

OCTOBER 2022-JANUARY 2023

IMAGINE

A MAGAZINE ON MENTAL HEALTH

COPING WITH LIFE AFTER LOSS

Why we grieve
and how to move
forward



THE STRENGTH OF BEING VULNERABLE

Adrian Pang on why
opening up about depression
is not a weakness
in men



Imagine reader survey: Tell us what you think

We hope that you have enjoyed reading *Imagine*. We want to hear what you think about the magazine. What do you like most about the publication? What are your favourite sections? What would you like to see more of? Your feedback will help us produce content that is useful and relevant to you, and aid our efforts to improve mental health awareness in Singapore.

Please take a few moments to answer this short survey and tell us about your experience of reading *Imagine* by **15 December 2022**. Your views are important to us.



<https://for.sg/imhimagine>



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Live Well
Snack on fruit and veggies to avoid feeling "hangry".

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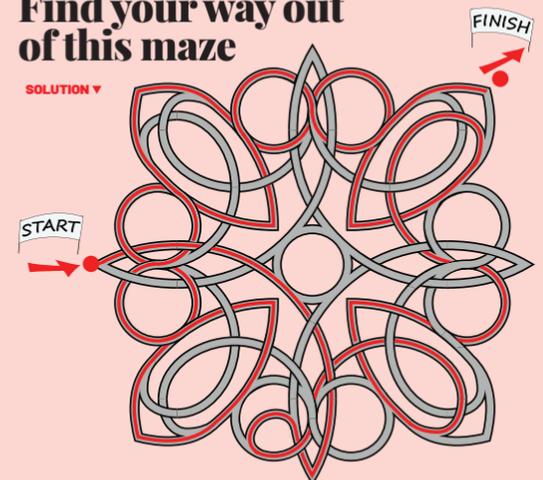
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"Invalidating the child's struggles or being judgemental strains the relationship and may be distressing to a child already struggling with self-harm."

DR DONOVAN LIM,
Senior Consultant, Department of Developmental Psychiatry, IMH

Find your way out of this maze



Turn to Live Well, page 7, for the puzzle.

HEALING AFTER THE HURT

When we lose someone, it can feel like the ground beneath our feet has fallen away. The shock and pain of a loved one's death – especially when it is an unexpected loss – can be overwhelming, and it may seem like we are left to pick up the pieces ourselves.

But coming to terms with grief and bereavement does not mean going through it alone. This issue's cover story (pages 8 to 10) explores why we grieve and how grief affects us. "Grief brain", for instance, is a real phenomenon in which cognition and concentration are temporarily affected, and engaging in everyday routines and activities becomes challenging. Yet it is a natural part of the grieving process. We also look at healthy coping methods and what to say or not to say to someone who has lost a loved one.

One damaging approach to coping with emotional pain, however, is self-harm. This maladaptive way of dealing with feelings like anger and frustration tends to be seen more commonly in teenagers and young adults. We delve into what drives young people to hurt themselves physically and who is at risk (pages 11 to 13). Like those who grieve, individuals who engage in self-harm need the support of people around them to recover.

Elsewhere in this issue, actor and co-Artistic Director of Pandemonium Theatre Company Adrian Pang (pages 14 and 15) tells of his mental health journey as International Men's Day on 19 November approaches. Recounting his experience with depression, he wants other men to know that the condition can affect anybody and that talking about it can help. As he puts it: "It is the age-old perception that men are meant to be strong, and that showing any sign of vulnerability is being weak... But it actually takes a lot of strength to face your problems."

It takes courage to be vulnerable and to heal. So if you are hurting inside, reach out for help from those around you – and do not give up.

Happy reading.
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Helping patients find hope again

Driven by passion and determination, Advanced Practice Nurse (APN) **Ms Shanel Yip** cares for her patients using psychology-based interventions.

Text **KEENAN PEREIRA** // Photo **COURTESY OF IMH**

>> TELL US ABOUT YOUR NURSING JOURNEY.

I started as a nurse working with children and adolescents at the Institute of Mental Health (IMH) in 2009. After about five years, I pursued a Master of Nursing at the National University of Singapore, sponsored by IMH. I wanted to grow my knowledge, to become more specialised in psychiatry, so I could do more for my patients – like in-depth therapy and counselling, which I was interested in.

HOW HAS THIS QUALIFICATION HELPED YOUR PATIENTS?

I am now an APN trained in psychodynamic therapy and cognitive behavioural therapy (CBT). Through CBT, I help patients understand the link between how they interpret an event and its effects on their emotions and behaviours. We then work together to find strategies that will help them function better. For example, for a patient with schizophrenia who fears that people want to harm him, we try behavioural experiments to test his beliefs and build coping skills to manage his hallucinations. I see patients from the start when they are clearly distressed, till the end, when they often show a marked improvement and can return to the community. It is very rewarding.

WHAT WERE SOME OF THE MOST REWARDING MOMENTS?

I remember one of my first patients when I started practising CBT as an APN. She had longstanding difficulties in coming to terms with her diagnosis of psychosis. She stopped taking her medication on several occasions, resulting in multiple relapses. Eventually, she had to drop out of school, and started to lose hope.

I was determined to help her. We worked together to identify her challenges and goals before we progressed to using cognitive and behavioural interventions to address them. After much support and encouragement, she regained her confidence, enrolled back in school and is working on her diploma. Her success increased my confidence. I think this experience has also helped me become a better therapist – I realised how important it is to listen to my patients and collaborate with them when I am helping them achieve wellness.

WHY DID YOU GET INTO NURSING?

In secondary school, I had three career choices: To be a counsellor, a special education teacher or a nurse. For me, psychiatric nursing combines these three passions. My parents were initially apprehensive about me being in nursing. It wasn't a typical career choice then, and they were worried I would not be able to handle the physical nature of the job. But they left it to me to

decide and have since been a great source of support. In fact, my mother encouraged me to pursue my master's degree and can even explain what I do as a nurse to our relatives now.

Ms Yip is the recipient of IMH's 2022 Nightingale Award, which recognises nurses who provide excellent nursing care and are exemplary mentors to other nurses.



MS SHANEL YIP

Advanced Practice Nurse, IMH

REDUCING DISTRESS IN PSYCHOSIS

> In IMH, Ms Yip is one of five APNs who carry out **Cognitive Behavioural Therapy for Psychosis (CBTp)**. The service caters to patients who require psychotherapy to manage distress related specifically to their psychotic symptoms, such as hallucinations or delusions.



LIVE WELL!



GO ON AND MAKE A FRIEND'S DAY!

>> As social creatures, human beings love maintaining connections. Whether it is getting an unexpected greeting card in the mail or a message on Instagram, some things never change over the years. In a study published in the *Journal of Personality and Social Psychology: Interpersonal Relations and Group Processes*, researchers asked nearly 6,000 participants of various ages to think of a friend or acquaintance whom they had not been in contact with and to send them a message or a small gift like cookies or coffee.

