

OCTOBER 2016-MARCH 2017

# IMAGINE

A BIENNIAL MAGAZINE ON MENTAL HEALTH

*Mapping*

## OUR STATE OF MIND

Insights into awareness  
and perceptions  
of mental health issues  
in Singapore

**ADHD**

MORE THAN  
JUST 'KIDS'  
STUFF'



**EXPRESSIONS:** ARTWORKS BY PERSONS-IN-RECOVERY MAKE IT TO THE WORLD STAGE

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

12



04 Live Well Staying on top, mentally



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Dr Lim Choon Guan, Deputy Chief and Consultant at IMH's Department of Child and Adolescent Psychiatry, on ADHD



**ANSWERS TO "FACE UP TO THIS BRAIN GAME"**  
Turn to page 7 for the puzzle

# TAKE CHARGE OF YOUR *Mental Health*

“Through *Imagine*, we aim to provide localised, culturally relevant content that is informative yet reader-friendly. We hope that it will help to improve mental health awareness in Singapore, and encourage people to talk candidly about mental health.”

ADJ A/PROF CHUA HONG CHOON,  
Chief Executive Officer,  
Institute of Mental Health



**B**eing healthy is as much about maintaining our emotional, psychological and social wellbeing as it is about keeping fit, eating well and being disease-free. Yet, mental health is still very much neglected in many societies — including ours — due to discrimination, lack of understanding, misconception and stigmatisation.

Just last year, a study by the Institute of Mental Health (IMH) revealed that there is still considerable stigma attached to mental illness in Singapore. Nine in 10 respondents feel that those with mental illness could improve if they wanted to, while half see it as a weakness.

That said, good mental health isn't just about the absence of mental health problems; it also refers to the presence of positive characteristics — how we think, relate to others and cope with life's ups and downs. It is, therefore, important to take charge of our own mental health, maintain our mental wellness, and recognise when our loved ones — or even ourselves — may need professional help.

With these in mind, IMH debuts *Imagine*. Dedicated to matters close to our heart, the information and stories in this biannual publication — about all aspects of mental wellness — are presented in a reader-friendly format. In this first issue, Speaker of Parliament Madam Halimah Yacob gives her voice to people diagnosed with mental illness. Persons-in-recovery, healthcare professionals and volunteers also share their experiences, as well as offer advice, to inform, inspire and help change perceptions of mental health. And to put matters in perspective, we spotlight a mental health condition each issue, starting with ADHD (Attention Deficit Hyperactivity Disorder).

Happy reading.

*the editorial team*

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INTERVIEW WANDA TAN  
// PHOTO COURTESY OF PARLIAMENT OF SINGAPORE

## A VOICE FOR THE VOICELESS

Speaker of Parliament **Mdm Halimah Yacob**, a passionate mental health advocate, wants everyone to join the effort to de-stigmatise mental illness.

**MDM  
HALIMAH  
YACOB**



**A**s a Member of Parliament for the past 15 years, I have met many people within my constituency who either have a mental health disorder or have a loved one with the condition. My interactions with them have made one thing very clear: mental illness can strike anybody. It affects all races, ages and backgrounds, regardless of one's social status or educational accomplishments. Yet it remains a widely-neglected issue due to the longstanding stigma surrounding mental illness.

Mental illness is shrouded in myth and misconceptions. For instance, many of us may have been culturalised to believe that mental illness is something beyond our control — that it occurs to those who have been possessed by an evil spirit. Because this myth persists, mental illness tends to be perceived as a sign of spiritual or religious weakness, not

as a disease that deserves medical attention. This in turn causes delay in treatment, worsening the patient's condition.

It is crucial that we debunk such beliefs. We need to raise the level of consciousness about the fact that mental illness is as much of a disease as stroke or cancer is. From a policy perspective, the Government has made this a priority through its

National Mental Health Blueprint and Community Mental Health Masterplan. Over the years, the Institute of Mental Health and voluntary welfare organisations such as Silver Ribbon, Caregivers Alliance Limited

and Club HEAL have made great strides to support persons with mental illness and their caregivers, while increased media coverage has improved public understanding of mental health issues.

However, raising awareness is only half the battle in reducing stigma. We also need to show more empathy towards those with mental health issues and their families, who — often at the expense of their own mental health — bear the brunt of the caregiving burden. This is especially important in a densely-populated country like Singapore, where it is inevitable that we will come across people with mental health problems.

Provided they seek help and stick to their treatment, it is possible for people with mental health disorders to recover and lead normal lives. But government policies and programmes alone will not achieve this; the whole community — be it non-profit organisations or the general public — must be involved. Don't shun those with mental health issues or stereotype them as *gila* or *siao*; reach out to them and offer to help instead. We will only be a caring, inclusive society if we have individuals who care.”



**+ Mdm Halimah Yacob is a Member of Parliament for Marsiling-Yew Tee GRC. She is also a patron of Club HEAL. She formerly chaired the Government Parliamentary Committee for Health.**

# LIVE WELL!



**#KNOW THIS**  
Those who enrolled in a meditation or yoga course while on vacation experienced fewer symptoms of depression and stress.

## TAKE A VACATION NOW!

According to scientists from the Icahn School of Medicine at Mount Sinai, the University of California, San Francisco, and Harvard Medical School, a vacation is really good for you. A study of 94 healthy women on a resort holiday in California, published in Springer Nature's journal *Translational Psychiatry*, showed that not only did the vacation reduce stress and boost energy levels, it also provided a strong and immediate impact on molecular networks associated with stress and immunity pathways. What's more, the same study found that those who enrolled in a meditation or yoga course while on vacation experienced fewer symptoms of depression and stress — even one month after. While researchers don't know how much of this benefit is due to continued mindfulness practice after the vacation or changes in mindset, one thing is clear: A yoga or meditation retreat is definitely worth the trip.

PHOTOS: GETTY IMAGES

## FOR BEST RESULTS, study, then exercise

Mugging for a major exam? Try this trick:



Head to the gym for a workout after an intense study session. Recent research has shown that exercising after learning boosts retention and brain activity. Scientists, though, don't quite understand the effect — they think that exercise boosts the production of biochemicals related to mental function.

"Long-term memory is not only influenced by what happens when you learn new things," lead author of the study, Dutch researcher Eelco van Dongen, said, "but also by the processes that take place in the hours and days afterward, when new information is stabilised and integrated in your brain."

## EXERCISE TO EASE SCHIZOPHRENIA SYMPTOMS

Schizophrenia has no cure, but there are many treatments such as medication and therapy that manage symptoms and help sufferers lead a normal life. Now, British researchers want to add exercise to the list of helpful treatments.



They found that aerobic activities such as running could positively affect patients' cognitive functioning. The study found that patients who completed around 12 weeks of aerobic exercise significantly improved attention span, working memory and the ability to understand social situations.

"These findings present the first large-scale evidence

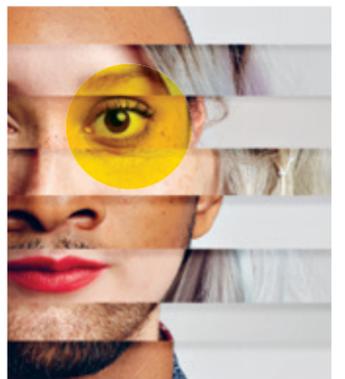
supporting the use of physical exercise to treat the neurocognitive deficits associated with schizophrenia," said Joseph Firth of the Institute of Brain, Behaviour and Mental Health at the University of Manchester. "Using exercise from the earliest stages of the illness could reduce the likelihood of long-term disability, and facilitate full, functional recovery for patients."

