

OCTOBER 2018-JANUARY 2019

imagine

A MAGAZINE ON MENTAL HEALTH

**MORE THAN
A FEELING**

.....
RECOGNISING THE
MANY FACETS OF
MAJOR DEPRESSIVE
DISORDER

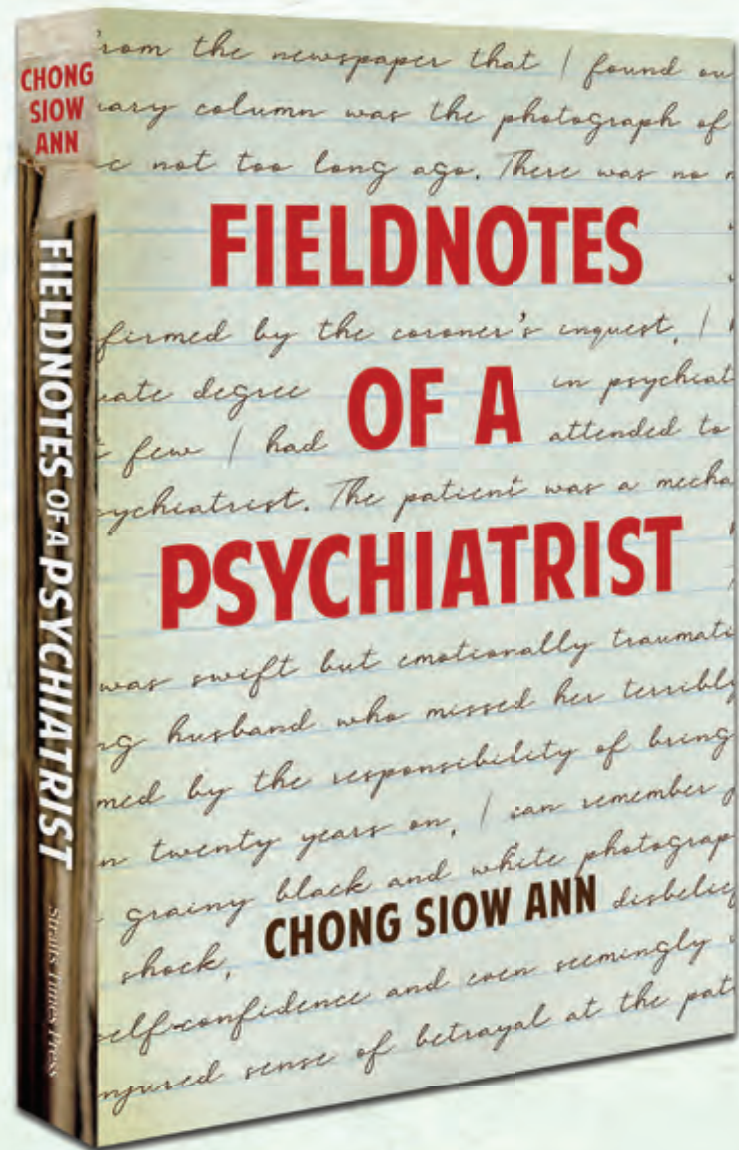
**INCLUSIVITY
NEEDS NO** *labels*

**LET'S DO OUR PART TO STAMP
OUT THE STIGMA OF
MENTAL ILLNESS**

>> **EXPRESSIONS:** HOW ONE WOMAN 'TURNED THE PAGE' ON HER STRUGGLE WITH BIPOLAR DISORDER

**ANXIETY,
DEPRESSION,
HOARDING,
SCHIZOPHRENIA.**

How it affects you and yours



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07
Live Well
Reasons
to not get
stressed out

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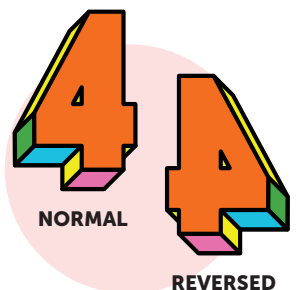


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**"THE IDEA IS TO
CHANGE THE WAY
WE FEEL THROUGH
CHANGING THE
WAY WE THINK
AND ACT."**

Ms Haanusia Prithivi Raj, Senior Clinical Psychologist, IMH, on cognitive behavioural therapy

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**ANSWERS TO
"HEAD-SPINNERS"**

Turn to page 6 for the puzzle

ANSWER: Row 1: normal, reversed, reversed
Row 2: normal, normal, reversed Row 3: normal, reversed, reversed

TURNING THE TABLES *On Labels*

“Labels and stigma related to mental health issues are huge impediments to a person’s recovery. We need to focus on the person instead of his condition; the condition does not define him.”

ADJ A/PROF LEE CHENG,
Vice Chairman of IMH’s
Medical Board (Clinical)



What many fail to realise about mental illness is that the damage it does is, in a sense, two-fold. Besides having to deal with the psychological distress that a condition causes, persons with mental health issues often find themselves ostracised, denied opportunities and bearing the brunt of labels.

This stigma can become the root of a vicious cycle, where people with mental health issues begin to believe what is said about them, leading to a downward spiral of greater social isolation. This fear of stigma also tends to prevent people from coming forward to seek help.

In this issue’s cover story (page 8), we examined public attitudes towards mental illness, and found that despite advances in treatment, there is still a way to go in combating stigma and increasing inclusivity. How can this be done, and how do we play our part?

For inspiration, we look at those who have bravely smashed stereotypes by showing that it is possible to rise above one’s condition and lead a productive and socially-integrated life. There’s Ms Mahita Vas (page 12), who proves that the first step in beating a condition is to acknowledge it, and has gone on to embark on a fulfilling career as an author; and Mr Koa Zhao Yuan (page 18), whose Asperger’s Syndrome diagnosis hasn’t prevented him from realising his academic goals and forming meaningful relationships.

Also, it is vital to note that persons with mental health issues need all the support we can give them just as we wish to be supported and included. This could be in job opportunities, as provided by MINDSET (page 3), or a listening ear, which made the difference between life and death for Mr Mak Kean Loong, who’s battling depression (page 14). So let’s rally to the cause of inclusion and empathy towards people with mental health issues, and be the agents of change that our society needs.

Happy reading.

the editorial team

BACK TO WORK

Mr Alex Newbigging, Group MD of Jardine Cycle & Carriage Limited and Chairman of MINDSET, hopes more firms will support people recovering from mental health conditions in returning to the workforce.

INTERVIEW WANDA TAN
// PHOTO COURTESY
OF MINDSET

“A person’s mental well-being can decline if the surrounding support structures, whether at home or in the community, are inadequate. As part of this support system, employers are responsible for making people feel valued in the workplace. That means creating a conducive and inclusive work environment where everyone — including those with mental health conditions — is respected, and no one is stigmatised.

This lesson hit close to home for me a few years ago, when a good friend of mine had mental health issues and went through a dark patch. What kept him going was the support from those around him. He got professional help, talked about his problems with family members and friends, and carried on working. He eventually came off medication and is now in a good place.

The reintegration of people with mental health conditions into the workplace is relevant to all aspects of society. It allows firms to grow their business; it boosts workforce productivity;

and it benefits the persons in recovery, too. By holding a steady job, they will grow in confidence as they get used to being out and about, and retain their place in the community. This in turn will help break down the taboo around mental illness, raise acceptance of people with such conditions, and enable them to lead productive, fulfilling lives.

At MINDSET, efforts to find jobs and training opportunities for mental health clients are spearheaded by Jardine Matheson Group staff volunteers called Jardine Ambassadors (JAs). JAs place clients in a variety of transitional placements across the Group to enhance their employability, before they look for permanent work elsewhere. JAs also support the MINDSET Learning Hub through providing job skills training like resume writing or interview techniques to trainees at the centre. The MINDSET Learning Hub was launched in 2016 with the Singapore Association for Mental Health and offers a wide range of Workforce Skills Qualifications (WSQ) and non-WSQ training courses to help clients land

service-based jobs within and outside the Group.

Through normalising interactions between Group employees and mental health clients, there is now greater awareness among our staff that mental illness is not something to be scared of. They have learnt the importance of supporting people with symptoms of mental illness, and encouraging them to seek treatment early so as to have a better shot at recovery.

For companies wanting to create an inclusive work environment, three factors are key: (i) commitment from senior management; (ii) flexibility by the HR team in tailoring job roles to suit the different abilities and comfort levels of clients; and (iii) training for managers and colleagues, on the dos and don’ts of interacting with persons in recovery. Also, remember that things will not always work out. If a client finds returning to work too hard, it doesn’t mean that you have failed or that you should give up; just try again.”



MINDSET is the registered charity of the Jardine Matheson Group of companies. Started in Hong Kong in 2002 and later established in Singapore in 2011, MINDSET aims to make a difference in the underserved area of mental health.



