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MENTAL
HEALTH**

Loving Hearts, Beautiful Minds

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Our Outstanding and Inspiring Role Models: Healthcare Humanity Award 2012 Winners from IMH

BY PENNY CHUA, CORPORATE COMMUNICATIONS

The Healthcare Humanity Award is given out annually to outstanding and inspirational healthcare workers who have gone the extra mile to offer care and comfort to the sick and the infirm. These awards aim to underscore that healthcare is a noble profession, not merely a job. It is also hoped that they will raise public recognition and respect for the healthcare profession.

IMH is proud to share that four of our staff are amongst the 61 award recipients this year. They received the award for their exemplary roles as healthcare workers and for their selfless contributions to help the underprivileged outside of work.

The winners were evaluated based on their courage, extraordinary dedication, selflessness, steadfastness in ethics, compassion and humanity. Each of them received a silver medallion and S\$1,500 in cash from President Tony Tan, Patron of the Courage Fund, and Minister for Health, Mr Gan Kim Yong during the awards ceremony, held on 15 May 2012.



Dr Joshua Kua, Chief and Senior Consultant, Department of Geriatric Psychiatry

An accomplished psychiatrist, one of Dr Kua's most outstanding contributions to psychiatric care was the establishment of the first psycho-geriatric outreach team called APCATS (Aged Psychiatry Community Assessment and Treatment Service) in Singapore in 2006. This programme has since come under the National Mental Health Blueprint and has grown to be the largest psycho-geriatric outreach service for the elderly in Singapore.

Dr Kua often goes the extra mile for his patients and their families. To provide financial assistance to one of his patients, Dr Kua and a few of his friends pooled their resources together. Dr Kua also wrote letters to several organisations to help connect this patient to various financial assistance schemes and job opportunities. In addition, Dr Kua volunteers as a board member with Sage Counselling Centre and gives public talks on depression and dementia to the elderly and their caregivers.



Hadijah Binte Abd Samad, Assistant Nurse (AN)

A gentle, soft-spoken and caring lady, AN Hadijah was a homemaker for 15 years before she joined IMH as a Healthcare Attendant in 2004. She was 41 years old then, and a single mother to three young boys. Despite her personal challenges and the fact that she had to start from scratch, Hadijah persevered. Buoyed by her sheer determination to provide the best for her children, she boldly took on the opportunity to upgrade herself.

Her perseverance and hard work has paid off, as she has risen through the ranks. Apart from her devotion to her patients at work, Hadijah is also an active member of her Residents' Committee where she promotes healthy living amongst her fellow residents. Hadijah lives by this motto, which she has also imparted to her children: "Help others while you are still able and strong as you don't know what will happen to you the next day. One day, you too may need others to help you." On winning this award, she shared, "This spurs me on to do even more for our patients."



Rajni d/o Parasurum, Senior Staff Nurse (SSN)
SSN Rajni is inspired by seeing how her patients try their best to cope with their mental illness, especially since it is often an uphill task to deal with the associated stigma. Besides caring for the professional knowledge and development of nursing staff in IMH, Rajni is actively involved in the mentoring of foreign and locally-recruited student nurses. Foreign-recruited students often experience adjustment issues to school and life in Singapore. At her own time and expense, Rajni would meet these students to ensure that they are coping well with life here.

Rajni's compassion is also evident in how she collects old clothes to give to needy patients upon their discharge. Moreover, since 2000, Rajni and her family have been cooking and preparing free lunches every Sunday for the Indian foreign workers who frequent the Shri Lakshmi Narayan Temple at Little India. She would spend time talking with them and enquiring how they were adapting to Singapore.



Chin How Lin, Senior Nurse Manager (SNM)
Amongst the numerous occasions when SNM How Lin went the extra mile for her patients, she distinctively remembers the time she had to accompany her patient to the mortuary to identify her husband's body, as her patient had no other relatives to help. How Lin also assisted with the funeral arrangements and provided support to the grieving patient.

