

OCTOBER 2021-JANUARY 2022

# imagine

A MAGAZINE ON MENTAL HEALTH



## SELECTIVE MUTISM

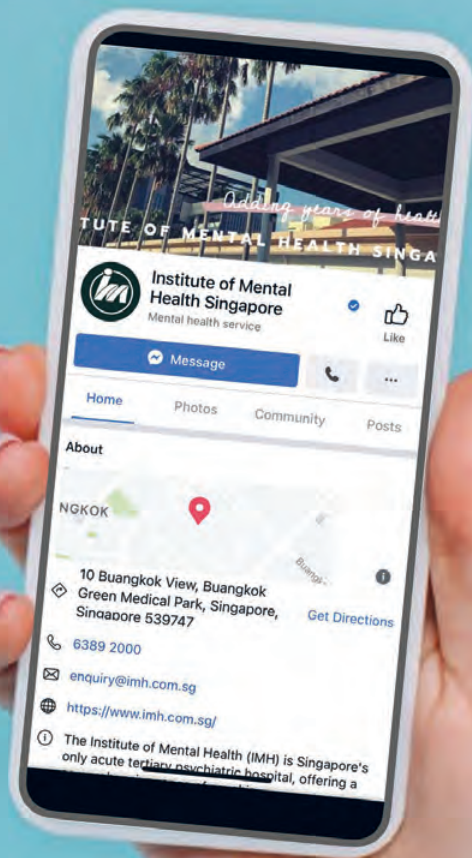
How to help children with this little-known condition find their voice

## REACH OUT, CHOOSE LIFE

Making sense of suicide and being there for those in distress



# We are now on FACEBOOK!



Be in the know about your mental health. Follow us on:



[www.facebook.com/imh.singapore](https://www.facebook.com/imh.singapore)



Scan the QR to follow us!



**05 Live Well**  
How we judge the bad behaviour of others is directly linked to how close we are to them.



# CONTENTS

OCTOBER 2021 - JANUARY 2022

## FEATURES

- 8 FOCUS**  
A look at the complexities associated with suicide, and ways to help those at risk of taking their own lives.
- 14** Early intervention can help address selective mutism, a rare condition where children are unable to speak in certain social settings.

## PROFILES

- 12 A LIFE IN MY DAY**  
Mr Thomas Koh turned his life around after years spent chained to a drug dependency – and is now helping others to do the same.
- 17 I SERVE**  
Nurses play many roles today, but they all have the common goal of improving the lives of patients, says Senior Nurse Manager Ms Hou Yanli.

## REGULARS

- 3 MY SAY**  
Associate Professor Daniel Fung, CEO, IMH, outlines how the delivery of psychiatric care is set to evolve in the years ahead.
- 4 LIVE WELL**  
What's new in mental health research, and tips on maintaining your mental well-being.
- 18 ASK THE EXPERTS**  
IMH clinicians answer your questions.
- 19 IMH SCENE**  
A round-up of news and events centred on mental healthcare.
- 20 BEAUTIFUL MIND**  
A term that has entered common usage, 'gaslighting' has undertones of control and manipulation.



"We each need to be aware about mental illness and suicide, and get help early if we are facing mental health issues. We also need to be aware about the avenues of help that can be sought when we are experiencing distress and suicidal ideation."

**DR GANESH KUDVA**, Associate Consultant, Department of Psychosis, IMH

## COLOURS of the world



Turn to Live Well, page 7, and get creative!

## THE MORE WE KNOW, THE MORE WE CAN HELP

**I**t is safe to assume that, at some juncture or other, we will be beset by anxiety, hardships and stress. In most cases, these affect us temporarily, and we are able to bounce back. For some people however, the distress brought about by financial woes, failed relationships or a mental health condition may prove overwhelming. In certain cases, it might even lead a person to think about suicide as a way out of his or her problems.

One in 13 adults in Singapore has thought about suicide. Suicide is a complex and often misunderstood topic that is perhaps not talked about enough. In our cover story (pages 8-11), we share findings from IMH's first population-wide study on suicidality, which looks at the prevalence of suicidal ideation, plans and attempts here, as well as the socio-demographic and illness-related factors associated with suicidality. The article also highlights the signs to look out for in our loved ones and where to turn to for help.

When managing illnesses, both physical and mental, a turning point is when the person with the condition acknowledges his problem. Such was the case of Mr Thomas Koh, who found himself at the end of the line following a long struggle with addiction. He faced up to the reality of his situation, and chose to reach out and seek help – a decision that turned his life around, and one that has now allowed him to help others (pages 12-13).

It is also crucial to know and be able to recognise symptoms, so we can get help early, instead of dismissing or trivialising them. This can be the case for those – often children – with selective mutism, who are gripped by a paralysing inability to speak to people outside their immediate circle. Learn about this rare condition that is sometimes wrongly perceived as shyness, acting out, or even a need for speech therapy (pages 14-16).

Ultimately, know that help is available, and it can be found right in your neighbourhood. Given the increasing focus on mental health, the role that primary care providers such as General Practitioners play in its management is crucial and will continue to be so. IMH CEO Associate Professor Daniel Fung emphasises this in his commentary (page 3) and identifies other key trends he expects to see in the mental health landscape of the future.

As we take on tomorrow, continue to learn about mental health.

This includes knowing how to recognise symptoms, what to say – and not to say – to someone in distress, and the help resources available. If we equip ourselves with such knowledge, we would be better able to help – not just ourselves but someone else in need as well.

Happy reading.  
*the editorial team*



imAGINE:



### Editorial

Lalitha Naidu  
Ting Mei See  
Pameline Kang

### Contributors

Ronald Rajan, Dennis Yin,  
Wanda Tan, Alvin Teo,  
Theresa Tan, Tina Wang,  
Koh Yuen Lin, Keenan  
Pereira

### Circulation Coordinator

Chris Ngiam

A publication by



Editorial consultant



Copyright © is held by the publishers. All rights reserved. Reproduction in whole or in part without permission is prohibited. Printed in Singapore by KHL Printing, www.khlprint.com.sg. MCI (P) 053/08/2021

Every care has been taken in the production of this magazine, but IMH the publisher, and its employees assume no responsibility for any errors, inaccuracies or omission arising thereof. Opinions expressed by contributors are not necessarily those of IMH or the editorial consultant, MediCorp. The information produced is for reference and educational purposes only. As each person's medical condition is unique, you should not rely on the information contained in this magazine as a substitute for personal medical attention, diagnosis or hands-on treatment. If you are concerned about any health matter, please consult your family physician or healthcare professional.

## A ROADMAP FOR future care

Associate Professor Daniel Fung, CEO, Institute of Mental Health, shares his thoughts on how the delivery of psychiatric care is set to evolve in the years to come. Text **THERESA TAN** // Photo **COURTESY OF IMH**

### >> THE REALM OF PSYCHIATRY

is experiencing disruption, much like many other aspects of healthcare. Psychiatry will see new trends in practice in the next 10 to 20 years, and these will transform how we deliver mental healthcare in Singapore, says CEO of IMH Associate Professor Daniel Fung. Here are some key changes we may expect to see.