## MRIS CAN CHANGE HOW YOU FEEL ABOUT FACES

You might think that how you feel about someone (or their face) is determined by the quality of your interaction with them. Well, here's a surprise: Scientists from Brown University in Rhode Island, USA, have found that they can use an MRI feedback technique to influence how you feel about a face.

Earlier research had shown that this MRI feedback, known as DecNef (decoded neurofeedback), could use patterns to make you think you had seen a colour — when you hadn't. Now, a study recently published in *PLOS Biology* suggests that the same technique could be used to train your brain to feel a negative or positive feeling about a certain face. The eventual goal is to use the technique to help in psychological therapy, and the latest study brings that goal one step closer.

Many scientists believe that positive or negative feelings about faces are formulated in separate brain regions.



## SLEEP FOR A BETTER LIFE

A lack of sleep can literally kill you, according to a research published in the *BMJ Open*. Sleep problems have been linked to a wide variety of negative health effects, including an increase in suicidal thoughts and behaviours.

British researchers at the University of Manchester found that being awake at night increases the risks of suicidal thoughts and attempts (partly

due to less help being available), while long-term sleeplessness reduces a person's ability to function in the day, resulting in added levels of depression.

So if you're feeling blue, try to get enough sleep. Experts recommend at least six to eight hours nightly. Improve your sleep by exercising daily, eating well, and turning off digital devices well before bedtime.

GET ENOUGH ZZZ



### ▶ WHEN YOU ARE 'TRICKED' INTO EATING MORE

Just a generation ago, kitchens were functional, separate spaces, purely for cooking and not for entertaining. Today, kitchens are on display with a more open layout – and this is affecting our health.

A study of 57 Cornell University students has found that those who ate in kitchens with an "open" floor plan consumed on average 170 more calories than those who ate in kitchens with a "closed" floor plan. Researchers from the University of Notre Dame's School of Architecture in Indiana, US, say more studies are needed, but they think that the greater visibility and convenience of food sets off a "chain reaction" that caused the students to get up more, serve more and eat more.

#### #KNOW THIS

Those who ate in the more "open" floor plan kitchen consumed on average **170 more calories** than those who ate in more "closed" floor plan kitchens.



### BEAT THE BLUES ... GO SOCIALISE

Feeling depressed? Make it a point to go out for dinner, a dance class, or meet a friend – even if you don't feel like it. A recent research conducted by Exeter University in the UK and published in *The Lancet*, showed that such activities work as well as established

treatments like cognitive behavioural therapy (CBT). Known as "behavioural activation", the therapy works on the premise that when people are depressed, they avoid social interaction, which can often make the depression worse. The study randomly

allocated 440 people diagnosed with depression to either behavioural activation or CBT. After a year, about two thirds of respondents in each group reported about a 50 per cent reduction in symptoms of depression.

### TO SUCCEED, DITCH THAT PLAN B

If you want your Plan A to succeed, your best bet is to not have a Plan B. Business researchers at the University of Wisconsin-Madison in Wisconsin, USA, have found that a backup plan – long seen as a sensible way to cope with risk – actually increases the risk that your plan will fail. In a series of experiments, the researchers found that the act of creating a Plan B caused people to work less hard and, as a result, become less successful at reaching their original goal.

The researchers caution however that their findings should not stop you from making adequate contingency plans. They recommend being more strategic about when and how you make these plans. "You might want to wait until you have done everything you can to achieve your primary goal first," said Assistant Professor Jihae Shin.



### 4 WAYS TO BE MORE PRODUCTIVE AT WORK

- **USE AN ONLINE TASK SCHEDULER.** Pick one that syncs with your devices, including your work computer. Google Calendar has an embedded task list, or try Workflowy, a free app that works on iOS and Android, as well as through any browser.
- **PLAN YOUR WORK; WORK YOUR PLAN.** Take a few minutes at the start of each day to prioritise your to-do list. Ensure you have what you need to get things done.
- **LEARN TO SAY NO.** Take the time to assess each request, and say no honestly and kindly. Describe your workload and current projects, and say something such as: "I would be unable to do a good a job on your project and my other work would suffer."
- **ELIMINATE DISTRACTIONS.** Keep your phone and desktop notifications on silent, and stay off social media. Reward yourself with a two-minute break when you have completed a task or reached a goal.

## Brighten your mood! Here's how:

Put on your **favourite** tunes – music has been shown to be able to boost endorphins. Go for a **walk** – fresh air, natural light and light exercise can work like a charm.

**Meditate**, even for a little bit. Even five minutes spent focusing on your breath can work wonders.

Find time for some **personal grooming**.

Get your hair cut, or schedule a quick manicure. Taking some time to look good will help to make you feel better.

**Sing.** Whether that means belting out tunes in the shower or hitting your favourite karaoke place after work, singing can be a great stress reliever.

**Get some sun.** A little Vitamin D can help to beat the blues. If it's not possible to head outside, work next to a sunny window for a while.

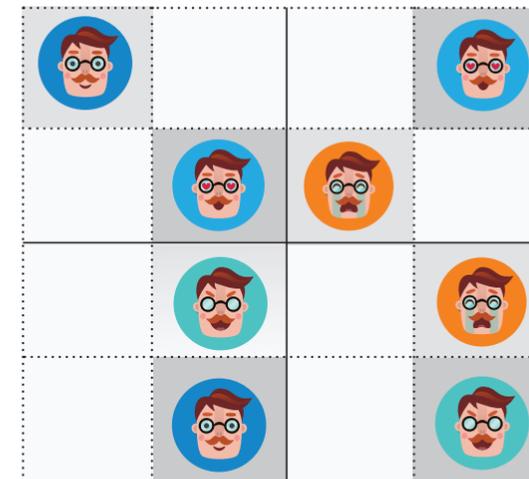
**Volunteer** or help someone. Thinking about other people's needs can be a great way to gain perspective and feel better.

**Cuddle a pet.** Take a neighbour's dog for a walk or visit a cat café – furry snuggles can brighten even the worst moods.



### FACE UP TO THIS BRAIN GAME

**DIRECTIONS:** Each row, block, and column contains one each of the four emotions: Happy, angry, joyful, and sad. Draw in the faces to complete the puzzle.



REFER TO THE CONTENTS PAGE FOR PUZZLE ANSWER



A look at how mental health issues are inching their way to the forefront of our national agenda.

# State OF THE Mind

TEXT BY WANDA TAN

STOCK PHOTOS: GETTY IMAGES PHOTOS OF PROF CHONG, MS PICCO, MS LEE & MR GOH: IMH

It is a common reaction. And you may have felt the same way. “You’re seeing a shrink?” is the usually incredulous response to being told that someone is undergoing psychiatric treatment. For many, this news comes as a big shock because of the dawning realisation that the individual has a mental illness. Such shock typically gives way to unease or fear, which in turn causes the other person to feel embarrassed or ashamed. This discouraging state of affairs begs the question: Why are mental health disorders so often scoffed at, if not considered taboo?

The answer lies in a combination of misconceptions, discrimination and stigma when it comes to such conditions. First and foremost, it is important to clarify what mental illness is. The Institute of Mental Health (IMH)’s Professor Chong Siow Ann, Vice Chairman of the Medical Board (Research) and Senior Consultant, defines mental illness as “a group of disorders that affects a person’s thinking, mood or behaviour”. It encompasses a wide range of conditions — from addictions and depression to dementia and schizophrenia — which cause distress and/or impairment in functioning and thus adversely impact one’s interpersonal relationships and performance at school or work and life in general.

