

JUNE-SEPTEMBER 2021

IMAGINE

A MAGAZINE ON MENTAL HEALTH

CLEARING THE AIR

The truth about nicotine dependence and how you can overcome it

ON THE FRONT LINE

An insider's take on working in IMH's Emergency Services

FIGHTING THE GOOD FIGHT

Having faced a tough childhood, a world champion athlete learns to love herself



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

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

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

The Community Health Assessment Team (CHAT) can help. We offer confidential mental health checks for individuals aged between 16 and 30. Through the health checks, our friendly team of mental healthcare professionals can help youths in distress understand what they are experiencing, and how they can make things better. Make an appointment at www.chat.mentalhealth.sg, or contact us to find out more. Email: CHAT@mentalhealth.sg | Phone: 6493 6500 / 01 (Tue – Sat, 12nn – 9pm)



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“Smokers themselves play an important role in kicking the habit, so it is useful to understand their past quit attempts, level of nicotine dependence, stage of readiness to quit and the timeframe they have in mind.”

DR LAMBERT LOW
Consultant, National Addictions Management Service, IMH

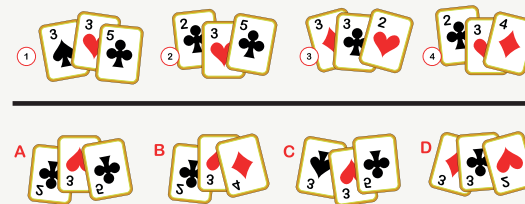
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Find the reflection:

ANSWER: CADB



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TIME TO EASE THE PRESSURE

While all of us hope to attain it, 'peace of mind' can sometimes seem out of reach as we deal with age-old worries about health, relationships and finances, as well as the stresses brought on by the COVID-19 pandemic.

Unfortunately, certain coping mechanisms actually cause more harm than good. Smoking, for one, is often cited as a form of 'stress relief' by those who engage in this habit. However, such individuals are ironically more likely to suffer from hypertension, heart disease and other ailments associated with stress due to smoking. In this issue's cover story (pages 8-11), we look at why nicotine dependence is no different from other serious addictions, as we go over the results of an IMH study that examined its prevalence in Singapore and changes in smoking trends over a six-year period. While quitting is hard, we share achievable strategies you can employ to kick the habit.

Conversely, healthy coping habits and a resilient attitude when facing adversity can make a difference in turning the tide. For example, rather than getting stuck in a downward spiral after his son's suicide, Mr Chow Yen-Lu (page 3) channelled his energy into starting Over-The-Rainbow, a one-stop hub for youth mental wellness, in the hope that other families may be spared the pain that comes from the loss of a child. Meanwhile, Singapore's Brazilian jiu-jitsu world champion Ms Constance Lien (page 12) talks about her battle with mental health issues, which stemmed partly from the high expectations placed upon her as a teenager – and how focusing on her own happiness has aided in her recovery.

So, do not let your situation nor external stressors get the best of you. Do what it takes to reclaim your well-being – don't lose hope, and seek help when you need it. The light at the end of the tunnel is not as far away as you think it is.

Happy reading.
the editorial team



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BEING A RAY OF Hope

Having lost his only son to suicide, founder of youth wellness hub Over-The-Rainbow **Mr Chow Yen-Lu** seeks to promote mental wellness among young people.

Interview **KOH YUEN LIN** // Photo **AIK CHEN**

>> FOR MONTHS AFTER HIS SON'S passing, Mr Chow Yen-Lu wore his son's shirts – in an attempt to feel close to somebody who is no longer around. He had lost his only son, Lawrance, to suicide at the age of 26. Lawrance, who was diagnosed with depression at the age of 18, was one of Mr Chow's greatest joys. "We shot hoops, went for walks, and played tennis together," recalls Mr Chow. "We were very close."

Mr Chow was devastated, but rather than allow himself to get sucked into a downward spiral, he and his wife tapped into their grief and founded Over-The-Rainbow (OTR) in 2012, three years after their son's passing. OTR seeks to create an ecosystem for youths "where mental wellness is a life priority, and where every young person has the opportunity to realise their full potential through the journey of self-discovery, healing and transformation."

PROMOTING PARENTAL GUIDANCE — AND BEYOND

"Our children face different challenges than we did growing up," says Mr Chow. Factors such as academic and peer pressures that come with the prevalence of social media all contribute to issues youths face today and may affect their mental wellness. "The world is changing so fast that children are forced to grow up too



Mr Chow Yen-Lu

Founder of youth wellness hub Over-The-Rainbow

quickly. They don't have the time to develop their own identity. Instead, they define themselves through the popularity of their online personas. It is sad – and dangerous," he observes.

Parents can play an important role in setting their children on the right path, but they need to be mindful about how they go about trying to do so. "Most parents want to give their children the best. So, some children end up with too much that is simply handed to them and too little of what is vital in their development: role models, culture and values that help to define a person," he says. "As parents, we need to teach them how to tell good from bad, right from wrong, and share stories that keep us rooted to our values and beliefs." Mr Chow also stresses the importance of communication. "Communicating is not about lecturing kids and asking why they aren't doing this and that all the time," he reflects. "Nothing can replace quality time together and creating a safe space for children to talk about things that matter to them."

Besides parents, it takes a whole ecosystem to manage a child's mental wellness. "The foundation of OTR's work lies in building communities that can identify early signs of mental health issues, have basic suicide prevention skills, and have the empathy to listen to those in need of support, be they youths at risk or caregivers," he says. In January, Mr Chow launched OTR Listens, an online text-based

chat for young people to anonymously share their feelings, concerns, challenges and aspirations – and receive real-time support from trained volunteers supervised by professionals.

OTR has also launched a series of workshops called Wellbeing Champions, equipping educators and parents on basic mental health knowledge and self-care skills – "For we cannot support others if we are empty inside," says Mr Chow. "The communities we build are also sanctuaries for parents and caregivers, so that they will not feel alone in their journey."

Working with almost 30 partners, spanning from non-governmental organisations to educational institutions, OTR has been pushing the envelope in the mental health landscape. Yet more needs to be done. "Parents often go through denial when their child develops mental health issues, seeing it as a weakness or flaw. Yet, often when I give talks, I ask my audience if they have personally, or know of someone who has, experienced mental health issues – and 99 per cent would raise their hands. This is something that needs to be acknowledged," he says.

"I hope for the day when it would be okay to say 'I am going through depression and am on my recovery journey.' It's not just for those struggling with their own mental health issues, but something that each of us can contribute to as part of a society that can see beyond the label."



LEARN ABOUT
Mr Chow's efforts to transform the youth mental health landscape at overtherainbow.sg

>>
IMH is holding a free webinar on suicide prevention – **Together We Save Lives** – on **Mon, 6 September 2021 from 12.30 – 2pm**. To register, please visit www.imh.com.sg/events.



LOVE WELL!



