OCTOBER 2016 - MARCH 2017

A BIANNUAL MAGAZINE ON MENTAL HEALTH

Mapping Our State of Mind

Insights into awareness and perceptions of mental health issues in Singapore

ADHD
More than just ‘kids’ stuff'

Expressions: artworks by persons-in-recovery make it to the world stage
Mental Health

"Through Imagine, we aim to provide localised, culturally relevant content that is informative yet reader-friendly. We hope that it will help to improve mental health awareness in Singapore, and encourage people to talk candidly about mental health."

ADJ PROF CHIARA HONG CHONG, Chief Executive Officer, Institute of Mental Health

You are healthy as much about maintaining our emotional, psychological and social wellbeing as it is about keeping fit, eating well and being disease-free. Yet, mental health is still very much neglected in many societies — including ours — due to discrimination, lack of understanding, misconception and stigmatisation.

Just last year, a study by the Institute of Mental Health (IMH) revealed that there is still considerable stigma attached to mental illness in Singapore. Nine in 10 respondents feel that those with mental illness could improve if they wanted to, while half see it as a weakness.

That said, good mental health isn’t just about the absence of mental health problems; it also refers to the presence of positive characteristics — how we think, relate to others and cope with life’s ups and downs. It is, therefore, important to take charge of our own mental health, maintain our mental wellness, and recognise when our loved ones — or even ourselves — may need professional help.

With these in mind, IMH debuts Imagine. Dedicated to matters close to our heart, the information and stories in this biannual publication — about all aspects of mental wellness — are presented in a reader-friendly format. In this first issue, Speaker of Parliament Madam Halimah Yacob gives her voice to people diagnosed with mental illness. Persons-in-recovery, healthcare professionals and volunteers also share their experiences, as well as offer advice, to inform, inspire and help change perceptions of mental health. And to put matters in perspective, we spotlight a mental health condition each issue, starting with ADHD (Attention Deficit Hyperactivity Disorder).

Happy reading.

the editorial team

Don’t shun those with mental health issues or stereotype them as gila or siao; offer to help them instead. We will only be a caring, inclusive society if we have individuals who care.

I’m a Member of Parliament for the past 15 years, I have met many people within my constituency who either have a mental health disorder or have a loved one with the condition. My interactions with them have made one thing very clear: mental illness can strike anybody. It affects all races, ages and backgrounds, regardless of one’s social status or educational accomplishments. Yet it remains a widely-neglected issue due to the longstanding stigma surrounding mental illness.

Mental illness is shrouded in myth and misconceptions. For instance, many of us may have been culturally taught to believe that mental illness is something beyond our control — that it occurs to those who have been possessed by an evil spirit. Because this myth persists, mental illness tends to be perceived as a sign of spiritual or religious weakness, not as a disease that deserves medical attention. This in turn causes delay in treatment, worsening the patient’s condition.

It is crucial that we debunk such beliefs. We need to raise the level of consciousness about the fact that mental illness is as much of a disease as stroke or cancer is. From a policy perspective, the Government has made this a priority through its National Mental Health Blueprint and Community Mental Health Masterplan. Over the years, the Institute of Mental Health and voluntary welfare organisations such as Silver Ribbon, Caregivers Alliance Limited and Club HEAL have made great strides to support persons with mental illness and their caregivers, while increased media coverage has improved public understanding of mental health issues.

However, raising awareness is only half the battle in reducing stigma. We also need to show more empathy towards those with mental health issues and their families, who — often at the expense of their own mental health — bear the brunt of the caregiving burden. This is especially important in a densely-populated country like Singapore, where it is inevitable that we will come across people with mental health problems.

Provided they seek help and stick to their treatment, it is possible for people with mental health disorders to recover and lead normal lives. But government policies and programmes alone will not achieve this; the whole community — be it non-profit organisations or the general public — must be involved. Don’t shun those with mental health issues or stereotype them as gila or siao; reach out to them and offer to help instead. We will only be a caring, inclusive society if we have individuals who care."

Speaker of Parliament Mdm Halimah Yacob, a passionate mental health advocate, wants everyone to join the effort to de-stigmatisate mental illness.

Mdm Halimah Yacob is a Member of Parliament for Marsiling-Yew Tee GRC. She is also a patron of Club HEAL. She formerly chaired the Government Parliamentary Committee for Health.

A VOICE FOR THE VOICELESS

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Imagine live well

According to scientists from the Icahn School of Medicine at Mount Sinai, the University of California, San Francisco, and Harvard Medical School, a vacation is really good for you. A study of 94 healthy women on a resort holiday in California, published in Springer Nature’s journal Translational Psychiatry, showed that not only did the vacation reduce stress and immunity pathways associated with social situations.

They found that aerobic activities such as running could positively affect patients’ cognitive functioning. The study found that patients who completed around 12 weeks of aerobic exercise significantly improved attention span, working memory and the ability to understand social situations.

“These findings present the first large-scale evidence supporting the use of physical exercise to treat the neurocognitive deficits associated with schizophrenia,” said Joseph Firth of the Institute of Brain, Behaviour and Mental Health at the University of Manchester. “Using exercise from the earliest stages of the illness could reduce the likelihood of long-term disability, and facilitate full, functional recovery for patients.”

Schizophrenia has no cure, but there are many treatments such as medication and therapy that manage symptoms and help sufferers lead a normal life. Now, British researchers want to add exercise to the list of helpful treatments.

EXERCISE TO EASE SCHIZOPHRENI A SYMPTOMS

A lack of sleep can literally kill you, according to a research published in the BMJ Open. Sleep problems have been linked to a wide variety of negative health effects, including an increase in suicidal thoughts and behaviours.

