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- FOCUS

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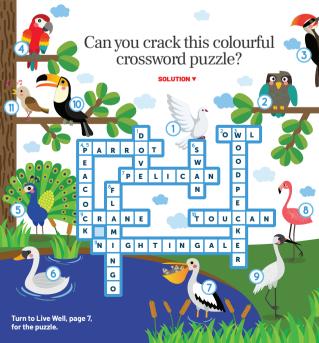


"More often than not, these distortions (catastrophising) act like a mental filter, providing a biased opinion that prevents the individual from seeing the full picture."

MS SARA-ANN LEE.

Senior Clinical Psychologist, Department of Psychology, IMH







KEEPING PEOPLE IN GOOD HEALTH

he Institute of Mental Health (IMH) celebrates its 95th anniversary this year. This issue's cover story (page 8) explores how IMH continues to promote mental health and well-being as Singapore's only tertiary psychiatric care institution.

Since starting in 1928 as Woodbridge Hospital, IMH has evolved from providing custodial, institution-based care to care beyond the hospital walls — helping individuals with mental health conditions recover and lead fulfilling lives in the community.

IMH now has its sights on moving further upstream. The hospital aims to not just treat illnesses but also to boost the population's mental health literacy, well-being and resilience. Better mental health literacy — having a deep understanding of mental health issues and knowing what to do about them and how to cope with stressors — will help individuals stay well and seek support sooner if needed.

Take what happens when unhelpful thinking patterns spiral out of control in a type of cognitive distortion known as catastrophising. Building awareness is the first step to identifying these distortions that often occur during trying times, and break out of the negativity loop. We look at the signs and symptoms of catastrophic thinking and how to manage it in our feature (page 14).

Elsewhere in our pages, we interview educator and Member of Parliament Dr Wan Rizal Wan Zakariah, who candidly reveals the challenges he faced growing up, and shares how parents and teachers can help children manage growing pains and find their way. We also speak to CHAT ambassador Ms Gek Wan Sing (page 12), who battled depression and social anxiety in her teenage years and is now mentoring youths who are facing similar challenges.

Good mental health is essential for our overall well-being. Take charge of your health by learning more about mental health issues, and reach out for help if you need it.



IMAGINE:





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Being my kids' cheerleader

Educator and Member of Parliament **Dr Wan Rizal Wan Zakariah** on helping children find their way. Text KEENAN PEREIRA // Photo ALVIN TEO

am quite open about how I failed many exams until I was in Primary 4. A big reason was my dyslexia, although I did not know it then. Reading was a painful process because the words kept getting jumbled up. I would write messily to hide that I was jumbling up my vowels. I felt like giving up, thinking I was not cut out to study.

My mum's encouragement kept me going. She would say, "You don't need to get 50 marks (out of 100). Just get 49.5, they will round it up to 50, and you will pass." So I aimed for that: 49.5. It was a game-changer. I'm an auditory learner, so I listened closely to the lessons. My dyslexia also improved with time. I started passing regularly and changed my goal from 49.5 to 50 + 1 marks. That "plus one" was arbitrary; it could have been anything, depending on my abilities and how much effort I was willing to put in. My mum's approach taught me that success is not just about a numeric value. It is about finding the right attitude towards hard work and setting realistic goals.

How parents and teachers treat students makes a difference; every child is unique, and

there is no "blanket way" of teaching or learning. I keep this in mind as an educator and a parent.

DR WAN RIZAL WAN ZAKARIAH

Educator and Member

of Parliamen

STRESS IS NOT THE GOAL

Now that I have four children, aged 16, 13, 10 and six, I remind myself to help them set realistic goals for themselves. I see their distinct personalities and abilities: my son is more studious than my daughter, who is into the arts. They both have very different reactions to stress as well.

My daughter took her PSLE in 2022 and told me she was not stressed because all she had to do was her best. I am glad she felt that way. That is not to say we, as parents, do not care, but we know exams already add much stress to a child's life. Piling on further unnecessary pressure is something we can all try to avoid.

BUILDING CONFIDENCE

Growing up is not easy for anyone.

My early challenges in school dampened my self-esteem a great deal. But I gradually found my groove, especially in upper secondary. Having a circle of friends to play sports with helped me become more sociable. I also became more confident in a few subjects, which added to my self-esteem.

interview . MY SAY

Looking back, the building blocks for my self-esteem were all there: My parents' encouragement, finding out what I was good at and even having some insecurities because these pushed me to do better. No one becomes confident instantaneously. It is a journey of little things adding up along the way — one I am still on today.

A LEARNING JOURNEY

Dr Wan Rizal shares how his path in life has zigged and zagged.



> 1991: Enters the Normal (Academic) stream after disappointing PSLE results. He recalls: "I wasn't an outstanding student, but I knew I wasn't far from being an Express student. All my friends were going into Express, then suddenly you're just there, and you don't know how to react."

> 1999: Graduates from Temasek Polytechnic with a diploma in electronics.

- > 2005: Completes his second diploma in physical education at the National Institute of Education.
- > 2009: Attains his bachelor's degree in physical education from Nanyang Technological University (NTU).
- > 2014: Begins lecturing at Republic Polytechnic's School of Sports, Health and Leisure.
- > 2017: Receives his doctorate in physical education from NTU. It inspired many of his students, including some who said: "You went to the Normal stream and then polytechnic, and now you have a PhD. It shows us that we can also do these things."
- > 2020: Elected as an MP for Jalan Besar GRC.

FOR MORE INFORMATION // VISIT WWW.IMH.COM.SG OR WRITE TO US AT ENQUIRY@IMH.COM.SG

02 / IMAGINE • • IMAGES BY SHUTTERSTOCK

INSTITUTE OF MENTAL HEALTH • • FEB - MAY / 03

COURT WELL!



positive impact on the brain and can also help lift one's mood. according to a new study published in the academic journal, Nature Scientific Reports.

