

FEBRUARY - MAY 2018

# IMAGINE

A MAGAZINE ON MENTAL HEALTH

90  
YEARS  
OF MENTAL  
HEALTHCARE



**A look at how mental healthcare has evolved over the years — and where it is heading**





## Not all symptoms are physical

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Organised by:



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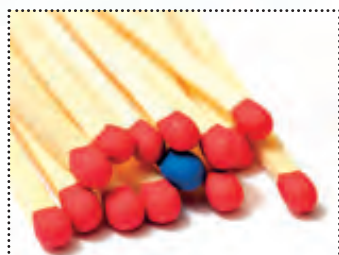


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**“LIKE ANY OTHER DISEASE, THE EARLIER YOU TREAT MENTAL ILLNESS, THE BETTER THE OUTCOME WILL BE.”**

Associate Professor Chua Hong Choon,  
Chief Executive Officer, IMH



**ANSWERS TO “MATCH THE EQUATION”**  
Turn to page 7 for the puzzle

ANSWER: 3 + 3 = 6 and 8 - 3 = 5

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Breaking the grip of addiction



# MAKING STRIDES, *breaking down barriers*

“We’ve seen significant, positive changes from when I had my first posting in Woodbridge Hospital in 1975. But there is still a lingering stigma associated with mental illness. I hope for people to be more open to discussing mental health issues and championing mental wellness.”

PROFESSOR WONG KIM ENG,  
Emeritus Consultant, IMH



This year marks a milestone in Singapore’s mental health landscape. Exactly nine decades ago, Woodbridge Hospital (which would eventually become the Institute of Mental Health) opened, marking the first chapter in efforts to address psychiatric issues among the local population. Much has changed since then, and for the better.

This issue of *Imagine* (page 8) takes a look at how mental healthcare has evolved over the years in terms of treatment options, the care of patients as well as reducing the stigma associated with mental health conditions. Today, persons with mental illness no longer need to suffer in silence or solitude, with strong community and clinical support that is geared to help them recover and remain productive members of society. There’s also a growing understanding that mental health is important and very much tied to the overall well-being of individuals.

This is echoed in the stories of persons-in-recovery that you will find in this issue. From the case of Nidhi Paritosh Mahana (page 16) a young mother of two who has made great progress in her battle with OCD, to Chia Xun An (page 14) who constructively copes with depression through artistic expression, the message is clear — mental illness need not be a downward spiral. Hope is always present and support is there if we need it. The important thing is to reach out and seek help, as soon as possible. Plenty of resources are readily available, which offer advice and present options.

On that note, we would also like to share that moving forward, *Imagine* will be published three times a year (instead of half-yearly), in a bid to cast a bigger spotlight on mental health and provide more regular updates. We look forward to addressing your queries and dispelling the myths, so as to help build a more inclusive and supportive society.

Happy reading.

*the editorial team*

IMAGINE

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INTERVIEW WANDA TAN // PHOTO KELVIN CHIA

# CHOOSING HAPPINESS

Having spent 15 years in the Chinese countryside providing medical training to villagers, NUS faculty member **Dr Tan Lai Yong** gives his take on happiness.



DR TAN LAI YONG  
National University  
of Singapore  
faculty member

When I found out that I had gotten into medical school, the first person I told was my mother. Not having had a formal education, she was

happy for me, but said something that I never forgot: ‘I don’t need to tell people that my son is in medical school. You will always be my son. Study well, but we don’t need to do things for ‘face’.

My mother’s wise affirmation helped shape my definition of happiness.

Happiness is the positive outcome of affirmation.

Happiness is an expression of how secure a person is. Two factors are closely associated with happiness: gratitude and respect. We see this in the College of Alice & Peter Tan (NUS) where we encourage active citizenship and community engagement. Our students are encouraged to be grateful for what they have, and to show respect for others who have less. They are also eager to learn new things because they are in a nurturing environment where they feel

**You need not always be the best at something; just do what is good and responsible.**

affirmed, assured and accepted.

Affirmation, whether from one’s family, school, workplace or faith, gives us a sense of security. Of course we also need a job, food, strong national borders — scaffolding that provide external security. It is difficult to remain happy if one is poor, hungry or lives in a war-torn country. In Singapore, I believe we should each draw a baseline, having enough yet

still wanting to challenge ourselves to live outside our comfort level. We should use our material success to live prudently.

Happiness requires investment in relationships,

ideas and habits that allow gratitude and respect to sprout. Engage in habits that are fun and that perk you up. What lifts my spirits are my daily jogs, quiet lunches two days a week where I eat alone while reading a book, and outdoor activities with

my family.

Also, a life with only joyful experiences is neither realistic nor meaningful. We cannot shield ourselves from all suffering — sometimes it’s good to step out of our comfort zone and visit marginalised communities. For example, my time in China taught me that one can find pockets of happiness amid poverty. During one particularly brutal winter, I visited some villagers expecting that they would be feeling miserable, but they were huddled together around a fire, laughing and singing songs.

While stress is a natural part of life, we cannot be in high-stress situations all the time. This would wear us down and negatively impact our mental health. If you already have a lot on your plate, say ‘not now’ to the next challenging task that comes up. If you didn’t get an A+ grade or if you made a mistake, give yourself a break. You need not always be the best at something; just do what is good and responsible. That’s my guide to a happy life.”



Dr Tan Lai Yong lived in Yunnan, China from 1996 to 2011 running clinics in villages and providing basic medical training to farmers. He is currently the Director for Outreach and Community Engagement and a Resident Fellow at the College of Alice & Peter Tan, NUS. He also holds the post of Adjunct Senior Lecturer at NUS’ Saw Swee Hock School of Public Health.

STAYING ON TOP, MENTALLY

# { LIVE WELL!

**+** NIGHT OWLS HAVE wider social networks than morning birds



Using anonymous mobile phone data, a researcher from Aalto University in Finland found that people who go to sleep late tend to have wider social networks than morning persons. The former are also more likely to be central figures in their own networks, as well as stick to their own kind and interact with

others who stay up late. Such data may be used to understand and treat mental health disorders. "Disruptions in sleep rhythms can indicate several mental disorders, and my plan is to infer these disturbances from data collected from people's use of digital devices," explains researcher Talayeh Aledavood.

**>** GOOD FOR BUSINESS, BAD FOR HEALTH

Frequent work travel opportunities can be seen as a job benefit but it can also have a negative impact on the traveller's well-being. A study conducted by researchers at Columbia University's Mailman School of Public Health and City University of New York found that people who travel for business two weeks or more a month displayed more symptoms of anxiety and depression. They are also more likely to smoke, be sedentary and have trouble sleeping. Those who consume alcohol during such travels showed symptoms of alcohol dependence.



The study was based on de-identified health records of 18,328 US employees who underwent a health assessment in 2015. "Employees who travel extensively need to take responsibility for the

decisions they make around diet, exercise, alcohol consumption and sleep. However, to do this, employees will likely need support in the form of education, training and a corporate culture that emphasises healthy business travel," said researcher Professor Andrew Rundle.

**WORK OUT FOR BETTER MENTAL HEALTH**

Staying active not only improves a person's fitness but can also help you look and feel better. Here is how to get started:

- **FIND AN ACTIVITY YOU ENJOY AND STICK TO IT.** It may be hard work at first adhering to a regular exercise schedule, but it's worth the effort.
- **SET A GOAL.** Personal achievement can increase the enjoyment of an activity. But make sure your goal is achievable, e.g. walking for 20 minutes, instead of two hours.
- **IMPROVE YOUR MOTIVATION.** Get a friend or family member to join you. Or take part in group activities.
- **A LITTLE EXERCISE GOES A LONG WAY.** Don't be discouraged if you can't find time for regular workouts. Studies have shown that even a 15-minute walk each day offers health benefits.



**#KNOW THIS**

Composers and performers have been using and playing with repeated sound samples and speech for more than **50 years**.