LEFT
Mr Alex
Newbigging
at MINDSET
Learning Hub

COMMITTED TO THE CAUSE

► Since 2011, the Group has donated over S\$5 million towards various mental health programmes in Singapore, and placed close to 150 mental health clients in jobs within the Group. The MINDSET Learning Hub has also trained 277 clients and provided 126 individuals with job placements to date since its opening in October 2016.

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{ LIVE WELL!

STAYING ON TOP, MENTALLY

GET SORTED
Being organised
can make you
happier at work,
according to
Psychology Today.



That's because you feel more in control and have more mental energy for office tasks. So leave behind procrastination, forgetfulness and office stress by getting your life in order. Here are three tips to help.

- **ORGANISE YOUR TIME** Put important dates in a calendar, use to-do lists and make a daily schedule for yourself.

- **ORGANISE YOUR SPACE** Declutter your working environment. Create an "in" and "out" tray system to reduce loose sheets of paper everywhere.
- **ORGANISE YOUR ACTIONS** Implement a system for tasks that need to be accomplished and dealt with at work instead of keeping it all in your head.

Researchers from the University of California Irvine (UCI) have determined Canine-Assisted Intervention (CAI) can be effective in reducing symptoms in young children with attention deficit hyperactivity disorder (ADHD). The study compared two groups of children aged seven to nine, with the first group receiving standard psychosocial treatment and the second group receiving the same treatment — but with the additional use of therapy dogs. While both groups experienced an overall reduction in symptoms after 12 weeks, the children who also received CAI showed a notable improvement in attention and social skills after eight weeks. Parents of children in the CAI group also reported fewer behavioural problems — further confirming the benefits of using man's best friend in treating ADHD.

While Animal Assisted Intervention has been used for decades, only recently has there been hard evidence to validate its benefits, such as reduced anxiety and improved cognitive function in patients.

According to celebrity dog behavioural expert Cesar Millan's website, the five most intelligent dog breeds are:



Border Collie



Poodle



German Shepherd



Golden Retriever



Doberman Pinscher

DID YOU KNOW?

People who have pets tend to have **lower** blood pressure, heart rate and heart disease risk than those who don't.

A KID'S BEST FRIEND

MIND OVER BODY

Faced with pain? Mindfulness might help. That's according to scientists from the University of Kent in the UK, who found that athletes can improve their pain tolerance and awareness by practising mindfulness — the meditative state of being both fully aware of the moment and of being conscious of, and attentive to, this awareness.

The study saw 20 athletes with severe sporting injuries split into two groups. Both groups went through the typical physiotherapy treatment, but group two was also made to practise mindfulness meditation every week.

The results were promising: athletes who underwent mindfulness meditation sessions demonstrated a reduction in pain perception and an increase in mindful awareness — reflecting the

significance of the mental aspect in the physical domain of sports.

But if you think only elite athletes can stand to benefit from meditation, think again: all 20 participants in the study were student — not elite — athletes, and they practised a common meditation method known as Mindfulness Based Stress Reduction (MBSR). By reaching deep within yourself, you too can tap on your own potential to perform at your athletic peak.



MEDITATE TO WIN!

WORLD TENNIS CHAMPION NOVAK DJOKOVIC HAS CREDITED MEDITATION AS A KEY TOOL FOR HIS PEAK ATHLETICISM. "...MINDFULNESS HELPS ME PROCESS PAIN AND EMOTIONS. IT LETS ME FOCUS ON WHAT'S REALLY IMPORTANT. IT HELPS ME TURN DOWN THE VOLUME IN MY BRAIN," HE WROTE IN HIS MEMOIRS, *SERVE TO WIN*.



1 MILLION
PEOPLE DIE
FROM SUICIDE
PER YEAR,
GLOBALLY



SOURCE: WORLD HEALTH ORGANIZATION

ACT BEFORE IT'S TOO LATE

A recent spate of celebrity suicides — from chef Anthony Bourdain to fashion designer Kate Spade — has put the spotlight back on suicide and ways to help potential victims. If someone ever confides in you about his or her suicidal thoughts, follow this easy-to-remember framework developed by American non-governmental organisation Screening for Mental Health: **ACT**. It stands for Acknowledge, Care, Tell.

Start by **Acknowledging** — and not dismissing — their thoughts and feelings. It often takes a great deal of courage to open up about suicide; if you treat it as a joke, they may not share any further, putting another potential victim outside of anyone's awareness. Instead, validate their

feelings by allowing them to connect with you.

Then, show **Care** by listening with sincerity — the last thing they need is a scornful, judgmental listener. Such behaviour can wrongly convince potential victims that no one cares about them, pushing them closer to the edge. Also offer your help to them as a concrete demonstration of concern.

Lastly, **Tell** them to seek help. If they are worried about seeking help, assure them as a friend. If they are not willing to seek help, you may need to tell someone — a loved one or even a medical professional — what is going on. But do this with discretion and tact: you will need to balance the individual's right to privacy with the ultimate goal of helping him or her.

> THE RAW FACTS

A study by researchers from New Zealand's University of Otago suggests that eating certain foods in an uncooked state can be beneficial to one's mental health. Among the foods best consumed this way are carrots and spinach — and with good reason. The beta-carotene in carrots elevates mood, suggests another study by the Harvard School of Public Health, while spinach is high in folate, another nutrient that helps increase levels of serotonin in the brain. Cooking and processing vegetables could diminish nutrient levels, says the study's lead author Dr Tamlin Conner. With this in mind, try out this fuss-free salad recipe.

EASY SALAD

Ingredients:

- 2 carrots, grated
- 100g spinach leaves
- 1 avocado, sliced
- 1/4 head broccoli
- 1/2 cup chickpeas
- 1 scoop potato, mashed
- 100g pumpkin, grilled and diced
- 50g purple cabbage

Dressing:

- 2 tablespoons sesame oil
- 1 tablespoon freshly squeezed lemon juice
- 1 tablespoon honey
- 2 teaspoons soy sauce
- 1 teaspoon grated ginger
- 1 clove of garlic, grated

Method

1. Combine ingredients for dressing together.
2. Toss the remaining ingredients together.
3. Pour over dressing and mix well to coat vegetables with dressing.
4. Add salt and pepper to taste.

Serotonin is popularly believed to contribute to feelings of happiness



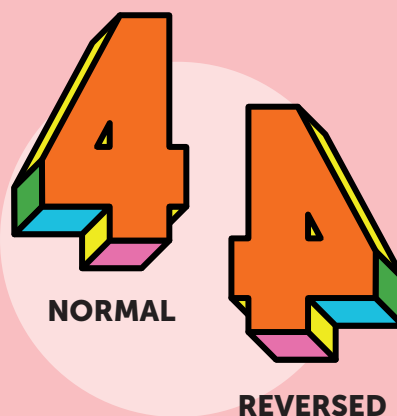
HEAD-SPINNERS

Visuospatial skills are used in many ways, from going through the rooms of your house to finding your way in an unfamiliar city.

For example, picture in your mind an arrow that points right. Now, turn this arrow so it points to the left. You have just performed a mental rotation, which is a key element of being able to read maps, play chess, etc. Mental rotation relies mostly on the parietal areas towards the back of your brain.

HERE IS A BRAIN TEASER TO STIMULATE YOUR MENTAL ROTATION COGNITIVE SKILLS.

For each number in the matrix below, decide whether it is a normal or reversed number, as in this example:



Now try it with these numbers:



REFER TO THE CONTENTS PAGE FOR PUZZLE ANSWER

The rules of relaxation

Have you ever been told to "relax" without knowing exactly how? Indeed, relaxing does not come naturally to everyone. Follow these tips to unwind after a hectic day:



1. Breathe Slowly

Start off with the most obvious — but also most neglected — method of relaxing. Taking in slow, deep breaths naturally brings down the heart rate. It may feel somewhat uncomfortable at the start if your heart rate is already quite high. But it will steadily drop with every deep breath you take, providing that sense of calm in no time at all.

2. Tend To Yourself

Sometimes, all you need is a dose of self-care. Maybe it's a favourite dessert, an indulgent massage or even just a walk. Whatever it is, pamper yourself from time to time.

3. Accept

There will always be situations where you simply cannot do anything more. In such cases, it helps to recognise that acceptance does not mean you are giving up: there are natural limits to every circumstance. Accept them.

4. Find Out What Works For You

Embrace your individuality and actively find techniques that work (or do not work) for you. Often times, it is not any single technique, but rather a combination of methods that puts you at ease.

DON'T STRESS > REASONS TO TAKE IT EASY

- **YOUR ADRENAL GLANDS PUMP** adrenaline, which raises your heart rate, blood pressure, and blood sugar level. Your adrenal cortex sends out cortisol, as part of the stress response. This helps you run fast when you're escaping a tiger, but when there aren't any tigers to run away from, it can be destructive.
- **STRESS KILLS BRAIN CELLS;** a calm environment permits their growth.
- **STRESS** is associated with depression and anxiety.
- **YOUR IMMUNE SYSTEM** doesn't work as well as it should when you are stressed.



