

JUNE-SEPTEMBER 2018

IMAGINE

A MAGAZINE ON MENTAL HEALTH



WEATHERING THE *Storm*

WHY RESILIENCE MATTERS,
AND WHAT YOU CAN DO
TO CULTIVATE IT



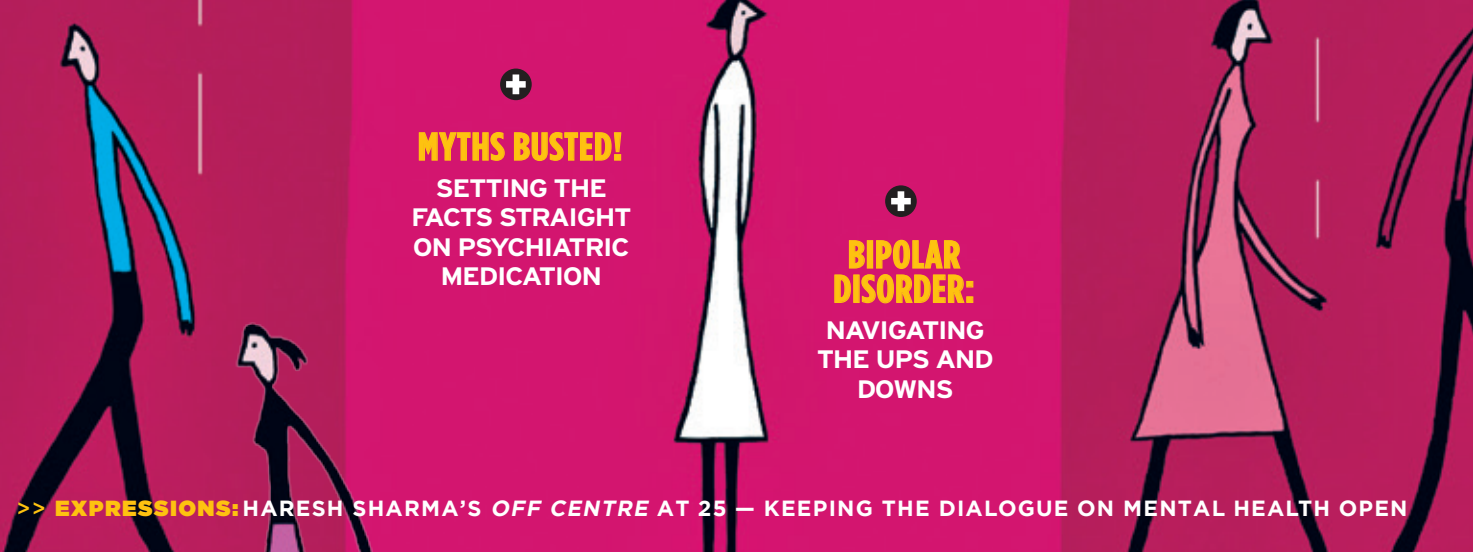
MYTHS BUSTED!

SETTING THE
FACTS STRAIGHT
ON PSYCHIATRIC
MEDICATION



BIPOLAR DISORDER:

NAVIGATING
THE UPS AND
DOWNS



>> **EXPRESSIONS:** HARESH SHARMA'S OFF CENTRE AT 25 — KEEPING THE DIALOGUE ON MENTAL HEALTH OPEN

Are you living with someone who has addiction issues?

For every person who has an addiction issue, at least four others close to him or her are impacted. It is challenging to care for someone with addiction problems. Families often feel stressed and helpless. Caregivers have their own needs and may suffer from physical and emotional problems. They require support too, especially when their loved ones with addiction issues are not ready to seek treatment.

You do not have to feel alone. Our team of dedicated specialists is here to listen and support you in managing your situation better.

There is help and hope.

Talk to us today. Call 6-RECOVER (6-7326837) for assistance.



www.nams.sg



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Ask the experts
Clinicians answer your questions



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"IT IS DIFFICULT TO PREDICT WHO IS RESILIENT AND WHO IS NOT UNTIL THEY ARE TESTED BY CHALLENGING CIRCUMSTANCES."

Associate Professor Daniel Fung, Chairman of IMH's Medical Board and a child psychiatrist.

WHERE THERE'S a will...

“ A resilient person is someone who demonstrates an *acceptance* of the reality of his situation and that some things have changed beyond his control. He shows a *willingness* to keep a balanced and hopeful perspective and the *ability* to problem-solve and improvise solutions. He is also resourceful in tapping on his social support network.”

MS CHERMAIN WONG,
Senior Clinical Psychologist and Deputy
Head of IMH's Mood Disorders Unit



At some point in our lives, most of us would have had to deal with setbacks. These can take various forms — injury, financial loss, the death of a loved one. Yet there is a great deal of variation in how individuals ultimately deal with adversity. Some buckle under the strain while others ‘bounce back’ and even thrive in the face of it. A key factor at work here is resilience — a combination of thoughts, behaviours and actions that help individuals overcome hardships. And while it may seem that some people are ‘naturally’ more resilient, it is in fact something that can be learned and developed. Our latest cover story (page 8) looks at this vital quality, and strategies each of us can adopt to nurture it within ourselves.

This theme of resilience is echoed in our profiles this issue — from visually-impaired para-swimmer Wong Zhi Wei (page 3), who has pushed through obstacles to achieve his sporting goals, to Sumaiyah Mohamed (page 18), who has not allowed her schizophrenia diagnosis from impeding her dreams of earning a university degree, getting married and raising a family.

Also in this issue, we look at mental healthcare services available in the community. We put the spotlight on General Practitioners (GPs), who are often our first point of contact when we are unwell. But not many of us are aware that GPs can help with our mental health needs too. We speak to a family physician (page 17) who has partnered IMH to provide mental healthcare in a convenient setting of a neighbourhood clinic.

Ultimately, what we need to remember is that there's no need to suffer in silence. Speak up, reach out and get help — the earlier you do, the smoother your road to recovery will be!

Happy reading.

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imagine

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“Swimming started as a hobby. I've loved being in the water since I was four, and I've always had an affinity for it. It de-stresses

and calms me. I started competitive swimming when I was 13. Making it to the winner's podium at the 2017 ASIAN Youth Para Games in Dubai — I clinched three gold medals (see box), two silvers and a bronze — was extremely satisfying. All the time and effort spent in training before and after school, eight times a week, felt worth the while.

Winning has made me feel more confident of what I am capable of in spite of my partial blindness.

I've always attended a regular school. I'm currently a Secondary 4 student at Catholic High School, where I am on the Integrated Programme (IP) track. This means that I am forgoing sitting for O-levels to dovetail into the A-level curriculum. This gives me more time to participate in a broad-based curriculum that goes beyond just academic content while I train for upcoming competitions.

In class, I use a magnifying camera so I can see what's written on the whiteboard better.

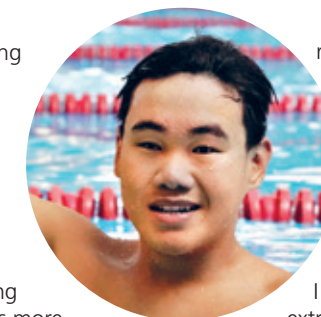
While some peers can be hard on me with their discouraging remarks, I also have many good friends who are supportive. Navigating school blind in one eye is more challenging, but it has made me stronger. I am all the more motivated to not rely on others for help in spite of my disability; it has made me independent.

The stress of competition can at times get to me, as it would most athletes — para or not. To manage this, I listen to pop music pre-race. I also visualise the race right down to the technicalities such as my strokes and breaths. It's

Work hard and focus on your dream. Some sacrifices will have to be made along the way, but don't ever give up.



Wong Zhi Wei was born blind in his right eye and has 6/60 vision in his left. At the 2017 ASIAN Youth Para Games, Zhi Wei bagged gold in the Men's 100m Freestyle S11-13, Men's 400m Freestyle S11-13 and the Men's 100m Butterfly S11-13 categories. Para-swimming events are classified according to disability levels. The S11, S12 and S13 categories are for athletes with visual impairment, with S11 being the most severe.



really important to take charge of the mind in intense moments such as these. It's also crucial to tune out other distractions such as your competitors. I find that if I stay

extremely focused — my mind at ease and uncluttered — I am able to perform better.

My main aim is to further improve my timing at the 2018 ASIAN Para Games held in Jakarta this October. To win medals would be a bonus. Ultimately, I hope to qualify for the 2020 Paralympic Games in Tokyo. That would be a dream come true.