The sound of water dripping or an air-conditioner unit running may not seem very musical, but research at the University of Arkansas Music Cognition Lab in the US has shown that repeating snippets of environmental sounds can make them sound like music. This is called "sound-to-music" illusion, where repetition can musicalise non-speech sounds. Researchers used digital clips of 20 environmental sounds, ranging from a bee buzzing to machine noise. They played each clip a total of 10 times to measure the reaction of 58 participants, who rated them along a spectrum from "sounded exactly like environmental sound" to "sounded exactly like music." The degree of musicality participants heard in the clips rose with repeated exposure.

**MUSIC TO OUR EARS**



**SING YOUR HEART OUT**

Singing in a group can make you happier. A study by the University of East Anglia in England examined the benefits of singing among people with mental health conditions, such as anxiety and depression, and found that group singing in an informal setting maintained or improved their mental health. Researchers followed a community singing group made

up of members with mental health conditions for six months. They observed that the combination of singing and social engagement gave participants a feeling of belonging and well-being that often lasted a day or more, as well as improved their social skills and confidence. Unlike music therapy, there is no pressure for anyone to discuss their condition.

## THE WRITE WAY TO SLEEP

Unable to doze off at night? Try listing down your unfinished business before bedtime, a new study by Baylor University in Texas, US, found.

Fifty-seven participants were divided into two groups and given five-minute writing assignments before retiring. One group was asked to write down everything they needed to remember to do the next day or in the coming days; the other to list down tasks completed in the previous few days. All participants had to be in bed at the same time.

An overnight polysomnography, a sleep measurement test, was used to monitor electrical brain activity using electrodes. Results



showed that those who wrote a "to-do" list fell asleep nine minutes sooner than those who jotted down what they have completed. "Most people just cycle through

### #KNOW THIS

The blue light given off by phones, tablets and TVs prevents the production of melatonin, which helps you fall asleep. If you don't want to give up using your iPad in bed, follow this advice from a 2013 Mayo Clinic study: Keep the device at least **14 inches** from your face and turn down the screen's brightness to reduce your risk of light-related sleep problems.

their to-do lists in their heads, and so we wanted to explore whether the act of writing them down could counteract nighttime difficulties with falling asleep," said lead author Professor Michael K. Scullin.

The researchers acknowledged that a larger future study would have to be conducted for the results to be of value.



## PERKS OF LEAVING THE INDOOR CLASSROOM

The benefits of outdoor activities are well known. Adding to the list of positives is a finding from a recent study which showed that children are significantly more attentive and engaged with their schoolwork following an outdoor

lesson in nature. Researchers from the University of Illinois at Urbana-Champaign in the US held an experiment where a class of nine-to-10 year-olds were taken outdoors for a lesson in nature once a week, for 10 weeks. Each time when they were brought back to the classroom, the teachers could teach uninterrupted for almost twice as long in

a session, compared to when the students remained indoors throughout the day. The results were measured based on the number of times the teacher needed to redirect the attention of distracted students back to their schoolwork; the number of times phrases such as "sit down" and "you need to be working" were

used; as well as having an outside observer look at photos taken of the class during the observation period, and scoring them on the level of class engagement.



## To a better year at the office:

Make your work life a healthy one with these simple tips.

### Extend a helping hand to a colleague

Studies show that when you do a good deed for others, it makes them happier, which in turn makes you happier, too.

**Stay positive.** It will lift your spirits and give you a different outlook on life.

### Discuss your feelings

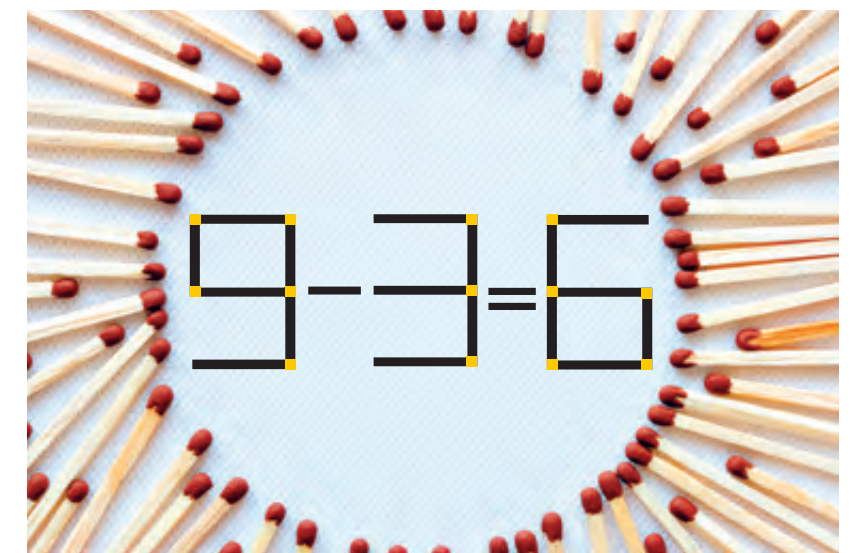
If you are unhappy about a work matter, talk to your supervisor. This may help you put things into perspective.

### You don't always have to say "yes"

Burnout happens easily. If you feel overwhelmed by your workload, speak up.

### Remember to take a break

Work hard but also make sure you set aside time to rest your body and mind.



## MATCH THE CORRECT EQUATION TO THIS BRAIN GAME

**DIRECTIONS:** Move one matchstick to get another correct equation.

REFER TO THE CONTENTS PAGE FOR PUZZLE ANSWER



“WITH COMMUNITY-BASED CARE, THE FOCUS IS ON RECOVERY, SOCIAL INTEGRATION AND LIFE BEYOND THE WALLS OF AN INSTITUTION”

Associate Professor Chua Hong Choon, Chief Executive Officer, IMH.

# 90

## YEARS OF MENTAL HEALTHCARE:

THE SINGAPORE STORY



As IMH marks its 90<sup>th</sup> anniversary, the gap between people with mental illness and the general population is – physically and metaphorically speaking – closing.

**N**inety years ago, in 1928, Singapore was still under British rule when a new healthcare facility named The Mental Hospital was built in Yio Chu Kang. Located off what-was-then Jalan Woodbridge (now Gerald Drive), it was renamed Woodbridge Hospital in 1951. “For decades, people with mental illness were sequestered and cared for here, hidden from the public eye,” says Associate Professor Chua Hong Choon, Chief Executive Officer of the Institute of Mental Health (IMH). A/Prof Chua was a junior doctor when he joined the hospital 25 years ago. “Back in the early days, the community gave the hospital a wide berth. People with mental illness were shunned by society and we were often their custodians for life,” he recalls. “Hardly anyone talked about mental illness or wrote about it.”

Fast forward to today, and the mental healthcare landscape is vastly different. The most obvious change occurred in 1993, when Woodbridge Hospital moved to its present location in Buangkok and had IMH added to its name to reflect its added roles in research and education. This was part of a paradigm shift in bringing mental healthcare closer to the community, as well as changing public attitudes toward mental illness. *Imagine* looks at how mental healthcare in Singapore has evolved over the years — and where it is heading.

### FROM CUSTODIAL CARE ...

Professor Wong Kim Eng, Emeritus Consultant, IMH, remembers what the institution looked like when she started working there in 1975. “The old Woodbridge Hospital was a rambling, colonial-style building set in a rustic village environment,” she says of the site sprawling over 80 hectares surrounded by *kampungs*. In those days, it was taboo to discuss mental health issues, let alone have a mental disorder. People with mental illness were either too scared to get treatment, or were uninformed and unaware of their condition.

“When I was a young psychiatrist, most of my patients suffered from schizophrenia and they often presented late in their illness,” says Prof Wong. By that point, hospital staff could not do much but nurse the patients, mostly in long-stay wards, as best as they could. People with other conditions, such as depression and anxiety disorders, seldom came to the hospital; instead, they suffered in silence without seeking treatment.

