SPEAKING YOUR MIND

personal stories about mental health

Speaking Your Mind

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FOREWORD

Good mental health is essential to our overall health and wellbeing. While mental health issues are real and ever-present, some are afraid to voice out for fear of stigmatisation.

I commend the efforts of the youths from the National University of Singapore behind the "Speaking Your Mind" initiative, for taking action to help raise awareness of mental health issues, and being a part of the larger collective efforts to destigmatise and socialise mental health issues among the larger public.

In reading the 17 personal stories reflected within this book, I hope that readers will be able to identify and resonate with the life stories of people who have either personally been through or assisted those with mental illnesses.

I also commend the immense courage of the individuals who were interviewed in this book, for stepping forward to share their struggles and personal battles. Several of the stories show their resilience when faced with tough times and highlight the importance of the support network around us.

Over the years, we have certainly come a long way in helping to raise awareness for mental health issues and build an ecosystem of support to help with the detection and early prevention of mental health issues. Together, we can build a more inclusive Singapore.

Melvin Yong
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PREFACE

Mental health has never been an easy topic to talk about.

Widely regarded as a taboo in the past, many struggled to talk about their emotional difficulties, let alone convincing others of this inner turmoil that they could not quite comprehend.

Thankfully, awareness on mental health has gained much traction today. It is, however, no secret that the topic of mental health is still misunderstood, and very much remains a sensitive one. It is in this regard that Speaking Your Mind hopes to change, through personal anecdotes on experiences, challenges, and opinions about mental health.

Speaking Your Mind is an inter-professional project inspired by students from different faculties of the National University of Singapore (NUS). It was initiated not just to raise awareness, but more importantly, to correct and challenge the status quo of society's perception on mental health.

Beyond that, we hope that these intimate accounts, bravely shared by our interviewees, would spark something within you.

For those who are in similar situations, we hope they will be a source of comfort and solace. For those whose professions involve mental health, we hope they will help you reaffirm the purpose of being mental health advocates. For the rest, we hope that you will perceive mental health in a different light – how real and debilitating it is – and in very trite terms, to step in their shoes.

We would also like to take this opportunity to thank the invaluable contributions from our interviewees, without which this endeavour would have never been possible. Apart from their time, they have also given up their right to privacy – the right to keep their past to themselves. As interviewers, we ourselves have learnt so much from them, and we believe you can glean as much, if not more, from their inspiring stories.

It is in our utmost hope that this book will extend beyond mere inspiration, as inspiration without conviction will only lead to inaction. We hope that these stories will convict your hearts and eventually help you to take that bold leap of faith to support the mentally ill.

The Editorial and Writing Team

Photo by Myles Tan on Unsplash

ONE: STIGMA.

Stigma is defined by the World Health Organisation as '**a mark of shame, disgrace or disapproval that results in an individual being rejected, discriminated against and excluded from participating in a number of different areas of society**'.

Social stigma towards mental illness is still prevalent in our society. The rates of those seeking-help at institutions offering mental health services is relatively low in contrast to studies that show high stress level among Singaporeans. While public's perception of the mentally ill has improved tremendously over the years, stigma may still exist in subtler ways. Examples include avoidance of the topic, receiving social labels and low self-esteem.

When one is put in a social environment where they do not feel safe to voice out their emotional difficulties, they may suffer beyond their own health conditions. Perhaps, we can build a society where people feel comfortable enough to openly talk about their own mental health conditions. Should people become mentally ill, they may be surrounded by friend, family and co-workers who encourage them for a speedy recovery. We can be a supportive community and be on the look out for one another when our friends or family is showing symptoms of mental illness.

With many social influences acting upon our beliefs on mental health, it is clear that no single approach is sufficient to tackle the stigma against mental health issues. Advocates, healthcare professionals, caregivers and individuals with lived experiences are coming together to fight the battle against mental health stigma.

FINDING HERSELF AGAIN: A JOURNEY OF RECOVERY

Teo Hui Xin Clara & Nathanael Glen Lee Yao Rong

Photo courtesy of Ms Valerie

FOR many years, Valerie found great difficulty in leaving her house; she suffered from low self-esteem and withdrew from her family, friends and social activities. She lived a solitary life of anxiety, paranoia, and suspicion. Valerie lacked confidence and would avoid eye contact with other people. She also had difficulty forming sentences as her mind would fog up upon attempting to do so. These made interacting and conversing with other people difficult and therefore rare. There were episodes where Valerie didn't even dare to leave her room for the toilet.

Today, Valerie, in a cheery disposition, will tell you that she cherishes every moment of her life with a bright smile on her face. From having downcast eyes to speaking in front of large audiences, it has been an incredible journey for her.

Valerie is currently an Executive cum Peer Support Specialist (PSS) at the Department of Community, Education and Engagement at the Singapore Association for Mental Health (SAMH). She reaches out to persons with mental health issues and the larger community by sharing her experiences to educate, inspire and instil hope in others who might be having mental health challenges. She has given talks at companies, schools, community centres and has been featured in various media publications. She likes to see herself as the bridge between the specialists (e.g. doctors, psychiatrists) and persons with mental illnesses. Having tasted recovery herself, she aims to help persons-in-recovery achieve their goals and live life to the fullest.

Self-stigma

Reflecting upon her recovery journey, Valerie revealed that self-stigma has been the biggest obstacle she had to overcome before she could fully engage in life. Valerie was preoccupied with thoughts of negative judgment from others, which caused her to constantly fear and worry. She did not want others to look at her differently. This was despite having very supportive family members and neighbours who never failed to include her in social gatherings and check on her well-being. Trapped in her own self-stigma, Val-

-erie remained closed off and developed a limiting belief that she could not function normally.

