



From top left, anti-clockwise:

1. 'Keynote Dialogue: The Recovery Perspectives' featuring (from left): Ms Tina Hung (Deputy CEO, NCSS) as Keynote Moderator, Mr Jeffrey Tan (Secretary, MINDSET Care Ltd), Ms Sumaiyah Mohamed (Programme Coordinator, Club Heal), Prof Chua Hong Choon (CEO, IMH), Ms Porsche Poh (Executive Director, Silver Ribbon) and Mr Hsieh Fu Hua (Founder, Binjai Tree). **2.** President Halimah Yacob (in blue) launches President's Challenge 2019 at the opening ceremony of the SMHC. **3.** Delegates participating in relaxation exercises led by HPB. **4.** President Halimah Yacob engaging a community partner at their booth.

Empowerment for Resilience and Recovery

The fifth edition of the Singapore Mental Health Conference (SMHC) took place on 30 & 31 January at Max Atria, Singapore Expo, with President Halimah Yacob gracing the opening of the conference as Guest of Honour.

This event was jointly organised by IMH, the National Council of Social Service (NCSS), Agency for Integrated Care (AIC) and Health Promotion Board (HPB). Themed 'Empowering for Resilience and Recovery', the two-day conference brought together more than 500 professionals from the healthcare, social service and community care sectors, community-based workers and consumers of mental health services.

"Treatment and care is important, particularly at the early, acute stage of a mental health condition. But beyond that, recovery is important and that's where support and empowerment come in to facilitate it," said Prof Chua Hong Choon, Chief Executive Officer of IMH and Co-Chair of the SMHC 2019 Advisory Committee.

The two-day lineup featured a thoughtful blend of keynote speeches and plenaries by industry leaders and changemakers from both Singapore and overseas. Delegates had an engaging time hearing from 46 international and local speakers sharing their experience and insights through a keynote dialogue, seven plenary sessions and five discussion tracks. The diverse topics covered included building inclusive communities, empowering service users, public education, peer support services and advances in treatment approaches. One of the highlights was an interactive panel discussion titled 'The Recovery Perspectives', where respected individuals in the industry presented their take on what recovery from mental health entails.

President Halimah also launched President's Challenge 2019 during the opening of this year's conference. Speaking at the launch ceremony, she shared, "This year, by spotlighting mental health, I hope that we as a community are more aware of the needs of persons with mental health conditions and can better support them in their journey of recovery and reintegration."

All Hands on Deck: Reintegrating Long-stay Patients with Special Needs into the Community

A tripartite collaboration among IMH, SG Enable and Thy Hwa Kuan (THK) Home for Disabled @ Sembawang has given new hope to families who desire long-term residential care in the community for their loved ones with intellectual disability (ID) and/or Autism Spectrum Disorder (ASD). These long-stay patients who reside in IMH often present with challenging behaviours associated with their lack of ability to solve problems and regulate emotions. As such, many of them who have both developmental problems and mental health issues often could not be discharged into the community.

Motivated to help these patients reintegrate into the community and achieve a better



Fine-tuning the referral process during an inter-agency conference

quality of life, a team of medical social workers (MSWs) from the IMH Adult Neurodevelopmental Service (ANDS) began engaging THK Home months before the facility opened in April 2018. Patients were jointly screened to assess their suitability for

residential placement. Shortlisted patients were then prepared for community living by members of the IMH multidisciplinary team.

Meanwhile, the MSWs helped patients' families navigate the system (e.g. making applications for disability service referrals via SG Enable), and addressed their concerns regarding the potential impact of the residential change on their loved ones. To help the patients acclimatise to their new living environment, transition outings to THK Home were also arranged for these patients.

Thanks to these tireless efforts, more than 30 patients have been successfully placed in THK Home to date. However, the work does not end there as the ANDS team continues to provide support and onsite training for staff of THK Home, to ensure that the patients benefit from their stay there. Indeed, societal reintegration can be a labour-intensive process involving both the mental healthcare professionals at IMH and community mental health partners. However, it is ultimately rewarding and well worth it to see these patients progressing to live successfully in the community.