“As a custodial facility, we did our best to keep patients meaningfully engaged,” explains Ms Margaret Hendriks, who started as a nurse in the hospital in 1975 and currently heads the Case Management Unit. “Outside the wards was a big field where patients played baseball and football. We also had an occupational therapy department that offered farming, carpentry, basketry, sewing and other activities for patients.”

The push towards providing mental healthcare within the community — which had begun in 1957 with the opening of psychiatric outpatient clinics in Bukit Timah, Paya Lebar and Kallang Dispensaries — intensified after the Community Psychiatric Nursing (CPN) service was established in 1988. “Under this initiative, specially-trained nurses visit discharged patients in their own homes on a regular basis to perform tasks such as administering injections, assessing the patient’s mental state and educating caregivers,” says Ms Samantha Ong, Chief Nurse of IMH. She was formerly part of the CPN team, having begun her career at the hospital in 1986.

## FOCUS



### TO COMMUNITY-BASED CARE

When IMH moved to its current premises in 1993, it became much closer in proximity to the community, with residents living in HDB blocks just across the road. While this was partly due to space constraints in land-scarce Singapore, it nonetheless ushered in greater awareness of mental health issues and a new approach to care delivery. "With community-based care, the focus is on recovery, social integration and life beyond the walls of an institution," says A/Prof Chua. "The aim was for people with mental health problems to live and work in the community even as they continued to seek treatment."

There was an increased effort to provide mental healthcare beyond the hospital, for instance in outpatient clinics, polyclinics and General Practitioner (GP) clinics, to enable continuity of care for discharged patients and to promote prevention and early detection. "Like any other disease such as diabetes, the earlier you treat mental illness, the better the outcome will be," says A/Prof Chua. "Rather than wait for patients who are seriously ill to come to IMH, we treat at-risk patients or those with mild to moderate mental health issues in the communities where they live, minimising the need for hospitalisation."

In particular, the National Mental Health Blueprint (NMHB) in 2007 sparked a raft of community-based mental health programmes. These programmes tap on resources on the ground, such as school counsellors, GPs and family service centres, as they are usually the first to observe early warning signs of mental health issues. The NMHB also pushed for the right-siting of care to dispense services at the



appropriate setting, which may not always be in the hospital. "This is especially so for milder cases, where intervention in the community is better for the patient as it reduces stigma and keeps hospital beds for the severe cases," says A/Prof Chua.

### A GREATER SOCIAL CONSCIOUSNESS

"Public discourse on mental health has grown, partly due to the rise of the Internet and increased mass media coverage of mental illness," says A/Prof Chua. People now feel more comfortable talking about mental illness, allowing misconceptions — such as the belief that it is caused by personal weakness or a character flaw — to be cleared up. "The past 20 years have seen a greater collective social consciousness of mental health problems and their prevalence in our society," he adds.

This is evident from the broad spectrum of diseases that IMH caters to. Whereas previously psychiatrists mainly saw late-stage schizophrenia patients, now people with other conditions like depression are more willing to seek treatment. IMH has steadily built up its expertise in six areas — schizophrenia; mood and anxiety disorders; dementia; addiction; child and adolescent

psychiatry; and forensic psychiatry — each with a variety of treatment modalities for inpatients and outpatients, including medication management, individual and group therapy and counselling. Breakthroughs in drug discovery have further improved patient outcomes and reduced the potential side effects of medication.

With growing public awareness of mental health issues, patients and their caregivers have become more knowledgeable. Prof Wong cites a recent case where the patient correctly suspected, pre-diagnosis, that she had borderline personality disorder.

As a result, patients are becoming more involved in their care and have changing expectations of their care team. "Patients now ask more questions about their treatment plan and want to be consulted," says Ms Ong. "So it is important our nurses go beyond providing care. They need

**Top left**  
The colonial-style facade of the old Woodbridge Hospital

**Above**  
A distinctive feature of Woodbridge Hospital was its wide open spaces

## AN ERA OF COLLABORATIONS

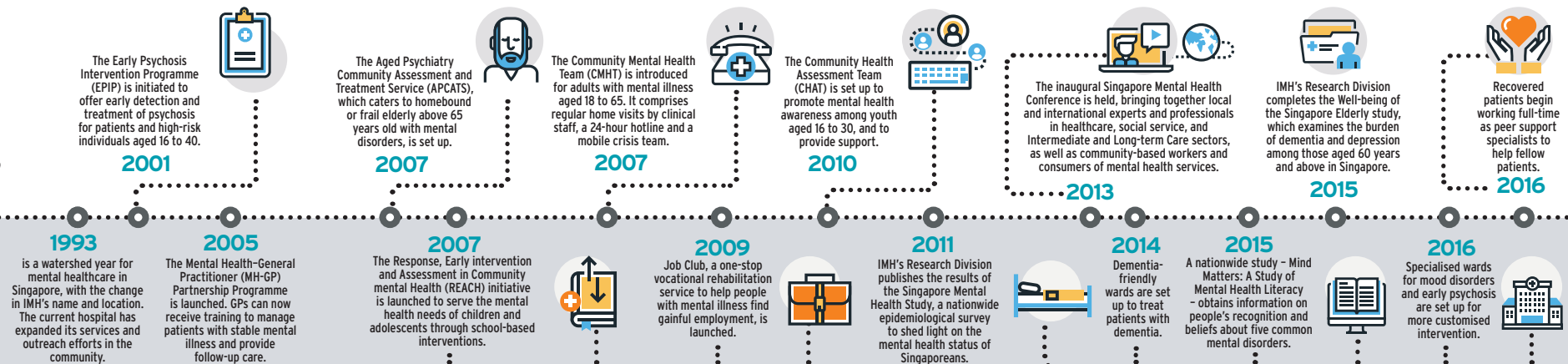
**A**nother tangible difference in Singapore's mental health scene is the growing number of players involved. A/Prof Chua notes that psychiatric services are now available at nearly all hospitals, and there are also more social service organisations focusing on mental health, including the Singapore Association for Mental Health, Silver Ribbon (Singapore), Club HEAL and Caregivers Alliance Limited. "The multi-faceted nature of mental illness calls for a multi-agency approach to treatment, rehabilitation and community reintegration," he says. To this end, IMH partnered primary care and community partners like GPs, schools, family service centres and senior activity centres, to look out for mental health issues and provide support through initiatives like REACH, CHAT and APCATS. Over 100 GPs have also come on board the Mental Health-General Practitioner Partnership Programme to provide accessible mental healthcare in the community.



The main lobby of IMH, open since 1993

## IMH: FROM STRENGTH TO > strength

The past two decades have seen major changes in the approach to dealing with mental health issues.



Beyond the hospital to the community: multi-disciplinary teams from IMH visit patients in their homes to provide continued care



to have good psychosocial skills and equip patients with information ranging from why a specific medication is necessary to how to deal with a relapse.”

**RECOVERY IS POSSIBLE**

In recent years, there has been a shift from a community-based to a recovery-focused model of care. While the former model ramped up mental health services within the community, it still assumed that patients were chronically ill. The recovery-focused model, in contrast, emphasises social inclusion and gives people opportunities to contribute as valued members of society. “We believe that we can empower patients to take control of their lives, build on their strengths and reintegrate into society,” says A/Prof Chua.

One example of the trend towards recovery-focused care is IMH's Job Club. This one-stop employment service provides vocational counselling, psychosocial and vocational readiness assessment, job placement and coaching and jobsite follow-up to help people with mental illness select, secure and keep a job. By re-entering the workforce, they can become financially independent, lead purposeful lives and feel a sense of belonging.