British researchers at the University of Manchester found that being awake at night increases the risks of suicidal thoughts and attempts (partly due to less help being available), while long-term sleeplessness reduces a person’s ability to function in the day, resulting in added levels of depression.

“Long-term memory is not only influenced by what happens when you learn new things,” lead author of the study, Dutch researcher Eelco van Dongen, said. “But also by the processes that take place in the hours and days afterward, when new information is stabilised and integrated in your brain.”
EAT MORE.

Today, kitchens are on display with a more open layout — and this is affecting our health.

A study of 57 Cornell University students has found that those who ate in kitchens with an “open” floor plan consumed on average 170 more calories than those who ate in kitchens with a “closed” floor plan. Researchers from the University of Notre Dame’s School of Architecture in Indiana, US, say more studies are needed, but they think that the greater visibility and convenience of food sets off a “chain reaction” that affects our health.

Researchers at the University of Wisconsin-Madison in Wisconsin, USA, have found that a backup plan — long seen as a sensible way to cope with risk — actually increases the risk that your plan will fail. In a series of experiments, the researchers found that the act of creating a Plan B caused people to work less hard and, as a result, become less successful at reaching their original goal.

The researchers caution however that their findings should not stop you from making adequate contingency plans. They recommend being more strategic about when and how you make these plans. “You might want to wait until you have done everything you can to achieve your primary goal first,” said Assistant Professor Jihae Shin.

TO SUCCEED, DITCH THAT PLAN B

If you want your Plan A to succeed, your best bet is to not have a Plan B. Business researchers at the University of Wisconsin-Madison in Wisconsin, USA, have found that a backup plan — long seen as a sensible way to cope with risk — actually increases the risk that your plan will fail. In a series of experiments, the researchers found that the act of creating a Plan B caused people to work less hard and, as a result, become less successful at reaching their original goal.

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JEALOUS

When you are ‘tricked’ into eating more

Just a generation ago, kitchens were functional, separate spaces, purely for cooking and not for entertaining. Today, kitchens are on display with a more open layout — and this is affecting our health.

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Beat the blues ... go socialise

Feeling depressed? Make it a point to go out for dinner, a dance class, or meet a friend — even if you don’t feel like it. A recent research conducted by Keele University in the UK and published in The Lancet, showed that such activities work as well as established treatments like cognitive behavioural therapy (CBT). Known as “behavioural activation”, the therapy works on the premise that when people are depressed, they avoid social interaction, which can often make the depression worse.

The study randomly allocated 440 people diagnosed with depression to either behavioural activation or CBT. After a year, about two thirds of respondents in each group reported about a 50 per cent reduction in symptoms of depression.

Brighten your mood!

How’s this:

Sugar. Whether that means belting out tunes in the shower or hitting your favourite karaoke place after work, singing can be a great stress reliever.

Get some sun. A little Vitamin D can help to beat the blues. If it’s not possible to head outside, work next to a sunny window for a while.

Volunteer or help someone. Thinking about other people’s needs can be a great way to gain perspective and feel better.

Cuddle a pet. Take a neighbour’s dog for a walk or visit a cat cafe — furry snuggles can brighten even the worst moods.

4 WAYS TO BE MORE PRODUCTIVE AT WORK

• USE AN ONLINE TASK SCHEDULER. Pick one that syncs with your devices, including your work computer. Google Calendar has an embedded task list, or try Workflowy, a free app that works on iOS and Android, as well as through any browser.

• PLAN YOUR WORK; WORK YOUR PLAN. Take a few minutes at the start of each day to prioritise your to-do list. Ensure you have what you need to get things done.

• LEARN TO SAY NO. Take the time to assess each request, and say no honestly and kindly. Describe your workload and current projects, and say something such as: “I would be unable to do a good job on your project and my other work would suffer.”

• ELIMINATE DISTRACTIONS. Keep your phone and desktop notifications on silent, and stay off social media. Reward yourself with a two-minute break when you have completed a task or reached a goal.

FACE UP TO THIS BRAIN GAME

DIRECTIONS: Each row, block, and column contains one each of the four emotions: Happy, angry, joyful, and sad. Draw in the faces to complete the puzzle.
A look at how mental health issues are inching their way to the forefront of our national agenda.

It’s a common reaction. And you may have felt the same way. “You’re seeing a shrink?” is the usually incredulous response to being told that someone is undergoing psychiatric treatment. For many, this news comes as a big shock because of the dawning realisation that the individual has a mental illness. Such shock typically gives way to unease or fear, which in turn causes the other person to feel embarrassed or ashamed. This discouraging state of affairs begs the question: Why are mental health disorders so often scoffed at, if not considered taboo?

The answer lies in a combination of misconceptions, discrimination and stigma when it comes to such conditions. First and foremost, it is important to clarify what mental illness is. The Institute of Mental Health (IMH)'s Professor Chong Siow Ann, Vice Chairman of the Medical Board (Research) and Senior Consultant, defines mental illness as: “a group of disorders that affects a person’s thinking, mood or behaviour.” It encompasses a wide range of conditions — from addictions and depression to dementia and schizophrenia — which cause distress and/or impairment in functioning and thus adversely impact one’s interpersonal relationships and performance at school or work and life in general.

Clearly, mental illness constitutes a significant burden of disease and affects not only the individual but also his or her family and friends. The good news is that through early detection and intervention, patients can overcome their condition. Provided they seek psychiatric treatment, most persons with mental illness can successfully manage their symptoms and regain their pre-illness functioning. The provision of community-based mental health services makes it easier for patients to get help and prevent a relapse while continuing to lead purposeful lives.