While previous research showed how listening to music often brings joy, scientists from the University of Bath in the UK wanted to explore how a short period of music learning affects cognitive abilities. Their study found that beginners who picked up piano lessons for just an hour a week over 11 weeks reported significant improvements in processing multisensory information in sight and sound. This benefited everyday tasks, such as driving a car, crossing a road and even recognising people in a crowd. Participants also reported less depression, stress and anxiety after the training compared to before it.

- in a smile. 🔐 — and throw
- Get sufficient sleep. about seven to eight





- Practise mindfulness and gratitude.
- Connect with nature and get fresh air.
- Spend time with your

HOLDING A GRUDGE HURTS, BUT **FORGIVENESS**

HEALS. We have all experienced what it is like to be hurt by someone. But grudges are likely to hurt you even more - emotionally and physically. When people forgive, their health and well-being improve, according to new research.

The study, published in the Annals of Behavioural Medicine, involved over 330 people aged 16 to 79 and showed how forgiveness and stress are linked to mental health symptoms like psychological distress. It found that greater forgiveness led to less stress and, in turn, better mental health. Forgiving releases the stress and burden we have been carrying. In turn, our muscles relax and we feel less anxious.

REACH OUT TO FORGIVE

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One strategy is the REACH Forgiveness method, developed by clinical psychologist Everett Worthington. His five-step method:

- >Recall the wrongdoing objectively. >Empathise: Consider the other person's viewpoint without downplaying the wrongdoing. Their actions may not be personal but be due to something they are worried or fearful of, for example.
- >Altruistic gift: Recognise that forgiveness is a gift you can give others. Think of your own shortcomings - recall how you were forgiven for something vou've done and how it made you feel.
- >Commit to forgiveness by telling a friend or writing it down.
- >Hold on to your forgiveness.

CAN YOU BE A GENTLE PARENT?

Forget yelling, blaming and punishments. Are you ready to embrace "gentle parenting"?

This parenting method uses the three Cs — connection, communication and consistency. For this to work, parents and caregivers need to be self-aware, respectful, fair and firm in responding to their children's behaviour.

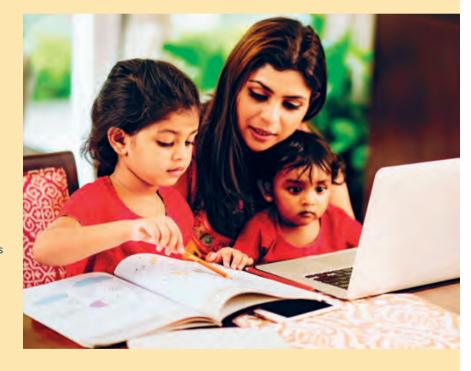
Rather than using fear or punishment to produce a desired behaviour, a gentle parent responds by setting clear boundaries and rules; validates the child's feelings as opposed to scolding him or her for having them; and builds a mutually respectful and close relationship with the child. The aim is to help children develop strong emotional regulation skills and become more emotionally adept at dealing with future life challenges.

Like other parenting styles, gentle parenting has its pros and cons:

> THE GOOD:

BETTER EQ. The gentle parenting approach aims to enhance self-confidence, self-esteem and emotional intelligence in children so that they learn to identify their emotions and act appropriately.

LESS ANXIETY. Research in the Journal of Experimental Child Psychology suggests that gentle parenting



may reduce the risk of anxiety in shy toddlers.

STRONGER PARENT-CHILD **BONDING.** Another study published in the London Journal of Primary Care found that the approach helped parents and children to connect and bond better.

> THE DRAWBACKS: REOUIRES SELF-DISCIPLINE.

You will need plenty of patience, persistence and self-discipline. This can be difficult for some parents, particularly if they were not raised in the same way or are unfamiliar with the approach.

RESULTS IN LESS DISCIPLINE.

If misunderstood or misapplied, the method can lead to illdisciplined children.

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UNCOVERING THE LAYERS OF LONELINESS

If you have been feeling especially lonesome lately, new research published in the *Perspectives on Psychological Science* journal suggests why:

Loneliness occurs when expectations and reality do not match, especially later in life and even to those who do not spend much time alone. That is because our expectations of social relationships change as we age. For example, what we want in our 30s differs from what we want as older adults in our 60s or 70s.

Everyone expects certain basics in every relationship, such as having someone to talk to, laugh with or understand them. But the researchers from Duke University and King's College London found that some relationship expectations were overlooked later in life.

The researchers identified two main relationship expectations that older folks have. First, seniors want to

feel respected in ways like wanting people to listen to them and appreciate their experiences. Second, older adults want to give back to society in meaningful ways, such as passing along traditions through teaching or mentoring.

Finding ways to fulfil these aspects of respect and giving back may help combat loneliness later in life. The researchers hope that if we can better understand what drives loneliness, we might be better able to address it. Studies have long found that loneliness can impact one's health, including higher risks of dementia, heart disease and other health problems.

- **5 WAYS TO GIVE BACK**Try these meaningful
 - Try these meaningful activities to contribute.
 - > Join a befriending community.
 - Participating in a neighbourhood befriender programme is one way to make a difference while forging new friendships.
- > Use your skills for a cause. Seek volunteer opportunities that allow you to use your professional skills and expertise.
- > Serve those in need Help in a soup kitchen or organise a food drive. Knowing you have filled a few hungry bellies can be heart-warming.
- > Keep the environment clean and safe. Organise a beach or park clean-up and pick up litter with like-minded family, friends and neighbours.
- > Connect with the community. Reach out to grassroots committees to volunteer in your neighbourhood.



SAYING 'YES' ALL THE TIME?