**“PATIENTS NOW ASK MORE QUESTIONS AND WANT TO BE CONSULTED ABOUT THEIR TREATMENT PLAN. IT IS IMPORTANT OUR NURSES GO BEYOND PROVIDING CARE.**

Ms Samantha Ong, Chief Nurse, IMH

Another development is the increasing recognition given to peer support specialists (PSS): people with mental illness in recovery who want to help others like them. IMH began engaging such persons in 2009 to share their stories with patients on an ad-hoc basis. The role was formalised as a full-time job in 2016 with PSS now an integral part of the care team in various departments. In 2017, IMH and the National Council of Social Service commenced the Peer Support Specialist Programme to provide a training curriculum for those taking up the role.

**THE NEXT DECADE**

The last 25 years have been transformative for Singapore's mental health landscape. However, the journey is far from over. For one, there is still a lingering stigma against mental illness. “My wish for the next 10 years is that employers will abolish the question on whether job applicants have had past or present mental health issues, and be prepared to hire recovered psychiatric patients,” says Prof Wong.

A/Prof Chua adds that the concept of “holistic health” must be embraced: “The mental, physical and social aspects

of health are not separate dimensions of healthcare. We need to be healthy in all three aspects.” That is why, according to Ms Ong and Ms Hendriks, nurses and case managers are now trained to address not only the patients' mental health needs but their overall medical condition.

Ultimately, A/Prof Chua envisions a future in which the number

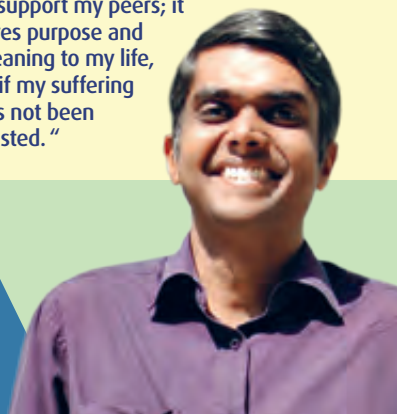
of inpatients is halved and the number of outpatients is doubled. “Because patients would be empowered in their recovery journey, there would be fewer severe cases requiring hospitalisation. We could then take care of more people through a lighter touch.”



**THE POWER OF LIVED EXPERIENCES**

*Diagnosed with psychosis in 2010, Mr Vijay Pratap, 31, later became one of the first full-time peer support specialists at IMH in 2016. He tells Imagine why he chose this career.*

“With the encouragement of my case manager at EPIP, I started offering support to peers with psychosis in 2012. I remember talking to a peer who was in tears as she recounted her experience. When I told her my story, she said that she felt better and went away smiling at the end of the session. It made me realise the power of my lived experience — when shared properly, it can cause a positive change in people. That's when I knew I wanted to pick peer support work as my vocation. My job involves facilitating inpatient groups in the EPIP department and providing face-to-face support on a one-to-one basis, as well as talking to outpatient peers over the phone. Through role-play activities, I help train medical students to build a better rapport with patients. Advocacy is also part of my job, so I speak to visiting students at IMH and during public events like World Mental Health Day. Having been through the recovery journey myself, patients sometimes find it easier connecting with me and opening up to me than they would to a psychiatrist. It feels good to be able to support my peers; it gives purpose and meaning to my life, as if my suffering has not been wasted.”



**Point of Contact**

**Senior Case Manager Ms Gemma Angela Fernandez ensures that patients continue to receive the care that they need, even after they have been discharged from IMH.**

INTERVIEW  
ASHUTOSH  
RAVIKRISHNAN  
// PHOTOS  
EALBERT HO



case manager | I SERVE

Navigating follow-up consultations and therapy appointments can be a challenging task for some patients with mental illness. To overcome these obstacles, it is important for patients to have someone in their care team they can easily turn to in times of need. Case managers like Ms Gemma Angela Fernandez are committed to being just that for their patients.

Through regular follow-up phone calls and home visits, they build a strong rapport with their patients even after they have been discharged. “Such efforts keep us informed on what's going on in the patient's life,” explains Ms Fernandez, 53. “This knowledge is central to the continuity of care that case managers provide their patients. Sometimes, patients miss their appointments and I try to find out why and how we can help them.”

Case managers work closely with the multi-disciplinary care team to ensure that every aspect of the patient's care is covered. “We are a link between the patient and the care team,” she says.

They also help patients get the assistance they require for their day-to-day needs. “We'll find out if they require any services or assistance, like food rations for example, and link them up to the relevant social services and resources,” says Ms Fernandez,

who joined the Institute of Mental Health (IMH) nine years ago.

Back then, the hospital had just a handful of case managers — or CMs, as they are known informally. That number has since grown to more than 50, with each case manager assigned to about 150 patients. “This may sound like a large number but patients' needs,

*We are a link between the patient and the care team.*

which range from social to medical and psychiatric, vary greatly. Some may need us to follow-up with them very closely. Others are more independent and have their condition under control. They may call to tell us about a new job or simply that they've had a good day. These are nice things to hear,” shares Ms Fernandez.

may call to tell us about a new job or simply that they've had a good day. These are nice things to hear,” shares Ms Fernandez.

**INTO THE COMMUNITY**

To provide case management support to discharged patients with high social needs, IMH rolled out the Aftercare Programme in 2015 in parts of the north and south of Singapore. The programme relies on close collaboration with community partners in the area, which include Family Service Centres and Voluntary Welfare Organisations.

To ease the patient's transition home, Ms Fernandez conducts weekly home visits with community partners to check in on the patients and see if they are coping well. She is also the partners' point of contact from IMH, which means that partners reach out to her if they notice any signs of relapse or need the hospital's services. The programme has helped reduce patients' readmission rates, emergency room visits and defaulted appointments. Patients have also been observed to be more compliant with their medical appointments. Encouraged by these outcomes, IMH expanded the service to selected areas in the east of Singapore in 2016 and west in 2017.

**A NATURAL CALLING**

To Ms Fernandez, being a case manager has an unexpected benefit — it allows her to raise awareness of mental health issues in the community. “As I work with community partners, I share with them common symptoms of mental disorders, so they know to be on the lookout,” she says. “Some of them are unfamiliar with mental illness, so in some way, I am helping beat the stigma.”

Caring for the disadvantaged comes naturally to Ms Fernandez, who grew up

watching her father give back generously to society. This led to her setting up The Tent in the early 2000s, together with three ex-colleagues. The home serves vulnerable teenage girls and aims to reintegrate them back into their families and society.

For her tireless contributions to the community, Ms Fernandez was one of three service leaders honoured with the Silent Heroes Award last year. The annual ceremony organised by the Hillview Civilians Sports Club recognises Singaporeans and Permanent Residents who make a difference to society.



# Line of thought

Drawing has become a barometer that Mr Chia Xun An uses to measure his mental and emotional state.

INTERVIEW FAIROZA MANSOR // PHOTOS HONG CHEE YAN

After a streak of calm that lasted a couple of years, Mr Chia Xun An — who had been diagnosed with major depressive disorder when he was 10 — started experiencing a new set of symptoms in late 2013. The then-21 year-old was in the final semester of his diploma course at a local polytechnic when he was beset by “bouts of intense emotions that surfaced rapidly and quickly, swinging like a pendulum. With that, came a fair bit of disassociations during which I had difficulty ‘sensing’ my surroundings,” says Mr Chia, who also started seeing scribbles and lines around him. Taken together, these symptoms greatly affected his ability to communicate and function, eventually leading to a mental breakdown in the middle of class. The relapse not only put a halt to his studies (as it had done before) but also brought on a new diagnosis along with it — borderline personality disorder, a condition characterised by an ongoing pattern of varying moods, self-image and behaviour.

“Relapses are never fun,” says Mr Chia, now 26, matter-of-factly. “What’s most upsetting for me is that when it happens, it can last a relatively long period of time — sometimes for up to a year. A relapse impairs my day-to-day functioning and genuinely disrupts living life. I struggle to even get out of bed. I basically disappear and not by choice.” Stumped at how to express what was going on within him or talk about these lines and scribbles, Mr Chia, who has loved to draw since he was a child, took to what came naturally. “I drew out all the lines and thoughts,” he says.