>> Most of us look forward to lunch with colleagues to break up the monotony of the work day. This shared lunchtime doesn't just affect our mood — it could also affect our diets. A study by the Massachusetts General Hospital in the United States (US) has found that people tend to mirror the food choices of others in their social circle. So if all your colleagues are indulging in deep-fried food, you're more likely to do the same. However, their influence goes both ways: healthier choices on their part will likely mean a healthier lunch for you as well. Why is this so? "People may change their behaviour to cement the relationship with someone in their social circle," Dr Douglas Levy, an investigator at the hospital's Mongan Institute Health Policy Research Center, explained. The results of this study, which were published in *Nature Human Behaviour*, support prior findings which linked the influence of people's social networks on weight gain, alcohol consumption and eating behaviour.

TO "UH" is human

Whether you're presenting a report to a client or confiding in a close friend, chances are, >



your conversation will be punctuated with "uhs" and "uhms". Known as disfluencies, they pop up every 4.6 seconds on average, according to some findings. Researchers from Wayne State University in the US have found that saying these words activates the association cortex of our brain, which has previously been linked with

language tasks that require relatively high amounts of linguistic effort. They found that people tend to use them before words that are difficult to pronounce or words that haven't been recently discussed. In short, don't be afraid to use them when we need some time to prepare to say the next word.

Bedtime is the best time

The importance of a good night's rest can't be overstated. And now, there's another reason to get enough shut-eye: a new study, published in *Nature Communications*, suggests that those who sleep six hours or less a night are at a greater risk of developing dementia later in life. Drawing on data from an earlier study of British civil servants called Whitehall II, the researchers tracked how many hours the roughly 8,000 participants said they slept, in reports filed between 1985 and 2016. They found that those who consistently reported sleeping six hours or less on an average night were about 30 per cent more likely to be diagnosed with dementia in their 70s, compared to those who regularly clocked in seven hours of sleep.

While there are no concrete explanations for the link between dementia and sleep, scientists have some theories. One suggests that the level of amyloid — a protein whose build-up can cause dementia — goes up when people are sleep-deprived. Others point to habits like unhealthy snacking and sedentary lifestyles often associated with late nights, which could raise the risk of lifestyle diseases like diabetes and hypertension. These have previously been linked to an increased risk of dementia.

Sleeping on schedule

Working the graveyard shift? Here are some tips to still get some quality shut-eye:

- > **KEEP IT CONSISTENT:** Try to stay on the same sleep schedule even on days off. This will help align your body clock with your sleep pattern.
- > **ADJUST ACCORDINGLY:** To get enough rest when on a rotating shift, gradually delay your bedtime by one or two hours over a few days prior to starting the night shift to avoid sudden changes.
- > **MAKE IT KNOWN:** Let everybody at home know about your shift hours and when you'll be sleeping. Get them to reduce the levels of noise and light in the home during these times.



Sleep-deprived people face a greater risk of developing dementia later in life.



THERE'S A BRIGHT SIDE TO LETTING THINGS SLIDE

Letting negative feelings stew can have a spillover effect on our mood for the next few days, and affect the quality of our lives. A recent Oregon State University study found that when people feel they have resolved an argument, the emotional response associated with that disagreement is significantly reduced.

By studying the responses of more than 2,000 people, researchers found that those who were able to avoid an argument by letting the matter slide or resolving the dispute within the day reported half the feelings of negativity than those who did not. The difference was even bigger the day after – those who felt the matter was resolved showed no prolonged elevation of negative feelings towards one another. The study also found that older adults may be more motivated to minimise negative and maximise positive emotions in their golden years.

RESOLVING FAMILY CONFLICTS

Occasional conflict is part of family life, but don't let it drive a permanent wedge between you and your loved ones. Here are some tips for settling a dispute:

- > **Be hard on the problem, not the person.** Focus on solving the problem instead of attacking those around you.
- > **Understand that acknowledging and listening are not the same as obeying.** You can acknowledge how someone is feeling even if you don't understand or agree with them. Saying "I hear you" lets loved ones know that their feelings are being acknowledged.
- > **Use "I" statements.** These explain how and why you feel a certain way, instead of pinning blame on others. For example, saying "You care more about work than me" is accusatory. Instead, "When we haven't been spending quality time together, I feel unfulfilled and lonely" conveys how you feel and opens up a discussion, instead of an argument.
- > **Give the benefit of the doubt.** Any time you feel frustrated or annoyed, it may be tempting to think the worst of someone. But maybe they really did try their best and external factors derailed their plans.

(Source: Mediate.com)

CLOSING THE GAP

COVID-19 has forged an unlikely friendship between people and human-like autonomous machines. That's because we have grown more dependent on these machines in our daily lives, be it to purchase groceries, work remotely or keep in touch with loved ones. Scientists from the University of Southern California, George Mason University and the US Department of Defense discovered this trend when they conducted a study of people who had been stressed out by the pandemic. Participants were asked to play a

roleplaying game designed to measure altruism. In it, players could engage with other people and computers.

Unexpectedly, participants showed the same level of compassion toward computers and their fellow humans. "As people interacted more via machines during the past year, perceptions about the value of technology increased, which led to more favourable responses to machines," said Dr Jonathan Gratch, the study's senior author.

MEET JOY

Have queries about your medical appointments or want to know how to check your bills? IMH's new CareBot will be able to assist you. The virtual assistant, called Joy, is available on the bottom-right of your screen when you visit IMH's website (www.imh.com.sg).



QUALIFIED, BUT NOT SATISFIED

A formal education is often touted as the best way to a well-paying career. But it may not be the key to job satisfaction, according to research published in March this year from the University of Notre Dame in the US. In fact, researchers say that there is almost no relationship between academic achievements and happiness at work. While higher education often brings about better pay, it can also lead to longer work hours and increased job pressure, intensity and urgency, all of which can take a toll on one's mental well-being.

Regardless of education level, researchers recommended balancing the trade-offs between "good" and "bad" working conditions and the associated stress and job satisfaction. "Many people pursue higher education to get a better job on paper, not realising that this 'better job' isn't actually better due to the unanticipated effects of demands and stress over time," said Assistant Professor Brittany Solomon, the co-lead researcher of this study. "It's good for people to be realistic about the career paths they pursue and what they ultimately value."



TOP 5 BEST EMPLOYERS IN SINGAPORE

The Straits Times and global research company Statista conducted a ranking of Singapore's Best Employers, from a list of over 1,700 eligible employers across 26 industries. The results published in April this year revealed technology giants **Google** and **Apple** coming in first and second respectively, followed by retailer **Adidas Singapore**, educational institute **Singapore American School**, and fellow tech giant **Amazon**.



A creative activity a day can improve your well-being — so say researchers from New Zealand's University of Otago.

To find out if engaging in creative pursuits daily made people feel better emotionally, the researchers asked 658 university students to keep a 13-day diary of their experiences and emotional states. They found a pattern of participants feeling more enthusiastic and vibrant — in a word, flourishing — than usual on days after engaging in activities like songwriting, creative writing, knitting and crocheting, painting and performing music. Flourishing is a psychological concept that can be described as finding fulfilment in our lives and increasing positive growth in ourselves.