The participants were studied to see if they could accurately estimate how much their friend or acquaintance valued them reaching out. Senders were asked to rate how much they expected their gesture would be appreciated while recipients rated how appreciative they felt.

The result: Senders tend to underestimate the positive impact their gesture had on the recipients. So if you are thinking about a friend you have not seen or spoken to in a while, make his or her day by sending a text message or a surprise delivery of his or her favourite treat!

REKINDLE THE FRIENDSHIP

We may feel uneasy about reaching out to someone with whom we've lost touch. Here's how to get over the discomfort.



> **SIT WITH YOUR FEARS.** It is okay to worry that your friendly gesture may be rejected. Calm your nerves by looking at the situation from your friend's point of view and picturing how delighted he or she would feel about hearing from you.



> **CALL YOUR FRIEND.** Instead of a message or an email, making a phone call can feel more genuine. Or try writing a letter and thank them for being a friend.



> **EVALUATE WHAT YOU HAVE.** If you end up getting rejected, do not despair. The non-response can help you shift your focus to other friends.

DON'T LET doomscrolling MAKE YOU SAD OR ANGRY.

Reading constantly about negative news stories like inflation, pandemics, global warming and wars can make us feel grim, fatigued and depressed. >



A recent study in the *Health Communication* journal found that this urge to be glued to bad news can result in poor mental and physical health outcomes, such as higher stress levels and anxiety. If you find yourself dwelling on these stressful events, try these mindfulness-based strategies to ground yourself.

> **BE AWARE AND EMPATHETIC BUT NOT IMMERSSED.** Take a moment to acknowledge your feelings. The goal is to realise that these feelings are natural, and they come and go. Find a balance where

you stay informed of current affairs without getting overwhelmed.

> **DO SOMETHING.** Intentionally engaging in causes you care about may help you regain some degree of control and purpose, while improving your well-being. For instance, volunteer for a cause or make a donation to your favourite charity.

> **TAKE A BREAK FROM THE NEWS.** Put away your smartphone or tablet so you are not consuming negative news all day. Instead, focus on the good things in your life like getting together with people who make you happy or taking up a hobby that excites you.

The power of anticipation

When packing for a holiday, are you almost as enthusiastic as you would be on the vacation itself? You are not alone. Looking forward to something, be it a vacation or a new movie, can feel as good as or even better than the actual event, according to a study published in the *Journal of Experimental Social Psychology*. The researchers also found that waiting for a pleasurable experience can stir up even more intense positive emotions than remembering it after it has occurred. Here's how else you can improve your well-being by embracing anticipation.

keep fit as you age, your goal could be to lock in a consistent and manageable workout routine.

> BRIBE YOURSELF.

If you dread doing a difficult task – for instance, a gym workout – pair it with something you enjoy – like listening to your favourite podcast. Known as “temptation bundling”, this motivational strategy turns behaviours with delayed rewards like exercise into something more pleasurable.

> REFRAME YOUR THOUGHTS.

If you feel anxious before a presentation or a new experience, tell yourself, “I’m not nervous. I feel excited.” Re-labelling apprehension to anticipation can help you channel nervous jitters to improved performance.

> EMPHASISE EXPERIENCES.

Spending on memorable events like a vacation, sight-seeing tour or a concert can delight us more than material purchases like new clothes or gadgets. Why? Researchers say it might be because our memories of experiences last longer than material goods, which we perceive to lose value over time.

> IMAGINE YOUR FUTURE SELF.

Picturing what we want to achieve in the months or years ahead jolts us out of short-term thinking and prods us to action. Start with the things you value most, then set goals around them. For instance, if you want to



WHAT'S EATING YOU?

If having a late lunch or skipping it entirely makes you feel grouchy, you are not alone.

Inspired by how he often felt "hangry" – a popular term combining the words "hungry" and "angry" – social psychologist Professor Viren Swami and his team of researchers conducted one of the first studies to explore how hunger affects our emotions as we go about our day.

Published in the *PLOS One* journal, the study involved 64 adults, aged 18 to 60, who recorded their emotional state and feelings of hunger five times a day over three weeks. The conclusion: Being hangry is real. Hunger was indeed associated with stronger feelings of anger and irritability as well as lower levels of pleasure.

It turns out that when you have not eaten for a while, the level of sugar (glucose) in your blood decreases, triggering negative emotions. Knowing this, you can make better sense of why you tend to feel irritable while hungry. If you are prone to getting hangry, remember to keep some healthy snacks on hand and take a bite to ease those hunger pangs!

SNACK HEALTHILY TO CURB 'HANGRY' FEELINGS



HEALTHY SNACKING

A study published in the *British Journal of Nutrition* found that eating more nutrient-rich, unprocessed foods like fruit and vegetables was linked to fewer depression symptoms and better psychological well-being. On the other hand, frequent consumption of nutrient-poor, processed sweet and savoury snacks was linked to increased symptoms of depression, stress, anxiety and reduced psychological well-being. To avoid feeling hangry, reach for these fruits and vegetables:

APPLES are a good source of phytonutrients and antioxidants that may boost heart, brain and digestive health. For added fibre, leave the skin on.

BERRIES have the most antioxidants among all fruits, helping to fend off diseases and prevent cell deterioration. Blueberries have the highest antioxidant content, followed by cranberries, blackberries, raspberries and strawberries.

CARROTS are rich in antioxidants and vitamin A, which is crucial to eye health.



IT'S NOT JUST CHILD'S PLAY

The next time your toddler asks for a playdate, say "yes" — it's a good thing, after all.

In a study published in *Child Psychiatry & Human Development* on the link between peer play ability and mental health, researchers found that pre-schoolers who played well with others showed fewer signs of poor mental health four years later. These children also had lower hyperactivity levels and were less likely to get into fights with their peers.

The researchers looked at data from nearly 1,700 children, at age three and then at age seven. The children are part of the *Growing Up in Australia* study, which is tracking the development of



those born in Australia between March 2003 and February 2004. Different types of peer play were also studied, including pretend play, goal-directed activities like building a tower from blocks, and collaborative games like hide-and-seek.

The findings suggest that giving more peer play opportunities to young children, including those who might be vulnerable to mental health issues, could benefit their mental health in the long term. The researchers say this

link likely exists because playing with other children supports the growth of emotional self-control and socio-cognitive skills, such as understanding others' feelings. It also helps them learn to build strong friendship networks.

Also, what matters is the quality, not the quantity, of peer play, say the researchers. For instance, games that encourage collaboration or sharing tend to have "positive knock-on benefits".

TAKE A MICRO-BREAK FOR MAJOR PERFORMANCE

Can a tiny break make you feel better at work? The answer is "yes", even if it is just for 10 minutes or less. People who took these "micro-breaks" felt more energetic and less tired in the workplace, according to a research review, published in the *PLOS One* journal, of 22 studies from the last 30 years.

