

FEBRUARY-MAY 2020

# IMAGINE

A MAGAZINE ON MENTAL HEALTH

## EMPOWERED BY EXPERIENCE

A clinical psychologist who overcame her own struggles now helps teenagers in similar circumstances

## IF YOU BOOZE, YOU LOSE

New insights on the impact of binge drinking on mental health



## Hand in Hand WE STAND

How peer support networks are helping individuals get on the road to recovery

### PTSD IN PERSPECTIVE

With proper treatment, Post-traumatic Stress Disorder need not be crippling

I don't feel like myself lately. What can I do?

She doesn't tell me her problems. How can I help?

Something's not quite right. Should I ask him to seek help?

The Community Health Assessment Team (CHAT) can help. We offer confidential mental health checks for individuals aged between 16 and 30. Through the health checks, our friendly team of mental healthcare professionals can help youths in distress understand what they are experiencing, and how they can make things better. Make an appointment at [www.chat.mentalhealth.sg](http://www.chat.mentalhealth.sg), or contact us to find out more. Email: [CHAT@mentalhealth.sg](mailto:CHAT@mentalhealth.sg) | Phone: 6493 6500 / 01 (Tue – Sat, 12nn – 9pm)



# CONTENTS

## FEATURES

- 10 FOCUS**  
Tracking the rise of the peer support movement in Singapore.
- 16** Post-traumatic Stress Disorder can affect anyone. But it need not be a crippling condition with the treatment options available today.
- 20 INSIGHT**  
Binge drinking, even once in a while, can affect your mental health, says new research on this topic.
- 14 A LIFE IN MY DAY**  
Having struggled with anxiety and depression, clinical psychologist Dr Jamie Chiu wants to ensure teenagers get the mental health support they need.
- 19 I SERVE**  
As Head, CARE (MOH), NCMS, Adj A/Prof Clare Yeo ensures that her team is ever-ready to respond to national-level critical incidents.

## PROFILES

- 3 MY SAY**  
Dr Wong Sweet Fun, Senior Consultant, Geriatric Medicine at Khoo Teck Puat Hospital, shares the impact of the Share a Pot programme.
- 4 LIVE WELL**  
What's new in mental health research, and tips on maintaining your mental well-being.
- 22 ASK THE EXPERTS**  
IMH clinicians answer your questions.
- 23 IMH SCENE**  
A round-up of news and events centred on mental healthcare.

## REGULARS

- 14** **BEAUTIFUL MIND**  
How does a surge of adrenaline affect us? We look at its effects, both good and bad.

## LAST PAGE

- 24** **BEAUTIFUL MIND**  
How does a surge of adrenaline affect us? We look at its effects, both good and bad.



“By helping others, they are making sense of the illness together with the person they are supporting — it becomes a two-way process.”

**MS ANG SUYING,**  
Senior Case Manager, Early Psychosis Intervention Programme (EPIP), IMH, on the benefits of the Peer Support Specialist role.

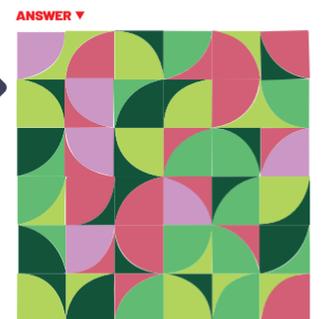
**04 Live Well**  
Discover the link between digital device usage and poor eating habits.



FEBRUARY - MAY 2020



### Spot the difference



1

Turn to page 9 for the puzzle

## WHEN EMPATHY LEADS TO EMPOWERMENT

Individuals with mental health issues often face a two-pronged fight. Besides coping with the symptoms of the condition, they need to contend with the 'external' challenge of societal stigma. Recovery can be a difficult process, and having guidance from someone who has overcome a similar situation can go a long way. This forms the basis of the peer support movement, which has been gaining ground in Singapore in recent years. Our cover story (pg 10-13) looks at how Peer Support Specialists – themselves persons in recovery – are helping others with mental health issues.

Empathy has also guided the efforts of Clinical Psychologist Dr Jamie Chiu (pg 14-15) who has overcome her share of mental health struggles to become an advocate of mental wellness among the young. Here, she talks about her experience and the importance of letting teens know that they are not alone. This need for social support is not confined to youths – and Dr Wong Sweet Fun, Senior Consultant, Geriatric Medicine at Khoo Teck Puat Hospital (pg 3) can attest to how empowering it can be for seniors, too. While initially targeted at meeting the nutritional requirements of the elderly, the Share a Pot initiative that she champions has given rise to other beneficial aspects, such as combating isolation and the psychological distress that this may bring.

Also in this issue, we take a closer look at Post-traumatic Stress Disorder (pg 16-18), its treatment and signs to look out for in a friend or loved one who may be experiencing it.

Sometimes a helping hand and listening ear are all it takes to get people with mental health issues started on their path to wellness. Let's do our part by showing empathy and walking the road with them.

Happy reading.

*the editorial team*

FOR MORE INFORMATION // VISIT [WWW.IMH.COM.SG](http://WWW.IMH.COM.SG) OR WRITE TO US AT [ENQUIRY@IMH.COM.SG](mailto:ENQUIRY@IMH.COM.SG)

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Dr Wong  
Sweet Fun

Senior Consultant,  
Geriatric Medicine  
at Khoo Teck Puat  
Hospital

# Happy Meal

How does a bowl of nutritious soup improve one's well-being? **Dr Wong Sweet Fun**, Senior Consultant, Geriatric Medicine at Khoo Teck Puat Hospital, shares the impact of the Share a Pot programme. Interview **KOH YUEN LIN** // Photo **MARK LEE**

**>> GROWING UP IN A CANTONESE** family, Dr Wong Sweet Fun always came home to steaming pots of soup. Today, she shares the joys of her family's comfort food with a much bigger community through the Share a Pot initiative. Started in 2015, it is a volunteer-run programme designed to provide better nutrition for senior citizens while providing them with a platform for social interaction to reduce, delay or prevent physical, mental and social frailty.

The concept is simple: at 32 locations spread across the island, community events open to all are held once a week. While volunteers cook up huge pots of high-protein, calcium-rich soups using recipes fine-tuned in consultation with dietitians, the seniors take part in fitness sessions. They then tuck into a bowl of nutritious soup while engaging in conversations with one another. "We combined eating and exercising – two popular communal activities – into what we call a feel-good community-based programme so that people would come again and again," shares Dr Wong, who is also the Chief

Transformation Officer at Khoo Teck Puat Hospital and Yishun Health.

### WHAT'S COOKING

The soup menu started off with five of Dr Wong's family recipes. The selection has since grown to 16, including heirloom recipes from Malay families. Most venues feed about 30 seniors at each session, but others might welcome as many as a hundred.

While simple, these sessions have a far-reaching impact on the seniors' physical and mental well-being. "If you ingest a high-protein meal two hours before or after exercise, the protein is used to build muscles, and exercise keeps the muscles strong," shares Dr Wong. "People also tend to eat poorly when they are on their own – my dad developed scurvy from a diet of instant noodles while he was staying in Malaysia away from us," shares Dr Wong.

The sense of loneliness faced by many seniors in Singapore is a matter of concern, as it has far-reaching implications: "Loneliness leads to poor nutrition, which leads to poor physical and mental health. We need the 'third space' where people can develop a sense of community and network with others. This used to be the void deck or small neighbourhood stores where people would interact, build relationships and go on to look out for each other. But these have been rapidly taken over by supermarkets and other large entities."