Fortunately, she managed to turn the corner after her mother's words hit home. Yet the journey up till then was anything but smooth sailing.

Her mother's love

Admitting to being a rather strong-headed and rebellious youth when she was younger, Valerie and her mother used to be "buay gam" (Hokkien term for being unable to get along) with each other. Conflicts between them were common and there were even occasions where Valerie would slam the door and leave the house when her mother said something she didn't like. Despite the strong tension between them, Valerie's mother continued to stay present for her daughter.

Ironically, it was Valerie's mother's words, which previously fell on deaf ears, that really hit home and precipitated her transformation. Her mother simply revealed the truth that nobody could help her apart from herself, and the shock upon reflecting on her mother's words propelled her towards change. The only person who could occupy the driving seat of her own life and steer it towards a better future was herself. The self-defeating status quo was to persist unless she took to the wheels.

Back into the driving seat

After desiring change and admitting that it could only come from within, Valerie took the plunge and started to open up to new possibilities of living. A self-declared pessimist, this was by no means an easy decision. However, with her mother by her side, Valerie opened up and started to make positive changes for herself. She went ahead to participate in activities she used to shy away from.

With this change in attitude, Valerie started to build up self-esteem and regain her soft skills overtime. She made friends while she was undergoing rehabilitation, picked up new hobbies such as pottery, and also learnt more about her condition to better understand and manage it. Even until today, Valerie is amazed at what a change in mindset can offer; she is now a firm believer in

the importance of proactivity to achieve results and the need for courage in taking the first step.

Not long after deciding to exit the trappings of self-stigma, Valerie created a video on her journey and posted it on Facebook. In the lead up to the video's completion, she had nightmares about posting it online, as she feared that the attention might overwhelm her. Yet, her expectations did not coincide with the eventual reality at all. The outpour of support and encouragement she received upon clicking 'post' was unforgettable. Gradually, after sharing for the third or fourth time on social media, her initial fears and anxiety started to subside.

Valerie is now able to think more optimistically, present herself better, and has also learnt to be more accommodating towards others. She cited her mother's unwavering love, rehabilitation and medication, encouragement from relatives and friends, and physical exercise as the main forces that helped her find her feet again.

In stark contrast to her rebellious past, one of Valerie's everyday goals is to keep physically and mentally fit so that she can be a filial daughter and take care of her mother as she ages. Mother and daughter are now best friends. They go for meals and evening walks together and text each other about everything.

"

This is why Valerie calls her condition a "blessing in disguise": In working through her mental health condition, she has been able to rebuild the relationship she now shares with her mother.

Empowering others through her work

At work, Valerie hopes to empower individuals who might be experiencing mental health challenges to open up and be receptive to the resources and support from the community. With pride in her voice, she talks about how one of her sharing sessions inspired an audience member, who was a person-in-recovery, to pluck up the courage to attend a job interview she had been wanting to go for but was afraid to, due to similar limiting thoughts about her capabilities. Sometimes, the impact of her outreach can also take an indirect route. One of her school sharing sessions led to a student taking the initiative to seek out a counsellor for his mother who had been displaying symptoms of schizophrenia. It is through such heart-warming stories that Valerie finds meaning in her work. In her own words, "You really never know how your words might impact others, till it does."

Hopes for the future

Always striving to contribute more to the mental health sector, Valerie hopes for a more compassionate society where people show each other more care and concern. She says that although Singaporeans might be a little conservative in their nature, and less willing to discuss mental health issues as compared to Western societies, there are measures that can be taken to detach stigma from mental illness. Valerie thinks that one way is to incorporate mental health education into the school curriculum to teach skills such as self-expression, stress management, and how to seek help. These invaluable skills can help build up a population of well-adapted and psychologically healthy citizens. Being introduced to mental health from early on can also help to normalize and de-stigmatise mental illness.

On top of mental health education, Valerie also thinks that work places can strive to be more inclusive. Education is key to dispelling misconceptions and reinforce the the idea that an individual with mental health challenges remain a valuable human resource which companies can tap on. Currently, workplace disclosure of mental illness remains a contentious issue, and this is largely to do with the stigma attached to mental illness.

One possible solution is for companies and organisations to be provided with individualised care plans for employees with mental health challenges so that colleagues and employers will be prepared in the case of an incident. This also allays any anxieties of working with someone with a mental health condition. Nonetheless, with the recent spotlights on the issue of mental health, Valerie thinks that Singapore is heading in the right direction and is thankful for living in a society that strives to be ever more inclusive.

" Being introduced to mental health from early on can also help to normalize and de-stigmatise mental illness.

Valerie is reassured by the change in social climate. Back in the days, there were no mental health campaigns, much less Peer Support Specialists, and research on mental health issues was not as established. In this new milieu, Valerie thinks that it is probably less daunting to acknowledge personal challenges and seek help as compared to before. She wants to play an active role in getting the conversation going as she believes in the power of conversation to open up minds. Grateful for the life she now leads and never forgetting her journey, she counsels that "how we look at ourselves is more important that how other people looks at us".

Writers' reflections

When we spoke with Valerie, it was hard to reconcile the person in front of us to the self she described during the height of her battle with schizophrenia. She depicts her past self as withdrawn and unable to make eye contact with others. Yet the Valerie who is sitting across from us is warm, cheerful, and full of enthusiasm about sharing her story of hope and recovery. If we had met Valerie in the past, would we have been able to imagine that she could become the passionate individual she is now?