### GOING FURTHER UPSTREAM TO PREVENT ISSUES

"Although the early identification of mental health issues is important for better outcomes, there is nothing that compares to primary prevention efforts or even health promotion. Prevalence research has shown that only up to 20 per cent of populations have a lifetime risk of mental illness. Reaching those at risk and trying to prevent the onset of illness is a step in a positive direction. Creating a mentally-healthy lifestyle – where one is capable of managing life's stressors and reducing the likelihood of traumatic events, especially in childhood – will go a long way in reducing the need for psychiatric services. Most of this effort, if driven through healthcare, will sit in the primary care domain, and start with General

Practitioners (GPs), who see families. We only have about 260 registered psychiatrists in Singapore, but based on prevalence data, we would need at least three times that number if all mental illnesses are to be managed by psychiatrists. This is what we refer to as the mental health gap. The role of the GP in managing this gap will be critical in most societies of the future."

### THE IMPORTANT ROLE OF GPs

"There's an overseas programme called the Vermont Family-Based Approach. It is a novel health promotion programme based on the concept of a wellness environment and enlists wellness coaches for families. I would love to see GPs, along with our community support ecosystem of allied health specialists, 'coach' families on what to do for good health.

Apart from treating illnesses, GPs can assist in promoting good health, including mental health. Government policies will make a great difference, but it is the personal relationships that GPs form with families that will develop the trust that patients and families need. Good nutrition, positive lifestyle habits and caring relationships can be encouraged

“The role of the GP in managing what we call the mental health gap is critical in most societies of the future.”

in a thriving GP practice. Technology can be harnessed to support GPs, freeing them up to understand their patients and families, offering lifestyle and preventative approaches to improve health.”

### EXPANDING TRANSDISCIPLINARY CARE TEAMS

"There are many social determinants of mental illnesses which require mental health professionals apart from psychiatrists – such as psychologists, social workers, nurses, occupational therapists and pharmacists – to co-manage a person with a mental health condition.

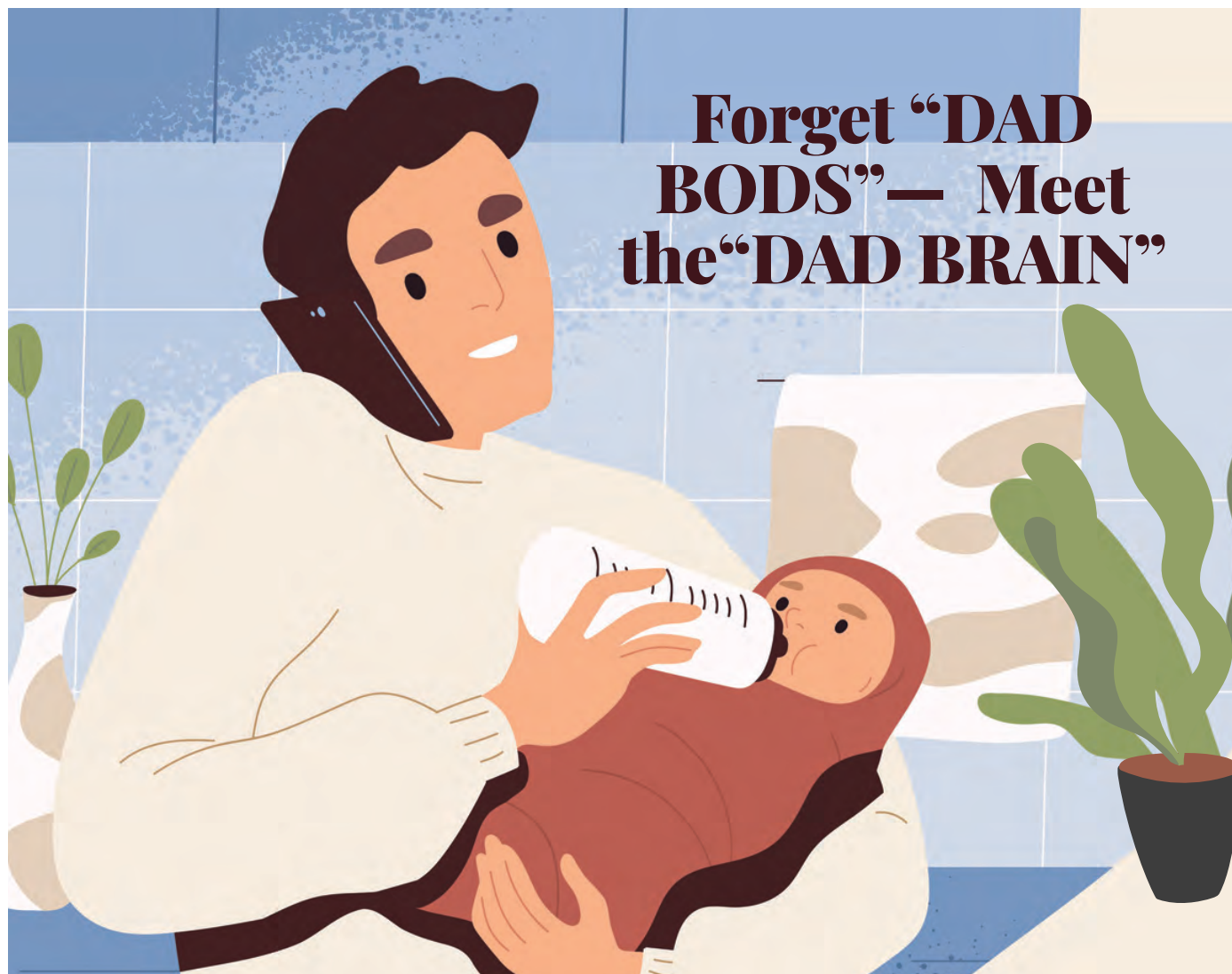
In the future, it is likely that these mental health professionals will also operate in the community working closely with GPs. This is already beginning to be put in place in various polyclinics and primary care networks today, and will be further expanded. Singapore's Agency for Integrated Care (AIC) has been funding the development of Assessment and Shared Care Teams (ASCAT), Community Intervention Teams (COMIT) and Community Resource, Engagement and Support Teams (CREST) for this purpose since 2012."

### BRINGING CARE INTO THE DIGITAL REALM

"We are now well into the digital era: millennials and Gen Z are mostly digital natives and familiar with virtual interactions. This would mean that online information and consults will form a new ecosystem of care over and above traditional face-to-face meetings. There may also be more collaborative e-consultations in which GPs can be supported in their care of patients with common mild mental illnesses, such as anxiety and depression. Also, the monitoring of patients between consults can be enhanced with apps and wearable technology."

This is an excerpt of an interview by Dr Michael Lim published in The College Mirror Vol. 47 No. 2 (College of Family Physicians Singapore).

# LOVE WELL!



## Forget “DAD BODS” — Meet the “DAD BRAIN”

>> Being a first-time parent can be daunting, but it turns out that our brains actually adapt to meet the challenges of parenting — and even derive pleasure from nurturing our young ones. And it’s not just mothers who experience this. In the process of caring for their children, dads, too, develop an enhanced capacity for empathy and experience feelings of pleasure and satisfaction, according to a recent study published in the *Journal of Neuroscience*. The study was based on observations of voles, a type of rodent. Researchers from Shaanxi Normal University in China measured the brain activity of male voles while they were actively caring for their offspring. They found that increased paternal behaviour resulted in increased stimulation of oxytocin neurons, which are associated with feelings of pleasure and satisfaction.

These recent findings are consistent with research looking at the brains of human fathers, with one 2014 study showing that fathers engaging in caregiving activities had heightened feelings of reward and motivation. Besides helping us understand paternal behaviours, these studies also lay the groundwork for research into areas such as paternal postpartum depression. The results could also help eliminate stereotypes that men and women are wired differently for caregiving.

