

FEBRUARY-MAY 2019

IMAGINE

A MAGAZINE ON MENTAL HEALTH

UNHEALTHY FIXATIONS

Often trivialised, OCD is a condition not to be taken lightly



MIND AND BODY

Blurring the line between mental and physical health

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, or contact us to find out more. Email: CHAT@mentalhealth.sg | Phone: 6493 6500 / 01 (Tue – Sat, 12nn – 9pm)



14



07 Live Well
How succulents can help you beat stress



CONTENTS

FEATURES

- 10 FOCUS**
A look at the relationship between mental and physical health, and how both are integral to our overall well-being.
- 16** Despite being more common than one might think, Obsessive Compulsive Disorder is an often misunderstood condition.
- 20 INSIGHT**
Key findings of the recently-concluded Singapore Mental Health Study.
- PROFILES**
- 14 A LIFE IN MY DAY**
Having battled addictions at various points of his life, Mr Ranjit Singh now helps others deal with theirs.
- 19 I SERVE**
The work done by IMH researchers such as Ms Shazana Shahwan has led to greater awareness about mental health in Singapore.

REGULARS

FEBRUARY - MAY 2019

- 3 MY SAY**
Festival Director of the Singapore Mental Health Film Festival Ms Cheryl Tan hopes to spur more conversations about mental health.
- 4 LIVE WELL**
What's new in mental health research, and tips on maintaining your mental well-being.
- 22 ASK THE EXPERTS**
IMH clinicians answer your questions.
- 23 IMH SCENE**
A round-up of news and events centred on mental healthcare.
- LAST PAGE**
- 24 BEAUTIFUL MIND**
What goes on in our brain when we fall in love?



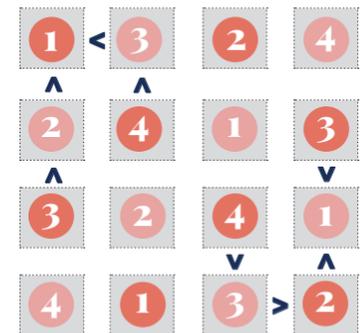
22



10

“The benefits of physical activity on the mind and body mean that we really cannot do without it.”

DR CHARMAINE TANG,
Deputy Clinical Chief and Consultant, Early Psychosis Intervention Programme (EPIP), IMH.



ANSWERS TO FUTOSHIKI PUZZLE
Turn to page 9 for the puzzle

THE WHOLE PICTURE

Call it a lingering notion – or further evidence of the stigma so often associated with mental health issues – but there is a perception that physical and mental health are two separate domains, with the former being seen as important and ‘medical-related’, and the latter, unfortunately viewed as less important or even attributed to a weakness of character. The truth is that mental health and physical health are not only intertwined, but equally important to our overall well-being. An unwell mind can eventually lead to an unwell body, and vice versa. In this issue of *Imagine*, we look at the link between the two (pages 10-13) and why it is vital to strive for wellness in both areas.

In Singapore, much effort has been put into studying trends in mental health, in a bid to understand the issues that surround it and come up with effective interventions. The recently-completed second Singapore Mental Health Study (key findings are highlighted on pages 20-21) is one such initiative. Among its findings, the study noted that Obsessive Compulsive Disorder – an illness that has been both misunderstood and trivialised – is the third-most prevalent mental health condition here in Singapore. It also has the longest treatment delay of the conditions assessed, with patients taking 11 years on average to seek help. We dive deep and attempt to separate the myths and facts about this condition, while gaining insight into one woman’s struggle with it in our feature on pages 16-18.

Also in this issue, an individual who battled alcohol addiction for decades shares his journey towards recovery (pages 14-15). In his case, this also involves helping others in similar circumstances.

The key takeaway from these accounts is that mental illness doesn’t have to be an endless downward spiral – there is a way to break the cycle, and with the help of trained professionals and the support of loved ones, individuals with mental health issues can strive to lead healthy, meaningful and productive lives. So let’s reach out to those in need of help and offer our support.

Happy reading.

the editorial team



IMAGINE :



Editorial

Lalitha Naidu
Ting Mei See
Pameline Kang

Contributors

Ronald Rajan, Dennis Yin, Fairoza Mansor, Wanda Tan, Ealbert Ho, Kelvin Chia, Koh Yuen Lin, Keenan Pereira

Circulation Coordinator

Chris Ngiam

A publication by



Editorial consultant Mediacorp



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From real to reel

Festival Director of the Singapore Mental Health Film Festival **Ms Cheryl Tan** hopes the truths on the big screen will spur more conversations about mental health.

Interview **FAIROZA MANSOR**
// Photo **EALBERT HO**

>> **ELEVEN FEATURE** and short films, eight panel discussions and eight workshops on mindfulness. That was the line-up of the first Singapore Mental Health Film Festival, held from 21 to 24 February at The Projector. The motivation behind the event, says its Festival Director Ms Cheryl Tan, is to increase awareness among Singaporeans on the complexity of mental illness and to encourage open and honest conversations about mental health.

“Films have the power to connect and move people emotionally,” says Ms Tan, who is also the founder of The Breathe Movement, which uses the philosophies of yoga to help individuals increase emotional and mental resilience. “And we wanted to show films that portray mental health issues in an authentic way; films that help to educate and eradicate stigma.”

Four of the films shown – *No Letting Go*; *The Girl, the Mother and the Demons*; *Still Mine* and *Much Too Young* – are in fact based on or inspired by true stories. “The hope is that when people watch these films, they will be able to accept mental health issues as part of the human condition, and be empowered to articulate their own stories, without fear of judgement.”

In that vein, dialogue sessions and workshops were also rolled out as part of the film festival. For example, after the opening film *No Letting Go*, a discussion on bipolar disorder provided participants with an opportunity to ask questions and share their experiences. Other topics discussed during the dialogue sessions focused on early onset dementia, living

with schizophrenia and dealing with mental health issues in the workplace.

THE PASSION to drive these conversations stems from Ms Tan’s own mental health issues. “Since primary school, I’ve experienced suicidal tendencies but at that time I did not have the tools or knowledge to cope,” says Ms Tan, who still works on her struggle with a psychotherapist. “It took those sessions with my psychotherapist for me to accept my condition and not hate myself for having those dark thoughts. This is my story, and I need to own it, to overcome it.”

To pay attention to one’s mental health is not important just to those with mental health issues, stresses Ms Tan, who also teaches yoga weekly

to inpatients at IMH. The philosophy of yoga – which is simply being connected with one’s self, with others and the environment – is something Ms Tan finds instrumental to being self-aware, and it is this sense of self-awareness that drives self-care, she says. “One of the panellists at the festival likens this to car-tuning, and I agree. I think every once in a while, we need to tune in to ourselves to remind ourselves to live a life that is full, instead of holding on to a history that does not serve us.” To those who may be dealing with mental health issues, Ms Tan says, “Be kind to yourself, and reach out. Find good people – and this is based on what you feel is right for you at a particular point in life – to reach out to.”

“We wanted to show films that portray mental health issues in an authentic way; films that help to educate and eradicate stigma.”

MS CHERYL TAN

Festival Director,
Singapore Mental
Health Film
Festival



LOVE WELL!

OFFICE BRAWLS CAN DISRUPT SLEEP

>> Nasty words a colleague says to you can be the reason you're tossing and turning at night, according to a new study by Portland State University (PSU) and the University of Illinois. Dr Charlotte Fritz, the study's lead author, and associate professor of industrial and organisational psychology at PSU's College of Liberal Arts and Sciences, observed that when participants experienced incivility at the workplace, they thought about it at night. They also reported symptoms of insomnia, including trouble falling asleep and waking up in the middle of the night. In addition, it can affect their partner's sleep as well.

