

OCTOBER 2020-JANUARY 2021

IMAGINE

A MAGAZINE ON MENTAL HEALTH



**PROVIDING
SHELTER
IN THE
STORM**

How early intervention can counter the long-term effects of Adverse Childhood Experiences and improve well-being

**FIGHTING
THE FRIGHT**

Understanding the psychology of fear, and how to overcome phobias

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

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

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

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



Community Health Assessment Team



04 Live Well
More than a response to something pleasant, smiling can actually make you feel better



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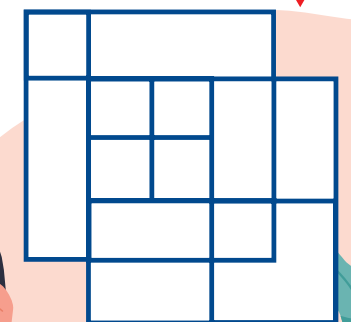
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How clearing clutter visually enhances our space and helps us focus.



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How many squares?

(ANSWER: 17)



Turn to Live Well, page 7, for the puzzle



“People with phobias often cope by avoiding the feared object or situation as far as possible and hardly seek help. As a result, the avoidance reinforces the fear and the phobia tends to persist.”

MS ANDREA CHONG,
Clinical Psychologist, Department of Psychology, IMH



THE SAFETY NET(WORK)

For those among us who have kids, often-used gauges of our parenting abilities include how well our children perform in school, or the level of material comfort that we can afford them. But not enough emphasis is placed on the psychological and emotional well-being of children. If ignored, Adverse Childhood Experiences (ACEs) – which are stressful or traumatic events ranging from neglect to abuse – can have a profound impact on youngsters in later life, and lead to a host of mental and physical health woes. This issue's cover story (pages 8-11) looks at the findings of the first Singapore study on ACEs and their effects. It also lists the warning signs that parents, teachers and caregivers can look out for in their young charges, as early intervention from a strong support network can positively impact the lives of these children. Having a listening ear or shoulder to cry on makes a huge difference to youths who are grappling with mental health issues. In A Life in My Day (pages 12-13), we meet Nisha and Devan, a couple who aim to fill this gap for young people through their initiative, Mental ACT – a move that has also aided them in their own wellness journeys.

As we grapple with the far-reaching effects of COVID-19, there are some people whose anxieties may develop into a crippling fear of contagion, and place them among the ranks of those who suffer from various phobias. Our feature story (pages 14-15) examines the 'psychology of fear' – why do some things scare us? When does fear become irrational? What happens when the phobia itself becomes more 'dangerous' than the object or event that we are scared of? Meanwhile, where there is fear, there is also courage – as exemplified by IMH Staff Nurse Ms Rae Wong (pages 16-17), who shares with us her experience of being on the frontline in the fight against the pandemic, along with why it is so important to recognise our shared humanity. The pursuit and safeguarding of mental wellness is a basic right for all. So stay safe, and reach out if you need to, because help is all around.

Happy reading.
the editorial team

Happy reading.

the editorial team

imagine:



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Tapping on tech to address mental health issues is the natural way forward in Singapore, says healthcare transformation leader **Dr Loke Wai Chiong**.

Interview MIN EE MAO // Photo COURTESY OF MOHT



Dr Loke Wai Chiong

Ministry of Health's Office for Healthcare Transformation

CHECKING IN ON WELLNESS, Digitally

>> HARNESSING TECHNOLOGY

in the management of mental health issues makes perfect sense, Dr Loke Wai Chiong from the Ministry of Health's Office for Healthcare Transformation (MOHT) tells *Imagine*. "The prevalence of mental illness here has increased, with 1 in 7 people having experienced a mood, anxiety or alcohol use disorder at some point in their life, according to the latest *Singapore Mental Health Study* conducted by the Institute of Mental Health (IMH). Singapore also ranks high both in mobile phone penetration and in time spent online," says Dr Loke, lead of the Integrated Health Promotion team and the clinical director of programmes at MOHT. "It is natural to think about how best we can use technology that is already in everybody's hands to address mental health issues, be it for prevention, management or even rehabilitation."

Tapping on technology is also advantageous since the stigma surrounding mental illness remains

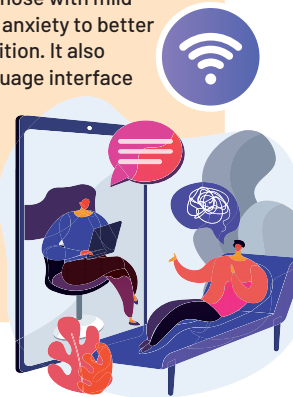
a problem, despite the positive shift in attitudes in recent years. "For many, there is still a hurdle to seek help and make a counselling appointment at the clinic for fear that the visit will be recorded," explains Dr Loke. "People worry about the implications for their insurance premiums or employment prospects – this is a real concern." This is where technology can come in handy. "If technology could let people self-assess and self-manage, as well as seek information and advice – anonymously – it can play a positive and vital role," he says. After all, digital privacy preservation measures have already been shown to work in sectors such as banking and finance. Dr Loke believes this level of discretion and security can be made available in the mental health sphere as well.

Having looked at media reports as well as anecdotal evidence on increased levels of COVID-19-related stress and anxiety among Singaporeans, Dr Loke together with a team of clinicians and data and social scientists sought to create a digital avenue to help



HELP AT YOUR FINGERTIPS

Launched on 22 June, **mindline.sg** was developed by teams from MOHT, the Ministry of Social and Family Development, the National Council of Social Service and IMH. The mobile-friendly platform has a clinically validated self-assessment tool and provides resources to help users cope with stress, anxiety and other mental health-related issues. Users remain anonymous so they can have a safe space to explore and seek help. Recently, MOHT collaborated with Wysa, an internationally-recognised AI-based wellness app, to incorporate an emotionally-intelligent chatbot into **mindline.sg**, to enable those with mild to moderate stress and anxiety to better self-manage their condition. It also introduced a multi-language interface and will continue to enhance the platform to address the evolving needs of specific groups like youths, seniors and healthcare workers.



people cope. The result is **mindline.sg**, a website with resources on mental health to help users assess their well-being and match them with the appropriate assistance, if needed (*see box*). The platform guides users to check in on their mental well-being, thus increasing their self-awareness. This is the crucial first step to addressing possible mental health conditions. "Often, for physical disease, only when we are diagnosed with say a chronic disease, such as diabetes, do we take a step in changing our lifestyle habits," says Dr Loke. "The same goes with mental health; only when we are aware something is amiss can we address it and work towards a healthier or more favourable outcome."