How to stop people-pleasing

While being nice is generally seen as a positive trait, some folks can take this to the extreme. Often seen as agreeable, helpful and kind, people-pleasers tend to put others' needs ahead of their own out of a fear of rejection and can have trouble advocating for their own needs.

This behaviour can lead to an unhealthy pattern of self-sacrifice or neglect, according to research in the journal, *Frontiers in Psychology*. The study looked at selflessness and selfishness, and how they affect our well-being. It found that "healthy selfishness" — a healthy respect for one's health, growth, joy and freedom — can have a positive impact. Meanwhile, "pathological altruism" — where a person irrationally places another's perceived needs above his or her own — may cause one to end up hurting oneself or others.

Moreover, by hoping to win others' approval at the expense of their well-being, people-pleasers can face other consequences such as anger, anxiety and a lack of authenticity. It can leave people feeling physically and emotionally stretched, which takes a toll on relationships.

Some signs that you may be a people-pleaser:

- > You have difficulty **saying "no"** and feel guilty when you do.
- > You are **preoccupied** with what others think.
- > You say "yes" even when you do not like or want to do certain things.
- > You are always saying "sorry".
- > You **neglect your needs** to do things for others.

Break the habit with these tips:

- > Set boundaries and communicate them.
- > Start by making small changes, for example, by saying "no" to a small request.
- > Take the time before making a choice or granting a favour asked of you.
- Do not make excuses for saying "no" and resist giving unnecessary reasons for declining a request.

THE IMPORTANCE OF WORDPLAY

Good old-fashioned crossword puzzles trump computer video games in slowing memory loss in older adults with mild cognitive impairment, which is associated with a risk for dementia and Alzheimer's disease.

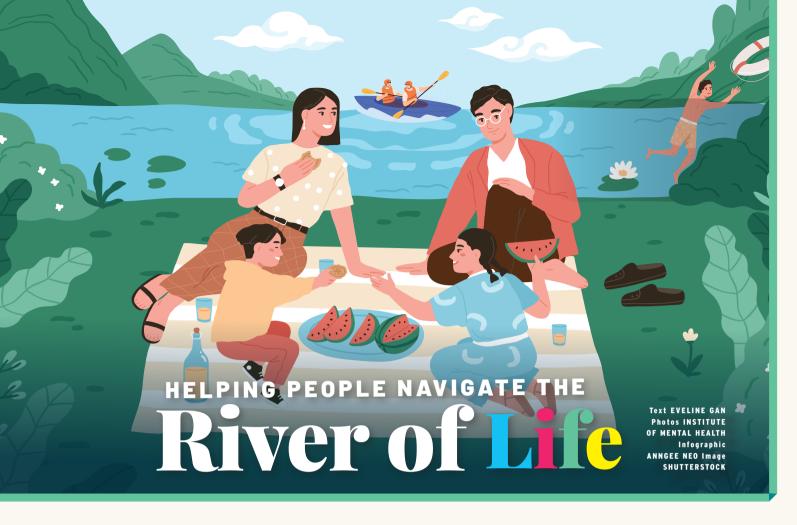
This is according to a randomised, controlled trial of participants with an average age of 71, published in the journal *NEJM Evidence*. In the study, 107 participants with mild cognitive impairment were randomly assigned either crossword puzzles or cognitive games over 12 weeks, with follow-up sessions up to 78 weeks.

The researchers from Columbia University and Duke University found that participants who were assigned web-based word puzzles showed less brain shrinkage on MRI scans than those trained on cognitive video games. Word puzzles and video games were equally effective for those at an earlier impairment stage but doing crossword puzzles was superior to playing video games for people whose disease was in the later stages.

Additionally, the habit of doing crossword puzzles was seen to improve perception and awareness in daily functioning, contributing to greater ease of carrying out daily activities.



06 / IMAGINE • IMAGES BY SHUTTERSTOCK



As IMH celebrates its 95th anniversary, changes are afoot to boost the population's mental health literacy, well-being and resilience.

hen a health crisis occurs, the first instinct is to jump in and rescue the person who has tumbled into turbulent waters. But what if more can be done to optimise health and prevent people from falling in the first place?

Ambitious as it seems, that is exactly what the Institute of Mental Health (IMH) aims to do as it marks its 95th anniversary in mental healthcare this year. Singapore's only tertiary psychiatric care institution has come a long way since it was established in 1928, evolving from an institution-based care model to a community-based approach focused on helping individuals with mental health conditions recover and live full lives beyond the hospital walls. IMH now has its sights on moving further "upstream" to boost the population's mental health and well-being, shares its Chief Executive Officer, Associate Professor Daniel Fung. These plans aim to improve health with preventive care rather than focus on treating illnesses when they strike.

Keeping people upstream in good health

Using the River of Life metaphor to describe a person's health journey in both smooth and turbulent times, A/Prof Fung explains, "Along the river, people are strong and living well upstream, although they may have risk factors for illnesses. Downstream, the

river is dangerous with rougher waters, rapids and sharp bends."

Like most hospitals, IMH is in the "crisis" part of the river, where much of its focus has been on downstream work and people who require immediate support. "For a long time, we've been the wooden bridge across the river," he says. "We save people (facing mental health crises) from drowning. But as we do that, we ask ourselves why are people falling in the first place? Can we keep people upstream where their illnesses are well-controlled? Could people learn to 'swim' so they don't need a lifebuoy should they fall into the river?"

Despite having robust systems downstream to support unwell people, A/Prof Fung points out that the definition of health, according to the World Health Organization, is not just the absence of illness but a complete state of well-being. "You can prescribe treatment, but you can't prescribe health," he explains. "Healthcare is often linked to illness. But if the mission is to improve and add years of healthy living, then we must go upstream, with partners in the community."

So, how can people live well? A/Prof Fung describes the vital elements of attaining good health and well-being: "We must be able to relate well with other people, find meaning and purpose, and cope with the stressors of life. All of that goes beyond just preventing illness."