Forbes recommends that colleagues take an open-communication approach to workplace conflict. Here are some things for employers and employees to remember:

DEFINE ACCEPTABLE BEHAVIOUR

Curb that tide of seemingly harmless jabs before it grows into verbal abuse. Use communication and swift responses to send clear messages of what is acceptable behaviour and what isn't.

CAN WE TALK?

Deal with conflict quickly to avoid prolonged negative feelings. Have such discussions privately, or in the presence of a neutral party.

LET IT GO

Learn to let the little things go and focus on the bigger picture: your relationship with your colleagues.

#KNOW MORE:

According to a study by McKinsey and Company, **recognition is the top thing** employees say their managers could provide in order to inspire them.



+ EYES DON'T LIE Researchers from the University of Missouri-Columbia believe they have >



begun important research into determining one's stress levels – and it involves taking a look at your iris.

The team observed the pupil dilation of participants as they performed tasks that varied in difficulty. As tasks became more complex and unexpected changes

occurred, pupil movement became more erratic.

Researchers hope that their findings can help employers determine an employee's stress threshold before fatigue sets in, with the view of gradually improving workplace health standards.

Life after Loss

News outlets were quick to point out that former US President George H W Bush's passing last November came less than eight months after the death of his wife, Barbara. It turns out that cases of partners passing away around the same time are not uncommon.

Psychologists point to several reasons for this. Long-married couples often share similar routines and lifestyles, and the death of one partner in a relationship can disrupt these routines. This can in turn have stressful effects, which over time may result in negative health implications such as heart attack, stroke and depression.

It is however possible for those who have become widowed to overcome this sense of grief and go on to lead happy lives. Here is what the American Psychological Association recommends:

1. **Talk about** the death of your loved one with friends and colleagues. This helps you to understand what has happened and pay tribute to your loved one.
2. **Accept your feelings** instead of denying them. Sadness, anger, frustration and



even exhaustion are all normal parts of the grieving process.

3. **Take care of yourself** and your family. Eating well, exercising and getting plenty of rest are three simple tasks you can set for yourself.

"I THINK WHEN TRAGEDY OCCURS, IT PRESENTS A CHOICE. YOU CAN GIVE IN TO THE VOID, THE EMPTINESS THAT FILLS YOUR HEART, YOUR LUNGS, CONSTRICTS YOUR ABILITY TO THINK OR EVEN BREATHE. OR YOU CAN TRY TO FIND MEANING."

Facebook's Chief Operating Officer **Sheryl Sandberg**, a month after the sudden death of her husband in 2015

SOCIAL MEDIA CAN MAKE GIRLS MORE DEPRESSED THAN BOYS

Social media usage has been linked to a higher risk of depression in girls than in boys. A study published in January 2019 by University College London (UCL) analysed 11,000 youths in Britain and found that social media usage affected sleep, body image as well as self-esteem. These factors can contribute to depression, notes UCL Professor Yvonne Kelly, who co-led the study.

While both girls and boys were affected, the study suggests that the former were affected more. For instance, disrupted sleep was reported by 40 per cent of girls compared with 28 per cent of boys. This might also have to do with how much each gender used social media: girls were observed to be heavier users of social media, with more than two-fifths of them using social media for more than three hours a day, compared with a fifth of boys.

TIP: The study's authors found that young people stayed up late to use social media and were woken up by alerts when their phones were beside their beds. To help young ones have a restful night, keep phones out of reach from their beds.



SEE YOUR GOALS TO MAKE THEM HAPPEN

Tired of making New Year's resolutions and forgetting about them by the time February rolls around? With a vision board, you'll be able to remind yourself of your goals and why you want to achieve them. Here's how to get started:

1. Find pictures related to your goals in magazines and newspapers and cut them out.

2. Pin them to a corkboard or a vanguard sheet.
3. Next, write your goals down. Be creative and colourful!
4. Accessorise your vision board with pictures of family and friends, in order to remind you of why you're doing what you're doing.
5. Keep your vision board in an accessible location such that you will be able to see it every day. This way, your new goals never slip out of mind.





Should save money

“Should” statements can contribute to anxious thought patterns because they put a demand on you that’s sometimes impossible to live up to.”

➤ **WATCH WHAT YOU SAY (TO YOURSELF)**

Your words can affect the way you feel about yourself. And one of the words most-associated with negative thoughts doesn’t even sound negative or nasty, according to *Healthline*. The word in question is ‘should’.

The health blog writes, “‘Should’ statements can contribute to anxious thought patterns because they put a demand on you that’s sometimes impossible to live up to.”

Take a sentence like “I should go to the gym every day.” The intention behind this thought is positive. But these positive effects only come about if you do hit the gym that day. It’s when you miss a workout that negativity can creep in. Sometimes, you may have to forego a workout – so be kinder to yourself and say “I will try my best to go to the gym every day” instead.



WALK TO WELLNESS

Researchers from Duke University believe they have found a simple way for people to reverse cognitive decline: walking three times a week. After studying 160 people, researchers found that those who exercised consistently over six months showed improvement in their cognitive skills than those who did not exercise at all. Get started on your journey to wellness with these walking trails around Singapore:

- **CHANGI COASTAL PARK: 45-MINUTE WALK**
What we like It’s a scenic walk by the sea, surrounded by lush greenery and coastal plants.
- **WEST COAST PARK: 2-HOUR WALK**
What we like The park’s marsh garden, which is teeming with flora and fauna.
- **HORTPARK AND THE SOUTHERN RIDGES: 3- TO 5-HOUR WALK**
What we like Blending natural and man-made attractions, the route takes walkers through the Henderson Waves, Mount Faber and Alexandra Arch.

For more, visit www.nparks.gov.sg



Leaf It Up!

Succulents might be the rage right now, but don’t brush this off as another millennial fad. According to research by the National Aeronautics and Space Administration (NASA) agency in the US, houseplants can remove up to 87 per cent of air toxins over a 24-hour period. Studies have also show that such indoor plants improve concentration and productivity, reduce stress and boost your mood. Here are 5 to try your hands at growing:

- 1 **Bear Paw**
Has distinctive claw-like leaves, hence the name. Best kept in the shade, its flowers range from orange-red to almost yellow in colour.
- 2 **Jade plant**
Has glossy green leaves. Needs bright light but be sure not to over-water.



- 3 **Echeveria**
For something other than the usual green, try a variant called the ‘Black Prince’, which turns dark purple or black in full sunlight.

- Aloe Vera**
The sap of this desert plant is great for wound repair and soothing burns.

- 5 **Euphorbia**
Also known as the ‘Crown of Thorns’, this plant blooms all year-round, and is available in a variety of colours.

LUNCH TUNES

Researchers from University College London have found that frequent cultural engagement may reduce the risks of developing depression in old age. Using data on more than 2,000 adults aged 50 and over from the *English Longitudinal Study of Ageing*, the 2018 study,

published in *The British Journal of Psychiatry*, stated that people who attended exhibitions, and/or went to the theatre or cinema once a month or more were 48 per cent less likely to develop depression. For those keen to explore the benefits, here are some free avenues to enjoy the arts:

- **The Singapore National Youth Orchestra** puts on free lunchtime concerts at the Victoria Concert Hall. www.sso.org.sg
- Beat the Monday blues with the Beautiful Sunday series at **Esplanade Concert Hall**. These monthly performances showcase home-grown talents. www.esplanade.com
- **The Singapore Chinese Orchestra** holds free year-round performances at the Shaw Foundation Symphony Stage at the Singapore Botanic Gardens. www.nparks.gov.sg

> WATCH YOUR DRINK

While many would see no harm in engaging in the odd tittle, the American Society of Addiction Medicine (ASAM) cautions that the more frequently a person engages in high-risk drinking patterns, the more likely they are to develop problems with alcohol, be it abuse or addiction.