## GOING EASY on them

A study by the American Psychological Association has revealed differences in how we judge bad behaviour based on our relationship with those exhibiting it. >



During the study, 1,100 participants were given a series of hypothetical scenarios and asked to judge bad behaviour from loved ones and strangers. In all experiments, participants expressed less anger, contempt and disapproval of their loved ones compared to strangers. They also wanted to punish or criticise their loved ones less than strangers.

Researchers also studied the effects of participants’ unequal

judgement of bad behaviour on their own mental states. When someone close to them engaged in unethical acts, participants felt more shame, guilt and embarrassment, and had negative views of their own morality. According to Assistant Professor Jennifer Stellar, the study’s co-author, this raises concerns about how moral norms are policed or maintained as people may either overlook or fail to call out transgressions committed by close others.

## Stop the sale

Already planning your shopping cart for the upcoming year-end sale? The tempting offers and flash sales may be hard to avoid, but there is a possible reason why one person’s haul can be much larger than someone else’s, according to research from

the Julius Maximilian University of Würzburg in Germany.

Researchers there have identified two types of shoppers – pleasure seekers and security seekers – with each type requiring different strategies to keep their shopping habits in check.



### MIND YOUR SPENDING

In a 2020 survey, impulse buying was cited as the most common mistake by Singaporeans who were struggling to make installment payments for their purchases. Globally, the most popular impulse buys happen to be food products and clothes. Source: MoneySense

These simple tips play into the brain’s decision-making process and might help stop you from impulse buys and overspending.

#### Pleasure seekers

> **Driven by:** spontaneity and spur-of-the-moment pleasure.



> **How to curb it:** Give yourself time to pause and think about each purchase. Ask yourself if you actually need it or are you merely chasing the thrill of shopping. The more time you give yourself to think, the less likely you are to buy.

#### Security seekers

> **Driven by:** the thoughtful evaluation of their choices, but they aren’t immune to impulse buys.



> **How to curb it:** Try not to let yourself have the time to consider a purchase. Instead, walk away immediately – as the longer you think, the more likely you are to buy.

## GIVE ME A BREAK

Here’s one more reason to avoid last-minute cramming before an exam.

Neurobiologists from the Max Planck Society have found that taking breaks while studying significantly improves our memory and learning. During learning, the nerve cells in our brains form new connections with each other. To retrieve the knowledge stored from learning, we reactivate the same set of cells, which allows the brain to strengthen the connections forged in the learning phase.

In an experiment with mice, the team observed that the nerve cells were more effectively reactivated after longer breaks between learning phases compared to short pauses. But even a short break would be beneficial.

#### TAKE FIVE AND RECHARGE:

- > **GO FOR A WALK.** Apart from the health benefits of exercise, a short walk can help clear your mind and realign your thoughts.
- > **GRAB A SNACK.** Your energy level dips when you are hungry. Munch on some snacks to fuel your mind and body.
- > **TAKE A POWER NAP .** A 20-minute power nap can help keep you alert, reduce stress and improve brain function.



## GOING THROUGH A GREEN PATCH

By 2030, 80 per cent of Singapore's buildings will be "greened" in a bid to lower carbon emissions. And if the results of a Nanyang Technological University study are anything to go by, this greening will have a positive impact on our mental health as well.

In an experiment involving 111 participants, researchers found that looking at plants on the exteriors of buildings lowered the ill-effects of stress in an urban environment. Using virtual reality headsets, participants were asked to walk down a 'street' that featured rows of planted greenery (e.g. on balconies, walls and pillars of buildings) or one with only buildings that had green-painted walls in place of green plants. Real-world experience was simulated with heavy traffic noise during the walk. At the end of the experiment, participants who viewed the buildings with green-painted walls reported higher levels of stress and anxiety, and were observed to have higher heart rates than participants who viewed the building exteriors covered in plants.

"More people are expected to be living in urban areas globally in future," said Associate Professor Lin Qiu, principal investigator of the study. "It is thus important for city planners and architects to understand factors that can contribute to healthy living."



### EASY HOUSEPLANTS

A study published in the *Journal of Physiological Anthropology* found that indoor plants can help you relax, too. If you are looking to spruce up your home and lift your mood at the same time, try these easy-to-grow varieties:



> **MONEY PLANT** (*Epipremnum aureum*)  
Popularly said to bring its owners prosperity, this easy-to-maintain creeper requires low-to-medium sunlight and watering just once a week.



> **MONSTERA** (*Monstera deliciosa*)  
Its scary name aside, this plant has big and luscious leaves that will give your house an instant tropical aesthetic. Also, it requires neither direct sunlight nor constant watering.



> **GUZMANIA** (*Guzmania bromeliad*)  
If you're going for a floral look without the high maintenance, this plant is perfect for you. It can be watered just once a week and kept in a shady spot like the bathroom.

## THE COMFORT OF FAITH

Family and friends are common channels of support in times of crisis. So, too, is religion.

A study by the Institute of Mental Health (IMH) and Saw Swee Hock School of Public Health has found that people with religious beliefs have better overall positive mental health (PMH) than those without any religious affiliations. PMH generally relates to individuals' attitudes toward themselves and their ability to handle life's surprises, reach their true potential and manage stress.

As part of the *2016 Singapore Mental Health Study*, the mental well-being of 2,270 participants was evaluated based on six aspects — general coping, emotional support,

spirituality, interpersonal skills, personal growth, and autonomy and global affect, which refers to positive moods such as calm and happiness. Apart from having higher PMH scores, people with religious affiliations fared better in the aspects of spirituality, emotional support and general coping.

"There are many factors that are linked to PMH, and religion seems to be one of them," said Ms Janhavi Ajit Vaingankar, Deputy Director of IMH's Research Division and the study's lead researcher. "For those with no religion, the persons themselves, their families and loved ones, and the society need to support other ways and avenues for better coping, emotional support and interpersonal relationships."

## DO THE WRITE THING

When was the last time you wrote things down regularly? Chances are, not recently, thanks to the rise in smartphone and computer usage. But the age-old practice of putting pen to paper does have its benefits, say researchers from Johns Hopkins University. They found that writing things down allows us to learn literacy skills faster and better than learning them by typing or watching videos.

To test their theory, researchers recruited 42 people and tried to teach them the Arabic alphabet. Each participant was taught through handwriting, typing or by watching a video. By the end of the experiment, all the participants could recognise the letters. However, the handwriting group achieved this proficiency faster, and with fewer mistakes. The group also fared better at reading, spelling and understanding new words.

Why is this so? Well, when we write things out, we familiarise ourselves with every aspect of the letter, such as its shape and sound. The team believes this creates a deeper and more effective learning experience.

### GET BACK INTO THE HABIT

#### > WRITE WHEN YOU CAN

Forget a blog; pen your thoughts in a diary. Going shopping? Write out your shopping list. Attending a meeting? Jot down your notes on paper instead of typing them out.

#### > TRY DIFFERENT TYPES OF WRITING

Journalling, writing about a topic of interest, and penning notes to loved ones are types of writing that will keep the activity interesting.

#### > FIND A PENPAL

Knowing that there is someone waiting to read your writing is great motivation. Whether it's on books, movies, fashion or your personal life, pick a topic and just start writing to see where the conversation flows.



## Tune out before BED

Can't get a song out of your head? Earworms, described as having a song or tune replay over and over in your mind, may have implications for your sleep.

In a report published in *Psychological Science*, researchers found that people who experienced earworms at least once or twice a week before they hit the sack are six times more likely to have poor sleep quality than people who rarely experienced them. "People who caught an earworm had greater difficulty falling asleep, more nighttime awakenings, and spent more time in light stages of sleep," said Associate Professor Michael Scullin, the lead researcher from Baylor University in the United States.