To others aspiring to pursue their goals, here's a piece of advice that I subscribe to: Work hard and focus on your dream. Some sacrifices will have to be made along the way, but don't ever give up. Push through no matter how big the obstacle in front of you may seem.”

STAYING IN FOCUS

Visually-impaired para-swimmer **Wong Zhi Wei**, 16, on pushing through to overcome challenges, his disability, as well as his nerves before and during a race.

INTERVIEW FAIROZA MANSOR // PHOTO COURTESY OF SINGAPORE DISABILITY SPORTS COUNCIL



STAYING ON TOP, MENTALLY

LIVE WELL!



+ COPING WITH change

Change affects all of us but some of us deal with it better than others. If your feathers have been ruffled by major life events, follow these tips to deal with them more effectively:

- **Don't rush it** Give yourself time to adjust and settle down.

- **Expect a reaction** Emotions will be stirred up. Let yourself laugh, cry or feel moody about it.
- **Break it up** A large problem will seem less insurmountable when divided into little ones.
- **Know that it will end** No matter how big or difficult, change comes to an end when the new circumstances become familiar. Look forward to that day!



PLANTS MATTER

If you need an instant mood boost, consider decorating your living and working spaces with plants. *The Utah Statesman* reports that plants not only serve as oxygen producers but also as mental health boosters, quoting Dr Irina Wen of New York University's Langone Medical Center. "(Nature) reduces cognitive fatigue and stress and can be helpful with depression and anxiety," said Dr Wen.

For added benefit, consider growing plants instead of buying ones that are

already mature. Professor William Damon of Stanford University says that this helps fight what he calls a "self-absorption" issue. Prof Damon theorises that caring for other living things, in this case plants, can shift the focus beyond the self, to finding a greater purpose that contributes to the world. Taking care of plants is therefore one way to restore this sense of purpose.

#FACT

Its sinister name aside, the **Mother-in-Law's Tongue** is a hardy, easy-to-grow plant. It thrives in Singapore's climate and is perfect for all living spaces.

CAFFEINE CALLING

You endure a throbbing headache until you have your morning *kopi* — if this situation sounds familiar to you, you might be caffeine-dependent. In small doses, the drug can have positive benefits on your health. But take too much and you may become prone to anxiety, nervousness and restlessness.

GO EASY ON THE BREW



Wean off coffee by opting for these alternative morning pick-me-ups:

- ▶ **Coconut water** is rich in electrolytes and vitamins, while low in sugar and fat. Having some in the morning keeps you hydrated and energised — just remember to choose low-sugar varieties.
- ▶ **Green tea** isn't exactly caffeine-free, but it does contain far less of this than coffee, making it perfect for when you're weaning off your Morning Joe. Plus, the antioxidants found in green tea make it one of nature's best superdrinks.
- ▶ **Lemon water** is a refreshing way to start your day. And its high level of vitamin C boosts your immune system as well.

GET UP, GET MOVING

The ill-effects of a sedentary lifestyle on one's physical health are widely known. But a new study shows that the harmful effects extend to one's mental health as well. Researchers at the University of California recruited 35 people aged between 45 and 65 and found out how many hours they spent sitting down a week.

They then performed a brain scan to study the participants' medial temporal lobe, a part of the brain crucial to the formation of new memories. Researchers found that those who reported sitting down more had thinner structures. This can be an early sign of cognitive decline and dementia in middle-aged and older adults.

Researchers say that more studies will need to be carried out to determine a causal link between a sedentary lifestyle and dementia, but suggest that adopting a more active lifestyle could be a good way to reduce the risks of the condition. Their study was published in *PLOS One*.

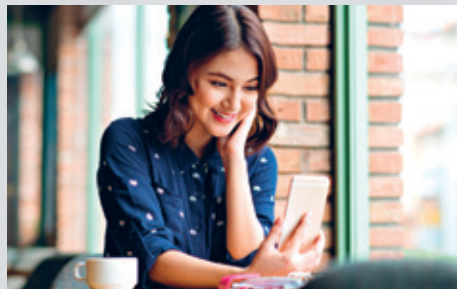


SENSE OF SCENTS

A recent study published on popular science news website ScienceDaily proved that any two brains will know to associate new similar odours with each other — such as two different flowers — as long as both brains have experienced even the smallest overlap in odours during their lifetimes. This study was conducted by a team of scientists from The Zuckerman Institute at Columbia University in the United States of America. This essentially means that two people need not have sniffed every type of odour in the world to come to an agreement about what they are smelling. Said the study's first author Dr Evan Schaffer, "As long as we have a little bit of common experience, that's enough."

A University of Michigan study found that the odds of being happy were 52 per cent higher in active individuals as compared to inactive ones.

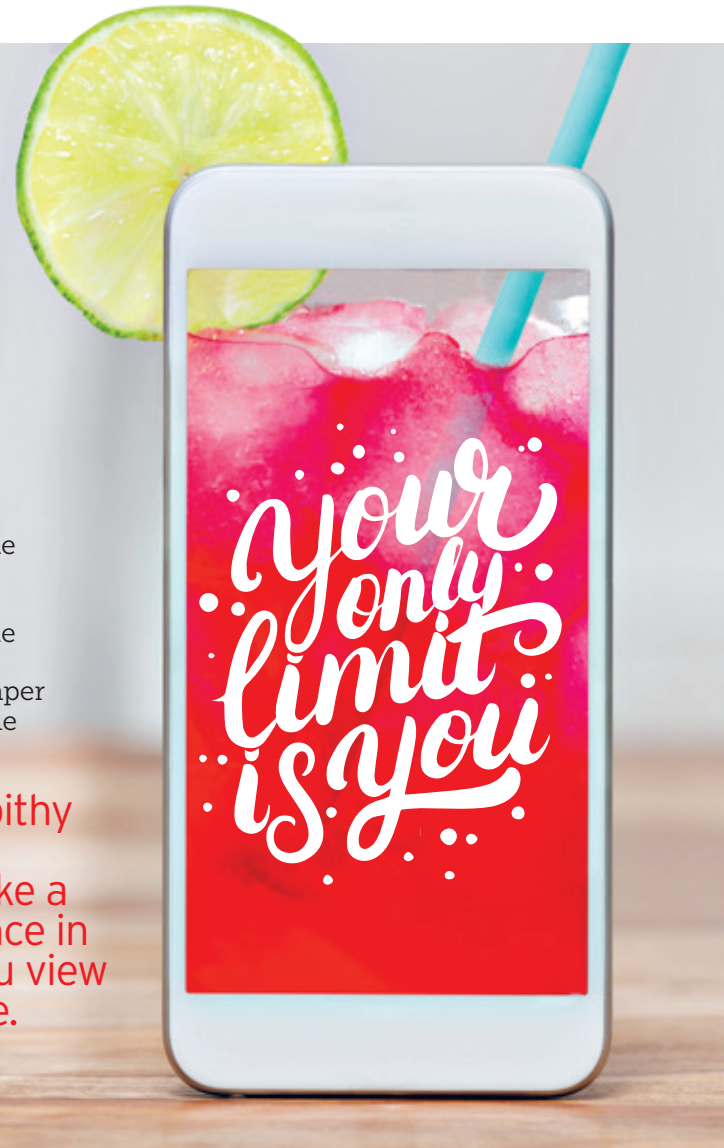




> A CHEERY GREETING

According to the *New York Post*, the average American checks their phone 80 times a day. That number is likely to be as high in Singapore, which ranks highest globally for smartphone penetration. So why not set an encouraging message as your wallpaper to keep you motivated throughout the day? These pithy sayings can make a difference in how you view your life. "It was a simple step towards self-love," recalls a copywriter to *Imagine*. "Every time I looked at my phone, I was reminded to be kinder to myself."

These pithy sayings can make a difference in how you view your life.



CYBERBULLYING: EVERYBODY HURTS

Young people under the age of 25 who are victims of cyberbullying are more than twice as likely to self-harm and exhibit suicidal behaviour, according to a UK study. But new research suggests that the bullies themselves also are at higher risk of experiencing suicidal thoughts and behaviours. The study, led by Professor Ann John at Swansea University Medical School in collaboration with researchers from the Universities of Oxford and Birmingham, looked at more than 150,000 children and young people

across 30 countries over a 21-year period.

The findings, published in the *Journal of Medical Internet Research*, highlighted the major impact that cyberbullying — both as bullies and victims — can have on young people. "Prevention of cyberbullying should be included in school anti-bullying policies," said Prof John. The research also found that cyberbullying victims were less likely to report abuse and seek help than those victimised by traditional means.