STEERING AWAY FROM

TEXT BY FAIROZA MANSOR

Stigma

Stigma surrounding mental illness comes in many forms and its effects are detrimental. As the National Council of Social Service launches Singapore's first nation-wide campaign aimed at improving attitudes towards those with mental health conditions, IMAGINE looks at what we can do to become a more inclusive society.



Pejorative words are often used by some Singaporeans to describe people with mental health conditions. While treatment options and our society's attitudes to people with mental illness have made great leaps forward over the years, recent research by both the Institute of Mental Health (IMH) and the National Council of Social Service (NCSS) have shown that mental health stigma still prevails to some degree.

Last year, IMH released findings from its study of mental health stigma among Singaporean youths — the first of its kind. Close to half (44.5 per cent) of the 940 youths aged 14 to 18 years old surveyed have associated negative words and terms such as 'weird' and 'dangerous' with persons with mental health conditions. About 46.2 per cent said they would be embarrassed if they were diagnosed with mental health conditions and around a third (35.1 per cent) also said their friends would see them as weak if they had a mental health condition. This suggests that mental illness is still seen as a mark of shame among local youths, says Director of IMH's Research Division A/Prof Mythily Subramaniam.

Meanwhile, in the survey of nearly 1,800 people conducted by NCSS last year, more than five in 10 respondents expressed unwillingness to live with, live nearby or work with a person with a mental health condition. Titled *Study on Attitudes towards Persons with Mental Health Conditions in Singapore*, the survey — also the first of its kind — found that six in 10 people believe that mental health conditions are caused by a lack of self-discipline and willpower. Half of the people surveyed also believe that persons with mental health conditions should not be given any responsibility.

DOWN A SLIPPERY SLOPE

Such attitudes towards those with mental health conditions are by no means limited to Singapore alone. "Stigma is a global phenomenon and stigma towards people with mental illness is but a part of it," says A/Prof Mythily. Stigma often stems from a lack of knowledge, ignorance or misinformation, and leads to the negative stereotyping of people with mental health conditions and often results in their exclusion from mainstream society. It has broader consequences too. At times, caregivers and family members of such individuals also experience the spillover effects of this stigma, such that they too are regarded with apprehension.

According to Adj A/Prof Lee Cheng, Vice Chairman of IMH's Medical Board (Clinical), where mental health is concerned, stigma can come from three sources — medical professionals, the public and the self. For starters, medical professionals themselves need to be mindful about how they address patients. "In the past we used to say, for example, 'a schizophrenic patient'. The condition is the focal point in this case," he says. "These days, we say 'a person with schizophrenia'. This way, we focus on the person instead; the condition does not define him or her." And although medical professionals are more cautious now about their choice



**MORE THAN
50%**
of Singaporeans surveyed are not willing to live with, live nearby or work with a person with a mental health condition.

SOURCE: 2017
Study on Attitudes towards Persons with Mental Health Conditions in Singapore by NCSS

of words, Adj A/Prof Lee thinks that there is room for improvement, and suggests that destigmatising language and terms should be included in the undergraduate and post-graduate curriculum so that we are all on the same page and can work together to reduce stigma.

In the public sphere, as evidenced by the research findings, negative attitudes towards those with mental health conditions also give rise to the desire for social distance — a form of behavioural discrimination which involves a reluctance to interact with persons with mental illness. This can lead to self-stigma so the person internalises these public attitudes and as a result, suffers numerous negative consequences such as diminished self-esteem and self-efficacy.

Regardless the source, the consequences of stigma can be far-reaching. Highlighting this at the launch of Singapore's first nation-wide anti-stigma campaign (see sidebar) at IMH's Mental Health Festival on 8 September was Deputy Prime Minister and Coordinating Minister for Economic and Social Policies Mr Tharman Shanmugaratnam. "The social stigma surrounding mental health conditions is a major barrier to people seeking help," said DPM Tharman. "Tackling this stigma is critical to help those of us with mental health conditions on the path to recovery, and as early as possible."

Echoing the statement, Adj A/Prof Lee explains that stigma brings about a fear to come forward and seek professional help, thus resulting in a delay in getting help. Early detection can improve outcomes. He cites patients who raised concerns about having their visit to the psychiatrist be made known to others, sometimes even requesting that he change their diagnosis to conditions that would be more acceptable to society such as anxiety or stress. "Some patients even asked me to be as generic as possible in writing their medical report and omit the diagnosis altogether," he lets in. "And I can't blame them because labels related to mental health issues are a big deal. It can affect their jobs, thus limiting their function in society."

For person-in-recovery Mohamed Ismail, coming clean to his family and friends was a difficult decision to make. Although the 59 year-old freelance counsellor was diagnosed with anxiety disorder and panic attack since 2002, it was only recently that he told his children aged 23 and 29 years old, and his siblings, about his



"TACKLING THIS STIGMA IS CRITICAL TO HELP THOSE OF US WITH MENTAL HEALTH CONDITIONS ON THE PATH TO RECOVERY, AND AS EARLY AS POSSIBLE"

DPM Tharman Shanmugaratnam

LEFT DPM Tharman Shanmugaratnam (2nd from left) with Beyond The Label ambassadors as well as Deputy CEO of NCSS Ms Tina Hung (1st from left); SMS for Health Dr Amy Khor (3rd from right); NHG Chairman Mdm Kay Kuok (2nd from right); and IMH CEO Prof Chua Hong Choon (1st from right)

conditions. "I don't want my conditions to define me, and I don't want their perception of me to change. Or worse, if they attribute my every action to my mental health issues," says Ismail. "I also want to be in charge of the narrative — to show people that despite my conditions, I am capable at my job, and I have a healthy social life."

MAKING INCLUSIVITY A REALITY

In addition to being potentially excluded socially and discriminated against due to stigma, job opportunities for persons in recovery are often affected as well, due to the belief that they are unstable, unable to handle pressure and may even pose a threat to their colleagues. Workplace stigma has proved a prominent enough issue, such that our country's President Madam Halimah Yacob called on employers to stop discriminating against people with mental health conditions in 2016. The then-Speaker of Parliament encouraged employers to give people with mental health conditions a chance at employment.

Among the companies that have taken heed of her advice are Konica Minolta Business Solutions Asia Pte Ltd and Hoong Services Pte Ltd. Officers from Job Club — a one-stop centre located within IMH which helps individuals with mental health conditions gain employment — offered the firms thorough guidance in the hiring and training process. Ms Low Lai Wah, Manager in the Administration of Document Process & Outsourcing Department of Konica Minolta Business Solutions Asia Pte Ltd admits to being sceptical at first, but was reassured otherwise. We have seen several successful cases where these clients have become valuable team members," she says. "We hope that by giving persons in recovery an opportunity to return to work, they can rebuild their confidence — an important factor in their recovery journey." Mr Samuel Lim, Director of Business Development at Hoong Services, believes that beyond just the

hiring managers, this willingness to embrace persons in recovery at the workplace should be ingrained in all staff. "Everybody deserves a second chance. By doing so, we can help them integrate back into society," he says.

SUSTAINING THE EFFORTS

The lingering misconceptions about mental illness today thus made it timely, even necessary, for a nationwide public education campaign to combat stigma. Speaking at the campaign launch, NCSS's Deputy Chief Executive Officer Ms Tina Hung encouraged everyone to do more to shift public attitudes and correct misconceptions. "It is important that we recognise persons in recovery for who they are. They are not their mental health conditions. They are not their labels. They have ambitions to contribute, to realise their hopes and dreams, just like all of us."

But while campaigns are extremely important in raising awareness about stigma, they do not suffice, Adj A/Prof Lee stresses. Just as it is crucial for patients to seek their very first medical treatment, they should also come back for reviews, medications and counselling sessions as part of the recovery process. In his view, the same goes for efforts to combat mental health stigma, "which must be sustained through on-going advocacy and education".

V
6 in 10

Singaporeans believe that mental health conditions are caused by a **LACK OF WILLPOWER** and self-discipline.

SOURCE: 2017 Study on Attitudes towards Persons with Mental Health Conditions in Singapore by NCSS



'GUILTY' BY ASSOCIATION

As a caregiver for his daughter, 23, who is diagnosed with hyperactivity and mild intellectual disability, **Mr Peter Tay** has faced his own share of stigma, and hopes that public attitudes towards mental illness will continue to improve.