Unfortunately, erroneous beliefs and false perceptions about mental illness still linger, giving rise to discriminatory attitudes towards those who have been diagnosed. The reality for most patients can — with medical support — lead happy, healthy, well-adjusted lives is drowned out by the few but sensational anecdotes of dangerous or bizarre encounters with the few who cannot do so. So well-entrenched are these stories in the public mind that sweeping generalisations are made about those with mental health issues: that they can simply “snap out of it” if they choose to; that they threaten public safety, that they are to be avoided.

State of the Mind

Mental illness is caused by genetic and biological factors and environmental stressors

FACT VERSUS FICTION

MYTH Mental illness is caused by witchcraft or a character defect. TRUTH Mental illness is not the result of an evil spirit or personal weakness. Rather, the underlying cause is often due to a combination of genetic and biological factors, psychological trauma and/or other environmental stressors.

MYTH Willpower and self-discipline are all it takes to cure mental illness. TRUTH A person with mental illness can recover via medication and/or psychotherapy, although perseverance and patience are required to stick to the treatment regimen.

MYTH People who have mental illness are a danger to others and are unemployable. TRUTH People with untreated mental illness can sometimes be dangerous, but the majority of violent acts are actually committed by those without mental illness. If a person’s mental illness is well managed, they are capable of holding down steady jobs.

MYTH People who live or work in proximity to someone with mental illness can “catch” the disease. TRUTH Mental illness is not contagious. These beliefs add to the stigma and social isolation often experienced by people with mental illness. Family or even mental health professionals can also experience associative stigma, as a result of their association with them.

MENTAL ILLNESS REFERS TO A GROUP OF DISORDERS THAT AFFECTS A PERSON’S THINKING, MOOD OR BEHAVIOUR

Professor Chong Siow Ann, Chairman of the Medical Board (Research) and Senior Consultant

MENTAL ILLNESS IS CAUSED BY GENETIC AND BIOLOGICAL FACTORS AND ENVIRONMENTAL STRESSORS

Ms Louisa Pico, Manager with IMH Research Division, says such stigma is a global phenomenon and the shame attached to mental illness in Asian cultures is no exception. “To prevent embarrassment or ‘losing face’, Asians often hide the fact that they have a family member who has a mental health condition,” she says.

SETTING A BENCHMARK

Fortunately, in recent years, there has been a sea change in attitudes towards mental health and the delivery of mental health care in Singapore. This was signalled by the rollout of Singapore’s Inaugural National Mental Health Blueprint (NNHB) in 2007 — a five-year plan aimed at reducing the incidence and impact of mental health problems through public education, as well as early detection, treatment and rehabilitation of those affected.

Under the NNHB, $388 million was set aside to raise awareness about mental health, improve the provision of psychiatric services, boost manpower capabilities in mental health care and promote research in this area. As the only tertiary psychiatric hospital in Singapore, IMH has played a leading role by initiating community-based programmes such as REACH (Response, Early intervention and Assessment in Community mental Health) and CHAT (Community Health Assessment Team), and by spearheading research in mental health, including the Singapore Mental Health Study (SMHS). Conducted in 2010, the SMHS gave insights into mental illnesses thought to have the largest individual- and societal-level impacts: major depressive disorder, dysthymia, bipolar disorder, generalised anxiety disorder, obsessive compulsive disorder and alcohol use disorders (including alcohol abuse and alcohol dependence). “The SMHS was our first comprehensive mental health study using high-quality data, and it gave us a good lay of the land of the state of mental health in Singapore,” says Prof Chong, the study’s Principal Investigator.

He also led another nationwide survey, Mind Matters: A Study of Mental Health Literacy, carried out from March 2014 to March 2015. Mind Matters arose as a spin-off...
Our Mental Health Landscape

NARROWING THE TREATMENT GAP

A notable finding from the Mind Matters study was that some mental health disorders in Singapore, according to the SMHS — as lack of knowledge about the disease partly accounts for patients' delay in getting treatment. Moreover, a difference exists between what treatment options people believe are useful and who they would actually recommend a person with mental illness seek help from. “Seeing a psychiatrist was endorsed as the most helpful intervention,” says Ms Picco, “yet most survey respondents said they would recommend that the person talk to friends and family or see a doctor or General Practitioner (GP).” Indeed, the SMHS revealed that the majority of people with mental illness do not consult a psychiatrist.

Poor recognition is thus not the only factor why people don’t get help; the fear of being stigmatised is still a major concern. Mind Matters assessed the extent of stigma relating to the various disorders and classified it into three categories: people with mental illness are ‘weak not sick’; ‘dangerous and unpredictable’; and are avoided through ‘social distancing’. Alcohol abuse was associated with the greatest stigma, where respondents were more likely to perceive these people as ‘weak not sick’; ‘dangerous and unpredictable’; and are avoided through ‘social distancing’. Alcohol abuse was associated with the greatest stigma, where respondents were more likely to perceive these people as ‘weak not sick’; ‘dangerous and unpredictable’; and are avoided through ‘social distancing’.

Based on these findings, improving mental health literacy via educational and anti-stigma campaigns is vital. Researchers also saw interesting correlations between socio-demographic factors and the prevalence of mental illness, as well as ethnic differences in perceptions of stigma, prompting calls for further studies. These and other issues will be explored in another upcoming nation-wide study.

In the meantime, the completed studies serve as a valuable guide for policymakers. Government agencies can work with community partners to develop mental health policies, programmes and services. Such inter-sectoral collaboration will help towards improving awareness, encouraging early treatment and narrowing the treatment gap.