Patients enjoying a music therapy group session at THK Home for Disabled @ Sembawang

State of Mind

Results from the second Singapore Mental Health Study (SMHS) were announced recently, providing a snapshot of the state of mental health here. Spearheaded by the Institute of Mental Health (IMH) in collaboration with the Ministry of Health and Nanyang Technological University, the nationwide epidemiological study established the prevalence of some common mental disorders* in Singapore, along with their associated factors, the delay in seeking treatment, and the period of delay among those who eventually sought treatment. It also shed light on how the mental health landscape in Singapore has evolved since the first landmark study in 2010. Here are some of the key findings.

* The mental health conditions studied in SMHS 2016 were major depressive disorder, bipolar disorder, obsessive compulsive disorder, generalised anxiety disorder, alcohol abuse and alcohol dependence.

AT A GLANCE

A TOTAL OF **6,126** randomly selected residents living in Singapore aged 18 and above were interviewed between 2016 and 2018 for the study.



KEY FINDINGS

TOP THREE CONDITIONS:



people in Singapore has experienced a mood, anxiety or alcohol use disorder in their lifetime.



MAJOR DEPRESSIVE DISORDER (MDD) has affected **1 in 16** people in Singapore in their lifetime



ALCOHOL ABUSE has affected **1 in 24** people in Singapore in their lifetime

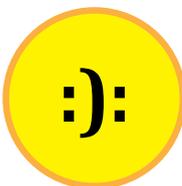


OBSESSIVE COMPULSIVE DISORDER (OCD) has affected **1 in 28** people in Singapore in their lifetime

SEEKING HELP

Among people who sought professional help, **INDIVIDUALS WITH OCD TOOK THE LONGEST AT**

11 years



Followed by **INDIVIDUALS WITH BIPOLAR DISORDER AND ALCOHOL ABUSE AT**

4 years

Treatment delay for alcohol dependence was the lowest, with individuals seeking help almost immediately after the start of associated symptoms (within 1 year).

TOP 4 SOURCES OF HELP SOUGHT:



42.3% HAD CONSULTED A PSYCHIATRIST



36.5% WENT TO A COUNSELLOR



26.2% WENT TO A PSYCHOLOGIST



20% WENT TO A GENERAL PRACTITIONER OR FAMILY DOCTOR

MORE THAN **75%**

OF PEOPLE WITH A MENTAL DISORDER in their lifetime **DID NOT** seek any professional help. This is known in scientific literature as the "treatment gap"

GRADUATE DIPLOMA IN MENTAL HEALTH

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For enquiries, contact:

Nirhana ☎ 6389 2831 ✉ nirhana_japar@imh.com.sg

Sharifah ☎ 6389 2246 ✉ sh_syed_zainuddin@imh.com.sg

Registration for Sep 2019 intake opens **25 Mar – 1 Jul 2019**

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Organised by:



Synergising Cross-Sector Efforts for Societal Reintegration

As part of IMH's clinical services reorganisation in recent years, patients are taken care of by multidisciplinary care teams assigned to the geographical region where the patients reside. These teams work closely with community partners within the respective regions to achieve synergy in facilitating the patients' reintegration into the community.

As part of continued efforts to engage and collaborate with such partners, the South Region team hosted a networking lunch on 14 September 2018. Over 38 guests – comprising community case workers and executives from various voluntary welfare organisations and staff from the TTSH Community Health team – were in attendance.

The South Region team presented two case studies which showcased the need to provide cross-sector support to patients so that they could reintegrate into the community. For example, a nurse clinician and case manager from

the South Region team conducted joint home visits to a patient with their counterparts from the TTSH Community Health team, so as to monitor the patient's psychosocial wellness and also attend to his medical care needs. Staff from a Senior Activity Centre located near the patient's home also engaged this patient regularly at his home, and kept IMH and TTSH updated on his progress. These collaborative, inter-agency efforts enabled the provision of a bio-psychosocial and holistic approach to patient care.