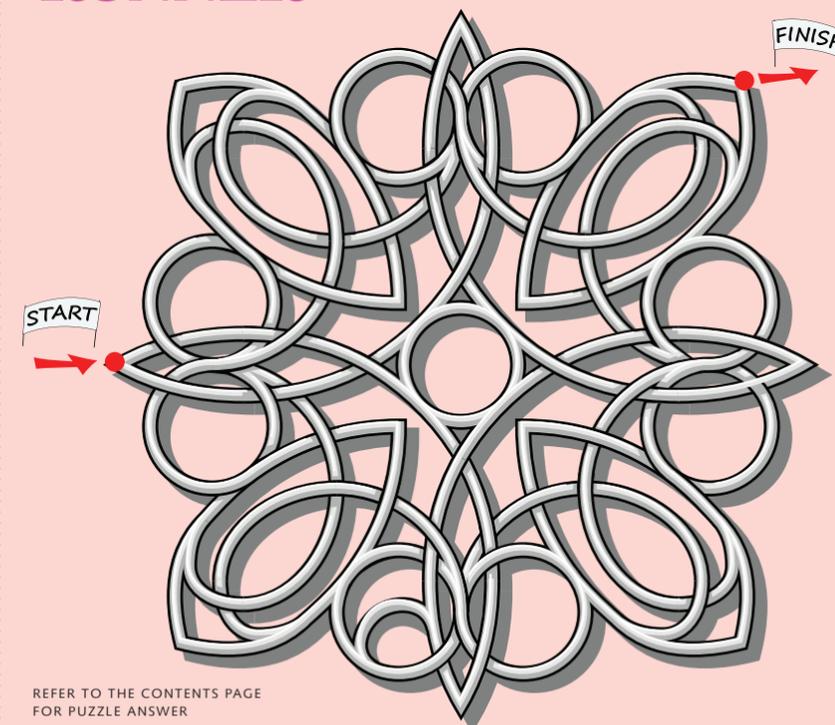


The study authors, from the West University of Timisoara, Romania, also looked at the benefits of different micro-breaks, for example, taking a walk or watching videos. They observed that those who took a micro-break — regardless of type — had better well-being at work.

Their findings show that regular micro-breaks can help prevent workplace burnout. However, they added that more research is needed because the science is inconclusive on how often mini-breaks should be taken. For now, a general rule of thumb is to take a few minutes off every hour or so.

MAZE RUNNER

By moving only forward, not backward, can you find your way out of these tangled lines?



REFER TO THE CONTENTS PAGE FOR PUZZLE ANSWER

When Ms Wong Sher Maine's husband died in an accident last year, she was left to pick up the pieces, coping with her own grief and supporting her three teenage children through theirs.

In the past year, the 47-year-old, who works in the communications industry, has experienced a range of emotions: First, shock, then a sense of emptiness interspersed with sporadic feelings of anger and waves of sadness.

A year on, Ms Wong feels she is still "nowhere near done" with the grieving process. "When it comes to loss and grief, what I've learnt is that it takes time," she shares. "Even while I try and pick up the pieces of my life – and I have many things to distract myself with – I'm not really staring at grief in the face to confront it."

Ms Wong's grieving process might be personal, but she is not alone in her pain.

WHY WE GRIEVE

Dr Steve Lee, Associate Consultant, Department of Mood and Anxiety, Institute of Mental Health (IMH), explains that grief is a natural reaction when one loses someone – or even, something – important to them. "We not only grieve for the loss of that significant person or thing in our lives, but also the loss of stability and familiarity as it feels as though things will never be all right again," he explains. "We grieve because we loved that special someone who was an essential part of our lives, because what we shared has ended and there is no turning back."

For many, the emotional suffering can feel overwhelming. Being aware of one's feelings, understanding the grief process and learning healthy ways of coping can help the bereaved



Unpacking grief after a loss

The pain of losing a loved one can be overwhelming but **understanding the grieving process** and learning healthy ways of coping can help the bereaved move forward.

Interview
EVELINE GAN in
consultation with
DR STEVE LEE,
Associate Consultant,
Department of Mood
and Anxiety, IMH;
and MS GOH MIN HUI,
Principal Medical
Social Worker,
Department of Medical
Social Work, IMH

move forward to the next chapter of their lives. Dr Lee says: "As painful as it may seem, most people are able to adapt well to life after loss – with time."

TYPES OF GRIEF

The death of a loved one is not the only type of loss that triggers grief. Any significant loss can potentially do so, Dr Lee points out. Examples include the ending of a relationship, retirement or job loss, a miscarriage, or loss of health or independence due to disability.

For some, a type of grief known as anticipatory grief may also develop as they grapple with an impending loss,

Dr Lee says. This could occur when a loved one has a terminal illness, when a beloved pet is ageing or when retirement is imminent.

A COMPLEX PROCESS

Every person goes through the grief process differently. Several factors can affect its duration and intensity, such as the individual's personality and support network as well as the type of loss involved, Dr Lee shares.

"As we come to terms with our loss, we may struggle with a range of negative feelings," he says. "There may be shock, disbelief, anger, resentment,

loneliness, despair or guilt, anxiety or fear. There is no 'normal' way or amount of time to grieve."

Research shows that grief can also affect physical health. In a study published in June 2022 in the journal *Psychological Science*, researchers found that bereaved spouses experience a significant increase in body inflammation – which has been linked to serious health issues such as heart problems and premature death.

People coming to terms with loss may also find it harder to carry out their usual routines and activities.

Dr Lee explains: "During the grief process, our memory, concentration and cognition can be temporarily affected as the brain focuses on the feelings and symptoms of grief, leaving little to no room for daily tasks. These are symptoms of the 'grief brain', which is a natural part of the grieving process."

However, he adds that in a "normal" grieving process, the symptoms gradually fade over time – up to six to 12 months. Grief that is too intense and prolonged can significantly disrupt a person's ability to stick to his or her usual routine. Known as pathological grief, it can keep one from healing. The person may experience severe pain and preoccupation over the loss, have pervasive feelings of depression and self-blame, difficulty trusting others or even think life is not worth living, he says.

ACCEPTING OFFERS OF HELP

"If pathological grief begins to take a toll on one's life, it may be necessary to seek professional help, for instance, from family service centres or general practitioners, who may refer the individual to a psychiatrist, if necessary," Dr Lee says.

"Professional help can be in the form of talking therapy facilitated by a therapist or grief counsellor, who can work through negative emotions and help the individual overcome his or her struggle. If there are other co-morbid conditions, such as clinical depression or anxiety, a doctor may be able to prescribe medications."

Having said that, coping with grief does not necessarily have to begin with counselling, Dr Lee says. Other coping strategies include talking about grief instead of bottling up emotions and having a strong support network, including

WHAT TO SAY TO SOMEONE WHO IS GRIEVING

It can be hard to know how to console a loved one who is grieving. Ms Goh Min Hui, Principal Medical Social Worker and Family Therapist at IMH, advises practising active listening, being empathetic and validating the person's experience without judging.