Clearly, mental illness constitutes a significant burden of disease and affects not only the individual but also his or her family and friends. The good news is that through early detection and intervention, patients can overcome their condition. Provided they seek psychiatric treatment, most persons with mental illness can successfully manage their symptoms and regain their pre-illness functioning. The provision of community-based mental health services makes it easier for patients to get help and prevent a relapse while continuing to lead purposeful lives.

Unfortunately, erroneous beliefs and false perceptions about mental illness still linger, giving rise to discriminatory attitudes towards those who have been diagnosed. The reality that most patients can — with medical support — lead happy, healthy, well-adjusted lives is drowned out by the few but sensational anecdotes of dangerous or bizarre encounters with the few who cannot do so. So well-entrenched are these stories in the public mind that sweeping generalisations are made about those with mental health issues: that they can simply ‘snap out of it’; that they threaten public safety; that they are to be avoided.

Ms Louisa Picco, Manager with IMH Research Division, says such stigma is a global phenomenon and the shame attached to mental illness in Asian cultures is no exception. “To prevent embarrassment or ‘losing face’, Asians often hide the fact that they have a family member who has a mental health condition,” she says.

## SETTING A BENCHMARK

Fortunately, in recent years, there has been a sea change in attitudes towards mental health and the delivery of mental health care in Singapore. This was signalled by the rollout of Singapore’s inaugural National Mental Health Blueprint (NMHB) in 2007 — a five-year plan aimed at reducing the incidence and impact of mental health problems through public education, as well as early detection, treatment and rehabilitation of those afflicted.

Under the NMHB, \$88 million was set aside to raise awareness about mental health, improve the provision of psychiatric services, boost manpower capabilities in mental health care and promote research in this area. As the only tertiary psychiatric hospital in Singapore, IMH has played a leading role by initiating community-based programmes such as REACH (Response, Early intervention and Assessment in Community mental Health) and CHAT (Community Health Assessment Team), and by spearheading research in mental health, including the *Singapore Mental Health Study (SMHS)*.

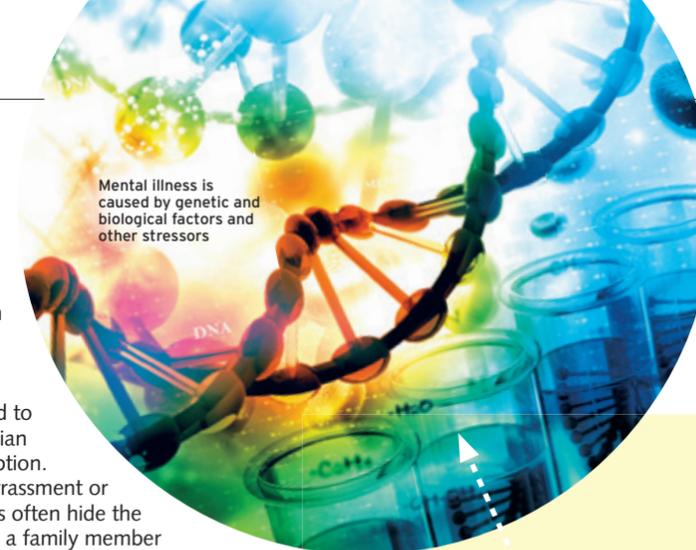
Conducted in 2010, the *SMHS* gave insights into mental illnesses thought to have the largest individual- and societal-level impacts: major depressive disorder, dysthymia, bipolar disorder, generalised anxiety disorder, obsessive compulsive disorder and alcohol use disorders (including alcohol abuse and alcohol dependence). “The *SMHS* was our first comprehensive mental health study using high-quality data, and it gave us a good lay of the land of the state of mental health in Singapore,” says Prof Chong, the study’s Principal Investigator.

He also led another nationwide survey, *Mind Matters: A Study of Mental Health Literacy*, carried out from March 2014 to March 2015. *Mind Matters* arose as a spin-off



“MENTAL ILLNESS REFERS TO A GROUP OF DISORDERS THAT AFFECTS A PERSON’S THINKING, MOOD OR BEHAVIOUR”

Professor Chong Siow Ann, Vice Chairman of the Medical Board (Research) and Senior Consultant



## FACT VERSUS FICTION

- > **MYTH** Mental illness is caused by witchcraft or a character defect. **TRUTH** Mental illness is not the result of an evil spirit or personal weakness. Rather, the underlying cause is often due to a combination of genetic and biological factors, psychological trauma and/or other environmental stressors.
- > **MYTH** Willpower and self-discipline are all it takes to cure mental illness. **TRUTH** A person with mental illness can recover via medication and/or psychotherapy, although perseverance and patience are required to stick to the treatment regimen.
- > **MYTH** People who have mental illness pose a danger to others and are unemployable. **TRUTH** Persons with untreated mental illness can sometimes be dangerous, but the majority of violent acts are actually committed by those without mental illness. If a person’s mental illness is well-managed, they are capable of holding down steady jobs.
- > **MYTH** People who live or work in proximity to someone with mental illness can “catch” the disease. **TRUTH** Mental illness is not contagious. These beliefs add to the stigma and social isolation often experienced by people with mental illness. Family or even mental health professionals can also experience associative stigma, as a result of their association with them.

## FOCUS

of SMHS, and sought to uncover reasons for the treatment gap (which refers to those who have an illness but have not sought help) identified in the earlier study. Ms Picco was part of the research team for *Mind Matters*, which obtained data on people's recognition and beliefs regarding five common mental health disorders: alcohol abuse, dementia, major depressive disorder, obsessive compulsive disorder and schizophrenia.

### NARROWING THE TREATMENT GAP

A notable finding from the *Mind Matters* study was that some mental illnesses are more recognisable to the general public than others. Recognition is highest for dementia, followed by alcohol abuse and major depressive disorder; while awareness is markedly lower for the other two conditions. This is especially worrisome in the case of obsessive compulsive disorder — one of the three most prevalent mental health disorders in Singapore, according to the SMHS — as lack of knowledge about the disease partly accounts for patients' delay in getting treatment.

Moreover, a difference exists between what treatment options people believe are useful and who they would actually



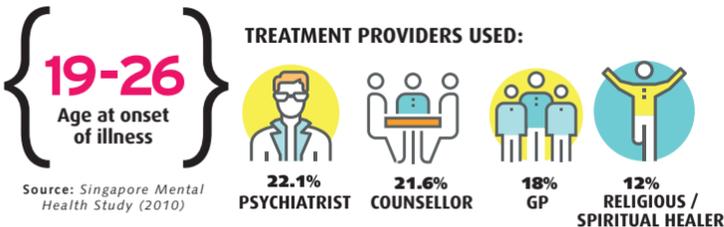
**"SUCH STIGMA IS A GLOBAL PHENOMENON AND THE SHAME ATTACHED TO MENTAL ILLNESS IN ASIAN CULTURES IS NO EXCEPTION."**

Ms Louisa Picco, Manager with IMH Research Division

## Our Mental Health Landscape

### TOP THREE MOST COMMON DISORDERS IN SINGAPORE

TYPE OF ILLNESS	PREVALENCE RATE	TIME TAKEN TO SEEK HELP
Major depressive disorder	5.8%	4 years
Alcohol abuse	3.1%	13 years
Obsessive compulsive disorder	3.0%	9 years



RECOGNITION OF ILLNESSES BY PUBLIC

TYPE OF ILLNESS	RECOGNITION RATE
Dementia	66.3%
Alcohol abuse	57.1%
Major depressive disorder	55.2%
Obsessive compulsive disorder	28.7%
Schizophrenia	11.5%

**60.3%** recognised the condition as a mental disorder, but only **43.7%** could correctly identify and name the mental disorder



Source: *Mind Matters: A Study of Mental Health Literacy (2015)*.

recommend a person with mental illness seek help from. "Seeing a psychiatrist was endorsed as the most helpful intervention," says Ms Picco, "yet most survey respondents said they would recommend that the person talk to friends and family or see a doctor or General Practitioner (GP)." Indeed, the SMHS revealed that the majority of people with mental illness do not consult a psychiatrist.