Being equipped with some basic coping skills in these uncertain times is also crucial. "For instance, we can learn to acknowledge emotional distress when it occurs, and do breathing exercises to calm ourselves down. We can also take a step back, and look at the situation in a broader way to restore our perspective, or reach out to a friend or family member for help," says Dr Loke. "It is okay to not feel all right and to seek help if you need to; there are resources you can tap on."

LOVE WELL!



WANT
TO FEEL
BETTER?
SMILE!

>> 'Faking it till you make it' can have interesting applications for mental health: it appears that a smile — even a forced one — can change the way you feel, according to scientists from the University of South Australia. To demonstrate this, they asked research participants to hold a pen between their teeth, forcing their facial muscles to replicate the movement of a smile. The researchers found that moving the facial muscles this way generated positive emotions among participants. Lead researcher Dr Fernando Marmolejo-Ramos explained that the finding has important insights for mental health. "When your muscles say you're happy, you're more likely to see the world around you in a positive way. We found that even when you forcefully practise smiling, it stimulates the amygdala — the emotional centre of the brain — which releases neurotransmitters to encourage an emotionally positive state."

EFFECTIVE COMMUNICATION for better friendships:



Earlier this year, *The New York Times* ran an article detailing how some people used their time in isolation to resolve deeply-held grudges. >

Letting go of bitterness can make way for improved mental health and peace of mind. Here are some tips for conflict management among friends from Singapore's Health Promotion Board:

> **REPHRASE, RATHER THAN ATTACK:** Conflicts are inevitable in friendships. Instead of drawn-out "he said, she said" accusations, focus on solving the conflict. Find

out how your friends feel and express this aloud in your own words, so that they know you have been listening.

> **TONE MATTERS:** Giving feedback and managing conflict are more effectively done when you use a calm and gentle tone.

> **WATCH WHAT YOU SAY:** Using terms like "I" and "Us" is more helpful than starting every sentence with "You", as this may be interpreted as criticism.

Weighing in on wellness

The list of health problems brought on by obesity continues to grow: the latest is brain dysfunction, according to a study published in the *Journal of Alzheimer's Disease*. The study — one of the largest linking obesity with brain dysfunction — saw scientists analysing more than 35,000 brain scans to come to this conclusion. Said the study's lead author, Dr Daniel G. Amen, "This study shows that being overweight or obese seriously impacts brain activity and increases the risk for Alzheimer's disease as well as many other psychiatric and cognitive conditions."

Researchers suggest that this could be a result of decreased brain activity and cerebral blood flow as a person's weight increases. Low cerebral blood flow is a useful predictor of whether a person will develop Alzheimer's, and the researchers found that obesity can increase the likelihood of this phenomenon by altering the blood supply to the brain. The scans of more than 17,000 individuals of varying body masses showed that the reduced brain activity and blood flow occurred regardless of whether the subjects were resting or performing a task.

However, there is hope: "One of the most important lessons we have learned through 30 years of performing functional brain imaging studies is that brains can be improved when you put them in a healing environment by adopting brain-healthy habits, such as a healthy calorie-smart diet and regular exercise," said Dr Amen.

HOW SINGAPORE WEIGHS IN

The prevalence of obesity among Singaporeans...

> CHILDREN (aged 6 to 18):

13%



> ADULTS (aged 18 to 59):

8.9%



> SENIORS (aged 60 to 74):

6.9%



Source: 2017 National Population Health Survey



REGAINING CONFIDENCE AFTER RETRENCHMENT

According to a news report by CNA, the Singapore Government expects a spike in retrenchments and unemployment figures as the economic toll of the COVID-19 pandemic grows. Being laid off can be traumatic, since many of us define ourselves by what we do for work. If you have recently lost your job, here are some tips to regain your confidence and pick yourself back up:



- 1. IT'S NOT YOU** Don't take the retrenchment personally. Remind yourself that this is not a reflection of your performance, but the current economic situation instead. There are tough times and there are many others in the same predicament.
- 2. TAKE TIME FOR YOURSELF** The sudden downtime can be a useful period of reflection and introspection. Did you enjoy your previous work? Are there other jobs that may offer fulfilment? Use your time to think of the answers to these as you plan your next move.
- 3. PLAN YOUR FINANCES** Sit down and carefully plan your finances for the coming months; a clear picture with exact sums will help alleviate stress about money, as you will know exactly where you stand.

- 4. TAKE ADVANTAGE OF TOOLS** There are a growing number of resources to help people find employment in Singapore. These include:
 - > **MyCareersFuture**, a jobs portal run by the Government that offers job search and matching services.
 - > **Workforce Singapore's Careers Connect** offers complimentary advice on job search and career planning. The career coaches provide these services over the phone, email, or in person.
 - > The **SGUnited Jobs Initiative** will create more than 40,000 jobs in 2020. A traineeship programme will also give graduating students opportunities to pick up industry-related experience.

STRESSED OUT? TAKE A BREAK

When you find yourself stressed out at work and needing a quick break, do you know how long it should be? Scientists have recently published a study in the *Journal of Occupational Health Psychology* that tested the efficacy of different break durations and activities in a simulated workplace setting. They found that all types of break activities had small replenishment effects on energy and attention, and some were able to help individuals fully recover. For

example, individuals who watched a funny video clip for at least one minute reported lower levels of fatigue and enjoyed it more than other break activities. Another finding suggests that briefly changing tasks for a minute also provided temporary relief from feelings of exhaustion. So go on, simply switch tasks or watch that really funny cat video your colleague shared, even for just a minute. You've earned it!