During challenging moments, all it takes is a smile or a "thank you" from her patients to remind her why she decided on nursing as a career. She is, also, as committed to her staff as she is to her patients, putting their welfare before that of her own. How Lin believes in leading by example to provide a high standard of personalised nursing care.

Job Redesign Helps IMH Win NTUC May Day Model Partnership Award

BY CHEONG YAUN MARN, CORPORATE COMMUNICATIONS



The Stedy Transfer Aid offers a useful means of transport for semi-dependent patients who can stand but cannot walk.

IMH was conferred the NTUC May Day Model Partnership Award (Institutional Category) on 18 May. In keeping with the theme of 'Better Jobs for All', IMH partnered the Employment and Employability Institute in a job redesign project to help staff achieve higher productivity in 2011.

In this project, ancillary employees, such as Health Attendants (HAs) and Healthcare Assistants (HCAs), were trained in the use of mechanical devices. This not only provided better and safer care for our patients but also upgraded the skills and productivity of our staff.

Elderly patients can fall when they are transferred from bed to chair or commode or when they are wheeled to the bathroom for showers. The manual lifting of semi-ambulant psycho-geriatric patients to and from the toilet also strains the backs of HCAs and HAs.

To solve this problem, IMH introduced the use of 34 Stedy Transfer Aids and 9 Calypso Lift Hygiene Chairs in 2011. The use of these devices has enhanced patient safety during transfers, made it more efficient to transfer patients, and alleviated backaches in staff. A study based on an average of 20 semi-dependent patients in a ward has shown that these devices have helped to save some 300 minutes per day.

Help for Gamblers Not in Treatment, and Their Families

BY VERA SOO, CORPORATE COMMUNICATIONS

Do you suspect that you, or someone you know, may be suffering from a gambling addiction? Has your family borne the financial and emotional brunt of a loved one's gambling addiction, and felt helpless and hopeless about the situation?

Help is at hand as the National Addictions Management Service (NAMS) under the Institute of Mental Health (IMH) has rolled out two new initiatives to reach out to problem gamblers and their family members.

One is an online interactive self-help workbook for problem gambling, and the other is a psycho-education group open to the public, called "Families in Recovery through Education & Empowerment" (FREE). Read on for more on how these can help you, and those you love.

Online Interactive Self-Help Workbook for Problem Gambling

The first of its kind in Singapore, the interactive workbook (<http://www.nams.sg/workbook>) targets problem gamblers who are experiencing minor to mild problems and those who are reluctant to seek formal treatment, despite severe problems.

Developed by the multi-disciplinary treatment team at NAMS, the workbook helps users gain insight into their gambling behaviour by guiding them to look at their triggers for gambling and to examine their distorted beliefs. Psycho-educational information that challenges the gamblers' distorted beliefs and tips to manage their gambling are included, as well as assessment questions to gauge the severity of the user's gambling.

The engaging interface of the online workbook.

The five chapters of the workbook are:

1. What is gambling?
2. Am I gambling more than I can afford?
3. Identifying my high-risk situations
4. Understanding my high-risk situations
5. Managing my high-risk situations

Upon completing the workbook, users can print a copy of their responses for reference. Additionally, if they are unable to complete the workbook in one sitting, they are able to return to it on the same computer within 24 hours to continue.

Usage of the workbook is anonymous and confidential. The basic demographic information collected before the individual begins on the workbook will only be aggregated as a whole to help NAMS better understand the profile of those who make use of the workbook.

Lawrence Tan, a NAMS psychologist who was a member of the team which came up with the workbook, said, "While this is a fairly new concept, there is empirical evidence that online self-guided interventions are effective (Gainsbury & Blaszczynski, 2011). However, they are meant only as a complement to treatment, and as a first step to raise the gambler's awareness of his own gambling behaviour so that he can consider seeking professional help. They are not meant to replace traditional methods of treatment."