According to research by the American Psychological Association,

frequently-cited earworms include songs like 'Bad Romance' by Lady Gaga, and 'Moves like Jagger' by Maroon 5. What makes them so infectious is not just their fast-paced tempos and memorable melodies but also unusual intervals or repetitions.

If you are bothered by earworms, researchers recommend moderating music listening, especially before bedtime. Engaging in a cognitive activity where you are fully immersed in the task — such as journalling or writing a to-do list — can also distract your brain from earworms.

## COLOURS OF THE WORLD

Meditation is often the go-to path to mindfulness. But the simple childhood activity of colouring is just as effective in helping to calm a restless mind. End a stressful day by colouring this illustration:



**W**hen we hear news of someone intentionally ending their own life, our first reactions are commonly shock and disbelief, followed by an uncomfortable silence. It is hard to know what to say in the face of such tragedy. But just because something is difficult to understand or talk about does not mean we cannot or should not try – just the opposite, in fact. Talking openly about suicide and trying to make sense of it is a way to reduce the stigma surrounding this still-taboo subject. A good place to start is by knowing the numbers.

According to the World Health Organization, more than 700,000 people die from suicide globally every year – that's approximately one fatality every 40 seconds – and for each completed suicide, there are many more who attempt it. In Singapore, the Institute of Mental Health (IMH) recently released figures on suicidality – an umbrella term encompassing suicidal ideation, plans and attempts – as part of the *Singapore Mental Health Study 2016 (SMHS 2016)*. The study found that one in 13 adults had thought about suicide at some point in their lives. Furthermore, one in 63 adults had planned a suicide and one in 63 had attempted to take his or her own life.

**“The key message is that suicidal ideation is common, it is not something to be ashamed about, it is transient, and help is available.”**



**DR GANESH KUDVA,**  
Associate Consultant,  
Department of Psychosis, IMH



# Understanding SUICIDE

Interview  
THERESA TAN and WANDA TAN  
in consultation with  
DR MYTHILY SUBRAMANIAM,  
Assistant Chairman,  
Medical Board (Research), IMH;  
DR JARED NG,  
Senior Consultant,  
Emergency Services, IMH;  
and DR GANESH KUDVA,  
Associate Consultant,  
Department of Psychosis, IMH

**One in 13 adults in Singapore has thought about suicide. We look into this complex issue and ways to help those at risk of taking their own lives.**

Recent statistics paint a grim picture. Samaritans of Singapore (SOS), a non-profit suicide prevention centre, reported 452 suicides nation-wide in 2020 – a 13 per cent increase from the year before, and the highest since 2012. This increase was observed across all age groups, with suicide deaths rising by seven per cent for youths (aged 10 to 29) and middle-aged adults (aged 30 to 59), and by 26 per cent for elderly persons aged 60 and above.

The implication is clear: while awareness of suicide may be growing, along with greater interest in protecting

one's mental health, it remains a pressing problem that requires our attention.

### THE QUESTION OF 'WHY'

Not everyone who thinks about suicide will carry through the act. Commenting on the *SMHS 2016* findings, Dr Mythily Subramaniam, Assistant Chairman of IMH's Medical Board (Research), notes: "Suicidal ideation can vary from fleeting and unwanted thoughts to a preoccupation with death. While in general and in our study, the majority of individuals with suicidal ideation do not go on to make

suicide attempts, it is nevertheless a risk factor for suicide attempts. We also know that previous suicide attempts are an important risk factor for suicides, and may result in subsequent attempts and even death, if not addressed adequately. The identification of risk factors of suicidality thus provides an opportunity to intervene early, thereby lowering the risk of suicides in the population."

Most of the time, the public face of suicide is a person with depression. Celebrities like actor Robin Williams, chef Anthony Bourdain and fashion designer

Kate Spade suffered from this mental health condition, and their deaths have been attributed to it. Mental health conditions, in particular mood disorders, could increase one's vulnerability to suicidality, but this only tells part of the story. Other risk factors such as social isolation, serious physical illness, and life stressors – basically, any circumstance or situation where an individual feels hopeless – are often also involved, and it is their interplay which leads to suicidal thoughts and behaviours.

Given that any combination of these factors might be present, there is no single profile of an individual likely to contemplate or attempt suicide. That said, the IMH study revealed a significant association between suicidality and certain socio-demographic and illness-related variables (see sidebar "*The Vulnerable Ones*"). For example, researchers in other studies found that women are more likely to think about suicide compared to men, but men complete suicide more frequently – a phenomenon known as the "gender paradox of suicidal behaviour", as Dr Mythily explains. "It has been suggested that females attempt suicide in the earlier stages of mental disorders than males, which might represent less of an intention to die, and more of a desire to communicate distress."

She also highlights that suicidal ideation is more prevalent in youths compared to seniors. People in the 18 to 34 years age group are 3.6 times more likely to think about suicide compared to individuals aged 65 and above. There are two possible reasons. "Youths may be more candid in expressing suicidal thoughts, as older adults may not be comfortable acknowledging this sensitive question," she says. "The other reason is that younger people might lack the capacity to overcome interpersonal crises, while older adults with more life experience may be able to handle them better."

## THE VULNERABLE ONES

Based on the IMH study, suicidality is linked to certain socio-demographic factors, as well as physical and mental disorders.

### SUICIDAL IDEATION IS MORE LIKELY IN:



**Females**  
(compared to males)



**Youths aged 18 to 34**  
years (compared to seniors aged 65 years and above)



**INDIVIDUALS WHO HAVE never been married or are divorced/separated**  
(compared to married people)

### SUICIDE ATTEMPTS ARE MORE LIKELY IN:

**INDIVIDUALS WITH secondary school-level education**  
(compared to university graduates)



**INDIVIDUALS WITH hypertension and hyperlipidaemia**  
(compared to those in good physical health)

### SUICIDAL IDEATION, PLANNING AND ATTEMPTS ARE MORE LIKELY IN:

**INDIVIDUALS WITH chronic pain**  
(compared to those without any physical disorders)



**INDIVIDUALS WITH major depressive disorder, bipolar disorder, generalised anxiety disorder and alcohol use disorder**  
(compared to those without any mental disorders)

“There is no 'proven formula' that can predict precisely who is going to attempt suicide and who won't, which interventions work and which don't, or even which words you say might save someone one day.”



DR JARED NG,  
Senior Consultant, Emergency Services, IMH

**SPOTTING THE WARNING SIGNS**

It is hard to tell whether someone is suicidal. Dr Jared Ng, Senior Consultant at IMH's Emergency Services, explains, "There is no 'proven formula' that can predict precisely who is going to attempt suicide and who won't, which interventions work and which don't, or even which words you say might save

someone one day." Nonetheless, there are some things we can do to look out for those at risk, and Dr Ng refers to SOS' three sources of warnings: talk, actions and mood.

- **TALK.** A suicidal person may express being a burden to others (e.g. "My family will be better off without me"), say he feels trapped (e.g. "There's no point to my life anymore"), or verbally threaten suicide (e.g. "If you don't love me anymore, I will kill myself").
- **ACTIONS.** He might give away treasured possessions and say goodbye to people, research ways to carry out a suicide, or write suicide notes via email or on social media.
- **MOOD.** He may lose interest in things he would usually enjoy, feel anxious or humiliated, or exhibit extreme emotional outbursts.