RELAX WITH A BRUSH

At the end of a stressful day, some of us may reach for a few glasses of wine or binge-watch television shows to unwind. Both have shown to have detrimental effect on sleep. Meanwhile, making art has long been reported to help reduce stress — so why not pick up a paintbrush and engage in a simple creative project? Here are some simple ideas to get you started:

- **DRAW OUT YOUR EMOTIONS:** Journaling is an easy way to express your emotions. For a twist on the classic habit, try drawing out how you feel. Begin by sketching pictures of a situation you have recently encountered. They may not be a Picasso or Monet, but all that matters is that they are a reflection of how you feel during that moment.
- **RECORD LIFE'S BEAUTY:** Draw the faces of people you love, places that bring you peace, or objects that make you smile. This could be as simple as a bowl of fruit or flowers gifted to you by a special someone.
- **COLOURS OF THE WORLD:** Adult colouring books are an easy alternative for those who do not feel particularly artistic but still want to harness the therapeutic power of art.



COLOUR ME SHARP

TRY THIS: Say the colour you see, not the word that is written as fast as you can. Ready... go!

- > BLUE
- GREEN
- BROWN
- RED
- GREY
- WHITE
- BLACK
- PINK
- YELLOW
- TAN
- PURPLE
- ORANGE



Easier said than done? It turns out you're under 'The Stroop effect': a phenomenon that occurs when you must say the colour of a word instead of the word itself. The task demonstrates the effect that interference can have when it comes to reaction time. It was first described by US psychologist JR Stroop in the 1930s.

Happy pills

Need a playlist for a joyous commute? Legendary British music magazine *NME* has compiled a list of the best happy songs. "These instant doses of sonic sunshine are designed to left swipe the blues, lift the spirits and give you an endorphin boost," it wrote.

- ♥ PHARRELL WILLIAMS *Happy*
- ♥ REM *Shiny Happy People*
- ♥ NINA SIMONE *Feeling Good*
- ♥ THE BEACH BOYS *Good Vibrations*
- ♥ CHIC *Good Times*
- ♥ CYNDI LAUPER *Girls Just Want to Have Fun*
- ♥ OASIS *Live Forever*
- ♥ BLUR *The Universal*
- ♥ THE WANNADIES *You and Me Song*
- ♥ QUEEN *Don't Stop Me Now*
- ♥ MGMT *Time to Pretend*
- ♥ OUTKAST *Hey Ya!*



When the going gets tough, being resilient will keep you going.

TRUE GRIT

TEXT BY WANDA TAN



Recently, tennis superstar Rafael Nadal became the top-ranked male tennis player for the fifth time in his career, coming back from injury yet again to dominate his sport. But it is not just inspiring luminaries like him who display such fighting spirit. We see it all around us — in a family member who recovers from depression or cancer, in a friend who finally lands a job after a long and stressful job hunt, in news stories of people who survive war or violence.

How did they do it? How did these individuals manage to adapt and bounce back from adversity — and could we, if faced with similarly tough odds? The good news is that we can. It is a matter of cultivating that intangible, indispensable quality: resilience.

IT BEGINS WITH ACCEPTANCE

Resilience is not so much a trait as it is a combination of thoughts, behaviours and actions that collectively help individuals push on and overcome hardships. Thus, resilience is not an innate characteristic that some people are lucky to be born with; it can be learned and developed in anyone over time.

What makes some people better at handling challenges than others? “It is difficult to predict who is resilient and who is not until they are tested by challenging circumstances,” says Associate Professor Daniel Fung, Chairman, Medical Board, Institute of Mental Health (IMH) and a child psychiatrist. “But there are several protective factors that can improve one’s resilience.”

These include:

- ▶ **Higher cognitive function.** People with better mental focus, self-control and organisational and problem-solving skills are, by implication, more resilient.
- ▶ **Supportive environment.** People who feel loved or cared for tend to have a stronger sense of self and confidence in relying on their strengths as well as their social networks to tackle problems.
- ▶ **Physical fitness.** Being physically healthy helps people deal with stress better.

Ms Chermain Wong, Senior Clinical Psychologist and Deputy Head of IMH’s Mood Disorders Unit, elaborates further: “A resilient person is someone who

demonstrates an *acceptance* of the reality of his situation and that some things have changed beyond his control. He shows a *willingness* to keep a balanced and hopeful perspective and the ability to problem-solve and improvise solutions. He is also *resourceful* in tapping on his social support network.” Conversely, a less resilient person typically vacillates between denial and despair about their situation, is unwilling to adjust their lives to pursue more realistic goals, and is socially isolated with no one to turn to.

Whether getting over a breakup or struggling with a chronic illness, being confronted with adversity is an unavoidable part of life. By strengthening our resilience, we can be ready for challenges that come our way.

ROAD TO RESILIENCE

Resilience can be learned at any age, but it does not happen overnight. Rather, it is an ongoing process requiring time and effort, and involves a number of resilience-building strategies:

- **Build healthy social connections.** Surround yourself with people who help you feel good about yourself. Lean on family and close friends for encouragement, or if you need a listening ear. “They can reach out to you when you feel withdrawn, validate your experiences and acknowledge your successes,” says Ms Wong. Learn to accept help from those who care about you. Offering assistance to others in their time of need can also increase a sense of empowerment.
- **Adopt a balanced perspective.** Accept that change is a part of living. Take a long-term view beyond the current crisis; do not think of it as an insurmountable problem. Stay hopeful. Visualise what you want or where you want to be, rather than worrying about what is fearful. Practise positive self-talk; think of yourself as a capable problem-solver.
- **Take committed action towards your goals.** Break down big goals into smaller, achievable steps. For example, if your aim is to return to a full-time job, plan to first write your CV and then post it on job portals. Set a daily routine of waking up early and getting dressed, to help adjust to the working world. When an overwhelming situation arises (e.g. speaking in public), face it head-on instead of avoiding it. Acknowledge

TRUE OR FALSE

- > **Resilient people do not struggle with difficulties or distressing emotions.**
FALSE. Being resilient does not equate to a stress-free life. In fact, it is only when faced with a traumatic event that a person’s resilience — or lack of it — comes to the fore.
- > **Everyone develops resilience in the same way.**
FALSE. While there are resilience-building principles that apply across the board, A/Prof Fung notes, “just as everyone responds to stress differently, resilience has to be developed in a personalised manner. It involves knowing ourselves well, knowing what drives us, and being aware of our own strengths and weaknesses.”



“IT IS DIFFICULT TO PREDICT WHO IS RESILIENT AND WHO IS NOT UNTIL THEY ARE TESTED BY CHALLENGING CIRCUMSTANCES, BUT THERE ARE SEVERAL PROTECTIVE FACTORS THAT CAN IMPROVE ONE’S RESILIENCE.”

Associate Professor Daniel Fung, Chairman of IMH’s Medical Board and a child psychiatrist.



THE SOONER A PERSON LEARNS TO BE RESILIENT, THE BETTER. AN OPPORTUNITY THUS EXISTS TO LAY A SOLID FOUNDATION FOR RESILIENCE IN CHILDREN AS YOUNG AS PRESCHOOL AGE THROUGH CONSTRUCTIVE EARLY CHILDHOOD EXPERIENCES.

each part of your progress and reward yourself for your effort, even if there is no positive outcome.

- **Be reflective.** Adversities can serve as opportunities for self-discovery. Think about past challenges you have gone through. What or who helped you cope with them? How did these struggles help you grow as a person? Knowing that you have overcome past challenges can give you the confidence to tackle new ones.
- **Find meaning and purpose in life.** Do something that you feel makes a difference and brings you joy, not just in your personal life but also at work. Being engaged in a meaningful activity will lead to greater willingness to handle challenges.
- **Practise self-care.** Make sure both mind and body are in good shape. Stick to a healthy diet, get regular exercise, and set aside time for sufficient sleep and relaxation. Unplugging from technology once in a while is also beneficial for one's mental well-being. After completing a particularly demanding task, give yourself a break to unwind. Do something that you enjoy and that makes you feel energised. It could be reading a book, playing a sport or going on a 'staycation' with loved ones.

RAISING RESILIENCE

The sooner a person learns to be resilient, the better. An opportunity thus exists to lay a solid foundation for resilience in children as young as preschool age through constructive early childhood experiences, such as providing a caring environment for kids to grow up in and encouraging them to take the initiative



in solving problems. Children will then blossom into independent, optimistic individuals who perceive adversities not as traumatic experiences to dwell on, but as opportunities to learn and grow.