"It's going to be a challenge for her but I hope the world gives her an opportunity to shine," says the 60 year-old semi-retiree. As her caregiver, Mr Tay has witnessed neighbours and the public in general distancing themselves from his daughter, and by default also him and his wife. The couple has experienced people including business partners shunning them at events and heard hurtful comments made by strangers, but has learnt to ignore these naysayers over time. He says, "We can't change the world, but we can start the change from within ourselves and be more supportive towards our daughter. My entire family chips in to help whenever needed." He notes, however, that things are improving. "Over the years, we are glad that more

families are willing to open up and share their stories, and the shifting public attitude reinforces our belief that people with mental health issues can lead independent lives and contribute to society."

Previous studies have referred to this phenomenon that affects caregivers and family members as 'affiliated stigma' or 'courtesy stigma'. A recent study by IMH on this topic, which was published in April this year, found that among all caregivers, parents of patients with mental health conditions felt more stigmatised than others. Parents are viewed to be more responsible for the mental health development of their children. It was therefore crucial for IMH to conduct this particular study on caregivers as a way to understand if affiliated stigma contributes to their distress and well-being,

"WE CAN'T CHANGE THE WORLD, BUT WE CAN START THE CHANGE FROM WITHIN OURSELVES AND BE MORE SUPPORTIVE TOWARDS OUR DAUGHTER."

Mr Peter Tay, caregiver

says Ms Zhang Yunjue, a senior research officer in IMH, who led the study. "We aimed to identify the extent and the effect of stigma so that going forward we could tailor interventions to improve the well-being of both caregivers and the patients being looked after by them."



The campaign features stories of everyday Singaporeans who have had to deal with stigma

BEYOND THE LABEL

Singapore's first nationwide anti-stigma campaign, 'Beyond the Label', is led by NCSS, with support from the Tote Board. The campaign will run till 2021, and seeks to spark reflection on the prejudice and attitudes towards persons with mental health conditions.

Co-created with five persons in recovery who are the campaign's ambassadors, 'Beyond The Label' shows them for who they are — beyond their diagnosis — and encourages the public to accept them in society. Their stories will be shared across Singapore on a variety of platforms such as social media and on public buses and at MRT stations till November this year. The campaign also seeks to emphasise to persons with mental health conditions that

there is hope, help and happiness beyond their diagnosis. To support the cause, 'like' the 'Beyond The Label' Facebook page at www.facebook.com/beyondthelabelsg

WATCH THE COMPELLING AND MOVING SOCIAL EXPERIMENT VIDEO STARRING THE CAMPAIGN'S AMBASSADORS HERE:



THE AUTHOR OF HER OWN *destiny*

Turning to writing to deal with her condition, Mahita Vas rewrote the script for her life and discovered a new passion, which she has since turned into a career.

INTERVIEW
FAIROZA
MANSOR
// PHOTOS
EALBERT HO

Although she has written and published three books — a memoir and two novels — to date, Ms Mahita Vas remains reluctant to call herself an author. “I am a housewife who writes,” says the mother to a pair of 26 year-old twin daughters, with a self-effacing grin. During our interview, the effervescent 55 year-old appears to be very much in her element, as a writer whose works book publishers like Marshall Cavendish are happy to carry.

Ms Vas hasn’t always been this at ease. In fact, for a long time, she thought she had severe anger issues. The former advertising executive recalls the tumultuous times back at the advertising firm where she once worked. “I had such a temper; an extremely short fuse,” she lets in. “I was good at my job, but would tend to snap at my co-workers and made things very unpleasant.” On one occasion, an outburst towards a junior colleague was particularly explosive and filled with vulgarities. “I didn’t even know why I reacted in a rage so completely out of proportion like that,” says Ms Vas.

What she assumed to be stress-related meltdowns turned out to be bipolar disorder, as diagnosed and confirmed by two different psychiatrists — she sought a second opinion to be absolutely sure. Ms Vas was then 43. “Obviously it wasn’t the best of news to hear, but in a way, I was relieved. Because then I knew that this irrational, raging person is not who I really am,” she says. “That is my illness at work, untreated and unmanaged. And I could now get to fixing that.”

AT HER OWN PACE

To recuperate, she quit her job. The ups and downs of her experience while going through treatment and counselling compelled her to write about her struggles in a memoir

titled *Praying To The Goddess of Mercy*. It was published in 2012. “I had never written in long-form prior to this, but the words just flowed. I have, however, always been an avid reader. So I guess you can say this is a natural progression. After all, I don’t think there’s any writer who isn’t a reader first,” says Ms Vas about her passion.

She went on to write two novels after that, the most recent being what she describes as a “murder story set in modern Singapore”. Titled *It Happened On Scrabble Sunday*, it was released by Marshall Cavendish International in June this year. “I really enjoy writing, it has certainly been a wonderful creative outlet for me,” she says. “I guess it helps also that writing is something I can do at my own pace, and deadlines, if ever, are self-imposed. There is little pressure and stress, and that in a way helps me manage my condition.”

She felt encouraged to pursue writing as reputable publishers started showing interest. Her first novel *Rain Tree*, which was launched at the 2016 Singapore Writers Festival, gained a spot at major bookstore Kinokuniya’s ‘Essential Reads’ shelf. “To know that people are actually reading my books feels really good,” says Ms Vas. “The whole process has made me realise that I don’t know what I’m truly capable of, or am good at, until I actually go out and do it.”

THE FACE OF MENTAL HEALTH

Ms Vas is already working on her next novel. When not writing, she gives talks to students in schools and also at the Institute of Mental Health at least once a month about her experience dealing with bipolar disorder. “Acquaintances and a few students have asked why I want to go so public with my condition, but the truth is, I am happy to be the face of mental health and dispel misconceptions,” she tells *Imagine*. “See, you don’t have to look ‘crazy’ to have a mental illness; someone with mental health issues can look, talk and act like me, you and everyone around us, really.”

Relapses, she admits, still occur every now and then. “The illness is there. I just manage it through rigorous medication and counselling,” she says. That being said, she wants to dispel the notion that having a mental illness can get in the way of the pursuit of one’s goals and of living a full life.

Her advice to people with mental health issues is to stay on their prescribed medications, and to be open and honest with their doctors. “When the condition is managed properly, you can have a network of family and friends that is loving and kind, discover new interests, pursue your passion and even travel the world,” she says. “I want to smash the stigma that says otherwise. We can most certainly be functioning and contributing members of society.”

“

I WANT TO SMASH THE STIGMA THAT SAYS OTHERWISE. WE CAN MOST CERTAINLY BE FUNCTIONING AND CONTRIBUTING MEMBERS OF SOCIETY.”

Ms Mahita Vas, 55, has written and published three books

NEW ON THE SHELVES

Inspired by Shakespeare’s *Titus Andronicus*, Ms Vas’ third novel *It Happened On Scrabble Sunday* is now on sale at Kinokuniya bookstores across Singapore.

THE FICTIONAL MURDER THRILLER RETAILS FOR \$19.99 AND IS PUBLISHED BY MARSHALL CAVENDISH INTERNATIONAL.





MORE THAN A *FEELING*

Not just a feeling of sadness, major depressive disorder is a mental illness — and besides affecting more people in Singapore than you might think, it manifests itself in myriad ways.

TEXT JIMMY YAP // PHOTOS GETTYIMAGES

The first part of Mr Mak Kean Loong's plan to kill himself consisted of going out for a good meal with his wife and two sons. It was because, he said, he wanted them to have "something to remember me by."

Mr Mak, 39, had been suffering from major depressive disorder (MDD). He worked in IT and one weekend in 2017, a month into his new job, he had a sudden panic attack. He went to see his regular doctor who started him on anti-depressants. Mr Mak forced himself to walk in the park, eat proper meals

and exercise daily, in a bid to clear his mind, but nothing worked.

He described his depression as being like wearing heavy chainmail on his head. He also felt a heaviness around his heart that kept growing each day. When he looked at the world, everything just seemed grey.

A MANY-HEADED MONSTER

In everyday usage, the terms 'depression' and 'sadness' are sometimes used interchangeably. However, according to Dr Lau Boon Jia, an associate consultant in the Department of Mood and Anxiety at the Institute of Mental Health (IMH),

MDD has a different quality from sadness. "We often experience low mood because of negative events in our lives," he says. "But when we talk about depression, it's different from the usual feeling of sadness. Depression colours all aspects of our lives and takes on a life of its own. People with depression lose interest in things they used to enjoy, and feel tired all the time. They often can't sleep and their appetite changes drastically."

In addition, MDD persists over a longer period than sadness. When people are depressed, it might last for weeks, rather than hours or days. And it's more prevalent than one may assume. About one in 17 people here has suffered from MDD at some point according to the 2010 Singapore Mental Health Study.

It can affect work and home life. If someone is unable to focus, feels unmotivated or lethargic, they are likely to perform badly at work. It could also affect their social life because they don't go out to meet friends or attend family functions.