RECOVERY IS POSSIBLE

For Ms Lee Ying Ying, 29, who experienced psychosis, acceptance and proper management of her condition proved crucial in re-gaining her life.

When I was halfway through my PhD studies in Neurobiology in 2013, I suddenly started showing symptoms of psychosis, such as social withdrawal, anxiety and paranoia. I had learnt about mental illness as an undergraduate, but reading about it in a textbook is not the same as experiencing it. Having knowledge of mental health disorders did not prepare me for what I would go through.

For the first few months after my diagnosis, I was in denial and kept saying, ‘I am not crazy!’ But through exposure to the mental health community, and with my family’s support, I gradually accepted my condition and got better. I resumed my studies and completed my PhD last year. Now a Peer Support Specialist for IMH’s Early Psychosis Intervention Programme, I share my experiences with other patients. I want them to realise that they are not defined by their Illness, and that they can recover and reintegrate into mainstream society.”

A PILLAR OF STRENGTH

Mr Jared Goh, 50, Volunteer Manager, Caregivers Alliance Limited, sheds light on another aspect of mental illness in the community — the role of caregivers and the personal sacrifices they make.

My younger sister has been battling depression for at least 15 years — a fact my parents and I were initially unaware of. Because she was in denial, she didn’t tell us about her diagnosis or take the medication her GP had prescribed. She exhibited classic signs of depression: frequent crying, heart palpitations and fainting spells, rarely leaving her home where she was living alone. I remember telling her to ‘snap out of it’, not realising how much she was suffering. It wasn’t until a few years later that she poured out her troubles to me. She has now moved back in with my parents and me, and in 2014 I had to quit my IT job to focus on caring for her and my mother till the situation at home got better. I currently work full-time at Caregivers Alliance Limited, a voluntary welfare organisation which supports caregivers of persons with mental illness. I am also a member of IMH’s Voices of Experience programme, engaging in peer support, advocacy and consultation to improve the hospital’s services. Helping other caregivers has assisted me in coming to terms with my situation. Being a caregiver can be challenging, but I love my sister and will always be there for her.”

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Our Mental Health Landscape

**TOP THREE MOST COMMON DISORDERS IN SINGAPORE**

- Major depressive disorder: 55.2%
- Obsessive compulsive disorder: 28.7%
- Dementia: 66.3%

**TYPE OF ILLNESS RECOGNITION**

- Alcohol abuse: 3.1% 13 years
- Obsessive compulsive disorder: 3.0% 9 years

**TREATMENT PROVIDERS**

- Psychiatrist: 43.7%
- Counsellor: 12%
- Religious/Spiritual Healer: 60.3%
- General Practitioner (GP): 18%
- Social Worker: 16%
- Friends/Relatives: 19%

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**RECOGNITION OF ILLNESSES BY PUBLIC**

- Dementia: 66.3%
- Major depressive disorder: 55.2%
- Obsessive compulsive disorder: 28.7%
- Alcohol abuse: 3.1%
- Schizophrenia: 11.5%

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**RATE**

- Dementia: 60.3%
- Major depressive disorder: 50.5%
- Obsessive compulsive disorder: 45.2%
- Alcohol abuse: 37.7%
- Schizophrenia: 11.5%

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“SUCH STIGMA IS A GLOBAL PHENOMENON AND THE SHAME ATTACHED TO MENTAL ILLNESS IN ASIAN CULTURES IS NO EXCEPTION.”

Ms Louisa Picco, Manager with IMH Research Division
Four persons-in-recovery from mental health conditions took a trip to France earlier this year to showcase their artistic skills.

Since young, Stephen had always liked to take pictures but his appreciation of photography as an art only came about in recent years. Photography, he says, allows him to “see things in a different light.” He says photography enables him to share his life story with others “one photo at a time” and to reflect upon his recovery journey. He regularly goes for photowalks with peers who have similar interests in photography, and he also has an Instagram account to document and share ideas. Of his submission at the Abilympics (pictured left), he says: “I had to think on my feet of how I was going to portray the Abilympics trophy (which he had to shoot). While out sight-seeing, I saw some ‘puppet eyes’ at a stationery store. Since everyone was eyeing the trophy, [I thought] it would be a good idea to place the Abilympics trophy on a crest of Bordeaux that I had bought from the visitor centre.”

JUMA’AT BIN OSMAN, 49
COMPETITION CATEGORY > POTTERY

After Juma’at was diagnosed with schizophrenia in 2007, he was home-bound for many years as he was never well enough to work. His flair for pottery was dependent on his family for the past decade, the support of IMH’s Job Club, a one-stop vocational workshop and share ideas.

STUART WRIGHT/IMH

POTTER, WHO VOLUNTEERED HIS LESSONS WITH A PROFESSIONAL POTTER, WHO VOLUNTEERED TO TEACH JUMA’AT.

TOP Juma’at with his pottery pieces at the Abilympics in IMH

BOTTOM Work produced by Juma’at during his pottery lessons

ELLA, IN HER 20s
COMPETITION CATEGORY > OUTDOOR PHOTOGRAPHY

Ella, who has schizophrenia, took part in a photography workshop in 2012 organised by IMH in collaboration with PhotoVoice Singapore for young people with first episode psychosis or at risk of developing psychosis. There, she learnt to document and share her experiences, hopes and dreams through photography. The Abilympics was an opportunity for her to further develop herself. “To prepare, Ella attended weekly photography training from January this year with an IMH staff who was involved in the photography workshop she had attended in 2012. Apart from improving her skills in photo composition and post-processing skills in various settings, the training enabled Ella to take part in shared-learning. “The usual style of my work is elegant, pure and simple,” says Ella, who follows local photographers on Instagram for inspiration.