These sketches eventually gave rise to a story about a penguin named Penn that waddles about with a box filled with black lines over its head. The hovering

box is a metaphor for Mr Chia’s condition and how he is trying to contain it. These drawings then culminated in a book about depression titled *The Black Box*, which Mr Chia wrote, illustrated and self-published in 2015.

## A FORM OF EXPRESSION

Drawing to Mr Chia is beneficial in many ways. “The act of drawing is cathartic as it allows me to express my thoughts and emotions, as well as ideas through a visual process — an activity I enjoy,” he says. “The resulting sketches also serve as barometer on my current mental and emotional state.” The messier the lines, for example, the more turmoil he is experiencing inside, thus signalling that he needs to take a step back and work harder at managing his mental health challenges. This includes taking medication and going for psychotherapy sessions.

The eldest of three sons says creating — be it drawing or constructing model kits — brings about positive emotions. “I see my creations as hope, not just for myself, but for others who have seen my works and are possibly in the same boat. That’s why I would

encourage everyone to draw; you don’t have to be skilled to express yourself,” urges Mr Chia.

Having completed his specialist diploma course in interior and landscape design at BCA Academy (the education and research arm of the Building and Construction Authority, Singapore) in 2016, Mr Chia embarked on a degree course there this February. “My aspiration since I was six was to work in the building and construction industry. I wanted to be an architect,” Mr Chia says. “Down the road, I hope to eventually start my own firm.”

Mr Chia (below) has completed his specialist diploma course and aspires to become an architect

Mr Chia, who offers his services and time to various mental health organisations, is hopeful about the future. “I am slowly getting back on track to what I want to do in life, and I don’t take this moment for granted,” he says, expressing gratitude to family and friends who form his core support system. “I am also motivated by individuals who have contacted me to tell me that my story and art have inspired and given them hope in overcoming their own challenges.”

However, such support may not always come as readily, Mr Chia says. “Take heart as there may be those who do not understand what you’re going through. Make an effort to seek the people who care about and will support you,” he advises. “Time is changing and on our side. There is at present a heightened awareness about mental health issues, and stigma is slowly but finally decreasing.”

Left Mr Chia’s drawings allow him to express his thoughts and emotions



“TIME IS CHANGING AND ON OUR SIDE. THERE IS AT PRESENT A HEIGHTENED AWARENESS ABOUT MENTAL HEALTH ISSUES, AND STIGMA IS SLOWLY BUT FINALLY DECREASING.”

THE BLACK BOX



Mr Chia Xun An’s illustrative book can be purchased at [www.blackboxprojects.net](http://www.blackboxprojects.net). Mr Chia is currently working on his second book featuring Penn the penguin, who is now becoming a more active member of the society. Keep a lookout for its release in late 2018!



Mr Chia was involved in the World Mental Health Day event at the Singapore Botanic Gardens last year, where he shared his recovery story.



# Riding LIFE'S UPS and DOWNS

“WHEN YOU HAVE A PHYSICAL HEALTH PROBLEM, YOU SEE A DOCTOR TO GET WELL. WHEN YOU HAVE A MENTAL HEALTH PROBLEM, YOU SHOULD DO THE SAME.”

Nidhi Paritosh Mahana

NIDHI PARITOSH MAHANA, COPING WITH OBSESSIVE COMPULSIVE DISORDER

**Through medication and therapy, Nidhi Paritosh Mahana, 30, is able to manage her obsessive compulsive disorder and acrophobia.**

INTERVIEW JIMMY YAP  
// PHOTOS ELTON CHONG

**Looking back, I think** I started displaying symptoms of obsessive compulsive disorder (OCD) as early as in my childhood. In school, I would check my pencil case and bag repeatedly to ensure all my things were there. Before exams, I would check that I had my identification card with me several times before I could leave the house.

**My condition worsened** when I gave birth to my elder daughter in December 2013. She was born prematurely and was in neonatal intensive care for a month. We were living in Kuala Lumpur then. Soon after she was discharged, our family moved to Singapore. I was new in the country; I had no helper and was looking after my daughter and handling the household chores alone, while my husband went to work. I worried that my daughter might fall ill and obsessed with keeping the house spotless. I found myself repeatedly cleaning her clothes and toys, as well as sterilising her milk bottles. I would spend

six to eight hours on this. I soon had trouble leaving the house because I was worried about whether I had left the gas or stove on. I became so frustrated that I didn't want to leave home at all. As a result, I was angry and depressed, and had many arguments with my husband.

**I decided to check my symptoms online** and that was when I first learnt about OCD. When I went back to India to visit my parents in Jhunjhunu, a small town near the city of Jaipur, Rajasthan, I asked my parents to take me to see a psychiatrist. They didn't think it was necessary and that I was over-reacting, but I persisted and they accompanied me to a clinic. They sat with me as I explained my symptoms to the psychiatrist. After listening and taking down notes, he took out a pamphlet and gave it to my father and mother, and told them that all my symptoms were listed in the pamphlet. That's when my parents understood that I really needed help.

**I made an appointment to see a psychiatrist** when I came back to Singapore. I was diagnosed with OCD and acrophobia (fear of heights). I was prescribed medication and over a few months, my dosage was slowly calibrated to a level that worked for me. Apart from wanting to get better for myself, I also wanted to do it for my daughter. Because of my condition, I was not able to enjoy my time with her. I did not want her to see her mother so unhappy and frustrated. Also, I was worried that she might notice my rituals and start imitating me.

**The psychiatrist referred me to a psychologist** to learn skills to manage my OCD and acrophobia. My acrophobia manifests itself as a fear of using escalators going downwards. While this is something that can be worked around, it affected my life. When I was working in Kuala Lumpur, I would sit in the office hungry

rather than go out for lunch with my colleagues because I didn't want them to see my fear.

To overcome this, the psychologist contacted escalator companies in Singapore to find out which building had the shortest escalator. She found one near her clinic and we practised taking the escalator every morning at 7am, when it wouldn't be crowded. For the first 30 minutes, we practised on a stationary escalator. We then practised on a moving one. At first, she held my hand as she stood beside me. Then, she stepped behind me and placed her hands on my shoulder. Finally, I was able to do it on my own. After practising a few times at that location, we moved on to escalators in a mall near where I live. Whenever I go out with my family now, I still practise using those escalators.

**Some of my OCD symptoms** returned recently after I gave birth to my second daughter as I chose to stop taking medication during my pregnancy. For instance, I find myself checking if the door is locked or if the lights are switched off at home more often. Once I stop breastfeeding, I will continue with my treatment.

**My advice to people with conditions** such as OCD is to get help. It's a health problem. When you have a physical health problem, you see a doctor to get well. When you have a mental health problem, you should do the same. It is also important to have family support. My parents and husband have been a big part of my recovery journey, be it by accompanying me for appointments or listening when I need to talk about my struggles.



Nidhi with her husband, Paritosh at home

# BREAKING THE GRIP OF ADDICTION

Often dismissed as a 'weakness in character', having an addiction is a mental disorder that may require therapy and professional help to overcome

TEXT JIMMY YAP // PHOTOS GETTYIMAGES

**R**euben Narain was the personification of the hard-drinking, party-loving musician. A drummer in a pub band, there were times he would drink so much that the establishment's patrons had to carry him home. On one particular occasion, he woke up handcuffed, having been arrested the night before for being drunk and disorderly. He had no memory of what he had done.

Over time, he found that he needed to drink more and more to get the same buzz. "Alcohol lost its magic for me," he recalled. "A bandmate offered me heroin and I thought I would give it a try. I thought I would only use it once every week but within two months, I was using it every day." That was 1975 and Mr Narain was 25 years old at the time. He would spend the next 20 years fighting his addiction.