GET STARTED

Here are some activities you can try by yourself or with your loved ones:

> FOR THE WORDSMITH:

Medium is the perfect place to post your musings about life, be it poetry or prose. Connect with like-minded writers and improve your writing based on their feedback.

> FOR THE VISUAL-MINDED:

Head over to **YouTube** to find an art tutorial to follow along. For those who can't wait till October for this year's Inktober Challenge, you can check out some art prompts at www.artprompts.org to get inspiration for your next artwork.

> FOR THE MUSICALLY-INCLINED:

Can't get all your bandmates together for a physical band practice or want to collaborate with musicians from all over the world? Try a virtual jamming session with free tools like **Jammr** or **JamKazam**.



Find the reflection

Match the cards above the line to their mirror images below.



REFER TO THE CONTENTS PAGE FOR PUZZLE ANSWER

Despite the well-documented evidence confirming the dangers of smoking, it continues to be a persistent public health problem. According to the World Health Organization (WHO), tobacco use — most commonly in the form of cigarette smoking — kills more than seven million people globally each year due to related illnesses such as cancer, lung disease and heart disease, while another 1.2 million die from exposure to second-hand smoke.

Why is smoking so hard to snuff out? The answer lies in the nicotine in tobacco products. “Nicotine is one of the most addictive substances on the planet,” says Dr Lambert Low, a consultant at the National Addictions Management Service (NAMS) at the Institute of Mental Health (IMH). As a result, people still smoke even though they know it is bad for them. Smokers usually require multiple quit attempts to succeed, and many are unable to stop even after the onset of smoking-related health problems.

In this article, we explore the prevalence of smoking and nicotine dependence in Singapore; why some people are more susceptible to nicotine dependence; and strategies to help smokers kick the habit for good.

A BURNING ISSUE

“There are casual smokers who light up only in social situations such as when out partying or with friends, and are functional without nicotine in their body,” Dr Low notes. “However, smoking is highly addictive and many may become dependent.” Nicotine dependence means that a person craves a cigarette every hour or so. Without it, the person experiences physical and psychological withdrawal symptoms including lightheadedness, poor concentration, irritability, increased appetite and tiredness.

In an IMH-led study published in the peer-reviewed medical journal *BMJ Open* in 2019, researchers compared smoking trends between the first and second *Singapore Mental Health Study (SMHS)* — a nationwide, cross-sectional survey to track

Seeing Through the Smoke Screen

Weaning yourself off nicotine dependence is one of the best things you can do for both your physical and mental well-being.

Text WANDA TAN in consultation with DR LAMBERT LOW, Consultant, National Addictions Management Service, IMH; and MS SHAZANA SHAHWAN, Assistant Manager, Research Division, IMH

the mental health status of the Singapore population — in 2010 and 2016, respectively. From 2010 to 2016, the prevalence of smoking in Singapore plateaued at about 16 per cent, while that of nicotine dependence (determined by various indicators, including time to first cigarette after waking and the number of cigarettes smoked per day) fell from 4.5 per cent to 3.3 per cent. This is one of the lowest nicotine dependence rates in the world.

Ms Shazana Shahwan, an assistant manager in IMH’s Research Division and lead author of the paper, believes this decrease can be partly attributed to the raft of anti-smoking laws and campaigns launched during the intervening years. For example, in 2011, Singapore banned tobacco sales in shops selling health-related products and in youth-centric places such as game arcades. That same year, the Health Promotion Board (HPB) unveiled a national anti-smoking social movement, ‘I Quit’, which adopts a personalised, community-based approach to build a support network for smokers who have pledged to kick their habit. Also, in 2013, the Government expanded smoke-free zones to more

public areas including the common areas of residential buildings.

The lower prevalence of nicotine dependence is, of course, a positive development. But it is not equally felt across all sections of society. For example, people with mental health conditions are not just more likely to smoke but also tend to smoke more heavily, and thus have more difficulty quitting. “Most of the time, the amount that people with mental illness smoke is much more than the general population, which shortens their lifespan in the long run,” says Dr Low.

BREAKING THE HABIT

There are various smoking cessation programmes in Singapore that can

“Most of the time, the amount that people with mental illness smoke is much more than the general population, which shortens their lifespan in the long run.”



DR LAMBERT LOW, Consultant, National Addictions Management Service, IMH

help smokers kick the habit. The most effective treatment for nicotine dependence combines medication — most commonly nicotine replacement therapy (NRT) such as nicotine gum, patches or lozenges, which can be bought over the counter — and counselling. NRT products supply nicotine in small, controlled amounts to help reduce



SMOKING IN SINGAPORE: KEY FINDINGS

Based on data from *SMHS 2016*, Ms Shahwan’s study found that among the local population, 16.1 per cent were current smokers, 10.5 per cent were ex-smokers, and 3.3 per cent had nicotine dependence. Certain demographic groups also had a higher tendency to smoke or become dependent on nicotine, namely:



• Youths — Those aged 18–34 made up the bulk (35.1 per cent) of current smokers in the study and had the highest risk of nicotine dependence, compared to older age groups. “We found through focus group discussions with smokers aged 15–29 in a separate study that there are several reasons for this,” says Ms Shahwan. “They could be curious about the sensation of smoking, were repeatedly offered a cigarette by an older family member or friend, or wanted to fit in with a group where many members were smokers.”

• Males — Largely because smoking has long been viewed as a masculine behaviour, smoking prevalence was about 27 per cent among men and 5 per cent among women. Men also had 7 times higher risk of nicotine dependence than women.

• Ethnic minorities — Compared to non-smokers, the odds of being a current smoker were up to 2.4 times higher among those of Malay, Indian or Other ethnicity than ethnic Chinese.

• People with lower/vocational educational levels — The likelihood of nicotine dependence was higher among those with lower levels of education. For example, those with vocational qualifications were up to 16 times more likely to have nicotine dependence compared to degree-holders.

• People with mental health conditions — Individuals with nicotine dependence were significantly more likely to have major depressive disorder (14.8 per cent), bipolar disorder (5.2 per cent), alcohol abuse (25.8 per cent) and alcohol dependence (3 per cent). Nicotine-dependent

women were also 6 times more likely to have obsessive-compulsive disorder than women without nicotine dependence.

While the study did not delve deeper into the relationship between nicotine dependence and mental illness, Ms Shahwan proposes possible explanations. “Certain genes may predispose people to both nicotine dependence and psychiatric disorders,” she explains. “Another reason could be that people with mental health conditions may lack the skills or opportunities to participate in activities from which others typically derive pleasure, such as work, social and leisure activities, so they may smoke to feel good.” Mental health experts have also suggested that smoking is used by some as a form of ‘self-medication’, so they may smoke to alleviate symptoms of their mental health condition. Conversely, Ms Shahwan notes that the opposite could be true as well. “Smoking may cause changes in the structure and function of the brain, thus increasing the risk of mental health conditions.”

the physical withdrawal symptoms. Meanwhile, counselling sessions equip smokers with the knowledge and skills to quit smoking.