Mental health literacy is key

To attain those goals, mental health literacy is key — and IMH will play a crucial role in developing programmes in this area.

It is vital to differentiate between mental health awareness and mental health literacy, says A/Prof Fung. "Awareness is having the knowledge — for example, 'I know there is mental illness' and 'I know the symptoms' — but not being able to apply it. Mental health literacy means having the skillsets to manage mental health issues, for instance, 'how can I help myself or a friend'."

Mentally LIT, a pilot training programme for secondary school students, is one of IMH's initiatives to deepen mental health literacy. With about one in five youths worldwide at risk of a mental illness before the age of 25, adolescence is a critical time to learn about mental health issues and to cope with stress. A collaboration between Temasek Foundation and IMH's REACH (Response, Early intervention and Assessment in Community mental Health) programme, Mentally LIT was developed in collaboration with the Alberta Health System and aims to reach out to around 1,000 students from uniformed groups by the end of 2023. The idea is to equip students with skills and knowledge of common mental health conditions, know when and where to seek help, maintain their mental wellness, and support peers with mental health issues.

Another project in the pipeline is IMH's Train the Trainer Programme for adult leaders of the Singapore Scout Association to enable them to conduct mental health literacy programmes for scouts.

Research is an area of focus, too.

A/Prof Fung shares that IMH is looking into the origins of health and well-being, with positive mental health as one research area.

IMH has also contributed to digital innovations that support mental health wellness and promote resilience. It was part of the development team for *mindline.sg*, launched in July 2020 during the COVID-19 pandemic to support Singaporeans'



Healthcare is often linked to illness. But if the mission is to improve and add years of healthy living, then we must go upstream, with partners in the community."

Associate Professor **DANIEL FUNG**, Chief Executive Officer, IMH

emotional well-being. The web app included a clinically validated tool for users to self-assess their emotional well-being, and a compendium of resources to help them access care.

Beefing up community links

Acknowledging that some mental illnesses are genetic or are challenging to prevent, A/Prof Fung says that early intervention can help reduce the risk of long-term complications and improve outcomes. "For example, we know that preventing adverse childhood experiences is one way to prevent mental illness," he says. "However, let's say that cannot be helped. For example, you are born into a family where your parents fight all the time while you are growing up, and are at risk of developing depression and anxiety. If these are picked up early and treated, the long-term complications will be reduced."

This is where partners can come in to enhance support. Over the decades, a significant change in IMH's approach to managing mental health issues is its collaborations with community and primary care partners. For example, IMH has helped to strengthen the capabilities of general practitioners to provide accessible mental healthcare in the community through programmes like the Graduate Diploma in Mental Health and Mental Health GP-Partnership Programme.



ABOVE: EPIP supports people at risk of psychosis

Community-based initiatives that enhance early detection and intervention include CHAT (formerly Community Health Assessment Team) for young people, REACH for children and adolescents, EPIP (Early Psychosis Intervention Programme) for those at risk of psychosis, and APCATS (Aged Psychiatry Community Assessment and Treatment Service) for seniors.

Boosting downstream work

Meanwhile, IMH has continued to strengthen its work downstream. Some of its wards have been given a facelift to boost its recovery-focused care model. As part of the Phase 1 refurbishment project, a new Short Stay Unit began operations in 2021, providing specialised care to stabilise individuals experiencing behavioural or psychosocial crises and to alleviate immediate risk. In line with its emphasis on recovery, hope and independence for patients under its care, IMH also offers community-based care services, such as the Community Mental Health Team (CMHT) and Aftercare Programme, to help them reintegrate into society and stay on track (see next page).

As IMH looks toward improving the nation's mental health, A/Prof Fung says he wants to prioritise and protect the Institute's 2,500 employees' well-being, too. "Staff wellness is key," he says. "If they are not well, they won't be able to care for patients very well. So, we have to make sure there's meaning, joy and rewarding work for our staff.">>>



RIGHT: REACH works with schools and social service agencies to manage students with mental health issues.



FOCUS • cover story

At every turn of life's journey>>

THE MENTAL HEALTH INITIATIVES AT IMH SUPPORT INDIVIDUALS THROUGH **BOTH CALM AND TURBULENT TIMES.**

Q CALM WATERS: LIVING WELL

Mental health literacy is the foundation for better mental health. To keep individuals well in the community, IMH aims to further boost literacy through training programmes, curricula and partnerships, such as:

- Mentally LIT, which teaches mental health literacy to secondary school students.
- A Memorandum of Understanding inked with the Singapore Scout Association to collaborate on initiatives that promote mental health literacy among youths. There are plans to do the same with other organisations.
- Outreach activities and training workshops via CHAT for young people and **REACH** for children and adolescents.

Besides providing talks and workshops at workplaces on mental health issues, IMH has developed an online mental health literacy curriculum to help staff better understand and recognise mental illnesses and the benefits of seeking help early. The mental health literacy curriculum will be made accessible to the community, including volunteer groups.

Technology also plays a key role, as digital tools give users quick and easy access to information and resources. For example, IMH supports mental health wellness through digital innovations, including the one-stop web app, mindline.sq, and WebCHAT (an anonymous text-based service for young people aged 16 to 30).

THE TIPPING POINT: AT-RISK GROUPS

Identifying and treating at-risk groups early can improve mental health outcomes and reduce long-term complications. At-risk



• For general practitioners: Graduate Diploma in Mental Health and the Mental Health GP-Partnership Programme.

• For community partners: An extension of APCATS, the APCATS - Regional **Eldercare Agencies Partnership** partners

with community eldercare agencies and primary care practitioners to

manage seniors with mental disorders through training and consultation, while **CMHT** conducts training and sharing sessions to build up the skills of its community partners so they can better co-manage patients in

Other early detection and intervention initiatives involving community partner support include REACH, CHAT and EPIP. For instance, **REACH** works with schools and social service agencies to manage,

assess and refer students with mental health issues.