WHY "PANDEMIC" DREAMS ARE SO VIVID

The pandemic has changed our stress levels, social habits and sleep patterns — and according to studies compiled by *National Geographic*, it is affecting our dreams too:

- > **WE REMEMBER THEM MORE** According to preliminary results from an ongoing study that started in March, the Lyon Neuroscience Research Center in France observed that the COVID-19 pandemic has caused a 35 per cent increase in dream recall among participants.
- > **NEGATIVE DREAMS ARE MORE COMMON** That same study's respondents reported 15 per cent more negative dreams than usual. A similar study by the Italian Association of Sleep Medicine found that many participants experienced nightmares in line with symptoms of post-traumatic stress disorder. A possible reason for these findings is that we normally use REM sleep (the stage of sleep when we typically dream) and dreams to handle intense emotions, says Associate Professor Patrick McNamara from the Boston University School of Medicine. "Obviously, this pandemic is producing a lot of stress and anxiety."

- > **THE VIRUS TAKES SEVERAL FORMS** As the virus is invisible, some of us have replaced it with metaphors in our sleep, according to Assistant Professor Deirdre Barrett of Harvard University. Common metaphors include bugs, zombies, natural disasters and shadowy figures.

GETTING BACK TO SLEEP
If you find yourself waking up from a bad dream, try to get back to sleep as soon as possible, so that you don't lose your sleep rhythm. Avoid distractions like checking your phone or turning on a bright light. If you're feeling anxious, try to relax by drinking water or using the bathroom.



Podcasts for a better mood

Lift your spirits with these positive podcasts, available on Spotify.

1. THE MICHELLE OBAMA PODCAST
Hearing the former First Lady of the United States discuss everything from low-grade depression to the challenges of marriage is a timely reminder that we are all human, and that help is around the corner.



spoti.fi/3jnfGE8



spoti.fi/3b3aHfm

2. THE GOOD NEWS PODCAST
It can be especially hard to look on the bright side this year, but there is still good news in the world. This five-minute podcast is a dose of positivity, pointing out the positive headlines you may have missed on your news feed.

3. HAPPY PLACE
Find your aural happy place with this podcast, which features candid conversations on managing well-being. Topics discussed include body positivity, depression, motherhood, stress and recovery.

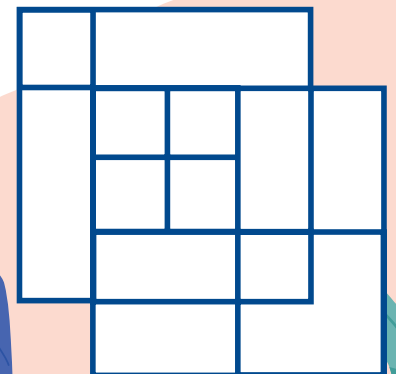


spoti.fi/3InRYjj

SQUARE MINDS

How many squares can you spot in this picture?

REFER TO THE CONTENTS PAGE FOR PUZZLE ANSWER



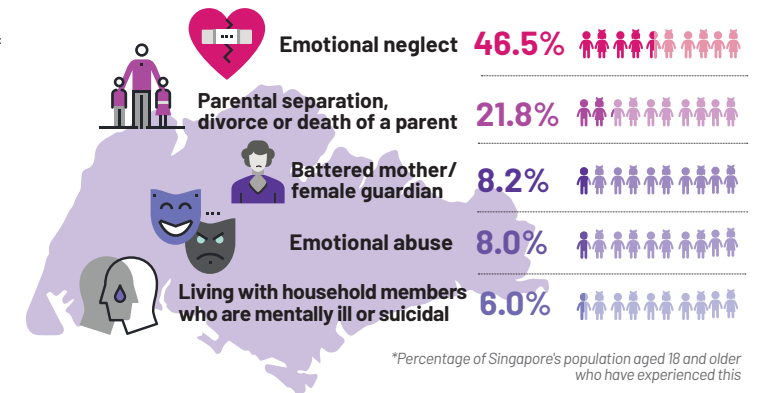
Putting ACE in Place

A Singapore study reveals that two out of three persons here have had at least one Adverse Childhood Experience (ACE) in their lives. While ACEs can have damaging lifetime effects, early intervention can help prevent or mitigate these.

Text: THERESA TAN



The Most Prevalent ACEs in Singapore Society*



researchers led by Dr Mythily Subramaniam, Director of the Research Division at the Institute of Mental Health (IMH).

According to Dr Mythily, the impact of ACEs is well-known, and several studies have been done in Western countries. "Past research overseas has shown that ACEs are common in other populations.

However, there's not much local data, and data from Asian countries at a national level was also not available. Thus, we were keen to see if the prevalence and associations established elsewhere would be replicated in our local population."

DIFFERENT STROKES FOR DIFFERENT FOLKS

In this Singapore study, 4,441 respondents – out of a total sample of 6,126 – completed the *Adverse Childhood Experience – International Questionnaire*, a standardised test for ACEs used by the World Health Organization. The sample is representative of the adult population here. The study

uncovered that the lifetime prevalence of ACEs in Singapore was 63.9 per cent. Overall, 50.9 per cent, i.e., about half the population, have experienced physical or emotional abuse or neglect; 33.2 per cent have lived with some form of household dysfunction; 3.7 per cent have experienced sexual abuse; and 2.0 per cent have experienced bullying before the age of 18.

At 46.5 per cent, emotional neglect was found to be the most common type of ACE. "Emotional neglect may happen unintentionally and parents may not be aware that it can have an adverse effect on the child," says Dr Mythily. "We

HOW ACEs AFFECT THE BRAIN

THIS CAN HAPPEN IN SEVEN WAYS, WHICH MAY LEAD TO MENTAL DYSFUNCTION AS THE CHILD DEVELOPS

"Research shows that in situations of ongoing childhood trauma, a child's brain and body will produce an excess of stress hormones that can harm the brain's function and structure," says Dr Ann-Marie Aboud Lo Castro, Principal Clinical Psychologist at the Department of Developmental Psychiatry, IMH. "As children's brains develop at a rapid pace, this can be particularly harmful to them, and affect how they will learn, respond to stress and make decisions for the rest of their lives. Childhood trauma can lead to the adult onset of chronic diseases, such as heart disease, cancer, depression, drug abuse, violence and being a victim of violence and abuse."