For some people, untreated depression can even lead to psychosis, where they hear voices, or they fall prey to abnormal beliefs, like believing that they are dead or that the world has ended. Suicide is a possibility for some, as they might feel that there is no way out of their misery.

According to Dr Lau, MDD manifests itself differently among different groups. Children may report physical symptoms like stomach aches or headaches or have crying spells because they are unable to express how they feel, while adolescents may show it by becoming irritable or rebellious. In the elderly, it may manifest as physical symptoms like



"DEPRESSION IS DIFFERENT FROM THE USUAL FEELING OF SADNESS. IT COLOURS ALL ASPECTS OF OUR LIVES AND TAKES A LIFE OF ITS OWN."

Dr Lau Boon Jia, Associate Consultant in the Department of Mood and Anxiety, IMH

aches and pains, as well as fatigue and memory loss.

There is also a gender divide. Dr Lau notes that, while women tend to be more able to experience and talk about their emotions, depression may manifest itself in men as anger and aggression, and they may tend to cope by drinking and gambling. Women are also more prone to developing MDD. A study conducted by the IMH Research Division has found that women in Singapore have a 7.2 per cent lifetime prevalence of MDD compared to 4.3 per cent among men. This gender gap — which is consistent with that of other countries — could be due to factors such as hormonal mechanisms as well as social and cultural influences, such as the dual roles that many women take on at home and at work. "Women are also more likely and more open to seeking help," says A/Prof Mythily Subramaniam, Director, Research Division, IMH, who is one of the five co-authors of the study.

FIGHTING BACK

MDD has been researched extensively, and thankfully this has given rise to a range of treatments and coping strategies. Treatment for depression includes medication, psychological therapy or social intervention and support, or a combination of these. In terms of psychological therapy, there are a range of approaches that might be helpful for different types of patients. "For example, patients who have very pronounced lethargy and lack of motivation would

benefit from behavioural therapy," says Dr Lau. "This involves helping them to schedule and engage in meaningful activities that reintroduce pleasure and a sense of achievement, which breaks the vicious cycle of inactivity, withdrawal and negative self-evaluation."

Cognitive therapy, on the other hand, is helpful for patients who have a lot of negative thoughts about themselves. For people with very low self-esteem, it helps them to understand how their thoughts affect their feelings and behaviour, and how to identify and modify some of these thoughts. Social interventions could consist of counselling on social or relationship issues, rendering

HOW TO HELP

If someone you know is depressed, Dr Lau's advice is to be a listening ear. "Understand. Hear the person out and show support," he says. "It is helpful to read about the condition to understand more about it. And do encourage the person to get appropriate help." What is not helpful is to pay lip service. "Telling them to snap out of it would not be helpful because it is not a conscious choice."

Mr Mak echoes this sentiment. Caregivers should not pressure people with depression to "heal faster". "I need to find my own way, because what I need in order

to heal, is for my mind to recover. And that's broken. So I need to find a way to convince my broken mind that whatever measures my medical team and I take will benefit me, rather than be fruitless.

"Please don't add on to the pain and pressure by projecting your experiences, your ideas on healing, or your perspective on depression."

Thankfully for Mr Mak, his wife, who has been his main caregiver, has provided rock-solid support. "I love my wife. I want her to know that she's the main reason I stay alive, after God."





THE GOOD NEWS FOR PEOPLE EXPERIENCING MDD IS THAT FOR THE VAST MAJORITY THE SYMPTOMS WILL RESOLVE WITH TREATMENT.

financial assistance or providing family therapy.

According to Dr Lau, it takes an average of four years before people seek treatment for MDD in Singapore. "Some may mistake depression for normal sadness and not see the need to seek treatment. Some may prefer to use their own ways to cope. Others believe in alternative ways of overcoming this, such as seeking religious or spiritual help."

Then there is stigma and a lingering belief that seeking help is a sign that you are weak, he added. While practising self-care — getting adequate

rest, eating a healthy diet, doing regular exercises and engaging in social activities — can be helpful, one should consult healthcare professionals if the depression persists, Dr Lau cautions. This is because physical illnesses can masquerade as depression, and a self-diagnosis of how severe one's depression is can often be inaccurate. General practitioners and family physicians can assess and initiate treatment with antidepressants and arrange for psychological therapy, when indicated, and refer those with more severe depression to specialist care.

Making a Good Call

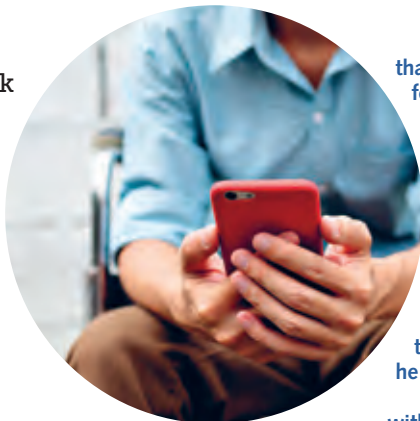
There's no shame in reaching out — being able to talk to someone who understands goes a long way.

For Mr Mak, what made a difference was escalating the problem to specialists. After the meal with his family, he told himself that he would give himself one more chance. His plan was to call a mental health helpline, and he promised himself he would not be the first to hang up. "Someone did pick up, and listened, and asked good questions before advising me to head to the hospital. So I did, and the doctor said that it would be safer for me to be admitted."

He checked into a hospital, where he was switched to medication he had been on during an earlier bout. He was also encouraged to join group therapy. After three days, he was taken off the suicide watch, and with the switch in medication, his symptoms reduced

to the point that he was able to be discharged safely. This was in 2017.

Today, Mr Mak is still in recovery; he is not back at work yet though because of his inability to focus. "My speech has also been affected, as I slur when I'm stressed," he says. He is currently on



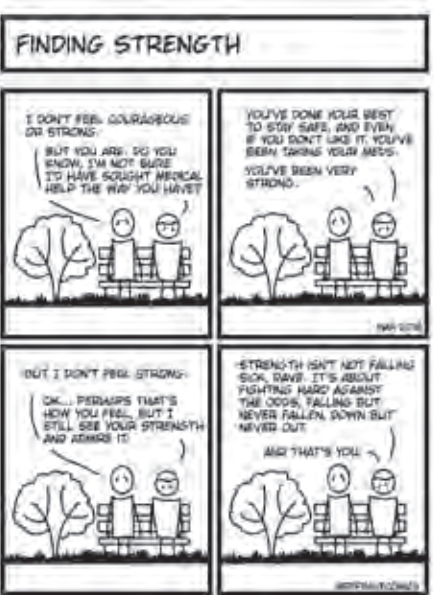
that there are two key things for people with depression to know: "We're never alone, and it's okay to not be okay," he says.

In Singapore, help for depression is never far away, he noted. "We need not feel ashamed of taking advantage of this, and seeking help to walk through the most difficult of days," he says.

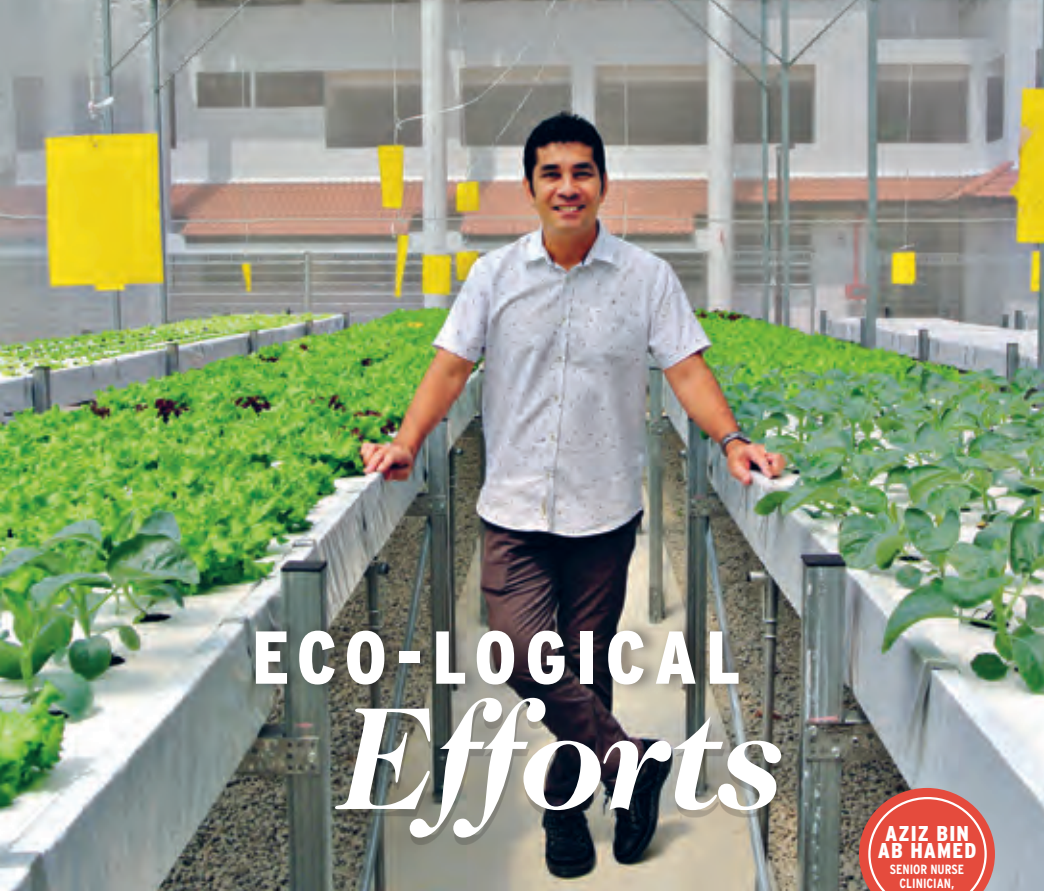
Mr Mak also urges people with depression to remember that they need not appear strong all the time, regardless of society's messages. "It's okay to crumble. It's okay to cry. It's okay to express our emotions," he says. "True strength, true ownership of our situations, doesn't come from not falling down. It comes from getting up, seeking the help that we need to do so if needed, and putting one foot in front of another, even after the worst of crises," adds Mr Mak.