Valerie attributes her recovery, in large part, to the people around her: friends, neighbours, and most of all, her mother who offered unwavering and unconditional support. Listening to her story, we were reminded that what individuals-in-recovery need is support and affirmation from the people around them. Too often we equate the individual with the symptoms of mental illness he or she displays. Remembering that they are not defined by their illness and believing that they have their own potential and talents, just like Valerie, could really make a difference to a person-in-recovery.

In Valerie's journey, her main obstacle to overcome was self-stigmatisation. She had internalised the idea that her condition was shameful, which resulted in her avoiding others and delaying her seeking of help. It is unfortunate that as a society, we tend to view mental illness as a sign of weakness – a personal shortcoming and lack of resilience or fortitude to overcome life's stressors. It is even more unfortunate when this message is internalised by a person struggling with a mental health condition. How many are not receiving treatment, because they do not see themselves as worthy of help? Valerie's story demonstrates how important the words we use on ourselves can be.

At the turning point of her journey with schizophrenia, her self-perception turned from a portrait of worthlessness to a narrative of self-love and personal growth. Breaking out of her instinctual pattern of negative thoughts to develop a positive mindset was indeed "a learning process" for her.

Towards the end of our conversation with Valerie, we asked about how we, as members of society, can help those in recovery. Her advice was, simply, to talk about mental health and share our stories with others. Mulling over this, we realized how this can be at once both simple and difficult to do. The act of talking is a common, everyday thing. Yet talking about mental health specifically evokes a certain feeling of hesitation and uncertainty – a feeling that perhaps stems from a fear of not knowing how the other party might react.

All the more reason why we should be talking about mental health, for not bringing up mental health in conversation relegates the topic to an unspoken realm of mystery and taboo. For Valerie, sharing her story with others has served as an act of standing up for herself and encourages others to do the same. Sharing can be a simple yet profound act of empowerment for both the speaker and listener. It is a process that humanizes the speaker, normalizes the conversation on mental health, and inspires empathy, courage, and acceptance in those who tell and retell the story.

FROM CARETAKER TO CAREGIVER SUPPORT SPECIALIST: THE STRUGGLES OF A CARETAKER

Seah Ming Hui, Joella & Yap Joon Kiat Mitchell

Photo courtesy of Ms Mary Yip

IT is a well-documented fact that individuals who have mental health conditions suffer from social stigma and constantly face persisting discrimination[1]. Yet, it is still a lesser known fact that the caregivers of these individuals are subjected to a fate no better as well[2]. Unfortunately, the lack of continuous efforts throughout the years to reduce this kind of stigma in the traditionally conservative Singaporean context further perpetuates this situation. We reached out to Mary Yip, a caregiver of her brother with schizophrenia, and a fulltime employee of Caregivers Alliance Limited (CAL) to find out more about the situation of local caregivers, and how she copes with her role conducting training programmes for caregivers.

Caregivers Alliance Limited (CAL) is a professional non-profit organisation dedicated to meet the needs of caregivers of those with mental health issues - through education, support networks, crisis support, tailored services, and self-care enablement[3]. Currently, Mary conducts 5 of CAL's Caregivers-to-Caregivers Training Programme (C2C) classes for caregivers at Tower C

of Ng Teng Fong Hospital (NTFH) with the logistical support and venue provided by the hospital. What seemed like a hopeless start with an initial number of a mere 20 C2C attendees in 2012 gradually grew to an overwhelming 1000 participants at C2C classes each year. Coming from a Chinese-educated family herself, Mary feels that the English-educated are more likely to come forward and seek help in order to cope with their loved ones' condition. This prompted her to start teaching caregiving classes in Mandarin, in order to encourage the conservative Chinese community to open up about issues they face as caregivers.

Although Mary has been working in CAL for just over a year, her interaction with patients with mental health issues goes way back. Her brother was admitted into the Institute of Mental Health (IMH) in 2011 as a schizophrenia patient. Due to this, she took a caregiver training course conducted by CAL to better cope with her brother's condition. Back then, the course was conducted in IMH - which naturally sparked a consciousness of other people's judgement if she was seen en-

-tering the facility. However, she persisted in the training in spite of her fears, on top of her full-time job in the finance industry.

During the final week of her course, Mary's instructor, ex-Executive Director of CAL Dr. Sally Thio, asked her class for volunteers to join CAL. They were looking for Chinese speakers who could assist Mandarin-speaking Singaporeans in particular. Mary was initially hesitant about this idea as she did not have the best command of Mandarin at the time and thought long and hard about it. As a devout Buddhist, she prayed over the decision. In the end, she decided to join CAL as a volunteer in 2012 with only one other person in her class joining her. She started her volunteering stint by discussing certain subjects with the class, helping in any way she could. She found tremendous joy working with CAL electing to work as a part-timer, then eventually as a full-time employee, leaving her old job in the process.

Her classes are extremely different from the typical classroom setting. She actively minimizes the gap between herself and her students, often joking to the tension "because people switch off otherwise". She comes off as relatable to the other caregivers, who are similarly empowered by her personal story. "I know how they feel because I was just like them!" She exclaims. Given her background and what she chose to do, the emphatic truth to her statement resonated with us.

Mary says that just like their loved ones, caregivers face their own set of problems and challenges as well. They might get stressed out and worried about their loved ones so much so that they forget to take care of their own well-being. She fondly recalled a young couple, whom she advised to "go out and hold hands and walk around together" after she realised that they had been neglecting themselves, worried sick for their child. The couple subsequently admitted that they had not done such an activity for over a year and probably would have felt quite rejuvenated spending that small pocket of time away from their loved one. Such neglected needs must be regularly addressed. Mary is a huge proponent of self-care, ensuring that their loved ones do not completely dominate the caregiver's life. As she puts it, "Who will take care of your (the caregiver's) loved one if you leave?"