Dr Lo Castro quotes recent studies in the US that show seven ways in which ACEs affect the

individual's brain. The first is the size and shape of the brain. The more ACEs a child is exposed to, the less grey matter he has in strategic brain areas such as the pre-frontal cortex and the amygdala, affecting his ability to make decisions or use skills effectively to manage fear and stress. ACEs also alter gene functioning. "When a child experiences toxic stress or ongoing, frequent trauma over time, his normal physiological response is heightened. Due to genes over-functioning, the child loses the ability to respond appropriately or effectively to current and future stressors." Third, neural (brain



cells) loss has been found in children with traumatic stress. "Without the presence of a consistent, loving adult or caregiver, [they] are more likely to develop mood disorders and poor organising, planning and decision-making skills as they develop," she says.

Other neurological effects include premature ageing; less connectivity in the brain's default mode network, which helps a person work out what to do next, or what is – or is not – relevant; dysfunction of the brain-body pathways; and weaker brain connectivity, which plays a key role in determining the emotional reactivity in everyday life and has been connected to the development of mood disorders.

Emotional neglect. Parental separation, divorce, or the death of a parent. Living with an abused mother or female guardian. These are the three most common Adverse Childhood Experiences (ACEs) – which are stressful or traumatic childhood events experienced from birth to age 18 – in Singapore. Such events may cause harm (or pose potential harm) to a child's health, survival, development or dignity. ACEs also increase the risk of developing a mental illness, such

as depression, anxiety, and alcohol and substance abuse, later in life. Every two in three adults – around 64 per cent – in Singapore's resident adult population have experienced at least one adverse childhood experience in their lives before the age of 18.

These were some of the key findings of the first Singapore study on ACEs, published in the *Child Abuse and Neglect Journal* in May this year. It was part of the *Singapore Mental Health Study 2016*, conducted by a team of

“Emotional neglect may happen unintentionally and parents may not be aware that it can have an adverse effect on the child.”



DR MYTHILY SUBRAMANIAM, Director, Research Division, IMH



“It’s especially important for caregivers to create strong, protective relationships for children that can allow them to feel safe even when facing adversity. If the child’s protective networks are in good working order, development can flourish even in the face of severe adversity.”



DR ANN-MARIE ABOUT LO CASTRO,
Principal Clinical Psychologist,
Department of Developmental Psychiatry, IMH

established this in our study by asking respondents if their parents understood their problems and worries, and whether their parents knew what they were really doing with their time. Parents may, for myriad reasons, not be deeply involved in the day-to-day problems of their children. They may feel that providing for the physical and financial needs of the child is more important, but our study shows that meeting the child’s emotional needs is equally important.”

The study also showed links between an individual’s socio-demographic profile and the

likelihood of having one or more ACEs. Those aged 65 and above were much more likely to have an ACE than those in the 18 to 34-year-old group. Individuals with a university education were less likely to have an ACE, compared to those with lower education.

Individual ACEs also showed different associations. Emotional neglect, for example, was more likely experienced by those in the 50 to 64 age group, while those aged 65 and above were the most likely to have experienced parental separation, divorce or death. However, compared to the 18 to 34 age group, these two groups had lower odds of living in households that included members who had gone to prison or suffered from a mental health condition, and were less likely to have experienced emotional and physical abuse. Of most significance was the finding that the presence of just a single ACE puts an individual at a considerable risk of developing a mood or anxiety disorder, and engaging in alcohol use.

TRUTHS AND CONSEQUENCES

With every ACE reported, the risk of mental health problems in adulthood grew. Compared to someone who has

never experienced any ACE, those who have experienced one ACE were 3.7 times more likely to have mood disorders and 4.2 times more likely to have suicidal thoughts, and plan and attempt suicide. A person who has experienced three or more ACEs was more likely to be associated with all the disorders in the study, including major depressive disorder, bipolar disorder, generalised anxiety disorder, obsessive compulsive disorder, alcohol abuse and suicidality.

While ACEs are just one of many factors associated with mental illness, it is important to address them as early as possible to prevent or reduce ACE-related trauma manifesting later in life. “Not everyone who has experienced ACEs develops a mental illness,” says Dr Mythily. There are multiple protective factors, such as social support, safe spaces, early detection and intervention which help to prevent mental illness.

“This study is the first step,” she adds. “We intended to create awareness of both the prevalence of ACEs, which is significant, and their association with mental illness and health-related quality of life. With greater awareness and understanding, we can look at interventions to prevent or treat those with ACEs.”



▶ **WITH EVERY ACE REPORTED, THE RISK OF MENTAL HEALTH PROBLEMS IN ADULTHOOD GREW.** Compared to someone who has never experienced any ACE, those who have experienced one ACE were **3.7 times** more likely to have mood disorders and **4.2 times** more likely to have suicidal thoughts, and plan and attempt suicide.



STEPPING IN EARLY
Evidence-based interventions for ACEs

Early intervention against ACEs and their effects involves not just the child, his parents and teachers, but a community that understands and is supportive of efforts to prevent ACEs. Children affected by ACEs can receive evidence-based therapeutic intervention, as well as take part in community and school programmes that build their social and emotional health. Some therapies used to discover and treat ACEs include Trauma-Focused Cognitive Behavioural Therapy, Creative and Expressive Therapies, and Play Therapy.

ACEs may have a long-lasting effect on an individual, but identifying signs and symptoms early and receiving early intervention can do much to prevent the full damage they can do. “It’s especially important for caregivers to create strong, protective relationships for children that can allow them to feel safe even when facing adversity,” Dr Lo Castro points out. “If the child’s protective networks are in good working order, development can flourish even in the face of severe adversity.”

BE THERE FOR THEM

HOW PARENTS, TEACHERS AND CAREGIVERS CAN SPOT ACEs IN CHILDREN, AND PROVIDE THEM THE SUPPORT NEEDED TO HEAL

“Parents should relate better to their children and be actively involved in all aspects of their life,” advises Dr Mythily Subramaniam. “Their worries and problems deserve a patient hearing. Parents should also be aware that their own problems and behaviour can affect their children’s long-term well-being; for example, violence inflicted on their spouse or imprisonment of a parent can impact their child negatively. Going for marital counselling, refraining from physical abuse, and being emotionally present

will lead to better outcomes for the children over their entire lifespan.”