"Families in Recovery through Education & Empowerment" (FREE)

An overseas study (Lesieur & Custer, 1984) has estimated that between 10 to 15 persons are directly affected by a person with an addiction. This includes his family and relatives, friends and colleagues.

Because gamblers themselves are often resistant or reluctant to seek help, the family becomes an important avenue of intervention. Hence, FREE was set up to meet the needs of such families, who were otherwise facing the gambling-related stressors on their own. Based on the positive feedback received from attendees, since FREE was piloted in May 2010, NAMS has now rolled it out officially as a programme.

Facilitated by a trained NAMS counsellor, FREE provides information on gambling addiction, empowers families to help their loved one who is not in treatment, and teaches them how to cope with issues arising from the addiction. FREE is conducted in separate English and Mandarin sessions, and participants also get the opportunity to have their questions and concerns addressed.

The topics covered in each session are:

1. Understanding Gambling Addiction
2. Signs and Symptoms of Gambling Addiction
3. Impact of Addiction on the Family
4. Do's and Don'ts for Family Members
5. Treatment Services at NAMS
6. Other Community Resources

Chris (pseudonym), who is in his mid-thirties, attended FREE in December 2011. He said, "I find that FREE empowers family members with the knowledge of how to



identify problem gambling in its various stages, and equips them with a clear action plan to arrest the development of the problem. FREE is also an avenue where affected family members can seek advice, get their questions answered and find support."

It is hoped that these initiatives will serve as initial options for gamblers and families who are facing gambling-related consequences, and also open up possibilities for them to seek further help. For more information, please visit www.nams.sg or call the National Problem Gambling Helpline at 1800-6-668-668.

FAMILIES IN RECOVERY THROUGH EDUCATION & EMPOWERMENT (FREE)

WHEN: First Monday of the month (English session) & third Monday of the month (Mandarin session)

TIME: 7pm – 8.30pm

VENUE: Specialist Outpatient Clinic C, IMH Block 9, Basement 1

Admission is free. For registration, please call the National Problem Gambling Helpline at 1800-6-668-668.

Early Intervention for At-Risk Youths

BY BUNDLE GOH, CORPORATE COMMUNICATIONS

The Department of Child and Adolescent Psychiatry of IMH has introduced the Forensic Rehabilitation, Intervention, Evaluation and Network Development Services, or FRIENDS, to help juvenile offenders and at-risk youths. A multi-disciplinary team of psychiatrists, psychologists and medical social workers assesses and treats this group, as well as child abuse victims and children caught in complicated custody matters.

Juvenile offenders who have been caught for minor offences and not charged in court face a higher risk of having or later developing mental health disorders, which can lead to repeat offences. Hence, a targeted programme can help to screen for and identify mental health conditions in the early stages for prompt intervention and prevention, especially for repeat offenders.

The FRIENDS team treats these youths using multi-systemic therapy to reduce the risk factors for youth antisocial behaviour. Over time, this reduces the chance of them getting involved in crime and developing mental health problems. For victims of abuse, FRIENDS conducts assessments on the impact of trauma on individuals and their families before providing appropriate treatment.

In managing patients, FRIENDS collaborates with external agencies, such as the Family and Juvenile Courts, which are involved in complicated custody and access disputes. FRIENDS also trains community partners, such as MCYS homes, to better equip their staff with psychological and intervention skills to manage mentally-disturbed youths and to help the children achieve emotional healing. These community partnerships help bring together a comprehensive understanding of the patient, so that a suitable, individualised treatment plan can be developed and implemented.



The FRIENDS team.

Birthday Celebrations for IMH Long-Stay Patients

BY VERA SOO, CORPORATE COMMUNICATIONS



Staff Nurse, Joshereeber Baltavar from Ward 80A, performing a song during the birthday party.