" *Just like their loved ones, caregivers face their own set of problems and challenges as well. They might get stressed out and worried about their loved ones so much that they forget to take care of their own well-being.*

Caregivers often also fear the judgement of others as they are taking care of someone with mental health issues. Association can lead to a whole range of emotional responses, from sympathy to derision and even pity. These associations only intensify when the relatively backward and "traditional" views on mental health are still unfortunately deeply rooted in certain people's mindset, in particular, the older Chinese-speaking generation. The old notion is that depression is merely "feeling sad" and will go away by itself and that mental illness is a form of "weakness." An example she mentioned was how local Chinese newspapers showed a tendency to report tragic suicides with eye-catching and unsettling headlines which may trigger or traumatize readers, instead of narrating the story from an empathetic viewpoint. As such, individuals with mental health issues are less likely to seek help, and caregivers are also more ashamed of their loved one's current situation. Getting volunteers to help with teaching other caretakers would be nigh on impossible.

Fortunately, Mary has mentioned that discrimination against people with mental health issues has improved significantly over the past 7 years.

the past 7 years. While talking to her, we learnt about some of the media efforts to get to know persons with mental health issues better. She talked about a digital network station that was looking to interview her and a few others about mental health issues. She also showed us an article from the President's Challenge which was looking to focus on the needs of people with mental health issues[4]. Of course, more work can always be done in this regard, as several mainstream shows seek to downplay these mental health issues or even glorify them, like 13 Reasons Why and Split. However, the shift towards raising awareness about mental health has not gone unnoticed, even if progress is not always significant.

Another area where discrimination against people with mental health issues can be improved is how the public sector handles cases regarding these individuals. The reality is that most policemen are untrained to handle situations regarding people with mental health issues. The standard protocol might work for most people, but significantly more tact needs to be employed while handling persons with mental health issues. The consequences of not doing so could be potentially scarring. Of the many improvements that Singapore has made over the last seven years, civil service management of persons with mental issues has not caught up to the reality of persons with mental issues living as normal lives as we do.

A memorable quote sums up how an advancing society should deal with mental health issues: "Hate the illness, Love the man." Separating the mental health condition from the individual is the critical step everyone should take to actively reduce the stigma. Mental health conditions do not define the person - it is simply a chemical imbalance in the brain which such individuals live with.

All in all, Mary brings up some interesting perspectives on social discrimination - how it not only affects the ones with mental health issues but also the people who care for them as well.

Writers' reflections

In the process of making this article, we learnt several key ideas, both while talking to Mary and while writing. Prior to starting on the project, both of us thought we would have engaged with individuals on mental illness.

Even if individuals with mental illness were not the subject whom we interviewed, they are often the main topic of discussion in numerous campaigns and discussions that we had been exposed to. Through our interview with Mary, we gained a better understanding of the perspectives from the point of view as a caregiver and how caregiving has its own ups and downs. Many a time, these caregivers also need as much support and encouragement as mental health patients, especially when it comes to beating the social stigma on mental health. Patients may be the ones afflicted with the disease, but everyone around them is affected. We hope that through platforms like these, other healthcare professionals can understand the importance of sufficient caregiver support in such situations.

Fitting in with the project's title and purpose, while it is crucial to voice out and start the conversation on mental health, diction plays a paramount role in enabling the conversation to be tactful and sensitive. Through writing, the phrasing was something that we took note of as we tried to ensure that our words would not convey the wrong message. Common turns of phrases that are casually thrown around relating to mental health may seem innocuous but do hurt both mental health patients and their caregivers. With the media's sensational depiction of mental health issues, it is necessary now more than ever to highlight such mistakes in the portrayal of mental health conditions and the choice of words being used.

Finally, Mary left us with a good reminder during the interview to 'hate the illness, love the man'. It is important for us as healthcare professionals to separate the condition from the person in order to overcome the stereotypes surrounding mental health patients. Patients may not always be the most cooperative, and virtues like patience and persistence are paramount in caring for them. We should look past the illness of patients to see that every one of us is the same on the inside, that we all possess the same potential to achieve our goals.

Notes

1. Discrimination can be found in multiple areas, ranging from social rejection, to economic discrimination in the local context. For more information, Sharac et. al. (2010) provides a general overview. The National Council of Social Services (NCSS) has also analysed the local population to better understand the quality of life concerns of individuals with mental health issues (NCSS 2017).

2. A 2014 study by NCSS found that nearly half of caregivers of persons with disabilities experienced poor mental health. Four in 10 reported being psychologically distressed, with six in 10 feeling burdened by caregiving (Lim & Lee, 2019).

3. Taken from the Vision and Mission of the website of Caregivers Alliance Limited (Caregivers Alliance Limited, 2019).

4. The article discusses the 2019 President's Challenge and can be found in The Straits Times. (Wong, 2018)

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LETTERS TO NIC

Choo Chia Lynn & Nicholas Quek

Photo courtesy of Mr Nicholas Patrick

Nicholas is the founder of Ekho Academy, a platform to empower people to improve their mental wellbeing.

This series of letters chronicles Nicholas' journey as a person in recovery from depression, his takeaways, and his hopes for the future.

Letter #1
25/08/2007

Dear Nic,

I don't know if post-puberty was supposed to be like this.

You know how your emotions go crazy during puberty? Maybe now it's the calm after the storm - where your emotions settle and there are standstill moments. Too still.