With Share a Pot, Dr Wong and her league of volunteers from schools, community groups, religious organisations and more, have created new places for seniors to build meaningful bonds. Rather than facing the four walls of their house, the seniors get to meet people, see the smiles on the faces of others, be encouraged by their peers and achieve things they did not think possible: from doing simple exercises to getting out of the wheelchair to get their own soups. More than the exercises and nutritious soups that help to build the body, Dr Wong attributes these achievements to the positive effect that social interaction has had on the

“Loneliness leads to poor nutrition, which leads to poor physical and mental health. We need the ‘third space’ where people can develop a sense of community and network with others.”

elders' mental health – even if it was an unintended side effect. This positive side effect even impacts the volunteers. "Many of the volunteers thought of themselves as housewives with no special skills," said Dr Wong, "But seeing how they are making an impact in the community makes them feel good psychologically and even their mental health improved." A meal shared is a happy meal, indeed.



FOR MORE INFORMATION  
ON THE PROGRAMME, VISIT  
[WWW.SHAREAPOT.SG](http://WWW.SHAREAPOT.SG)

# LOVE WELL!

## Love Yourself

» In an interview last year with *British Vogue*, actress Emma Watson revealed that she was “self-partnered”. Baffled? The term refers to people empowering themselves and fulfilling their own needs. “It took me a long time, but I’m very happy [being single],” the 30-year-old explained. While the term might be new, the concept behind it isn’t.

Being self-partnered builds on self-compassion. This entails being kind, supportive and understanding towards yourself. In fact, many of us practise this unknowingly: taking the time to do something that makes us happy is the easiest form of self-compassion. Here are some other tips you can follow to be kinder to yourself:

» **TREAT YOURSELF AS YOU WOULD A CHILD.**

We are often much kinder to children than we are to ourselves. Much progress can be made by giving ourselves the very **compassion** that we might give to a child in times of pain or grief.

» **EMBRACE IMPERFECTIONS.**

Don’t beat yourself up if you make a mistake. Ask yourself what you can **learn** from it, take the knowledge you have gained and move forward. This is also a useful way of accepting yourself and acknowledging that you are only human.

» **PRACTISE MINDFUL LOVE.**

Being **mindful** can be one of the greatest acts of self-compassion. We can sometimes get lost in a sea of negative thoughts about ourselves, which can be curbed by being more mindful of our thoughts, judgments and feelings.



**TIME TO OPEN UP**  
Some 20 leaders from Singapore’s private and public sectors signed a joint pledge >



in October 2019 committing to champion and prioritise mental well-being within their organisations, as well as the wider local workforce. Organised by the WorkWell Leaders Workgroup (WLW), the session was attended by executives from organisations as diverse as the National Healthcare

Group, Dell Singapore and BP. The closed-door meeting saw top executives sharing insights on employee mental health within their organisations. Subsequent dialogue sessions will seek to further spread these insights and best practices among leaders of Singapore’s workforce.

## Screen time overdose

Teenagers who consume too much sugar and caffeine might also spend more time than average on electronic devices, particularly TV. That’s the conclusion of a study by McMaster University researchers who looked at the dietary and entertainment habits of more than 32,000 American teenagers. They found that an additional hour per day of TV was linked to a 32 per cent higher risk of exceeding the World Health Organization’s (WHO) recommendations for sugar and a 28 per cent increased risk of exceeding WHO caffeine recommendations.

The time spent on smartphones also had an effect: each hour per day of talking on a mobile phone or using social media was associated with an increased risk of exceeding both sugar and caffeine recommendations.

Researchers credit this trend to distracted eating – namely eating while watching TV or scrolling through their phone. The study’s lead author Dr Katherine Morrison, shared that counselling or health promotion could potentially help address this issue. Her findings were published in the journal *PLoS ONE*.

**+**  
**DETER DISTRACTED EATING**

Being more mindful when eating can help in portion control. A simple way to start is to **avoid eating while using your phone or watching TV**. Make an effort to notice the colours, smells, flavours and textures of your food. If this is too hard for you, start slow. One mindful meal a week is better than none!



## NEW PLANNER, NEW YOU

Here’s a simple way of staying more organised this year: a bullet journal. Called BuJo for short, this is an organisational system that’s fast-growing in popularity. Think of it as part-planner, part-diary and part-motivator, complete with space for written meditation. With sections to log your daily to-do list, monthly calendar, notes, long-term wants and more, a BuJo is customised to your life. Sounds too artsy for you? Fret not, says BuJo

creator Ryder Carroll in an interview with CNBC. “It’s not about how it looks, it’s about how it (makes you) feel, and how it works for you.” Best part is, you can create it out of any ordinary notebook. Just be sure to include these sections, which can help frame your mind:

> **Index:** This section is at the front of your notebook and helps you quickly find what you are looking for in your BuJo.

> **Future Log:** Dedicate four pages to be a year-at-a-glance calendar, listing future events, goals and long-term tasks. Add birthdays, travel plans and major holidays too.

> **Monthly Log:** A two-page spread that includes a calendar with a bird’s-eye view of the month. Also dedicate a task page with things you want to tackle during the month.

> **Daily Log:** This holds your day-to-day to-do list.





**MORE THAN A PINCH**

These are the saltiest hawker dishes around, according to the Health Promotion Board (HPB):

- 1  **LAKSA**  
7,904mg of sodium
- 2  **MEE GORENG**  
2,607mg of sodium
- 3  **CHICKEN CURRY NOODLES**  
2,581mg of sodium

HPB's recommended daily sodium intake for an average adult is no more than 2,000mg a day (or equivalent to one teaspoon of salt).

**> SAY "SO LONG" TO SODIUM**

Instead of saying "pass the salt", perhaps it is time to say "pass on the salt". That's because a high-salt diet may negatively affect cognitive function, according to the results of a study carried out by researchers from Weill Cornell Medicine, the biomedical research unit and medical school of Cornell University in New York, and published in *Nature*.

They found that a high-sodium diet can affect vascular health by causing a nitric oxide deficiency in the brain. Low nitric oxide levels have been linked to chemical changes in the brain, which can hasten its degeneration. This latest research builds on a 2018 study which found that a high-salt diet caused dementia in mice. "Our study proposes a new mechanism by which salt mediates cognitive impairment and also provides further evidence of a link between dietary habits and cognitive function," said lead study author Dr Giuseppe Faraco. The study's senior author, Dr Costantino Iadecola added, "We've got to keep salt in check. It can alter the blood vessels of the brain and do so in a vicious way."

**STAR JUMPS FOR SUCCESS**

The list of benefits of exercise is about to get longer – for one, it may help you ace your tests. University College London scientists have found that students who take part in physical exercises, such as star jumps and jogging on the spot, integrated into school lessons do better in tests than peers who stick to sedentary learning. "[Physically active lessons] can create a memorable learning experience, helping children to learn more effectively," explained the study's lead author Dr Emma Norris. She pointed to one activity used in the research: simulating travelling the world by running on the spot in between answering questions relating to different countries. The team concluded that the children were more active and focused on the task than peers in a control group and were more likely to follow their teachers' instructions closely.

This global study featured input from partners at Leiden University, the National University of Singapore, and the University of Sydney. Its results were published in the *British Journal of Sports Medicine*.



LETTING GO OF WORK  
**while on a holiday**

There's no dismissing the importance of work-life balance. For one, taking a break improves productivity. Also, working non-stop can lead to chronic stress. A vacation offers people a chance to get away from work and come back recharged. But the Internet has made it nearly impossible to switch off from work completely – whether you're in Bali or Brisbane, it can be difficult to turn off the flood of office emails and texts. How then can we ensure a good break when on holiday?

**Follow these tips to keep work at bay when you're on leave:**

- 1. **Helpful handovers.** Ensure you do a thorough handover to your designated covering officer; this prevents unnecessary communication when you are away.
- 2. **Silence email.** Turn off notifications and sync settings for your emails so you aren't constantly reminded of the office.