This networking session and case presentations proved to be fruitful all around, where the South Region team got to hear their community partners' insights on the challenges they have faced with our patients, and brainstorm for possible solutions together. It is envisioned that continued

networking sessions on a regular basis will help to shape ways of working together more effectively for the benefit of our patients.



Lively breakout sessions in progress which saw thought-provoking points raised

**9th INTERNATIONAL CONFERENCE
- TOGETHER AGAINST STIGMA**

Beyond The Label
**Towards
An Inclusive
Society**

**3 - 5 Oct 2019
Marina Bay Sands Singapore**



SAVE THE DATE!

CONFERENCE REGISTRATION OPENS IN APRIL 2019



The Together Against Stigma conference is an international platform to discuss stigma issues that continue to plague people with mental health conditions, preventing them from seeking help, gaining acceptance in society and leading a productive life that they deserve. Uniting against mental health stigma, the global community looks forward to keeping abreast of the latest developments, research outcomes and best practices in this field.



CONTACT US

TAS 2019 Secretariat
Email: againststigma@imh.com.sg
www.againststigma2019.com

IN SUPPORT OF THE **Beyond the label** MOVEMENT

Organized by:



Singapore Psychiatric Association

Supported by:



Alcohol is Not the Answer

C. Soh



Five years ago, when I worked as a chef, I started drinking after I broke up with my first girlfriend. I drank every day to forget about her. I would drink 1 or 2 cans of beer in the morning before going to work, another 1 or 2 cans during lunch, and 6 cans after work. I didn't care about my health back then. All I wanted was to numb myself, and be rid of the past.

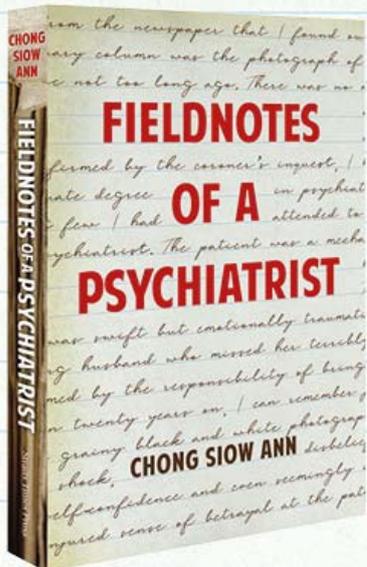
After some time, I got into another relationship. Things were going well and I was able to control my drinking, doing so just once in a while with friends. When I enlisted in National Service, my second girlfriend stood by me even when I was not doing well. She allowed me to go drinking with friends.

Our relationship lasted over 3 years, until we broke up recently. Alcohol led to this break-up because there was jealousy, and a loss of trust between us. I faced financial problems, and we had a lot of misunderstandings. I started to fear that I would become addicted to

alcohol, and abuse my girlfriend in the future. As such, I thought it would be better if we made a clean break and that she could find someone else.

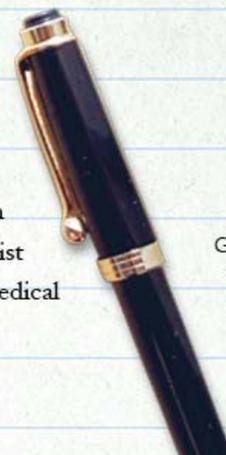
Despite the relationships I lost, I knew life still had to go on. That is why I decided to seek professional help to cut down on my drinking. While I don't know how I can stop drinking, counselling really made me think hard about cutting down on alcohol. Although my situation is not the worst, I have been badly affected by alcohol enough to want to warn others about it.

My best advice to heavy drinkers out there is to not go out drinking, especially if you treasure your loved ones. If you really must drink, control yourselves or seek professional help to do so if you have trouble doing it on your own. Problems in life, be it financial or anything else, cannot be resolved with alcohol but only through hard work. Remember – alcohol is not the answer.