Many hospitals and polyclinics, including NAMS at IMH, run smoking cessation clinics that provide support. "Smokers themselves play an important role in kicking the habit, so besides assessing their medical and smoking history, it is useful to understand their past quit attempts, their level of nicotine dependence, their stage of readiness to quit smoking and what timeframe

“It is critical for health awareness and anti-smoking campaigns to target high-risk groups, especially young people. Studies show that people normally try their first cigarette in their teens; if they haven't started smoking by the age of 21, they are unlikely to pick it up.”



MS SHAZANA SHAHWAN,
Assistant Manager, Research Division, IMH



they have in mind," says Dr Low. A personalised quit plan is then devised, whereby a counsellor will work with the patient to change their smoking behaviours. If necessary, medication will also be prescribed.

For the nicotine-dependent, smoking is commonly linked to daily routines like socialising and drinking coffee, and it may also serve as a crutch in moments of stress or fatigue. Counselling involves identifying which people, places and things

trigger the urge to smoke; avoiding those situations; and establishing healthy behaviours, such as exercise and meditation, instead. Motivational Interviewing (MI) is an often-used counselling method, Dr Low adds. "Principles of MI include eliciting a person's reasons for quitting rather than persuading or pressuring them, and supporting autonomy through the use of their own words and strengths. That way, patients have more internal motivation to stop smoking."

Socio-demographic factors also account for some of the variation in smoking cessation programmes. For example, higher doses of NRT are sometimes prescribed for women because they metabolise nicotine faster than men, while people with chronic conditions such as seizures need to be cautious about taking certain quit-smoking medications due to the potential side-effects. Careful attention must also be paid to people with mental health conditions. As nicotine and psychotropic drugs may interact with each other, the dosage of these medicines may need to be reduced as patients gradually wean themselves off nicotine.

In Dr Low's experience, treating nicotine-dependent individuals with

mental health problems may pose more of a challenge. "The literature suggests that similar neurodevelopmental pathways exist between smoking and psychiatric disorders like schizophrenia. Moreover, addictions such as alcohol and nicotine can be mutually reinforcing. It is prudent to treat both at the same time for a better chance of success. But given the patients' high level of nicotine dependence, it is often not possible," he admits. "The priority is to first get their mental health condition under control. Once that is achieved and the individual is ready to quit smoking, then we can start treatment for smoking cessation."

JOURNEY TO ENDGAME

Efforts to further reduce the prevalence of smoking and nicotine dependence in Singapore continue. Besides higher tobacco taxes to increase cigarette prices, access to smoking cessation services has improved, more smoke-free zones have been set up, and all tobacco products must now have standardised plain packaging and enlarged graphic health warnings. Last year, the Government announced that eligible smokers enrolled in smoking cessation pilot programmes in public healthcare institutions could get full subsidies for NRT products. And between the start of 2019 and 2021, the minimum legal age for smoking was progressively raised from 19 to 21 years old.

"It is critical for health awareness and anti-smoking campaigns to target high-risk groups, especially young people,"



COMMIT TO QUIT

Want to give up smoking permanently? A good place to start is **HPB's I Quit 28-Day Countdown**, a programme built around a strong social support network of family members, friends, trained counsellors and ex-smokers. To sign up, visit www.healthhub.sg/programmes/88/IQuit.

SOME OTHER TIPS:

- 1 Set a date.** Establish an official Quit Date to stop smoking completely. Mark down the days on a countdown calendar to stay focused.
- 2 Display quit motivations.** Hang up family photographs, holiday posters or other objects to strengthen your conviction to stop smoking.
- 3 Create incentives.** Plan special milestone activities to look forward to, such as a fancy dinner if you have not smoked in seven days or an outing after 28 days.
- 4 Manage cravings.** Keep your mouth and hands busy with items such as sugar-free



mints, water or healthy snacks such as fruits.

- 5 Avoid temptations.** Rid your home of cigarettes, lighters and ashtrays. Detour past smoking areas and visit smoke-free zones instead.
- 6 Have a Plan B.** Don't feel guilty if you slip up. Smokers seldom permanently quit on their first attempt. Stay positive and reset the Quit Date to get back on track.
- 7 See the savings.** Put the money you would spend on cigarettes in a piggybank or container. As the savings grow, so will your determination to quit.



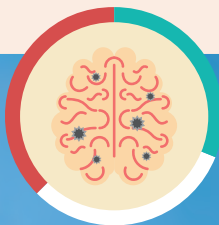
says Ms Shahwan. "Studies show that people normally try their first cigarette in their teens; if they haven't started smoking by the age of 21, they are unlikely to pick it up."

Dr Low points out that parents also play an important role, as teenage smokers may be unwilling to seek help for quitting due to the illegal nature of their behaviour. The sooner parents get help for their kids, the more likely they can prevent nicotine dependence. "Warning signs that parents can look out for include stains on their kids' nails and teeth, the smell of cigarette smoke on their clothes, pocket money that quickly runs out, and having friends who smoke," he says.

Ultimately, the best-case scenario — though difficult to achieve — is to eliminate smoking altogether. Novel 'endgame' solutions, such as a total ban on tobacco sales to individuals born in or after the year 2000, have been brought up in Parliament, but have yet to be passed into law. The idea of phasing out tobacco sales to anyone born in this century is a very bold move towards ending the global smoking epidemic, or at least considerably curtailing it. "Even if people were to reduce their smoking habit instead of stopping completely, they could markedly improve their health outcomes and enjoy a better quality of life," says Dr Low.

DID YOU KNOW?

▶ **IN 2020, THE NATIONAL ENVIRONMENT AGENCY ISSUED 1,090 tickets for smoking in prohibited HDB common areas — more than double that from the year before. This was largely because of the shift to working from home and home-based learning amid the COVID-19 pandemic.**



THE SCIENCE BEHIND ADDICTION

A matter of seconds is all it takes for nicotine, once absorbed by the body, to reach the brain.

Within 10 seconds of puffing on a cigarette, nicotine enters the bloodstream and crosses the blood-brain barrier. It then triggers the release of dopamine, a brain chemical that produces a rush of euphoria. As the individual continues to smoke, nicotine hijacks the brain's reward feedback circuits. This impairs their self-control and makes them want to keep smoking, eventually leading to nicotine addiction. Their nicotine tolerance also builds up over time, so they have to smoke more to get the same feel-good effect.

The Good Fight

The world knows of her wins in the sporting arena. Now, **Ms Constance Lien**, Singapore's Brazilian jiu-jitsu world champion, shares another side of her story — that of her ongoing battle with mental health issues.