Poor recognition is thus not the only factor why people don't get help; the fear of being stigmatised is still a major concern. *Mind Matters* assessed the extent of stigma relating to the various disorders and classified it into three categories: people with mental illness are 'weak not sick'; 'dangerous and unpredictable'; and are avoided through 'social distancing'. Alcohol abuse was associated with the greatest stigma, where respondents were more likely to perceive these people as 'weak not sick'; 'dangerous and unpredictable' and expressed the need for greater social distancing.

Based on these findings, improving mental health literacy via educational and anti-stigma campaigns is vital. Researchers also saw interesting correlations between socio-demographic factors and the prevalence of mental illness, as well as ethnic differences in perceptions of stigma, prompting calls for further studies. These and other issues will be explored in another upcoming nation-wide study.

In the meantime, the completed studies serve as a valuable guide for policymakers. Government agencies can work with community partners to develop mental health policies, programmes and services. Such inter-sectoral collaboration will help towards improving awareness, encouraging early treatment and narrowing the treatment gap.



## RECOVERY IS POSSIBLE

For Ms Lee Ying Ying, 29, who experienced psychosis, acceptance and proper management of her condition proved crucial in re-gaining her life.

**W**hen I was halfway through my PhD studies in Neurobiology in 2013, I suddenly started showing symptoms of psychosis, such as social withdrawal, anxiety and paranoia. I had learnt about mental illness as an undergraduate, but reading about it in a textbook is not the same as experiencing it. Having knowledge of mental health disorders did not prepare me for what I would go through.

For the first few months after my diagnosis, I was in denial and kept saying, 'I am not crazy!' But through exposure to the mental health community, and with my family's support, I gradually accepted my condition and got better. I resumed my studies and completed my PhD last year. Now a Peer Support Specialist for IMH's Early Psychosis Intervention Programme, I share my experiences with other patients. I want them to realise that they are not defined by their illness, and that they can recover and reintegrate into mainstream society."

**"WITH MY FAMILY'S SUPPORT, I GRADUALLY ACCEPTED MY CONDITION AND GOT BETTER."**



## A PILLAR OF STRENGTH

Mr Jared Goh, 50, Volunteer Manager, Caregivers Alliance Limited, sheds light on another aspect of mental illness in the community — the role of caregivers and the personal sacrifices they make.

**M**y younger sister has been battling depression for at least 15 years — a fact my parents and I were initially unaware of. Because she was in denial, she didn't tell us about her diagnosis or take the medication her GP had prescribed. She exhibited classic signs of depression: frequent crying, heart palpitations and fainting spells, rarely leaving her home where she was living alone. I remember telling her to 'snap out of it', not realising how much she was suffering.

It wasn't until a few years later that she poured out her troubles to me. She has

now moved back in with my parents and me, and in 2014 I had to quit my IT job to focus on caring for her and my mother till the situation at home got better. I currently work full-time at Caregivers Alliance Limited, a voluntary welfare organisation which supports caregivers of persons with mental illness. I am also a member of IMH's Voices of Experience programme, engaging in peer support, advocacy and consultation to improve the hospital's services. Helping other caregivers has assisted me in coming to terms with my situation. Being a caregiver can be challenging, but I love my sister and will always be there for her."



# Proud to BE ABLE

Four persons-in-recovery from mental health conditions took a trip to France earlier this year to showcase their artistic skills.

PHOTOS COURTESY OF IMH & PARTICIPANTS

**J**uma'at, Pat\*, Ella\* and Stephen displayed their skills in pottery, poster designing and photography at the 9<sup>th</sup> International Abilympics in Bordeaux, France. An international event for people with disabilities and special needs, the Abilympics — "Olympics of Abilities" — helps to demonstrate their professional know-how, skills and talents to change the public's perception of such people, as well as to improve their employment opportunities and build their self-esteem. At this year's event — the ninth since the concept was first developed in Japan in 1972 — there were 49 skills categories and 37 participating delegations. Singapore sent eight participants to the event, including four from social enterprise Bizlink and the Singapore Association for the Deaf.

## STEPHEN, IN HIS 20s COMPETITION CATEGORY > STUDIO PHOTOGRAPHY

Stephen first had symptoms of schizophrenia in 2012. Before that, he had been a clerk in a bank for two years. He subsequently took on odd jobs. With the help of occupational therapists from IMH, Stephen completed 12 months of vocational training as an assistant receptionist. He has been working full-time for the last two years and took up photography as a hobby.

\* Not their real names



TO PREPARE FOR THE ABILYMPICS, JUMA'AT UNDERWENT WEEKLY POTTERY LESSONS WITH A PROFESSIONAL POTTER, WHO VOLUNTEERED HIS TIME, AND AN OCCUPATIONAL THERAPIST FROM IMH.

Since young, Stephen had always liked to take pictures but his appreciation of photography as an art only came about in recent years. Photography, he says, allows him to "see things in a different light". He says photography enables him to share his life story with others "one photo at a time" and to reflect upon his recovery journey. He regularly goes for photowalks with peers who have similar interests in photography, and he also has an Instagram account to document and share ideas.

Of his submission at the Abilympics (pictured left), he says "I had to think on my feet of how I was going to portray the Abilympics trophy (which he had to shoot). While out sight-seeing, I saw some 'puppet eyes' at a stationery store. Since everyone was eyeing the trophy, [I thought] it would be a good idea to place a lot of eyes around it. I 'completed it' with a crest of Bordeaux that I had bought from the visitor centre."



## JUMA'AT BIN OSMAN, 49 COMPETITION CATEGORY > POTTERY

After Juma'at was diagnosed with schizophrenia in 2007, he was home-bound for many years as he was never well enough to work. His flair for pottery was revealed when he started undergoing rehabilitation at IMH's Occupational Therapy (OT) department. His skills gradually improved, and this helped to boost his morale and self-confidence. With the support of IMH's Job Club, a one-stop vocational rehabilitation centre to facilitate the employment of individuals with psychiatric conditions, and the OT department, he later found part-time work at a fast food restaurant.

For someone who had been jobless and dependent on his family for the past decade, the trip to France (and his first time on a plane) was a great achievement for Juma'at.

To prepare for the Abilympics, Juma'at underwent weekly pottery lessons with a professional potter, who volunteered his time, and an occupational therapist from IMH.

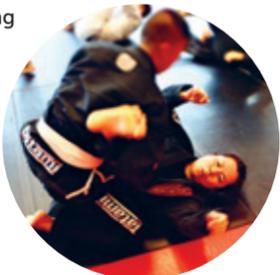


## ELLA, IN HER 20s COMPETITION CATEGORY > OUTDOOR PHOTOGRAPHY

Ella, who has schizophrenia, took part in a photography workshop in 2012 organised by IMH in collaboration with PhotoVoice Singapore for young people with first episode psychosis or at risk of developing psychosis. There, she learnt to document and share her experiences, hopes and dreams through photography.

The Abilympics was an opportunity for her to further develop herself. To prepare, Ella attended weekly photography training from January this year with an IMH staff who was involved in the photography workshop she had attended in 2012. Apart from improving her skills in photo composition and post-processing skills in various settings, the training enabled Ella to take part in shared-learning.

"The usual style of my work is elegant, pure and simple," says Ella, who follows local photographers on Instagram for inspiration.