I guess it's normal. I guess it's just people learning to deal with emotions.

But there are days when I wonder if it's okay to feel nothing. It's like a void, except you don't even know it's there because you can't think about it.

Everyone I have talked to about this gives the same answer: give it time; you're stronger than this; things will get better. And the solution? Find ways to be happy.

Maybe you could offer me something else.

Best regards,
N

Letter #2
17/03/2008

Dear Nic,

I finally figured it out.

She said it just before we broke up.

Initially I thought she just wanted to push the blame of our rocky relationship to me - but this

relationship was not the only one that was volatile. People take it as an insult when you don't feel anything. Because it means you don't care.

I recently went to the doctor in OCS. No, I wasn't trying to keng. Everyone thought so.

I just want some answers:
Why do my days become weeks? Why can't I find ways to be happy? Why do I not even feel sad? Is this normal? What do I do now?

I thought the doctor could help. I came bearing these questions but he asked me two instead: Are you suicidal? Do you have any intention to hurt others?

To which I answered no. He then proceeded to confess that he doesn't know how to deal with what I'm experiencing. What more me?

I guess I'm screwed. Screwed with depression.

Regards,
N

Letter #3
09/11/2011

Nic,

We've heard too many analogies and metaphors of life. Roller coaster rides; ups and downs; closed and open doors; games.

But for me, I'm walking in perpetual darkness - in an abyss I fell into five years ago.
There isn't even an opportunity for me to feel sad. Sadness isn't darkness. Sadness is trying to climb up a difficult wall alone. But when you get to the top, you realise you're not alone, because the people you care about are up there with you.

But this? This is not sadness.
If you can't feel sad, how can you ever feel happy?

So what's the point of living if I'm already buried?

Bye.

Letter #4
09/11/2017

Dear Nic,

It's been 6 years since that day.

If it weren't for that WhatsApp message, I would have never seen that email: "Tips on Managing Depression". Some might have their skepticism, but it saved my life. For those five years before that message, I never had a real solution, an avenue to solve my problems, a hope that things could really be better.

My counselling sessions in uni were short-lived but much needed. It was a stepping stone for me to seek a psychiatrist who could provide a medical solution.

And I really lucked out. My recovery could have been a lot worse.

Talking things out is always a crucial first step. Back then, there were no words. Together, we got to the root of the problem and fixed it over the course of my therapy. There were medications whenever I needed them too. I'm glad he didn't throw in the meds at the start, hoping to plaster a wound, and praying that it doesn't come back like it's the flu. He knew which parts had to be broken down and how to build them up. (Unfortunately, not everyone had my blessing.)

I'm confident in saying that I overcame depression.

I have reached the stage where I am able to get back up immediately and not stay at that low point. I know how to deal with my emotions and thoughts, and I won't think of ending my life when I'm at a low. During the process, I did feel affected by other people with depression. It's like addiction - it draws me back down every time I hear their experiences. But I'm a lot more resilient now.

How did I build that resilience?

1. Never recover on someone else's timetable

I struggled with finding a safe timeline to recover on my own terms. I had to tailor my own expectations of myself and be cognisant of my time. Even if it meant taking time off school, and having to face questions like "why are you not better after so long?". You'll come to realise that there's always going to be someone else's reference of time and expectation to meet. But who will deal with the consequences if I fall back?

2. Understand that environment plays a part

Following my previous point, I knew I had to find ways to drown out all those voices that impeded me from my recovery. People might have that misconception that depression is all in your head (think of smiling faces in a war-torn country, and very little could seem worse, right?) Like it or not, the people around you and environment you are in will affect you some way or another. I've had so many theories thrown at me on how to go about doing things but they did not always help. So I needed the right environment to be secure enough with myself to feel vulnerable again; to break myself down and rebuild myself without being affected or worried by what other people thought. This by no means equates to social isolation, don't get me wrong. Everyone has different ways of doing things - and for me, being abroad for a while allowed me to understand myself better.

3. Be consistent

At some point, you're bound to break and fall back to that low point. You have to be consistent enough to do the absolute least. It's like exercising after a major injury - push-ups for example. You have to be more forgiving of yourself to start at 1 again and work back up to 100. That means being comfortable with starting at 0. The twist here is that you can drop back to 0 at any time; you will have to start from scratch and work your way up again. It requires mental strength to be where you're at BUT that's where the support network plays a big role, because there are bad days, and people can - and will - keep slipping. In your mind, one thing can trigger an avalanche of thoughts. Find someone who can simplify and reframe your thoughts realistically, because like exercise, no progress is wasted during recovery.

Of the many things I've learnt, one thing always in the back of my mind is that your progress is accelerated when you have people around cheerleading you. We can shut people off completely when we think they don't understand and forget it's a two-way street. It's hard to expect anyone to completely understand what you're going through, especially if they have never experienced it.

But that doesn't mean they don't empathise. People empathise not with what you're going through, but with your ability to be vulnerable with and to them. So if there's one advice I have to give, it would be to help people understand your vulnerability first, and once they do, help them understand your mental illness.

Cheers,
N

> **"**
> *So if there's one advice I have to give, it would be to help people understand your vulnerability first, and once they do, help them understand your mental illness.*

Letter #5
13/01/2019

Dear Nic,

I've had a good two years sharing my experiences, and paying it forward.

My previous letter gave me an epiphany that people who are going through any form of mental illness, are by definition not in a place where they

are looking for advice. Every form of advice (to help improve themselves) can be seen as an attack on their inability to do it. So out of my naive desire to help others, I wanted to help people figure out what they were going through. They are more comfortable hearing from someone who has been through similar experiences, which would then give them hope.

