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CEO, IMH



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CMB, IMH

Renewed leadership team remains committed to community partnerships

IMH saw recent changes in its leadership team as Chairman of Medical Board, Associate Professor Daniel Fung passed the baton to Associate Professor Swapna Kamal Verma; and took over the reins of CEO from Prof Chua Hong Choon (who has assumed the CEO post at Khoo Teck Puat Hospital and Yishun Health).

Both started their careers at IMH more than 20 years ago – A/Prof Fung in child psychiatry and A/Prof Swapna in early psychosis. They have played a pivotal role in IMH’s transition from a custodial care model to one of rehabilitation and recovery, and have steered IMH towards community collaborations. The latter is especially critical as post-treatment support within the community is crucial for wellness and recovery.

“We don’t just manage illness with medication or therapy; we want to restore patients’ social and occupational functioning. This is better achieved if we can integrate patients with their communities, and this is where we work with social service agencies (SSAs) to chart their care journey post-discharge and support their social needs while recovering,” says A/Prof Swapna.

The Aftercare Programme is an example of such collaborative efforts: an IMH case manager acts as a single point of contact to connect patients and a community partner (e.g. Ang Mo Kio Family Service Centre), which then forms a support network comprising public agencies and other SSAs in the precinct where patients reside. This – coupled with the case manager’s close monitoring of their treatment adherence – keeps patients well and stable in the community.

But, as the saying goes, prevention is better than cure. “We need a population health approach to address mental health needs and nip issues in the bud,” says A/Prof Fung.

“ To have good mental health, people must know when stressors surface, what to look out for and where to get help.

A/Prof Daniel Fung, CEO, IMH

This means moving upstream to boost literacy among the population, equip segments of the population with psychological first aid skills, and scale up training for community partners to identify at-risk cases and provide first-line support.

The Graduate Diploma in Mental Health and Mental Health-General Practitioner (GP) Partnership Programme are two initiatives to equip primary care doctors with the skills and knowledge to identify and treat persons with mental health issues. Receiving care from a GP is also less daunting for patients worried about stigma.

IMH’s CHAT (Community Health Assessment Team) is involved in setting up and providing training for new Youth Community Outreach and Intervention Teams in different zones across Singapore. At-risk youths can go to these community teams for coordinated youth mental health and social support services.

“To have good mental health, people must know when stressors surface, what to look out for and where to get help. So, going upstream, and hopefully preventing mental illness, is the way forward. And for this to work, we need our community partners to support us and create a multiplier effect,” adds A/Prof Fung.



Pill Boxes: The Non-Rocket Science Solution to Medication Non-Adherence

At any one point in time, IMH looks after more than 40,000 outpatients. As part of treatment and recovery, patients are taught medication management and encouraged to follow their medication routines as prescribed. However, IMH case managers have observed a trend where some patients do not take their medications as prescribed (medication non-adherence). This is a cause for concern as it increases the likelihood of illness relapse, unnecessary hospitalisation, suicide risk and other life disruptions.

The case managers investigated the reasons for medication non-adherence among the patients and found a variety of perceptual and practical barriers leading to it, such as:

- **Memory Barriers:** Elderly patients who could not remember to take their medications in a timely manner.
- **Routine Barriers:** Patients who missed their dose because they could not keep tabs on the various medications they needed to take for both their mental health conditions and chronic diseases like diabetes and hypertension.
- **Necessity Barriers:** Patients who felt that they could do without medications as they no longer experienced symptoms of illness.
- **Concern Barriers:** Patients who were uncomfortable with the potential side effects of the medications.

In most cases, these underlying non-adherence behaviours were found to be unintentional. Hence, to overcome practical barriers such as poor memory and complicated routines, the case managers have embarked on a project with pharmacists in IMH to improve medication compliance with the use of pill boxes.

Pill boxes are a simple but effective tool – they act as a memory aid and reminder, allowing patients and caregivers to conveniently check if they have taken their daily doses. Studies have also shown that pill boxes are an effective and affordable intervention to help increase medication adherence.



“Sometimes, solutions don’t have to be rocket science. We managed to identify the root issues and tried to nip them in the bud by using a proven effective and affordable solution – pill boxes.”

Raymond Vamadevan, Senior Case Manager, IMH

As part of this project, the case managers will identify patients who will benefit from using pill boxes, such as those on multiple medications, with a history of non-compliance, or those who frequently forget to take or misplace their pills. The pill boxes will also be particularly helpful for patients who are on multiple psychiatric and medical medications, as it would lower the risk of missing any medication. During the six-month trial, patients will be given a week’s supply of their medication in their pill box. To evaluate the effectiveness, the frequency of medication top-ups, adherence and hospital re-admission rates are tracked.