Parents and educators can follow these tips to inculcate resilience in children:

- ▶ **Facilitate supportive adult-child relationships.** "The caregiver must be an attentive adult who is attuned to the child's experiences and helps the child feel protected," says Ms Wong. Through such secure attachments, children develop a stronger sense of self, and are better able to boost their cognitive development and understand themselves as well as the world around them.
- ▶ **Give children the space to fail and learn.** Scaffold children's learning by allowing them to succeed in some things and fail in other, non-critical situations. For example, do not let them win all the time when playing

games or sports. That way, children will realise that failure is not just okay but inevitable, without knocking their confidence or self-esteem. Give children the space to learn from their mistakes and overcome obstacles themselves, like if they have trouble remembering how to tie their shoelaces. They will then learn a lesson in perseverance, and feel empowered to solve problems.

- ▶ **Foster a sense of self-efficacy.** Children learn by watching and imitating adults, so be a positive role model. Display a strong belief in your own capacity to deal with challenging situations. Use verbal cues such as "Good job!" or "You did it!" when children show resilience, to acknowledge and reinforce their efforts.
- ▶ **Teach self-care.** "Young children need structure to regulate their behaviour and manage their emotions," says Ms Wong. Set a regular routine for children that includes fixed mealtimes and bedtimes, limited screen time and adequate physical activity.



PROVING HIS METTLE

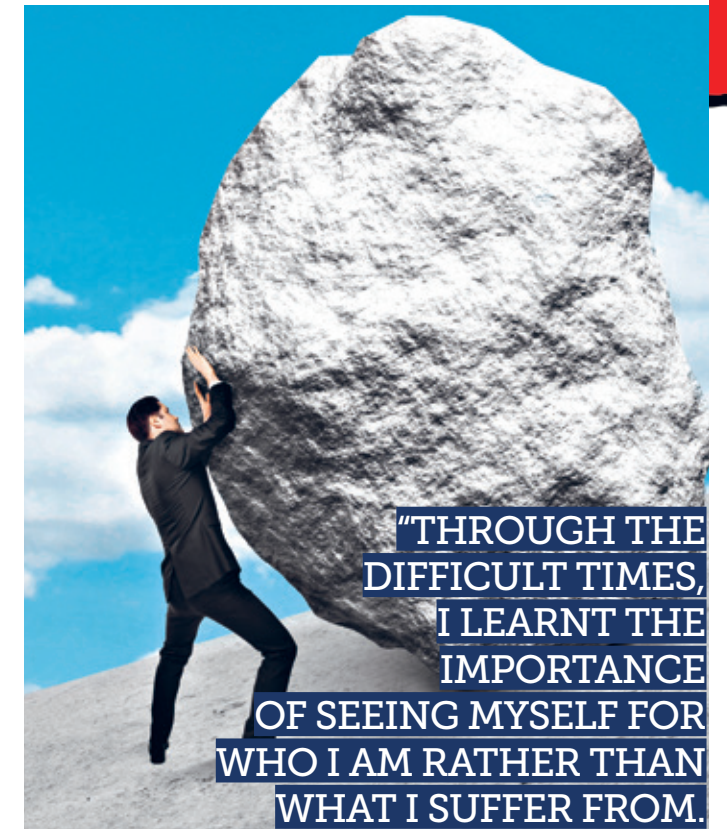
A full-time special education teacher, **Mr Jeremy Goh, 39**, is also a husband and father. He has obsessive compulsive disorder and Tourette syndrome, a neurological condition characterised by motor and vocal tics (involuntary movements and sounds). Diagnosed with Tourette's at the age of 10, Mr Goh credits his family for helping him accept his condition and overcome various challenges in pursuit of a rich, fulfilling life.

“**M**y parents raised me the same way they raised my two younger sisters. I went to public school and had to perform household chores at home. I was also expected to look out for my siblings, like any older brother would. The message from my parents was loud and clear: 'You have Tourette's, but life goes on.' In hindsight, their support was the most important factor in helping me get through life. Because I did not receive any special treatment at home, I did not expect — or even want — to get it from others. I set a benchmark for myself to live my life as normally as I could.

It has not been easy, though. My most painful memories were of being taunted and bullied by my secondary schoolmates. For example, they would throw chalk at me or shout at me to shut up when my motor and vocal tics disrupted the class. It was frustrating, but I tried my best to put up with it. I reminded myself that secondary school would not last forever, and that I would eventually get out of there. However, graduating from school did not mean that my challenges were over.

In my mid-20s, I developed obsessive compulsive disorder (OCD). Being let go from two jobs in a row within the same year, due to my Tourette's, was another big blow. Most of all, I dreamt of starting a family, but I was worried whether I would ever find someone who could accept my condition. Things started to change for the better in 2004, when I landed a job as a teacher at the Genesis School for Special Education. In 2009, I met my now wife; our daughter Allymae just turned seven. And my OCD is now under control.

Right from the start of our relationship, my wife never judged me because of my condition; instead, she has always shown compassion and concern for me. Allymae has also picked this up and, without our prompting, helps me now whenever my tics flare up. She will hold my hand and say, 'It's okay, relax,' or tell people staring at me, 'My daddy has Tourette's. He makes noises, but that's all. You have nothing to worry about.'



Looking back on my life journey, it was tough but worthwhile, for it led me to where I am today. Through the difficult times, I learnt the importance of seeing myself for who I am rather than what I suffer from. That is exactly what I tell my students with special needs, or what I would say to anyone who is enduring some form of hardship. Resilience, to me, means accepting that you have a challenge or disability, and then looking beyond that to focus on what you can do. Tap on your strengths and abilities to reach your goals. Do not ever give up on yourself; if you do, others will give up on you."



WHEN THEATRE TACKLES *tough* truths

The Necessary Stage's 1993 play *Off Centre* offered a stark study of the complexities of mental health issues. Its playwright **Haresh Sharma** looks back — and forward — at our society's attitudes in this area.

INTERVIEW FAIROZA MANSOR // PHOTOS KELVIN CHIA & COURTESY OF THE NECESSARY STAGE

The year is 1993. Vinod has clinical depression; Saloma has schizophrenia. They meet at Woodbridge Hospital (as the Institute of Mental Health was previously known). The duo become fast friends as they attempt to deal with their mental health issues, and the attitudes their friends and family have towards their respective conditions. That in brief is the premise of the play *Off Centre*, staged by theatre company The Necessary Stage (TNS) and written by Haresh Sharma.

Off Centre kicked off as a commissioned piece, but the collaboration later fell through. However, Mr Sharma, then in his 20s, decided to continue with his vision for the play. "I was adamant on showcasing the different perceptions — the good, the bad and the ugly — that people have towards those with mental illness," says Mr Sharma, now 53. "It was important to me to present the complexities of mental illness. We believed in our story, and in the research we had done. We also believed in the people we interviewed."

Research — a common devising process employed by TNS — was indeed integral to creating the play. Mr Sharma, together with the director and actors, made several visits to Woodbridge Hospital, daycare centres, halfway houses and even art therapy classes for patients. With no written script yet, the team interviewed patients in recovery, psychiatrists and social workers to get a better understanding of their experience. "We wanted to get candid, varied takes on the issue as a whole, and not just

rely on preconceived notions of what mental illness is," explains Mr Sharma. TNS went ahead with *Off Centre*, and it was first staged in September 1993.

COMPASSIONATE OR COMPLICIT?

The term "off centre" is first used by the character Saloma, prompting Vinod to stop dead in his tracks and ask, "Where did you get that phrase?" Saloma responds, "Them," pointing to the audience. The scene is one of the many in which the characters would directly address the audience. The effect of this theatrical technique is aligned with the play's messaging. "It is our intention to put the audience in the spotlight and challenge them," Mr Sharma says. "In a sense, we are asking them if they are willing to help and support people with mental health issues, or are they, on the contrary, complicit in the stigma and prejudice towards those who suffer from a mental illness."

The conclusion of the play also seeks to spur a stronger audience reaction. "The play does not sugarcoat nor close with the happiest of endings, but by not having that, it can serve to move people to change, or to play a bigger part in rectifying the problems," Mr Sharma tells *IMAGINE*. "Sometimes, when you wrap a story up too neatly, people tend to think it's no longer a problem that needs to be addressed." TNS received many letters then from audience members who had written in to say the play had made them understand mental health issues better. "It's heartening to know that the play was actually reaching out and making an impact," says Mr Sharma.


The conscious decision to remain unfiltered in the play — unafraid to tackle conflicts and explore the dark side of mental illness — ultimately paid off. In 2006, *Off Centre* became the first

NOT ALONE

Off Centre seeks not only to draw attention to the issues surrounding mental illness, but also hopes to speak to anyone who has been made to feel small when they are different or less-abled.

.....