TOP AND LEFT Practice shots taken by Ella to prepare for the event

## PAT, IN HER 30s COMPETITION CATEGORY > POSTER DESIGN

Pat, who has schizoaffective disorder, has an Honours degree in Visual Communications and previously worked as a multimedia designer. As she was not familiar with the latest features of the software she had to use at the Abilympics, Pat watched videos online and tried out a few designs before she flew to Bordeaux.

The Abilympics was an eye-opening experience for Pat because of the passion she saw in every participant. "I gained inspiration. I enjoyed my time with [the participants] because I learnt that I was not alone. Despite the challenges we faced, we had skills and were able, and we were all truly winners in our own way," she says.

Her design for the Abilympics was a winter-inspired poster of white birds in various poses. The featured bird park is in Bordeaux, France.



Pat's poster design submission at the Abilympics

# NOT JUST: 'KIDS' STUFF'

Children with attention deficit hyperactivity disorder can suffer from the condition even as adults.

TEXT ASHUTOSH RAVIKRISHNAN // IN CONSULTATION WITH DR LIM CHOON GUAN, DEPUTY CHIEF AND CONSULTANT, DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY // PHOTOS GETTYIMAGES

Say 'ADHD' — or attention deficit hyperactivity disorder — and the image of a fidgety child who has trouble sitting still and focusing on a task comes to mind. Few people would associate adults with the condition, as a common misconception suggests that children and adolescents eventually 'outgrow' it. While most adults learn to manage their ADHD with coping techniques, some struggle to do so, and often face difficulties at work.

## WHAT IS ADHD?

ADHD is a disorder caused by an impairment of the parts of the brain that control attention and behaviour inhibition, and describes a group of behavioural difficulties marked by inattention, hyperactivity and impulsivity. These difficulties are consistent across different situations, such as at home, in school, and in social settings. As it is a developmental

condition, adults with no prior symptoms are highly unlikely to be suddenly afflicted with it.

Early identification and treatment of the condition in childhood aim to reduce negative consequences further down the road, says Dr Lim Choon Guan, Deputy Chief and Consultant at the Institute of Mental Health's Department of Child and Adolescent Psychiatry.

"ADHD symptoms can improve with age as some studies have shown that brain development of children with ADHD lags behind their same-age peers. However, inattentive symptoms tend to be more persistent than hyperactive-impulsive symptoms and are therefore more likely to linger in adulthood," says Dr Lim, who has been treating children and adolescents with ADHD for more than 10 years.

Some adults and children experience similar symptoms — for example, they may face difficulties focusing on tasks, which can lead to

## THE DISORDER CAN BE CATEGORISED INTO:

- ▶ **Inattentive** The person has trouble paying attention and remaining focused; is easily distracted, careless and disorganised.
- ▶ **Hyperactive-impulsive** The person is restless and extremely active, is impulsive, talks excessively and has difficulty keeping still.
- ▶ **Combined** The person displays symptoms of inattentiveness and hyperactive-impulsiveness. Most belong to this category.



"SYMPTOMS MAY ALSO EVOLVE OVER TIME AND PRESENT DIFFERENTLY AT VARIOUS AGES,"

Dr Lim Choon Guan, Deputy Chief and Consultant at IMH's Department of Child and Adolescent Psychiatry



Dr Lim Choon Guan

not being able to complete tasks on time at work and school. "Symptoms may also evolve over time and present differently at various ages," says Dr Lim. "While children may run and jump around, adults may experience inner restlessness which is not as visible to others."

## TREATMENT CHOICES

The condition's symptoms can be controlled with treatment, although there is no known cure. "However, the goal of treatment is not solely to get rid of symptoms," explains Dr Lim. "It's also to maximise the person's potential in a variety of areas, including academic and work performance, as well as interpersonal relationships."

Medication isn't always the answer and in most moderate cases, patients are equipped with coping strategies, adds Dr Lim. This includes

improved organisational and time-management skills that aim to reduce the debilitating effects of ADHD. The advent of technology also means that handy tools like lists, calendars and timers are readily available.

An adult's maturity can also make living with ADHD easier. "Unlike children who usually require adults around them to help mould their behaviour through various strategies, adults are more aware of their symptoms and are also more motivated to help themselves," says Dr Lim. They also have the freedom to enter or leave situations that would help in the management of their condition. As an example, Dr Lim says that adults with ADHD can choose careers that do not require them to be deskbound, and which allow them to channel their boundless energy more productively.

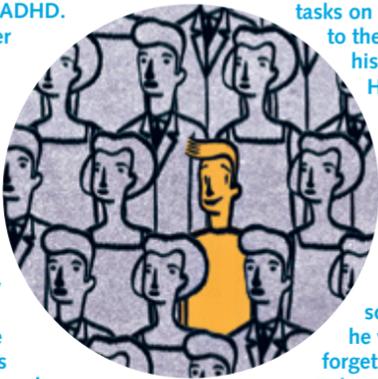
**SOME COMMON SYMPTOMS**

ADULT	CHILD
<ul style="list-style-type: none"> <li>• Often feels overwhelmed</li> <li>• Has poor time management skills</li> <li>• Changes jobs impulsively</li> </ul>	<ul style="list-style-type: none"> <li>• Runs and climbs excessively</li> <li>• Is forgetful</li> <li>• Interrupts others</li> <li>• Squirms and fidgets</li> </ul>

## Recognising champions

**W**ong Joong Rong's experience is typical of adolescents with ADHD.

Plagued by anger management issues and an inability to concentrate, Joong Rong, now 17, faced numerous difficulties during his lower secondary years. He would frequently argue with his teachers and disrupt lessons by walking around the classroom and talking non-stop. Troubled by this, his teachers, school counsellor and allied educator



worked with him to develop strategies to help him better manage his condition.

Given leadership roles such as Class Vice-Chairman and Class Treasurer, Joong Rong was motivated to set a good example to his classmates. He worked hard to complete assigned tasks on time and to the best of his abilities. He was also taught simple techniques — such as finishing his homework right after school so he would not forget to do it — to better manage his studies. Counselling also helped him learn to put himself in the shoes of his parents and teachers and make an effort to

control his impulses. Now a student at ITE College West, Joong Rong benefits from the hands-on nature of his course. However, he continues to use the techniques he has learnt to manage his condition.

For realising his potential, Joong Rong received an ACE Teen Award (Merit) this year. The accolade — jointly presented by IMH's Child Guidance Clinic, the Society for the Promotion of ADHD Research & Knowledge and the National University Hospital's Department of Psychological Medicine — recognises children and teenagers with ADHD who overcome the difficulties of their condition. It is also awarded to mentors such as teachers, school counsellors and allied educators who have made a difference in the lives of such children.

### HOW ADHD IS TREATED

**01** Referral to a psychiatrist for diagnosis, and may also later be referred to a psychologist for therapy.

**02** A combination of medication, behaviour management and the use of coping skills. For example, such techniques may include encouraging persons with ADHD to break up complex, time-consuming tasks into manageable steps to improve focus.

**03** Parents and educators are often involved in the treatment of children who lack the maturity to manage the condition themselves.

TO FIND OUT MORE ABOUT IMH'S SERVICES FOR ADHD, VISIT [IMH.COM.SG](http://IMH.COM.SG)

INTERVIEW FAIROZA MANSOR// PHOTOS KELVIN CHIA

# WALKING THE TALK

**Undergraduate Lee Soon Hong, 23,** volunteers at IMH because he wants to help change perceptions about mental illness.

**D**emands on his time are heavy for Lee Soon Hong, a fourth-year student at Nanyang Technological University's Lee Kong Chian School of Medicine. Yet there is a date that Soon Hong has been keeping weekly since 2011 — every Saturday, he heads to the Institute of Mental Health (IMH) to spend two hours or so with the long-stay patients of Ward 53A.