From this idea came Ekho Academy. It started as a platform containing mini courses on what helped me go through specific periods. I wanted to be objective, perhaps with a tinge of subjectivity from my experiences. But people were more interested in my story. I don't want my story to give people an excuse to fail. 12 years for me shouldn't be 12 years for someone else. Stories can inspire but they can make people less proactive. I'm in the midst of figuring out what to do with Ekho now, but I find solace in knowing there are many organisations and initiatives out there doing amazing things.

Our society is motivated to addressing mental health issues, but we face a number of difficulties in doing so. We should be innovating faster than we are as the world is changing rapidly - the psychology of dealing with mental illnesses also changes with time. With that being said, I don't see myself playing a big part in the "conversation" anymore. It's time for me to move forward to focus on who I want to be, and for more people to have their opportunity to speak, and contribute to the collective of all our stories.

Beyond the Label was a good starting point. The 'stigma' that we feel is actually a minority in our society. The main problem is the inability to have a conversation where both parties are comfortable talking about it - not because people don't want to, but people grow up in a society where people are cautious of what they say and the consequences of doing so. I hope it will be a good lesson for us all to learn to **speak less and listen more.**

Before I move on to the next part of my journey, remember that life is never as good or as bad as you make it out to be. Everything shapes you. And I'm proud of the person you grew to be.

Always,

Nicholas

> " *The main problem is the inability to have a conversation where both parties are comfortable talking about it - not because people don't want to, but people grow up in a society where people are cautious of what they say and the consequences of doing so.*

Writers' reflections

Chia Lynn: Conducting an interview at Starbucks was the most stressful thing I had been looking forward to at the start of 2019. Depression is something I've heard a lot about, but couldn't fully understand. There are many occasions where I felt scared to broach this subject to people who were a lot more familiar with it. There is a fear that what I say would come off as insensitive or hurtful. At the same time, I didn't want to treat them differently just because they've been diagnosed with depression.

I was quite nervous yet excited to speak to Nicholas, because I could finally ask the questions I've always been too afraid to ask. Fortunately, Nicholas was really forthcoming and open in voicing his thoughts. He even encouraged us to ask questions when we were hesitant, and spoke to us like we were friends - which made the interview feel more like a heartwarming conversation instead.

Nicholas' eagerness to encourage conversations about mental health across various platforms is truly inspiring. One experience he shared that stuck with me was his first encounter with a healthcare professional. It reminded us of the cruciality of having empathy as future healthcare professionals. Instead of viewing psychiatric

diagnoses as something mythical, it is vital for us to try to understand it more holistically, instead of simply focusing on the science behind them or even disregarding them. This is something that I will carry with me - to listen to my patients, and understand their stories and who they are.

By putting ourselves in Nicholas' shoes, we could reflect upon his experiences on a deeper, more personal level. As you interact with and meet new people, we hope you'll remember Nicholas' story and what it imparts. These letters, though addressed to Nic, were written for you, our dear reader.

Nicholas: This interview with Nicholas was a profound learning experience for me. Facing someone with the courage to share his story was soul-stirring. There were sincere thoughts on how mental health could be better understood. He casted lights on aspects of his recovery, and on how he made sense of it over time.

As I could identify with his experiences, one issue I faced halfway was countertransference. Some parts of his story resonated with my own, and I had to take time to unpack them without affecting the interview. Maintaining objectivity in the face of emotion can be difficult, but it is doable. His willingness to be vulnerable helped us spend a moment in his (proverbial) shoes, and we got to understand his perspectives a little more.

Finally, I hope to live life inspired, and face its challenges with the courage, tenacity and optimism that I see in Nicholas. I wish him well for his future plans; hopefully all will be smooth. Most of all, I wish that the small but meaningful lessons we learnt from his story will stay with us, and touch the lives of those who read it.

A SOLITARY BATTLE

Abel Tan & Jessy Yong

Photo courtesy of Ms Jenny Teo

"THERE'S more than one way to skin a cat". This idiom came to mind as Jenny related how she overcame her depression and got back on her feet with the assistance of Words with Friends, a mobile game. As a student nurse, the concept of playing mobile games had certainly never appeared in my textbooks as a method of overcoming depression.

An unassuming lady with a slight frame, Jenny somehow exudes an air of independence and strength. However, this strength did not come easy and was gained from facing terrible hardship, struggle and pain. After dealing with her own depression and divorce, she had to care for her son who had slipped into depression as well. He eventually took his own life.

" *For grief and mourning, you can cry when you miss the person, you can break down, but after that you get out of it. For depression, sometimes, what you see is that depressive state you're in, you just see it go on forever. You don't see yourself getting out of it.*

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It was this state that she found herself trapped in.

Jenny began to seclude herself, withdrawing from friends and relatives who did not seem to understand her struggle and pain. When she told them about how she felt, they would tell her things that only made her feel worse. So, she stayed at home. For a period of time, Jenny describes herself waking up, having her mind wander and before she knew it, hours had passed. She was alone – just her, her troubles and Words with Friends. Her only diversion. Her only companion.

However, as she played the game, she talked to other players.

"...when you chat with these people and they start to say a lot of positive things to you, it somehow boosts your self-esteem. And slowly, slowly, as I went along, my self-esteem began to increase and as my self-esteem increased, my confidence came back. And when my confidence came back, I said ok, I'll go outside and mix around. I want to go out. I want to dress up. I want to bathe."

As she tells this to us, I see her eyes light up. A strength and independence radiate from her again. This unique strength can only come from one who has been on both sides – a caregiver for someone with depression and a sufferer of depression herself.