Parents and caregivers should also watch for signs of trauma. These may differ from child to child, depending on age, gender, cultural perception, developmental stage and cause of the ACEs, says Dr Lo Castro. For example, “A boy from a family experiencing marital conflict may display disruptive behaviour, anger or guilt. A child confused by sexual abuse may not be able to speak, and remain silent or withdrawn,” she says. “Parents or teachers may notice a child is disoriented, unresponsive, distant, or lacks concentration. They may demonstrate mood swings, or show feelings of anger, guilt, shame or rejection. They may

lose interest in activities they used to enjoy. They may also get nightmares, or have other sleep issues. The list is long, but reflects a disturbance or change in behaviour and mood.”

However, Dr Lo Castro believes that children and caregivers can take small steps towards building resilience and healing both body and brain. “Through consistent love, a healthy parenting style, and a predictable, safe environment at home and at school, a child can recover weakly connected areas of the brain,” she explains. “Evidence-based therapeutic intervention and treatment further support the brain’s healing process, and the process of emotional recovery.”



MR T. DEVANANTHAN

28, Co-founder, Mental ACT

Empowerment through Exchange

By sharing their stories and listening to those of others, mental health advocates Ms Priyahnisha and Mr T. Devanantthan help individuals who are grappling with emotional and psychological issues – and advance their own healing journeys in the process.

Interview KOH YUEN LIN
Photo Courtesy of PRIYAHNISHA and T.DEVANANTHAN

MS PRIYAHNISHA

28, Co-founder, Mental ACT

media influence, family, relationships and living up to expectations be it in school, work or at home. I think most young people have an awareness of what they are going through, but they may not always have the resilience to deal with it. The stigma surrounding mental health conditions also creates resistance to seek help or even to talk about it.

Social media can be a source of stress, but it can also help. We can harness its influence and dilute the negative with the positive. With Mental ACT, we want to play the role of that one friend they can turn to in a sea of Instagram accounts, who offers comfort, security and trust. Many individuals have connected with us, from youths seeking help for themselves to parents who have been introduced to us by their child, or even their child's friends. Facebook caters to an older crowd, but it's still an effective way for us to reach out.

The special relationships I have built through helping others have really helped me with my mental health. It's the power of stories: hearing the stories of others and telling my own story so

Mental ACT has proven to be one of the best things for our relationship and it has also supported my own healing journey.

DEVAN SAYS:

A very good friend committed suicide during my National Service days.

He was a big proponent of mental health awareness, and seemed very positive, so I was shocked. At that point, I was going through relationship issues – just like my friend did – and I felt like I was sinking into depression. So, I decided to do something about it. The loss of my friend and my own mental health concerns started me on my journey towards getting trained in suicide intervention, para-counselling skills and eventually, getting a degree in social work.

In Asian societies, people don't talk about mental health issues openly –

especially the men. We started Mental ACT specifically for the Indian community, as we felt that it is a community we need to reach out to, and one which we have rapport with: Indian youths feel that we can empathise with them, and we are better able to explain things and connect with their families too.

Normalising mental health conversations is part of our aim at Mental ACT.

To this end, we started "Chit Chat Chai" on IGTV, discussing topics spanning suicide and self-harm to empathic listening. Sometimes we even let our followers decide the topic. Our conversations are very to the ground, and we don't sugar-coat or mince our words – youths want to hear it as it is.

She went through a difficult childhood and later developed depression and an eating disorder. He lost a friend to suicide while going through a bad patch that saw him worrying for his own mental well-being. Yet, rather than allowing these challenges to bring them down, Ms Priyahnisha and her fiancé Mr T. Devanantthan are using their experiences to uplift other youths with mental health issues through an organisation they established together.

Founded formally in 2019, Mental ACT (Advocate. Care. Train) is a ground-up non-profit organisation that gives young people access to assistance and resources through social media platforms such as Instagram and Facebook, in addition to the traditional avenues of email and hotlines. While the initiative focuses on the Indian

community, it is open to individuals from different races and religions, and its community care hotline is manned by volunteers of different backgrounds.

Ms Nisha and Mr Devan are currently running the organisation outside of their respective day jobs as a counsellor and youth worker, but they have big plans for it. "Our ultimate dream is to have a 'mental health first-aider' in every Indian household," says Mr Devan of their long-term training and advocacy goal. "A few years back, I surveyed over 100 youths as part of a suicide prevention advocacy project – and almost everyone either had friends or family members with a mental health condition, or knew somebody who had committed suicide. Imagine how things would be if we have someone in every family who has the right knowledge and skills needed to create a support system!" he says.

NISHA SAYS:

I developed an eating disorder in Secondary One –

this went on for five to six years. I later started feeling increasingly depressed. I engaged in acts of self-harm and had suicide ideation. Thankfully, things took a turn for the better when I did a degree in psychology. I gained empathy – for both my situation and for others experiencing mental health issues – as well as a deeper understanding of various mental health conditions. I also decided to seek help, which I had resisted for a while. I'm in recovery now and work as a counsellor. It allows me to use my own background and passion to help to connect well with youths.

Devan and I met four years ago, while we were both volunteering at the same grassroots youth events. We share similar goals,

values and passions, and decided to set up Mental ACT together. It all started on one of our date nights, when he received an emergency call for a suicide intervention, and both of us ended up talking to the person until 4am. It might not have been a normal date, but at the end of it we felt that we made a difference in someone's life. We also realised that these needs were real and we could do something to help – we made a wonderful team as a couple and felt that this made our relationship even more meaningful.