#### 01. HOW DID YOU GET INTO VOLUNTEERING AT IMH?

I got into a conversation with a Psychology student at a party; he told me he was part of a group of volunteers that visits IMH on Saturdays. As I was in National Service then and could book out of camp every weekend, I decided to check out what they did. I was keen because while in junior college, I volunteered at Simei Care Centre, a facility for people in recovery from mental illness. That experience had been rewarding and so I wanted to continue working with patients with mental health conditions.

#### 02. WHY IS DOING THIS SO IMPORTANT TO YOU?

There's a lot of stigma attached to mental illness. Even on a bus, if someone behaves oddly or acts in a way that is beyond societal norms, other passengers

tend to be afraid and move away. Many people aren't forthcoming with their time for those with mental health issues. They are more willing to volunteer for children, the disabled or the elderly, for example. So I see the need to help whenever I can, and to help reduce the stigma of mental illness in Singapore.

#### 03. WHAT DO YOU DO AT THESE WEEKLY SESSIONS?

I interact with the patients, play board games or do art and crafts with them. As a group of about five or six regular volunteers, we spend time getting to know and bonding with the patients. Every year, we take them out for an outing. This year, it was to Kranji Countryside to visit the frog, goat and fish farms, as well as to a flower nursery. We also had a budget for them to purchase a pet fish each, and these are now in a tank in the ward. Lately, we have also been chipping in to help in rehabilitative activities such as teaching patients grooming and basic social skills, as well as the use of public amenities and public transport.

#### 04. HOW DO YOU JUGGLE SCHOOL AND VOLUNTEERING?

It is becoming increasingly difficult, as more is required of me during school term. But that said, other volunteers help to cover for me during examination time, and I do the same for them. That's why I'm always trying to recruit more volunteers among my friends and schoolmates. If I can get someone new to come in for just one session, that's good enough, because at the end of the day, I want as many people as possible to interact with the patients, and to understand, and not be afraid of them.

#### 05. WHAT MOTIVATES YOU TO KEEP COMING BACK?

Our regular presence matters to these patients. Recently, the ward underwent some changes so all volunteering activities ceased for a month. When we returned, the patients were really excited to have us back. It felt nice to be remembered and appreciated. Each session, I hope to make them feel connected to the rest of the world, and help them prepare to be discharged, and adapt to life outside after being institutionalised for so long.



**LEE SOON HONG**  
Lee Kong Chian School of Medicine



### BE A VOLUNTEER! >

Volunteers play a vital role in normalising the lives of long-stay patients by helping them feel that they have not been forgotten and forsaken by society. Anyone who is more than 16 years old can volunteer at IMH. To register, go to [www.imh.com.sg](http://www.imh.com.sg)



Soon Hong during his weekly IMH visit

## THE ABCS OF ADHD



a **NEURO-DEVELOPMENTAL DISORDER** caused by an impairment of the parts of the brain that control attention and behaviour inhibition



a condition that affects **39 MILLION** people (World Health Organization, 2013), the majority of which are children



DIAGNOSED by a **CLINICAL ASSESSMENT**

DIAGNOSED **3X** MORE in boys than in girls



Sources: Institute of Mental Health, World Health Organisation

**I was diagnosed with bipolar disorder...** when I was in my early 20s. I was an undergraduate then and had attempted suicide several times. I was arrested and detained by the police a few times because it is against the law to commit suicide in Singapore. But from the time I was 14, those around me already knew something was not quite right. In school, I often wore a jacket even on scorchingly hot days. My teachers found out that I was hurting myself and trying to hide the scars. The school counsellor directed me to a psychiatrist so I was seeing one regularly as a teenager. However, nothing quite worked then.

**The reason I was so sick** — I believe — is because of my family issues. My parents separated when I was seven, and they didn't handle the separation well. I stayed with my mother and we didn't have a good relationship. I felt that I was at fault



**MELODY CHING,**  
LIVING WELL  
WITH BIPOLAR  
DISORDER

# TAKING CONTROL

Melody Ching, 34, has a positive outlook on her bipolar disorder.

INTERVIEW FAIROZA MANSOR // PHOTOS KELVIN CHIA

for their separation. My mother forbade me to see my father, and whenever I was caught sneaking out to do so, she would punish me severely. The whole situation sent me into a spiral of depression and self-hate.

**Treatment has been a long, hard process.** After I was diagnosed, my psychiatrist

made a real change in my life. He was able to titrate the medication such that I could handle my emotions better. Prior to this, I had been on various combinations of medications (different drugs work differently for patients) but I kept relapsing. I also underwent about 20 painless sessions of Electro-Convulsive Therapy (ECT) from age 24 to 27. Some people say ECT is cruel (it involves passing a calibrated electric current through the brain for a few seconds under general anesthesia) but it helped me and I could take my examinations and obtain my degree. I took seven years to finish my Bachelor's course in Computer Engineering at Nanyang

Technological University, instead of the usual four. These days, I rely only on medications. I take five types of drugs daily — anti-depressant, anti-psychotic, mood stabiliser and anti-anxiety pills.

**What also helped me to get better...** was that I chose to forgive my parents. Giving myself the power of forgiveness means I no longer hate myself and my parents because I understand that they are human, and everyone makes mistakes. If I hold onto the hurt of the past, my present and future will be held hostage. I have good friends who have stood by me, and a boyfriend who supported me through it all, and who became my husband last year. My family, who was the source of my problem, became part of the solution. My sisters and I are very close and they shower me with a lot of love. My mother is now making up for the past after knowing I had been deeply affected by her words. We are

Ms Ching focuses on the things that keep her calm and happy like crafting flower looms (below)

now each other's regular movie and mealtime companion.

**The fear of relapse is always there.** I wish I could say that I am the master of my thoughts but on some days, I really do feel as though I am the prisoner of my pain. Down the road, I would like to have children but it's not advisable to get pregnant with the medications I am currently on. So to have kids, I would have to get off certain medications, but doing so can result in a relapse. At the moment, I'm working really closely with my gynaecologist, who also specialises in psychiatry, to wean myself off certain medications over a few years.

**My advice to others with mental health issues...** is that there will be times when you can't help being afflicted by thoughts and emotions you

can't seem to control. But when a window of opportunity opens for you to think differently, seize that opportunity. For me, the window presented itself in the form of work. I became a tutor and I feel tremendously responsible for my students' success. I have 16 primary and secondary school students currently, and I channel my energy and thoughts into teaching these kids well. I try my best to sort out any issues I may have before they become mental health triggers. Having control of your illness is pivotal because it indicates whether you make it or break it in life.

“THERE WILL BE TIMES WHEN YOU CAN'T HELP BEING AFFLICTED BY THOUGHTS AND EMOTIONS YOU CAN'T SEEM TO CONTROL. BUT WHEN A WINDOW OF OPPORTUNITY OPENS FOR YOU TO THINK DIFFERENTLY, SEIZE THAT OPPORTUNITY.”

Melody Ching

## THE ROAD TO RECOVERY

Senior Consultant and Chairman of the Institute of Mental Health's Medical Board Adj A/Prof Daniel Fung on recovering from a mental illness.



► **CAN A PERSON WITH A MENTAL ILLNESS TRULY RECOVER?** Recovery is tough but possible. There are two broad categories of mental illness — neurotic and psychotic. Neurotic disorders include depression and anxiety, which are considered milder conditions. Such illnesses can prevent a patient from functioning to his or her full capacity, but have been proven to be manageable. A large number of people living with these

conditions develop their own coping styles. Psychotic disorders involve distorted awareness and thinking; perceiving things that are not there. Bipolar disorder comes under this category of mental illness. Recovery is possible with treatment and professional help.