medication and doing talk therapy. He also practises mindfulness techniques. "It helps me to stay focused in the present and my environment and not let my thoughts run away." He has also gotten a couple of pet guinea pigs, which helps him when he feels overwhelmed by his emotions.

Mr Mak wants to use his experience to help others going through depression and has spoken openly about his condition. "I write about my depression online, and I also started drawing comics about the condition and the challenges it brings," he says. "I'm learning to face up to my inner demons and childhood monsters that have been hidden and swallowed rather than dealt with." He believes



A series of comic panels drawn by Mr Mak



ECO-LOGICAL Efforts

AZIZ BIN AB HAMED
SENIOR NURSE
CLINICIAN,
IMH

INTERVIEW
DENNIS YIN
// PHOTOS
COURTESY
OF IMH

IMH Senior Nurse Clinician Mr Aziz Bin Ab Hamed seeks to ensure the successful rehabilitation of long-stay patients by arming them with useful vocational skills.

When Mr Aziz Bin Ab Hamed — who had worked at IMH for more than 20 years — was handed a small gardening corner to manage in 2015, little did he expect that it would one day become a hive of activity, as well as a personal passion. Back then, he had just joined the multidisciplinary team involved in IMH's new slow-stream rehabilitation programme. The initiative helps long-stay patients with good rehabilitative potential learn independent living and vocational skills, and eventually re-integrate into the community.

Mr Aziz had little knowledge about growing plants. But his desire to introduce gardening as one of the activities for patients in the ward led him to research online to learn more. Together with volunteers, staff and some patients, they proceeded to rebuild the garden. "We grew vegetables like lady's fingers and bitter melon and plants with flowers," he recalls. The vegetables were then harvested and cooked for patients.

Mr Aziz decided to take a step further and learn farming

techniques. He visited a farm in Lim Chu Kang and became interested in hydroponics, a method of growing plants using a water-based, nutrient-rich solution instead of soil. "Our plan was to introduce modern farming to patients," he says. "Besides learning a skill, working with plants has therapeutic benefits and can improve well-being." However, the set-up cost was high, so he put the thought aside.

MANY HELPING HANDS

Months later, Maybank Singapore visited the garden and was encouraged by the work done by



Mr Aziz received the IMH Nightingale Award this year for providing excellent nursing care and for being an exemplary mentor

ROAD TO RECOVERY

► Long-stay patients in IMH were re-grouped into different wards in 2015 as part of efforts to provide more specialised, patient-centred care. Patients with high rehabilitative potential undergo the slow-stream rehabilitation programme to improve their functioning and help them eventually adapt to life in the community. This includes equipping them with skills that range from personal grooming and hygiene, to leading a healthy lifestyle and managing chores. Suitable patients may also undergo vocational programmes. Since its implementation, 30 patients, who had stayed in IMH for 5 to 20 years, have been successfully reintegrated into their families or sheltered homes.



the patients. The bank raised funds for IMH through its Maybank Global Corporate Responsibility Day, which was used to start a hydroponic garden. The vendor who set up the system also provided the team free lessons on how to maintain it, which they then shared with patients.

With the hydroponic garden yielding a bigger crop and at a faster rate, Mr Aziz's group started selling the vegetables at the IMH main lobby. Proceeds go to patients involved in the farming as well as to buy seedlings and nutrients and to fund programmes in the ward.

In end-2017, when the staff of Temasek visited IMH, they too saw the positive effects that farming had on patients and decided to help expand the garden.

Today, farming has become a daily activity for the patients. They grow vegetables such as baby spinach, *xiao bai chai*, *chye sim*, and types of lettuce such as red oak and romaine. Patients also clean the greenhouse, sow seeds, transplant seedlings, groom the plants, and pack and sell the vegetables. "Ultimately, I want our patients to have what the rest of us have — a hobby or an opportunity to learn a new skill. It will improve their quality of life," says Mr Aziz.

THE IMPORTANCE OF ‘SOCIAL’ STUDIES

Undaunted by Asperger’s Syndrome, Koa Zhao Yuan puts extra effort into understanding his condition and managing it by forming meaningful relationships with others.

INTERVIEW KOH YUEN LIN //
PHOTO MARK LEE

I was five when I first visited a psychiatrist.

My parents felt that I was behind my peers in terms of hitting childhood developmental milestones. I wasn’t speaking then and was too focused on playing with Lego. I was later diagnosed with Asperger’s Syndrome (AS), but it didn’t really affect me. I had a blissful childhood as the only child in a rather well-off family. My memories of primary school were of playing catching, *kuti kuti*, *capteh* and “bottle soccer” — where we’d kick a water

Zhao Yuan worked to listen more and observed people to understand their behaviour better



bottle around like a ball — with my friends. But I got into a lot of fights. They were usually started by somebody else, but I had anger management issues and would hit back.

It wasn’t till I was in my teens that I understood the consequences of my condition. As a teenager, I kept to myself and didn’t have many friends. I didn’t see how my lack of social

skills would affect me, as I did well academically. I topped my cohort in math in secondary one and four and second year of junior college, physics in secondary three, and chemistry in first year of junior college. I also won the bronze medal for the national olympiad in chemistry in my first year of junior college. However, I did poorly for project work that year simply because I couldn’t work together with others, and almost got into a fight with my classmate over it. This incident, and two romantic breakups

made me realise I needed to improve my social skills. I knew I will lose out in life if I cannot form meaningful relationships with the people around me.

One of the key steps to managing a condition is to understand it, as this will help us to deal with the symptoms. People with AS tend to be all about logical thinking, but interpersonal relationships are not so much based on that. We tend to focus on topics that interest us and may speak more than we listen. We also have difficulties understanding the emotions of the other person. So, I worked to listen more than I spoke, and observed how people talk and behave. I even asked friends why they reacted in a certain manner to a situation, to understand their behaviour better.

When I faced a social situation, I’d sometimes try to react in different ways, to see what worked better. There were mistakes made, and it took a lot of effort, but my target was clear: I wanted to function like everyone else. Now, I can sit down and listen to friends speak for hours about issues they are facing, because I have learnt to accept that we all have our struggles, and that making time to listen to others is the key to building good relationships. Empathy allows us to understand a person, and in turn, how to respond to him or her.

My friends know that I have AS, and in NS we sometimes joke about it. In my office [where he works as an NSF clerk], I am the guy who does funny things that make people laugh. I have also learnt to put myself in a neutral position and make friends with everyone.

This is a never-ending learning journey, because there is no one approach to apply to every person you meet. I am sure that when I enter university next year or go on a study exchange abroad, I will observe totally different social

cultures. There will always be people who surprise you.

It is important to accept that there are differences between people. A common misconception about people with AS is that they do certain things to irritate others, but we are not malicious. People often stop their understanding at the point, where they think “this guy is trying to annoy me”, but we don’t go out to do that. We just have trouble communicating and reading social cues that may seem obvious to others.

For those with AS looking to build connections with others, my advice is to pause and look around you. People with AS are book smart but when it comes to interpersonal relationships, one cannot just apply logical thinking. Once they realise this, it will get better.

To cope with my social isolation when I was younger, I turned to anime, which remains an interest — and it’s partly why I decided to learn Japanese as a hobby. I am now studying for my next Japanese-Language Proficiency Test — I self-studied for about eight months for the first exam and just got my certificate. Now I have three months to learn 1,000 new vocabulary and a few hundred grammatical concepts before the next exam. It’s tough but I am really enjoying it! I also enjoy running and try to run about four to 10 kilometres each week, depending on how much time I have.