OFF CENTRE BY HARESH SHARMA IS AVAILABLE AT ALL LEADING BOOKSTORES




Mr Sharma sees the play as a platform for facilitating dialogue on issues such as inclusivity



Singaporean play to be studied as an O-level Literature text. "This means that we can continue the dialogue even among future generations. I feel privileged for this opportunity to continue talking about this play, and its themes, considering that in Singapore, most plays get staged once and are never brought up again," he adds. "At the end of the day, those of us who do not have mental illness are important stakeholders in this issue, and have an impact on those who do."

A PLACE FOR ALL

Off Centre is set to be restaged again in February 2019. One of the play's main themes — of embracing diversity within our midst — continues to remain relevant 25 years on since it was first staged. "There is oftentimes a sense of distrust and caution towards those with a mental illness," explains Mr Sharma. "Hollywood movies which sensationalise mental illness into something that is to be feared, or even laughed at, do not help in shifting the conversation. They perpetuate stereotypes that those with mental illness are often the cause of hurt — which is not true."

With its unflinching honesty, *Off Centre* seeks not only to draw attention to the issues surrounding mental illness, but also hopes to speak to anyone who has been made to feel small when they are different or less-abled. In addition, it asks the rest of us: what will we do when we encounter such people? Can we be a more accepting society? Stressing that these are the societal issues we need to address, Mr Sharma says, "The health of a nation or a society is determined by the amount of diversity we have in our midst. We have to be inclusive, not just in terms of gender and race, but also in terms of abilities."



A scene from the inaugural staging of *Off Centre* in 1993

“ AT THE END OF THE DAY, THOSE OF US WHO DO NOT HAVE MENTAL ILLNESS ARE IMPORTANT STAKEHOLDERS IN THIS ISSUE, AND HAVE AN IMPACT ON THOSE WHO DO.”

Haresh Sharma, 53, Singaporean playwright



WHAT IS BIPOLAR DISORDER?
 IT IS CHARACTERISED BY EXTREME MOOD SWINGS OF EMOTIONAL HIGHS (MANIA) AND LOWS (DEPRESSION). THESE EPISODES OF MANIA AND DEPRESSION COULD LAST MONTHS IF LEFT UNTREATED.

THE STRUGGLE WITHIN

Understanding the ups and downs of bipolar disorder.

TEXT JIMMY YAP // PHOTOS ISTOCKPHOTOS & GETTY IMAGES

Bipolar disorder recently made the news when pop star Mariah Carey told *People* magazine that she has the condition, which is characterised by extreme mood swings of emotional highs (mania) and lows (depression). She had been diagnosed in 2001 but only talked about her condition this year. Carey added that in her 'manic phase', she would just keep working and working until she "hit a wall".

Bipolar disorder is not a mental disorder that is restricted to celebrities. In Singapore, a woman diagnosed with the condition planned a huge Chinese New Year party which she had not invited anyone to attend, paid \$1,000 as deposit for the venue, and bought

ingredients to cook for the party.

When her family found out and expressed concern, she got very irritable, smashed plates and threw hot food at them. In another example, a man with the condition buys a sports car whenever he suffers a relapse. When he is well again, he will resell the vehicle, only to buy the same make and model of car when he re-enters the manic phase.

BREAKING DOWN BIPOLAR DISORDER

In the manic phase, people with bipolar disorder experience euphoria and, sometimes, extreme irritability. "You feel very energetic, like everyone around you is slowed down. You have lots of exciting ideas, which makes you talk very fast such that others sometimes cannot keep up with you.

You don't feel the need to sleep and may spend days on end with little sleep," says Dr Nisha Chandwani, a consultant in the Department of Mood and Anxiety at the Institute of Mental Health.

The manic phase does not stop at merely feeling energetic. Sometimes, when people are in this phase, they develop grandiose ideas that have little basis in reality, such as feeling more important than usual, or feeling invincible. One man, in the manic phase, believed that he was a wealthy, award-winning chef who worked for various international hotels. In reality, the man did not know how to cook, was unemployed and was living in debt.

"They may then act on their beliefs and engage in reckless or dangerous behaviour, such as

putting a down-payment on a house or car they cannot afford, driving dangerously, or having unsafe sex," says Dr Chandwani.

In addition to manic episodes, people suffering from bipolar disorder also experience episodes of depression. They experience extremely low moods, lose interest in things and aren't able to enjoy activities they used to, and have difficulty thinking positively. Many become socially withdrawn and in severe cases, they may feel that life is not worth living.

Bipolar disorder can be classified into two types. In type 1, people have episodes of mania and depression. The episodes could last months if left untreated. In type 2, people



ACCORDING TO THE SINGAPORE MENTAL HEALTH STUDY CONDUCTED IN 2010, SOME **1.2%** of adult Singaporeans suffer from bipolar disorder in their lifetime.

Getting back on track

A mother of two, Ms Fauziah is determined to better manage her condition and improve her quality of life for herself and her children.

Ms Fauziah was 23 when she had her first manic episode in 2004. It came about after she had gone to a hospital for depression and was treated with antidepressants.

She found herself walking from Bukit Batok East to Bukit Batok West in the early hours of the morning. Along the way, she deliberately dropped all her personal belongings that she had with her. "I felt an intense fear. I wanted to let go of everything that was with me."

Ms Fauziah found she could not sleep and just felt that she wanted to go on and on. She began developing disruptive behaviour as well. "At my aunt's house, I was singing *dikir barat* (a type of rhythmic singing) at the top of my voice."

Her family called the civil defence and even an *ustaz* (religious teacher), but they could not help. She was eventually hospitalised and diagnosed with bipolar disorder.

Since then, Ms Fauziah, now 37, has been trying to manage her condition. She has had relapses that she attributes to the stresses of life and to not taking medication regularly.

The most recent incident occurred

after the birth of her second child. Between looking after two young children, she could not get enough sleep and was always drinking coffee to stay awake. Changing one's sleep pattern is a known trigger, and she had a relapse.

When Ms Fauziah is in her manic phase, she becomes very energetic. "During my most recent relapse last year, I was cleaning the storeroom and throwing away things in the wee hours of the morning. At that time, I felt I didn't need them."

Her mania would also manifest in irrational beliefs. "I would think that God likes odd numbers, so I must do things in odd numbers like use three ingredients when I'm cooking."

However, she is determined not to let the illness wear her down. She wants to manage her condition so that she can be a better mother and get back to work again.

Her advice to other people with bipolar disorder is that they should not let the condition get the upper hand. "If you feel down or are in a low mood, don't beat yourself up. Talk to your doctor about it and be patient with yourself. And if you are given medication, take it," she says.



primarily experience depression, with some episodes of hypomania (a mild form of mania, marked by elation and hyperactivity). According to the *Singapore Mental Health Study* conducted in 2010, some 1.2 per cent of adult Singaporeans suffer from bipolar disorder in their lifetime.

"There are no specific diagnostic tests for bipolar disorder," says Dr Chandwani. "The main challenge is to distinguish mood swings that are a part of normal experience from the extreme symptoms that characterise this disorder."

Furthermore, up to a third of people who present with major depressive disorder may actually have bipolar disorder. And symptoms for the two conditions can overlap. People with depression may be prescribed antidepressant medication. However, for people with bipolar disorder, antidepressants might trigger mania or make a person more irritable and edgy.

Researchers are still trying to fully understand the causes of bipolar disorder. What they do know is that there is a strong genetic component to the condition (it tends to run in families), and that there are likely abnormalities in certain areas of the brain that

"WHILE BIPOLAR DISORDER IS A CHRONIC ILLNESS, IT DOESN'T DEFINE A PERSON. OFFER SUPPORT TO YOUR LOVED ONES. TELL THEM 'I'M HERE FOR YOU' AND REMIND THEM THAT THE EPISODE WILL PASS."

Dr Nisha Chandwani, Consultant in the Department of Mood and Anxiety at the Institute of Mental Health



In addition to manic episodes, people suffering from **BIPOLAR DISORDER** also experience episodes of depression.

control mood and judgement, which is why medication can help to control the symptoms of bipolar disorder. A relapse can be triggered by stressful experiences, changes in sleep routine, and drug or alcohol abuse.

TREATING BIPOLAR DISORDER

While there is no cure for bipolar disorder, it is a highly treatable condition. "With a combination of medication and therapies, as well as learning how to minimise triggers, a person can manage the condition and significantly reduce his or her chances of a relapse," says Dr Chandwani.

