common Childhood Psychiatric Problems.” JAMA Psychiatry, vol. 72, no. 9, 1 Sept. 2015, p. 892, https://doi.org/10.1001/jamapsychiatry.2015.0730

6. The Ministry of Health (MOH) received feedback that the need for parental consent is one of the reasons why persons below the age of 21 with mental health challenges hesitate to seek help. There may be instances where parental consent cannot be obtained. Some possible scenarios include:

    a. Parents being uncontactable despite reasonable efforts.

    b. Parents refuse to give consent and reasonable efforts have been made to engage the parents.

    c. Situations where it is not in the best interest of the young person to obtain parental consent (e.g. if it could worsen the young person's mental health issues, or there is risk of delay in starting services which may cause more harm to the young person).

    d. The young person explicitly refuses parental consent, and will not reach out for help if parents are notified.

7. MOH therefore convened an expert group to study this issue and develop guidelines to provide clearer guidance. We want young persons to feel safe seeking help without fear of consequences.

Proposed Guidelines to Support Young Persons' Access to Mental Health Services

8. The Government is committed to improving young persons' access to mental health support. We aim to create a mental health support system where young people can access timely, appropriate care that respects their autonomy whilst recognising the vital role of parents in the young person's well-being. Ultimately, these guidelines aim to get the balance right: making sure young people can get help when they need it, whilst bringing parents on board in ways that support and strengthen rather than delay or compromise their child's care.

9. The proposed guidelines are designed to help young persons, parents and care professionals understand the issues and challenges surrounding young persons' access to mental health care in Singapore. It includes specific guidance for care professionals on recommended practices that they may adopt to facilitate young persons' access to mental health care while ensuring that appropriate safeguards are in place for them.

Key Principles of Proposed Guidelines

10. Decisions about mental health care for young persons can be multi-faceted and complicated. The guidelines outline principles to guide care professionals in their decisions around whether a young person should be allowed to access mental health services independently without parental consent.

11. The proposed guidelines recommend that care professionals should abide by the following principles in the provision of mental health support to young persons:

    a. **<u>Principle 1</u>: Always act in the young person's best interests.**

    In the provision of mental health support, care professionals have a responsibility to always act in the young person's best interests and protect their welfare. This includes considerations such as:

        i. Weighing the potential benefits of an intervention against the risks of not providing the intervention;
        ii. Whether it is in the young person's best interests to receive the intervention without parental consent. This involves considerations such as:
            - The urgency of the situation;
            - The potential deterioration in the young person's mental health if there is a delay in providing support; and
            - Whether parental involvement might compromise the young person's safety or well-being.

    b. **<u>Principle 2</u>: Parental involvement should be actively sought to optimise therapeutic outcomes for young persons, unless parental involvement compromises the young person's safety or well-being.**

    Involving parents or caregivers in a young person's care journey usually leads to better outcomes. This could include attending therapy sessions alongside their child, as well as providing support outside therapy sessions. Care professionals are recommended to work with parents or caregivers to find the right balance between confidentiality and family support when supporting young persons, unless parental involvement compromises the young person's safety or well-being.

c. **<u>Principle 3</u>: Young persons should have autonomy to make decisions about their mental health care, if they are mature and can understand the benefits and risks of treatment.**

   Young persons have the right to participate in decisions involving their mental health, and care professionals should recognise and respect their ability to do so. This means that care professionals should:

   i. Allow young persons to express their concerns and take into account their expressed preferences.
   ii. Carefully evaluate young persons' maturity to make informed decisions about their mental health care. This includes assessing if the young person has sufficient understanding to comprehend professional advice and weigh benefits and risks.

d. **<u>Principle 4</u>: Young persons' confidentiality and privacy should be respected while ensuring their safety.**

What a young person shares with their care professional should be kept confidential and not disclosed to others without good reason. However, if the young person's safety is at risk, the care professional may need to share certain information with their parents or relevant authorities to ensure their well-being.

Types of Mental Health Support

12. There is a range of mental health support, from self-help resources that equip young persons to look after their own mental well-being, to targeted support for those experiencing mental health symptoms, as well as medical treatment for those who are diagnosed with mental health conditions.

13. Mental health support can be broadly categorised into the following three categories:

    a. **Basic care** address distressing emotions and identify mental health needs. The primary consideration is ensuring the young person receives timely emotional support and that their mental health needs are appropriately identified.