Recognising common stressors could help alert us to a potentially suicidal individual, Dr Ng adds. For example, young people may be stressed about doing well in school, relationships or dealing with family

issues. Adults are likely to grapple with marital/relationship problems, financial issues or unemployment worries. And many elderly are troubled by ill health (painful, chronic or terminal illnesses), social isolation or loneliness, especially if they are widowed. With this knowledge, proactive moves can then be made, such as ensuring elderly persons at risk are not left alone.

What we say – and do not say – matters as well. Passing judgement on someone who expresses thoughts of suicide (e.g. "You're just being selfish") or trivialising their problems (e.g. "Snap out of it!", "You have no reason to feel this way") is not just disrespectful, but dangerous. It could deepen their sense of despair and drive them closer to completing suicide. Avoiding the topic – even if well-intentioned, for fear of saying the wrong thing – is not helpful, either. What is helpful is asking direct questions in a sensitive manner (e.g. "Are you thinking about suicide?", "How are you coping with what's been happening in your life?", "Do you ever feel like just giving up?"). As Dr Ng notes, this approach shows the person that they are being taken



seriously and that someone is genuinely listening to them.

**SPEAKING THE UNSPEAKABLE**

One of the most common misconceptions about suicide is that asking someone about it may put the idea in their head and push them further towards carrying it out. "The extant literature dispels this belief," says Dr Ganesh Kudva, Associate Consultant at IMH's Department of Psychosis and the

lead researcher of the IMH study. "Suicide remains a taboo topic. There is much guilt and shame when talking about one's own suicidal thoughts, and this often deters those who are experiencing them from talking about it and seeking help." So it is important to dispel the myths that surround suicide, by acknowledging that it is not a rare occurrence, and that talking about suicide does not lead to someone becoming suicidal.

"Sharing stories of those who once had suicidal thoughts, who sought help and are now better, is crucial to instilling hope among those presently suffering from such thoughts. This is especially important as hopelessness is viewed as an important risk factor for suicide," Dr Kudva elaborates. To talk someone down from the ledge, initiate a frank but sensitive conversation with them, listen with an open mind, and focus on identifying and empathising with how the person's problems are making them feel. Sometimes, simply reaching out and letting them know we care for them is enough to make them want to carry on living.

Besides offering emotional support, practical steps can also be taken to keep a suicidal person safe. Dr Ng advises putting time and distance between the person and their chosen method of suicide, such as making sure window grilles are locked, keeping the medicine cabinet locked, and removing sharp items from their reach. Directing them towards professional help resources – including mental health hotlines, the nearest Accident & Emergency department for immediate medical attention, as well as family service centres and primary care doctors who are trained to manage mental health conditions – is equally important.

"Everyone has a role to play [in lowering the risk of suicide]," says Dr Kudva. "Firstly, we each need to be aware about mental illness and suicide, and get help early if we are facing mental health issues. We also need to be aware about the avenues of help that can be sought when we are experiencing distress and suicidal ideation. This awareness is also useful in helping those around us who may be in distress. The key message is that suicidal ideation is common, it is not something to be ashamed about, it is transient, and help is available."

**MYTHS VS. FACTS**

**1 MYTH: "Suicidal people look sad."**  
**FACT:** Once someone has made concrete plans to carry out a suicide, they can become uncharacteristically happy because they can finally see an end to their pain.

**2 MYTH: "Suicide is always an impulse decision."**  
**FACT:** While impulse may be behind some suicides – particularly in youths, who may not yet be able to fully process and control their emotions – many others go through careful deliberation and stages, like ideation, gestures, plans and attempts.

**3 MYTH: "If someone talks about suicide, he or she is less likely to attempt it."**  
**FACT:** All suicide attempts should be treated as though the person has the intent to die. Such an attempt may be a rehearsal or a cry for help from someone in profound distress. It should not be ignored or treated as a form of attention-seeking.

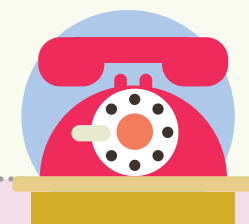
**4 MYTH: "Suicidal people want to die."**  
**FACT:** Often, the individual fluctuates between wanting to die and wanting to live. They find themselves in a situation of helplessness and despair, and death seems like the only way out of their pain and suffering. Counselling

and mental health support play a critical role in recovery.

**5 MYTH: "Suicide is hereditary."**  
**FACT:** Suicide is not a condition; it is a behaviour. However, family members do experience similar emotional and social environments, and may pick up behaviours from one another. Social learning is often cited for multiple instances of suicide in the same family.

**LISTEN WITH AN OPEN MIND**

Focus on identifying and empathising with how the person's problems are making them feel.



**HELP IS JUST A CALL AWAY**

**IF YOU OR SOMEONE YOU KNOW IS SUICIDAL, RING ANY OF THESE HOTLINES.**

- **SOS: 1767 / 1800 221 4444**
- **IMH: 6389 2222**
- **Singapore Association for Mental Health: 1800 283 7019**

Source: SOS

# Clawing his way out

**Mr Thomas Koh, Assistant Counsellor at IMH's National Addictions Management Service, turned his life around after years spent chained to a drug dependency — and is now helping others to do the same.**

Interview **KOH YUEN LIN** // Photo **ALVIN TEO**

**MR THOMAS KOH**

46, Assistant Counsellor, National Addictions Management Service, IMH



**H**aving grown up poor, Mr Thomas Koh managed to beat the odds and start a successful business. Yet by age 39, he found himself struggling to make ends meet again. His father's gambling addiction had robbed Mr Koh of a childhood, but it was his own drug habit that took away the life he had worked so hard to build. He thought he was in control of his life, but in reality, his addiction was controlling him.

### PERILS OF DEPRIVATION

While others think back on their childhood as a time of lightness, Mr Koh's early years were devoid of joy. In school, embarrassed by his family background, he felt like an outcast and kept to himself; at home, he had to witness his father's abusive behaviour.

Looking for an outlet, he started working as a newspaper delivery boy when he was 10 years old. "When I received my first salary of \$80, I realised that I could pay my school fees, earn pocket money and still have some left to give my mother. It made me equate money with power.

That was the first incorrect life perspective that I had," he says. The second perspective was seeing drugs as a solution to life's problems. Influenced by friends, Mr Koh had his first taste of narcotics at the age of 15. "My childhood was filled with fear, bitterness and uncertainty. When I took drugs, I experienced euphoria for the first time and wanted more of this feeling. Using drugs also gave me a sense of power I had never previously experienced. It made me feel like I could work

harder and sleep less than before." Moreover, engaging in drug-taking with friends created a sense of belonging and companionship. "But when you are deep in addiction, you will realise that you are alone in it," he reflects.

### PITFALLS OF EXCESS

Mr Koh's progression from recreational to binge user and eventually to dependency was gradual, deepening, ironically, when he was a 29-year-old living a seemingly successful

life as a husband and entrepreneur. "My business was doing well and I was changing cars every year. But this no longer fed my ego. I kept wanting more and to show the world that I could do better. This insatiable desire for more was part of my disease," he says introspectively.

From taking drugs a few times a month, he progressed to doing so multiple times a day. "My first thoughts in the morning would be which credit line to use to make my purchase, and who to get it from. My mood depended on the substance: without it, I would get irritable, experience tremors and be unable to focus. At that point, the drugs no longer gave me a high. I needed them just to feel normal," he recalls. "I'd also cheat, lie or manipulate others to get drugs, and even then I still believed that I had control."