Researchers define drinking problems as:

HEAVY DRINKING

This refers to the consumption of more than the daily or weekly guideline amounts for alcohol. According to

the Health Promotion Board, this is no more than one standard drink a day for women and two standard drinks for men. A standard alcoholic drink is defined as a can (330 ml) of regular

beer, half a glass (175 ml) of wine or 1 nip (35 ml) of spirit.

BINGE DRINKING

This is characterised by the consumption of excessive amounts of alcohol in a short period, resulting in a spike in blood alcohol content. Binge drinkers are especially prone to "blackouts" or lapses in memory.

Not every binge or heavy drinker will end up developing a problem with alcohol, but it is best to refrain from practices that can potentially lead you to it.

In addition, Swedish researchers from the universities of Lund and Malmo have found that drinking problems could negatively affect people with depression, anxiety and stress-related mental health issues – and affect treatment outcomes. Even before the study, researchers noted that hazardous drinkers were more depressed and had lower scores on psychological functioning than non-hazardous drinkers.

#KNOW THIS

The 2016 Singapore Mental Health Study revealed that **1 in 24** people here now battles alcohol abuse.



ZESTY AND TASTY!

Mock goodness

Beat Singapore's heat with this refreshing mocktail, for a good time without the associated risks that come with drinking alcohol:

THE CINDERELLA

Ingredients:

Serves 2

- 100ml lime juice
- 100ml orange juice
- 100ml pineapple juice
- 200ml ginger ale
- 3 teaspoons honey
- Pineapple and orange slices (to garnish)

Method

1. Mix ingredients together in a shaker.
2. Pour over crushed ice.
3. Garnish with either a pineapple or orange slice.



Read More To Relax



Need a resolution for the new year? Consider embarking on a regular reading habit. Researchers from the University of Sussex found that losing yourself in a book can reduce stress levels by 68 per cent — more than other activities like listening to music, walking or even having a cup of tea. This is because reading distracts our minds from whatever is causing us stress, and allows us to go on a relaxing 'mental vacation' so to speak.

According to the study, participants only needed to read, silently, for six minutes to slow down their heart rate and ease muscle tension. In addition, reading can exercise and enhance your memory by forcing you to be alert, pay attention and remember small details.

Here's how you can start cultivating a lifetime habit of reading:

Make time Set aside the last part of your day for reading and stick to it. Doing so also helps you sleep better.

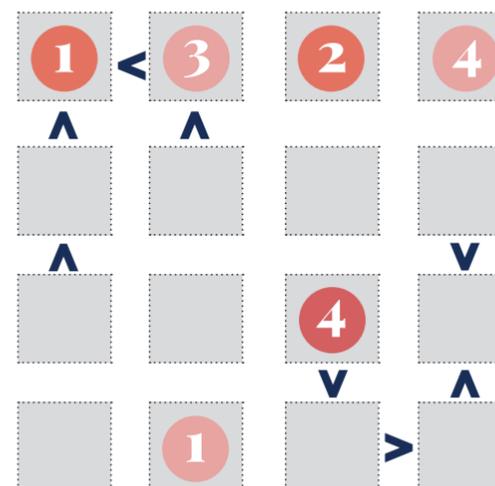
minutes to spare, be it at the bus stop or the MRT.

Book check Never leave your house without your mobile phone? Try always keeping a book on you — and fishing it out whenever you have a few

A book is a book Don't feel judged about your choice of book — it may not be groundbreaking, but if it grips you and keeps you reading, stick to it.

What's the magic number?

DIRECTIONS: Futoshiki is a board-based puzzle game from Japan. Every row and column should contain the numbers 1 - 4. Greater than (>) or less than (<) signs indicate a number is larger or smaller than its neighbour.



REFER TO THE CONTENTS PAGE FOR PUZZLE ANSWER



“I often tell my patients ‘if you don’t use it, you will lose it’ — and this refers to both mental and physical capabilities.”



DR HARISH MAGADI GOPALAKRISHNA,
Senior Consultant, Department of Geriatric Psychiatry, IMH

The medical community is taking notice of this growing body of evidence, with practitioners collaborating across different fields to simultaneously address the mental and physical health needs of patients. These findings are also of huge significance for the general population, drawing attention to the importance of physical exercise, proper nutrition and positive mental health to improve overall well-being.

A HOLISTIC APPROACH

Dr Charmaine Tang, Deputy Clinical Chief and Consultant, Early Psychosis Intervention Programme (EPIP), Institute of Mental Health (IMH), sees many individuals with schizophrenia and has had a front-row seat to the interplay between physical and mental health.

“The life expectancy of people with schizophrenia, particularly men, is on average 20 years lower compared to the general population,” says Dr Tang. “Cardiovascular diseases account for as many as half of the premature deaths among this group of people.” This is partly caused by symptoms of schizophrenia, including a lack of motivation and social withdrawal,

Interview Wanda Tan
Photo Kelvin Chia

A distinction is often made between mental and physical health. But the two are inseparable and we need to pay attention to both to achieve wellness.



One Coin,

Two Sides



The mind and body are inextricably linked. Many of us have experienced this interrelatedness firsthand in dealing with the stress of our daily lives.

Stress, if left unchecked, can lead to headaches and tummy upsets, not to mention more serious mental and physical health problems such as anxiety and hypertension. The strategies for reducing stress — from getting regular exercise and having a balanced diet to practising mindfulness meditation and getting enough sleep — are just as wide-ranging and encompass both the mind and body.

Poor physical health can have a negative impact on one’s mental health. Similarly, poor mental health can lead to an increased risk of developing physical health problems.

For example, several research papers by American cardiologists and psychiatrists show that depression and coronary heart disease (CHD) have a bidirectional relationship: not only can CHD cause depression, but depression is a risk factor for CHD. Other studies, such as one published in the *BMJ: British Medical Journal* in 2017, suggest that psychological distress may have some predictive capacity for certain types of cancer.

>> IN THE RIGHT FRAME OF MIND :

Having a positive mindset is also essential for recovery from stroke, spinal cord injury, amputation, chronic pain and other forms of physical impairment.

Such individuals often need to learn to accept their ‘new normal’ — be it adapting to new ways of doing everyday tasks or overcoming body image issues — as well as demonstrate perseverance and patience throughout the long rehabilitation journey.

“Increasingly, we have seen success in rehabilitation being tied to improving the



psychological resilience and motivation of patients,” says Adjunct Associate Professor Tjan Soon Yin, Head of Tan Tock Seng Hospital’s Rehabilitation Centre. “A patient’s cognition, mood, motivation and psychological strength and weaknesses to cope with changes from a disease or injury affect outcomes. Doctors, nurses, allied health professionals, caregivers and family members should recognise the importance of the mind, and the mindset of the patient, during different phases of recovery.”



DR CHARMAINE TANG,
Deputy Clinical Chief and
Consultant, Early Psychosis
Intervention Programme
(EPIP), IMH

“People often cite (various) reasons for not exercising. However, the benefits of physical activity on the mind and body mean that we really cannot do without it.”

which result in a sedentary lifestyle and careless eating habits, leading to diabetes, high cholesterol and heart disease. “Anti-psychotic medication may also increase appetite and weight gain for some, which exacerbates the risk of developing obesity and associated metabolic and cardiovascular problems,” she adds.

What this amounts to is a recognition that addressing only one side of the health equation – mental or physical – will fail to produce optimum patient outcomes. Increasingly, medical professionals are recognising the importance of providing holistic patient care.

Taking schizophrenia as an example, Dr Tang and her colleagues regularly monitor the physical health of patients on anti-psychotic medication by checking their body mass index, blood pressure, glucose and lipid levels and other measurements and provide the necessary interventions. A variety of group activities such as weekly sport sessions and nutritional talks

are also offered for EPIP clients, as well as their family members and caregivers, to build social networks and foster a healthy lifestyle.