The key stressors for youths today include self-esteem issues stemming from peer influence, social

“ We can harness [social media's] influence and dilute the negative with the positive. We want to play the role of that one friend they can turn to in a sea of Instagram accounts, who offers comfort, security and trust.”



many times. It has brought a lot of closure – and an acknowledgement of how my experience can help others. Working together with Devan to start

➤ *With a network of mental health professionals and volunteers, Mental ACT focuses on mental health awareness and support for the Indian community. Learn more about Mental ACT at <https://www.facebook.com/mentalactsg> or via their Instagram at [mental_act_sg](https://www.instagram.com/mental_act_sg).*

As hopes grow over a possible COVID-19 vaccine in the near future, one group of people is recoiling at the prospect of it – those with a phobia of injections. These individuals are not uninformed; they know full well the benefits of vaccination. But their extreme, even crippling, fear of needles stops them from being inoculated, to the detriment of their health.

A person suffering from a specific phobia – like for instance a phobia of medical procedures involving needles (trypanophobia) – experiences intense fear and anxiety when faced with the dreaded object or situation, explains Dr Lau Boon Jia, Consultant, Department of Mood and Anxiety, Institute of Mental Health (IMH). He says that although fear is a natural response to triggers that threaten our well-being, safety or security, phobias are maladaptive fears that result from an inaccurate appraisal of these potential threats. Normal adaptive fears, on the other hand, are based on an accurate reading of these threats.

For example, people with a fear of confined spaces (claustrophobia) suffer intense anxiety when they end up in places where they feel trapped, even though these situations are not actually dangerous. Those with a phobia of dogs (cynophobia) feel intense fear even when approached by a tame and well-trained pooch, because they believe all dogs are potentially dangerous and will bite. “These fears and resultant anxiety are out of keeping with the actual risks of the exposure,” he adds. “As a result, the person often goes to great lengths to avoid being exposed to the feared object or situation.” For instance, people who are afraid of flying (aviophobia) might need to take alternative transport, which can be more inconvenient or costly.

Fear Factors

Although there are no local statistics on phobias, doctors estimate that the lifetime



Fighting the Fright

When **phobias** take over our lives, they can affect our well-being. Understanding the psychology of fear can go a long way to tackling the problem.



COMMON TYPES OF PHOBIAS

- > **Animals** (dogs, spiders, insects)
- > **The natural environment** (heights, storms, water)
- > **Blood-injection-injuries** (needles, invasive medical procedures)
- > **Situations** (airplanes, elevators, enclosed places)

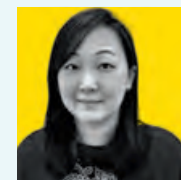
>> **Phobias** can be treated by exposure therapy. This helps individuals to gradually gain control over their fears.

prevalence of specific phobias is less than 10 per cent. And while the root cause of phobias is still unknown, doctors do know how they develop. Phobias can develop as the result of a traumatic experience or from seeing someone else be afraid. One can even, in fact, be taught a phobia.

In general, a phobia arises from a specific situation that rouses fear and panic, says Ms Andrea Chong, Clinical Psychologist, Department of Psychology, IMH. For example, a person can develop aviophobia after an especially turbulent flight. Psychoanalysts also believe that phobias can arise from the unconscious mind. Says Ms Chong: “Phobias are an unconscious expression of unacceptable impulses – such as anger and sexual impulses – or feelings that have been displaced onto a substitute object.” For instance, a person with claustrophobia may be unconsciously frightened about something else, such as being trapped in a relationship, and has displaced that fear onto a more socially acceptable target.

Claustrophobia and other phobias like aviophobia and trypanophobia are considered to be a fear of specific things or situations. There are also social phobias or the fear of social

“People with phobias often cope by avoiding the feared object or situation as far as possible and hardly seek help. As a result, the avoidance reinforces the fear and the phobia tends to persist.”



MS ANDREA CHONG, Clinical Psychologist, Department of Psychology, IMH

situations, which are triggered by the worry of being scrutinised or embarrassed. “The fear is of embarrassment, rather than the actual risks of the social interaction itself,” says Dr Lau. Either way, the physiological symptoms of having a phobia are very real. As Dr Lau explains, the anxiety can

be overwhelming and lead to light-headedness, chest pain, tremors and shortness of breath, as well as thoughts of losing control. Dr Lau says, “When we experience fear in a particular situation or towards a particular object, our body reacts to the perceived threat.” This consists of an automatic fight-or-flight response, where the amygdala (the brain’s ‘fear centre’) gets activated and a cascade of neurohormonal changes and corresponding responses are initiated throughout the entire body. “The physical changes can potentially worsen an underlying medical condition or pose a threat in particular situations. For example, having a panic attack and experiencing severe tremors when driving, or experiencing a drop in blood pressure and passing out at the sight of a needle,” he says.

Triumphing Over The Terrors

If left untreated, phobias can worsen a person’s anxiety and last throughout adulthood. Other problems may also appear, such as social isolation, mood

Interview **DENYSE YEO** in consultation with **DR LAU BOON JIA**, Consultant, Department of Mood and Anxiety, IMH; and **MS ANDREA CHONG**, Clinical Psychologist, Department of Psychology, IMH

disorders and substance abuse. Yet many people suffering from phobias do not go for treatment. “People with phobias often cope by avoiding the feared object or situation as far as possible and hardly seek help,” says Ms Chong. “As a result, the avoidance reinforces the fear and the phobia tends to persist.”

The good news is that phobias can be treated. The most studied and effective treatment is exposure therapy, which is part of cognitive behavioural therapy (CBT), says Ms Chong. People undergoing exposure therapy are exposed to anxiety-provoking stimuli, from the least to the most frightening. “By gradually increasing the level of exposure to their fear, they learn to gain control over the phobia,” she says. At the same time, they may be taught relaxation techniques and be encouraged to address any maladaptive thinking patterns or beliefs related to the stimulus. Medications may also help to relieve some symptoms temporarily and treat complications such as secondary depression.

If a friend or loved one has a phobia, give them your support. Says Ms Chong, “You can help by first understanding their fears and being non-judgemental and supportive. Encourage them to seek help, if necessary.” The worst thing to do is force them to face their fears without trained support. “It would not be helpful to enforce exposure, which would be overwhelming and worsen their fears,” she adds.

SINGAPOREANS’ GREATEST FEARS

What we dread most, according to a YouGov Omnibus survey of 1,033 Singaporeans in October 2019.