For people living with bipolar disorder, mood-stabilising medication is the first line of treatment, instead of antidepressants. "If they do not respond to the medication, then electroconvulsive therapy (ECT) may be used as a second or third line option," says Dr Chandwani. ECT is a procedure in which, while under anaesthesia, a small electric current is passed through the brain, triggering a brief seizure. This causes changes in brain chemistry that can relieve symptoms.

Apart from medication and ECT, there are also various types of therapies available, such as cognitive behavioural therapy (CBT) and interpersonal and social rhythm therapy (IPSRT). CBT helps people identify unhealthy behaviours and beliefs that may trigger episodes and replace them with more positive ones. IPSRT helps people learn how to regulate their biological and social rhythms, set up regular routines and develop strategies to manage interpersonal stress.

According to Dr Chandwani, it is important to seek treatment early and continue treatment regularly rather than intermittently. This is because some research suggests that early treatment of bipolar disorder may predict a better clinical course. "We do know that each relapse affects the brain adversely, such that, those with multiple relapses may have mild mood symptoms and problems thinking clearly even in between episodes. They may also not respond as well to medication as those who sought treatment early and have had fewer relapses," she says.



JAMES CHEONG
FAMILY PHYSICIAN

"Empathising with patients and instilling hope in them is a positive first step in the therapeutic relationship."



CARE IN THE COMMUNITY

For Dr James Cheong, a GP partner with IMH, providing mental healthcare is part and parcel of his job.

INTERVIEW WANDA TAN// PHOTO EALBERT HO

Dr James Cheong, a family physician, remembers treating a middle-aged woman who visited his clinic multiple times complaining of headaches and insomnia. "Upon probing further, I realised that she had adjustment disorder caused by stress at work and marital issues with her spouse," recalls Dr Cheong. He provided basic counselling and coping

skills, and two months later her mood symptoms improved and she had a better handle on her work and family situation. Such cases happen more often than one might think. Most people visit a General Practitioner (GP) to seek treatment for physical health problems or chronic illnesses like diabetes, not knowing that their mental well-being may have suffered. Others may be aware that they have mental health

issues, but put off getting help from a psychiatrist due to the stigma of mental illness — when in fact there are other avenues for help within the community, such as through GPs.

"As the first touchpoint for patients in the community, we are well-placed to identify at-risk persons who are vulnerable to mental illness and provide timely intervention," says Dr Cheong. "Wellness is not just about the absence of physical disease; rather, it encompasses biopsychosocial well-being. Promoting mental wellness is a critical component of holistic care." That's why, says Dr Cheong, he joined IMH's Mental Health-GP Partnership Programme (see sidebar) in 2015.

A PROACTIVE APPROACH

Dr Cheong estimates that about five to 10 per cent of the patients he sees at his clinic have mental health issues. While some are former IMH patients whose conditions have stabilised, most are first-time patients presenting with issues such as trouble sleeping or low mood. "We proactively screen for and manage patients with mild to moderate mental health conditions including adjustment disorders, depression and anxiety, prescribing medication if needed. At the same time, we are able to refer and coordinate early access to specialist psychiatric care for patients who need it," he says.

From the patients' perspective, being treated at a GP clinic instead of a psychiatric hospital is more convenient as it is closer to their home, and it also carries less stigma. They are thus more likely to look for a GP to interpret their symptoms, help them understand what they are experiencing and validate their emotions, which in many cases is enough to uplift their mood. "Empathising with patients and instilling hope in them is a positive first step in the therapeutic relationship," says Dr Cheong. "I also give patients psychoeducation, or information about their illness and treatment options, so that they feel empowered in their recovery."

A TWO-WAY PARTNERSHIP

Launched in 2013 under the National Mental Health Blueprint, the Mental Health-GP (MH-GP) Partnership Programme enables "right-siting of care between IMH and primary healthcare providers", says IMH's Dr Goh Yen Li, the Programme Director. "Patients whose conditions have stabilised and who are well enough to live in the community can see GPs for follow-up appointments. If a patient relapses, the GP can call us directly for advice or, if needed,

arrange for easy referral back to IMH." There are currently over 100 GPs under the programme. To provide comprehensive training in mental healthcare, IMH also offers a one-year Graduate Diploma in Mental Health in collaboration with the Division of Graduate Medical Studies, National University of Singapore, and twice-yearly Continuing Medical Education workshops on a variety of mental health topics for participating GPs.

Dr Goh Yen Li, Director, MH-GP Partnership Programme



FAMILY SUPPORT MATTERS

Family members of people living with bipolar disorder have an important role to play. Dr Chandwani advises family members to:

- ▶ find out more about the condition and its triggers
- ▶ keep an open mind and be patient
- ▶ encourage their loved one to take the medication as prescribed
- ▶ watch out for the early signs of relapse
- ▶ discuss with their loved one on the course of action to take in the event of a relapse
- ▶ avoid being dismissive of his or her challenges and concerns by using words and phrases like "crazy" or "lazy", "just a mood swing", or "we had such high hopes for you"



THE WRITE APPROACH

Daily journaling and support from her loved ones help Sumaiyah Mohamed, 30, manage schizophrenia.

INTERVIEW JIMMY YAP
// PHOTO WILSON PANG

SUMAIYAH MOHAMED, 30
WANTS US TO KNOW
THAT SCHIZOPHRENIA
CAN BE MANAGED

“
HAVING A MENTAL
ILLNESS DOESN'T
DEFINE YOU AND
NEED NOT STOP YOU
FROM ACHIEVING
WHAT YOU WANT.”

Sumaiyah Mohamed

I was 19 when I was diagnosed with schizophrenia. It was 2007; I was a first-year student at the National University of Singapore, where I was admitted to on a scholarship. I have always been driven and pushed myself to do well. This, plus trying to adapt to a new phase of my life, put tremendous stress on me. Once, I lost seven days of sleep over essays I needed to complete for a module. Friends started noticing I wasn't my usual self. I blamed myself for things that weren't my fault and believed things that weren't true, like my parents were disappointed in me. I felt lost and confused. At the end of the term, I moved back home from the hostel. My family realised I wasn't well and took action.

My parents brought me to the hospital where I spent two months in the psychiatric ward. I was put on various medications but nothing quite worked. It was only after undergoing electro-convulsive therapy (ECT) that I started to get better. After a leave of absence, I went back to school determined to complete the course. I knew the challenges I faced previously were due to my illness so I paced myself this time and made sure not to neglect my health. It took me five years to graduate with an honours in Social Sciences (major in psychology) in 2012. After that, I worked in the civil service for about four and a half years.

These days, I work at Club HEAL which aims to help people with mental health issues and their families. I coordinate the daily rehabilitation sessions, which is one of our core services. They help participants develop life and social skills through therapeutic activities like art and craft. During the rehab sessions, I share what I've gone through with them, hoping I can inspire them to look beyond their illness to focus on their strengths. Club HEAL has also rolled out a new programme, Our Healing Voice, which I am also coordinating. We nurture recovered patients to be

peer mentors so that they too can share their stories with others in a similar situation. I enjoy my work as it enables me to help, meet and interact with others. I'm a people person so this is the perfect job for me. I hope to continue contributing to the mental health movement.

I first met my husband in NUS, where he studied philosophy, but we weren't friends at the time. After we graduated, a mutual friend brought us together. Our friend told him I had a problem with stress but he was not discouraged from getting to know me better. I'm not one to hide my condition so I told him about it right from the beginning. We started dating in December 2013 and got married in 2015. We now have an 18-month-old daughter. While we were dating, he secretly bought a book on schizophrenia for family members so he could understand my condition better. He even met my psychiatrist. When I asked him why he decided to go out with me, he said it was because we have the same values — a shared faith and belief in volunteering our time to help others, as well as an interest in personal development. One of my goals this year is to improve my physical fitness, and we are working on this together. Whether it is work, personal interests or my mental health condition, he is my staunchest supporter.

I've suffered one relapse since; I was pregnant at the time. Worried that the medication would affect my yet-to-be-born child, I stopped taking them without consulting my doctor. Eight weeks after I gave birth, my symptoms re-appeared. I started having delusions. I would see signs from God in random things — like a song I heard while in a cab or a book I happened to take from the shelf. A friend noticed I was incessantly spamming our group chats and sensed something was amiss when we met at a wedding. She urged me to go back on my medication. I did and things returned to normal. I continue to see my psychiatrist once every three to four months.



CLUB HEAL HELPS PARTICIPANTS DEVELOP LIFE AND SOCIAL SKILLS THROUGH THERAPEUTIC ACTIVITIES, SUCH AS ART AND CRAFT.