As a result of his prolonged substance abuse, Mr Koh started having a host of medical issues from liver problems to gallstones. He also developed paranoia: "I started to hear voices and hallucinate. I would talk to myself in front of others and only realised it when they asked who I was speaking to." That realisation didn't help him stop his drug habit. "I tried to be my own doctor. When the doctor asked me to take anti-depressants, I took more than prescribed. The disease of addiction is the disease of more: nothing is enough."

### HITTING A LOW

As Mr Koh's mental and physical health crumbled, so too did his business. At 39, Mr Koh found himself divorced and facing bankruptcy and life-threatening health problems. He attempted to end his life: "I had made a video to say goodbye and apologise to my ex-wife. I had laid out my wallet, keys and documents on the table. The only thing left to do was to step out into the air." He stood at the ledge for close to an hour, unable to move. It

was then that Mr Koh realised that he did not want to say 'no' to life — and he was going to live right.

The next day, he decided to seek professional help. Mr Koh had tried, unsuccessfully, to quit drugs before, but his brush with death was the wake-up call that he needed to get clean and stay clean. He was placed on a three-week inpatient programme to start the process of breaking the cycle of addiction for good.

During his stay, support group members visited him and shared their own struggles with drug abuse, and how they eventually overcame it. Hearing their stories left a mark on Mr Koh. "I wanted their happiness and unbreakable spirit, and I wanted to know how they did it."

### BOUNCING BACK

With support group members as role models, Mr Koh was motivated to make his recovery stick. The deeper he got in his treatment programme, the more

**“The root of addiction is a desire for more — be it drugs or control — so the more you try to control the outcome, the less you would be dealing with your addiction. What you need is somebody with the experience to help you through it.”**

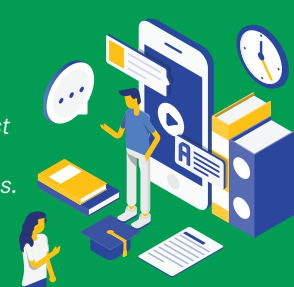


**>** Mr Koh is currently halfway through his Master's degree programme in counselling — something he had never imagined doing. "I try not to be a perfectionist or aim to top the class. Instead, I just maintain the right attitude to learning and move forward, no matter how slow I might be," he shares. "As long as I don't stop going forward, I will be a better person than I was yesterday."

insights he gained about himself — including a determination to help others like him. "I realised that I could use my experience to help others and help myself at the same time," he shares. "My childhood had made me a lonely person. I could be in a room full of people but still feel alone. I now realise it was because I didn't have anyone who understood me. But when I shared my story within support groups, they would laugh not at me but with me. Keeping the right company was a very important part of my early recovery."

In 2015, Mr Koh joined the National Addictions Management Service (NAMS), working as a volunteer for almost two years before getting certified as a Peer Support Specialist. He is now an Assistant Counsellor with the organisation. To those battling addiction, he stresses the importance of seeking help rather than trying to do it alone. "The root of addiction is a desire for more — be it drugs or control — so the more you try to control the outcome, the less you would be dealing with your addiction. What you need is somebody with the experience to help you through it."

Drug-free for nearly seven years now, Mr Koh has finally found the happiness he had been craving all his life — not by constantly chasing after bigger and better things, but by learning to be content and grateful for all that he has. He takes stock of what he has done well and practises gratitude every day. "I am thankful for the people around me, especially my new family. I have a three-year-old child and another baby on the way. Every day is a miracle. I give thanks by learning and growing each day, doing right by the people around me, and giving back."



# Lifting the veil of silence

Recognising the signs and enabling early intervention can help reverse selective mutism, a rare condition where children are unable to speak in certain social settings.

Interview TINA WANG

## SELECTIVE MUTISM

may also be wrongly perceived as shyness, acting out, or even a need for speech therapy.

### >> TWO YEARS IN KINDERGARTEN

and six in primary school – that’s how long Mrs Chen\* spent in absolute silence among her teachers and friends, struggling with anxiety and loneliness. “I did not talk at all,” she shares. “The words were in my mind, ready to be spoken, but they could not come out. I was afraid people would not want to speak to me, or that I would be laughed at. I even rationalised that talking wasn’t necessary for learning anyway. I was so afraid of saying the wrong things that I couldn’t speak. I still have this anxiety, but I push myself to talk now, especially when it is necessary. Being adults, we have more

control. Emails and text messages also help to make communication easier.” When Mrs Chen noticed how her daughter Ariella\*, now six years old, was withdrawn and quiet in school, she feared the worst and sought professional help (see her story on page 16). As it turned out, both mother and child have the same condition known as selective mutism.

Said to affect less than 0.1 per cent of Singapore’s student population, the rare disorder involves children being unable to speak in certain social settings where they are expected to do so, such as at school or in public. The problem, however, is not the result of a physical impairment. “Children with selective

mutism do have a voice and are able to speak normally just like any other child,” clarifies Associate Professor Daniel Fung, Chief Executive Officer, Institute of Mental Health (IMH) and Senior Consultant at its Department of Developmental Psychiatry. “They can shout and even be boisterous when they interact with familiar people such as parents and siblings, but may become shy and anxious with others such as distant relatives, teachers, classmates, hawkers or strangers.”

### MORE THAN SHYNESS

A disorder that stems from anxiety, selective mutism usually starts during childhood. There is no single cause behind its

development; temperament, a family history of the condition, one’s environment and language disorders such as stuttering may all be linked to it. For these children, it can be a real challenge to make and keep friends due to their deficits in social communication and interaction skills.

Selective mutism may also be wrongly perceived as shyness, acting out, or even a need for speech therapy. Parents are likely to believe their child will outgrow this non-verbal phase, or that they can force their child to speak. However, it is a medical condition that should be treated as soon as possible, lest it persists into adulthood. In such cases, the children endure years of suffering, and miss out on milestones because they lack the appropriate social skills. “They may become victims of bullying, and grow to have low self-esteem as a result of an accumulation of anxiety and frustration,” says A/Prof Fung. “Their ingrained, non-speaking habits may also become entrenched over time. Many do not outgrow selective mutism. In fact, the later they receive treatment, the lower the chances of success.”

### LEARNING TO SPEAK WITH EASE

An average of 140 patients per year were treated for selective mutism at public hospitals in Singapore from 2018 to 2020. The largest group (48 per cent) comprised children aged seven to 12, followed by those below seven (31 per cent), 13 to 16 (16 per cent) and above 17 (five per cent).

Treatment for selective mutism generally involves prescribing medication to improve the underlying anxiety, or using psychotherapy to identify and modify maladaptive thought patterns and behaviour. In many circumstances, says A/Prof Fung, both methods are used

“Children with selective mutism [...] can shout and even be boisterous when they interact with familiar people but may become shy and anxious with others such as distant relatives, teachers, classmates, hawkers or strangers.”



ASSOCIATE PROFESSOR DANIEL FUNG, Chief Executive Officer and Senior Consultant, Department of Developmental Psychiatry, IMH

either at the same time, or one after the other.

Tailored assessments and interventions – psychotherapy, pharmacological treatment or counselling and education – are available via IMH’s multidisciplinary team. Support can also be found through KK Women’s and Children’s Hospital as well as the Response, Early Intervention and Assessment in Community Mental Health (REACH) teams that work with school-going children.