While the interface between mental and physical health is complex across all age groups, it is more pronounced in older people, says Dr Harish Magadi Gopalakrishna, Senior Consultant at IMH’s Department of Geriatric Psychiatry. Due to their advanced age, older adults tend to have multiple physical and mental health problems, some of which are chronic in nature. He notes that elderly people with chronic physical conditions often feel depressed as well. The complex interplay between mental and physical disorders may make it difficult to delineate their relationship – for instance, whether depression caused the stroke or vice versa – but the impact is the same. “In many cases, depressive symptoms last for an extended period and interfere with recovery, rehabilitation, social functioning or even basic self-care,” he says. “We can’t treat the mental health issue without due consideration for physical health issues. It requires a holistic approach.”

A LESSON FOR EVERYONE

Whether one is old or young, has a mental or physical health issue or not, it’s important to take steps to improve one’s overall well-being, advises Dr Harish. “Adopting healthy dietary habits, engaging in regular physical activity and effective stress management, as well as avoidance of smoking and excessive alcohol consumption are some ways we can do this,” he says.

The role of exercise in contributing



MDM KIMM CHAI IS A FIRM – IF UNLIKELY – SUPPORTER OF THE PHYSICAL AND MENTAL HEALTH BENEFITS OF PARKOUR.

Parkour – the practice of traversing obstacles in an urban or natural environment using only bodily movements like running, jumping, climbing, rolling and crawling – might sound and look like a risky activity, to be performed only by the young and nimble. That is what Mdm Chai, a retiree, thought at first when her son, 26, took up parkour four years ago.

“My initial impression of parkour was that it was dangerous,” recalls Mdm Chai. She tried to talk her son out of it, to no avail. But as time passed, she observed improvements in his physical fitness, and he was more cheery as well. Eventually, her curiosity overrode her fear and she decided to give parkour a try.

One year on, she has completely changed her tune. “In parkour, safety always comes first. It makes you aware of your limits, and you can push through them by practising movements in a step-by-step, unrushed manner. That makes it suitable for people of all ages,” says Mdm Chai. She attends group classes twice a week with other ladies around her age, focusing on basic parkour movements

at a slower pace. “It prevents loss of muscle mass and improves coordination, mobility, strength and balance,” she says.

Having not exercised regularly before, Mdm Chai is in better physical shape now than she has been in a long time. Her blood pressure has dropped from high to normal levels, and her increased stamina has enabled her to add weekly jogs and swims to her exercise routine. She is also mindful about eating well to keep her energy up during classes. In fact, her all-round health has improved. “Doing parkour has made me more mentally alert and confident. I’ve also grown close to the other ‘aunties’. We support and encourage each other during classes, and having them as friends makes me happy,” she says.

Mdm Chai hopes her peers will, like her, incorporate regular exercise into their lives. “Because physical health is closely connected to mental health, I want to inspire people my age to embark on active ageing. This will give them a better quality of life as they continue to be physically active, stimulate their minds and maintain positive emotions in their twilight years.”

GET MOVING :

The Health Promotion Board recommends that adults engage in at least 150 minutes of moderate-intensity (or 75 minutes of vigorous-intensity) physical activity a week, ideally in bouts of 10 minutes or longer.

A moderate-intensity aerobic activity causes a noticeable increase in breathing and heart rate. Examples of moderate-intensity exercises are brisk walking at 5-7 km/h, and leisurely cycling, where the participant should still be able to talk but does not have enough breath to sing while engaging in the activity.

Vigorous-intensity aerobic activities include jogging and swimming laps, and cause a large increase in breathing and heart rate. A note of caution for beginners who are planning to become more physically active: get advice from your doctor first, and gradually build up your fitness levels.

For those who hate the gym, the good news is that planned workouts are not the only way to reach this target. As long as you are moving your body – be it training at the gym, lifting heavy objects at work, performing chores at home, playing golf in your free time or walking to the bus stop – it counts as a form of physical activity.



150 MINUTES:
the amount of time for physical activity per week as recommended by HPB

to well-being cannot be overstated. “People often cite reasons such as ‘I’m too busy’ or ‘I’m too tired’ for not getting adequate exercise,” says Dr Tang. “However, the benefits of physical activity on the mind and body mean that we really cannot do without it.” Exercise burns calories and stimulates the release of endorphins, or chemicals which relieve pain and boost happiness. Those who exercise regularly are therefore more likely to feel good about themselves, cope better with stress, and demonstrate resilience in recovering from illness or injury.

In addition to enhancing physical fitness and mobility, being active may even prevent, or at least delay, cognitive decline. “I often tell my patients ‘if you don’t use it, you will lose it’ – and this refers to both mental and physical capabilities,” says Dr Harish.

Taking the first step is usually the hardest part of the journey, but with persistence and support, things will get easier. “Start small. Find an activity that interests you, and do it with a friend or family member. Over time, this will become an inbuilt habit,” says Dr Tang.





MR RANJIT SINGH

50s, NAMS Counsellor, battled addictions

up drinking the Chinese rice wine they offered me. Suddenly all my inhibitions vanished and I could talk to everybody. It felt good and I started to drink more.

At the height of my alcohol addiction

when I was 17 or 18, I would have a bottle of beer at lunch and another two by 5pm. At 7pm about five of my friends would meet and drink about 20 bottles, until midnight. Then some of us would adjourn to another coffeeshop for more drinks until 3am. I worked two jobs, as a plumber and at the petrol station, and was spending up to \$100 a day on alcohol. For the next six or seven years, I didn't see my drinking as a problem as I could still work. I told myself that I could easily stop any time I wanted. This is the denial and minimisation of risks that happens during the early addiction phase.

I first tried marijuana during National Service (NS)

, because I was willing to do anything to get high. Within a month I needed it daily. After NS, I was introduced to heroin and was hooked within three months.

Without it, my body would ache all over, I would have nausea and feel weak. I couldn't do anything until I had my shot – it totally took over me. But no one knew about my problem. My girlfriend – now my wife – only realised that I had an addiction after nine months of dating, when I was sent to the Drug Rehabilitation Centre (DRC). I told her to leave me but she said “no, I will wait for you”. I was grateful for that and promised to turn over a new leaf.

The first day I got out of DRC, I bought a bottle of dry gin.

My plan was to quit drugs, but allow myself to still drink, since it is legal. By the time we got married 10 months after my release, I had relapsed into doing heroin. I blamed it on the stress from her parents' opposition to our marriage. Addiction brings out a person's flaws: the blaming, the lying, the ego, the self-entitlement – everything to justify the habit.

In my early 30s, all the money I earned was used to support my addiction. I sold off my car wash business and squandered all the money, and was not providing for my family. My wife – pregnant with our second son – went back to her parents with my elder son. At the same time, the Central Narcotics Bureau was keeping tabs on me and that got me worried. I knew that my wife would move on if I got caught and went to prison. I did not want to lose my family. I knew I had to stop.

Then one day, I saw an advertisement inviting people with addictions to attend a talk at a church. I went and was moved to tears by the speaker. For the first time, I was seeing someone with addiction issues who managed to turn his life around – I now had hope. A young man from the congregation also helped by allowing me to open



People see addictions as a psychosocial problem, not realising that it is also a biological problem. Substances like alcohol and drugs can rewire the brain.

up, without being pushy. He also found me a halfway house with a suitable programme.

For two weeks, I endured all the withdrawal symptoms – from feeling feverish and aching all over, to thinking that I was going to die. I performed so well in the programme that I was encouraged to stay on and work there. I earned myself a higher diploma in social work while carrying out my duties as an operations manager of the halfway house, and was seen as a role model. However, social acceptance is not the same as recovery – I needed to deal with the addict inside of me. My job flattered my ego and gave me enough money for my family. But deep down, I was still thinking of alcohol.