At workplaces, IMH offers crisis management courses to improve the capabilities of frontline workers and managers, including HR personnel, to manage mental health issues and psychological crises.

THE RAPIDS: LIVING WITH ILLNESS

Downstream initiatives to further strengthen support for unwell individuals - that is, those with clinically significant symptoms or diagnosed mental disorders, include:

• The Assessment and Shared Care Team (ASCAT) programme, where IMH continues to train and empower

community partners to manage

individuals with mental health problems through collaborative consultations, talks and online supervision.

 Supporting Youth in Community (SYINC) is a President's Challenge-IMH programme in collaboration with four social service agencies. IMH trains and supports these agencies to provide intervention and psychosocial support to youths with mental

The Aftercare **Programme** was rolled

health conditions.

out in 2015 in Sin Ming, then Ang Mo Kio, Kembangan-Chai Chee, Kreta Ayer-Henderson, and MacPherson. It provides case management support for discharged IMH

patients who are back in the community. The team works closely with community partners in these areas to ensure the patients' needs are met.

• CMHT began in 2007 to provide multidisciplinary home-based psychosocial rehabilitation

for patients recently discharged from

IMH wards. The ongoing

refurbishment and improvement project at IMH aims to provide a more conducive environment for inpatients in line with its recovery-

focused care model and to improve operational efficiency.





o many of us, sharing a meal with friends is an occasion to be enjoyed. Yet for others, it can be a nerve-racking event — stressful to the point that it induces nausea. Such was the case for Ms Gek Wan Sing. The 24-year-old recounts the struggles she experienced during her secondary school and polytechnic days with embarrassed giggles and a dose of humour, but her condition was no laughing matter. Struggling with depression and social anxiety, she went through periods when her mental state impacted her life drastically and was self-harming at 14.

FROM AFFIRMATION-SEEKING TO SELF-HARMING

A high achiever in primary school, Ms Gek's grades began plummeting in Secondary 2. It triggered a vicious circle. Arguments

between her and her disappointed parents ensued, creating greater stress for Ms Gek and causing her grades to dip even lower. "I am someone who relies heavily on external validation," she shares. "I am very affected by setbacks and doubt myself a lot (if I don't get the approval of others)."

This period coincided with puberty, "and the hormonal changes made me very emotional", recalls Ms Gek. It was a downward spiral she was sucked into so quickly that she never realised what was happening to her. Then, one day, furious after a fight with her parents, she self-harmed. "I wanted a way to vent my anger but didn't want to hurt anybody else, so I just took it out on myself," she says.

Ms Gek managed to get through secondary school without external help. After her final exams, the temporary relief made her think her depression was only a phase. She also found polytechnic culture more manageable for her. "Even when my grades started to slip again, my parents were more relaxed, having observed what I went through in secondary school," she says. "I felt freer and thought I was doing okay."

Yet, that was when she started showing signs of social anxiety. Her affirmation-seeking nature meant that she felt the pressure to fit in. "The new environment at polytechnic, my new-found freedom and meeting new people gave me a lot of anxiety," she says. "During orientation camp, I constantly felt that people were staring at me — to the point that I couldn't even eat. I also have a phobia of being nauseated, but the anxiety meant that I couldn't hold my food down. I started biting the insides of my mouth to distract myself."

Ms Gek constantly stressed over what others thought of her. "Even texting was

very anxiety-inducing because I couldn't read the recipient's expression," she says.
"I would constantly rewrite (my messages) so that I wouldn't offend anybody or give the wrong impression — especially when it came to people I am not very close to."

THE LOW BEFORE THE CLIMB UPWARDS

While Ms Gek wrestled with social anxieties, an internship in a workplace with a negative culture worsened things. She also happened to be taking acne medication, which — she did not realise at the time — was linked to depressive symptoms, and her mood deteriorated further. "I cried every day," she says. "I felt I wasn't going to survive this. Yet, I had to complete my internship as it was tied to my grade point average. I also tried reaching out to some friends, but they had their own issues to grapple with and couldn't really help me."

In her darkest days, her mother sent her a web link to CHAT (formerly Community Health Assessment Team) — a youth-focused national mental health assessment and outreach service for individuals aged between 16 and 30. "When I saw the message, I was moved," she says. "I knew my parents love me despite our disputes."

Ms Gek promptly contacted CHAT and was given an appointment for an assessment, followed by referrals to a psychiatrist and counsellor. "Meeting my psychiatrist was the turning point. He was very reassuring, and when I was diagnosed (with depression and social anxiety), I felt like there was finally hope," she says. "I knew now, at least, what I was going through, and the medication helped my mood. Eventually, I was referred to a psychologist, whom I speak with to sort out my thoughts."

Ms Gek now interacts more easily with others, even if she might still struggle in larger groups with unfamiliar faces. The anxiety of eating in front of others has eased too, and she reminds herself not to let her worries control her. "I still rely on external validation, but the medication has helped me overthink a lot less," she says. "I don't doubt myself so much now, and I don't dwell on negative thoughts."

Having benefited from CHAT, Ms Gek now serves as a CHAT Ambassador, sharing her journey with others to support them in their recovery. "CHAT Ambassadors do a lot of outreach to remove the stigma of mental illness," she says. "I recently shared my experience on a podcast, which allowed others in a similar situation to know they are not alone."

She also feels that her generation is more open to discussing mental health

For those caring for loved ones with mental health issues, don't invalidate what they tell you. Be compassionate. Instead of giving them advice, provide a listening ear and a shoulder to cry on."

issues but cautions that stigma remains in the workplace. "For example, hirers might think that people with depression will not be able to work." To this end, she advocates education, highlighting that there are many resources to help people understand mental health conditions.

