



Guest of Honour MP Mr Charles Chong with Senior Management of IMH and invited guests are all smiles at the opening of Sedap Café.

## Recipe for Success

Patients and staff in IMH can now enjoy a delicious spread of dishes, like *laksa*, *mee rebus*, *mee siam*, *mee soto*, *lontong*, chocolate lava cake and beancurd, prepared and served by long-stay patients at Sedap Café in Ward 53B.

The café – officially opened on 26 Oct 2019 by Mr Charles Chong, MP for Punggol East SMC – is the latest initiative under IMH’s slow stream rehabilitation programme.

The Sedap Café gives long-stay patients a chance to get some hands-on experience in preparing food as well as managing the logistics involved in running the café such as stock-taking and ordering ingredients. Says SNC Aziz bin Ab Hamed, who initiated this project, “Patients may choose to be trained as kitchen crew, wait staff or cashier.” To date, 3 patients and 6 staff have completed a Workforce Skills Qualification course in food hygiene and food preparation and are involved in running the café three days a week (Monday, Wednesday and Friday) from 10am to 12noon. “We hope that through such initiatives, our patients can learn new skills and will one day be able to progress to open employment,” says SNC Aziz.

Established in 2015, the slow stream rehabilitation programme aims to help long-stay patients with good rehabilitative potential improve their quality of life, learn independent living and vocational skills and eventually re-integrate to the community.

This includes equipping them with skills that range from personal grooming and hygiene, to interpersonal skills, understanding their illness and medicine, leading a healthy lifestyle and managing chores like washing their own clothes.



Mdm Malliga (left) serving food prepared in the café.

Suitable patients may also undergo vocational programmes to help them take on simple jobs. For instance, they can help out in IMH kitchen with tasks such as cleaning the working area and arranging cutlery on food trays or help to set up the classrooms and equipment before training sessions in IMH’s Centre for Mental Health Education.

Other activities include hairclip production, where patients learn to make hairclips and sell them at the flea market stall in IMH twice a month. They can also take part in hydroponic gardening, where they grow a variety of vegetables including baby spinach, *xiao bai chai*, *chye sim*, and different types of lettuce and sell the harvest to IMH staff and visitors.

The efforts of the team seem to be paying off. Madam Malliga, who previously did not know how to cook, is now one of the patients involved in preparing the food served at Sedap Café. Her favourite dish on the café’s menu is *mee rebus* and she hopes to learn to make more desserts. “I am happy to see my friends and staff enjoy the food I made,” she says.



# Celebrating 10 Years of CHAT

## What is CHAT?

First set up in April 2009, CHAT aims to improve help-seeking behaviour among youths by increasing awareness of youth mental health concerns and accessibility to mental health services.

CHAT Hub, which is strategically located at \*SCAPE in the heart of Orchard Road where youths hang out, provides a stigma-free environment for young people to seek help, access mental health resources, get an assessment and be referred to further professional help – such as to Restructured Hospitals (including IMH), GPs, Polyclinics or other service providers (Family Service Centres, counselling agencies) in the community – if necessary.

CHAT also trains and networks with community mental health partners, as well as students, counsellors and educators from Institutes of Higher Learning to build a supportive network for youth mental health.

## Engaging Youths in the Digital Age

According to the 2016 Singapore Mental Health Study conducted by IMH, youths present as the most vulnerable group to experience a mental health condition in their lifetime, with the prevalence rate of mental illness at 21.6%, or about 1 in 5 youths. This underscores the importance of raising awareness of mental health among youths and encouraging early help-seeking behaviour for mental health concerns.

To better engage with today's digital savvy youths, a CHAT website, Facebook page and Instagram account were launched to reach out to youths online and via social media.

An online messenger platform called webCHAT was also launched in June 2017 to provide an alternative platform for young people who are in distress to seek help, particularly those who are not ready for face-to-face assessments.

## CHAT Facts

Over the past 5 years, a total of



**55 youths** joined CHAT as Ambassadors.

The number of youths referred to CHAT for a mental health check has risen from 50 referrals in 2009 to over **1,700** referrals in 2018.