That thought was festering inside me during the 17 years that I stayed sober. Then one day in 2009, at a relative's wedding, I went behind the bar and quietly asked for a drink. I told myself having one drink is fine. I associated weddings with being a safe place to drink, and started to accept invitations to weddings with my wife, which I used to avoid! By the third wedding I drank so much that I got drunk. Within 10 months, I was drinking every day.

For the next two and a half years, I continued working at the halfway house, but was drinking at night. It started to affect my work.

I turned to an ex-colleague and he invited me to join an addictions support group he was running. I went and it had a huge impact on me. I came across people who talked about what they were going through without fear of being judged. I realised I needed to be honest about myself as someone with addiction issues, and the first step was to admit it. It took a while to pick up the courage to do so, but that was my breakthrough.

I have been counselling people with drug problems for about four years now, and am currently a counsellor with the National Addictions Management Service (NAMS). My aspiration is to make a difference in the recovery community, and I also volunteer with support groups. I want to help to build the network up so that many more people can recover. Helping others recover also enables me to understand addictions better, and be vigilant about not going back to my old ways.

I am currently taking a degree to better equip myself as a counsellor. In my free time, I enjoy motorbike rides and like to cook, and do so regularly for my family and for gatherings. I have also learnt how to socialise better and connect with people. Soccer is another passion. I played it when I was young and now, my second son plays professionally and I watch all his games!



MY ADVICE FROM EXPERIENCE:



1

Family is the best form of support
An addiction is a “family disease” as it affects both the substance abuser and those around him. A family that understands why addicts behave the way they do will be better-placed to manage it.



2

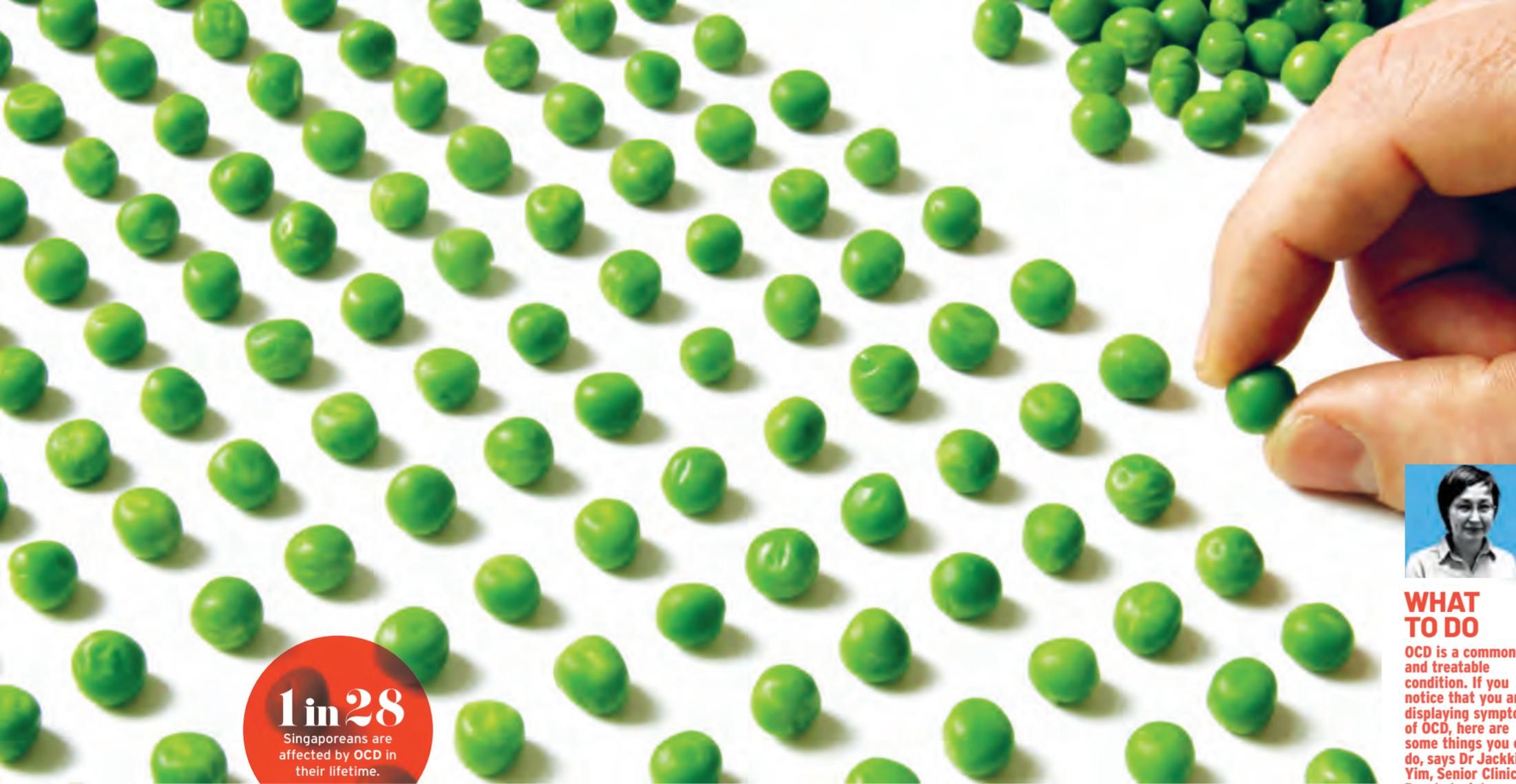
Behavioural Therapy and support from people are necessary for one to break away from the addictions.

FALLING, AND
Getting up again

Having battled addictions at various points of his life, **Mr Ranjit Singh** now helps others deal with theirs.

Interview KOH YUEN LIN // Photo KELVIN CHIA

I was the eldest in a family of six children. My father worked two jobs and we only spent time with him on Sundays when we would go to the temple. My mum was very strict, but I was very close to her. While my younger siblings would mix with other kids after school, I would head straight home to help her with chores. I became reclusive and didn't know how to socialise with kids my age. I often wondered what was wrong with me. When I was in secondary three, some older boys in the neighbourhood offered me a drink. I desperately craved acceptance, and so ended



1 in 28
Singaporeans are affected by OCD in their lifetime.

Unhealthy fixations

When **Obsessive Compulsive Disorder** is used loosely and synonymously with ‘clean’, ‘perfect’ or ‘organised’ — qualities that are seen as positive — or to describe quirkiness, it could trivialise the seriousness of the condition, which can negatively impact not just sufferers but those around them.

Interview Fairiza Mansor

>> IN THE POPULAR

television series *Monk*, actor Tony Shalhoub played a private detective with Obsessive Compulsive Disorder (OCD) and received an Emmy Award for his role in the show. Whether Shalhoub’s on-screen enactments of the mental disorder were realistic, however, remains arguable. But media portrayals of the condition often make OCD symptoms appear quirky or even trivial.

The truth, however, is hardly a laughing matter. People with OCD tend to suffer from irrational fears of contamination and diseases, worry about harm, and feel an anxiety-driven need for routines, symmetry and patterns. The need to constantly clean the floor, or open the main door of one’s home at five-minute intervals to check if there

are people outside, or arrange and rearrange one’s book collection according to colour are just some ways the condition can manifest. The effects are often debilitating, affecting their functioning and quality of life.

And the condition is more prevalent than we may think. The third-most common mental health condition in Singapore, after major depressive disorder and alcohol abuse, OCD affects one in 28 people in their lifetime. Yet, many have difficulty understanding or identifying the condition. A nationwide study by the Institute of Mental Health (IMH) in 2014 — *Mind Matters* — found that only 28.7 per cent of respondents were able to recognise OCD based on its symptoms.