PAT, IN HER 30s
COMPETITION CATEGORY > POSTER DESIGN

Pat, who has schizoaffective disorder, has an Honours degree in Visual Communications and previously worked as a multimedia designer. As she was not familiar with the latest features of the software she had to use at the Abilympics, Pat watched videos online and tried out a few designs before she flew to Bordeaux.

The Abilympics was an eye-opening experience for Pat because of the passion she saw in every participant. “I gained inspiration. I enjoyed my time with [the participants] because I learnt that I was not alone. Despite the challenges we faced, we had skills and were able, and we were all truly winners in our own way,” she says.

Her design for the Abilympics was a winter-inspired poster of white birds in various poses. The featured bird was a simple, elegant, graceful design made with white paper and an illustration of a white bird flying in the sky. The poster was designed to convey the message of unity and beauty of people with disabilities and special needs, the “Abilympics” — “Olympics of Abilities” — helps people with disabilities and special needs, the IMH, Stephen completed 12 months of vocational training at IMH, and an occupational therapist from IMH.

Since young, Stephen had always liked to take pictures but his appreciation of photography as an art only came about in recent years. Photography, he says, allows him to “see things in a different light.” He says photography enables him to share his life story with others “one photo at a time” and to reflect upon his recovery journey. He regularly goes for photowalks with peers who have similar interests in photography, and he also has an Instagram account to document and share ideas. Of his submission at the Abilympics (pictured left), he says: “I had to think on my feet of how I was going to portray the Abilympics trophy (which he had to shoot). While out sight-seeing, I saw some ‘puppet eyes’ at a stationery store. Since everyone was eyeing the trophy, [I thought] it would be a good idea to place the Abilympics trophy on a crest of Bordeaux that I had bought from the visitor centre.”

JUMA’AT BIN OSMAN, 49
COMPETITION CATEGORY > POTTERY

After Juma’at was diagnosed with schizophrenia in 2007, he was home-bound for many years as he was never well enough to work. His flair for pottery was revealed when he started undergoing rehabilitation at IMH’s Occupational Therapy (OT) department. His skills gradually improved, and this helped to boost his morale and self-confidence. With the support of IMH’s Job Club, a one-stop vocational rehabilitation centre to facilitate the employment of individuals with psychiatric conditions, and the OT department, he later found part-time work at a fast food restaurant.

For someone who had been jobless and dependent on his family for the past decade, the trip to France (and his first time on a plane) was a great achievement for Juma’at.

To prepare for the Abilympics, Juma’at underwent weekly pottery lessons with a professional potter, who volunteered his time, and an occupational therapist from IMH.

PAT, IN HER 30s
COMPETITION CATEGORY > POSTER DESIGN

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Her design for the Abilympics was a winter-inspired poster of white birds in various poses. The featured bird park is in Bordeaux, France.
Children with attention deficit hyperactivity disorder can suffer from the condition even as adults.

Say ‘ADHD’ — or attention deficit hyperactivity disorder — and the image of a fidgety child who has trouble sitting still and focusing on a task comes to mind. Few people would associate adults with the condition, as a common misconception suggests that children and adolescents eventually ‘outgrow’ it. While most adults learn to manage their ADHD with coping techniques, some struggle to do so, and often face difficulties at work.

WHAT IS ADHD? ADHD is a disorder caused by an impairment of the parts of the brain that control attention and behaviour inhibition, and describes a group of behavioural difficulties marked by inattention, hyperactivity and impulsivity. These difficulties are consistent across different situations, such as at home, in school, and in social settings. As it is a developmental condition, adults with no prior symptoms are highly unlikely to be suddenly afflicted with it.

Early identification and treatment of the condition in childhood aim to reduce negative consequences further down the road, says Dr Lim Choon Guan, Deputy Chief and Consultant at the Institute of Mental Health’s Department of Child and Adolescent Psychiatry.

“ADHD symptoms can improve with age as some studies have shown that brain development of children with ADHD lags behind their same-age peers. However, inattentive symptoms tend to be more persistent than hyperactive-impulsive symptoms and are therefore more likely to linger in adulthood,” says Dr Lim, who has been treating children and adolescents with ADHD for more than 10 years.

Some adults and children experience similar symptoms — for example, they may face difficulties focusing on tasks, which can lead to not being able to complete tasks on time at work and school. “Symptoms may also evolve over time and present differently at various ages,” says Dr Lim. “While children may run and jump around, adults may experience inner restlessness which is not as visible to others.”

TREATMENT CHOICES The condition’s symptoms can be controlled with treatment, although there is no known cure. “However, the goal of treatment is not solely to get rid of symptoms,” explains Dr Lim. “It’s also to maximise the person’s potential in a variety of areas, including academic and work performance, as well as interpersonal relationships.”

Medication isn’t always the answer and in most moderate cases, patients are equipped with coping strategies, adds Dr Lim. This includes improved organisational and time-management skills that aim to reduce the debilitating effects of ADHD. The advent of technology also means that handy tools like lists, calendars and timers are readily available. An adult’s maturity can also make living with ADHD easier. “Unlike children who usually require adults around them to help mould their behaviour through various strategies, adults are more aware of their symptoms and are also more motivated to help themselves,” says Dr Lim. They also have the freedom to enter or leave situations that would help in the management of their condition. As an example, Dr Lim says that adults with ADHD can choose careers that do not require them to be deskbound, and which allow them to channel their boundless energy more productively.