This strength also comes from a commitment and promise Jenny made to herself. When we sought her help for this project earlier, she had told us: "I don't want my son's death to be in vain". This could also be why she chooses to spend time volunteering at Caregivers Alliance. Her time volunteering there reminds her that many others are facing similar situations to that of her and her son. And that through her own experience, she might be able to help them avoid going through what she did. Jenny sincerely wishes that some good will come from her arduous journey.

Reflecting on the loss of her son, Jenny reveals her thoughts on the management of mental health in the medical system. She first explains her concern regarding diagnosis and treatment.

"The prognosis comes from what you tell the doctor. You can tell the doctor some untruths, which is what my son did. You tell the doctor what the doctor wants to hear, and he will discharge you."

She also witnessed her son cycle through from one antidepressant to another. This seemingly unending trial and error, and the uncertainty of a person's prospects of recovery, is one unfortunate aspect she realised about mental health treatment.

Jenny further describes her son's stay in a local mental health hospital. He had participated in group therapy sessions where everyone was encouraged to share something about themselves, and received one-to-one treatment with a psychotherapist. But it was unlikely that these methods of treatment would have been conducive for him; the counseling sessions were infrequent, and at home, he heavily isolated himself, only interacting with his computer.

"He was in depression, he literally was so into himself, there was no way I could even talk to him. It was just "Have you eaten? Do you want to eat this?". That was it. I couldn't get into his feelings, his emotions, his mind, I couldn't. He was just shut off from me."

Jenny was afraid that he would do something to hurt himself. She slept in his room and watched over him for an entire month. Yet, communication remained difficult. He was in a place where he could not share his thoughts with ease.

But it isn't just the management of mental health in the medical system, Jenny also worries about the young and the internet savvy in our society; how their online worlds can be a scarily influential medium for depressed individuals. She spoke specifically of the songs they listen to; what is considered entertainment, could actually do harm.

It may appear absurd to find fault with listening to music because it is often where one finds solace in times of sadness. But songs can contain lyrics which deceptively dress up the notion of death and self-harm, obscuring them in beautiful and romantic melodies. This can be destructive to the psyches of depressed youth. For Jenny, she found such a song attached to her son's social media profile. He had probably listened to it over and over again. But to her this was a song that "normalizes suicide".

"Anything can influence them. Songs can influence them. For my son, since the singer is singing about it, it is normal to do it. That is the danger of (this kind of) pop culture."

But Jenny also understands the benefits of the internet and pop culture. Its dangers and potential pitfalls aside, the internet has provided both convenience and accessibility. Jenny emphasizes that it is a double-edged sword; on one hand, positive havens like Words with Friends can exist, but on the flipside, access to potentially dangerous information is also poorly regulated. "You can search all of this on the phone, (and) everybody has a phone", Jenny says regarding the ease to search for methods of suicide.

Jenny strongly believes that certain online content should be regulated and that information on methods of suicide should undoubtedly be one of them. She added with further conviction: "If not for this, I believe my son may still be alive".

"
If not for this, I believe my son may still be alive.

Writers' reflections

Abel: What struck me the most in Jenny's story was the amount of self-reliance and independence involved in her struggle. From the very beginning, Jenny did not have many people she could rely on to support her and those who supported her may not have had a good understanding of mental health conditions.

Unfortunate as it is, I have to admit that suffering with a mental health condition seems to be a very lonesome struggle; where a lot of the progress may have to come from within the individual struggling with the condition. I feel it is therefore all the more important that people around them are sensitive to their struggles. Even if one does not fully understand the individual's symptoms or pain, people can act as companions, offer a listening ear or give encouragement whenever they can.

As a nursing student, I've been lucky enough to have opportunities to get to know people living with mental health conditions and learn more about such conditions. However, I think that there is a need for greater understanding of mental health conditions among the general public. And I feel that opportunities such as these should be given to more people as it would facilitate a more caring and empathetic society. I hope that in reading the stories compiled in this book, people will gain a better understanding of mental health. Also, if you are living with mental health conditions right now, I hope that you understand that although your fight is at times lonesome, there are many others who are fighting similar battles, and many who have managed to overcome the challenges. It doesn't matter how long you take to get there, as long as you make it.

Jessy: The interview with Jenny was not what I had expected. Yes, I expected grief and heartbreak, but I did not expect this degree of reflectiveness. There was no time wasted; in that one-hour interview session, I listened to her opinions on the industry of mental health, social media, romantic relationships, and how she fought to protect her son no matter how fatigued she was.

She did not question why her son chose that path because she had already made the effort to get to know her son, to talk to her son's friends, and sought out those answers on her own. If these actions showed me anything, it was the love for her son, a sense of relentlessness in trying to learn more about him, and a way for herself to gain closure. She also did not spend her time telling us about her sadness, and instead had so many ideas on what could have been done to save a person. These words tell me that there is more to the grief that she experienced - there was anger, frustration

and a heartache that could last forever - and these emotions are sometimes inevitable when you lose someone you love to suicide.

Even after listening to Jenny's story, you may still feel slightly detached from the topic of mental health and suicide. But this story does not have to be an immediate understanding on what an experience of a caregiver or a person with a mental health condition is like. It can be a simple reminder to be kind, because everyone you meet is fighting a hard battle. Even the most resilient person you know may need this kindness someday, and that includes yourself. Sometimes all this may be easier said than done, but it can take one person, anyone really, to show you that everything is going to be okay. And if volunteering and advocating mental health seems too big of a project for you at this moment - remember the words from online strangers that gave Jenny confidence - you can learn to give it too.