Dr Bhanu Gupta, Senior Consultant, Department of Mood and Anxiety, IMH, attributes this gap to misperceptions that OCD symptoms are simply traits of a perfectionist. “Being extremely meticulous, efficient or clean can be seen as strengths,” says Dr Gupta. Citing an example of a student who conscientiously checks her answers during an examination, he notes that this is a good habit. But if the student checks repeatedly to the point that she cannot move on to the next question, and hence is not able to finish the paper, then it’s a cause for concern. “There is a need to distinguish what’s normal and what’s not,” Dr Gupta stresses.

ITS DIFFERENT FORMS

As its name suggests, there are two

“OCD is a serious mental health condition, and you can’t just snap out of it. But you can certainly learn how to manage the condition and move on.”



DR BHANU GUPTA, Senior Consultant, Department of Mood and Anxiety, IMH



WHAT TO DO

OCD is a common and treatable condition. If you notice that you are displaying symptoms of OCD, here are some things you can do, says Dr Jackki Yim, Senior Clinical Psychologist, Department of Mood and Anxiety, IMH

components to OCD — obsession and compulsion. Obsessions refer to persistent and intrusive thoughts, urges or mental images that provoke anxiety and distress. Compulsions, meanwhile, are the repetitive physical or mental acts that are carried out to alleviate this. So when does it become a disorder? Dr Gupta points out the following warning signs:

- > **Spending excessive time**, of more than an hour a day, thinking or doing a particular task to reduce distress or prevent a perceived catastrophic consequence
- > **The obsessions and compulsions** begin to impair day-to-day functioning

obsessions are the same, the compulsions may be different and they can evolve,” says Dr Gupta. For example, he says, citing real-life cases, an obsession with cleanliness can result in one person resorting to cleaning his body with bleach, which later shifts to avoiding showering altogether as the process becomes too painful. For another, it can manifest as a need to wash his feet before entering the house. And while he prioritises clean feet, the rest of his house may be dirty. Says Dr Gupta, “OCD changes thinking in a way that stops you from seeing the illogicality of your behaviour.”

For those who cannot distinguish between individuals with OCD and those who are seen as ‘perfectionists’, there is a key difference. Unlike a perfectionist, who gets joy from doing a task meticulously, a person with OCD doesn’t find pleasure in his rituals, and in fact feels trapped in them, says Dr Gupta. “That final, finish line never comes for a person who has OCD,” he says. Dr Yim agrees. “The tasks are driven by fear or anxiety. It’s as if they have no choice but to do it, whether they like it or not,” she says.

THE EARLIER, THE BETTER

Like most mental health conditions, OCD can be triggered by stress, but its cause remains undetermined. The good news, however, is that OCD can be treated. “The earlier an individual seeks help, the better the treatment, and greater the chance of living life



1 LEARN AS MUCH AS YOU CAN

about the condition and treatment options available via books or websites such as the International OCD Foundation (iocdf.org).

2 MAKE AN APPOINTMENT

to see a general practitioner (GP) to discuss your symptoms. If indicated, the GP will refer you to a mental health specialist who will provide the expert advice and treatment needed.

These urges and actions are often combined with feelings of doubt or danger, says Dr Jackki Yim, a Senior Clinical Psychologist at IMH. She cites a recent case — a mother with a fear of contamination. “Her fear of contaminated food and germs was so great that it took her up to seven hours a day to prepare a regular meal for her family.” Another mother was so concerned that her newborn would catch an infection that she would wipe the infant’s skin to the point that it started to peel. These are extreme instances in which the illness starts to cloud the person’s thinking, explains Dr Yim.

Interestingly, OCD manifests in different ways and is unique to each individual. “Even if the underlying



without disruption or impairment,” Dr Gupta says. “OCD is a serious mental health condition, and you can’t just snap out of it. But you can most certainly learn how to manage the condition and move on.”

Treatment usually involves a combination of medication and therapy. Exposure and Response Prevention (ERP) therapy, a form of Cognitive Behavioural therapy, is widely recognised as the frontline psychological treatment for OCD. It involves gradually and deliberately exposing the individual to his fears, without him engaging in the associated compulsions and rituals. The objective is to let him ride his wave of anxiety to realise that the anxiety is not permanent and will eventually fade. Additionally, through ERP, he could learn that his feared consequences may not be valid, explains Dr Yim.



MS SHAZANA SHAHWAN

Assistant Manager/
Researcher, IMH
Research Division

ON A QUEST FOR answers

The work done by IMH researchers such as Ms Shazana Shahwan has led to greater awareness about mental health in Singapore.

Interview DENNIS YIN
// Photo KELVIN CHIA

Beyond providing clinical care for individuals with mental health conditions, IMH conducts research that will translate to better care, treatment and outcomes for them, as well as shape how people think about mental health.

The institution’s Research Division, led by Professor Chong Siow Ann, Vice Chairman, Medical Board (Research), comprises two groups. One focuses on Translational and Clinical Research to improve understanding of the mechanisms underlying various mental disorders, as well as treatment response and recovery. The other – the Programme of

Mental Health Policy Studies team – looks at research geared towards addressing challenges faced by those living with mental health issues and providing information that helps to guide public health policies. Examples include nationwide studies like the Singapore Mental Health Study and the Well-being of the Singapore Elderly (WISE) study, which established the prevalence of dementia in seniors and examined caregiver burden.

Ms Shazana Shahwan from the policy studies team shares more about her work.

How big is the research team? When the Research Division was set up in 2000, we had only three staff. There are now about 25 members in each of the two units, including research assistants, researchers and biostatisticians.

How does your work differ from other kinds of research? People tend to assume researchers wear white coats and conduct studies in a laboratory setting. At our unit, we carry out large-scale surveys, as

well as in-depth interviews and focus group discussions on mental health issues. We collect the data, analyse the results and present the findings.

What are some challenges you face? A major challenge is having enough trained manpower to reach out to a large sample size, of up to about 6,000 people. Our interviewers are required to undergo a two-week-long training, which covers research ethics and general interviewing techniques.

Another challenge is getting people to participate. Some are hesitant so we try to help them understand why we are doing the study. Sometimes they aren’t home, so we have to make several trips and at different times. It is vital to ensure we have a representative sample for each survey. For example, if we only do interviews in the day, the data may be skewed as many of the participants would be housewives or retirees.

What makes you happy to do what you do? Knowing that our work can influence policies that benefit people with mental health issues gives me satisfaction. Our work also helps to improve mental health awareness and identify gaps that the community can work together to fill. I’m also encouraged when I meet with positive-minded patients and caregivers during focus groups. A patient recently told me that he is optimistic about his condition, and that it is a good time to be a mental health patient as there is a better understanding of mental illness in Singapore.

SLOWLY, BUT SURELY

ACCEPTING HER CONDITION WAS THE FIRST STEP IN MS ALINA'S RECOVERY PROCESS.

Most people are keen to impress in their first job, careful not to err. For Ms Alina, who in 2010 was fresh out of university and working as an administrator, this meticulousness went beyond the usual. Whenever she had to photocopy a document, Ms Alina would check the printouts thoroughly, going over every word on all pages. “I knew it was ridiculous but I just could not seem to trust the photocopier,” says Ms Alina, who is now in her 30s. The task she set herself was time-consuming, and as a result, her work suffered. After just 10 months, she left the job. “Work became so tedious, almost a torture,” she says.

Unaware of OCD at the time, Ms Alina did not associate her behaviour with the condition. Untreated, her

compulsion — as it is often the case with OCD — evolved. She started washing her hands frequently and taking long showers. “I feared if I didn’t, my personal information would be transmitted out through my body,” she explains.

Noticing that her body foam and shampoo were running out far too rapidly, Ms Alina’s aunt got worried. “She suggested I seek professional help and I agreed,” she says. With medication and therapy, her condition stabilised. In 2016, she stopped treatment thinking she was better, but subsequently started having self-harming intrusive thoughts. Troubled, she got back on medication, and is now undergoing therapy.