She shares some dos and don'ts:

- 1 Don't say** "be strong". Instead, acknowledge the person's experience by allowing them to cry and express their emotions. For example, you may say: "It is tough as you have to cope with the intense feelings, handle the documents left behind and also care for the children."
- 2 Don't say** "time will heal, move on". Consider saying: "Grief is an intense emotion; do it at your own pace and in your own way." The grieving process cannot be rushed; no matter how much time has passed, there will still be pain and sadness.
- 3 Don't say** "she is in a better place". Acknowledge the person's feelings, for example, by saying: "I am hearing you say how much you miss her."
- 4 Do offer** practical help. But do not impose help if the person is not ready.
- 5 Do** let them know you are there if they need you. Sometimes, it is okay to not say anything. Simply letting the bereaved know you are present for them can also bring comfort.



“Sometimes, simply being around those who care is comforting. The key is to avoid self-isolation and accept the offers of help from others.”

DR STEVE LEE,
Associate Consultant,
Department of Mood and
Anxiety, IMH



family members, friends and spiritual or religious communities.

“Sometimes, simply being around those who care is comforting. The key is to avoid self-isolation and accept the offers of help from others, even if they may not always understand exactly what you’re going through,” Dr Lee says.

ADAPTING TO LIFE AFTER LOSS

While Ms Wong feels she is not done grieving her husband’s death, she believes

her coping strategies have helped her to move forward. They include connecting with a counsellor, talking openly about her feelings and seeking spiritual support.

Ms Wong also set up a memorial site and restarted a family blog to celebrate memories of her late husband’s life. She says: “I didn’t want my husband to just ‘go’ like that even though he used to say he wanted to ‘go quietly in the night’. But when he died, I felt very strongly that these acts are not for him but for the

ones left behind – the kids, his friends and young people he mentored.”

On what to say to people who are grieving, Ms Wong feels that a simple and sincere “how are you doing?” can be comforting to the bereaved. “Far too often, many people don’t know what to say or do, and they pretend it never happened,” she says. “I understand that they fear that the conversation may open up a can of worms or I may break down and cry. But when someone I barely knew came up to me and asked if I was okay, I felt so thankful because I wanted to talk. For me, that helped a lot.”

HELPLINES



- **Grief Matters (Montfort Care Singapore):** Offers support, advice and information to the bereaved. Griefmatters.org.sg | Helpline: 8181 0448
- **WICare:** For widows and their children. www.wicare.org.sg | Tel: 6354 2475
- **SAGE Counselling Centre:** For grieving elderly above 50 years old. sagecc.org.sg | The Seniors Helpline: 1800 555 5555

INTENSE GRIEF AFTER LOSING THREE FAMILY MEMBERS

IN 2004, MARGARET* LOST HER FATHER TO CANCER.

Three years later, her brother passed away unexpectedly. When she also lost her mother in 2018 to a severe stroke, the 68-year-old retiree felt her entire world crumble. She felt a sense of guilt and grief so intense she could not eat, sleep or go on with her daily routine. She shares: “I felt lost and lonely, without a purpose in life. The emptiness was amplified, especially at night and during weekends. I would fast and tell myself I do not deserve to eat well



because my mother (before her death) did not eat at all in the hospital. Most times, I would hit my head, crying loudly and blaming myself.” Realising she could not manage the grieving process alone or with just the support of friends and relatives, Margaret sought professional help. She saw a psychiatrist and attended counselling sessions where she freely shared her emotions, relieving her of “much pain and a heavy heart”. She also learnt why her grief and self-blame were spiralling out of control. “I realised that besides grieving my mother’s passing, I was also ‘catching

up’ on the passing of my father and brother. Back then, I had to suppress my grief when they passed away, lest I invoked my mother’s grief.”

While there is no timeline to the grieving process, Margaret feels she has made progress after seeking professional help. As part of her therapy, she handcrafted a clay cup (below) in remembrance of her loved ones, representing the values she cherished in them. She also started going on nature walks and made new friends along the way. “These helped me work out some issues and gave me clarity,” she says.



*Not her real name.

Making a desperate cry for help



What drives children and teenagers to self-harm? *Imagine* takes a closer look at the issue, and the support and treatments available to youths in distress.

Interview EVELINE GAN in consultation with DR DONOVAN LIM, Senior Consultant, Department of Developmental Psychiatry, Institute of Mental Health (IMH).

SELF-HARM

Also termed non-suicidal self-injury, self-harm is a maladaptive way of coping with emotional pain, anger and frustration.



>> MOST PEOPLE ARE HARDWIRED TO AVOID

and escape experiencing pain, but 22-year-old Lauren Koh does the opposite. At 13, she started cutting herself intentionally – sometimes daily – whenever she felt anxious.

Instead of panicking whenever she saw blood oozing from her self-inflicted wounds, Lauren describes a sense of relief and calm – something she is still trying to understand now that she is majoring in psychology at university.

“I noticed that together with the effect of getting people’s attention, (hurting myself) also helped to relieve my anxiety. When I felt physical pain, the feeling of panic somehow decreased,” she says,

adding that those episodes of self-injury were not suicide attempts but a “cry for help”.

WHAT IS SELF-HARM?

Lauren’s motivation to inflict injury on herself is not uncommon in children and young people engaging in self-harm. Also termed non-suicidal self-injury, self-harm is a maladaptive way of coping with emotional pain, anger and frustration, explains Dr Donovan Lim, Senior Consultant at the Department of Developmental Psychiatry in IMH. Self-harming behaviour typically occurs during the mid-teenage years and in young adulthood. He and his IMH colleagues have also seen children as young as 11 or 12 engaging in self-harm.

“By the time the child or teenager comes to us for medical attention, the self-harming behaviours may have gone on for quite some time. This is because teenagers tend to hide their self-harm from caregivers and authority figures, often carrying it out in secrecy due to shame or fear of disapproval,” Dr Lim says.

He adds that in adolescent patients seen at IMH, the self-inflicted harm typically manifests in two ways: Injuries from cutting, mutilating, scratching or searing their skin – for example, with cigarette butts – and, to a lesser degree, poisoning from ingesting household cleaning substances or excessive medication. Lower

“Invalidating the child’s struggles or being judgemental strains the relationship and may be distressing to a child already struggling with self-harm.”



DR DONOVAN LIM, Senior Consultant, Department of Developmental Psychiatry, IMH

primary children may also engage in self-harm, but their methods are different from that of teenagers. “Younger children may bang their heads against walls, pull out their hair, or bite, scratch (with fingernails), pinch, punch or slap themselves – often in an attempt to alleviate or communicate emotional distress,” Dr Lim says.