Part of my self-care involves writing in my journal every day before heading to work. This morning routine has become extremely important to me, without which I will feel disoriented. Journaling calms me; it declutters my mind and keeps me focused. I spend about an hour writing and reading over breakfast. During this time, my mum and my helper take care of my daughter. However, I make sure to spend time with her when I get home from work.

My advice to other people living with schizophrenia is seek professional help. Schizophrenia is just another illness, which can be managed. Keep a close network of supportive friends and family members. My parents, brothers and my husband have been pivotal to my recovery. Remember also that you are individuals with unique abilities and strengths. There's a lot that you can do to contribute to society. Having a mental illness doesn't define you and need not stop you from achieving what you want.



MYTHS BUSTED

Get the facts right on psychiatric medication.

TEXT DENNIS YIN // PHOTOS ISTOCKPHOTOS & GETTYIMAGES

Psychediatric medication plays an important role in managing mental disorders and has helped many people to improve their quality of life. They work by acting on chemicals in the brain (neurotransmitters) that regulate emotions and thought patterns. They help to ease symptoms and stabilise the condition, so that one can make lifestyle changes and participate more readily in therapeutic activities. This holistic approach has seen many people with mental health issues manage their condition better and go on to lead productive lives.

A RANGE OF REMEDIES

Today, a wide assortment of safe and effective psychiatric medication is available through prescription and can be broadly categorised into the following:

- ▶ **Antipsychotics** to treat and prevent the recurrence of symptoms such as hallucinations, disorganised or unreal thoughts
- ▶ **Antidepressants** to treat symptoms of depression and some anxiety disorders

- ▶ **Anti-anxiety / Sedatives** for the short-term treatment of anxiety and insomnia
- ▶ **Mood stabilisers** to prevent or reduce the severity of mood swings in those with bipolar disorder, depression and other mood disorders
- ▶ **Medication** for addiction to reduce cravings and maintain abstinence from addictive substances
- ▶ **Stimulant medication** to treat attention-deficit hyperactivity disorder
- ▶ **Anticholinergics** which refer to medication taken to manage some of the side effects from taking antipsychotics
- ▶ **Dementia medication** to treat symptoms of this condition

Despite its benefits, some stigma still surrounds the taking of psychiatric medication, and this may deter people from getting the help they need.

Ms Emily Liew, a Principal Pharmacist (Specialist) at the



DESPITE ITS BENEFITS, SOME STIGMA STILL SURROUNDS THE TAKING OF PSYCHIATRIC MEDICATION, AND THIS MAY DETER PEOPLE FROM GETTING THE HELP THEY NEED.

accepts treatment, it is a sign of his or her strength and commitment to get well.

#2 I will feel better immediately after taking psychiatric medication

Most psychiatric medications work slowly. For example, it may take someone on antidepressants up to at least four to six weeks at the right dosage to see an improvement in symptoms.

Different people also respond differently to psychiatric medication; some may experience a faster onset of effect than others.

It is important to continue taking the medication regularly for it to be effective. Do not hesitate to talk to your doctor if you do not experience any improvement after some weeks. In some cases, adjustments may need to be made in terms of dosage or medication to find what works best for you.

#3 I can take my medicine whenever I feel like it

Most psychiatric medications should be taken regularly as prescribed in order to ensure their effectiveness and a steady concentration of the drug in the body. If the medication is meant to be taken on a "when necessary" basis, such as those to help with sleep issues, it will be stated on the label. Taking medication on and off can lead to uncomfortable symptoms due to fluctuations in the level of the drug in the body and increase the risk of relapse.

#4 They have very bad side effects

As with all medication, psychiatric medication can have side effects. How these are experienced and their severity, however, varies from person to person. It is more common to experience side effects when starting a medication or when the dosage is increased, as the body is still adjusting to it. If the side effects persist or become bothersome, you should inform your doctor at the earliest opportunity.

Side effects are usually minimised by starting the medication at a lower dose and titrating it according to how your body responds. If you feel very uncomfortable about a particular side effect — such as feeling drowsy in the daytime — the doctor may switch to a less-sedating medication or adjust the time to take it.



Ms Emily Liew, a Principal Pharmacist (Specialist) at the Institute of Mental Health

#5 I can stop taking my medicine once I feel better

The length of treatment with medication varies for different conditions and from person to person. For some conditions, like schizophrenia, medication may be required for the long term.

If you stop your medication too early, your body may not be able to adjust to the abrupt change, and a relapse of your condition may occur. Depending on how severe your symptoms are, and the risk of relapse, your doctor may consider reducing the dosage slowly over a period of time while closely monitoring your condition. You should not make any changes to your dosage or schedule without consulting your doctor.

#6 They are addictive

Most psychiatric medications are not addictive and do not result in cravings associated with addiction. However, the long-term use of certain sleeping pills may lead to dependence; hence they are usually prescribed for short-term use only. While it is possible for some people to experience temporary symptoms such as dizziness, headache, restlessness, tiredness, nausea and insomnia when certain psychiatric medications are stopped, these symptoms usually resolve within a week as the body adjusts to the change.

#7 Psychiatric medication will change my personality

One's personality is not affected by medication. When you are unwell, you may display irritable behaviour or behave differently than usual. When your sleep and mood improve, you will feel less irritable, be more focused and have a clearer mind to pursue your interests. Taking medication as prescribed can help you manage your condition and get you back to your original self.

TAKE YOUR MEDS CORRECTLY

- Read the medication labels carefully, and follow the instructions as printed. Inform your doctor or pharmacist if you have been missing doses of your medication.
- Get advice from your doctor or pharmacist if you have

any queries regarding the medication.

- Always inform your doctor or pharmacist about the various medications or dietary supplements that you are taking, as there may be adverse drug interactions.
- Note the expiry dates of the medication. If you are unsure where the information is printed,

check with your doctor or pharmacist.

- Store your medication according to the instruction on the labels. If they are not properly stored, their shelf life may be shortened and effectiveness may be affected.
- Do not stop your medication abruptly or adjust your dosage without consulting your doctor.



Institute of Mental Health, dispels some common misconceptions and myths associated with the use and efficacy of psychiatric medication.

#1 Taking psychiatric medication means I am weak-minded

Generally in health-care, medication is prescribed for a wide range of conditions — this includes mental disorders. Taking antipsychotics for schizophrenia or antidepressants for depression does not mean one is weak-minded. When a person sees a doctor and

ASK THE
EXPERTS

IMH clinicians answer your questions.

A DRINKING PROBLEM

A friend of mine, who is in his early 40s, is a binge drinker. He holds a steady job, has a stable family, and claims that he doesn't have a problem with alcohol. But I have noticed that his binges are becoming more frequent. What can I do to help him?

Binge drinking refers to drinking five or more standard drinks for men, and four or more standard drinks for women, over two hours. It is common for someone to deny binge drinking as a problem when he is able to hold a job and fulfil family responsibilities. However, binge drinking is very damaging to one's health and could lead to alcohol addiction.

Before approaching your friend, learn more about alcohol-use disorder so that you can provide accurate information when you speak with him — and do so in a non-judgemental manner. You may also engage your friend in activities that do not involve alcohol, or encourage him to seek professional help. For more information, call the addictions helpline at 6-RECOVER (6-7326837).

MS TAN MING HUI, Counsellor, National Addictions Management Service



PAYMENT WOES

My father recently received a referral from the polyclinic to seek specialist help for a mental illness. However, he is hesitant to do so because of financial concerns. Can he use his Medisave to pay for his medical bills? If need be, can I use my Medisave for his treatment too?

It is important to seek professional help, as that will help your father get better and remain well.

Medisave can be used to cover most outpatient

charges if your father is suffering from any of the conditions under the Chronic Disease Management Programme. These include major depression, schizophrenia, bipolar disorder, anxiety and dementia.

He can use up to \$400 per year from his own Medisave or his family member's account (up to 10 accounts can be used). Each claim is subject to a 15% co-payment. If he is 65 years old and above, he can tap on an additional \$200 per year from his Medisave to pay for the 15% co-payment.

MR DAMIEN LIEW, Senior Manager, Business Office



HELPING MUM FEEL SOCIABLE AGAIN

I noticed that my 70-year-old mother, who was once a lively person, has become withdrawn. She claims that because of her ill health, socialising has become difficult. But even when put in a social situation with people familiar to her, she is quiet and feels that she hinders their enjoyment. What can I do to reassure her and boost her self-esteem?

Physical decline is part of ageing. As such, some seniors may find previous interests challenging when the demands of those activities exceed their physical capacities. They may then feel shame and embarrassment when put in a social situation with familiar people who expect them to perform at the same level.