“While I still have OCD, I now feel that I have a plan and so I am better

prepared to manage what comes my way,” she says. “A better understanding of the condition, coupled with medication and therapy, have enabled me to recognise that my sometimes irrational actions and thoughts do not define me. It’s my condition at work.” To those in her shoes, Ms Alina’s advice is to seek help. “There is a way to cope and move on with life; do it for yourself.”



“OCD CAN EVOLVE AND INTENSIFY so do not think you can manage it on your own.”



Qualities of a good mental health researcher

GOOD PLANNING AND ORGANISATIONAL SKILLS:
Helps a researcher handle multiple projects concurrently.

TREATING PEOPLE RESPECTFULLY:
Being mindful that different people make different choices.

THE ABILITY TO LISTEN:
Some people may not respond directly; by active listening, a researcher can probe for fuller answers.

POSSESSING INTEGRITY:
Staying true to the data so that the results are not misrepresented.

ATTENTION TO DETAIL:
This is key for areas of research such as ethics application, monitoring and reporting of data.



Figuring it out

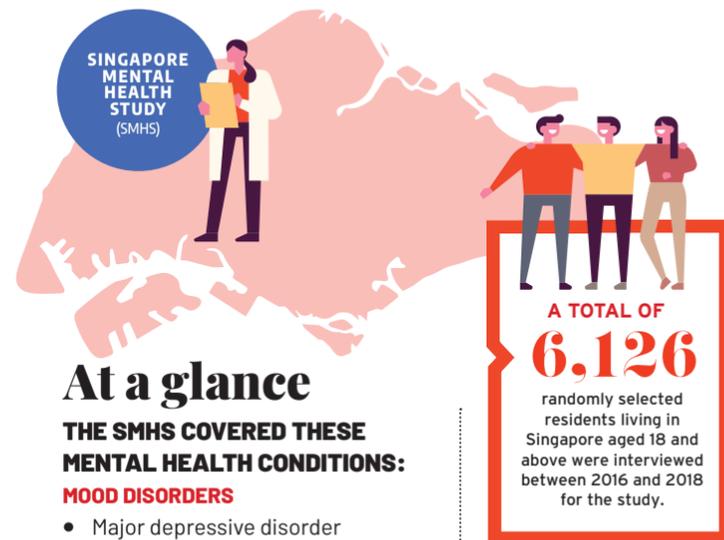
What the second **Singapore Mental Health Study (SMHS)** revealed about the state of mental health in Singapore.

Commentary // Dr Mythily Subramaniam, Director, Research Division, IMH, and Associate Professor, Lee Kong Chian School of Medicine.

WHAT IS THE PREVALENCE OF MENTAL HEALTH CONDITIONS IN THIS COUNTRY? WHO DO THEY AFFECT? ARE PEOPLE COMING FORTH TO SEEK TREATMENT?

These were just some of the questions addressed in the recently-completed second Singapore Mental Health Study (SMHS), which was initiated in 2016.

Spearheaded by the Institute of Mental Health (IMH) in collaboration with the Ministry of Health and Nanyang Technological University, the nationwide epidemiological study established the prevalence of some common mental disorders in Singapore's resident population aged 18 years and above, along with their associated factors, the delay in seeking treatment, and the period of delay among those who eventually sought treatment. It also shed light on how the mental health landscape in Singapore has evolved since the first landmark study in 2010.



At a glance

THE SMHS COVERED THESE MENTAL HEALTH CONDITIONS:

MOOD DISORDERS

- Major depressive disorder
- Bipolar disorder

ANXIETY DISORDERS

- Obsessive compulsive disorder
- Generalised anxiety disorder

ALCOHOL USE DISORDERS

- Alcohol abuse
- Alcohol dependence

KEY FINDINGS:



DR MYTHILY SAYS: While the mood, anxiety and alcohol use disorders examined in this study are seen across all age groups, we've found that they tend to be more prevalent among younger people between 18 and 34 years old. It is not clear why this is so. One reason could be that younger people are more aware of mental health conditions and are more willing to talk about what they are experiencing compared to older people. However, I think it is everyone's responsibility – regardless of age – to be more aware of what a mental illness is, and encourage people to seek help early."

SEEKING HELP:



Among people who sought professional help, **INDIVIDUALS WITH OCD TOOK THE LONGEST AT 11 years**

Followed by **INDIVIDUALS WITH BIPOLAR DISORDER AND ALCOHOL ABUSE AT 4 years**

Treatment delay* for alcohol dependence was the lowest, with individuals seeking help almost immediately after the start of associated symptoms (within 1 year).

TOP 4 SOURCES OF HELP SOUGHT:

MORE THAN 75% OF PEOPLE WITH A MENTAL DISORDER in their lifetime **DID NOT** seek any professional help. This is known in scientific literature as the "treatment gap"



42.3% HAD CONSULTED A PSYCHIATRIST



36.5% WENT TO A COUNSELLOR



26.2% WENT TO A PSYCHOLOGIST



20% WENT TO A GENERAL PRACTITIONER OR FAMILY DOCTOR

SHIFTING TRENDS:

CHANGES IN MENTAL HEALTH LANDSCAPE

Compared to the results of the 2010 study, SMHS 2016 found that overall lifetime prevalence of mental illness, as well as lifetime prevalence of generalised anxiety disorder and alcohol abuse, has gone up. Psychiatric comorbidity – which refers to having two or more mental disorders at the same time – also showed an increase.



OVERALL LIFETIME PREVALENCE OF MENTAL ILLNESS
13.9%
SMHS 2010: 12%



GENERALISED ANXIETY DISORDER
1.6%
SMHS 2010: 0.9%



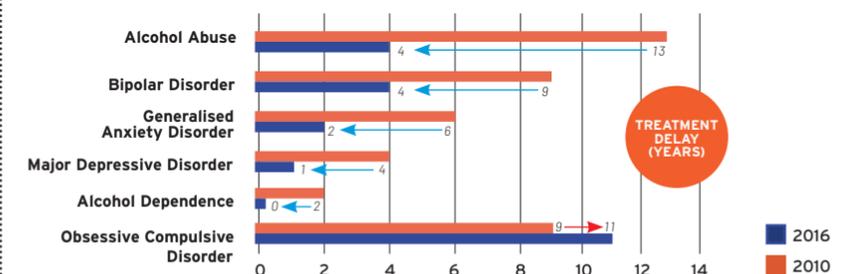
ALCOHOL ABUSE
4.1%
SMHS 2010: 3.1%



PSYCHIATRIC COMORBIDITY
3.5%
SMHS 2010: 2.5%

TREATMENT DELAY

With the exception of OCD, those who sought help for their mental health conditions did so much sooner than what was observed in the last study.



Treatment delay (estimated in median values) refers to the time taken from the start of symptoms to the seeking of professional help*

DR MYTHILY SAYS: This is the first serial epidemiological study that has examined the trends in mental disorders in Singapore. While there is an increase in the prevalence of anxiety disorders and alcohol abuse, it is encouraging to see that people are coming forward sooner to seek help for most conditions. Nonetheless there is still a significant proportion of people who are not seeking help, which is a concern and we hope that this will improve."

Q&A

ASK THE

Experts:

IMH clinicians answer your questions.

01: MY WIFE AND I HAVE A TWO-YEAR-OLD SON. EVEN THOUGH HE HAS A CLEAN BILL OF HEALTH, SHE FUSSES OVER HIM AS IF HE WERE A NEWBORN.

Every little cut, fall or cry makes her anxious. She gets very little sleep, has lost a lot of weight and also feels stressed about not having done enough. When I tell her she worries too much, she says I don't understand. How can I get her to 'ease up' and pay more attention to her well-being?