For most people, birthdays are considered a special day in the year and often marked by celebrations with family or friends. This is also the case for the long-stay patients in IMH, many of whom have no relatives. To remind them of their birth dates, our kind-hearted nursing staff initiates monthly birthday

celebrations for them, to cheer them up and to offer them a day of fun and enjoyment. A tradition in IMH over the years, these celebrations had generally been of a smaller scale, held at individual wards or blocks. However, since the beginning of 2012, thanks to the support from the Woodbridge Hospital Endowment Fund, larger-scale celebrations have been held for all long-stay patients with birthdays falling in the same month.

For instance, a birthday celebration was held on 23 April for April babies, including an 80-year old patient born in 1932. More than 70 patients and staff from various wards attended this party, which featured song and dance performances by nursing staff and a cake-cutting ceremony. Each 'April baby' received a birthday gift, while the rest received door gifts of biscuits. The expressions on each patient's face testified that a simple birthday celebration goes a long way in reminding them that they are unique and not forgotten.

If you would like to do volunteer work with our patients, please visit <http://www.imh.com.sg> for more information and to register your interest with us. Alternatively, you may e-mail volunteers@imh.com.sg or call Mdm Catherine Chua at 6389-2883 or Mr Lee Poh Leng at 6389-2863.

Ask the Expert

DR GANESH KUNJITHAPATHAM
CONSULTANT PSYCHIATRIST
DEPARTMENT OF GENERAL PSYCHIATRY



Q: What is Dysthymia? What are the symptoms of Dysthymia?

A: Dysthymia (meaning ill-humoured) is a sub-clinical or sub-affective disorder characterised by the presence of a depressed mood almost every day for a period of at least two years. People with this disorder feel sad or down in the dumps and describe this as part of their day-to-day experience- "I have always been this way" or "That's just how I am". In addition to feeling persistently low, they can have sleep problems, loss of appetite or overeating, low energy, low self-esteem and/or poor concentration. They often feel indecisive, inadequate, pessimistic and brood on the past. Family members of dysthymics often perceive them as being "always grumpy".

Q: How is Dysthymia different from depression?

A: While Dysthymia is less severe, it is a chronic form of persistent, low-grade depression occurring over a continuous period. It does not have an episodic pattern as seen in Major Depressive Disorder.

Q: I think I may be experiencing some of the symptoms of Dysthymia. Do I need to seek professional help or will I recover naturally on my own?

A: Natural recovery is seen only in 10% of cases. A five-year follow up study has shown that people who have untreated Dysthymia developed Major Depressive Disorder (20%) and Bipolar II Disorder (15%). The persistent symptoms can also affect their personal relationships and their work performance. Hence, professional help is required to address this under-diagnosed illness.

Q: What is the treatment for Dysthymia? How can family and friends help?

A: The combination of medications, such as antidepressants and psychotherapy, may be the most effective treatment for Dysthymia. Cognitive-behavioural therapy (CBT) and insight-oriented psychoanalytic therapy are effective as well. More recently, emphasis has been given to mindfulness-based CBT, considering the chronic nature of the disorder. Family therapy may help both the patient and the patient's family to deal with the symptoms of this disorder.

Q: Do I need to see a psychiatrist or can I see a GP or counsellor?

A: As Dysthymia requires specialist intervention, it is recommended that you see a psychiatrist or psychologist. You may approach a GP for a specialist referral.

IMH Kicks Off Quest for Quality Events

BY BUNDLE GOH, CORPORATE COMMUNICATIONS



Ward 73A team members being conferred the Outstanding Fall Averter Award.



The belles (and hunk) of the "Pink Evidence" booth.

On 30 March 2012, staff from Allied Health, Medical and Nursing came together for the first Quest for Quality event. Focused on the issue of fall prevention, this inaugural event was entitled "Trans-FALL-mation". About 120 staff, comprising doctors, nurses, allied health professionals and administrators attended the main event in the Lecture Hall, where IMH CEO, Dr Chua Hong Choon, gave an opening address, followed by a talk on fall prevention by guest speaker, Dr Mallya Ullal Jagadish, a Senior Consultant from Khoo Teck Puat Hospital.