Elder abuse
Obsessive compulsive disorder
The loss of a child
Depression *Suicide*

These are some of the topics covered in this collection of essays on psychiatry and mental health by psychiatrist Chong Siow Ann, who is also Vice-Chairman of the Medical Board (Research) of the Institute of Mental Health.



Straits Times Press

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Obsessive Compulsive Disorder

*Dr Jayaraman Hariram
Senior Consultant, Department of Mood & Anxiety, IMH*

What is Obsessive Compulsive Disorder (OCD)?

Obsessive Compulsive Disorder (OCD) is a common mental illness that affects people of all ages and walks of life. OCD occurs when a person gets caught in a cycle of obsessions and compulsions.

There are many different types of symptoms seen in OCD. People with OCD generally:

- Have obsessions that are repeated thoughts or images about many different things. Common obsessions include:
 - o Irrational fears of
 - Contamination from dirt or germs
 - Hurting someone
 - o Distressing sexual or religious thoughts
 - o Desire to hoard or a need for symmetry and exactness
- Engage in compulsions or rituals over and over such as checking, cleaning and washing hands, locking and unlocking doors, counting, hoarding and mental ruminations
- Are unable to control the unwanted recurring thoughts and subsequent repetitive, compulsive behaviours
- Get brief relief from the anxiety caused by the thoughts through compulsive rituals; however, they do not find performing those rituals pleasurable

The obsessive thoughts and rituals occupy a significant amount of time on a daily basis, interfere with daily life and cause distress.

The term “OCD” is often used loosely to describe a person who may seem to be very particular about order, cleanliness, etc. How can I tell if such a person’s behaviour is normal, or if he may really be suffering from OCD?

We often hear loose comments such as ‘I am a little OCD’. While many may have obsessive compulsive traits, these are quite different from OCD, which is a serious mental illness. If a person has some of

the symptoms above (see Question 1) that cause distress and interfere with the person’s daily life significantly, he may have OCD and require specialist help.

What treatments are available for OCD?

• Medication:

A particular type of anti-depressant medication called selective serotonin reuptake inhibitors (SSRIs) may help in mild to moderate levels of OCD by boosting the serotonin system. Medicines may be prescribed before or during behaviour therapy if severe depression is present. Drug treatment after behaviour therapy may be prescribed if the therapy has been only moderately effective despite good cooperation from the patient. Anti-depressants have proven to be effective in the treatment of OCD.

• Cognitive Behavioural Therapy (CBT):

The mainstay of psychological treatment is Exposure and Response Prevention (ERP), a form of CBT specifically tailored for OCD, where the individual is deliberately exposed to obsessional cues, and then prevented from engaging in the associated repetitive behaviour. When this is done repeatedly, the individual may start to react less to the cues. In addition, it is also useful to teach the individual ways of coping with the anxiety, anger and stress. Developing a compassionate mindset and using mindfulness techniques have been lately added as adjunct therapies to ERP to improve outcomes. The patient will also be encouraged to set other targets in life so as to develop a healthier lifestyle.

The combination of CBT and medication increases treatment efficacy. It is important to involve the family in the management of individuals with OCD. Family members are often ignorant about the disorder and may be drawn into the patient’s rituals.

Where should I seek help for OCD?

OCD is treatable and you should seek help promptly. You can see a General Practitioner who may start you on SSRIs. If your condition is moderate to severe, he will refer you for further assessment and treatment with a specialist.

Institute of Mental Health, Singapore t (65) 6389 2000 | f (65) 6389 2986 | www.imh.com.sg | enquiry@imh.com.sg

EDITORIAL TEAM

Advisor

Ting Mei See

Editor

Vera Soo

Contributors

Lalitha Naidu, Corporate Communications

Sum Foong Yee, Corporate Communications

Circulation Coordinator

Chris Ngiam

Designer

Ng Yee Choo

Fiona Foo, Corporate Communications

Pameline Kang, Corporate Communications

Ng Si Jia, Corporate Communications