THE REASONS BEHIND SELF-HARM

While the self-harming behaviour is intentional, suicide is generally not the intent, as Dr Lim points out. But studies have shown that chronic self-harm may increase the risk of subsequent suicidal attempts. “We have observed that adolescents who come to us with suicide attempts often have a significant history of self-harm. Repeated self-harm may also increase the risk of accidental death, despite the absence of suicidal intent,” he says.

Those who self-injure typically do so to relieve painful emotions, psychological distress or tension, which might even lead to a “painkiller effect”, Dr Lim explains.

“The rush of endorphins – the pain-relieving substance produced by our bodies – can produce a natural high that helps the troubled teenager feel better emotionally. But like the ‘high’ produced by drugs, the endorphin rush and the accompanying sense of well-being

or euphoria is transient and can be addictive, making the teenager more likely to self-harm again.”

Some youths may also use self-harm to punish or distract themselves, in a bid to regain a sense of control in their life or to feel “more alive”, notes Dr Lim.

For some, it is also a way to communicate emotional turmoil when words fail – “a desperate cry for help” – he adds. “However, it should not be misconstrued as ‘attention-seeking’ or ‘manipulative behaviour’. In reality, teenagers tend to self-harm secretly and hide it from others, making it difficult for them to seek or receive appropriate support or treatment.”

WHO IS AT RISK?

Self-harming behaviour has been observed in some young people with mental health disorders, such as personality disturbances, depression, anxiety disorders, post-traumatic stress disorder, substance abuse and psychotic disorders.

Numerous studies have shown a connection between self-harm and early childhood trauma, abuse or neglect. Also at risk are youths with other psychosocial vulnerabilities, such as impulsivity, poor stress-coping or problem-solving skills, and a lack of social connectedness and positive relationships, or those who have experienced adverse life events, Dr Lim adds.

Besides using self-harm as a coping mechanism, Lauren believes



WHERE TO GET HELP

If you or someone you know exhibits self-harm behaviours, seek help by calling:

- CHAT: 6493 6500/6493 6501
- Mental Health Helpline: 6389 2222
- Samaritans of Singapore (SOS): 1800 221 4444
- TOUCHline: 1800 377 2252
- Singapore Association for Mental Health: 1800 283 7019



an undiagnosed attention deficit hyperactivity disorder led to her having trouble regulating emotions and impulsivity. She was diagnosed with the disorder at 18.

Looking back, Lauren says engaging in self-harm was a way to express a desire to be noticed and be helped by parental figures in her life. “It felt like the best way (for me to get help) was to be in a position of physical harm, so someone would start that conversation and ask me what was going on,” she says.

GETTING TREATMENT AND SUPPORT

There are multiple avenues of support in Singapore for those engaging in self-harm (see sidebar). For example, a school counsellor may connect schoolchildren with REACH (Response, Early intervention and Assessment in Community mental Health), which works with schools and social service agencies to support students with mental health issues.

According to Dr Lim, treatment options, such as individual

psychological or behavioural therapies, aim to reduce a young person’s need to self-harm in the longer term. These help him or her acquire new skills to process and regulate emotions, cope with stressors, manage psychological distress, modify negative thoughts and improve self-esteem.

Medications may be used to treat co-existing or underlying psychiatric conditions, such as depressive, anxiety and psychotic disorders, he adds.

Loved ones may also attend family-based interventions, which aim to repair dysfunctional family dynamics and improve communication and interactions.

Dr Lim says the attitudes of parents and school personnel play a pivotal role too. “Invalidating the child’s struggles or being judgemental strains the relationship and may be distressing to a child already struggling with self-harm. The result could be more self-harm to relieve the distress and more determined attempts at secrecy, which ultimately

hinders treatment efforts.”

For Lauren, getting mental health support and learning alternative ways to cope with stress and emotional distress have helped.

“Whenever I want to hurt myself, I pick up the phone and call someone to talk to, run a penknife across playdough or break into a sprint,” shares Lauren, who took up psychology at university as she found purpose in helping people work through their mental health issues.

As someone who has been on the receiving end of unhelpful comments, Lauren feels that suggestions to “look on the bright side” and “time will heal” can sound patronising to those struggling with mental health issues.

“Instead, if someone discloses that they are hurting themselves and feeling bad, a response could be, ‘Is there anything I can do to help you?’. Positively affirm them for being open to you and acknowledge that talking about it is a brave thing,” she advises.

HOW TO SUPPORT A FRIEND OR LOVED ONE IN DISTRESS

- **SHOW CONCERN** Choose a time when you both are free to talk and start with observations to explain why you are concerned.
- **LISTEN** Avoid giving advice or imposing your beliefs on them.
- **SEEK HELP TOGETHER** Gently suggest the possibility of seeing a professional. You could also offer to accompany your friend.
- **SELF-CARE** Take care of yourself and do not neglect your needs while you lend emotional support to your loved one.



Man Up. Speak Out.

With International Men's Day on 19 November, actor and co-Artistic Director of Pangdemonium Theatre Company **Adrian Pang** recounts his mental health journey to help others understand that depression can affect anybody — and talking about it doesn't make one less of a man.

Interview KOH YUEN LIN // Photo KELVIN CHIA

MR ADRIAN PANG

Actor and co-Artistic Director of Pangdemonium Theatre Company

When the COVID-19 pandemic struck, the symptoms of depression hit Mr Adrian Pang harder than he could have imagined. Waking up with a profound sense of emptiness one day, the actor and theatre veteran instinctively knew his feelings were different from the low points he had felt previously. "I knew it wasn't just sadness, worry or anxiousness. It was a sense of emptiness. It was worse than feeling angry or sad," he describes. "I had insomnia. But if I did fall asleep, I would not be able to get out of bed in the morning. It was a tough few months."

Despite being aware of depression and having helped others in recovery, it still

took months of prompting from his family before Mr Pang finally recognised he needed to seek help. "Taking that first step was hard. I have never had problems expressing my vulnerabilities, but it was difficult to admit that this was something not within my control," he reveals.

He visited his general practitioner, who gave him a prescription. Then, he sought help from a counsellor at his neighbourhood's Family Service Centre. As Mr Pang shares, "My first session, conducted online, was two hours of me talking and wailing away. I continue to see her in person today whenever I feel shaky about things. I am a huge advocate of talk therapy. Speaking to a professional who can help you find a different perspective on things is very helpful."

LEAVE NO MAN BEHIND

Mr Pang highlights that help is readily available within the community — as it has been for him. "Some are worried about seeking help as they think it will cost them an arm and a leg, but there are subsidised, government-run services one can find within their own neighbourhood."

He recognises that many people — especially men — are afraid to take the first step in acknowledging their condition because of social stigma. "It is the age-old perception that men are meant to be strong, and that showing any sign of vulnerability is being weak," he laments. "This is especially so in an Asian context, where men are traditionally not so expressive about their feelings."