3. **Set boundaries.** Depending on the nature of your job, checking your emails may be inevitable. A quick check-in can also put your mind at ease and help you enjoy your holiday better. Browse your messages briefly and only respond to the more important ones.

**LEAVE WORK AT HOME**



**#KNOW MORE**

February might be the most pleasant month for Singaporeans suffering from constant pain. That's because the month is the Republic's driest. According to the Meteorological Service Singapore, the typical rain-free spell in February is the result of the dry phase of the northeast monsoon that sees the rain-belt moving further south of Singapore.

**CLOUDY WITH A CHANCE OF PAIN**

According to scientists from the University of Manchester, people with conditions like arthritis, fibromyalgia, migraine and neuropathic pain are 20 per cent more likely to suffer pain on humid and windy days. "This would mean that, if your chances of a painful day on an

average weather day were five in 100, they would increase to six in 100 on a damp and windy day," said study author Professor Will Dixon in a statement, which was published on the university's website.

The study was based on data from over 13,000 people in

the United Kingdom in 2016. Participants recorded their symptoms on a smartphone app and scientists used GPS data to record weather conditions on specific days. Dry days were least likely to be painful, according to their research.



**#KNOW THIS**

The Straits Times reported that Singaporeans are among the world's most sleep-deprived people, based on a global sleep study in 2019.

**Stressed? Deep sleep helps**

**RESEARCHERS FROM THE UNIVERSITY OF**

California, Berkeley, have discovered an effective stress-buster: deep sleep also known as non-rapid eye movement (NREM) sleep. NREM sleep typically covers the first hour of each sleep cycle which is then followed by rapid eye movement (REM) sleep.

REM sleep gets its name from the random and rapid movement of the eyes and is associated with vivid dreaming. The average adult completes about four to five cycles of sleep every night. "We have identified a new function of deep sleep (or NREM), one that decreases anxiety overnight by reorganising connections in the brain," said study senior author Professor Matthew Walker. "Deep sleep seems to be a natural anxiolytic (anxiety inhibitor), so long as we get it each and every night."

**FOR THE STUDY**, participants watched emotionally-stirring videos clips after a full night of sleep and after a sleepless night. After a night without sleep, brain scans showed a shutdown in the part of the brain that helps keep anxiety in check, while the deeper emotional regions were overactive.

Conversely, after a well-rested night, participants' anxiety levels declined significantly. "Deep sleep had restored the brain's prefrontal mechanism that regulates our emotions, lowering emotional and physiological reactivity and preventing the escalation of anxiety," Prof Eti Ben Simon, the study's lead author, concluded.

**Prepare for sleep**

Finding yourself tossing and turning through the night? You're not alone: *The Straits Times* reported that Singaporeans are among the world's most sleep-deprived people, based on a global sleep study by Philips that was published last year. Buck the trend by following these tips to prepare your body for a restful night:

- > **MOVE YOUR BODY:** Low-to-moderate exercises can prepare your body for sleep. That's because your body heats up when you work out. A few hours after, your body temperature drops again, signalling that it's time to sleep. Good choices include restorative exercises like yoga and deep stretching.

- > **KICK THE MIDDAY CAFFEINE:** Effects of that late-afternoon cuppa can

**TIPS FOR SLEEPING WELL**



keep you up all night. Since the effects of caffeine can last up to six hours, consider having your coffee break no later than 3pm.

- > **RELAX, IT'S TIME TO SLEEP:** Ending the work day with a gripping Netflix drama might not be the best thing for a restful night. Instead, opt for a relaxing and less-stimulating activity like reading or listening to soothing music.

**EXERCISE MAY**

**keep the blues away**

Just three hours of exercise a week can lower the risk of depression, according to a new study. And the choice of activity doesn't matter either — researchers at Harvard University and other institutions found that almost any type of physical activity, both strenuous and light, helped. However, they stressed that the benefits were greater when people exercised more often. In fact, the risk of depression fell 17 per cent with each additional 30 minutes or so of daily activity. Researchers also discovered that physical activity could buffer those at genetic risk of depression.



**FREE WORKOUTS AROUND THE ISLAND:**

You don't have to take an expensive exercise class to reap the benefits of working out. Begin your fitness journey with these free workout classes offered by the Health Promotion Board (HPB):

**K-Pop mania** Sweat out to the hottest Korean tunes for around an hour in KpopX fitness classes under HPB's Sunrise in the City programme. Aimed at working adults, this programme offers complimentary morning exercises classes across the Central Business District. Sign up at [healthhub.sg/events](http://healthhub.sg/events).

**Shop and shake** HPB's mall workouts offer free hour-long workouts and require no prior registration. Download the Healthy 365 mobile app for schedules and more information.



**HUNGER HEIGHTENS TASTE**

"I'm so hungry I could eat a horse" is an oft-heard phrase; and new research suggests that this imagined 'horse' might seem especially tasty. That's because Japanese scientists have found that food tastes sweeter when our stomachs are rumbling. They also discovered that bitter food becomes less difficult to eat when we're hungry. Researchers from the country's National Institutes of Physiological Sciences credit this phenomenon to pathways in the brain.

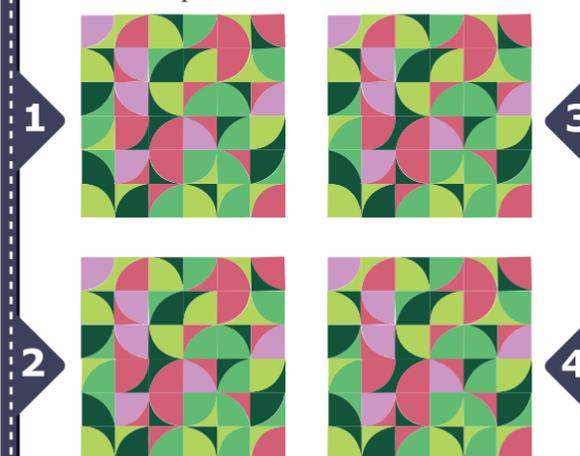


These pathways are especially stimulated during times of hunger, preventing the body's usual reaction to tastes. The researchers shared that humans generally prefer sweet tastes because these signal calorie-rich food, and avoid bitter and sour tastes because they indicate spoiled food. These preferences are modified by internal states such as hunger.

Lead author Dr Ou Fu and his team believe that these new findings could provide the groundwork to eventually control taste preferences, which could be useful in obesity and diabetes management. However, much work remains to be done before reaching this stage.

**Spot the difference**

Which square is different from the rest?



REFER TO THE CONTENTS PAGE FOR PUZZLE ANSWER

**F**or more than 20 years, Ms Deborah Seah, 37, suffered in silence with mental illness. At her

lowest point, she would cry for hours over trivial matters and possessed so little energy that she could not even brush her teeth. “I lost interest in all things and was suicidal at times. I wished I could sleep forever and not wake up,” she says.

Ms Seah was diagnosed with anxiety and bipolar disorder in 2013. As part of her recovery journey, she was referred to a Peer Support Specialist (PSS), whose recovery story so inspired her, she started to have hope that it is possible to get better. Today, Ms Seah is paying it forward – she is a certified PSS who finds meaning in using her lived experiences to help others cope with and overcome their mental health conditions.

#### RECOVERING IDENTITY

Although fairly new to Singapore, peer support services in the mental health sector have been established in the West since the 1990s. It was sparked by the rise of the recovery movement, an initiative that looks beyond psychiatric symptoms and focuses instead on a person’s identity, strengths and personal goals.

Ms Ang Suing, a Senior Case Manager in IMH’s Early Psychosis Intervention Programme (EPIP), describes peer support as the process of providing encouragement, instilling hope and sharing experiences of coping or narratives of recovery with others who are going through hardships of a similar nature. “Traditional mental health services usually looked at reducing or removing the symptoms of mental health conditions.