“Sometimes, solutions don’t have to be rocket science. We managed to identify the root issues and tried to nip them in the bud by using a proven effective and affordable solution. We hope these pill boxes will serve as good reminders for patients to take their medications on time and help in routine building, thus improving medication adherence,” says Mr Raymond Vamadevan, Senior Case Manager, IMH. In the meantime, the care team will continue to improve medication literacy or the lack of insight among patients and their caregivers by intensifying psychoeducation, stepping up counselling support, as well as improving patient and caregiver engagement.

(Contributed by IMH Case Management Unit)

A Journey to Recovery

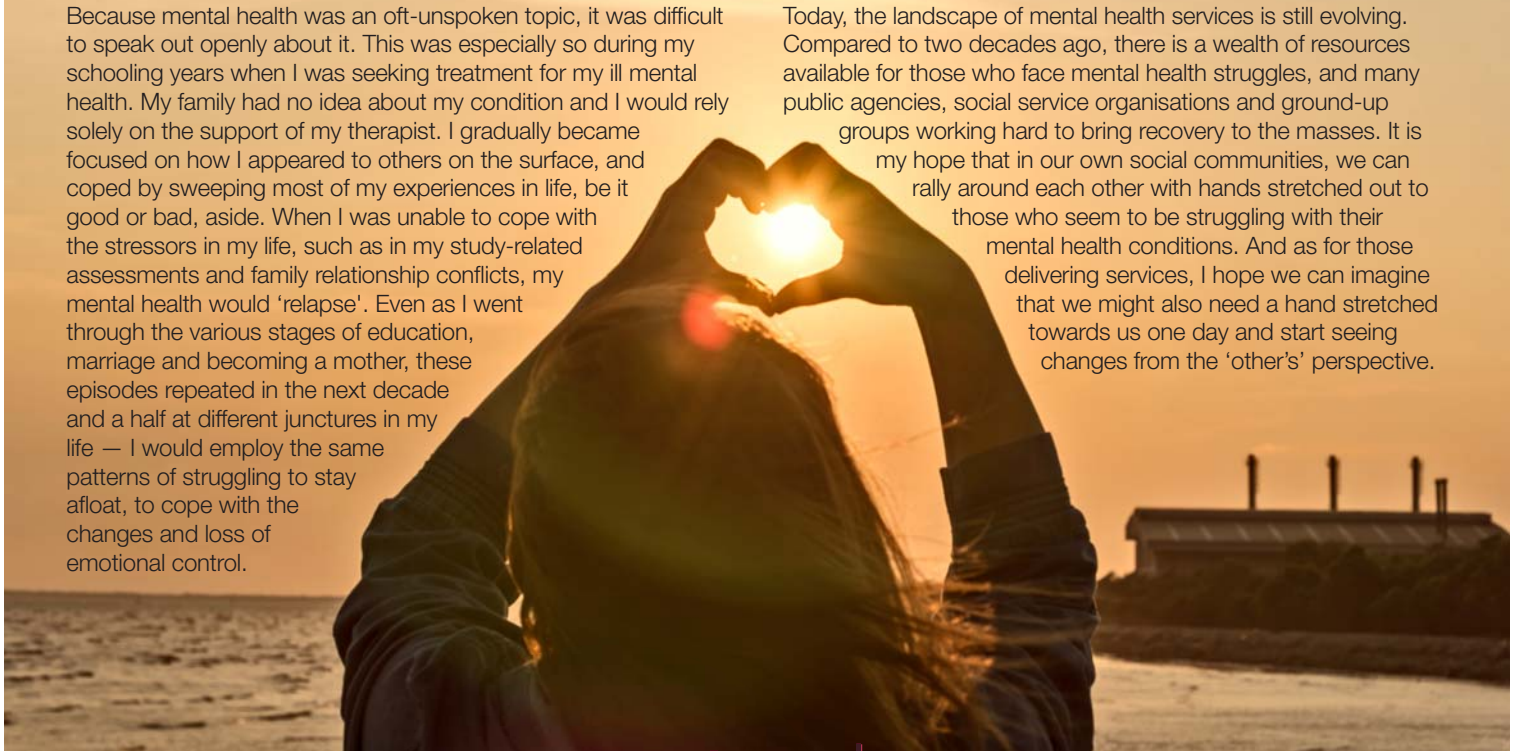
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I was a young teenager when I experienced my first brush with ill mental health. As I wondered how I would explain my 2-week long absence from school, the doctor—in the most thoughtful manner and with a genuine intent to help— suggested that I could tell my friends and teachers I had dengue fever. Perhaps implicitly, he wanted to reassure me that the episode could have been a one-off instance and my life would go back to normal. For me, that approach became intensely self-stigmatising. I internalised that normal was good and I should mask whatever I was feeling.