He references a 2020 play, *The Son*, in which he plays a father who reacts to his teenage son's mental health issues by trivialising his struggles and telling him to toughen up. "Often, men think that admitting to having psychological problems is emasculating, but it actually takes a lot of strength to face your problems."

As a father to two sons, Mr Pang could not be more different from his character in the play. He engages them in open conversations and supports them through highs and lows. The world today has become an even more complex place for young men to navigate, he says.

And playing down mental health issues or belittling individuals for how they feel doesn't help. "Some people's perception of depression is that everyone's got it, so stop complaining," he says. "Or that (certain people *want* to be depressed. Needless to say, that is totally wrong." Besides external triggers, there are biological factors that can lead to the condition, he adds.

SEEING THE MAN IN THE MIRROR

Mr Pang was just seven when he had his first brush with depression. "My mother was very affected by the death of a family friend, and I remember her not being able to get out of bed for days," he says. "In our family, a lot of our feelings are expressed through high drama. But even at that age, I could grasp this was something beyond being sad."

He recalls his mother explaining what she was experiencing to him, and the topic of depression and mental health began to be raised in family conversations. Despite that, Mr Pang found it difficult to recognise the signs of depression in himself. He remembers episodes of feeling bleak and hopeless in his youth, like sitting in the stairwell and crying. "I was the kid who was the life of the party, or so my mum says. But things took a turn to the dark side in my teens, and somehow never left," he shares. "I wouldn't say I was suicidal, but I started to question the meaning of life and pondered what difference it would make if I disappeared or died."

Studying abroad allowed him to start on a clean slate in a new environment and stopped the downward spiral. Finding his calling in acting in the early 1990s sparked



“I have never had problems expressing my vulnerabilities, but it was difficult to admit that this was something not within my control.”

further positive changes — before his self-moulded identity as an actor began to affect him. "I said I would not call myself an actor until I got my first job. And once I did, I started to think I am nothing if I have no work," he shares. "It was illogical, but I had set a trap for myself and fell into anxiety in between jobs."

Mr Pang says these episodes were largely situational and circumstantial, which allowed him to label the prolonged period of misery, anger and anxiety as "growing pains". Then in 2018, he found himself sinking lower. A self-professed worrier, he remembers going through an identity crisis, as he periodically did.

"The last time that happened, I managed to pull myself out and make something positive out of it by setting up (theatre company) Pangdemonium (in 2010) with my wife's support. But this time, the self-questioning dragged me to a dark place," he reveals. "I couldn't get sufficient answers to affirm I was doing something worthy. My ego and vanity were making negative, unconstructive noise that dragged me down instead of spurring me into action."

During this period, he might suddenly go into a catatonic state while rehearsing for a rollicking musical comedy or break into tears while practising a song. It was with tremendous support from his family that he managed to stay afloat.

Those feelings of depression hit Mr Pang harder during the pandemic, when lockdowns and restrictions meant work getting suspended and people being isolated. "I was the one calling on friends to check on them, not realising the 'black dog' (of depression) was just around

the corner, waiting to pounce on me," he says.

He would struggle for months — even with the support and care from his family. As he explains, sometimes, it takes more than love. It also requires self-awareness that one is going through a medical condition, and drive from the individual to want to get better.

YOU ARE NOT ALONE

With these life experiences, Mr Pang's wish echoes that of other individuals who have a mental health condition. "I do not want to be defined by it," he says, pointing to news articles linking his work to his mental health after he spoke about his situation publicly. The fear of being labelled might prevent people from acknowledging their condition.

Although there is some way to go, Mr Pang is heartened by how people have become more open about mental health, paving the way for better understanding and empathy for those suffering from depression. He continues to speak up to fight the negative stereotyping and stigma surrounding the condition. "I want those going through depression to know they are not alone," he says.

For others who have friends or loved ones who are going through a hard time, he stresses the importance of being there for them. "I used to spring into 'action stations' (mode), thinking that if I cannot do anything, then I am useless," he says. "But I realised that sometimes, people just want to be heard when they are hurting and know that somebody cares about them. Just reach out and be present for them."

From Helpless to Healing

One family's journey of coping with their daughter's diagnosis of schizophrenia.

Interview KEENAN PEREIRA
Photo KELVIN CHIA

MR HAIRUL ANUAR

61, Father of Ms Adila

MS ADILA NURHANA

32, Assistant Programme Executive, Club HEAL

The loving relationship between Mr Hairul Anuar, 61, and his daughter Ms Adila Nurhana Binte Hairul Anuar, 32, shines through even over a Zoom call, as they trade friendly jibes and jokes.

It is a love that has endured a tough decade or so, following Ms Adila's diagnosis of schizophrenia. All was well until the later part of her teenage years, when her parents noticed drastic changes in her behaviour. "Growing up, she was soft-spoken and meek," Mr Hairul recalls. "But, all of a sudden, she started shouting at us, which came as a shock." Her parents did not understand what was happening to their daughter. Their minds raced with possible reasons, among them academic pressures, the wrong company and even supernatural forces.

It turned out that Ms Adila's outbursts were a way of controlling the voices she heard in her head — a classic hallucinatory symptom of schizophrenia. To silence those

voices, she would lash out by shouting to drown them out or by hitting at walls repeatedly in frustration.

At their wits' end, her parents took her to a hospital in 2008, where she was diagnosed with schizophrenia. It was a bewildering diagnosis for Mr Hairul and his wife, who had never heard of the disease. "We couldn't even spell it," he says. But with the guidance and care of a medical team, they finally understood why their daughter was acting that way.

Armed with a better understanding of schizophrenia, they rallied their loved ones to find ways to help Ms Adila. In addition to ensuring she took her medication, they also sought counselling and therapeutic support to help her and the family manage her condition. "That's how my wife found out about Club HEAL," recalls Mr Hairul.

These efforts have borne fruit: Today, Ms Adila leads a far more independent life and has a job she enjoys. Mr Hairul and his

wife are not as worried about her future, knowing there are people in the family and the wider community whom she can turn to for support.

MS ADILA SAYS:

"I was 19 when I first started hearing voices. It was scary at first. I didn't know what was happening to me. I would hold my head against the wall and scream just so I could drown out the voices.

Today, my condition has stabilised.

I take my prescribed medication daily. A volunteer motivational speaker at Club HEAL taught me about affirmations — I now remind myself daily that I am healthy and happy. Such positive thoughts have made a difference — they boost my confidence. I've also learnt strategies to deal with my triggers better. For example, I tend to have an episode whenever I am

stressed or angry. So I turn to hobbies whenever I feel negative emotions. I might listen to music, watch my favourite movies, like the *Harry Potter* series, or practise Malay dance, which I picked up in secondary school. These distract me from my worries and help me moderate how I feel, so I don't get as affected by negative thoughts.

I work as an Assistant Programme Executive at Club HEAL's Rehabilitation programme.