Interview **KOH YUEN LIN**
Photos **ALVIN TEO, CONSTANCE LIEN**

There are a lot of expectations when you are an elite athlete.

Having been a competitive swimmer since the age of six, I always had people tell me that I had a lot of potential, and that I was not doing enough to perform better — even though I felt I was already doing my best. At that age, you do not know what self-worth and self-love are, so I just equated doing well with being worthy of love. I swam because my mum (a former national swimmer and record-holder) wanted me to, and I struggled.

I was also the weird kid who didn't fit in at school. It might have had to do with ADHD (Attention Deficit Hyperactivity Disorder), which I was diagnosed with at age 11. I was constantly striving for friendship and acceptance so I was moulding myself into what I thought people wanted me to be. I didn't have an identity of my own.

The year I peaked was also the year I crashed and burned. I was 15, and had qualified for the 2013 FINA



MS CONSTANCE LIEN

20, athlete

Swimming World Cup in Doha. It was an exciting time, especially since I was sharing my room with Tao Li (competitive swimmer and Singapore Olympian) and was starstruck. There were also buffets at meal times, and as someone who enjoys food, I overindulged, leading to weight gain. When I didn't perform well at the competition, it was attributed to my weight gain — when in reality there could have been many other factors. I was put on a strict diet, and it triggered an eating disorder. I became anorexic, and would obsessively dab oil off my food even at family meals, and wake up in the middle of the night to weigh myself.

I based my worth on the number on the scale. I would also get out of bed at 5am to run 10km in secret, before going for training.

I decided to get on the path to recovery when my mum broke down in public while we were out at dinner. She could see the harm I was doing to myself. I had lost 10kg at that point and my face was sunken and pale, and I felt my body was dying. I got help, but recovery isn't linear. I tend to be an emotional eater, and would binge when I was feeling down, and then go to extremes to compensate for it. One day,

my mum caught me taking diet pills. This time, she told me that if I was going to let myself waste away, she would go through it with me. Seeing how it hurt my mum gave me the real push to move forward.

I picked up Brazilian jiu-jitsu (BJJ) by chance after completing Sports School. I wanted to take a break from swimming, and try a different sport — either Muay Thai or BJJ. Muay Thai appealed to me but my friends wanted to try BJJ so I joined them — and now I am the only one among them still doing BJJ! With BJJ, I realised I needed to take a leap of faith. It is a very reactive sport: you can train and drill but you are ultimately fighting somebody you cannot control. As someone who needs to be in control, it was uncomfortable for me to be in a constant state of uncertainty. BJJ taught me to let go and believe in the work I put in. It also taught me to not underestimate myself.



▲ Ms Lien with her SEA Games Gold medal.



“Athletes all have a shelf life, and one day I won't have sports. My own happiness holds more significance than medals and awards. So I made up my mind to work on myself.”

Yet, two weeks before the World IBJJF Jiu-Jitsu Championships in Los Angeles in May 2019, I told my coach I didn't want to go. I had just been named Sportsgirl of the Year and felt that all eyes were on me. The weight of expectations pressed down on me and my insecurities crept up. But my coach told me that whether I won or lost, he would still support and believe in me. This comforted me, for it was said out of a love that wasn't tied to success.

When things came to a standstill for athletes in Singapore due to the COVID-19 pandemic, a lot of the problems — my insecurities and eating disorders — which I thought were gone popped up again. I ate less since I couldn't train. Sometimes I wouldn't eat at all. I was also going through a breakup, which made me feel like I wasn't good enough. I realised then that I have been sweeping the issues I had under a carpet of sporting achievements.

The past few months have been both very difficult and a time of incredible growth. I am dealing with my demons and learning to see myself outside of who I am in sports.



Ms Lien is a Closing Plenary speaker at the 6th Singapore Mental Health Conference, held on 24 to 25 August 2021. For more information, visit smhc2021.com.sg.

I have always been defined by that: the swimmer who switched to Brazilian jiu-jitsu. Yet athletes all have a shelf life, and one day I won't have sports. My own happiness holds more significance than medals and awards. So I made up my mind to work on myself.

In the past, I always said that I was too busy training, and often put my therapy sessions off. That has changed. I put in the work for my mental health now, be it actively redirecting my thoughts or committing to weekly therapy sessions. I have always been an 'all-or-nothing' kind of person and I am now focusing on my recovery and personal growth. I miss training if I have to. I don't want to look back and say: 'I should have done this earlier.'

I share my recovery journey on social media, and it is beautiful to see that it resonates with people. Their feedback made me realise that my story matters and helps others. I know what it is like to be in a dark place, and I would like to help reduce the pain for others, even if just by a little. My goal is to start a movement where athletes can share stories of their struggles with mental health issues. I want to build a community that is empowered through vulnerability.

To young athletes, I would say that it is important to recognise that you are human with vulnerabilities. What you achieve is a result of both your strengths and weaknesses — it's a blend that makes you unique. Pushing limits is one thing, but you shouldn't cross the fine line where you tie your self-worth to your performance and stop being kind to yourself.



Cutting through the clutter

Hoarding behaviour can potentially affect the safety and well-being of sufferers and those who live with them. However, a number of approaches can help with managing this problem.

Interview **THERESA TAN** in consultation with **DR KELVIN NG**, Consultant, Department of Psychosis, IMH; and **MS JANHAVI VAINGANKAR**, Deputy Director, Research Division, IMH

*Not his real name

>> IT WAS FOUR YEARS ago that Leonard* noticed his mother, who was in her mid-60s, had collected an unusually large number of newspapers and shopping bags. They were stacked on the piano, the dining table, and on the floor in a corner. "One day I decided to help her clean it up while she was at work," Leonard recalls. But when his mother returned home, she became very upset that her stacks were gone. "My father called me and said, 'What did you do with Mom's things?' I was surprised. I thought they would be happy that I made their home nice and neat." Leonard and his two siblings tried everything to persuade their

mother to part with her hoard. "We told her it was a fire hazard, that there were roaches, that it was dirty, but she said she needed those items and we didn't understand. She got angry and told us we were not respecting her things, and we were trying to say she was mentally unsound."

Last year, her hoarding worsened until the front door could barely be opened. It was only when Leonard's father was hospitalised — after he slipped on papers strewn across the floor, and fell — that his mother admitted she had a problem, and agreed to let her children help her clear the house. "Things seem better now," Leonard says. "We check in on our parents weekly, and take turns

to engage them more actively so that our mother has little chance to accumulate things."

UNHEALTHY ATTACHMENTS

Hoarding is the compulsive need to acquire and keep things, regardless of their actual usefulness or value. Commonly hoarded items include newspapers, boxes, clothes, food, paper or plastic bags, and even animals. It is vital to note, however, that hoarding is different from collecting. Collectors proudly display their collections, such as art, statues, coins and toys, in an organised fashion. Hoarding behaviour, on the other hand, can affect people's functioning, their relationships and social life, and

even their ability to maintain a safe environment for themselves or others.