THE DISORDER CAN BE CATEGORISED INTO:
- **Inattentive** The person has trouble paying attention and remaining focused; is easily distracted, careless and disorganised.
- **Hyperactive-impulsive** The person is restless and extremely active, is impulsive, talks excessively and has difficulty keeping still.
- **Combined** The person displays symptoms of inattentionfulness and hyperactive-impulsiveness. Most belong to this category.

**SYMPTOMS MAY ALSO EvOLVE OVER TIME AND PRESENT DIFFERENTLY AT VARIOUS AGES,**

Dr Lim Choon Guan, Deputy Chief and Consultant at IMH’s Department of Child and Adolescent Psychiatry

<table>
<thead>
<tr>
<th>CHILD</th>
<th>ADULT</th>
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<tr>
<td>Often feels restless</td>
<td>Runs and climbs excessively</td>
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<tr>
<td>Has short attention span</td>
<td>Is forgetful</td>
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<td>Has poor time management skills</td>
<td>Forgets others</td>
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<td>Changes jobs impulsively</td>
<td>Squirms and fidgets</td>
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Recognising champions

Wong Joong Rong’s experience is typical of adolescents with ADHD.

Plagued by anger management issues and an inability to concentrate, Joong Rong, now 17, faced numerous difficulties during his lower secondary years. He would frequently argue with his teachers and disrupt lessons by walking around the classroom and talking non-stop. Troubled by this, his teachers, school counsellor and allied educator worked with him to develop strategies to help him better manage his condition.

Given leadership roles such as Class Vice-Chairman and Class Treasurer, Joong Rong was motivated to set a good example to his classmates. He worked hard to complete assigned tasks on time and to the best of his abilities. He was also taught simple techniques — such as finishing his homework right after school so he would not forget to do it — to better manage his studies. Counselling also helped him learn to put himself in the shoes of his parents and teachers and make an effort to control his impulses. Now a student at ITE College West, Joong Rong benefits from the hands-on nature of his course. However, he continues to use the techniques he has learnt to manage his condition.

For realising his potential, Joong Rong received an ACE Teen Award (Merit) this year. The accolade — jointly presented by IMH’s Child Guidance Clinic, the Society for the Promotion of ADHD Research & Knowledge and the National University Hospital’s Department of Psychological Medicine — recognises children and teenagers with ADHD who overcome the difficulties of their condition.

It is also awarded to mentors such as teachers, school counsellors and allied educators who have made a difference in the lives of such children.

HOW ADHD IS TREATED

1. Referral to a psychologist for diagnosis, and may also later be referred to a psychologist for therapy.
2. A combination of medication, behaviour management and the use of coping skills. For example, such techniques may include encouraging persons with ADHD to break up complex, time-consuming tasks into manageable steps to improve focus.
3. Children and teenagers with ADHD with ADHD overcome the difficulties of their condition.

Parents and educators are often involved in the treatment of children who lack the maturity to manage the condition themselves.

TO FIND OUT MORE ABOUT IMH’S SERVICES FOR ADHD, VISIT IMH.COM.SG

THE ABCS OF ADHD

A Neuro-Developmental Disorder caused by an impairment of the parts of the brain that control attention and behaviour in children.

Diagnosed by a Clinical Assessment

3x More boys than in girls

Diagnosed

39 Million people (World Health Organization, 2013), the majority of which are children

Demands on his time are heavy for Lee Soon Hong, a fourth-year student at Nanyang Technological University’s Lee Kong Chian School of Medicine. Yet there is a date that Soon Hong has been keeping, weekly since 2011 — every Saturday, he heads to the Institute of Mental Health (IMH) to spend two hours or so with the long-stay patients of Ward 53A.

01. HOW DID YOU GET INTO VOLUNTEERING AT IMH?

I got into a conversation with a Psychology student at a party, he told me he was part of a group of volunteers that visits IMH on Saturdays. As I was in National Service then and could book out of camp every weekend, I decided to check out what they did. I was keen because while in junior college, I volunteered at Simei Care Centre, a facility for people in recovery from mental illness. That experience had been rewarding and so I wanted to continue working with patients with mental health conditions.

02. WHY IS DOING THIS SO IMPORTANT TO YOU?

There’s a lot of stigma attached to mental illness. Even on a bus, if someone behaves oddly or acts in a way that is beyond societal norms, other passengers tend to be afraid and move away. Many people aren’t forthcoming with their time for those with mental health issues. They are more willing to volunteer for children, the disabled or the elderly, for example. So I see the need to help whenever I can, and to help reduce the stigma of mental illness in Singapore.

03. WHAT DO YOU DO AT THESE WEEKLY SESSIONS?

I interact with the patients, play board games or do art and crafts with them. As a group of about five or six regular volunteers, we spend time getting to know and bonding with the patients. Every year, we take them out for an outing. This year, it was to Kranji Countryside to visit the frog, goat and fish farms, as well as to a flower nursery. We also had a budget for them to purchase a pet fish each, and these are now in a tank in the ward. Lately, we have also been chipping in to help in rehabilitative activities such as teaching patients grooming and basic social skills, as well as the use of public amenities and public transport.

04. HOW DO YOU JUGGLE SCHOOL AND VOLUNTEERING?

It is becoming increasingly difficult, as more is required of me during school term. But that said, other volunteers help to cover for me during examination time, and I do the same for them. That’s why I’m always trying to recruit more volunteers among my friends and schoolmates. If I can get someone new to come in for just one session, that’s good enough, because at the end of the day, I want as many people as possible to interact with the patients, and to understand, and not be afraid of them.