However, patients started taking a self-directed approach in their recovery and in living well with their condition. This led to a shift in the way they viewed recovery,” she explains.

Instead of fixating on a set outcome, recovery became a personal journey of reclaiming one’s identity and life. As part of the recovery movement, people started providing peer support services. In particular, those who had battled mental illness



# Strength in Solidarity

## Tracking the rise of the peer support movement in Singapore.

Text Pamela Quek

### GROWING THE COMMUNITY:

**Mental health advocate Deborah Seah started the Community of Peer Support Specialists (CPSS) in 2018 to advance the peer support movement in Singapore.**

**You completed the National Council of Social Service (NCSS) PSS Programme in 2017. What made you sign up for the course, and what was your biggest takeaway from it?** I wanted to use my lived experience to help others. ‘Holding the hope’ was the most important principle I learnt. I want to hold the hope for others even when they despair and lose faith in their own recovery.

**What do you find most fulfilling about being a PSS?** It is when I see others making progress after being inspired by my recovery story. It motivates me to keep giving back to society. Also, the role reinforces my own recovery – whenever I share my story, I recall how far I’ve come.

**What prompted you to form the CPSS?**

I felt that all alumni of the NCSS course should be grounded in peer support principles and continue to hone our skills together. We should be united in one voice for the common cause of advancing the peer support movement in Singapore. We currently have about 44 members.

**How do CPSS members help raise the profile of PSS?** Apart from giving talks, doing media interviews and sharing our recovery stories on various platforms, we conduct ourselves according to our core values of Hope, Unity, Mutuality, Authenticity, Acceptance and Understanding (HUMAN).



Hopefully, the work of CPSS can restore the human touch needed in overcoming mental health issues. We want to spread the message of hope in recovery by modelling recovery ourselves. We want to walk the talk because actions speak louder than words.

**What are your hopes for the peer support movement in Singapore?**

I hope that in time, the peer support discipline can be integrated into Singapore’s mental health services across sectors. I also hope to see more PSS being hired throughout healthcare and community systems. This can only happen when the current pool remains united and dedicated by standing together to model resilience and hope for all.

could offer an insider’s perspective and display authentic empathy for others in a similar situation.

**A POSITIVE RESPONSE**

At EPIP, the involvement of peers in services started gaining traction in 2005 in the form of Club EPIP, a psychosocial centre in IMH that aims to promote recovery and empower clients to regain their pre-illness roles. “We started with having a few recovering patients coming in as volunteers to co-facilitate some of the activities such as support groups and sports. The response was good and we realised that they were providing very good input and service,” says Dr Swapna Verma, Chief, Department of Psychosis, IMH. The team decided to formalise what was, till then, an ad hoc arrangement. At the same time, EPIP team members who had attended conferences in Australia were impressed by how young people there – particularly in the role of peer support – were contributing to mental health

services. This strengthened the belief that through a sharing of personal experiences, peer support could help patients cultivate a sense of connectedness with those in similar situations and feel less isolated as a result.

**CHANGING THE OUTLOOK**

In 2009, IMH began formally engaging persons in recovery on a voluntary and part-time basis, shifting from ad hoc and informal to a more structured arrangement. This has since evolved into the current programme which sees certified PSS employed as an integral part of the hospital’s multidisciplinary teams. There are currently 16 PSS working alongside psychiatrists, nurses and allied health professionals, in various departments and programmes. This has shifted the way care is delivered. “We look beyond the labels, and there is a conscious move to change the language,” says Dr Swapna. “Previously doctors and caseworkers might describe a

“When I see others making progress after being inspired by my recovery story, it motivates me to keep giving back to society. Also, the role reinforces my own recovery – whenever I share my story, I recall how far I’ve come.”

>> For more info on CPSS, visit [www.communityofpss.com](http://www.communityofpss.com)



“It’s encouraging that the peers are taking ownership of the movement. The mindset shift now needs to come from the medical community. We need to listen to the peers and really believe in their strengths and join them in supporting the movement.”

DR SWAPNA VERMA,  
Chief, Department of Psychosis, IMH

patient as ‘schizophrenic’ but we are more sensitive now and will say ‘a person with schizophrenia’ instead. The illness does not define him or her.” Ms Ang adds that the PSS presence has made the medical community relook what recovery means. A PSS in a stage of recovery sharing his lived experience with a patient can be seen to be taking personal responsibility for his own wellness. “The medical community now views peers as being able to manage their condition alongside us,” she says. “When we see PSS with schizophrenia helping others and recovering in their own way, it transforms the way we look at the illness, and we carry hope for our patients. You can still pursue your hopes and dreams even with this condition.”

#### A TWO-WAY STREET

How does a PSS benefit from the role? “The idea that they can contribute by helping others is very empowering,” explains Ms Ang. “Some of them may not be in a very advanced stage of recovery, but by helping others, they are making sense of the illness together with the person they are supporting — it becomes a two-way process.”

Being diagnosed with a mental health condition can be a life-changing experience and often, when patients are working towards recovery, they wonder if they will ever be ‘reunited’ with their old selves. They are also often dealing with

self-stigmatising beliefs like not being good enough, for example. “When a PSS comes in, talks to them and gives them hope, it helps rebuild the patient’s sense of identity,” says Dr Swapna. This sharing and validation of experiences, and discussion of coping strategies help patients believe in their own recovery.

#### MAKING THE TRANSITION

How one goes from a patient to a PSS is a choice the individual has to make. Interest and commitment aside, one must also be comfortable with talking about his or her illness, be it in small closed-door groups or even in panel discussions or press interviews. EPIP has a tiered system where a person in recovery who expresses interest in becoming a PSS can start off as a volunteer after attending an in-house training programme. If they enjoy the work, they can sign up for the PSS Programme to become a certified PSS (see box story).

Dr Swapna points out that as more patients come into contact with peers, they become motivated and inspired. “Today, we have PSS teaching medical students how to approach patients, how to show empathy and so on,” shares Dr Swapna. “There are also peers involved in research and other areas.” When asked about their hopes for the peer support movement in Singapore, both Dr Swapna and Ms Ang are happy to note that the peers have taken the lead to form their own community. Some, like Ms Seah, have even formed their own network groups to give the movement a bigger presence in Singapore. Adds Dr Swapna, “It’s encouraging that the peers are taking ownership of the movement. The mindset shift now needs to come from the medical community. We need to listen to the peers and really believe in their strengths and join them in supporting the movement.”



## I CAN CONTRIBUTE TO SOCIETY

MS VALERIE LIU, A PEER SUPPORT SPECIALIST WITH THE SINGAPORE ASSOCIATION FOR MENTAL HEALTH, SHARES MORE ABOUT HER ROLE.

“I decided to become a PSS because of my mother, who never gave up on me when I was going through the toughest times of my illness — schizophrenia. Because of her, I wanted to help others with their recovery journeys. I’ve found that most of them want the same things as I did: to recover quickly, get a job and get on with life. My role is to share my experiences and knowledge, to encourage them and tell them to never give up. I also go to schools, hospitals and into the community to talk about my experiences. Recently, I was part of a panel discussion held in a corporate setting. At the end of the event, a lady approached me and opened up about her situation. She later sent me an email to share that my story made her feel less alone. Her words made me feel very happy and fulfilled.”

Apart from the satisfaction of helping others, being a PSS has made me realise that I can contribute to society. I also realise that to be useful, I have to first focus on my own recovery, so that I have the energy to help others. To me, recovery is all about the ability to lead a satisfying life filled with hope. Being a PSS has helped me gain confidence and made me believe that I can live a meaningful life — and that recovery is possible.”

“Valerie Liu, 37, is currently employed as an Executive and PSS with the Singapore Association for Mental Health Community Education and Engagement Programme. This programme aims to enhance understanding of mental health in the people-private-public sectors.”