A: It is wonderful that your wife has a partner who is concerned and caring. Many new mothers tend to worry and fuss — especially over the firstborn as it is unfamiliar territory — and caring for a child can be very intense.

Mothers tend to worry if the child is not eating well, or not reaching his milestones, and the lack of rest from the disrupted sleep at night can also increase a mother's stress levels. You can support her further by validating and normalising her anxiety and offering a listening ear. This would help her feel less alone in managing her worries. Helping her with daily chores, taking over some child-minding duties and giving her

alone time away from the child can also help her to get some breathing space and allow her to reconnect with herself and her close friends. It might also be helpful to set aside some time as a couple to nurture your relationship.

Sometimes, feelings such as anxiety and of being overwhelmed could also be signs of burn-out or mental health symptoms such as depression or anxiety. Signs to look out for would be changes in appetite and sleep, excessive weight loss or gain, changes in habits and an increasing sense of withdrawal from family and friends. It would be beneficial to get her assessed by a mental health professional for further support and help.

MS HAANUSIA PRITHIVI RAJ, Senior Clinical Psychologist, Department of Developmental Psychiatry

02: MY FRIEND IS 25 AND LIVES ON HER OWN. THE LAST TIME WE MET UP I NOTICED SEVERAL CUTS ON HER ARM.



She said that her dog did it, but they didn't look like scratch or bite marks, and appeared to have been made at different times. When queried further, she became evasive. Could she be self-harming? If so, what can I say to get through to her?

A: Often, self-injury is only the tip of the iceberg signalling deeper needs. Many people self-injure when emotionally overwhelmed, and each person has his own reasons for engaging in it.

It is important to communicate to your friend that you respect her need for privacy, and at the same time you are asking these questions because you care. Do acknowledge that this is difficult to talk about, and that you respect her choice if

she does not wish to share further, but are available to listen if she changes her mind. Also, as she is living alone, you might express concern about other important areas of her life such as how she is doing at home, work or school, or in her relationships. Whatever your approach, it is vital to lend a listening ear first and foremost, and refrain from jumping to conclusions.

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

THE STRESS OF MOTHERHOOD

Many new mothers tend to worry, and caring for a child can be very intense



News

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

happenings • IMH SCENE



EMPOWERMENT IN MENTAL HEALTH

Very often, mental health recovery is thought of as an individual getting treatment and therapy. But these only address symptoms of the conditions. "Without support from the larger eco-system, the journey to full recovery will be an uphill struggle," said Professor Chua Hong Choon, CEO, IMH, and Co-Chairperson of the Singapore Mental Health Conference (SMHC) 2019 Advisory Committee. "The key is empowerment — harnessing the potential and capabilities of this eco-system to help persons in recovery find their footing again," he added.

To highlight this important aspect of mental health recovery, IMH, the National Council of Social Service (NCSS), Agency for Integrated Care and Health Promotion Board themed this year's SHMC "Empowerment for Resilience and Recovery". SMHC 2019 was graced by President Halimah Yacob. The two-day conference held on 30 and 31 January 2019 at the Singapore Expo was attended by some 500 participants from the healthcare, social service and community care sectors, as well as service users and caregivers. Plenary sessions and discussion tracks explored the roles of different stakeholders, including persons with lived experience, communities and advocacy groups, as well as public outreach in addressing the challenges experienced by people with mental health conditions in their recovery journey.

All-Round Support

This year's President's Challenge, an annual community outreach and fund-raising campaign for beneficiaries selected every year by the President's Office, has also put its

focus on mental health. "I hope that we as a community are more aware of the needs of persons with mental health conditions and can better support them in their journey of recovery and reintegration," said President Halimah Yacob at the launch of President's Challenge 2019, held in conjunction with SMHC 2019.

To reinforce empowerment in mental healthcare, the President also announced that the campaign's Empowering for Life Fund (ELF) will extend its funding period to three years, instead of the initial one year. ELF supports programmes aimed at aiding those at a disadvantage including people with disabilities, children with special needs and disadvantaged women.

An example is the Transitional Employment and Work Integration Programme (TEWIP) by Singapore Anglican Community Services (SACS). This pilot programme prepares persons with mental health conditions to re-enter the workforce through real-world work opportunities in SACS's internal work units and social enterprises. Successful TEWIP graduates will then be connected to employment opportunities and job placements.



REAL-LIFE DRAMA

THE NAMS NEW SOCIAL MEDIA CAMPAIGN AIMS TO RAISE AWARENESS OF ADDICTIONS AND REDUCE THE STIGMA OF ADDICTION IN THE COMMUNITY.

From March to May 2019, the National Addictions Management Service (NAMS) is launching a four-episode mini-drama series online, starring local artistes Roz Pho and James Kumar, about how addictions can affect the family. The series also highlights the importance of the community in helping a person recover from an addiction.

Catch the videos at www.facebook.com/moretolifegs or www.youtube.com/user/NAMSIMH2008

THE SCIENCE OF falling in love

While often viewed as one of **life's great mysteries**, there is in fact a whole set of biological and neurological processes at work behind the scenes that account for why we fall in love.



the 3 stages of love

A study by Rutgers University in the US revealed there are three stages involved in falling in love. Each stage involves different types of chemical reactions within the brain.

STAGE 1: LUST

This is instigated by the hormones oestrogen and testosterone, which promote primal desires. These hormones can also impact what kind of person you find attractive, based on factors such as appearance and scent.

STAGE 2: ATTRACTION

This is when we start to feel the love. Our personality experiences drastic changes, characterised by the release of:

- **Adrenaline**, which accounts for the feelings associated with being in love. It promotes that nervous "butterflies" feeling that puts you on 'high alert' when pursuing a new love interest.
- **Dopamine**, which is known as the "pleasure hormone". The sense of euphoria that results from the release of dopamine is what keeps you 'coming back for more' in a relationship.

- **Serotonin**, which diverts your mind, making you think about your lover.

STAGE 3: ATTACHMENT

As the relationship progresses, two hormones play a part:

- **Oxytocin**, also known as "the cuddle hormone", forges a sense of attachment between you and your partner.
- **Vasopressin** is released after sex. It facilitates interpersonal functioning, attachment security and positive communication.

HOW WE DECIDE

According to a study by psychologist Arthur Aron from the State University of New York in Stony Brook, the mind takes around 90 seconds to 4 minutes to determine whether it is struck by love.

THE BREAKDOWN:



55% of the role is played by body language; the brain detects the activities of movement and decides whether these signal love or not



38% of the decision to be in love is contributed by the voice — its tone and change in frequency



7% is the reaction to a lover's statement or choice of words

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

9th INTERNATIONAL CONFERENCE
- TOGETHER AGAINST STIGMA

Beyond The Label
**Towards
An Inclusive
Society**

3 - 5 Oct 2019
Marina Bay Sands Singapore



The Together Against Stigma conference is an international platform to discuss stigma issues that continue to plague people with mental health conditions, preventing them from seeking help, gaining acceptance in society and leading a productive life that they deserve. Uniting against mental health stigma, the global community looks forward to keeping abreast of the latest developments, research outcomes and best practices in this field.

THEME

Beyond the Label – Towards an Inclusive Society

TRACKS

- Social Inclusion in the Workplace and Community
- The Power of the Media and Social Movements
- Professionals, Policy and Practice
- Recovery and People with Lived Experiences

SAVE THE DATE!

CONFERENCE REGISTRATION OPENS IN APRIL 2019



CONTACT US

TAS 2019 Secretariat
Email: againststigma@imh.com.sg
www.againststigma2019.com



IN SUPPORT OF THE **Beyond the label** MOVEMENT

Organized by:



Mindset



Singapore Psychiatric Association

Supported by:



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