    Basic care includes:
    i. Emotional support
    ii. Mental health helplines / text services
    iii. Mental health screening[5]
    iv. Mental health assessment without diagnosis[6]

    b. **Psycho-therapeutic services** address mental health symptoms and prevent the worsening of symptoms, and may carry higher risks of adverse psychological effects if applied incorrectly.

    Psycho-therapeutic services include:
    i. Psychological therapies (e.g. Cognitive Behavioural Therapy)
    ii. Counselling provided in schools
    iii. Complementary therapies (e.g. art/ music/ animal-assisted therapy)

    c. **Medical diagnosis and healthcare services** are services provided by psychiatrists and medical doctors in hospitals or clinics, which generally pose greater and longer-term risks.

    Medical services include:
    i. Psychiatric diagnosis[7]
    ii. Prescription of medication
    iii. Psychiatric/medical procedures

[5] This refers to mental health screening conducted by care professionals, and not those that are accessible online on self-help platforms.

[6] Mental health assessment without diagnosis includes assessments conducted by psychologists, which do not amount to an official diagnosis that are entered into medical records.

[7] Psychiatric diagnosis refers to a formal diagnosis of a mental health condition given by a psychiatrist or medical doctor that usually leads to an official medical record.

Determining if Mental Health Services Should be Provided in the Absence of Parental Consent

Tiered Consent Requirements

14. In general, care professionals should seek and obtain consent from parents or legal guardians before rendering services to young persons below 21 years old.

15. However, insisting on parental consent may not always be practical or in the young person's best interests. Parents may be unavailable or young persons may only feel comfortable seeking help if they know their privacy will be respected, especially for sensitive matters like mental health. Thus, the guidelines provide guidance to help care professionals determine if mental health services should be provided in the absence of parental consent. Care professionals are encouraged to exercise professional judgement and consider the unique circumstances of each individual case, even where the recommended age range may not apply.

16. We propose tiering consent requirements according to the nature and intensity of services across the three categories of mental health support.

17. **Basic Care**: We propose that these can be provided even in the absence of parental consent as they are intended to be timely in attending to young persons' distressing emotions and identifying their mental health needs.

    a. For mental health screening and mental health assessment which does not result in a diagnosis, we recommend for parental consent to be obtained for young persons below 13 years old*.

18. **Psycho-Therapeutic Services**: Parental consent should be sought. Where parental consent cannot be obtained, the care professional may render these services to the young person provided that all of the following conditions are met:

    a. The care professional has assessed that it is in the young person's best interest to receive the intervention, even if parental consent is not obtained;

    b. The young person is at least 13 years old*;

    c. The professional has assessed that the young person has sufficient maturity to make an informed decision, with an understanding of the risks and benefits of the service, and consents to the service.

    (* Care professionals will need to exercise professional judgement and consider

the unique circumstances of each individual case, even where the recommended age range may not apply.)

19. **Medical Diagnosis and Healthcare Services**: Medical professionals are expected to refer to the Singapore Medical Council's Ethical Code and Ethical Guidelines[8].

20. Following the implementation of the proposed guidelines, young persons' help-seeking experiences are expected to improve across school and community settings.

Assessment of the Young Person's Best Interest

21. What is in the best interests of the young person is highly contextual, and should be determined based on the specific situation of the young person, taking into consideration their personal context, circumstances and needs.

22. When obtaining parental consent is not possible, determining what is in the best interests of the young person should be guided by the following two considerations, evaluated by the care professional:

    a. Whether it is in the young person's best interests to receive the proposed intervention, which requires weighing the potential benefits against risks of providing or not providing the proposed intervention, considering the young person's needs and overall well-being.

    b. Whether it is in the young person's best interests to proceed with the intervention without parental consent, which involves examining factors such as the urgency of the situation, the potential deterioration from delay in accessing the service, and whether parental involvement might compromise the young person's safety or well-being.

23. Care professionals may use the following questions to determine the best interests of the young person:
    a. Will the intervention reduce psychological suffering or distress?
    b. Are there potential harms to the young person, if the intervention is delayed?
    c. Do the benefits outweigh the potential harm?

[8] The Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines (ECEG) sets out the ethical and professional standards that the medical profession and the community expect of every registered medical practitioner in Singapore. SMC ECEG recommends that parental consent should be obtained where possible for young persons under 21 years old, subject to the consideration of the best interests of the young person. SMC ECEG can be accessed on SMC's website.