CHAT conducts an average of



**22 webCHAT sessions** with young people each month.

Through the use of various youth-friendly online and offline platforms, CHAT has partnered with various groups to roll out several outreach projects within the last 10 years.

Some examples of such projects are 'Drop That Label' with NUS, where students were encouraged to drop labels of stigma attached to those with mental health issues, and 'On The Mend' – a social campaign by a group of NTU students targeting young men in Singapore, encouraging them to seek help for depression. CHAT has also collaborated with Millennials of Singapore to produce advocacy videos to raise awareness of mental health issues faced by millennials in Singapore.

To better serve young people needing mental health services, CHAT will continue to strengthen existing collaborations and forge new partnerships. If you are interested to collaborate with CHAT, please contact the team at 6493 6500 / 6493 6501 or [chat@mentalhealth.sg](mailto:chat@mentalhealth.sg).



# What is Recovery?

*Atiqah Khan*

Recovery. An eight-letter word that has been at the top of my mind for the last few years. Every single time I do something great, I will ask myself, “Am I recovering yet? Am I getting better?” The usual cycle will be that I did something amazing in my eyes and there I thought I am recovering right? Then maybe a few days or weeks or months later, I get an emotional breakdown and I tell myself, “Maybe I’m not recovering at all.”

I used to see recovery as a destination, a destination that leads me to the end of my struggles, the end of having panic attacks and negative thinking; but no, that is not recovery.

Recovery is a journey. A journey full of ups and downs. But you know what? Despite the downfalls, you have hope. Hope that everything is going to be better, that these struggles will only make you stronger. And with that, I tell myself that I have already struggled with Social Anxiety Disorder in the last four years, and that everything is going to get better.

Four years ago, I was filled with despair thinking that I wasn’t able to do anything in life but four years later, I have proved myself wrong. I’m currently advocating for mental health and sharing my story to people, a story that I was once so ashamed of. With that said, I wonder what else I can do four years from now? My message to everyone is: Don’t give up, have hope!

## IMH pilots trans-disciplinary care model to serve patients better

Many of IMH’s patients present with complex and multiple issues and are often referred to more than one allied health discipline for their care. In an effort to improve care for patients and boost staff’s competencies in the delivery of holistic care, IMH is piloting an initiative to provide trans-discipline training to its allied health staff. With relevant training, such staff will be able to support patients across a range of basic needs.