She also encourages empathy. "For those caring for loved ones with mental health issues, don't invalidate what they tell you," she says. "Be compassionate. Instead of giving them advice, provide a listening ear and a shoulder to cry on. Checking in on your friends when they have gone silent for some time is also a very nice gesture, and you never know how it could impact someone."

To those battling mental health issues, she advises being kind to oneself aside from seeking help. "Sometimes, what helps me most is just allowing myself a break," she says. "Depression can be debilitating and makes you feel like a useless burden. So when I am in that state, I tell myself I am taking a break I deserve. Being able to give myself that is very powerful."

For more information on CHAT, please visit www.chat.mentalhealth.sg

12 / IMAGINE • • IMAGES BY SHUTTERSTOCK



>> IMAGINE THIS SCENARIO: You have been handed the dreaded retrenchment letter. Would you take it as an opportunity to open new doors in your life? Or do you assume you will never be able to find another job again, thinking, "I'm going to flunk every interview. I'm a failure, and everyone will look down on me"?

Or maybe inflation has left you feeling anxious about the future. You spend hours poring over news articles on rising costs, fretting over how to survive a recession as a gnawing sense of anxiety overwhelms you.

If the scenarios above sound familiar, you may be experiencing a type of "cognitive distortion"

known as catastrophising. Cognitive distortions are habitual ways of thinking, developed over time, that are often inaccurate and negatively biased. Catastrophising typically involves a person overestimating the likelihood of something bad happening, and underestimating his or her ability to cope with it.

Most people will inadvertently encounter some form of adversity as we move on from the COVID-19 pandemic amid economic uncertainties. But for those who let catastrophic thoughts run amok, life can feel much more challenging to navigate. "Catastrophising can feel extremely overwhelming for the individual," says Ms Sara-Ann Lee,

Senior Clinical Psychologist, Department of Psychology, Institute of Mental Health (IMH). "It often results in the person being convinced that the worst-case scenario will definitely happen and that they lack the ability to change the outcome."

As a clinical psychologist, Ms Lee has seen people so troubled by their catastrophic thoughts that they cannot function well in their everyday lives. One of them was a white-collar worker named John*, who, having received a job promotion, felt that he could not handle his workload. When his work performance declined, he became increasingly worried about

that he was a failure and a liability to the company, John took frequent medical leave to skip work.

Recalling the case, Ms Lee shares that she sees many such clients with a similar profile. "Despite what his friends told him, he doubted his to luck and coincidence that he even made it this far."

HOW CATASTROPHISING DERAILS YOU

Most people catastrophise now and then - particularly in times of stress - but constantly assuming the worst outcome in every situation can impact one's health and well-being.

being fired or replaced. Convinced

abilities, attributing his job promotion

PUTTING THE PIECES TOGETHER

Cognitive distortions happen automatically and can occur at any point in one's life. "They happen as we are constantly trying to make sense of what is happening around us, and our mood does have a significant impact

More often than not, these distortions act like a mental filter, providing a biased opinion that prevents the individual from seeing the full picture."



MS SARA-ANN LEE, Senior Clinical Psychologist, Department of Psychology, IMH

As John's experience shows, if left unchecked, catastrophic thoughts can lead to a vicious circle where a person's fears leave them unable to function.

"If it persists for a period of time to an excessive degree, it often results in the individual developing negative thoughts about themselves, the world and their future," Ms Lee says. She adds that this pattern of thinking may contribute to poorer sleep quality and affect one's appetite.

A review article published in the journal Frontiers in Psychology 2020 suggests that people with chronic pain who catastrophise experience higher pain intensity. Cognitive distortions also feature prominently in mood and anxiety-related conditions, such as major depressive disorder and generalised anxiety disorder, Ms Lee adds. For example, a 2015 study published in the Child Psychiatry and Human Development journal on nearly 3,000 teenagers found that those who catastrophised were more likely to have anxiety disorders.

Do you tend to catastrophise and think of the worst thing that could possibly happen?

IMAGINING THE WORST

4 WAYS TO STOP

Here are some strategies to cope with this unhealthy thinking pattern.

- Acknowledge that good and bad things happen: Life consists of ups and downs. Having a stressful day or week does not mean the rest of your days will be just as stressful.
- 2 Be attuned to your emotions and thinking patterns: When you recognise your thoughts and feelings, you will be better equipped to handle them.



- Interrupt your catastrophic thoughts: Some people may find it helpful to tell themselves "stop!" when they start catastrophising. Or try steering your thoughts towards a less negative outcome.
- Slow down and practise self-care: Catastrophic thinking tends to occur in times of stress. Be sure to carve out time to get sufficient rest. Stress-relief techniques, such as mindfulness, journalling and exercise

CATASTROPHISING

pattern typically involves person overestimating the likelihood of something bad happening.

> INSTITUTE OF MENTAL HEALTH . FEB - MAY / 15 14 / IMAGINE . IMAGES BY SHUTTERSTOCK

CATASTROPHISING • focus



on how we perceive things," says Ms Lee. But some people, including those with low self-esteem, may be more susceptible to these thinking patterns than others. "They tend to believe they are incapable of handling difficult situations and often feel helpless," she says.

Personality traits such as neuroticism - characterised by self-consciousness, irritability, emotional instability and other negative emotions — have also been linked to catastrophising, she adds. Other factors like poor physical health and stress may also worsen the effects of catastrophic thoughts. Ms Lee points out that some studies have linked difficult childhood experiences to increased cognitive distortions.

BREAKING OUT OF THE TRAP

While it may be challenging to avoid catastrophising altogether, building awareness is the first step in identifying and acknowledging these unhelpful patterns of thinking. "More often than not,

these distortions act like a mental filter, providing a biased opinion that prevents the individual from seeing the full picture," explains Ms Lee.