1. Drowning
2. Fire
3. Reptiles
4. Cockroaches
5. Germs
6. Heights
7. Death
8. Ghosts
9. Public speaking
10. Spiders



A Rae of light

With an indomitable spirit and a passion for her job, IMH Staff Nurse Ms Rae Wong brings care to a community beyond the confines of the hospital.

Interview Koh Yuen Lin Main photo Aik Chen
Other photos Courtesy of IMH

Pneumonia almost took her life when she was about three years old. Convinced that she survived to fulfil a bigger purpose, Staff Nurse (SN) Ms Rae Wong is now committed to serving others as a nurse. And it was an easy decision when it came to where to do it. "I grew up, and still live, in a neighbourhood near the Institute of Mental Health (IMH) so I often thought about how I could help the psychiatric patients I encountered every day," says Ms Wong. So, at 16, she enrolled in a nursing course at Nanyang Polytechnic – with working at IMH as her goal.

Though she had a clear vision of her path, the road wasn't always smooth. As a nursing student on her first clinical placement at a general hospital, she grappled with the application of textbook knowledge to real-life situations but persevered and quickly learnt the ropes. Ms Wong went on to attain an Honours degree from the Singapore Institute of Technology (SIT) – University of Glasgow (UofG) Nursing programme. "The programme sharpened my competencies in various clinical, leadership, research and teaching roles. It helped me develop critical thinking skills, which I apply in my work now," shares Ms Wong, who joined IMH in May last year and currently takes care of patients in an acute psychiatric ward. "Psychiatric nursing has always been my dream," she says. "It can be challenging, but seeing the struggles and triumphs of my patients has taught me to reflect and emerge stronger after every setback, celebrate small successes, and appreciate the little things in life."



MS RAE WONG

Staff Nurse, IMH



Her willingness to go the extra mile to provide care to those in need proved vital when the COVID-19 pandemic struck Singapore. The 22-year-old was quick to volunteer to be deployed to medical posts at dormitories and Swab Isolation Facilities (SIFs) around the island. "Singapore is going through tough times – it is my civic duty to step up," says Ms Wong about her decision. Her friends and family voiced concerns over her exposure to COVID-19 patients. However, she calmed their fears by following strict hygiene protocols and showing them that she was up to the task. Before long, they became her biggest cheerleaders as she navigated the many challenges of her deployment, which started in April.

Standing up to be counted

Being on the frontline was no walk in the park. For one, Ms Wong – whose deployment included stints at two foreign worker dormitories and two SIFs – had to deal with the heat from wearing Personal Protective Equipment (PPE) throughout her shifts. "Sometimes, I would get a mild breakout of heat hives. Thankfully, these subsided after taking antihistamines,"

“Singapore is going through tough times – it is my civic duty to step up.”



ON THE FRONTLINE

Besides PPE, frontline healthcare workers at SIFs and clinics are also protected by SG SAFE and SG SHIELD. The former is a transparent three-panel booth that is fitted with bio-safety gloves, while the latter is a protective face shield.



TOP AND ABOVE: Ms Wong, clad head-to-toe in PPE, in action at a SIF.

recalls Ms Wong, who has since returned to IMH. The challenges went beyond the physical too: "No two days at the sites were the same. We had to think on our feet and constantly adapt our workflow as the situation evolved," she shares. She also had to deal with language barriers with the foreign workers she tended to, and took the initiative to learn basic words in Thai and Bengali in order to better communicate with them. "I have always enjoyed picking up languages, and the night I was informed about my deployment, I immediately went online to learn some key words and phrases," she reveals. "The Thai workers ended up thinking that I am Thai and started to speak to me in their mother tongue!"

There was also the stress of dealing with public stigma: "Once, a taxi driver sighed, rolled down the car windows and drove very fast when he realised that I worked with COVID-19 patients," she recalls. "Some residents living near the sites would also

give us strange looks as we entered or left the compound." But there were acts of kindness and gratitude from the public too, such as when her Grab driver gave

Ms Wong her own breakfast when she learnt about her work.

Despite the hurdles, Ms Wong cherishes the experience, and is especially grateful for the strong bonds forged between her colleagues at the sites. "I am very fortunate to have worked with wonderful teams, be it at the dormitories or SIFs. Despite coming from different institutions and ministries, we were very much like a family. We supported and looked out for one another – we'd buy food and snacks for the team and help shoulder the workload," recalls Ms Wong. "The passion for helping others in the community continues to unite us and motivates us to overcome all challenges."

Living the dream

Being in close contact with foreign workers gave Ms Wong a deeper insight into their lives, and a whole new perspective. "Some of the workers at the sites were very upset when their swab test results came back positive, but I would tell them to not worry. They have done so much for Singapore, now is the time for us to do something for them."

To her, they are not a mere abstraction or statistic. "We often think of them just as workers, and forget that they are part of our community too," says Ms Wong. "For everything that they have done for our country, we should make them feel accepted and welcome – be it through small acts of kindness like treating them to a meal or a drink, or just greeting them with a smile."

Beyond being a period of personal and professional growth, Ms Wong looks back fondly at her off-site deployment as an opportunity she had to serve her country and those in need. After all, this was the original intent that led her to a career in nursing. For her dedication, Ms Wong feels that she is constantly rewarded with a priceless gift: the bond between her and her patients. "Some of my patients at IMH rush over to welcome me the moment I step into the ward," she shares with a huge grin on her face. "The strong bonds I have with my patients and my colleagues motivate me to keep going."



News

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

Q&A

ASK THE Experts

IMH clinicians answer your questions.

Q: I AM A MOTHER OF TWO WHO HAS BEEN WORKING FROM HOME OF LATE.

Juggling child-rearing duties while meeting job demands is proving stressful, as there is no work-home separation or space to relax. In trying to perform the roles simultaneously, I am finding myself a 'failure' in both. How do I restore balance?

A: As working from home has contributed to the blurring between work and non-work boundaries, it is important for you to make these clear again. Here are some ways you can do so:

- > Find out when you are most productive during the day and make this your work time.
- > Stop working after working hours. Set boundaries, such as not replying to emails after work hours, and uphold them. Communicate these boundaries to colleagues.
- > Schedule small breaks during working hours to recharge.