VALERIE LIU,  
Peer Support Specialist,  
Singapore Association  
for Mental Health



## 7 Things to Know About the Peer Support Specialist Programme

1 Launched in 2016 by the **National Council of Social Service (NCSS)** with strong support from IMH and mental health organisations, it is Singapore’s first national training programme designed to prepare individuals with mental health conditions for the role of PSS.



To date, **80 persons** have graduated from the programme and **11 organisations** — such as the Singapore Anglican Community Services, Club HEAL, Ang Mo Kio Family Service Centre Community Services and IMH — have employed them in PSS roles.



Participants in the Certificate in Peer Support module will be equipped with skills relating to **experiential learning, relationship building, professional responsibilities and self-care in the workplace**, among others.



Only persons with lived experience of mental health conditions are eligible to participate in the programme. Other considerations for enrolment include displaying **resilience**, having a **good insight** into their mental health condition, and a willingness to **share their stories to inspire hope**.



The programme consists of two modules:

- Preparatory Training for Potential Peer Support Specialist, a two-day classroom course.
- Certificate in Peer Support, which comprises 10 days of classroom training and 100 hours of supervised practicum at a healthcare or social service agency.



One of the programme’s goals is to **empower individuals** by developing their potential and equipping them with skills that enable them to actively contribute to society.



The **NCSS Apprenticeship Scheme** was rolled out in 2018 in partnership with Workforce Singapore to provide certified PSS with training allowances of up to nine months. Thus, employers and the PSS are both able to assess job suitability prior to considering formal employment. This helps to lower the barrier to employment for PSS roles and also increases the success of job fit.

Go to [www.ssi.sg/peersupportspecialistprog](http://www.ssi.sg/peersupportspecialistprog) for more information.





**Growing up,**

I was an anxious child. Unpredictable moves and a lack of consistency are what I remember when I look back on my childhood. I was born in Hong Kong, but had already lived in three cities in Australia by the age of five – my dad was a chef, and he had a tough time finding stable work. When I was six, we relocated to Ghana because my dad was offered a job at a Chinese restaurant there. I felt different from everyone else, and my symptoms of anxiety began to intensify. When I was 14, my parents separated and I moved back to Australia with my mum. I did not cope well with that transition and it left me with a stronger sense of not really belonging anywhere.

**‘What’s wrong with me?’** Why am I like this? Those were questions I often asked myself. Anxiety made me hypersensitive and fearful of messing things up, of disappointing others, of failing. During my primary school years, I would get up in the middle of the night, compelled to check my school

bag multiple times to make sure I didn’t forget my homework. I would wake up on test days with terrible stomach aches, and even answering simple questions in class (to which I knew the answers) would leave me close to tears, and with a pounding heart. As a teen, I became more reserved. I pretended I was fine, but underneath my anxiety and dislike for myself grew. I couldn’t cope, I became depressed and developed an eating disorder.

**I never shared my struggles** because I was so ashamed.

I held firmly to the belief that I was deeply flawed, that everything wrong was my fault, and that I would only be a burden to others. However, I also yearned to understand and figure myself out. I wanted to know how my mind worked, so I decided to study Psychology in university. And it was through my studies that I learned I had a mental health condition. Knowing what was going on gave me relief and lifted a burden off me.

There was less self-blame and that empowered me to take action.

**DR JAMIE CHIU**

33, Clinical Psychologist; Founder of Hong Kong start-up The Brightly Project



Dr Jamie Chiu was a speaker at the 9<sup>th</sup> International Conference – Together Against Stigma held in October 2019 in Singapore.

**Because I tend to blame myself** when something unpleasant happens, I have to practise shifting my thoughts. When you’re affected by depression, it’s hard to separate your feelings from yourself. You don’t think of it as, ‘I am experiencing symptoms of depression’. No, what you think is – ‘I am lazy, tired, boring. I’m a failure and disappointment to everyone.’ But why should I be so mean to myself, right? I often tell young people that as well – we have so many thoughts at any one time and they are not always helpful or accurate, and can sometimes be downright misleading. So it is this constant reminder to be compassionate to yourself.

**I work with young people because** I want to offer them the support that I wish I myself had. When my parents separated, we suddenly became a single-parent immigrant family. Also, my mum didn’t speak a lot of English, so I felt I had to step up and stay strong for the family. I told myself that I couldn’t be a burden, so I kept my anxiety, depression and eating disorder a secret. I never got the help that I needed. As a teen, if you don’t go to your family, then you really feel that you have nowhere else to get help. Many students don’t want their parents to worry, or feel that they don’t know how to bring up their issues. That’s why I wanted to provide struggling teens an option with The Brightly Project (see box below).

**How can we offer support** to vulnerable youths sooner? It is not easy to come forward and share

with others that you are feeling low or are having difficulties coping. I previously worked as a school counsellor and so many of the students told me that they had been struggling for years before either a teacher noticed, or they themselves reached out for help. That’s where I started thinking about how technology could help us connect with students who are at risk, but in a way that is comfortable for them, and doesn’t make them feel singled out. That’s key, because their first contact with the mental health support system can determine a

**“ Sadly, stigma towards people with mental health conditions is still very prevalent. I hope that by being open about my struggles, it can help other young people feel less alone. ”**

lot about their subsequent attitude towards seeking and receiving help.

**Over 6,000 students have undergone our mental health screening** this past year.

For school administrators, it is often the first time they get a comprehensive view of how their students are feeling. Armed with this data, schools have been able to make changes, knowing where to allocate well-being efforts. Many students were touched that school administrators took their feedback to heart. The whole idea is to build a stronger community in schools and

open up the conversation around well-being, slowly reducing the stigma around mental health.

**Sadly, stigma towards people with mental health** conditions is still very prevalent. I hope that by being open about my struggles, I can help other young people feel less alone. But it hasn’t been easy – some parents have reacted positively after hearing me open up about my own mental health challenges, while there are those who worry whether I am capable or stable. This leads to the outside-in

effect, also known as self-stigma. When society tells you you’re weak for having mental health issues, you tend to internalise that.

**As a teen, I believed I was flawed** and broken. I wished for an adult I could look up to, someone to give me their time, attention and care, to truly see and know me, so that I could have believed I was deserving. Although I can’t change my past, I can be that adult for the young people I work with today.”

# Speaking from experience

Having struggled with anxiety and depression while growing up, Dr Jamie Chiu, a clinical psychologist based in Hong Kong, wants to make sure teenagers get the mental health support they need in schools.

Interview FAIROZA MANSOR Main photo LIONEL LAI

At The Brightly Project, Dr Jamie Chiu and her team create technology to help schools prevent student suicides. Drawing on Jamie’s clinical expertise and own struggles with mental health, the tools are friendly, non-stigmatising, and have been used in schools across Asia to reach out to vulnerable students who are in need of support. To find out more, go to [www.thebrightlyproject.com](http://www.thebrightlyproject.com).



# Pulling through and moving on

Man, woman, young or old, **Post-traumatic Stress Disorder** can affect anyone. But it need not be a crippling condition with the treatment options available today.

Interview **THERESE TAY** in consultation with **DR LAU BOON JIA**, Consultant, Department of Mood and Anxiety, IMH; and **MS MICHELLE TAN**, Clinical Psychologist, Department of Psychology, IMH // Photos GETTYIMAGES



## >> THE SPATE OF REVELATIONS

in recent years by a number of celebrities — from singers Lily Allen and Lady Gaga to actors Shia LeBeouf and Keira Knightley — about their struggles with Post-traumatic Stress Disorder (PTSD) could leave some observers confused. After all, in the minds of many, PTSD is something that affects soldiers, the term having entered into conventional use in the 1970s after many Vietnam War veterans were diagnosed with it. How then would entertainers who have never seen combat be affected by it? The truth is, PTSD can affect anyone who has had a traumatic experience. In Lady Gaga's case, it was set off

after she was sexually assaulted as a teenager. For Allen, the PTSD was triggered by the stillbirth of her child in 2010.