Certificates were presented to the Ward Fall Champions in recognition of their fall prevention efforts in the wards. Also, a brand new award, the "Outstanding Fall Averter Award" was given out to the top three fall averters who had successfully prevented a fall or implemented strategies to prevent falls in the course of their work.

Afterwards, guests and staff thronged the various booths put up by nurses and allied health staff outside the Lecture Hall. The booths offered both theoretical and practical knowledge on fall prevention in an interactive manner to engage participants. To add to the festivities, free lunch, ice-cream and drinks were given out to all participants.

The Quest for Quality events will be held once every six months, and each event will focus on a different quality indicator. It is hoped that these events will create awareness and promote understanding amongst IMH staff and be a platform for new initiatives on featured quality indicators.



Nurses doing a role-play on falls prevention.

PATIENT EDUCATION: 10 TIPS FOR FALL PREVENTION

(Remember: "SAFETY RULE")

- S – Sit immediately if you feel unwell/giddy.
- A – Alert nurses if you need help/feel unwell.
- F – Footwear should be well-fitted & intact.
- E – Exercise regularly to keep your muscles toned.
- T – Turn or change position slowly.
- Y – Your medications may cause giddiness – familiarise yourself with their side effects.
- R – Regular urination is important, do not rush to the toilet.
- U – Use walking aids if advised to do so.
- L – Look out for obstacles and wet surfaces when walking.
- E – Eat foods rich in calcium (e.g. milk)

专家咨询

GANESH KUNJITHAPATHAM医生
专科顾问
普通精神科



何谓心境恶劣症？其症状包括什么？

心境恶劣症（指情绪恶劣）是种亚临床或称亚情感障碍症。患者几乎每天感到心情沮丧，这种情况维持至少两年。他们往往觉得悲伤或郁闷，并描述这情形为日常生活的一部分：“我向来如此”或“我就是这样。”除了时时觉得心情不好之外，有些患者也睡不安稳、胃口欠佳或暴食暴饮、精神疲乏、自尊心低及/或无法专注。他们往往觉得左右为难、力不从心、悲观无望，总是缅怀过往。其家人则往往觉得患者“老爱抱怨”。

心境恶劣症与抑郁症有何不同？

心境恶劣症虽然较不严重，但却是慢性、持久、轻度的抑郁症，常常维持一段时间。重性抑郁症会出现间歇性情况，但心境恶劣症不会。

我似乎有心境恶劣症的某些症状，需要寻求专业治疗，还是会自然康复？

只有10%的患者会自然康复。某项为期5年的跟进研究显示，患者如不治疗，病情会恶化，演变成重性抑郁症(20%)及双相障碍-II(15%)。心境恶劣症的症状持久，也可能影响到患者的私人关系及工作表现，因此应该寻求专业协助。

心境恶劣症有什么疗法？家人朋友怎么帮忙？

结合抗抑郁药与心理疗法，也许是治疗心境恶劣症的最佳方法。认知行为疗法(cognitive-behavioural therapy;简称CBT)及领悟性精神分析疗法也有效。由于该障碍症为慢性疾病，近年来，医学界更注重正念认知行为疗法。在应付该障碍症的症状方面，家庭疗法可能对患者及其家人有帮助。

我得寻求谁的帮助：心理医生、家庭医生或辅导员？

由于心境恶劣症需要专业医疗人员的治疗，您最好看心理医生或心理学家。您可请家庭医生转诊。

模范员工 - 杰出楷模，激励人心

心理卫生学院2012年度卫生仁心奖得主

卫生仁心奖每年颁发给富有爱心而表现杰出医疗保健从业员，奖励他们为照顾病弱者做出的无私奉献。该奖项着重指出，医疗保健是个高尚的行业，并不仅仅是份谋生的工作而已；同时希望提高公众认可、赢得社会尊重。