I’m looking forward to entering university next year. I’ve been accepted to study material science but I’m also interested in the liberal arts. I used to focus on science because I am good at it, but I have come to realise that there is a huge world of knowledge in the liberal arts field that is new and interesting to me. Just as I have given people a shot, I should give this sphere of knowledge a shot. I want to engage in a lot more things that I do not know about and get the most out of life.

“**I HAVE LEARNT TO ACCEPT THAT WE ALL HAVE OUR STRUGGLES, AND THAT MAKING TIME TO LISTEN TO OTHERS IS THE KEY TO BUILDING GOOD RELATIONSHIPS.”**

Koa Zhao Yuan



REFRAMED REBOOTED REWIRED

Cognitive behavioural therapy is an approach that can help people with mental health issues by changing their ways of thinking.

TEXT KOH YUEN LIN // PHOTOS COURTESY OF IMH & GETTYIMAGES

A form of talk therapy, cognitive behavioural therapy (CBT) is based on the belief that thoughts, actions and feelings share a bi-directional link with each other.

"The idea is to change the way we feel through changing the way we think and act," explains Ms Haanusia Prithivi Raj, a senior clinical psychologist at the Institute of Mental Health (IMH)'s Department of Developmental Psychiatry.

An intrusive, negative thinking pattern can influence and affect both our feelings and behaviour. "Cognitive distortions are like mental filters: if your filter is dirty, everything you see through it will be dirty," says Ms Raj. Citing examples from the young patients whom she works with, she illustrates the

different types of cognitive distortions and the behavioural impact they can have: one form is over-generalisation, where a person may come to a conclusion based on a single event or piece of evidence. For example, a young person who scores poorly on one exam paper might conclude he will never do well in all his papers. Another is the 'all or nothing' thinking where the person has a tendency to view things at the extreme, with no middle ground – like deciding not to sit for the exam altogether if he thinks he might fail a paper.

"These are negative automatic thoughts that a person often doesn't realise that he has," says Ms Raj. "We all have cognitive filters, it is just a matter of to what degree it affects us. Those with depressive symptoms or anxiety problems are more likely to be impacted negatively."

LIFE THROUGH A (NEW) LENS

Through structured sessions with a psychologist or counsellor, the factors that trigger and maintain the patient's mental health issues are discussed so that the patient better understands his condition. They then move on to sessions that focus on identifying and changing unhelpful thinking patterns. At the same time, the therapist will work with the patient to adopt a healthier way of living and incorporate positive coping skills through behavioural change. "For a person with anxiety, for instance, we would talk about how the anxiety comes about or is maintained. We then engage in behavioural exposures or experiments to demonstrate how behaviour changes the outcome of things," shares Ms Raj. CBT sessions often include various forms of "homework", such as keeping a thought diary to notice and identify the negative, disruptive thoughts that surface beyond one's control or tasks that require the person to change the way he thinks or acts. "We may ask someone with anxiety issues who tends to isolate himself at home to try going out to a public area, like the cinema or order a meal at a hawker centre. The idea is to make the patient realise that the more he faces his fear, the less scary it becomes."

The therapist will also work with the patient to make changes to his daily activities, like taking up a sport, to establish a better and healthier routine. "CBT emphasises increasing activities that lend a sense of mastery or accomplishment, such as learning a new skill or picking up a new hobby. The objective is for the patient to feel better about himself and be able to function better in society," explains Ms Raj.

It also equips the patient with tools for relapse prevention. "This would include strategies to identify the triggers that might lead to a relapse, remembering skills to manage the symptoms and steps to engage

help when things get too much to handle," shares Ms Raj.

WHAT IT TAKES

CBT has been used to treat a range of conditions, from eating disorders to phobias, depression, obsessive compulsive disorder, anxiety and post-traumatic stress disorder. It could be used together with medication or integrated into other forms of therapy. It teaches patients useful and practical strategies that can be used in everyday life. Ms Raj highlights that the effectiveness of CBT is also dependent on many other factors such as the patient's understanding of his condition, his motivation for recovery and his readiness to trust and practise his "homework" or skills outside the therapy session. "It is also important to find a therapist who understands, empowers you and keeps you involved in the recovery process," she says.

WHAT WORKS FOR YOU

CBT can be carried out by employing different formats, including in groups and even through mental health apps. One might also find self-help books that are based on the principles of CBT, and Ms Raj says that those with milder issues might be able to benefit from them. "A lot of them are written to help people practise CBT at home, but you have to be motivated and willing to try it out. So, if you have a vague unhappiness in your life, try picking up a self-help book first. If you read it and think, 'I can do what they are suggesting', great! However if you are experiencing significant changes to your mood and thoughts, and find it hard to do your day-to-day activities, it's best to see a mental health professional for a thorough assessment and discuss suitable psychotherapy options for you."



AUTOMATIC START

► The origins of CBT:

CBT was pioneered by US psychiatrist Dr Aaron T. Beck in the 1960s. Based at the University of Pennsylvania, Dr Beck had carried out experiments to test psychoanalytic concepts of depression. Expecting that his findings would validate these concepts, he was surprised to discover that it was quite the opposite in many instances. As a result, Dr Beck started looking for other ways of conceptualising depression. He found that people with depression experienced streams of negative thoughts that seemed to arise spontaneously. He called these "automatic thoughts".

Dr Beck began helping patients identify and analyse such thoughts. He found that by doing so, patients were able to think more realistically. When they changed their underlying beliefs about themselves, their world and other people, the effect was a long-lasting change.

WHAT IS COGNITIVE BEHAVIOURAL THERAPY?

COGNITIVE BEHAVIOURAL THERAPY (CBT) IS BASED ON THE BELIEF THAT THOUGHTS, ACTIONS AND FEELINGS SHARE A BI-DIRECTIONAL LINK WITH EACH OTHER



CONQUERING THOSE COMPULSIONS

To help her young patients – and their families and therapists – deal with obsessive compulsive disorder (OCD), Ms Haanusia Prithivi Raj has written a book titled *Fighting The OCD Monster: A Cognitive Behaviour Therapy Workbook For Treatment Of Obsessive Compulsive Disorder In Children And Adolescents*. The book is available for S\$28 on www.worldscientific.com and IMH e-shop on www.imh.com.sg/eshop

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



ASK THE

EXPERTS

IMH clinicians answer your questions.



PLAYING A RISKY GAME

My brother has long harboured dreams of becoming a professional gamer, and has often told the family that the hours spent at the computer playing online games is “work/training”. However, it is an all-consuming activity, and he has neglected everything — from his studies, sleep and meals to his social life — in his bid to become “the best”. He justifies his actions and puts it in the same category as people who are working or studying full-time. To most people, he comes across as a gaming addict more than anything. How do I convince him that he’s going about this the wrong way and maybe hint that he might have a problem instead?

It is not uncommon for gamers to harbour dreams of being a “pro gamer”, as gaming tournaments have become more popular among young people in recent years. It seems like your brother’s gaming might have become problematic since he is neglecting responsibilities and relationships. However, I would not label him as having an addiction just yet, since he needs to be seen by a professional for a proper assessment. Often, the gamer does not realise the consequences as gaming takes centre stage in his life. What can be helpful is not to shut down communication with your brother

by denying his dream — which could push him further away from you and increase his resistance. It would help if you could learn as much as you could about pro gaming; it would be easier for you to engage your brother if you knew more about pro gaming yourself. A good resource is the documentary *Free To Play* that highlights the challenges faced by three youths who dream of becoming pro gamers. If you need more guidance, call our helpline at 6-RECOVER (6-7326837) to speak to a para-counsellor.

MS JENNY LIEW
Senior Counsellor, National Addictions Management Service

IN LOVE WITH JUNK



I am moving house and hope to throw out a lot of old stuff. However, my mother, who lives with me, insists on keeping everything — from festive decorations to magazines from the 1990s. She believes that these will be of use one day and also attaches sentimental value to them. This being said, she had largely forgotten about them until they were unearthed. Is there any merit to ‘sentimental attachments’ or does it just mask a hoarding problem? What can be done?

We know that the cardinal problem with hoarding is not the fact that hoarders like to accumulate things, but rather, it is discarding items that causes them distress. There are several reasons why people hoard, but they do so largely due to the perceived

usefulness of these items, or have attached great sentimental value to these seemingly useless things — or often a combination of the above reasons. It sounds like your mother may be having difficulty throwing away things that are seemingly useless but hold a special place in her heart.

Hoarding becomes a problem when there is a persistent difficulty in discarding possessions, regardless of their actual value. The resultant accumulation of items clutters the living areas — to an extent that their intended use, e.g. the kitchen being used for cooking, is compromised because of the hoarding. This causes impairment in the person’s social or occupational or other key areas of functioning.