"It is typically represented by someone's strong reluctance to part with their possessions, regardless of their actual value," defines Dr Kelvin Ng, Consultant, Department of Psychosis, Institute of Mental Health (IMH). "Most people would have difficulty parting with valuable possessions, but persons who display hoarding behaviour would have difficulties parting with items that are not useful, and might even experience emotional distress like anxiety attacks when asked to discard them."

The first *Singapore Mental Health Study* conducted in 2010 by IMH's Research Division found that one in 50 people in Singapore displayed hoarding behaviour at some point in their lives.

WHO HOARDS, AND WHY

Dr Ng separates persons with hoarding behaviour into two groups: those who do not have mental health conditions, and those who do. "In the first group, these individuals have problems discarding items. They usually have experienced loss or stress in the past, which creates an emotional void that they try to fill with the hoard," he explains.

"Some could have undergone hardship in the past and, though no longer in that situation, feel that they should not waste anything. Hence, they have difficulty in throwing away what they deem as 'still useful' even if the item is actually damaged beyond repair."

Sometimes people hoard because they attribute a certain value to the items or see it as a reflection of their past or self-image. "For example, a

HOARDING is the compulsive need to acquire and keep things, regardless of their actual usefulness or value.



“Persons who display hoarding behaviour would have difficulties parting with items that are not useful, and might even experience emotional distress like anxiety attacks when asked to discard them.”



DR KELVIN NG,

Consultant, Department of Psychosis, IMH

retired electrician may collect broken toasters, old TVs, etc., and say that he will repair these appliances and they can be used or sold, but he may no longer have the skill to repair them, or does not get around to doing so," says Dr Ng. "These appliances serve as links to his past, and reflect his identity."

Dr Ng cites another example: an elderly widow who hoards newspapers — even though she is illiterate — because her deceased husband used to read the newspapers as part of his routine. Keeping newspapers becomes her way of holding on to the memory of him.

The second group of people who exhibit hoarding behaviour are those with an underlying mental health condition that causes them to hoard. One example would be a person with schizophrenia. "This individual may suffer from hallucinations and may hear voices telling him to collect and hoard items; and even though he does not want to do so, he obeys these hallucinations and starts hoarding," describes Dr Ng. Other examples include persons with Obsessive Compulsive Disorder (OCD) who, due to their condition, are unable to decide what to throw away or keep. They may also have problems with symmetry and feel compelled to have multiple copies of the same item. A person with severe depression may end up hoarding because he has lost the ability to clean up after

himself, and eventually neglect his home environment.

A subgroup of this second type is elderly persons with dementia. "The impairments associated with the condition can limit their ability to clean their house, as they might have forgotten what is important to them or have problems identifying objects and their use. As such, they would rather keep all items than throw them out," Dr Ng explains. "Also, because their executive functioning and planning capabilities are affected, they find it difficult to organise and pack their things."

TREATMENTS AND INTERVENTIONS

The first step is to assess whether the individual might have an underlying mental health condition. If so, this can be managed accordingly with medication and treatment, and can help to reduce the hoarding behaviour. "For example, if the hallucinations of an individual with schizophrenia who hears commands to hoard are dealt with, he may no longer hear voices telling him to do so and may then stop accumulating things," says Dr Ng.

While there is no known cure for hoarding behaviour at present, there are a number of ways to help individuals with this issue. IMH and other agencies use an



Family members have a big part to play in helping their loved one who exhibits hoarding behaviour.

internationally-verified tool known as the Clutter Image Rating Scale (CIRS) to rate the severity of the hoard and determine what actions can be taken to help the person.

Family members have a big part to play in helping their loved one who exhibits hoarding behaviour. “When broaching the topic, avoid being forceful and insisting that the person must seek professional help,” says Dr Ng. “A soft approach — built upon one’s relationship with the person, and understanding the intent and meaning behind the hoard — is more helpful, and usually makes the person more receptive and amenable to change.”

There are, however, instances where despite many attempts, no headway is made towards helping the individual. “Sometimes, a tough approach may be necessary, especially

when the hoarding situation has become so severe that it endangers the person or others,” states Dr Ng. Extreme cases are when those in the same house are in danger of being hit by falling items, bitten by pests, or no longer have any room to lie down and rest. They may even end up being driven out of the house because there is no way to access it. “More intensive interventions may be required to ensure the safety of the household members,” Dr Ng continues. “The family may approach their grassroots leaders or community partners such as the Social Service Office or the Family Service Centre for assistance, and relevant agencies such as the Housing & Development Board (HDB) and National Environment Agency (NEA) will coordinate the intervention efforts.”

HOW THE COMMUNITY CAN HELP

HELPING INDIVIDUALS WHO HOARD IS A COMPLEX MATTER, INVOLVING MANY STAKEHOLDERS.

In a qualitative study published in the *Singapore Medical Journal* in January 2021 titled ‘Service providers’ perspectives on hoarding management in the community in Singapore’, led by Ms Janhavi Vaingankar, Deputy Director, Research Division, IMH, it was noted that service providers face three key challenges in helping individuals who hoard to declutter.

First, there is the pressure from society to come up with a fast solution. This makes it difficult for service providers to take time to establish understanding and rapport with the individuals in question and engage them in the decluttering process. Second, service providers often face resistance and emotional reactions

from persons who hoard and their families. “This is often due to the sentimental value placed on the items collected by these persons and the lack of insight into their hoarding habits,” says Ms Janhavi. Third, they have difficulty gaining access to the homes to help the individuals, as legally, these are private spaces.

Given that, successfully overcoming hoarding behaviour requires the cooperation of the persons who hoard, their families and the community. According to service providers engaged in the study, greater empathy and understanding from members of the community is an important first step. “For example, getting neighbours involved will improve tolerance

and understanding between the troubled parties, and also ease some pressure off the providers, allowing appropriate lead-in time to build trust and help the individual.”



DR JARED NG

Senior Consultant
at IMH’s Emergency
Services

On the front line

No two shifts at IMH’s Emergency Services are alike, says Dr Jared Ng. Interview KEENAN PEREIRA // Photo ALVIN TEO

Despite just having completed a night shift, Dr Jared Ng was in high spirits when we caught up with him on a midweek morning. “It was a good day today! There were no major incidents and my team spent some time teaching and learning from one another.” As a senior consultant at the Institute of Mental Health (IMH)’s Emergency Services (ES), the 42-year-old is used to hectic days: IMH’s ES caters to patients in need of emergency psychiatric care. Located near the entrance of IMH, it sees about 50 to 60 patients a day. Some of these are walk-ins, while others are referrals from other hospitals, the police and community partners. IMH’s ES saw a five per cent increase in cases in 2019 compared with the year before, partly due to increased awareness of mental health. The COVID-19 pandemic has led to a further uptick with more people coming in for adjustment disorders due to changes and stressors in their lives.