Aside from treatment and support, children can also benefit from consistent engagement and motivation from parents and family. A/Prof Fung suggests building the child’s communication skills through activities. “When we want to communicate, we start by looking at the person, so a first step could be teaching the child to make eye contact,” he says. “We can also use gestures like simulating eating when hungry, or pointing at something that needs to be done so the child can follow.” Another strategy known as conversational visits can also help; this involves bringing more parties into ongoing conversations the child already has with a family member. “For example, if the mum and the child speak normally to one another at home, we then gradually bring another person into these mother-child

### THE TELL-TALE SIGNS

- **Speaks freely** at home and to family members but becomes **quiet** in school and other situations.
- Predominantly uses **non-verbal gestures** (like nodding and waving) to respond.
- **Only speaks** to some teachers and classmates.
- **Does not speak to others**, even in situations where they are being directly addressed.
- Has **difficulty initiating contact** with people and asking questions for themselves, such as seeking permission to go to the bathroom.
- Often seems **anxious**.
- Goes into **‘freeze’ mode** or has awkward body posture.
- Maintains **poor eye contact** with others and often appears **shy and timid**.



- Has your child shown these behaviours for more than a month?
- Have these behaviours affected your child’s schoolwork and social relationships?
- Is your child familiar with the language spoken in social situations, and comfortable with using the same language at home?

If your answer to most of the questions in this checklist is ‘yes’, your child may have **selective mutism**. Consider having a discussion with his or her school teacher, or schedule an assessment with a school counsellor before seeking help from a psychologist or psychiatrist for a formal assessment.



\*Not their real names



**Aside from treatment and support, children can also benefit from consistent engagement and motivation from parents and family.**



which can be rewarded. He surmises: "This hierarchy of behaviours that approximate to speech is akin to climbing a ladder. The child is rewarded as he or she moves up."

In some cases of selective mutism, the cause is due to trauma; if so, this needs to be addressed before the child can improve. A/Prof Fung adds that the success rate of interventions is high, with "at least two thirds" recovering from the disorder almost completely. "A lot of kids actually learn to overcome selective mutism," he says. "It's almost like learning to ride a bicycle. They make a breakthrough themselves, usually in secondary school, partly with the encouragement of friends who help them come out of their shell."

speaking situations to try and encourage speaking to the third party." Doing so may help the child grow more comfortable when communicating with others. A/Prof Fung adds that these activities form a 'scaffold' that children can lean on. Each activity completed reflects improvement



>> Parents, teachers, caregivers and counsellors can glean more insights on selective mutism in the book *Finding Your Voice: Helping Children with Selective Mutism*. Co-authored by A/Prof Fung, it also includes activities and tips to motivate children to speak. Available now at [Amazon.com](https://www.amazon.com).



**DIFFERENT ROLES, same goals**

From teacher to advocate, nurses play many roles today, but they all have the common goal of improving the lives of patients, says Senior Nurse Manager Ms Hou Yanli.

Interview KEENAN PEREIRA // Photo COURTESY OF IMH



MS HOU YANLI

Senior Nurse Manager, IMH

Words like "caring", "gentle" and "attentive" have often been used to describe Ms Hou Yanli, even when she was a child. Seeing her nature and temperament, her father encouraged her to take up nursing. He thought these traits would prove useful in this role – and he turned out to be right. So, when Ms Hou, who joined the Institute of Mental Health (IMH) in 2006 as her first job, heard that she had received this year's Nightingale Award – the hospital's highest accolade for nurses – it was no surprise who she shared the announcement with first. "I called him and my mum, who are both in Hebei, China, and let them know the good news."

To Ms Hou, 38, the award is a recognition of her service and commitment to her patients. In her 15 years at IMH, she has worked in various wards and departments, caring for patients with different needs. It has also taught her a thing or two about being adaptable and prepared for unforeseen circumstances.

Those lessons came in handy last year as she and her team prepared to roll out a rehabilitation programme designed for inpatients who have both a mental illness and an intellectual disability. This is the first such programme in IMH. Such

patients are often institutionalised due to the challenges caregivers face in looking after them. Rehabilitation efforts also tend to be difficult and hence limited. "With this programme, we hope to teach patients social and communication skills through structured rehabilitation activities to help them gain a sense of independence and confidence," she says.

However, the programme faced some setbacks along the way. "We got ready to launch it in February 2020, which was when COVID-19 first hit Singapore," Ms Hou explains. "We had to revamp the entire programme to ensure everyone's safety. We did away with some components, like family visits and bringing the patients for excursions outside the hospital, and adapted others to ensure we maintained infection control guidelines."

**EMPOWERING LIVES**

Having seen its positive effects on patients, Ms Hou is glad that they pushed ahead with the programme. It has grown from 10 to 18 patients now. They are taught life skills, which range from self-care strategies to money management, as well as social interaction, conversational skills, simple meal preparation and taking ownership of their medication regimen. They also have the opportunity

to pick up new skills through various fun activities. One of the more popular activities is baking, with patients making cakes and cookies for fellow patients' birthdays.

For their service, they are given an allowance. Ms Hou has seen how uplifting this token sum and the acknowledgement of their effort can be for the patients. "They tell me excitedly, 'Sister, I have a salary!'" Seeing their excitement and joy, she adds, makes her grateful for the opportunity to help. "That's why many of us get into the profession in the first place. We just want to help others."

Witnessing the patients' progress has inspired Ms Hou to try her hand at baking as well. "After a few months of training, some patients have become really good and I'm quite inspired by them," she says. She adds that the nurses, including herself, sometimes join patients in learning these skills, so that they can be there to encourage and lend them support. "To me, nursing is not just about providing immediate care but also about helping our patients integrate into the community and live independently," she continues. "I am proud that through this programme, I can help them reach those goals."

>> **CONFIDENCE AND INDEPENDENCE**

**IMH's first intellectual disability inpatient rehabilitation programme has helped 18 patients to date:**

- Gain confidence and social skills.
- Learn to follow instructions and work together as a team.
- Pick up employable skills like baking and craft-making.



A cake baked by patients in the programme.

**STEPPING OUT FROM A QUIET PLACE**

**FOR MRS CHEN\*, STRUGGLING WITH SELECTIVE MUTISM AS A CHILD HELPED HER RECOGNISE THAT HER DAUGHTER ARIELLA\* REQUIRED EARLY INTERVENTION.**

“Ariella was about two or three years old when I noticed how she was mostly non-verbal, even with our relatives. Her teachers commented that she was a quiet child, but saw no cause for concern as she was behaving and learning well. So, I monitored the situation for a while before seeking medical opinion when she was four. The diagnosis was selective mutism and social anxiety.



I underwent 10 sessions with a child psychologist to get trained in how to support my child. To motivate her to speak up, I started

recording voice clips from her to her maternal grandmother. This progressed to phone calls, which are a great platform for Ariella to be more comfortable with her grandmother. My aunt was also able to speak with her on the phone. Previously, Ariella did not speak to either of them. I encouraged close relatives not to ask her questions to reduce her anxiety and just talk to her, like a sports commentator. Board games and cards have also been really useful conduits in encouraging conversation.

To parents dealing with this disorder, I advise patience and encouragement. Give

your child time; sometimes, the words are in their heads but require effort to articulate. Avoid forcing them to talk when they are not ready, but encourage them to speak for themselves whenever possible, even if it's via non-verbal cues. For instance, they can wave 'hi' or 'bye' to greet others, or sign numbers using their fingers to answer questions about their age. If they remain silent, ask them to reply in your ear, so you can speak on their behalf. Be ready to praise when they make an effort to speak up.

It's important to recognise that a quiet child may not just be shy or introverted, and may need medical intervention. So seek professional help early. I believe my own experience with selective mutism led to Ariella receiving help early. Unconditional support from parents is also very important, so I make sure I show it to her."