There are certain mental health conditions that display hoarding as one of their symptoms, like schizophrenia

and obsessive compulsive disorder. I would advise that you bring your mother for a professional assessment to make sure that she does not have any underlying treatable mental illness. If there is no underlying mental illness, then you can work with her to de-clutter, using the 3 ‘Cs’ principle. The first C is Chuck — throw away useless items, e.g. rotten food or items that are past their expiry date. Charity — some hoarders are able to let go of certain possessions, if they know that their treasures will be put to good use by others, and that by doing so, they are doing a good deed. Finally, Cherish — these are items that the hoarder will have the most difficulty letting go of, so work with them to limit these as far as possible.

DR KELVIN NG
Consultant, Department of Psychosis



CELEBRATING MENTAL WELLNESS

1. Visitors attended forums on bipolar disorder, obsessive compulsive disorder, and stress and anxiety management



2. Mdm Junainah Eusope, a peer from Club HEAL, chatting with Deputy Prime Minister Tharman Shanmugaratnam about her artworks



The Institute of Mental Health (IMH) commemorates its 90th anniversary this year. As part of the year-long celebrations, IMH organised a Mental Health Festival on its campus on 8 September to promote awareness of mental health and well-being. More than 1,000

visitors took part in activities, ranging from forums and mindfulness workshops to sharing sessions by mental health advocates and guided tours of the hospital. Persons in recovery also set up activity and craft booths, lending a carnival atmosphere to the event.



3. Visitors had an opportunity to try out hydroponic gardening

TRAINING AT THE FRONTLINE

The Occupational Therapy (OT) Department at IMH received its first batch of OT students from the Singapore Institute of Technology for their clinical practice education (CPE) in July. During the seven-week placement, the six Bachelor of Science (Honours) undergraduates attended multi-disciplinary meetings and worked with patients and family members under the guidance of IMH occupational therapists.

“The placement gave us a platform to exercise and expand our creativity, including conducting individual and group

sessions, and working in inpatient and outpatient settings. These enabled us to connect the dots between the theories we learned and reality,” said Year 2 students Nurulizyan Bte Zulkiflee and Ong Xin Ying.



MENTAL NOTES

Professor Chong Siow Ann, Vice Chairman of the Medical Board (Research) and Senior Consultant at IMH, started writing opinion pieces in 2013 on mental health issues that he encountered in his work as a psychiatrist. The essays, which cover a range of topics from elder abuse to obsessive compulsive disorder, caregiving, and attitudes towards death and dying, have now been compiled into a book titled *Fieldnotes of a Psychiatrist* by Straits Times Press. “I hope the pieces will make readers think harder and reconsider some of their intuitive beliefs and preconceived notions of mental health — just as I have in the writing of them,” said Prof Chong.



Fieldnotes of a Psychiatrist (\$29.90) is available at major bookstores and www.stpressbooks.com.sg

[UP AND COMING]

2019 SINGAPORE MENTAL HEALTH CONFERENCE (SMHC)
Empowerment for Resilience and Recovery

When: 30 and 31 January 2019, 9am to 5pm
Where: Max Atria, Singapore Expo

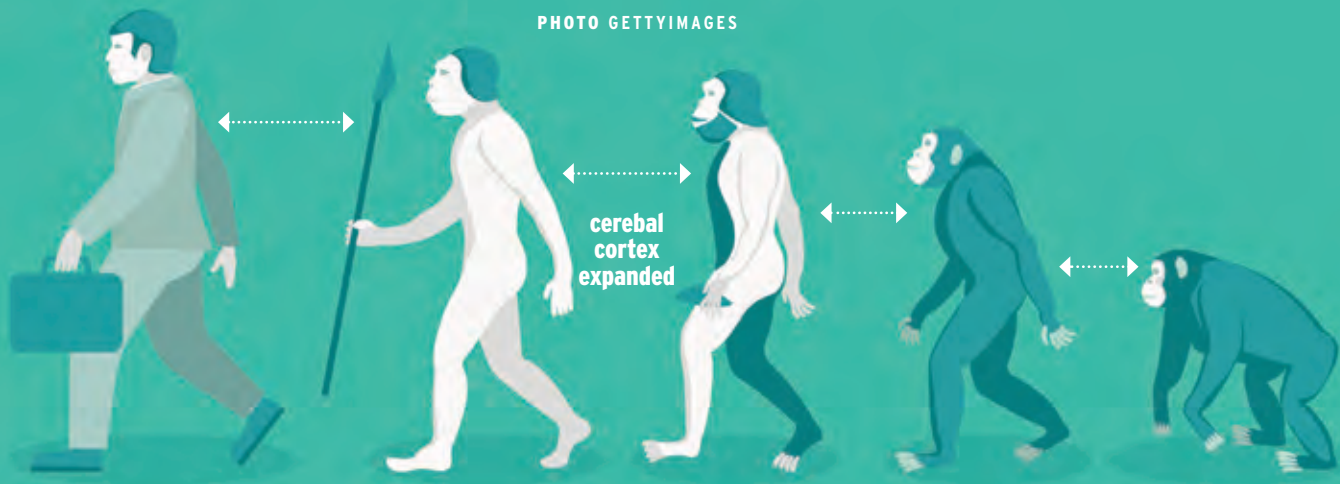
Into its 5th edition, SMHC 2019 will bring greater focus and attention to how empowerment can give patients a greater sense of value, self-worth and ownership over their journeys of recovery. The conference will also explore the challenges that individuals face in their recovery process; and the roles that different groups such as families, employers and health professionals play in addressing these challenges and empowering these individuals.

For more details, visit www.smhc.com.sg

A HAPPY Accident

How genetic error made our brains bigger,
more evolved — and more vulnerable.

PHOTO GETTYIMAGES



2-3 million years

One of the key features that make humans (*homo sapiens*) unique from other primates is the size of our brains. Studies of skulls belonging to ancestors of *homo sapiens* called the *Australopithecines* showed that the brain grew by almost three times about 2-3 million years ago to reach its current size. However, until recently, no one knew why this happened. Professor Pierre Vanderhaeghen at the Flanders Institute for Biotechnology in Belgium, offers a theory. Looking for genes in human foetal tissue — but missing from apes — Prof Vanderhaeghen's lab became intrigued by three specific genes. These were all similar to NOTCH genes, an ancient gene family involved in sending messages between cells.

They found that the three genes, collectively named NOTCH 2NL, were created by a 'copy-and-paste-error' of an original NOTCH gene. This error created new proteins which helped our ancestors' cerebral cortex to expand. This is the part of our brain responsible for language, imagination and problem-solving abilities. "The (NOTCH 2NL) genes were also present in the DNA of Neanderthals (another now-extinct human species) but not in chimpanzees," Prof Vanderhaeghen said.

GENE-OUS Revelation

Prof Vanderhaeghen's research could also provide new insights into brain disorders.

Many of the new human-specific genes are located in a small area of our genome. As DNA in this area closely resembles another part of the genome where it was originally cut and pasted from millions of years ago, 'copying errors' are more likely — and these may make us more susceptible to mental illness.

BIG BRAIN THEORIES:



Brains generate a huge amount of **ENERGY**. It is theorised that a sleeping brain could power a 25-watt lightbulb.

20%
of oxygen

A brain makes up just **2-3%** of the human body's mass, but scientists estimate that it uses **20%** of its oxygen and **15-20%** of its glucose intake.

Left



10% Right

It is a myth that we use only **10%** of the brain. Every part has a function. Also, mounting evidence suggests that there is no 'left/right brain' divide — both parts work together.



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

WOODBIDGE HOSPITAL CHARITY FUND

MAKING A DIFFERENCE to mental health in Singapore

The Woodbridge Hospital Charity Fund (WHCF) is a registered charity and an Institution of a Public Character, managed by the Institute of Mental Health. WHCF funds various programmes that benefits IMH patients, caregivers, family members and the wider community. WHCF funded programmes include:

Mental Health Outreach

• Advocacy • Education

Community Integration

Patient Welfare

Caregiver Support

Client Rehabilitation & Employment

WHCF supports hope, recovery and dignity for people living with mental health conditions.

You may donate through:

- **Credit Card:** Donate online via Giving.sg
- **Cheque:** Attention to payee name 'Woodbridge Hospital Charity Fund' and write your name, address, NRIC and telephone numbers at the back of the cheque and mail it to:
Corporate Communications Department
Institute of Mental Health
10 Buangkok View
Singapore 539747

- **Cash:** Donate in person on weekdays from 8.30 am to 6.00 pm at:
Corporate Communications Department
Level 4, The Annex
Institute of Mental Health
10 Buangkok View
Singapore 539747



For more information visit <https://www.imh.com.sg> or call 6389 2867