PROVIDING HOLISTIC CARE

“We are very much like any other hospital’s

emergency department, but instead of individuals experiencing physical injuries from trauma, we see individuals in acute mental health crisis,” he says. “For instance, they could be suicidal or having a relapse of their mental health condition.” There are also some patients, who are eventually found not to have a mental disorder, although Dr Ng recognises that they are often facing great emotional and psychological distress. “Their problems are not something that medication can tackle, so we rely on our multi-disciplinary team to provide other important interventions like counselling or linkages with relevant services in the community that could help them,” he says.

The ES team comprises doctors, nurses, medical social workers, case managers and pharmacists. Dr Ng understands the important role that this team plays in helping to beat the stigma of mental illness. “For many patients, settings like the emergency room are the first time they come into contact with mental health providers and we want them to have a positive experience,” he explains. “That

sets the stage for their journey in mental health recovery as the experience can affect whether they come back for treatment or not.”

FUELLED BY PASSION

Dr Ng admits that some days can be stressful. He keeps his cool, drawing on lessons he picked up during his time as a psychiatrist with the Singapore Armed Forces and his deployment to Afghanistan. “I was there for four months and I’ll probably never forget the sights, sounds and smells of that wartime hospital. It was extremely busy, but I had amazing teammates and colleagues who made every day a good one.”

Pursuing psychiatry is a childhood dream for Dr Ng. “In junior college, I was tasked to do a write-up on a historical figure and I chose Sigmund Freud. My form teacher realised I was interested in mental health and arranged for me to speak to a friend of hers who was a clinical psychologist. I had also wanted to be a doctor, so psychiatry seemed like the right move,” he says. “Interestingly, 20 years later, I gave a talk to a room full of educators and that form teacher (now a principal) was in the audience. Talk about going full circle!”

The passion to serve and help others continues to drive him. “We get to see patients who are in dire need of help at that point of time. And it’s not just them: their family members also feel helpless because they don’t know what to do for their loved ones. It’s satisfying to be able to help them.”



>> A HARD DAY’S WORK What Dr Ng looks forward to after a long shift:

- Time with his family, namely his wife, kids and dogs.
- Unwinding in front of the television, binge-watching the latest shows on Netflix and Disney+.
- Catching up on sleep.

Q&A

ASK THE Experts

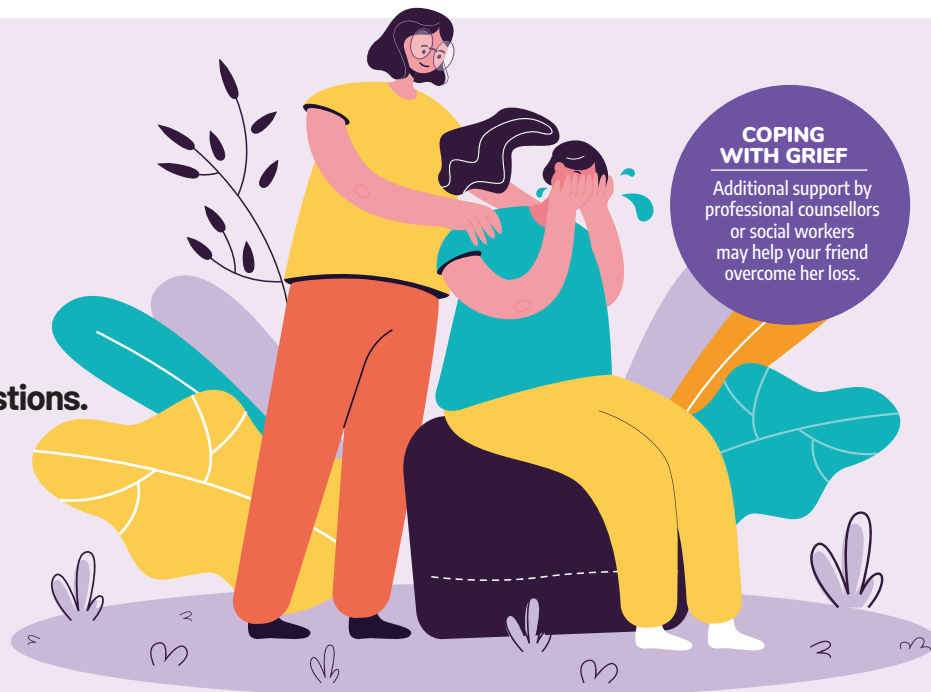
IMH clinicians answer your questions.

Q: I WANT TO BE THERE FOR A FRIEND WHOSE HUSBAND PASSED AWAY.

But I am afraid of saying the wrong thing, especially since I have never been in this situation. I know grieving is a necessary part of healing, but by providing a listening ear when she keeps dwelling on the same subject, am I making it harder for her to move on? What should I be doing?

A: The death of a loved one is easily one of the most intense experiences a person can go through. It disturbs the grieving person's inner harmony, triggering a period of bereavement and mourning.

Your friend may be repeating herself as a result of grief. Grief can cause all kinds of emotions (from anger to depression, guilt, sadness and anxiety), leaving your friend feeling very stuck, and this may make her want to talk through the feelings with others. By providing a listening



ear, you are acknowledging that her emotions, and sense of loss, are real. It is through implicitly being given the permission to grieve by those around her that she begins to engage in the process of letting go and hopefully come to terms with the loss.

Since grief and its expression is unique to each person, it is okay to ask your friend if you have been extending the appropriate support. This can hopefully lead you to discover more about what she finds helpful and guide you on the subsequent course of action.

You can also spend time listening to your friend about her efforts to positively cope with the situation.

Should you sense that she is not handling her loss well and that her ability to perform daily tasks has been affected, you may want to suggest that she visit a professional counsellor or social worker and offer to accompany her.

MS VERA CHUA TING RU
Senior Medical Social Worker,
Department of Medical Social Work



News

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

The vital role of GPs in mental healthcare

General Practitioners (GPs) are often the first point of contact if we need medical consultation for an ailment or chronic condition. They also play a part in detecting and treating mental health conditions. IMH patients, whose conditions have stabilised, are sometimes referred to GPs for follow-up under the Mental Health-GP Partnership Programme (MH-GPP). To date, some 3,200 patients have benefitted from the MH-GPP.

IMH recently launched the book – *My GP, My Mental Healthcare Provider* – to document the programme's development through the years. It also includes interviews with participating GPs.

The book is available on worldscientific.com, amazon.com and kobo.com/sg.



Training in mental healthcare

IMH has developed an e-learning course for GPs to deepen their understanding of common mental disorders and mental health issues. It has seven modules (one hour each) on topics such as anxiety, depression, psychoses, dementia and addictions, which GPs can access at their convenience. Registration is free. For more information, email IMH-GPP@imh.com.sg.

GROWING AWARENESS OF PSYCHOTIC DISORDERS

A landmark study led by IMH establishes the prevalence of psychotic disorders in the Singapore resident population aged 18 years and above.