Assessment of the Young Person's Maturity

24. When obtaining parental consent is not possible, and the care professional has determined that it is in the best interests of the young person to proceed with the service without parental consent, the care professional should determine if the young person has sufficient maturity to make an informed decision and consents to the service.

25. This involves an assessment of the young person's maturity, intelligence, and his/her ability to make an informed decision after weighing the risks and benefits. It requires consideration of the facts and circumstances of each case.

26. While there is no universal set of questions to make this assessment, the care professional may consider the following factors:

    a. Does the young person understand the care professional's advice?
    b. Is the young person able to weigh and evaluate the benefits and risks of the proposed intervention?
    c. Does the young person understand the implications and consequences that may arise from their decision?
    d. Is the young person able to reason and come to a reasoned conclusion?
    e. Is the young person able to clearly communicate and express his/her decision?

27. Care professionals should re-evaluate the young person's maturity to consent if there is new information that might render the previous assessment invalid, or if there is a new decision that needs to be made.

Involvement of Parents in the Young Person's Care Journey

28. Obtaining parental consent should be distinguished from involving parents in the young person's care journey.

    a. ***Parental consent*** involves the explicit permission obtained from a parent or legal guardian of a young person before he/she can receive mental health services. This is typically sought and obtained before the service is rendered.

    b. ***Parental notification*** is the act of informing or updating parents about their child's care. It does not amount to obtaining their consent.

    c. ***Parental involvement*** refers to the active participation of parents in their child's care journey. This may include attending therapy sessions alongside their child, as well as providing support outside therapy sessions.

29. Even in situations where parental consent is not obtained, care professionals should work towards involving parents in the young person's care journey. This includes having the parents cooperate and render complementary support at home. This may take time, especially in convincing the young person to first notify their parents about their issues and gradually allowing their parents to support them in their recovery journey.

30. When informing or updating parents about the predicament and care progress of the young person, care professionals should exercise discretion on how much information to share. Care professionals can help parents understand the types of information and updates they can expect to receive.

Navigating Complex Situations Relating to Parental Consent

31. We recognise that care professionals may need guidance to navigate complex situations relating to parental consent. These situations include:

    a. The young person persistently refuses for consent to be sought from parents.
    b. Parents refuse to give consent.

32. The proposed guidelines provide recommendations that aim to balance the young person's best interests, parental involvement, and therapeutic relationships whilst ensuring appropriate safeguards are in place.

33. Where the young person refuses for consent to be sought from parents, care professionals are recommended to:

    a. Explore the reasons behind this refusal. This may reveal important information about family dynamics, safety concerns, or misconceptions that could be addressed by the care professional.
    b. Conduct a risk assessment to evaluate whether there are child protection concerns, risks of harm to self or others, or other safety issues to determine if it is in the best interest of the young person to proceed without parental consent.
    c. Help young persons understand the potential benefits of parental involvement, including support that parents can provide in the recovery journey and subsequent continuity of care. At the same time, the care professional should acknowledge the young person's concerns and work with the young person to decide what information can be shared with parents.

34. Where the young person wishes to access mental health services but the parents refuse consent, care professionals are recommended to:

    a. Seek to understand parents' concerns, which may stem from underlying reasons including disagreement about the severity of the young person's condition or fear of having a permanent record that may affect their child's future prospects.
    b. Offer clear information about the young person's mental health needs, the proposed intervention, evidence on its effectiveness, and potential risks of not proceeding with the intervention.

Recommended Practices to Support Care Professionals

35. Service providers should establish robust structures and policies, as well as implement good governance practices within their organisations to support care professionals in managing the complexities involved in providing mental health services to young persons.

36. Examples of these structures, policies and practices include:

    a. Establishing a collective decision-making framework (e.g. making a joint decision with a supervisor on whether a young person can be provided the intervention without parental consent).

    b. Maintaining detailed documentation of all interactions with young persons and parents. When services are provided without parental consent, care professionals should thoroughly document the assessment of the young person's best interests and maturity to consent, and how these assessment outcomes were derived. Comprehensive documentation not only supports continuity of care, but also demonstrates professional accountability and provides crucial evidence of adherence to professional and ethical standards when working with young persons.