05. WHAT MOTIVATES YOU TO KEEP COMING BACK?

Our regular presence matters to these patients. Recently, the ward underwent some changes so all volunteering activities ceased for a month. When we returned, the patients were really excited to have us back. It felt nice to be remembered and appreciated. Each session, I hope to make them feel connected to the rest of the world, and help them prepare to be discharged, and adapt to life outside after being institutionalised for so long.

Lee Soon Hong

Lee Kong Chian School of Medicine

Undergraduate

October 13, 2016
I was diagnosed with bipolar disorder... when I was in my early 20s. I was an undergraduate then and had attempted suicide several times. I was arrested and detained by the police a few times because it is against the law to commit suicide in Singapore. But from the time I was 14, those around me already knew something was not quite right. In school, I often wore a jacket even on scorchingly hot days. My teachers found out that I was hurting myself and trying to hide the scars. The school counsellor directed me to a psychiatrist so I was sent for their separation. My parents separated when I was seven, and they didn’t handle the separation well. I stayed with my mother and we didn’t have a good relationship. I felt that I was at fault for their separation. My mother forbade me to see my father, and whenever I was caught sneaking out to do so, she would punish me severely. The whole situation sent me into a spiral of depression and self-hate.

The reason I was so sick — I believe — is because of my family issues. My parents separated when I was seven, and they didn’t handle the separation well. I stayed with my mother and we didn’t have a good relationship. I felt that I was at fault for their separation. My mother forbade me to see my father, and whenever I was caught sneaking out to do so, she would punish me severely. The whole situation sent me into a spiral of depression and self-hate.

TAKING CONTROL

Melody Ching, 34, has a positive outlook on her bipolar disorder.

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Treatment has been a self-hate. The whole situation sent me into a spiral of depression and self-hate.

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My advice to others with mental health issues... is that there will be times when you can’t help being affected by thoughts and emotions you can’t seem to control. But when a window of opportunity opens for you to think differently, seize that opportunity. For me, the window presented itself in the form of work. I became a tutor and I feel tremendously responsible for my students’ success. I have 16 primary and secondary school students currently, and I channel my energy and thoughts into teaching these kids well. I try my best to sort out any issues I may have before they become mental health triggers. Having control of your illness is pivotal because it indicates whether you make it or break it in life.
The two new specialist wards at IMH are not just about creating a better patient experience; they are also designed to reduce the stigma of mental illness.

Visitors to the two new specialist wards at the Institute of Mental Health (IMH) will be greeted by brightly-coloured walls, airy interiors and serene gardens. The 40-bed Mood Disorders Unit (MDU) Inpatient Service caters to patients with mood disorders such as major depressive disorder and bipolar disorder, while the 20-bed Early Psychosis Intervention Programme (EPIP) Inpatient Centre treats patients with psychosis, symptoms of which include hallucinations, delusions and disorganised thought or behaviour.

Together, the two facilities reflect advances in the treatment and management of mental health conditions at IMH. The wards facilitate new treatment programmes and patient management methods, while catering to the needs and desires of patients uncovered during focus groups. The wards offer Class B2 and C accommodation options for both male and female patients.

More customised treatment

In these new wards, patients are grouped according to their conditions. This is a shift from the usual dormitory-style wards where patients with different conditions were accommodated together. “It isn’t ideal for first-time or young patients to be in the same ward as others with more severe or different conditions,” says Assistant Professor Sujatha Rao, Chief of the Department of Early Psychosis Intervention, which runs the EPIP Inpatient Centre. “Having specific wards for different illnesses addresses this.”

The new design means customised group therapies can now be conducted in specially-designed therapy rooms. It had previously been difficult to do so, as patients would have been accommodated at different wards throughout the hospital. Customised group therapies — which include healthy living classes, art therapy and occupational therapy sessions — are useful in the treatment of mood disorders, says Adjunct Assistant Professor Mok Yee Ming, the head of the MDU. During these sessions, patients gain support and learn to build skills that help them cope with their mental health and other life challenges, as well as to better express themselves. Both wards have also introduced peer support groups. Customised programmes where recovered patients co-facilitate therapy programmes and interact with patients. “This is important in the treatment of early psychosis as such patients are often adolescents and young adults,” says Asst Prof Rao. “Youths rely a lot on their peers for advice and guidance. Through this scheme, they have someone who has actually lived with the condition, to turn to for support.” Feedback sessions show that patients like the new programmes: “They now feel that they have an active role in their recovery,” she says.

Relaxing atmosphere

The healthcare teams have observed that patients — especially first-time ones — are often hesitant to be admitted, mainly due to misconceptions they have about mental health hospitals. “We do offer these patients the opportunity to see the new ward before deciding, and all our patients so far were reassured and comfortable with staying for treatment,” says Asst Prof Rao.

To make the admission process more convenient for patients, both specialist wards have also adopted a new scheme where patients are admitted directly to the wards from IMH’s emergency room, bypassing the general adult of movement. Patients can divide their time freely between the living and dining areas, and the kitchen and pantry. This provides them with a change of scenery as and when they need it. “It also prevents them from feeling cooped up,” says Adj Asst Prof Mok.

Night lounges at both wards further encourage patients’ independence. Those who can’t sleep can spend the night reading a book, playing board games or listening to music at the facility. Asst Prof Rao says this flexibility can aid a patient’s recovery. “A hospital stay shouldn’t be too structured, with everyone going to bed at the same time. It’s important that we help patients feel relaxed, almost like they’re at home, while retaining a recovery-conducive environment.”

The wards also help to reduce the perception of mental institutions. “There are many preconceived notions of mental institutions. These wards show that our patients are just like those in other hospitals, and have similar needs for comfort and interaction,” says Asst Prof Rao.