► **WHAT DOES TREATMENT USUALLY ENTAIL?** A lot of what we know about mental illness is symptoms-driven, so the treatment process

focuses on providing relief. This often takes the form of long-term medication. Relapses can occur, so a coping mechanism has to be put in place. The patient has to learn to take ownership of his or her illness, and take charge. Support from the environment, including family members, friends and even strangers, is also crucial. The stigma attached to having a mental illness is still prevalent, and as a society we have to reduce this so

that those with mental health problems would be more willing to seek help.

► **WHAT DOES IT MEAN TO SAY THAT SOMEONE HAS RECOVERED FROM A MENTAL ILLNESS?** Patients who have recovered are able to lead a fruitful, meaningful life for themselves and their loved ones. As consultants, we hope that they are also actively engaged with the community and contributing to our society.

# RECOVERY RETREAT

The two new specialist wards at IMH are not just about creating a better patient experience; they are also designed to reduce the stigma of mental illness.

TEXT ASHUTOSH RAVIKRISHNAN // IN CONSULTATION WITH ASSISTANT PROFESSOR SUJATHA RAO, CHIEF, DEPARTMENT OF EARLY PSYCHOSIS INTERVENTION AND ADJUNCT ASSISTANT PROFESSOR MOK YEE MING, HEAD, MOOD DISORDERS UNIT // PHOTOS COURTESY OF IMH

Visitors to the two new specialist wards at the Institute of Mental Health (IMH) will be greeted by brightly-coloured walls, airy interiors and serene gardens.

The 40-bed Mood Disorders Unit (MDU) Inpatient Service caters to patients with mood disorders such as major depressive disorder and bipolar disorder, while the 20-bed Early Psychosis Intervention Programme (EPIP) Inpatient Centre treats patients with psychosis, symptoms of which include hallucinations, delusions and disorganised thought or behaviour.

Together, the two facilities reflect advances in the treatment and management of mental health conditions at IMH. The wards facilitate new treatment programmes and patient management methods, while catering to the needs and

desires of patients uncovered during focus groups. The wards offer Class B2 and C accommodation options for both male and female patients.

**More customised treatment**  
In these new wards, patients are grouped according to their conditions.

»  
01

This is a shift from the usual dormitory-style wards where patients with different conditions were accommodated together. "It isn't ideal for first-time or young patients to be in the same ward as others with more severe or different conditions," says Assistant Professor Sujatha Rao, Chief of the Department of Early Psychosis Intervention, which runs the EPIP Inpatient Centre. "Having specific wards for different illnesses addresses this."

The new design means customised group therapies can now be conducted in specially-designated therapy rooms. It had previously been difficult to do so, as patients would have been accommodated at different wards throughout the hospital.

Customised group therapies — which include healthy living classes, art therapy and occupational therapy sessions — are useful in the treatment of mood disorders, says Adjunct Assistant Professor Mok Yee Ming, the head of the MDU. During these sessions, patients gain support and learn to build skills that help them cope with their mental health and other life challenges, as well as to better express themselves.

Both wards have also introduced peer support specialists programmes where recovered patients co-facilitate therapy programmes and interact

with patients. "This is important in the treatment of early psychosis as such patients are often adolescents and young adults," says Asst Prof Rao, "Youths rely a lot on their peers for advice and guidance. Through this scheme, they have someone who has actually lived with the condition, to turn to for support." Feedback sessions show that patients like the new programmes. "They now feel that they have an active role in their recovery," she says.

### Relaxing atmosphere

The healthcare teams have observed that patients — especially first-time ones — are often hesitant to be admitted, mainly due to misconceptions they have about mental health hospitals. "We do offer these patients the opportunity to see



\*Posed photos are used for patient privacy reasons

01. Garden views provide a therapeutic environment  
02. The open concept of the wards encourages freedom of movement and social interaction  
03. Patients with mood disorders may participate in therapy programmes to express their feelings and build skills to manage their condition

»  
03

the new ward before deciding, and all our patients so far were reassured and comfortable with staying for treatment," says Asst Prof Rao.

To make the admission process more convenient for patients, both specialist wards have also adopted a new scheme where patients are admitted directly to the wards from IMH's emergency room, bypassing the general adult

of movement. Patients can divide their time freely between the living and dining areas, and the kitchen and pantry. This provides them with a change of scenery as and when they need it. "It also prevents them from feeling cooped up," says Adj Asst Prof Mok.

Night lounges at both wards further encourage patients' independence. Those who can't sleep can spend the night reading a book, playing board games or listening to music at the facility. Asst Prof Rao says this flexibility can aid a patient's recovery. "A hospital stay shouldn't be too structured, with everyone going to bed at the same time. It's important that we help patients feel relaxed, almost like they're at home, while retaining a recovery-conducive environment."

inpatient wards. This also speeds up the admission process, as patients could previously spend up to a day in the general wards waiting for a review by the specialist team.

The open concept of the wards has also encouraged independent living and freedom

The wards also help to reduce the stigma of mental illness. "There are many preconceived notions of mental institutions. These wards show that our patients are just like those in other hospitals, and have similar needs for comfort and interaction," says Asst Prof Rao.

“It's important that we help patients feel relaxed ... while retaining a recovery-conducive environment.”

ASSISTANT PROFESSOR SUJATHA RAO, Chief, Department of Early Psychosis Intervention



## DO YOU KNOW?

BEFORE IT MOVED TO ITS CURRENT PREMISES IN BUANGKOK GREEN MEDICAL PARK IN 1993 AND WAS RENAMED IMH, THE WOODBRIDGE HOSPITAL WAS LOCATED IN YIO CHU KANG. IN THOSE DAYS, CARE WAS PRIMARILY CUSTODIAL IN NATURE, UNLIKE TODAY WHERE THE FOCUS IS ON REHABILITATION, RECOVERY AND INTEGRATION BACK INTO THE COMMUNITY.

**THERE WAS A FARM** The huge land space at Yio Chu Kang enabled the hospital to introduce gardening and farming as part of occupational and rehabilitation therapy. Back then, patients were mostly rural people who were used to farming and the outdoor life. Vegetables such as maize, brinjal, long beans, and tapioca were grown. Some of the vegetables were sent to the kitchen and the rest, sold to staff and visitors to the hospital.



**THE WARDS**  
Patients were housed in huge wards, and sometimes seen by doctors in an open dormitory.

ASK THE  
**EXPERTS**

IMH clinicians answer your questions.

**I NEED TO LOOK AT MY PHONE!**  
I check my smartphone incessantly, even if I do not have any new messages or updates. I get anxious if I haven't looked at my phone in the past 15 minutes or so. Is this normal?

I wouldn't worry about it too much. We all experience this to some extent as technology becomes more invasive in our lives. We feel connected to each other, to work, to school, and so on, through our digital devices. You may want to try setting some rules to your usage of the smartphone (such as placing it away during meals or even switching it off when you don't have use for it). Have smartphone-free days and see how this works for you. However, if you find that your anxiety causes significant disruption to your daily functioning, you may want to seek some professional advice.

**MISS JAYANTHI MANOHAR** Senior Counsellor, National Addictions Management Service



**MY YOUNG SON HAS CHANGED**

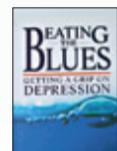
Since a few months ago, my 13-year-old talkative son has turned quiet and apathetic. He has lost interest in his hobbies – skateboarding and gaming. My husband and I try to get him to talk about his feelings but he brushes us off with "I don't want to talk". His grades are consistent. We wonder if he is being bullied or feeling depressed. How can we help?