He tried quitting. He left the band and the hard-partying lifestyle, got married, and found a steady job with a statutory board. "But the urge to use was very strong so I relapsed," he said.

In 1977, Mr Narain was arrested for heroin use and spent three months at a drug rehabilitation centre. Over the next two decades, he would be arrested four more times — twice for drug use and twice for shoplifting — while under the influence of drugs. He lost his job and veered from one odd job to another. And yet he felt the need to feed his drug habit, regardless of the consequences. This is what addiction does. People start taking a substance like heroin or alcohol, then

find that they can't stop using it, even when it starts to have a detrimental effect on their lives.

## WHAT IS ADDICTION?

Society has had a harsh view of people with addiction in the past. Traditionally, those who suffered from an addiction, be it drugs, alcohol or gambling, were regarded as 'weak-willed'. Their addiction was often perceived as a moral failure — many believed that such dependencies could easily be overcome just by determination and resolve, and as such they were shown little empathy.

However, the truth is more complicated. The American Psychiatric Association defines addiction as a brain disease that is "manifested by compulsive substance use despite harmful consequence." Addiction occurs when the reward pathway in the brain is hijacked by an addictive substance or a particular kind of behaviour, says Dr Lambert Low, Consultant, National Addictions Management Service at the Institute of Mental Health.

There are two basic types of addiction: substance and behavioural. Substance addiction occurs when someone becomes addicted to a substance like heroin, alcohol, codeine or nicotine. On the other hand, sufferers of behavioural addiction engage in a behaviour — gambling for example — to the point that it interferes with normal everyday functioning. When people stop taking the substance or engaging in that behaviour, they experience withdrawal



**ADDICTION TREATMENT CONSISTS OF TWO PHASES, ACUTE AND REHABILITATIVE. DURING THE ACUTE PHASE, THE AIM IS TO DETOXIFY THE SYSTEM, TO REDUCE THE BODY'S PHYSICAL DEPENDENCE ON THAT DRUG OR BEHAVIOUR.**

produces a euphoric feeling and teaches people to repeat the behaviour to get that feeling again.

Eventually, this behaviour also affects the prefrontal cortex, a part of the brain involved in a variety of complex behaviours, including decision-making and impulse control. "Over time, the prefrontal cortex becomes less able to inhibit urges, and people change from being impulsive users to compulsive users," says Dr Low. "They find that they cannot stop themselves, even when

**"THE LONGER YOU ARE AWAY FROM THE SUBSTANCE OR BEHAVIOUR, THE EASIER IT IS TO STAY AWAY"**

Dr Lambert Low, Consultant, National Addictions Management Service, IMH

their behaviour affects them in a negative way."

This is true even for behavioural addiction. So even though gambling is a behaviour rather than a substance that is consumed, gambling also affects the brain's reward centre. People enjoy the feeling that comes from gambling and winning and they can also develop

symptoms. According to Dr Low, a defining hallmark of addiction is how embedded that addiction or behaviour becomes in the individual's life. "It takes over your whole life. You think about it all the time. You use it at work, and when you are with your family. You change your lifestyle to suit that addiction."

## WHY PEOPLE GET HOOKED

Addiction works by changing the brain in several ways. Addictive drugs, or addictive behaviour, release dopamine into the system. Dopamine is a neurotransmitter, a chemical that is responsible for sending signals between the nerve cells (neurons) of the brain. Dopamine can be found in parts of the brain that, among other things, control feelings of pleasure. When this system is overstimulated by an addictive drug or behaviour, it

a tolerance, meaning that they need to gamble more often or increase the amount gambled in order to feel good. They chase their losses to win back money, and if they are not allowed to, they become irritable. "This is similar to withdrawal," says Dr Low. And just as with substance use disorders, with a gambling disorder, over time, the prefrontal cortex becomes less efficient in inhibiting the urge to gamble. That is why people end up gambling even when they lose money that they borrowed to begin with, or when the gambling affects their relationships.

## IS THERE A WAY OUT?

Addiction treatment consists of two



Dr Lambert Low



phases, acute and rehabilitative. During the acute phase, the aim is to detoxify the system, to reduce the body's physical dependence on that drug or behaviour. However, treating addiction requires more than removing the physical dependence, says Dr Low. It is also vital to do psychological work to rebuild the ability to inhibit and deal with urges.

In rehabilitation, the treatment focuses on the individual and targets the underlying causes. While there is a genetic component to addiction, there are also environmental factors that come into play as well. "Some people have difficulty dealing with stress, or have strained interpersonal or familial relations that predispose them to abuse alcohol or drugs. Holistic treatment looks at all these issues," he says.

Therapy works on the individual and group level. Individuals get counselling and undergo psychotherapy, like cognitive behavioural therapy (CBT). "Someone with a gambling addiction may have distorted thinking; they think that they have a unique system of play that will ensure that they can win.

The aim of CBT is to make them recognise and challenge such distorted thinking."

At the social level, there is family therapy and group support. Family therapy tries to draw in members of the family to support the individual in overcoming the addiction. Also, group support, like Alcoholics Anonymous and Narcotics Anonymous, provides a safe space for recovering individuals to discuss their problems with other people who have had similar experience.

The one thing that does not help is to think of addiction as a lack of willpower or as a moral failure. "In the past, people used to think of it as a moral disease, but trying to blame a particular individual is not helpful and not accurate," says Dr Low. "How much are you in control of your own brain circuits?" Such an approach to addiction does not help anyone recover. Because it is a complex disease, there is a risk of relapse. But addiction can be treated — and for patients who have managed to stay abstinent, the longer you are away from the substance or behaviour, the easier it is to stay away, says Dr Low.

## No Looking Back

While it may be tough to beat an addiction, recovery is possible and Mr Reuben Narain is testimony to that.

**M**r Narain spent two decades addicted to heroin. After he was arrested in 1996, he

called his wife. "I said that this time, I can't go into the DRC (drug rehabilitation centre). I don't think I can take it. 'Can you bail me out so I can run away?' I asked her."

She agreed, but only if he would check in to a halfway house. So after he was let out, he skipped bail and spent two months at a halfway house where he kicked his heroin habit.



He then surrendered himself to the relevant authorities and went to prison for two months.

After his release, Mr Narain was determined to stay clean. He went back to the halfway house and stayed there for nine months, going home only on weekends. He wanted to be in a safe and supportive environment, and was eventually offered a job there helping others to recover.

He later joined the Institute of Mental Health, where he is today

a senior assistant counsellor, running programmes for people with addiction issues. "There is a connection," says Mr Narain, who is now 69, and has been clean for 22 years. "They know, that unlike their families, I understand what they are going through."

He believes that to avoid relapsing, one needs "skill-power rather than willpower". It is about learning skills to avoid triggers and strategies for dealing with temptation. "You need to know how to avoid people, places and things that might be triggers." He also advises people not to try doing it alone. "Go for support group meetings. There are blind spots that you are not aware of. If there's another person going through what you are, it might help you see the early warning signs. The moment you talk, that powerful craving becomes less powerful."

## NATIONAL ADDICTIONS MANAGEMENT SERVICE (NAMS)

NAMS was set up in 2008 to provide intervention and support for persons with addiction issues. A multi-disciplinary team conducts individual counselling, group therapy, family therapy and support group programmes for patients and family members. For first-time patients who call the helpline or walk in to the clinic before noon, NAMS offers same-day appointments. The All Addictions helpline number is 6-RECOVER (6-7326837).



FOR MORE INFORMATION, VISIT [WWW.NAMS.SG](http://WWW.NAMS.SG)

# AWAKING THE UNCONSCIOUS

A form of talking treatment, psychodynamic therapy goes deep into one's unconscious to resolve psychological conflicts.