I use my own experience of living with schizophrenia to encourage and support others with similar struggles. I also assist with the programmes and conduct simple activities for clients, like running a book club and doing crafts. My other responsibilities include overseeing the product inventory for Club HEAL's pushcart at the Institute of Mental Health, where we showcase crafts made by our clients. Working with colleagues who understand my condition creates a safe space for me.

If I could say one thing to my family, it would be 'thank you' for the unconditional love and support all these years. Beyond my family, I would also like society to be more compassionate and understanding towards people with mental health challenges."

MR HAIRUL SAYS:

"To say that the first five years of her symptoms and diagnosis were a strain would be an understatement. My wife and I have two other children, and Adila's condition took a toll on them as well. As a family we struggled. The strain stemmed mostly from our helplessness: We did not know why she was acting that way. We didn't even know how to talk to her at that point. Not knowing much about mental illness, we initially took our relatives' advice to seek spiritual help when the symptoms began. We were desperate for an answer. If only we knew what we know now, we would have sought medical help much sooner.

The support of loved ones and the community has been crucial

in helping us understand and accept Adila's condition. I remember Club HEAL put together a skit to help caregivers understand how schizophrenia affects someone's perception. A lady was trying to focus on a task as two men were shouting in her ear. Seeing it really helped me understand what my daughter goes through. I then shared these lessons with family members at a gathering I organised to explain Adila's condition, instead of hiding it or covering it up.

"I wasn't always so comfortable sharing [details of Adila's condition with my family members], but I realised it's nothing to be ashamed of. This made it easier to lean on our relatives and loved ones for support."

MR HAIRUL ANUAR

I wasn't always so comfortable sharing such details with my family, but I realised it's nothing to be ashamed of. This made it easier to lean on our relatives and loved ones for support. There was a time when just seeing my wife or me would make Adila very angry — and we learnt early on that anger was one of her biggest triggers. So we asked my sister, who lives nearby, if she could care for her temporarily. Thankfully, she agreed, and we were able to give Adila the space she needed.

As a caregiver, I felt I had to give up the things I love to care for Adila.

That's what I did at the start — I love fishing, but I told my buddies they wouldn't be seeing me for a while. But with the support of family and groups like Club HEAL, I've found it easier to pick up my fishing rod again and rediscover the things that make me happy. Having that kind of stress release is very important for caregivers, who sacrifice a lot to care for their loved ones. You need to be able to get some relief to keep doing it."

Through workshops, events and support activities, Club HEAL aims to empower and help people with mental health conditions regain their confidence and a sense of independence. It also supports and connects caregivers. Visit www.clubheal.org.sg for more information.





News

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

NATIONWIDE STUDY OF YOUTH MENTAL HEALTH LAUNCHED

The Institute of Mental Health (IMH) has embarked on the National Youth Mental Health Study (NYMHS) to examine the prevalence of key mental health conditions among youth aged 15 to 35 here.

IMH researchers will identify personal and social factors linked with these conditions and the level of unmet treatment needs. They will also explore various aspects or behaviours linked to the mental health of young people, including bullying, self-harm and social media use.

The focus is on transitional phases in a young person's life. "We know that mental health is affected as we experience transitions. For young people, this may be more pronounced because they go through several major life changes in a relatively short period of time – for



example, moving from school to tertiary education or National Service, or starting their first job," says Dr Swapna Verma, Chairman, Medical Board, IMH, and co-principal investigator of the study. "As part of this study, we will not only be looking at risk factors but also protective factors, such as resilience and social support, in this age group."

About 2,600 youth will be interviewed for the study. Data collection began in October 2022 and will continue until June 2023.

LET'S STAND TOGETHER THIS WORLD MENTAL HEALTH DAY

In October, IMH joined hands with the Agency for Integrated Care, Health Promotion Board, National Council of Social Service and Ministry of Culture, Community and Youth to mark World Mental Health Day (WMHD).

Over 30 partners and collaborators took part in a month of activities. Themed "Stand Together for Mental Health", the event aimed to raise mental health awareness and encourage individuals to stay well, support others and seek help early. To rally the community, limited Muffinsaurs & Friends tote bags and car decals were given away at selected Cold Storage, Giant and McDonald's Drive-Thru outlets.

Designed by Stephanie Raphaela Ho, Muffinsaurs & Friends is a depiction of support and togetherness.



Q&A

ASK THE

Experts

IMH clinicians answer your questions.

Q: I HAVE DEPRESSION AND MANAGE IT WITH THERAPY AND MEDICATION.

I am starting a new job and wonder if I should inform my colleagues and supervisor about my condition. For instance, should I tell them why I often have medical appointments? What are the pros and cons of doing so?

A: There is certainly no right or wrong when disclosing your mental health condition to people at work. Whether you choose to tell others depends on various considerations. This includes how much your condition affects your role, the amount of support you have outside your workplace and your relationship with colleagues.

Disclosing your condition to others at work provides an opportunity for your employer to lend support in helping you stay at work and/or assist in your recovery, for example by making adjustments to your schedule, where necessary. In addition, it can reduce the psychological distress of non-disclosure, especially

regarding time-off for medical appointments. If not communicated, behavioural aspects associated with mental health conditions can sometimes be misinterpreted as a performance or a work attitude issue. This can lead to problems like being a target for gossip, being ostracised at the workplace and unfair treatment leading to reduced prospects for career growth.

However, there are also reasons why people choose to keep this information to themselves, such as the fear of being judged or losing out on opportunities at work, or simply because they would prefer to keep it private.

MR JAYSON SUDHASAN K,
Principal Occupational Therapist,
Department of Occupational Therapy



DISCLOSING YOUR CONDITION AT WORK

Your decision depends on several considerations, such as your relationship with colleagues and how much the condition affects your role.

Q: I HAVE BEEN FEELING ANXIOUS ABOUT MONEY AND JOB SECURITY LATELY.

I cannot sleep. Last week at my office desk, I felt my heart beating rapidly and my chest tightening. I could not breathe for a few minutes. Was this a panic attack? What can I do to ease my stress?

A: The symptoms you experienced likely describe a panic attack or an anxiety attack, as some call it. This is a sudden, intense episode of anxiety, usually lasting a few minutes.

In addition, there may be physical symptoms, such as heart palpitations, and breathlessness. These are due to the effect of the body's stress hormones, such as adrenaline and cortisol, resulting in a "flight, fight or freeze" response.

You can deal with such attacks in several easy ways via the 3Rs:

- > **Remind yourself** that this is part of anxiety and will subside soon,
- > **Re-focus your attention** on what

you were doing or on your surroundings before the attack, and

- > **Re-establish regular breathing** by taking slow and deep breaths.

If these attacks occur frequently, affect your lifestyle or do not improve despite your self-help efforts, see a family doctor for help.

The doctor can check if there are any physical health issues that may explain these symptoms and direct you to a relevant mental health professional (such as a psychiatrist or psychologist) to address any underlying anxiety.