There are many reasons why a teenager suddenly becomes apathetic and loses interest in his hobbies. It is important that you encourage him to open up, to find out if there are any possible triggers for the behavioural change. Some common causes include academic stress, difficulties with school authorities, friendship problems, bullying, and boy-girl relationships. Parental relationship issues, family financial struggles, or sibling rivalries are also common stressors.

You may want to find out if your son experienced any traumatic incident recently. Building a good rapport, providing constant support and reassurance that it is okay to tell you anything will eventually allow him to feel at ease, and to share his problems. Talking to his close friends and teachers is another way to get information.

Marked changes in behaviour and mood are to be taken seriously even if his grades are consistent. Such changes are not unusual during puberty, but persistent low mood and/or sudden loss of interest might indicate something more than 'growing pains'. Talking to him, providing a listening ear, and teaching him to problem-solve (rather than offering direct solutions) are useful things you can do as a parent. The school counsellor is also a valuable source of help. However, if his apathy and low mood persist despite support, seek professional help from a psychiatrist or psychologist, to assess if he might be suffering from a mental illness, and provide the appropriate interventions.

**MR BRIAN POH ZHI QIAN** Clinical Psychologist, Department of Child & Adolescent Psychiatry



**HAVE A QUESTION FOR OUR EXPERTS?** Write to us at [enquiry@imh.com.sg](mailto:enquiry@imh.com.sg). Questions selected for publication will receive a copy of *Beating the Blues: Getting a Grip on Depression*. Please include your contact details.

**IS MY FRIEND SUICIDAL?**

**I suspect that my friend may be having suicidal thoughts. She often says that things would be a lot easier if she could just disappear, and she has been avoiding our friends. What should I do to help?**

If you may not be able to solve your friend's

problems but continue to provide support. While it may be a difficult conversation to initiate, start by talking to her about your suspicion. This gives her an opportunity to share her feelings and thoughts. Be sensitive and do not trivialise any issues she might be facing. If you are worried about your friend's safety, you

may want to talk to her family — with her consent — and get her to seek formal psychiatric help. Help is available in the forms of psychotherapy and even medications (if your friend is diagnosed to be suffering from Major Depression)

**ADJ ASST PROF ALEX SU** Senior Consultant, Department of General Psychiatry

PHOTOS GETTYIMAGES

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



**APN RAVEEN DEV RAM DEV WINS PRESIDENT'S AWARD FOR NURSES**

Advanced Practice Nurse (APN) Raveen Dev Ram Dev made history by being the first male nurse from IMH to win the President's Award for Nurses, the highest national accolade for nurses in Singapore. He is also only the fourth male recipient in the Awards' 16-year history.

APN Raveen, who has been working at IMH for the past 15 years, has a unique ability to build rapport with patients and staff, while providing excellent nursing care and displaying leadership qualities at the same time. As an APN, he is involved in running outpatient clinic sessions.

Currently, there are 13 APN-led clinic sessions, held Mondays to Thursdays at the outpatient clinics in IMH, satellite clinics in Geylang and Queenstown polyclinics, and Tai Pei Social Service Nursing Home.

**SAID WITH COMPASSION**

Organised in partnership with CHAT (Community Health Assessment Team), COMPASSION is \*SCAPEpersonaldiscovery's series of interactive story sessions. Speakers share moving personal stories of their recovery. Other speakers include mental health professionals such as youth workers and case managers.

Themes for upcoming sessions include "I Have Psychosis. I am Not a

"Psycho" and "Suicide: Recognise the Call For Help".

For those who wish to learn more about mental health or to connect with people with similar struggles, these sessions present the opportunity to do so. The series will run until 7 December 2016. For more information, visit [www.scape.sg/personaldiscovery/compassion](http://www.scape.sg/personaldiscovery/compassion)



**ART FROM THE HEART**

As part of its outreach initiative, The Affordable Art Fair (AAF), Singapore, adopted the Woodbridge Hospital Charity Fund as its official charity partner for the November 2015/2016 and April 2016/2017 fairs. Funds raised at AAF support various programmes that benefit persons with mental health issues and their caregivers.

At the November 2015 and April 2016 fairs, IMH staff, volunteers and clients-in-recovery ran booths where members of the public made a donation to personalise their own ceramic coaster and tote bag respectively. Visitors to the booths also had the opportunity to learn more about mental health issues. Look out for details on the next fair in November at <http://affordableartfair.com/singapore/>

**SURFING MADE SAFE**

To help parents, teachers and counsellors understand the different types of Internet-related addictions children may face, as well as prevention and treatment approaches, IMH has published the guide *Navigating the Cyberworld with Your Child*. The book brings 12 researchers and practitioners from the fields of child psychology and psychiatry to cover topics such as online gaming addiction, social media usage and texting, as well as the legal and forensic implications of Internet addiction. Available in major bookstores at \$22.47 (including GST).



**HAVE A WOW TIME**

Are gaming activities affecting your child's school performance or personal relationships? The World of Wellness (WOW) camp, run by the National Addictions Management Service for youths, can help.

The educational and fun camp aims to help youths aged 13 to 19 break unhealthy patterns of online activity and behaviour, as well as discover that life in the real world is enjoyable and rewarding.

Held over the school



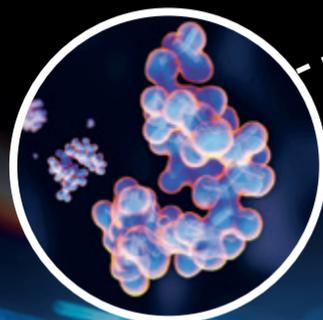
holidays, the WOW camp consists of 12 daily sessions from 8am to 7pm, and includes workshops and interactive team-bonding activities. The next run is on 28 November to 9 December 2016. For more information, call 67326837 or visit [www.nams.sg/services](http://www.nams.sg/services).

# THE JOY PARTICLE

HAPPINESS IS MORE THAN  
*a state of mind!*

> *The 'euphoria' we feel can be traced to a cocktail of hormones that is triggered by our bodies in response to a variety of stimuli ranging from exercise and food to sex.*

Endorphins are produced in the brain by the pituitary gland and hypothalamus and act as natural pain relievers.



## ENDORPHINS

Among the mechanisms are endorphins — chemicals produced by the central nervous system and pituitary gland which diminish pain while triggering positive feelings. Some scientists theorise that difficulties with endorphin production may result in depression and conditions such as obsessive compulsive disorder.

PHOTOS: GETTY IMAGES

## 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



HAS ADDICTION **HURT** YOUR FAMILY?

HOW DO I HELP MY STUDENT WHO HAS A  
**GAMING** PROBLEM?

HOW DO I TALK TO MY STAFF ABOUT HIS  
**GAMBLING** PROBLEM?

WHY DON'T THEY **JUST QUIT?**

Looking for answers for yourself or others? The Addiction Recovery College (ARC), the education arm of the National Addictions Management Service (NAMS) can help.

Our workshops, talks and other resources enable you to better understand various addictions and how to overcome them. ARC also customises curriculum and training for professionals and practitioners. Contact us today!

**NATIONAL**   
**ADDICTIONS**  
MANAGEMENT SERVICE

**ARC**  ADDICTION  
RECOVERY  
COLLEGE  
ENGAGE. EDUCATE. EMPOWER.

ENGAGE. EDUCATE. EMPOWER

Email: [nams\\_arc@imh.com.sg](mailto:nams_arc@imh.com.sg) | [www.nams.sg/arc](http://www.nams.sg/arc)