You may need to first spend time with your mother to understand what is making it difficult for her to socialise. Then, have a discussion and plan activities that she finds manageable and enjoys doing. Offer her praises consistently to validate

her efforts (not how well she does) and boost her confidence.

If your mother continues to be withdrawn, appears to experience low mood and loses interest in most activities persistently for more than two weeks, accompany her to see a doctor, as these symptoms may be signs of depression.

MS LIM SI HUAN, Senior Clinical Psychologist, Department of Geriatric Psychiatry

HAVE QUESTIONS REGARDING MENTAL HEALTH? Email them to enquiry@imh.com.sg

PHOTOS: ISTOCKPHOTOS

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

A MULTIDISCIPLINARY APPROACH TO STUB OUT SMOKING

Smoking is the largest cause of preventable deaths in the world, yet it takes time to quit smoking because the nicotine in cigarette smoke is addictive. To help smokers kick the habit, nicotine replacement therapy (NRT) is usually offered in smoking cessation services. Medical products that supply controlled doses of nicotine are prescribed to patients to help reduce craving and ease the symptoms of nicotine withdrawal.

Since March 2017, the National Addictions Management Service (NAMS) has begun using a multidisciplinary approach to help smokers overcome nicotine dependence. The method combines the use of medication and/or NRT with counselling over several sessions as required to help with behavioural change, which is often the most difficult aspect of overcoming an addiction.



This outpatient service is available to IMH clients as well as the general public. They can be referred by any doctor, or can call the All Addictions Helpline at 6-RECOVER (6-7326837; 8am to 11pm daily) for an appointment. This service is available at NAMS Clinic in IMH and the Community Wellness Clinic (Queenstown Polyclinic). For more information, visit www.nams.sg.

KNOW THIS
Every day, about 7 Singaporeans die prematurely from smoking-related diseases.

UP AND COMING

MENTAL HEALTH FESTIVAL 2018
When: 8 September, 9.30am to 3pm
Where: IMH, Buangkok Green Medical Park, 10 Buangkok View

Join us to celebrate IMH's 90th anniversary at the Mental Health Festival 2018, held on IMH campus in Buangkok Green. Highlights include forums on bipolar disorder and obsessive compulsive disorder, mindfulness workshops for adults and children, creative expression activities, craft booths, tour of facilities, and more. A public education campaign to reduce stigma surrounding mental health issues will also be launched at the festival.

FURTHERING RESEARCH

In collaboration with the Lee Kong Chian School of Medicine (LKCMedicine), IMH organised the second Frontiers in Mental Health Symposium (FMHS) on 6 March 2018. Themed "Advancing Research in Depression and Psychosis", the event brought together some 200 researchers, neuroscientists, clinicians and academics to share research on the two conditions to help improve treatment, outcomes, and quality of life for patients and their caregivers.



Sir Philip Campbell, Editor-in-Chief of Nature and Nature Research, was the keynote speaker at the event.

STORIES OF EXCEPTIONAL DEDICATION AND DRIVE

Three IMH staff and a volunteer were lauded for displaying altruism above and beyond their call of duty at the 15th Healthcare Humanity Awards on 26 April 2018.

- MR YONG KWON SENG**, a volunteer with IMH for seven years, received "Honourable Mention" for faithfully spending time with long-stay patients every weekend and even on public holidays, despite his postgraduate studies and work as a teacher.
- MR ROGER TAN BOON MENG**, a Principal Medical Social Worker, was recognised for his commitment towards psychiatric patients under the Mandatory Treatment Order programme. Over his 13-year career



at IMH, he has helped numerous patients' transition back into society.

MS SAMANTHA ONG has looked after patients for 31 years. While she is now Chief Nurse, she still makes time to work in the wards alongside the staff. This has helped her understand ground issues and implement solutions to improve patient care and work conditions.

MS GEMMA ANGELA FERNANDEZ, Senior Case Manager, supports patients with complex social needs after they are discharged, and ensures their reintegration into the community through an Aftercare Programme. Outside of work, she also helps to deliver groceries to patients, refurbish their homes and seek sponsorship for household items.

BEAUTIFUL
Mind

GRIN AND WIN

Say 'cheese' and feast on the health benefits it offers

Science has shown that the act of smiling can lift your mood, lower stress, boost your immunity and possibly prolong your life — even when you are faking it. A smile spurs a chemical reaction in the brain, releasing hormones such as dopamine and serotonin. Thus, smiling can trick your brain into believing you're happy — which can then trigger real feelings of elation. This phenomenon was first noted by Charles Darwin in 1872. "The free expression by outward signs of an emotion intensifies it," he wrote.

HAPPY FACE

Because botox injections have the effect of 'freezing' facial muscles, recipients often end up being less able to frown — but this may yield unforeseen benefits. University of Cardiff researchers surveyed 25 females — half of whom had received botox injections — to gauge their emotions. The botox recipients reported feeling happier, but not more attractive. This suggests that the treatment's cosmetic nature wasn't what provided this psychological boost.

THERE ARE MORE REASONS TO SMILE.

Researchers at the University of Kansas found that smiling reduces the body's response to stress; another study linked smiling to lower blood pressure, while a third suggests that smiling leads to longevity. Also, a study from Penn State University found that people who smile appear more likeable, courteous and competent.



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 (24 hours)

Touchline by Touch Youth Services

Renders emotional support and practical advice to youth.

Tel: 1800-377 2252 (Monday to Friday; 9am to 6pm)

Tinkle Friend Helpline by Singapore Children's Society

Provides support, advice and

information to primary school children in distress, especially in situations when their parents or main caregivers are unavailable.

Tel: 1800-274 4788
(Monday to Friday; 2.30pm to 5pm)

Club HEAL

Helps persons with mental health issues to reintegrate back into the community.

Tel: 6899 3463
(Monday to Friday; 9am to 5pm)

Silver Ribbon

Supports persons with mental health issues and their families.

Tel: 6386 1928
(Monday to Friday; 9am to 5pm)

Caregivers Alliance Limited

Supports caregivers of persons with mental health issues.

Tel: 6460 4400 (main line); 6388 2686
(Caregivers Support Centre)

IMH SERVICE DIRECTORY

INSTITUTE OF MENTAL HEALTH

Buangkok Green Medical Park
10 Buangkok View
Singapore 539747
General Enquiries 6389 2000
(24-hour hotline)
Appointment Line 6389 2200
(Monday to Friday; 8am – 6pm)
Email: imh_appt@imh.com.sg

CHILD GUIDANCE CLINIC SUNRISE WING

IMH, Block 3, Basement
Monday to Thursday 8am to 5.30pm
Friday 8am to 5pm

CHILD GUIDANCE CLINIC
HEALTH PROMOTION BOARD BUILDING
3 Second Hospital Avenue #03-01
Singapore 168937

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

CLINIC B

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

SAYANG WELLNESS CENTRE CLINIC (for non-subsidised patients)

IMH, Level 2
Monday to Thursday 8am to 5.30pm
Friday 8am to 5pm

COMMUNITY WELLNESS CLINIC, QUEENSTOWN

580 Stirling Road, Level 4,
Singapore 148958
Monday, Tuesday, Thursday
8am to 5.30pm

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

COMMUNITY WELLNESS CLINIC, GEYLANG

21 Geylang East Central, Level 4
Singapore 389707
Monday, Tuesday, Thursday,
Friday 8am to 5pm
Wednesday 8am to 12.30pm

NATIONAL ADDICTIONS MANAGEMENT SERVICE (NAMS) CLINIC

IMH, Block 9 Basement
Monday to Thursday
8am to 5.30pm
Friday 8am to 5pm

FREE
Workshops
& Talks

MENTAL HEALTH FESTIVAL



8 Sep 2018

Saturday, 9.30am - 3pm
Institute of Mental Health
Buangkok Green Medical Park, 10 Buangkok View, S(539747)

Guest of Honour:
Deputy Prime Minister Tharman Shanmugaratnam

Join us at the first Mental Health Festival to celebrate IMH's 90th anniversary and the launch of the mental health anti-stigma movement!

HIGHLIGHTS

FORUM ON
BIPOLAR DISORDER AND
OBSSIVE COMPULSIVE DISORDER

CRAFT
& ACTIVITIES
BOOTHs

HEAR MY STORY!
BY MENTAL HEALTH
ADVOCATES

MINDFULNESS
SESSIONS
(FOR KIDS TOO!)



**GUIDED
TOURS**

**CAREGIVER
WORKSHOPS**

**FREE POPCORN
AND KACANG PUTEH**



Visit www.imh.com.sg for more info or register for the sessions.
Please contact si_jia_ng@imh.com.sg for more details.

Organiser



Partners