It’s important that we help patients feel relaxed ... while retaining a recovery-conducive environment.”

Assistant Professor Sujatha Rao, Chief, Department of Early Psychosis Intervention.

*Posed photos are used for patient privacy reasons

IT WAS A FARM

The huge land space at The Woodbridge Hospital, located in Yio Chu Kang, enabled the hospital to introduce gardening and farming as part of occupational and rehabilitation therapy. There, patients were mostly rural people who used to farming and the rural lifestyle. Vegetables such as maize, beans, long beans, radishes were grown. Some of the vegetables were sent to the kitchen and the rest, sold to staff and visitors to the hospital.

THE WARDS

Patients were housed in huge dormitory rooms, sometimes shared by doctors in training and nurses.

THE HOSPITAL

It has been 21 years since the hospital was opened on 4 November 1993. Behinde the glass windows is IMH’s grounds where patients are treated to a view of the green environment.}

DO YOU KNOW? Before it moved to its current premises in Bukit Timah Green Medical Park in 1995 and was renamed IMH, THE WOODBRIDGE HOSPITAL was located in YIO CHU KANG. In those days, CARE was primarily INPATIENT, IN FACILITIES TODAY WHERE THE FOCUS IS ON REHABILITATION, RECOVERY AND INTEGRATION BACK INTO THE COMMUNITY. 

THERAPY: Patients were placed in huge therapy rooms, sometimes done by doctors in training and nurses.

INTERVENTION

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Assistant Professor Sujatha Rao, Chief, Department of Early Psychosis Intervention.

*Posed photos are used for patient privacy reasons
I NEED TO LOOK AT MY PHONE!

I suspect that my friend is having suicidal thoughts. She often says things would be a lot easier if she could just disappear, and I fear she might be thinking of self-harm. What should I do to help?

Miss Jayanthi Manohar Senior Counsellor, National Addictions Management Service

IS MY FRIEND SUICIDAL?

I would not want to worry about it too much. We all experience this to some extent as technology becomes more invasive in our lives. We feel connected to each other, to work, to school, and so on, through our digital devices. You may want to try setting some rules to your usage of the smartphone (such as placing it away during meals or even on, through our digital devices. You may want to try

There are many reasons why a teenager suddenly becomes apathetic and loses interest in his hobbies. It is important that you encourage him to open up, to find out if there are any possible triggers for the behavioural change. Some common causes include academic stress, difficulties with school authorities, friendship problems, bullying, and boy-girl relationships. Parental relationship issues, family financial struggles, or sibling rivalries are also common stressors. You may want to find out if your son experienced any traumatic incident recently. Building a good rapport, providing constant support and reassurance that it is okay to talk to you anything will eventually allow him to feel at ease, and to share his problems. Talking to his close friends and teachers is another way to get information.

Mr Brian Poh Zhi Qian Clinical Psychologist, Department of Child & Adolescent Psychiatry

HAVE A QUESTION FOR OUR EXPERTS?

Write to us at enquiry@imh.com.sg. Questions selected for publication will receive a copy of Beating the Blues: Getting a Grip on Depression. Please include your contact details.

ART FROM THE HEART

As part of its outreach initiative, The Affordable Art Fair (AAF), Singapore, adopted the Woodbridge Hospital Charity Fund as its official charity partner for the November 2015/2016 and April 2016/2017 fairs. Funds raised at AAF support various programmes that benefit persons with mental health issues and their caregivers.

At the November 2016 and April 2016 fairs, IMH staff, volunteers and clients in recovery ran booths where members of the public made a donation to personalise their own ceramic wall plaques and tote bags respectively. Visitors to the booths also had the opportunity to learn more about mental health issues.

Look out for details on the next fairs in November at http://affordableartfair.com/singapore/
THE JOY PARTICLE

HAPPINESS IS MORE THAN a state of mind!

The ‘euphoria’ we feel can be traced to a cocktail of hormones that is triggered by our bodies in response to a variety of stimuli ranging from exercise and food to sex.

ENDOPHINS
Among the mechanisms are endorphins — chemicals produced by the central nervous system and pituitary gland which diminish pain while triggering positive feelings. Some scientists theorise that difficulties with endorphin production may result in depression and conditions such as obsessive compulsive disorder.

ENDOPHINS are produced in the brain by the pituitary gland and hypothalamus and act as natural pain relievers.

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: 6737 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: 1800-221 1221 (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 6327 (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 (24 hours)

Touchline by Touch Youth Services
Bridges emotional support and practical advice to youth.
Tel: 1800-377 2252 (Monday to Friday, 8am 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: 6384 9528 (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 6589 2000 (24-hour hotline)
Appointment Line 6589 2200 (Monday to Friday, 8am – 6pm)
Email: imh_appointments@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 168957
Monday to Thursday 8am to 5.30pm
Friday 8am to 5pm

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

COMMUNITY WELLNESS CLINIC, GEYLANG
21 Geylang East Central, Level 4
Singapore 389707
Monday, Tuesday, Thursday, 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

SAYANG WELLNESS CENTRE CLINIC
for non-subsidised patients
IMH, Block 9 Basement
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

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Has addiction hurt your family?

How do I help my student who has a gaming problem?

How do I talk to my staff about his gambling problem?

Why don’t they just quit?

Looking for answers for yourself or others? The Addiction Recovery College (ARC), the education arm of the National Addictions Management Service (NAMS) can help.

Our workshops, talks and other resources enable you to better understand various addictions and how to overcome them. ARC also customises curriculum and training for professionals and practitioners. Contact us today!