TEXT KOH YUEN LIN // IN CONSULTATION WITH DR GWEE KOK PENG, SENIOR CONSULTANT, DEPT OF MOOD & ANXIETY, IMH / DIRECTOR OF PSYCHOTHERAPY // PHOTO GETTY IMAGES



**L**et's talk about it, shall we?" Talking about one's problems has a far more powerful impact on our well-being than we imagine.

And while confiding in a loved one might give us an avenue to express pent up emotions or momentarily clear our mind, talking to a trained psychotherapist can do even more: you might just discover things in the deep recesses of your unconscious.

It was the early 1900s when Sigmund Freud theorised that the unconscious part of the mind has an important role to play in influencing our behaviour, experiences and thoughts. Today, psychotherapists continue to discover more about this part of the mind that contains psychic material such as repressed memories, desires and conflicts — and how to unlock these to lessen symptoms and improve lives.

Psychodynamic therapy is one of the ways this is done.

### A Therapeutic Alliance

It is not easy to be aware of or control our unconscious mind, and accessing it takes specialised training. Dr Gwee Kok Peng, Director of Psychotherapy at IMH, details the process: "The therapist encourages the patient to freely share his thoughts, feelings and experiences, without censoring himself. He listens, observes and feels the patient's communications while reflecting on his own responses. The two work together to uncover, experience, understand and unlock unconscious conflicts and developmental lags in the patient." This form of therapy — which is usually done in 50 minute-long weekly sessions — is less

intense than formal psychoanalysis. The sessions are not structured with fixed learning agendas. Instead, they are free-flowing.

Yet it takes two hands to clap, as Dr Gwee highlights. "The therapist's attunement, experience and skill; the patient's motivation, and capacity for self-reflection and personal insight; and a good therapeutic relationship between the two, contribute to the therapy's effectiveness."

### When Is It Used?

Psychodynamic therapy can be conducted on its own, or combined with medication and/or other psychosocial interventions, such as family therapy. So far, it has reported effectiveness in conditions such as depression and dysthymia; anxiety, social phobia and post-traumatic stress disorder.

However, Dr Gwee emphasises the importance of the human element in this equation. "Not all patients with these conditions will respond. The individual's characteristics play a role in whether he or she is suitable for this form of therapy." Apart from being motivated to work towards change, the patient should also be able to think in abstract and symbolic terms. He or she would also need to be able to withstand the strong emotions that might be unearthed in the process of therapy. However, psychiatric treatment is as much an art as it is a science, and a patient who checks all the boxes for psychodynamic treatment could still not benefit from it. As such, patients should talk to their doctors if they feel that their treatment isn't helping, so that both parties can re-evaluate and decide on the most effective course of action.

“What characterises it is the Unconscious. It's about making the Unconscious conscious.”

DR GWEE KOK PENG, on psychodynamic therapy.



ASK THE

# EXPERTS

IMH clinicians answer your questions.

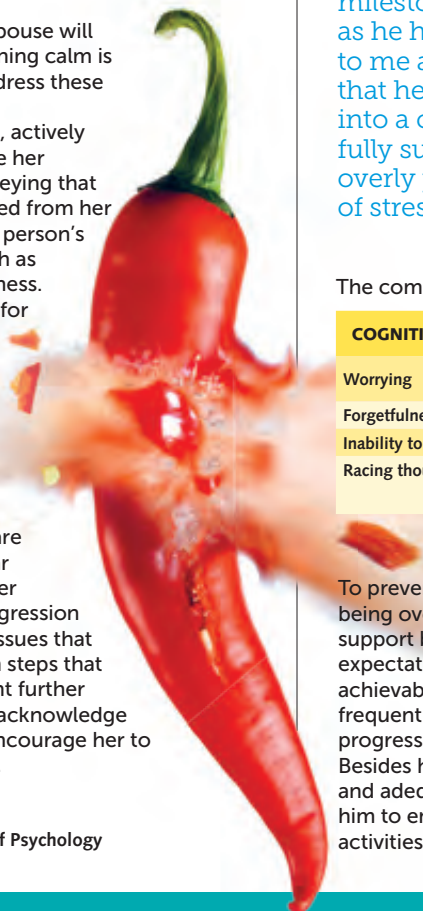
**MY WIFE HAS ALWAYS HAD A SHORT FUSE.** But lately, whenever she flares up, she throws things around. I try to avoid conflict by keeping quiet but this only makes her angrier. How can I help her manage her anger?

Always remember that your spouse will eventually calm down. Remaining calm is key in helping both of you address these situations productively.

Rather than keeping quiet, actively listen to her and try to validate her experience. Validation is conveying that you understand what happened from her perspective. Often, beneath a person's anger are other emotions such as shame, guilt, hurt, fear or sadness. Make a guess at what it is like for her, and communicate that you can accept what she is feeling. Even if your guess is wrong and she corrects you, accepting her correction can be validating.

If you feel that she would actually hurt you, temporarily distance yourself. When you are in a safe position, make it clear that regardless of how valid her feelings might be, physical aggression is not accepted. Address the issues that made her angry, and agree on steps that you both could take to prevent further acts of aggression. If she can acknowledge a problem with her temper, encourage her to seek help from a professional.

**MS TAN YAN LING MICHELLE**  
Clinical Psychologist, Department of Psychology



**MY CHILD WILL BE TAKING HIS PSLE THIS YEAR.** This is a crucial milestone for him, as he has expressed to me and my husband that he would like to get into a certain school. While we fully support his aspirations, we do not want him to be overly pressured by his own objective. What are the signs of stress and how can we help him to cope with them?



The common signs of stress are:

COGNITIVE SIGNS	PHYSICAL SIGNS	EMOTIONAL SIGNS
Worrying	Headaches	Irritability, frustration, or moodiness
Forgetfulness	Stomachaches	Feeling overwhelmed
Inability to focus	Muscle tension	Feeling worthless
Racing thoughts	Sleep difficulties	Withdrawal from social and leisure activities
	Changes in appetite	Difficulty relaxing

To prevent your child from being overwhelmed, provide support by discussing realistic expectations, planning small achievable steps, scheduling frequent breaks, monitoring progress and troubleshooting. Besides having a balanced diet and adequate sleep, encourage him to engage in recreational activities that maintain social and

family relationships. Join your child in daily physical activity and relaxation practice; these are great for stress-relief and bonding. Should he display prolonged signs of stress, speak to his school counsellor.

**MS JADE JANG LEONG YEOK**  
Senior Educational Psychologist,  
Department of Developmental Psychiatry

## AIDING A FRIEND IN NEED

**My friend's wife and child passed away in an accident a month ago. He is an only son and his mother is 78 years old. How can I help him to manage his grief?**

Everyone grieves differently. Let your friend go through the process in his own way. Grief may come with waves of emptiness and loss, thoughts and memories of the loved ones lost, and

some regret. There is no set sequence, timeline or duration for this.

Help by being available to your friend. Keep in touch more often and follow his lead on what he would like to do or talk about. If he shares his feelings with you, listen closely and acknowledge them, rather than challenge or provide advice. He may appreciate your care and concern in daily affairs, such as helping to bring his mother to some of her activities.

When he is ready, include him in things he used to enjoy, such as watching movies.

Sometimes, people who are grieving can develop depression, and not be able to function in daily life. Should this happen, talk with your friend and suggest that he seek professional help from a general practitioner or at a polyclinic.

**MS GRACE SOO HUI XIAN**  
Senior Psychologist, Department of Psychology



## A round-up of news and events centred on mental healthcare.

### WOMEN MORE PRONE TO DEPRESSION

A study by IMH Research Division has found that women in Singapore have a 7.2 per cent lifetime prevalence of major depressive disorder (MDD), compared to 4.3 per cent among men. A/Prof Mythily Subramaniam, Director of IMH's Research Division explains that the gender gap could be the result of several factors, among them hormonal mechanisms as well as social

and cultural influences. "We ought to raise greater awareness that sometimes when females are behaving in an 'emotional' manner, there could be a physiological cause. It may not be something that they can easily 'snap out of,'" adds A/Prof Mythily, who was one of the study's five co-authors.