Because mental health was an oft-unspoken topic, it was difficult to speak out openly about it. This was especially so during my schooling years when I was seeking treatment for my ill mental health. My family had no idea about my condition and I would rely solely on the support of my therapist. I gradually became focused on how I appeared to others on the surface, and coped by sweeping most of my experiences in life, be it good or bad, aside. When I was unable to cope with the stressors in my life, such as in my study-related assessments and family relationship conflicts, my mental health would 'relapse'. Even as I went through the various stages of education, marriage and becoming a mother, these episodes repeated in the next decade and a half at different junctures in my life — I would employ the same patterns of struggling to stay afloat, to cope with the changes and loss of emotional control.

In 2015, when I was coping with what was possibly the biggest adjustment in my life after becoming a new parent, I encountered a volunteer-run peer support group with real persons-in-recovery, not just anyone from a website or book. There, I felt safe to share about my struggles, and that no one was going to judge or be judged by others. This was unlike any other social groups I had encountered and helped me start on a journey towards 'something better' – of self-acceptance and de-stigmatising my own negative perceptions of my struggle.

Today, the landscape of mental health services is still evolving. Compared to two decades ago, there is a wealth of resources available for those who face mental health struggles, and many public agencies, social service organisations and ground-up groups working hard to bring recovery to the masses. It is my hope that in our own social communities, we can rally around each other with hands stretched out to those who seem to be struggling with their mental health conditions. And as for those delivering services, I hope we can imagine that we might also need a hand stretched towards us one day and start seeing changes from the 'other's' perspective.



Ushering the Year of the Ox, Virtually

Kwon Seng, *The Achievers*

It has been our yearly tradition to hold a big Chinese New Year party with our special friends at IMH. Although it was held online this year, we collaborated with IMH's Case Management Unit and NTU Welfare Club to organise a rich line-up of 'live' performances such as lion dance, Chinese dance, Chinese orchestra, a meet-and-greet session with the God of Wealth and many more. The party was also extended to the residents of other nursing homes — so instead of us celebrating with about 120 of our special friends at IMH, it became a massive celebration with more than 600 friends across various facilities! It was indeed a unique experience, and very rewarding in many ways.



Understanding Trypanophobia (Needle Phobia)

Getting vaccinated can be a real struggle for those suffering from trypanophobia. As Singapore begins rolling out COVID-19 vaccinations across the nation, IMH Clinical Psychologists address the cause of such fears, and how individuals can manage it.

How does a fear of needles develop into trypanophobia?

It is common for many children to be afraid of needles as it is usually associated with pain or uncomfortable sensations, but many do “outgrow” this over time as a result of subsequent exposure to needles through vaccinations. However, there are many reasons why people may not “outgrow” this fear (especially if they had a particularly traumatic experience). This can then develop into a phobia especially if they have continued to avoid situations that might require the use of needles, such as refusing medical care or skipping the annual flu jab. While avoidance serves to temporarily alleviate anxiety, it will also inadvertently reinforce the fear.

What are some of the typical reactions people with trypanophobia display?

People with needle phobia typically exhibit intense anxiety and/or distress when exposed to needles. This often manifests physically in the form of symptoms such as light-headedness, increased heart rate, chest pain, shortness of breath, butterflies in the stomach, tremors, paraesthesia, or in severe cases, vasovagal syncope (fainting).

What are some treatments available?

Many people with a fear of needles may not need treatment. However, for those who experience acute distress or when the fear interferes with daily functioning, it may be wise to seek professional help to keep it under control.

The most studied and effective method is exposure therapy, which is part of cognitive behavioural therapy. In phobias, this involves a systematic desensitisation, where the patient is exposed to anxiety-provoking stimuli, from the least to the most frightening, and taught to employ relaxation techniques to cope with the anxiety. This works by gradually increasing the level of exposure to one’s fear which allows them to gain control over the phobia. At the same time, they are encouraged to address any maladaptive thinking patterns or beliefs that are associated with the stimulus.

How can we help one overcome their fear of needles?

When someone starts talking about their fear of needles, it can really help to be supportive. Allow them to talk about it and validate their fear as it may not just be about the pain they are afraid of. This also includes not making light of the matter – do not dismiss it as a simple procedure or saying things like “just get over it”.

It will also be helpful those for with a fear of needles to practise simple breathing exercises during the needle procedure, and remind themselves of the reasons for undergoing the procedure such as “This vaccine will help to keep me and my loved ones safe.” They can also inform the medical staff about their fear and what they can do to help, for instance, counting down or to help distract attention away from the procedure.



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