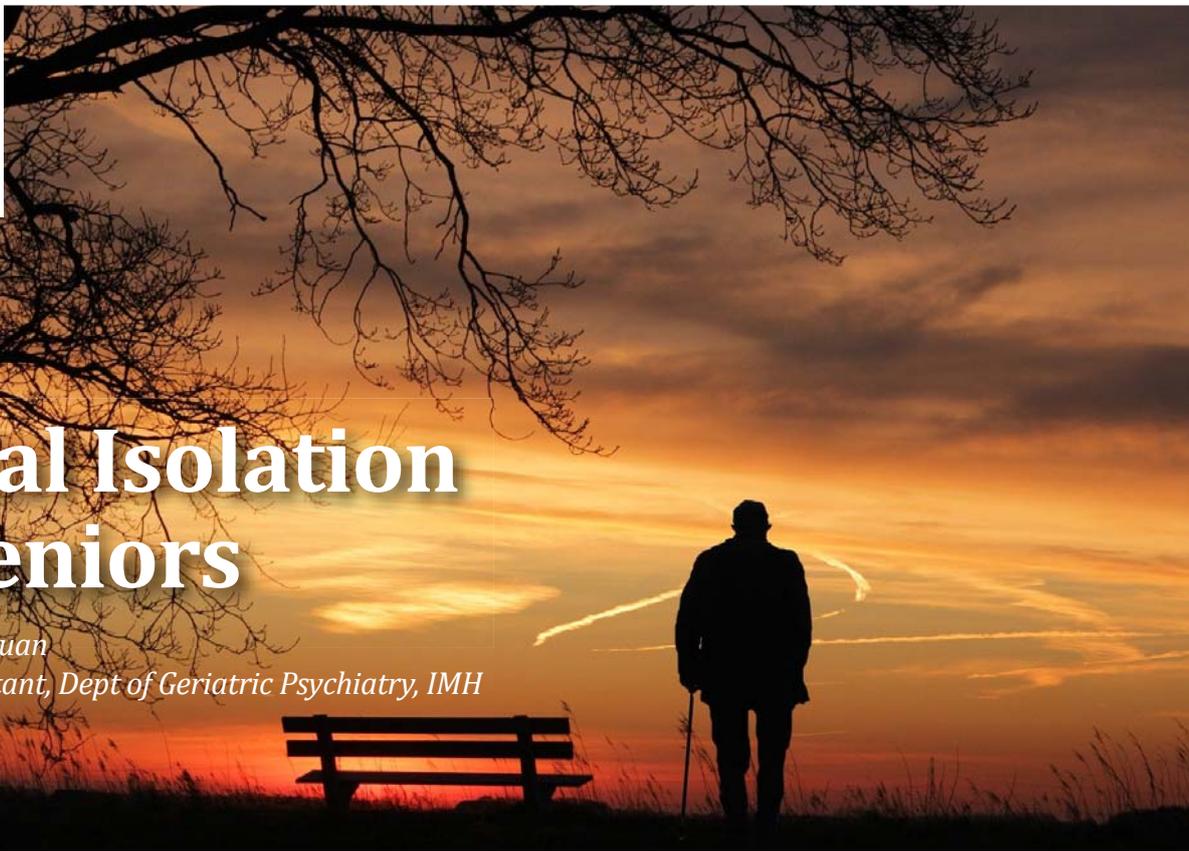
In April 2019, a pilot was started with the team from IMH’s East Region, comprising various allied health professionals and community nurses. Members underwent three months of training where they learnt transdisciplinary skills such as screening for social risk, suicide intervention, understanding commonly prescribed psychotropic medications, motivational interviewing, basic functional and vocational assessment, and care co-ordination.

Since August 2019, staff were able to apply these new trans-disciplinary skills and knowledge in managing their patients and the team will continue to track the benefits of the training on care delivery over the next six months till early 2020.

If successful, IMH hopes to spread this to other multi-disciplinary functional teams in the near future.



*Participants including Case Managers, Community Nurses, Pharmacists, Social Workers and an Occupational Therapist from East Region at a focus group discussion led by Principal Clinical Forensic Psychologist, Kenji (in pink shirt, centre).*



# Social Isolation in Seniors

*Dr Yao Fengyuan  
Chief, Consultant, Dept of Geriatric Psychiatry, IMH*

## What is social isolation?

Social isolation defined as both the lack of contact with others, and the subjective experience of lack of companionship and support. This could include situations such as having a lack of participation in social activities and groups. It is also associated with depression and lower quality of health.

## What are some of the risk factors that can cause an elderly to fall into isolation?

There are various risk factors and these include:

- Gender (the average lifespan of a female is longer and hence they usually outlive their spouse)
- Marital status e.g. not married, divorced or widowed
- Having no children
- Low socioeconomic status
- Occupation e.g. not working or unable to manage retired life well
- Lack of social support and network e.g. no friends and/or estranged from family
- Visual, audio, physical handicap/s and chronic diseases
- Lack of hobbies

## What are some of the warning signs that one should look out for?

Some of the signs include having several of the above risk factors, decline in self-care and exhibiting symptoms of depression.

## What are some of the early interventions that one can take to prevent social isolation?

The elderly can build relationships with people who have healthy habits. This may encourage them to adopt healthy behaviour too and stay healthy. People can also reach out to the elderly who are staying alone and help them to build up their social support.

### Some ways to help the elderly include:

- Outreach by community agencies or volunteers (visiting the homes of elderly persons who stay alone) and providing befriending service
- Encouraging more elderly to participate in the activities of senior activity centres or volunteer if they are able-bodied
- Providing early link-ups for elderly with medical or psychiatric services and home help services where needed
- Providing transport to activity centres for elderly with mobility difficulties

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