To challenge cognitive distortions, she advises taking time to slow down and refocus priorities to return to equilibrium. Slowing down may help, as catastrophising is more likely when a person is stressed out, "Self-care is important as it gives the individual time to decompress and unwind," she says.

But consider seeking professional help if your usual coping mechanisms do not seem helpful, and the thoughts start affecting your day-to-day functioning, Ms Lee adds.

In John's case, therapy helped him break out of the negativity loop. "Through the sessions, he was able to see how his thoughts affected his behaviour, perpetuating a vicious cycle," Ms Lee shares, "He spent time focusing on self-care, started to set time

aside for leisure activities and spending quality time with loved ones. He learnt to set boundaries for himself to manage his work demands better."



Consider seeking professional help if your usual coping mechanisms do not seem helpful, and the thoughts start affecting your day-to-day functioning.



By their Side

Volunteers such as Mr Hu Jin Jie make death less lonely for longstay patients at IMH.

Interview KEENAN PEREIRA // Photo ALVIN TEO

he ward is silent except for a Cantonese oldie playing softly from a portable speaker. "Do you remember this song? It was one of your favourites," a young man says, holding the hand of a bedridden senior. The older man, who has been unresponsive for a few days, grips his companion's hand more forcefully than before as if to say, "Yes, I do."

It might seem like a touching scene between a dying grandfather and his grandson. But in truth, the young man, Mr Hu Jin Jie, 35, barely knows the senior. He is a part of No One Dies Alone, a volunteer-led initiative at the Institute of Mental Health (IMH) that provides companionship and support to long-stay patients often do not have family members or aren't in contact with them. The No One Dies Alone volunteers aim to remind them that their lives matter and that people care for them.

"I had been volunteering at IMH for a few

activities for long-stay patients, when I learnt about No One Dies Alone and wanted to be a part of it," explains Mr Hu, an accountant. "As a befriender, you assume you'll always see the patients, be it next weekend or at the next festive occasion. But being part of this programme is a reminder of our mortality and how our lives can end in a flash."

MR HU JIN JIE

Volunteer, No One Dies

Alone initiative, IMH

EVERY STEP OF THE WAY

The No One Dies Alone programme's 11 volunteers take turns to be with long-stay patients assessed to be close to death, often due to old age or terminal illness, by IMH's doctors. This could be anywhere from a few days to a few months. "Being with them" takes on different meanings, depending on each patient. For those who are responsive, it could be spending time talking to them and hearing their stories. But, more often than not, volunteers like Mr Hu perform a bedside vigil, sitting beside unresponsive patients and holding their hands.

Even then, the volunteers talk to the patients. "They say that hearing is one of the last senses to go, so we try to keep a conversation going, even if they can't respond,' Mr Hu shares. "It was initially hard to talk to

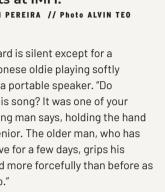
someone who didn't respond, but I gradually got the hang of it." What helped was the support of his fellow volunteers. "We share our experiences and challenges, and learn from one another," he explains.

volunteer SERVE

Such lessons are especially beneficial for volunteers who watch a patient pass on for the first time. "It can be overwhelming since the funeral preparations start soon after the passing," says Mr Hu. "Sharing our experiences helps prepare volunteers for what to expect, so they aren't caught off-quard."

He continues, "Our journey with patients doesn't end when they pass." The rest of the group makes the trip to the crematorium or cemetery with the patient's care team to say a last goodbye. Sometimes, volunteers help with last-rite preparations for patients who do not have any family. "It helps to have more volunteers so patients can be better supported," he says. "We hope to show the patients that no matter what, someone cared for them, even at the very end."

To be an IMH volunteer like Mr Hu, please email volunteers@imh.com.sg with your name, age and contact details.



patients during the last days of their lives. These

months, organising social and recreational



IMH has about 1,000 long-stay patients. Volunteers play a vital role in normalising the lives of these patients by helping them feel that they have not been

forgotten by society.



IMH clinicians answer your questions.

MY 14-YEAR-OLD AUTISTIC SON CAN CULTY CONNECTING WITH I

He gets kicked out of project groups because his classmates dislike him. In addition, once he sets his mind on something, he tends to be very vocal about it and unaccepting of different views. Recently, he has been coming home looking dejected. How can I help him?

Individuals with autism usually understand and interpret social situations differently. Socialising can be difficult because it requires various skills — such as reading facial expressions, understanding unspoken messages and perceiving others to empathise and understand the interaction. Young persons with autism may experience increasing social difficulties during adolescence. This is an often less-forgiving stage when teenagers relate to their peers and seek a sense of belonging.

So, guiding teenagers with autism to understand social cues and build social judgement can be helpful. This can include discussing and exploring consequences and different perspectives using visual explanations, such as drawing comic strips or concept maps. They <u>may also require help</u> with communication skills - such as choosing the right words when expressing their views and how to communicate without offending others. Strategies like role-playing or modelling can be more effective in helping them

UNDERSTANDING

SOCIAL CUES

Social skills can be taught

using comic strips, concept maps and role-playing.

learn these skills than just telling them what or what not to do.

It is also important to listen to and support them as they navigate social learning. They will appreciate being heard and understood. Also, consider approaching the school counsellor or Special Education Needs (SEN) Officer (previously known as Allied Educator) for support at school.



• I OFTEN SEE REPORTS • OF THE COURTS SENDING **OFFENDERS TO IMH FOR PSYCHIATRIC ASSESSMENT.**

Is there a link between mental illness and crime? Do offenders with psychiatric disorders receive treatment?

A: A psychiatric disorder does not predispose one to offending. Nor is it true that people with psychiatric disorders commit more offences than the general population.

However, if an offender suffers from a psychiatric disorder that may have contributed to the offence, the courts will consider this during sentencing. They will call for a report by an appointed IMH psychiatrist, who will assess whether the offender has a psychiatric condition and whether it contributed to the offence.