One in 43 people in Singapore had a diagnosis of schizophrenia or other psychotic disorders at some point in their lives. This and related findings on associated factors and treatment gap (see box) were recently

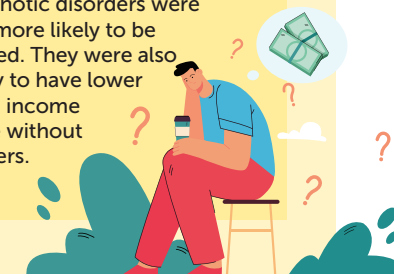
established for the first time here from a wider set of data collected as part of the second nationwide *Singapore Mental Health Study*.

"This group of disorders is not as common as other mental disorders, but the extent of impairment and disabilities as well as deaths can be considerably more," said Professor Chong Siow Ann, Senior Consultant, Research Division and Department of Psychosis at IMH and principal

investigator of the study. "It is therefore important that we identify the factors associated with these disorders – which this study has done – that can help in alleviating the burden of these disorders."

Key Findings:

- > Average age of onset of schizophrenia and other psychotic disorders was **23.1** years.
- > About **7 in 10** individuals with schizophrenia and other psychotic disorders had at least **1** chronic physical disorder. They were **5.4** times more likely to have diabetes than those without the disorders.
- > The treatment gap was low, with **8 in 10** of them having sought help for their symptoms.
- > Individuals with schizophrenia and other psychotic disorders were **4.3** times more likely to be unemployed. They were also more likely to have lower household income than those without the disorders.



A head start to SUCCESS

Training the mind's eye is a winning strategy that has helped many athletes enhance their performance.

IMAGINE THIS SCENARIO:

The moment a competitive swimmer leaps off the starting block, her heart races. She feels her highly-conditioned muscles firing as her legs and arms extend fully. With the sound of the wind whistling and the cheer of the crowd in her ears, she feels the perfect alignment of her body and the speed with which the water whooshes past her as she makes a clean entry into the pool ahead of her rivals. But in this case, despite the vividness of her attempt, no actual action took place – it was entirely simulated in her mind.

This technique – known as visualisation or imagery – involves the precise mental rehearsal of movements,

emotions and physical conditions of real-world situations. It is commonly used by professional athletes to improve performance and motivation – but is increasingly being adopted in other areas as well.

THE IDEA BEHIND IT IS SIMPLE:

Practice makes perfect, even when it's done mentally. Studies have shown that when an athlete repeatedly practises a movement in his/her mind, the neural pathways associated with the movement are strengthened and the brain is trained akin to physical practice. When the time comes for action, the movements can be performed more automatically.

FILL IN THE PICTURE

Make your mental imagery as vivid as possible by using a combination of senses. Replicate visual (how it looks), kinaesthetic (what it feels like) and auditory (sounds and noise) details in your mind to intensify the image and keep you focused.



RESOURCES AND USEFUL INFO

HELP IS A PHONE CALL AWAY



Mental Health Helpline

Manned by trained counsellors from IMH for those requiring advice on mental health issues.
Tel: 6389 2222 (24 hours)

Singapore Association for Mental Health (SAMH) Helpline

Provides information and assistance on mental health matters and psychosocial issues.
Tel: 1800-283 7019 (Monday to Friday; 9am to 6pm)

Dementia Helpline by Alzheimer's Disease Association

Provides information and assistance on caring for a person with dementia.
Tel: 6377 0700 (Monday to Friday; 9am to 6pm)

Dementia InfoLine by Health Promotion Board

For advice and information on dementia-related queries (available in all 4 languages – English, Chinese, Malay and Tamil).
Tel: 1800-223 1123 (Monday to Friday; 8.30am to 5pm and Saturday; 8.30am to 1pm)

Samaritans of Singapore (SOS)

Provides confidential emotional support for those in crisis, thinking of suicide or affected by suicide.
Tel: 1800-221 4444 (24 hours)

National Addictions Management Service (NAMS) All Addictions Helpline

Provides a range of services to assist people who are dealing with addiction problems.
Tel: 6732 6837 (Monday to Friday; 8.30am to 6pm)

National Council on Problem Gambling (NCPG) Helpline

Provides information and help for problem gamblers and their families.
Tel: 1800-666 8668 (8am to 11pm daily)

Touchline by Touch Youth Services

Renders emotional support and practical advice to youth.
Tel: 1800-377 2252 (Monday to Friday; 9am to 6pm)

Tinkle Friend Helpline by Singapore Children's Society

Provides support, advice and

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

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

Club HEAL

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

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

Silver Ribbon

Supports persons with mental health issues and their families.

Tel: 6386 1928 (main line); 6385 3714 (Crisis Resolution Team) (Monday to Friday; 9am to 5pm)

Caregivers Alliance Limited

Supports caregivers of persons with mental health issues.

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

IMH SERVICE DIRECTORY

INSTITUTE OF MENTAL HEALTH

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

CHILD GUIDANCE CLINIC SUNRISE WING

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

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

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

CLINIC B

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

SAYANG WELLNESS CENTRE CLINIC (for non-subsidised patients)

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

COMMUNITY WELLNESS CLINIC, QUEENSTOWN

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

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

COMMUNITY WELLNESS CLINIC, GEYLANG

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

NATIONAL ADDICTIONS MANAGEMENT SERVICE (NAMS) CLINIC

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



Singapore Mental Health Conference

24 – 25 AUGUST 2021

Join us at the 6th Singapore Mental Health Conference from 24 – 25 August 2021. Themed ‘**Future Paradigms of Mental Health**’, the 2-day virtual event will explore innovative approaches in the way we shape the future of mental health care in the new normal.

Registration now open!

www.smhc2021.com.sg

Track Themes

- Youth Mental Health and Wellbeing
- Mental Health and Recovery
- Wellbeing@Work – Continuum Approach
- Building Resilience for Future Pandemics

Speakers Include:



KEYNOTE

Dr John A Russell, FRCPsych

Consultant Psychiatrist,
South-East Scotland Intellectual Disability Service
Royal College of Psychiatrists Associate Dean
for Curricula



PLENARY

Professor Stanley Kutcher

Professor Emeritus, Dalhousie University



Dr Mythily Subramaniam

Assistant Chairman Medical Board, Research,
Institute of Mental Health
Associate Professor, Saw Swee Hock School of
Public Health



CLOSING PLENARY

Ms Constance Lien

Former national swimmer, Jiu-Jitsu SEA Games Gold
Medalist & Singapore's World Champion (2019)

Early Bird Rates

by 30 July 2021

Co-organiser	\$125
General	\$150
Student	\$50

Regular Rates

Co-organiser	\$175
General	\$195
Student	\$50

Registration includes full access to:

- All sessions
- Virtual exhibition hall
- On-demand session recordings post-conference

Engagement Activities Include:

- CEO Dialogue with WorkWell Leaders
- Virtual Escape Room
- Human Library
- Networking Sessions

Organisers:



SMHC 2021 Secretariat Email: smhc2021@icsevents.com