# Q&A

## ASK THE Experts

IMH clinicians answer your questions.

### Q: WHILE EXAMS ARE CERTAINLY STRESSFUL FOR SCHOOLCHILDREN,

*I read that there is actually an 'optimal' level of stress, which a person needs to be at to perform tasks well. Is this true? As a parent, how can I ensure that my child is suitably 'switched on' without being overly stressed at the same time?*

**A:** According to the Yerkes-Dodson Law (formulated by a pair of American psychologists in 1908), a moderate amount of stress is indeed needed for optimal performance. Research has found that in general, performance increases with some stress, but only up to a certain point. When the level of stress becomes too high, performance starts to decrease.

For schoolchildren, it is important to balance the amount of stress that they face on a regular basis. For example, when lessons or homework tasks are too easy, they can get bored, or be



#### EXCESSIVE STRESS

The optimal amount of stress varies among individuals, and thus it is important to know your child well.

under-stimulated in the long run. However, when the tasks become too much or too challenging — for instance, if they are swamped with homework assignments and tests, with little rest time — they can start to feel overwhelmed by stress.

The optimal amount of stress varies among individuals, and thus it is important to know your child well. It is beneficial to have regular check-ins with your child, to understand how he or she is doing in school. Some common signs of excessive stress include sudden behavioural changes, mood swings, acting out or becoming withdrawn, somatic

symptoms like recurrent stomach aches or headaches, or sudden changes in sleep or eating patterns, and over-worrying. If your child exhibits these symptoms, seek professional help.

You can also help to reduce stress on your child by moving away from goals that are results-oriented and recognising the work your child has put in. While every parent wants their child to do well, it is important to guide your child to set realistic expectations, and affirm his or her efforts instead of just pushing for good grades.

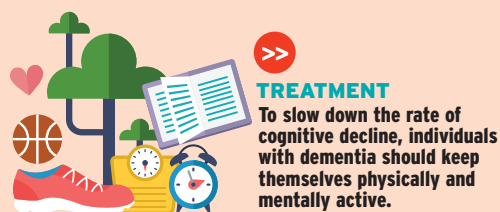
**MR BRIAN POH,**  
Senior Clinical Psychologist,  
Department of Developmental Psychiatry



### Q: I RECENTLY LEARNED THAT A FRIEND IN HIS LATE 40s HAS BEEN DIAGNOSED WITH EARLY-ONSET DEMENTIA.

*I was surprised as I thought that dementia affects much older people. Does early-onset dementia manifest differently, and is it easier to slow down the rate of cognitive decline in such cases?*

**A:** Dementia that develops before the age of 65 is called young-onset or early-onset dementia. Early-onset dementia is uncommon; it accounts for about six to nine per cent of all dementia cases, according to some global studies. It can present with the same symptoms — for example, memory problems and difficulties in managing the instrumental activities of daily living such as work, shopping, house-keeping, finances, food preparation and transport. Individuals



**TREATMENT**  
To slow down the rate of cognitive decline, individuals with dementia should keep themselves physically and mentally active.

with early-onset dementia, however, tend to have more rapid cognitive decline.

To slow down the rate of cognitive decline, individuals with dementia should keep themselves physically and mentally active. Patients with Alzheimer's disease (the most common type of dementia) can also be treated with anti-dementia medication which helps to delay the progression of the disease. These interventions are all effective in slowing down the rate of cognitive decline for individuals with dementia at any age of onset.

**DR YAO FENGYUAN,**  
Chief and Consultant,  
Department of Geriatric Psychiatry

# News

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

## COMMEMORATING WORLD MENTAL HEALTH DAY 2021

Bringing mental health issues to the fore.

In October, the Institute of Mental Health (IMH) joined hands again with the Agency for Integrated Care, Health Promotion Board and National Council of Social Service to commemorate World Mental Health Day (WMHD). The annual event, first organised in 2016, saw over 20 community partners coming together to raise mental health awareness and reduce stigma through education and advocacy.

Themed 'It's OKAY - Take 5', WMHD 2021 encouraged individuals to prioritise self-care — "even a short five-minute break in our daily lives can have an impact on our well-being" — and to seek help when needed.



Photo credit: Capitol Singapore

### GOING VIRTUAL

Over 60 webinars and activities — from talks on helping youths manage stress, to workshops on using the five senses (sight, hearing, taste, touch, smell) — were offered to improve mental wellness. The wide range of events aimed to generate conversations on mental health and better support people around us who may be facing psychological and emotional challenges.



Singapore landmarks lit up in blue to support WMHD 2021.

## MENTAL DISORDERS EXACT HUGE ECONOMIC COST

Awareness and destigmatisation are crucial in managing the incremental cost of common mental health disorders.

All of us incur costs that are borne by the health system or society when we are unwell and use healthcare resources. For the first time, a study by IMH\* has identified the societal cost of six common mental disorders in Singapore — and it comes up to an estimated S\$1.7 billion per year, with direct medical care and productivity loss being the main drivers of cost.

"The total cost estimate is likely to be an underestimate of the true cost, as the study did not include expenditures such as those associated with caregiver burden, peer support services, medications and supported (re) employment programmes. The analysis is also limited to the six common disorders and did not include conditions such as schizophrenia," noted Dr Edimansyah Bin Abidin, Principal Biostatistician, Research Division, IMH.

### >> The six common mental disorders:

- > Major depressive disorder
- > General anxiety disorder
- > Bipolar disorder
- > Obsessive compulsive disorder
- > Alcohol abuse
- > Alcohol dependence

\*Findings derived from the second Singapore Mental Health Study, initiated in 2016.



### Creating social awareness

The National Addictions Management Service (NAMS) launched its first social media campaign on 20 August 2021. The public can learn about addiction through educational talks, videos and tips on the NAMS official Facebook page, "More to Life SG". Like and follow the page, and help spread knowledge about mental health: [www.facebook.com/moretolifescg](http://www.facebook.com/moretolifescg)

# “It’s all in your head”

A term that has found its way into common usage, ‘gaslighting’ has sinister undertones of control and manipulation. Here’s what to know about it.

**B**ack in the 1940s, film audiences were gripped by *Gaslight*, the tale of a husband who slowly manipulates his wife into second-guessing herself. He makes small changes at home such as moving things around and dimming the gaslights – hence the term – while telling her she is imagining things, causing her to question her reality.

Unfortunately, this isn’t just the stuff of pop culture. Gaslighting is a form of emotional abuse that can rear its head in romantic, professional, platonic and even familial relationships.

It could be something as simple as denying that they said they would pick up the kids – when in fact, they *had* said it and now question the other person’s memory instead. At the workplace, it could manifest as someone not sending you an invite to a meeting, then berating you when you don’t show.

Over time, these experiences slowly chip away at the victim’s confidence and self-esteem until they no longer trust their own perception of what is true or false, allowing the perpetrator to gain control and power over their lives.

## GETTING A GRIP What you can do to regain control of the situation.

### > COLLECT EVIDENCE

Use tools like photographs, journals and voice notes to keep track of what really happened.

### > SPEAK UP

When you suspect someone of gaslighting you, use these bits of evidence to show that your version of events is accurate. Get help from friends and loved ones to corroborate your version of events.

### > WALK AWAY

If all else fails, walk away from the gaslighter and the situation.



# 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** (8am to 11pm daily)

### 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** (main line); **6385 3714** (Crisis Resolution Team)  
(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