Depending on the report and the nature of the offence, the courts may issue a Mandatory Treatment Order (MTO). This community-based sentence requires the offender to undergo treatment for no longer than 36 months. If the offender completes the MTO successfully, he or she is deemed to have no criminal record of that conviction.

If an accused person is found to be of unsound mind at the time of the offence. he or she will be acquitted of the crime and may be confined in a psychiatric institution (that is, IMH), prison or other suitable places of safe custody. Confined or incarcerated offenders (for example, at Changi Prison) will have access to psychiatric care.

DR CHRISTOPHER CHEOK. Chief and Senior Consultant Department of Forensic Psychiatry





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

SAVE THE DATE!

IMH 95th Anniversary **Open House**

When: Saturday, 20 May, 9am to 3pm Where: IMH, 10 Buangkok View

Be part of the Institute of Mental Health's (IMH) anniversary celebrations, themed "Good Mental Health for All"!

Join us for our Open House, where you can hear from clinical experts and persons in recovery, take part in therapeutic activities, tour hospital facilities and pick up bargains at a unique car boot bazaar. Our community partners in mental health will also showcase their services and resources, along with their clients' handmade crafts.



IMH AND SKH STRENGTHEN COLLABORATION

IMH and Sengkang General Hospital (SKH) have signed a memorandum of understanding to improve the care management of patients with both chronic physical and mental illness.

The collaboration aims to enhance crossinstitutional psychiatric and medical capabilities; boost population health efforts, education, innovation and research; and provide efficient medical access for IMH patients with acute complex medical needs.

This includes running clinic sessions at IMH and providing telephone access between IMH and SKH specialists to review patient cases. Also, IMH's Care & Response training programme will equip SKH's healthcare staff with skills such as de-escalation and basic self-defence techniques to manage complex cases.

"This collaboration will help both hospitals better streamline care processes, optimise the use of healthcare resources, and elevate the skillsets of our clinicians to manage more challenging situations," said Associate Professor Swapna Verma, Chairman, Medical Board, IMH. "This way, IMH patients can receive specialist or acute medical care in a familiar environment – and if a trip to SKH is required, the process is smoothened to ameliorate their stress."

CONTINUING EDUCATION FOR GPs

For many people, talking to their general practitioner (GP) is the first step in their mental health journey. Family physician Dr Jonathan Yeo has observed that some of his patients visit him for mental health issues. "For that, we need to better equip ourselves to manage such conditions within the primary care setting," he explained.

To boost those skills, Dr Yeo embarked on the Graduate Diploma in Mental Health and completed it in 2022. "Being equipped to diagnose and manage psychiatric conditions through the GDMH programme gives me the confidence to care for these patients who may have complex medical and mental illnesses," he said.

Targeted at general practitioners, family physicians and doctors in primary care who wish to enhance their knowledge and skills in common psychiatric disorders, the one-year course is jointly offered by IMH and the Division of Graduate Medical Studies, National University of Singapore.

The 13th run begins in September 2023 and interested doctors can register for the programme from 27 March to



Family physician Dr Jonathan Yeo completed the Graduate Diploma in Mental Health in 2022.

3 July. Participants will learn to identify, diagnose and treat common conditions such as mood and anxiety disorders, psychosis, and mental health issues in children and adolescents.



Scan the QR code, email GDMH@imh.com.sg or visit for.sg/imh-gdmh for details.



18 / IMAGINE . IMAGES BY SHUTTERSTOCK

Inhale and Be Hale

Every breath we take gives us more than just life; it also shapes how we think and feel. Here's why.

reathe in, breathe out. It may seem simple but breathing involves complex processes in the body. For scientists, understanding the mechanics of breathing helps reveal the intricate workings of the brain. Here are some things found in a new study by Denmark's Aarhus University:

TUNING IN AND TUNING OUT

The neuroscientists discovered that across different tasks and animals, brain rhythms are closely tied to the rhythm of breath. Combining results from over a dozen studies with rodent, monkey and human brain imaging, they created a new computational model that showed how breathing affects the brain.

"We are more sensitive to the outside world when we are breathing in, whereas the brain tunes out more when we breathe out," explains the study's author, Professor Micah Allen. "This aligns with how some extreme sports use controlled breathing. For example, professional marksmen are trained to pull the trigger at the end of exhalation."

ONCE MORE, WITH FEELING

Breathing can also affect our emotions and, by extension, our mental state. "It suggests that the brain

and breathing are closely intertwined in a way that goes far beyond survival to actually impact our emotions, our attention and how we process the outside world," says Prof Allen. "Our model suggests there is a common mechanism in the brain that links the rhythm of breathing to these events."

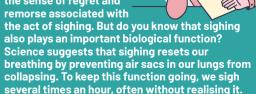
For instance, difficulty breathing is linked to a higher risk of mood disorders, such as anxiety and depression, he explains. "(Future treatments) might be found in the development of new ways to realign the rhythms of the brain and body, rather than treating either in isolation."

Then there is how the brain stabilises the mind through breath. The team identified three pathways in the brain that control this interaction. Different breathing patterns can stimulate these pathways — increasing or decreasing brain activity and feelings of calm. Their findings build on ageold practices, such as yoga and meditation, which include breathwork as core principles in the mind and body connection.

So, the next time you take a deep breath, remember that you are harnessing the full potential of your lungs — and brain.



> You may be familiar with Venice's Bridge of Sighs, which famously captures the sense of regret and remorse associated with the act of sighing. But do yo



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

Finglish Chinese Malay and 1

- 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

Tel: 1800-274 4788

parents or main caregivers

(Monday to Friday; 2.30pm to 5pm)

Club HEAL

are unavailable

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 (main line); 6385 3714 (Crisis Resolution Team) (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