During this time of uncertainty, it is normal for us to feel incompetent and guilty when we have difficulty juggling our roles. Keep in mind that other working parents share the same experiences and that you are not alone. Be kind to yourself and acknowledge your efforts in trying to make things work.

It is also important to allocate some "me" time to rest and recharge, and seek support from your partner or others, by getting them to help out with childcare duties, do household chores, or lend a listening ear.

MS YONG XIANG YI,
Clinical Psychologist,
Department of Psychology



BE KIND, UNWIND
Do not feel compelled to respond to work requests after hours. Use this time to relax, or connect with loved ones.



Q: MY ELDERLY MOTHER IS AFRAID OF GETTING COVID-19 AND REFUSES TO LEAVE THE HOUSE, EVEN FOR ESSENTIAL REASONS.

I worry that her quality of life will deteriorate if she continues to coop herself up in her house for an extended period. What can I do to help her?

A: There are many ways to support your mother and maintain her quality of life, even as she chooses to remain at home. Start by addressing the practical issues like ensuring access to basic necessities, nutritious food and medications. For instance, you may have to arrange for the delivery of groceries, reschedule medical appointments, and monitor medication supplies to ensure she is well taken care of during this period.

Keep your mother abreast of developments related to the pandemic including current legal and social restrictions. However, frame the news in a positive light rather than emphasising the negative aspects of the outbreak. Set positive

examples by demonstrating good hand hygiene and masking up outdoors. It is helpful to label hand sanitisers clearly, put up simple handwashing picture guides near sinks, choose comfortable cloth face coverings or use moisturisers or soaps that are less drying for the skin.

Establish a daily routine that includes exercise, entertainment, creative projects and even spiritual activities. This will give her things to look forward to and relieve boredom. Many elderly people may experience feelings of isolation and estrangement during this period. Check in on your mother regularly to help her remain connected and valued. You can make technology (like Skype, Zoom) accessible to her for this purpose. Simple tips like adjusting the screen glare or font display size can make devices more user-friendly for the elderly person.

As she gets more comfortable doing these things at home, you can try bringing her out for a short walk around your neighbourhood.

DR MARCUS TAN,
Consultant, Department of Geriatric Psychiatry

SEW HERE WE GO!

IMH staff and patients join hands to mask up.

To cultivate a spirit of togetherness in patients and empower them to give back to society during this pandemic, a team of IMH staff started the Make yoU a Mask (MUM) project. Funded by the Woodbridge Hospital Charity Fund, the initiative involves patients from the Slow Stream Rehabilitation (SSR) programme in sewing masks for themselves, their caregivers, and other patients, with guidance from the SSR team. The masks will be distributed free of charge at the outpatient clinics and emergency services, and also to patients in the acute wards.

Dr Goh Yen Li, Senior Consultant, Department of Psychosis, who oversaw the training of the patients, had learnt sewing and knitting from her aunt and mother, and has



Dr Goh demonstrates how to prepare the cloth for sewing to the team.

been practising quilting on her own from reading books and watching YouTube videos. "With the outbreak, I started researching online and tried out dozens of templates for sewing masks. I hope that this little effort will keep our patients safe, happy and healthy," she said.

DEPRESSED DAVE: Understanding Depression from the Inside Out

A book that looks at the realities of living with depression

Drawing — literally and figuratively — from his experience with depression, author Mr Mak Kean Loong, along with his delightful cast of stick figures, takes readers on a brutally honest, wonderfully insightful and deeply touching exploration of what it's like to live with depression. From causes and symptoms to inner thoughts and emotions, warning signs and treatment methods to insights into caregiving and friendship, this book reveals it all.

Mr Mak hopes that the book can help individuals with depression, their caregivers, and those who are curious about depression understand the condition better.



Depressed Dave (\$25) is available online at <https://graceworks.com.sg/store/> and Kinokuniya bookstores.

MAKING IT ALL WRITE

Helping inpatients reap the benefits of journaling during these challenging times.

To show their care, nine volunteers from Matchsticks of IMH designed and created 750 journaling kits to help inpatients occupy their time meaningfully.

The idea was conceived by the youth volunteering group's founder Mr Jonathan Kuek (pictured below), who had turned to journaling when he experienced a rough patch during the Circuit Breaker period. "It was akin to having someone to talk to without needing to have someone physically there," the 29-year-old explained.



To produce the journaling kits, Mr Kuek obtained a grant under the Oscars@sg fund run by Temasek Trust. Each set consisted of a notebook, pens, markers, stickers, origami paper and an instruction booklet on how to write in a journal along the themes of gratitude, reflection, coping strategies and narrative writing.



The kits, which were donated to IMH in late July, also contained handwritten motivational cards and notes. "The short but empowering messages let inpatients know that there are people in the community who are cheering them on. So that when they are discharged, they won't feel so alone," said Mr Kuek.

Clear that clutter

Why not, when it visually **enhances your space** and **helps you focus?**

THE CONCEPT OF AN "ORGANISED MESS"

is certainly a myth. Previous studies have shown that being in cluttered spaces increases one's levels of stress and frustration. Now, researchers from Princeton University's Neuroscience Institute say that it can impair cognition as well.

Using functional magnetic resonance imaging (fMRI) scans to study how the brain reacts to randomness and variation in our surroundings, they found that an abundance of items lying around in

disorganised heaps can result in a 'visual overload' for our brain. This requires the brain to work harder to filter out visual distractions, which lowers attention and impairs productivity.

With working from home becoming more common now, getting your space organised not only helps you work better but also gives your brain a break from all the stimuli it has to process throughout the day.

Tips to prevent clutter from reigning in your home

- Set aside 15 minutes to tidy up your space every day.
- Get inspiration and tips from home improvement websites and organisation gurus like Marie Kondo.
- Break down a major decluttering task to smaller, manageable goals to keep yourself motivated.
- Limit what you bring into the house. Be conscious about what you need and buy less.



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

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

Starting from the Beginning

- Laying the Foundation for Lifelong Mental Health

2 - 4 December 2020



Scan the QR code for more details or visit the congress website

www.iacapap2020.org

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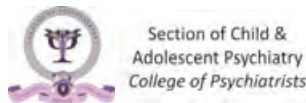
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