But what defines an event as traumatic? "These are typically scenarios where one could suffer life-threatening injuries



**“Everyone’s vulnerability is different and this can be due to genetic make-up, personality, available resources and support as well as past traumatic experiences.”**

**DR LAU BOON JIA**, Consultant, Department of Mood and Anxiety, IMH

or interpersonal violations. Such experiences, whether personally experienced or witnessed first-hand, can cause intense fear, horror or helplessness, leading to high levels of distress," explains Dr Lau Boon Jia, Consultant, Department of Mood and Anxiety at the Institute of Mental Health (IMH). These can include accidents, physical assault, and emotional or sexual abuse.

What's important to note is that it's not just the magnitude of the event itself, but also its personal significance to the victim, Ms Michelle Tan, Clinical Psychologist, Department of Psychology, IMH, adds. So, the same event that leaves one person

relatively unaffected may cause marked distress to another.

### SPOT THE SIGNS

Experts say that persons with PTSD experience certain symptoms that interfere with day-to-day functioning for at least a month. These symptoms can be grouped into four clusters:

#### > Having re-experiences

"They may re-live the situation over and over again — we call this a flashback — and can also have intrusive recollections and nightmares. These are extremely distressing," says Dr Lau.

#### > Hyper-arousal or hyper-vigilance

"They may become very watchful and can be easily startled and jumpy. They feel a need to protect themselves from the feared event happening again," Ms Tan explains.

#### > Changes in mood and cognition

"Typically, this includes withdrawing from people, a loss of interest in activities, persistent self-blame or guilt, and distorted beliefs about aspects related to the traumatic incident," Dr Lau explains.

#### > Avoidance

"They may stay away from things associated with the traumatic incident to not be reminded of it. For instance,

a woman who was sexually assaulted may avoid the place where it happened, or avoid speaking or interacting with men," Ms Tan shares.

In general, people with PTSD also report a lower quality of life, difficulty socialising and difficulty concentrating at work. Having PTSD may also increase one's risk of other mental health problems, such as depression and anxiety, and addiction issues



**“Treatment aims to reduce avoidance of reminders of the traumatic event. Shutting them out provides short-term relief from distress but it doesn’t help in the long run as it keeps individuals trapped in the past and unable to face their fears.”**



**MS MICHELLE TAN**, Clinical Psychologist, Department of Psychology, IMH

— as they turn to alcohol or other substances, to numb or avoid the painful symptoms of PTSD.

### WHO'S AT RISK?

It is not clear why some develop PTSD while others don't, but there are some factors that may increase a person's risks. "First, the incident itself has much to do with it. The person's proximity to the incident, the severity of it as well as its duration are some of the significant elements," says Dr Lau. Then, factors surrounding the person itself come into play. "Everyone's vulnerability is different and this can be due to genetic make-up, personality, available resources and support as well as past traumatic experiences," Dr Lau says.

Studies have shown, however, that women are more likely to experience PTSD. One reason could be that women typically present with more sexual trauma — such as domestic violence, rape or attempted rape and sexual abuse — than men. Men are also less likely to report having undergone traumatic events.

### STRATEGIES FOR SURVIVORS

Conventionally, treatment for PTSD has two components: medication and therapy. "Antidepressants are often prescribed at the start of treatment. This is to stabilise

the mood and post-traumatic symptoms, and help the person get to a state ready for therapy," Dr Lau explains. "After a traumatic experience, the body's stress system, among others, is activated. Antidepressants are used to normalise some of these neurochemicals, and to relieve some of the individual's anxiety."

He points out, however, that therapy forms the main part of the treatment plan for PTSD. "Treatment aims to reduce avoidance of reminders of the traumatic event. Shutting them out provides short-term relief from distress but it doesn't help in the long run as it keeps individuals trapped in the past and unable to face their fears, thereby maintaining the other symptoms of PTSD," Ms Tan says. "Ultimately, the aim for those with PTSD is for them to process the incident and develop a more accurate and balanced interpretation of events, to promote feelings of safety and to improve interpersonal functioning, as well as function at work and leisure."

Trauma-focused treatments include prolonged exposure, cognitive processing



**The most important thing that friends and family of those with PTSD can do is to be patient and supportive.**

therapy and trauma-focused cognitive-behavioural therapy. A technique called Eye Movement Desensitisation and Reprocessing (EMDR) has also become popular in recent times. “These therapies all help the individual make new meaning from the traumatic event. They help him or her move on from the past and stop replaying it,” says Ms Tan. “The overall aim is to change the narrative from ‘I deserved it’ or ‘I shouldn’t have gone there’ to ‘I’m stronger now’ or ‘I’m a survivor’.”

There is no standard treatment approach for all individuals with PTSD. Suitable treatment will be customised for each person, depending on factors like symptom profile and personal background. The good news is that with proper treatment, PTSD can be resolved for good. “The most important thing that friends and family of those with PTSD can do is to be patient and supportive,” says Dr Lau. “Encourage the individual to not ignore their trauma and feelings about it, and help him or her process it in order to move on,” adds Ms Tan.

**REGAINING AN INTERRUPTED LIFE**

**SARAH\*, A SALES MANAGER IN HER 30s, DEVELOPED PTSD AFTER A CAR ACCIDENT. SHE SHARES HOW SHE COPEs WITH THE CONDITION.**

I had just stepped out from my brother’s car when I noticed the car behind speeding towards me. It hit me and I went flying. I was sent to the hospital in an ambulance, but perhaps because my injuries seemed minor — scratches and abrasions — the doctor gave me the all-clear and a medical certificate for one week off work.

Despite staying home to recuperate, I didn’t feel rested at all. I couldn’t eat and sleep properly, and had nightmares. I dreamt of the incident over and over again. In some of my dreams, I would be trapped in a car, unable to get out. These dreams continued long after I went back to work.

My daily life was also affected. I avoided the place where the incident took place. I hid the dress that I wore on that fateful day deep in my wardrobe because whenever I wore it, I felt as if a car was going to hit me and I re-lived the accident

until I got home and took it off. Also, whenever I heard the sirens of an ambulance, I would get sweaty palms and start to breathe faster.

The feeling of helplessness was very real. I felt like I was a burden to others. I stopped enjoying my favourite activities like reading and listening to music. I simply could not focus. My mind was constantly on the incident. At work, I stopped going for lunches with colleagues. I felt nobody understood me. It was hard to share, partly because I didn’t want others to think I was trying to gain sympathy.

It was my physiotherapist, whom I was seeing for pains in my arm following the accident, who suggested that I see a psychologist. I did and she diagnosed me with PTSD. At that time, I didn’t know much about the condition and thought what I was experiencing was normal. Talking through the accident and analysing it with my psychologist helped me get a



handle on what I was feeling and to see the incident as a life experience, to accept it and not run from it. I also learnt how to use grounding techniques. For instance, when I encounter an ambulance or see a car accident now, I try to stay in the present and not let this bring back bad memories.

It has been three months since I first saw my psychologist and I’m able to trust others — and myself — again. I feel more empowered now. At work, I’ve started socialising again with my colleagues. I can concentrate better. Though I’m still going for therapy, I feel that my life is no longer interrupted.

*\*Not her real name*



**On the frontline**



As Head, CARE (MOH), NCMS, Adj A/ Prof Clare Yeo ensures that her team of CARE officers are ever-ready to respond to national-level critical incidents.