DR LAN ZHONGZHENG,
Associate Consultant,
Department of Developmental Psychiatry

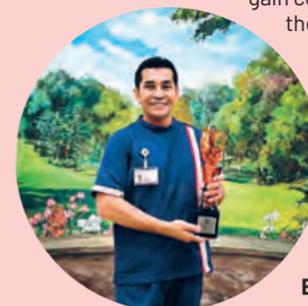
HAVE A QUESTION FOR OUR EXPERTS? Write to us at enquiry@imh.com.sg.



BIG WINS FOR OUR HEALTHCARE HEROES

IMH recently scooped up several accolades in recognition of our contributions to the mental health landscape and the community.

On 26 July, Senior Nurse Clinician Aziz Ab Hamed received the **President's Award for Nurses** at the Istana. Mr Aziz has dedicated 30 years to caring for patients. In 2015, he and his team led the Slow Stream Rehabilitation programme – equipping long-stay patients with independent living and vocational skills, and helping them gain confidence to reintegrate into the community. It has since led to the discharge of 120 long-stay patients, whose stay at IMH ranged from a year to 18 years.



On 26 September at the National Medical Excellence Awards (NMEA) ceremony, IMH's CHAT accepted the **National Clinical Excellence Team Award 2022**.



CHAT members and Health Minister Ong Ye Kung at the NMEA Award Ceremony.

The award recognises the team's significant achievements in improving access to and delivering quality mental health care to distressed young people, and advocating youth mental health literacy.

Set up in 2009 with the Ministry of Health's support, CHAT has become a leader in the youth mental health landscape. Targeting young persons aged 16 to 30, its programmes aim to increase awareness of mental health issues, access to mental health resources, and provide confidential and personalised mental health assessments.



SNIFFING TROUBLE

> One of the most peculiar symptoms of COVID-19 is a sudden loss of smell. But did you know that patients with Alzheimer's disease may also lose their sense of smell? Researchers believe this is caused by inflammation in parts of the brain, an early indicator of the disease.

The scents that bind

You could say the nose knows how to find a friend.

The phrase "birds of a feather flock together" suggests that people with the same interests and values are likely to end up becoming friends. But a recent study, published in the journal *Science Advances*, has found that we are just as likely to click with others who smell similar to us.

To explore a possible connection between smells and our social networks, researchers at Israel's Weizmann Institute of Science recruited same-sex pairs of non-romantic friends who had quickly developed a friendship upon meeting. The immediate friendship suggests their bond might have resulted from physiological traits like body scents instead of shared experiences.

Using independent human smellers and a device known as an electronic nose, which detects a smell's chemical compounds, the researchers analysed scent samples from the T-shirts of the friend pairs – 10 pairs of female friends and 10 pairs of male friends – and random pairs of individuals. They found that the

immediate friends smelled considerably more like each other than the random pairs of people.

To rule out the possibility that similar lifestyles lead to similar body smells, the researchers performed a separate experiment of recruited strangers and recorded their smells. The strangers were then invited to take part in non-verbal social interactions in pairs. Participants then rated the other individual on how much they liked that person and how likely they would become friends. Those with more positive interactions smelled more like each other, according to the electronic nose.

As Professor Noam Sobel, the study's co-author, puts it, "This is not to say that we act like goats or shrews – humans likely rely on other, far more dominant cues in their social decision-making. Nevertheless, our study's results do suggest that our nose plays a bigger role than previously thought in our choice of friends."

So the next time you form a new friendship, don't just thank a common interest or hobby – you might also want to honour your shared smell.

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 (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

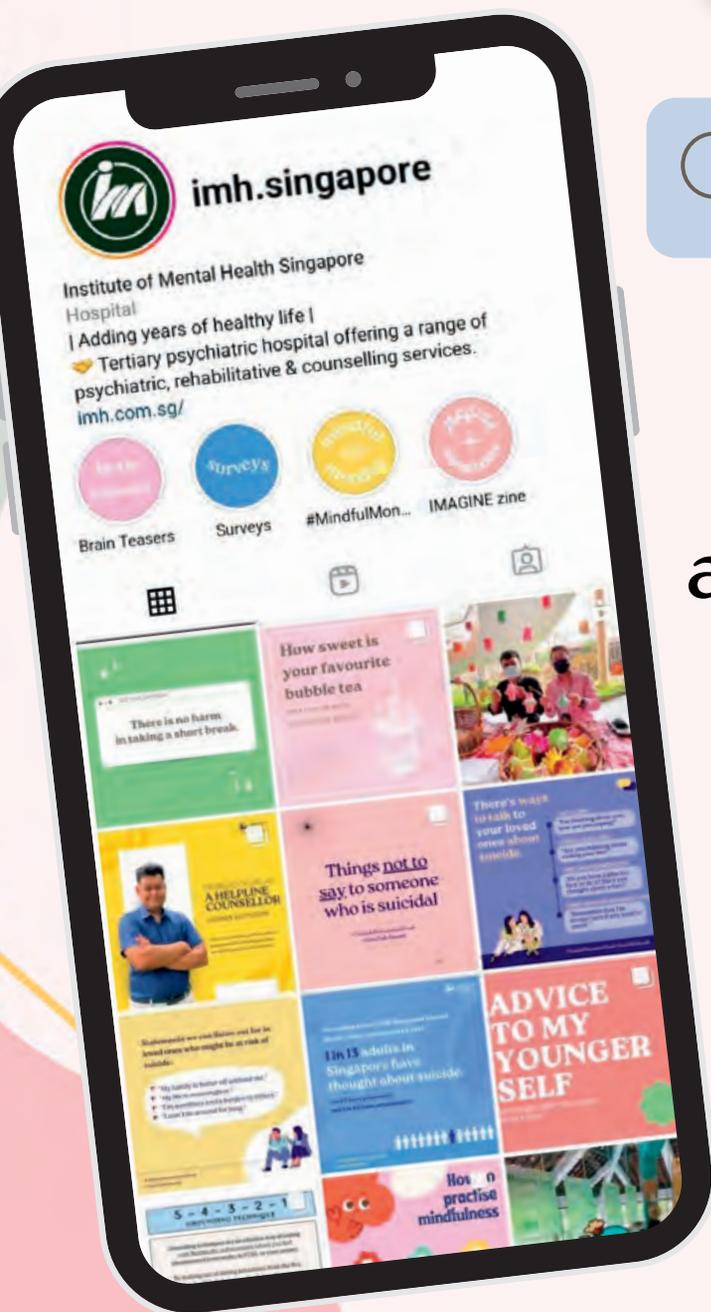
COMMUNITY WELLNESS CLINIC, GEYLANG

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

We are on Instagram!



 [imh.singapore](https://www.instagram.com/imh.singapore)

Follow us for
mental health
and wellness tips!



Connect with us!