本年度获奖者共61人。获奖者在工作范围外仍对病弱者无私奉献，为医疗保健业界竖立了楷模。其中4人来自心理卫生学院，值得学院引以为豪。

仁心奖的评选标准包括勇气、献身精神、无私精神、职业道德、富有同情心与爱心。颁奖典礼于2012年5月15日举行，颁奖人为我国总统陈庆炎博士(英勇基金赞助人)与卫生部长颜金勇先生。获奖者各得表彰银牌一面与现金1,500新元。



柯海杰医生，老年精神科主任兼高级专科顾问柯医生是卓有成就的心理医生，对本地精神病医疗服务最大的贡献是于2006年成立了老年精神科社区小组，即APCATS(老年精神科社区诊疗服务)。后来，该计划纳入全国精神病总蓝图，现已发展成新加坡规模最大的老年心理病服务。

柯医生为患者及其家人服务，往往不辞劳苦。例如，为了给某位患者及其家人协助，柯医生曾与友人把资源集中起来，大家齐心协力为该患者出力。柯医生也写信到各个机构，希望协助该患者取得财务协助、寻找工作。同时，柯医生也担任乐龄辅导中心的董事，义务举办公共讲座，为乐龄人士与其看护者讲解抑郁症与失智症等知识。



Hadijah Binte Abd Samad, 助理护士

Hadijah个性温柔，说话轻声细语，对患者关怀备至。她于2004年加入心理卫生学院当护理助理，之前当了15年的家庭主妇。当时她已经41岁，而且单身抚养三子。

虽然Hadijah面对个人生活安排的难题，而且对医疗保健业一窍不通，凡事都得从头学起，但她都坚持了下来。她决心为孩子提供良好的成长环境，所以勇敢地抓住机会，提升自己。

Hadijah工作时坚持不懈，刻苦勤劳，这些年来常有擢升。她除了在职场对患者无微不至之外，也活跃于居民委员会，常利用工余时间在邻里义务推广健康的生活方式。

Hadijah对人生有一套看法，她也向孩子灌输这一想法：“我们都不知道明天会发生什么事，所以要趁年轻有力时帮助他人。有一天，你也可能需要别人帮助”。得奖后，她说道：“这个奖项鼓舞了我，为了患者，我要更尽心尽力。”



Rajni d/o Parasuram, 资深注册护士

Rajni曾目睹患者为好好过活而付出的努力。他们的奋斗历程并不容易。要摆脱由精神病带来的耻辱尤其困难。在心理卫生学院，她除了照顾护士的专业知识的培训与发展之外，也积极辅导国外与国内学生护士。国外招聘的学生护士往往不容易适应学院的学习与本地生活，因此Rajni常在工余自掏腰包，约见这些学生，协助保他们融入本地生活。

Rajni也爱收集旧衣物，在贫穷的患者出院时送给他们。这些都看得出Rajni的慈悲心肠。同时，自2000年以来，Rajni和其家人每个星期天都到小印度的萨米那拉炎兴教庙，为印度外劳应免费烹煮午餐。她会找时间跟他们交谈，协助他们适应新加坡的环境。



钱巧莲, 资深护士长

巧莲曾经无数次为患者无私付出。有件事她记得很清楚：有一次，她陪患者到太平间辨认患者先生的尸体。该患者孤苦伶仃，没有亲人在旁，悲痛欲绝，因此，巧莲甚至帮她安排葬礼，安慰她，鼓励她。

工作辛苦的时候，只要患者一个微笑、一句谢谢，她就想起当初为什么要以护士为终身事业。她对下属员工也跟对待患者一样体贴，下属的福利常优先考虑。巧莲认为资深员工要以身作则，提供高水平的个人化护理服务。