Interview DENNIS YIN // Photo courtesy of IMH

**ADJUNCT ASSOCIATE PROFESSOR CLARE YEO**  
Senior Principal Clinical Psychologist

Adj A/Prof Clare Yeo has been caring for patients at IMH for over two decades. She has also had wide ground experience in aiding survivors and families of critical incidents, such as the Sabah earthquake (2015), the Asian Tsunami (2004) and the Singapore Airlines SQ006 accident in Taiwan (2000).

In 2003, Adj A/Prof Yeo was appointed as Ministry of Health’s Head of National Caring Action in Response to Emergencies (CARE), which is part of the National CARE Management System (NCMS). She has since been instrumental in crafting CARE’s curriculum, and training staff from public and private organisations in managing crises and providing psychological first aid.

**What is the role of a CARE officer?**

Our aim is to provide psychological first aid to survivors and their next-of-kin during critical incidents; to be a pillar of support for them in their time of need. We provide practical help and support them emotionally during what is probably one of the worst moments in their lives.

Most critical incidents happen suddenly and unexpectedly, triggering a range of normal reactions to an abnormal situation.

For example, if there is no news about a missing relative, the next-of-kin would naturally imagine the worst, which may cause great distress. Screaming and yelling are two of a range of normal reactions. Psychological first aid involves helping them recognise and understand such reactions.

**“Psychological first aid is like scaffolding — we actively listen and find out the survivors’ and next-of-kins’ immediate needs.”**

The second key aspect is active listening. Psychological first aid is like scaffolding — we actively listen and find out the survivors’ and next-of-kins’ immediate needs. We provide vital information such as search-and-rescue updates, and offer practical help like transportation to the accident site, so that those affected have someone to lean on during this difficult time.

**What is the most challenging aspect of crisis work?** Juggling the multiple operational considerations and sensitivities while being human at the same time. Take for example, the earthquake in Sabah. I was watching the SEA Games opening ceremony on that Friday night when I was activated. I immediately kicked into action and travelled that weekend to different sites and met with colleagues from various government agencies to coordinate our response to meet the needs of those affected.

As helpers, we tend to ignore our own self-care. Our initial reaction is always to want to help others first, and not think about how it may affect our well-being. It only hit me on the third day. I started to feel a sense of helplessness and tears started rolling down. It was a timely reminder that when a critical incident happens, everyone can be affected and can do with some care and concern.

**Tell us about an incident that has stuck with you.** On my first crisis activation, I was assigned to assess and support a survivor of an air incident where a number of passengers had died. Before I could meet the survivor at the hospital, her husband pulled me aside. He was worried and wanted to know what he should say and not say to his wife so as not to make things worse for her. I realised that I needed to provide psychological support to him first before meeting the survivor. I spoke to him and it allayed some of his concerns and fears. I later engaged the survivor with him and he was better able to support his wife. This experience was memorable for me because it reinforced what I had learnt in crisis management training — to expect the unexpected, and about the resilience of the human spirit when faced with difficult situations.



“People are, for the most part, still unaware of the subtle way it can damage their health. Through our study, we hope people will make the right lifestyle choice and abstain from binge drinking.”



**MS LEE YING YING,**  
Research Assistant, Research Division, IMH



Source: Health Promotion Board.

**Binge drinking affects men and women differently.** Men tend to make up the majority of binge drinkers and those who binge drink were more likely to have bipolar disorder than other mood disorders included in the SMHS 2016 study. Their female counterparts were more likely to have major depressive disorder. Also, associations between binge drinking and anxiety disorders were observed exclusively in females. “Only women who binge drink experience co-morbid anxiety disorder,” says Ms Lee, adding that this finding needs further investigation.

One category where women were comparable with men in number was the “less than monthly” frequency of binge drinking (6.3% women compared to 8.3% men). This convergence in the gender gap may have something to do with the rise in gender equality over time. However, it may inadvertently bring about previously-unseen health issues. Women who binge drink, for instance, were found to have a 28 times higher tendency of developing alcohol dependence compared to women who don’t.

**Stick to your limits.** Binge drinking is not as harmless as it seems. “People are, for the most part, still unaware of the subtle way it can damage their health. Through our study, we hope people will make the right lifestyle choice and abstain from binge drinking,” says Ms Lee.

result of recurrent drinking, and unpleasant withdrawal symptoms when intake is stopped or reduced. By the same token, not everyone who has an alcohol use disorder engages in binge drinking.

Although a strong link was observed between binge drinking and alcohol use disorders, Ms Lee explains that because of the study’s cross-sectional design, no conclusion could be drawn about causality. “We cannot say whether one leads to the other, but it is safe to say that binge drinkers are more likely to have a mental health condition, such as alcohol use disorder, compared to non-binge drinkers.”

**Infrequent binge drinkers tend to be younger.** Two distinct subgroups were identified from the data: (i) infrequent binge drinkers, who tend to be younger (aged 18–34), single, and have higher incomes and education levels; and (ii) frequent binge drinkers (on weekly, daily or almost daily basis), who tend to be older (65 years and above) and have lower incomes and education levels. Most binge drinkers in Singapore belong to the former group, similar to binge drinking trends observed worldwide. But, Ms Lee points out, “Even infrequent binge drinkers are as likely to also have mental health conditions as frequent binge drinkers.”

# Lay Off the Booze

**Binge drinking, even once in a while, can affect your mental health, says new research on this topic.**

Interview Wanda Tan



**BINGE DRINKERS** are more likely to have a mental health condition compared to non-binge drinkers.

**>> HAVING ONE DRINK TOO MANY —** even if only in social situations – may not be as harmless as you think. This is according to a recent study led by an Institute of Mental Health (IMH) research team. Using data from the Singapore Mental Health Study (SMHS) 2016, researchers from IMH and the Ministry of Health analysed the nationwide prevalence of binge drinking\* – defined as more than four standard alcoholic drinks for women, and five drinks for men, within a period of two hours – as well as its associations with various mental health conditions and quality of life.

Their findings were published in January 2020 in the journal *Addictive Behaviors*. Its lead author, Ms Lee Ying Ying, a research assistant in IMH’s Research Division, breaks down the key findings.

**The prevalence rate here is lower than global estimates, but on the rise.** Most binge drinkers in Singapore do so infrequently – that

is, on a less than monthly basis or once a month. And at 13.7%, binge drinking in Singapore is, relatively speaking, not that prevalent. The World Health Organization’s Global Status Report on Alcohol and Health 2018 puts the global prevalence rate at 18.2%, which amounts to one billion people worldwide. That said, there has been an increase in excessive alcohol consumption in Southeast Asia, including Singapore, in recent decades, according to various studies, partly due to the growing affluence and “Westernisation” of Southeast Asian populations.

**Not all binge drinkers have alcohol use disorders.** “Binge drinking is not a mental illness; it’s a lifestyle choice,” says Ms Lee. Not everyone who binge drinks suffers from alcohol use disorders, such as alcohol dependence and alcohol abuse, which is characterised by symptoms such as failure to fulfil work, school or home obligations as a

## KEY FINDINGS FROM THE STUDY

**13.7%** of the Singapore population engaged in binge drinking in the past year.

**17.6%** of males and 9.8% of females are binge drinkers.

- Most are **infrequent** binge drinkers – 53.2% of binge drinkers do so on a less than monthly basis, followed by 25.5% who do so monthly.
- Binge drinking is **strongly associated** with alcohol use disorders, and **moderately associated** with mood and anxiety disorders.

\* The population in Singapore that engaged in binge drinking within the 12 months preceding the SMHS 2016 study.

# Q&A

## ASK THE Experts

IMH clinicians answer your questions.

### 01: WATCHING PORN ONLINE WAS SOMETHING THAT SEEMED NORMAL TO ME, GIVEN THAT MANY OF MY FRIENDS HAVE ADMITTED TO DOING SO DURING THEIR YOUNGER DAYS.