**KNOW THIS** The study revealed that women from the following groups were more likely to suffer from MDD:

- Those aged between 18 and 34, compared to those from older age brackets
- Those with a university-level education compared to those with a primary school education



### SPACES TO HEAL

IMH's Case Management Unit has set up The Hut, a daytime drop-in facility near the entrance of IMH. Besides a space to socialise, it also gives patients and caregivers a conducive area to share stories of recovery and participate in therapeutic activities like colouring and gardening. Snacks and drinks are also provided. The Hut is open from 10am to 3pm; Mondays to Fridays. Patients and caregivers are welcome to drop in when they visit IMH for their appointments or at their convenience.

Caregivers of children and youths undergoing treatment at IMH



The Hut

Sunrise Wing can also relax at the new Ronald McDonald Family Room. It provides a kitchenette equipped with a fridge, microwave ovens and water dispenser. Snacks and beverages are also provided.



The Ronald McDonald Family Room

### UP AND COMING

**4TH NATIONAL ADDICTIONS AWARENESS DAY**  
When: 10 March, Saturday, 10am to 3pm  
Where: Our Tampines Hub

The ribbon, launched during the first NAAD in 2013, serves as a reminder of hope for persons with addiction issues and their families

Jointly organised by the National Addictions Management Service (NAMS) and the North East Community Development Council, this event raises awareness of the different types of addictions, preventive measures and treatment, as well as the various platforms to seek help. Mr Amrin Amin, Parliamentary Secretary for Ministry of Home Affairs and Ministry of Health, and Mr Shamsul Kamar, Vice Chairman of North East CDC, will grace the event. Also catch celebrity Ms Irene Ang who will be sharing her inspiring caregiving story and popular singers Jack and Rai, who will be performing a song they have specially penned for the event.

At the event, be sure to get your free copy of *Hope in Adversity: Personal Stories about Addiction and Recovery*, a new book by the NAMS team, which hopes to inspire others to embark on their own recovery journeys, and to reduce the stigma that society holds against addictions.

# COLOURS OF THE World

More than just aesthetically pleasing, hues can also affect your mood and behaviour.

## HOW YOU FEEL CAN AFFECT THE

colours you see, according to researchers from the University of Freiburg in Germany. By studying the retinas of people, researchers found that those with depression saw the world with less visual contrast — leading to a “grayer” world. They also found a significant correlation between visual contrast and the severity of depression.

Yellow may conjure up images of cheerfulness and warmth, but it can also be associated with frustration and anger. Research shows that people are more likely to lose their tempers in rooms painted in yellow hues.

## COLOUR HAS fascinated

mankind since the beginning of time. In the early 19<sup>th</sup> century, German poet, artist and politician Johann Wolfgang von Goethe explored the link between colours and emotions in his work, *Theory of Colors*. Since then, numerous studies have been carried out to better understand the relationship between colour and psychological functioning.



# RESOURCES AND USEFUL INFO

## HELP IS A PHONE CALL AWAY



### Mental Health Helpline

Manned by trained counsellors from IMH for those requiring advice on mental health issues.

Tel: 6389 2222 (24 hours)

### Singapore Association for Mental Health (SAMH) Helpline

Provides information and assistance on mental health matters and psychosocial issues.

Tel: 1800-283 7019  
(Monday to Friday; 9am to 6pm)

### Dementia Helpline by Alzheimer's Disease Association

Provides information and assistance on caring for a person with dementia.

Tel: 6377 0700  
(Monday to Friday; 9am to 6pm)

### Dementia InfoLine by Health Promotion Board

For advice and information on dementia-related queries (available in all 4 languages – English, Chinese, Malay and Tamil).

Tel: 1800-223 1123  
(Monday to Friday; 8.30am to 5pm and Saturday; 8.30am to 1pm)

### Samaritans of Singapore (SOS)

Provides confidential emotional support for those in crisis, thinking of suicide or affected by suicide.

Tel: 1800-221 4444 (24 hours)

### National Addictions Management Service (NAMS) All Addictions Helpline

Provides a range of services to assist people who are dealing with addiction problems.

Tel: 6732 6837 (Monday to Friday;  
8.30am to 6pm)

### National Council on Problem Gambling (NCPG) Helpline

Provides information and help for problem gamblers and their families.

Tel: 1800-666 8668 (24 hours)

### Touchline by Touch Youth Services

Renders emotional support and practical advice to youth.

Tel: 1800-377 2252 (Monday to Friday;  
9am to 6pm)

### Tinkle Friend Helpline by Singapore Children's Society

Provides support, advice and

information to primary school children in distress, especially in situations when their parents or main caregivers are unavailable.

Tel: 1800-274 4788  
(Monday to Friday; 2.30pm to 5pm)

### Club HEAL

Helps persons with mental health issues to reintegrate back into the community.

Tel: 6899 3463  
(Monday to Friday; 9am to 5pm)

### Silver Ribbon

Supports persons with mental health issues and their families.

Tel: 6386 1928  
(Monday to Friday; 9am to 5pm)

### Caregivers Alliance Limited

Supports caregivers of persons with mental health issues.

Tel: 6460 4400 (main line); 6388 2686  
(Caregivers Support Centre)

## IMH SERVICE DIRECTORY

### INSTITUTE OF MENTAL HEALTH

Buangkok Green Medical Park  
10 Buangkok View  
Singapore 539747  
General Enquiries 6389 2000  
(24-hour hotline)  
Appointment Line 6389 2200  
(Monday to Friday; 8am – 6pm)  
Email: imh\_appt@imh.com.sg

### CHILD GUIDANCE CLINIC SUNRISE WING

IMH, Block 3, Basement  
Monday to Thursday 8am to 5.30pm  
Friday 8am to 5pm

CHILD GUIDANCE CLINIC  
HEALTH PROMOTION BOARD BUILDING  
3 Second Hospital Avenue #03-01  
Singapore 168937

Monday to Thursday 8am to 5.30pm  
Friday 8am to 5pm

### CLINIC B

IMH, Level 1  
Monday to Thursday 8am to 5.30pm  
Friday 8am to 5pm

### SAYANG WELLNESS CENTRE CLINIC (for non-subsidised patients)

IMH, Level 2  
Monday to Thursday 8am to 5.30pm  
Friday 8am to 5pm

### COMMUNITY WELLNESS CLINIC, QUEENSTOWN

580 Stirling Road, Level 4,  
Singapore 148958  
Monday, Tuesday, Thursday  
8am to 5.30pm

Wednesday 8am to 12.30pm  
Friday 8am to 5pm

### COMMUNITY WELLNESS CLINIC, GEYLANG

21 Geylang East Central, Level 4  
Singapore 389707  
Monday, Tuesday, Thursday,  
Friday 8am to 5pm  
Wednesday 8am to 12.30pm

### NATIONAL ADDICTIONS MANAGEMENT SERVICE (NAMS) CLINIC

IMH, Block 9 Basement  
Monday to Thursday  
8am to 5.30pm  
Friday 8am to 5pm

I don't feel  
like myself  
lately.  
What can I do?

She doesn't  
tell me her  
problems.  
How can I help?

Something's  
not quite right.  
Should I ask  
him to seek help?

The Community Health Assessment Team (CHAT) can help.

We offer confidential mental health checks for individuals aged between 16 and 30. Through the health checks, our friendly team of mental healthcare professionals can help youths in distress understand what they are experiencing, and how they can make things better.

Make an appointment at [www.chat.mentalhealth.sg](http://www.chat.mentalhealth.sg), or contact us to find out more.

Email: [CHAT@mentalhealth.sg](mailto:CHAT@mentalhealth.sg) | Phone: 6493 6500 / 01 (Tue – Sat, 12nn – 9pm)



Community Health  
Assessment Team