重新设计工作，助心理卫生学院赢得全国职工总会五一劳动节模范伙伴奖



Stedy移动助手对移动患者很有帮助，方便能站立但无法行走的半自力行动患者。

心理卫生学院于5月18日获得全国职工总会颁发的五一劳动节模范伙伴奖(机构组别)。为了配合今年的主题“好工作，人人有”，心理卫生学院与职总就业与职能培训中心在2011年开展合作项目，为员工重新设计工作，以期提高生产力。

这个项目培训辅助员工，包括初级护理助理(HA)和护理助理(HCA)，让他们学会使用机械器材。这项培训不但可为患者提供更有效、更安全的服务，还可提升员工的技术与效率。乐龄患者从床上转移到椅子或便桶箱时，或坐在轮椅上推到浴室洗澡时，一不小心，可能摔跤。而初级护理助理和护理助理如果把不良于行的老年心理病人抱到厕所，或从厕所抱回，又常会扭伤背部。

为了解决这个问题，心理卫生学院于是在2011年引进了34台Stedy移动助手和9 Calypso Lift卫生椅。利用这些器材，患者转移时更安全，转移更有效率，同时员工也少背痛了。研究显示，由于每间病房各有约20名半自力行动患者，因此这些器材每天可协助员工节省约300分钟。

Burst the Silence...and Start Talking

BY DEBORAH KOH, CORPORATE COMMUNICATIONS



The video pledge booth drew many to pledge to burst their silence.



Popular local singer, Tay Kewei, belting out her hit songs.



A graffiti artist with his artwork for the event.

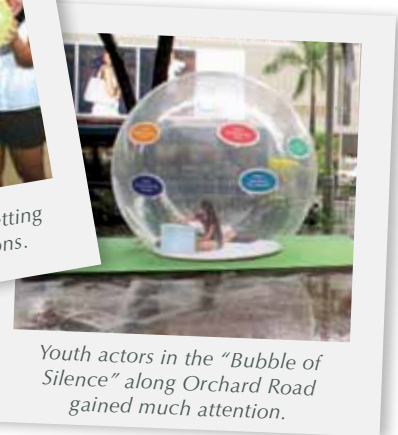
"Burst the Silence" is a social campaign driven by the Community Health Assessment Team (CHAT) at IMH, in light of the findings from the recent Singapore Mental Health Study which showed that the majority of mental illnesses occurred by the age of 29, and that a large gap in help-seeking behaviour exists.

"This campaign aims to create a social movement that highlights the danger of youths being silent about their problems. By encouraging everyone to pledge their support to this movement, we hope to raise awareness of youth mental health issues in Singapore and give troubled youths an avenue to turn to in times of need. CHAT is one such youth mental health resource," said A/Prof Swapna Verma, a senior consultant psychiatrist at IMH who is also the Project Director of CHAT and Chief of the Early Psychosis Intervention Programme at IMH.

The campaign kicked off with a 3-day interactive installation outside Shaw House on 2 March, featuring a youth "trapped" in a giant bubble of silence and asking for help. Onlookers were directed to scan a QR code to pledge their support for the movement online. The giant bubble installation gathered over 1,000 online pledges in three days and received coverage in print and online media. Nearly 890,000 impressions were reached as the campaign made its appearance on social media channels like Facebook and Instagram and was picked up by prominent celebrity bloggers, Mr Miyagi and Mr Brown.



Members of the audience getting ready to burst their balloons.



Youth actors in the "Bubble of Silence" along Orchard Road gained much attention.

A finale event was held at *SCAPE on 17 March. Local artistes Tay Kewei, 53A and Caracal entertained the 300-strong crowd with songs, while urging them to speak up and share their problems. At the end of the event, the audience wrote their problems on balloons and got together to burst the balloons in a symbolic act of bursting the silence.

For more information on CHAT, please visit <http://www.youthinmind.sg> or <http://www.facebook.com/chatfans>. You may also call the CHAT Hub at *SCAPE Orchard on 6493 6500/1, or e-mail chat@youthinmind.sg



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