*And though I am now married, I still occasionally indulge in this old habit. On one hand, I feel guilty about it, but on the other, it seems harmless since I get the feeling that others are doing it too. When does watching porn become a problem, and how do I know if I am addicted to it?*

**A:** Watching porn in itself does not amount to an addiction, from a clinical point of view. However, watching porn can have addictive features when the activity is done with increased frequency, duration and intensity (tolerance); when it interferes with daily functions, including work, family and social interactions; when it impacts the individual's mood, emotions and

relationships; when it is used as a mechanism for coping with stress; and the behaviour persists even after moderate to severe negative consequences. There might be a sense of loss of control, when the individual is unable to regulate his behaviour when he wants to stop. If you notice some of these features, you might want to consider seeking professional help.

You've also mentioned feeling guilty about viewing porn. While guilt is not necessarily a sign of addiction, it does mean that you are engaging in an activity that goes against your values and bothers you. That's something for you to consider.

**MR ALEX LIM,**  
Counsellor, National Addictions Management Service



**SEEKING HELP**  
Consider seeking professional help if an activity interferes with daily functions.



### 02: MY DAUGHTER IS DUE TO START PRIMARY ONE NEXT YEAR. THROUGHOUT HER PRE-SCHOOLING YEARS,

*my wife and I have adopted a relaxed approach to learning and have been mindful to not put too much pressure on her. The result is that while my daughter is an active and social child, she has never had to deal with stress that may come from formal schooling. How can we prepare her for this?*

**A:** It is heartening to hear that you are mindful of not placing undue pressure on your daughter. Transitioning from pre-school to primary school is challenging for most children due to a larger class size, a more structured learning environment, and being with older children.

It may help to talk to your child about what the primary school experience is like to prepare her. Schools typically have an orientation day prior to starting the year, and you could familiarise her with the grounds, classroom, and the journey to and from school. It's important to pace her year-end activities and introduce a routine that would be similar to when she

starts primary school – for instance going to bed early and not having too many activities that might stress her. You can aid her language skills by reading books she likes together. Remember it's important for her to have playtime and to de-stress. Spend quality time with her to aid with bonding and encourage open communication, so she can seek support and guidance from you. Lastly, apart from academics, try to encourage independence such as being responsible for her belongings, and managing her pocket money.

**MS VIDHYA RENJAN,**  
Senior Clinical Psychologist, REACH,  
Department of Developmental Psychiatry



## News

A round-up of news and events centred on mental healthcare.

### A WALK TO REMEMBER

The launch of a heritage trail that celebrates IMH's past.

Some of you might have heard the older generation refer to the Institute of Mental Health (IMH) as Woodbridge Hospital – and that was indeed what IMH used to be more commonly known as. In 1993, the hospital moved to its current location at Buangkok Green Medical Park, and the name IMH was added to reflect the emphasis on research, training and education in mental health.



IMH launched a heritage trail at the end of 2019 to showcase its nearly-100-year-old history. The trail gives visitors a glimpse of IMH's beginnings and operations in its early years through the Woodbridge Museum and Heritage Garden.

Visitors will also see the Woodbridge Bell, a cast iron bell that was rung to signal meal times, special occasions and *alang* fires in the old days. Walking along the trail will also take visitors past heritage trees planted by notable visitors and leaders who have contributed to the growth of IMH and the development of mental health services in Singapore.

**WM Woodbridge Museum**  
Walk down memory lane and learn about work and life at the Woodbridge Hospital in its early years.

**WB Woodbridge Bell**  
Admire the cast iron bell that was rung to signal meal times, special occasions, and even *alang* fires!

**HG Heritage Garden**  
The old hospital is gone, but have a look at iconic pieces from our past!

Bedrock Trail, Pioneers Trail, Discovery Trail



### MENTAL HEALTH COURSE FOR GENERAL PRACTITIONERS AND FAMILY PHYSICIANS

The next run of the Graduate Diploma in Mental Health opens for registration from 23 March to 6 July. Increasingly, doctors in primary care are seeing patients with mental health issues and this course – now in its 10<sup>th</sup> year – imparts knowledge and skills to help them assess, identify and manage various psychiatric conditions such as mood disorders and psychosis. They will also learn about basic psychiatric medication. This one-year programme is jointly offered by the Institute of Mental Health and the Division of Graduate Medical Studies, National University of Singapore.

For more details, visit [www.imh.com.sg/GDMH](http://www.imh.com.sg/GDMH).



# What's the rush?

How does a surge of **adrenaline** affect us? We look at its effects, both good and bad.

**RESPONSIBLE FOR OUR BODY'S FIGHT-OR-FLIGHT RESPONSE,** adrenaline is released by the adrenal glands when we find ourselves in stressful situations. The hormone triggers a series of physiological changes that can have both positive and negative effects.

## THE GOOD: Mind Over Matter

The release of adrenaline makes our hearts beat faster, breaks down sugar molecules for energy synthesis in our muscles and increases oxygen supply to our blood, allowing us to become physically stronger and mentally sharper for the duration of the 'rush'. This explains superhuman feats like lifting a car to save someone trapped under it. Adrenaline also numbs our perception of pain and brings about stress-induced analgesia – which is why it is possible for some marathoners to continue running and finish their race even with a sprained ankle. How long we experience this rush can vary, depending on the nature of the perceived threat.

## THE BAD: The Pressure's On

When we don't need that extra boost of energy, having adrenaline in our blood makes us edgy and restless. That's why we find it hard to fall asleep when stressful thoughts trigger its release. The persistent presence of adrenaline in our system can also damage blood vessels over time and increase the risk of high blood pressure, strokes and heart attacks. A sudden scare, meanwhile, can cause large amounts of adrenaline to reach the heart and cause reactions that could lead to a drop in blood pressure and loss of consciousness.

**A case in point:** *It was reported that several audience members fainted at a 2017 Broadway adaptation of George's Orwell's 1984, after watching vivid and graphic scenes of torture depicted on stage.*

ANOTHER NAME FOR ADRENALINE IS **epinephrine**



It has many uses as a medicine and can be used to treat allergies and restart the heart in the event of a cardiac arrest.

# RESOURCES AND USEFUL INFO

## HELP IS A PHONE CALL AWAY



### 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: 6377 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: 1800-223 1123**  
(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 6837** (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** (8am to 11pm daily)

### Touchline by Touch Youth Services

Renders emotional support and practical advice to youth.

**Tel: 1800-377 2252** (Monday to Friday; 9am 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: 6386 1928**  
(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** 6389 2000  
(24-hour hotline)  
**Appointment Line** 6389 2200  
(Monday to Friday; 8am – 6pm)  
Email: imh\_appt@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 168937

**Monday to Thursday** 8am to 5.30pm  
**Friday** 8am to 5pm

### CLINIC B

IMH, Level 1  
**Monday to Thursday** 8am to 5.30pm  
**Friday** 8am to 5pm

### SAYANG WELLNESS CENTRE CLINIC

(for non-subsidised patients)  
IMH, Level 2  
**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

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

### COMMUNITY WELLNESS CLINIC, GEYLANG

21 Geylang East Central, Level 4  
Singapore 389707  
**Monday, Tuesday, Thursday, Friday** 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



**IACAPAP 2020**  
**SINGAPORE**

# 24th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions

Starting from the Beginning - Laying the Foundation for Lifelong Mental Health

**18 July 2020**

**Break the Stigma for Families  
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Institute of Mental Health,  
Singapore

**19 July 2020**

**Pre-congress  
Workshops**

Singapore EXPO Convention &  
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**20 - 23 July 2020**

**Main Congress**



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[www.iacapap2020.org](http://www.iacapap2020.org)

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