STIGMA: THE SILENT TORMENTOR

Celeste Yim & Yap Jia Min

Photo courtesy of Ms Karen

"Their mental health condition does not define them, it is who they really are, not what others say about them that matters."
- Karen Lung (Ms), Deputy Head of SAMH Oasis Day Centre

Ms Karen Lung, the deputy head of the Singapore Association for Mental Health (SAMH) Oasis Day Centre, has a strong passion to help individuals with mental health issues. She works with clients of different mental health issues with the goal of nurturing their sense of self and restoring their functions in daily life.

A CENTURY ago, talking about mental health issues was deemed taboo. Societies today have gradually opened up in discussing these issues. Nonetheless, human beings are mostly comforted by the certain and the tangible; issues of the mind are often shunned, tucked away, or even feared. Individuals with mental health conditions may not reach out for much needed support because of the air of discomfort that lingers. Therefore, we still have a long way to go before societies become truly accepting of individuals with mental health issues.

Mental stigma today

Our society does not provide the most accommodating environment for people with mental health issues. Take for example, how colleges and workplaces frequently mandate applicants to declare any mental health conditions. Those who declare any mental health issues have slimmer chances of getting shortlisted. Even if these individuals get shortlisted, interviewers frequently

probe extensively into their mental health conditions and it becomes a great determining factor on whether the candidate eventually gets the job or opportunity.

Stigma towards individuals with mental health issues also negatively affects their social relationships. For instance, their peers may distance themselves from individuals with mental health issues because these friends have fears and misunderstandings about mental health issues, as well as feelings of helplessness at being unable to support their friends.

Stigma commonly faced by people with mental health issues are social stigma and self-stigma[1]. Social stigma refers to prejudice and discrimination emanating from society. As the underlying pathological processes that cause mental health issues may not be apparent externally, it is easy for people to succumb to their own prejudicial conclusions. On the other hand, self-stigma refers to the negative self-perception of people with mental health issues. These self-stigmatising beliefs and perceptions can elicit an overwhelming sense of shame and hence, complicate the sufferer's journey to full recovery. One's sense of shame may be individually curated, but it is heavily reinforced by a society that fails to embrace individuals with mental health issues.

Impact of stigma

Harking back to the days of the past, it was a common belief that the mentally ill were a danger to a civil society. Today, we rarely come across this primitive belief overtly (e.g. outright verbal/physical abuse of the mentally ill), but the stigma remains. The stigma of today lies low, and is expressed more subtly but remains nonetheless impactful.

Individuals with mental health conditions don't just face stigma from society but also from their close ones. Feelings of mortification, fear and shame often makes them withhold treatment, which exacerbates their health problems. Karen acknowledged this situation but emphasised that it is never "too late" to seek help, given the advancements in modern day treatment.

Furthermore, social isolation and discrimination

faced by people with mental health issues may cause them to feel lonely and helpless. Karen mentioned that many of her clients from Oasis Day Centre have been psychologically troubled for a long time and have thus, resigned to the perceived fate of leading a life defined by ostracism. She also shared how many people with mental health issues experience relational distancing from the very caregivers supporting them on a daily basis. This further contributes to the feelings of social alienation.

Those with mental health issues are not the only ones who suffer from the ramifications of stigma. The caregiver burden is much less talked about, but very real. Caregivers may feel ashamed to tell others that their family member(s) are suffering from mental health issues. They may be hypersensitive to casual comments due to the constant fear of judgement. For instance, Karen cited a case of a father who brought his daughter with mental health issues to the day centre. The father's facial expression spoke of a certain unease towards being associated with the mentally ill.

To care for a loved one with a mental health issues can take a serious toll on a caregiver's health and state of mind. This describes a phenomenon known as "caregiver burnout". There is insufficient awareness of the difficulties caregivers face and the support they need while they dedicate their lives to supporting others.

"A caregiver of a client from oasis day centre refused to share her struggles with any of her neighbours, family and friends because of the stigma associated with mental illness. As a result, she had nobody to count on in times of difficulty," said Karen. She explained to us that caregivers do actually face a significant deal of isolation. Oftentimes, this sense of distancing, and in effect, the "stigma" can be far more palpable amongst the caregivers than any other group.

In addition to social stigma, self-stigma also plays a heavy role in perpetuating falsehoods. Not every individual with mental health issues is open to talking about their mental health issues when asked. While some choose not to talk about it because they have attained greater mental stability through recovery, some try to hide their mental health issues so as to fit in to what is deemed as

A caregiver of a client from oasis day centre refused to share her struggles with any of her neighbours, family and friends because of the stigma associated with mental illness. As a result, she had nobody to count on in times of difficulty.

"acceptable" to the society. The sense of shame of being associated with mental illnesses persists in the minds of individuals facing self-stigma. Over time, this can breed a sense of resignation that their lives will invariably be limited because of their mental health issues.

"The clients I interact with in my centre tend to have lower self-esteem and greater insecurity. This heightens their sensitivity to the opinions and reactions of those around them." Karen's statement revealed a disheartening phenomenon--- that the individuals with mental health issues experience both real and self-perceived stigma. The self-stigma is a limiting factor for human potential and the talent that lives within these people who are longing to be recognised.

Examples of stigmatising beliefs

A common stereotype surrounding people with mental health issues is that they are dangerous and prone to aggression. Karen observed this belief in the people she interacted with, from familial relatives to taxi drivers. This stereotype is grossly inaccurate, as the individuals with mental health issues are more likely to be the victims of violence[2], rather than the perpetrators. Nonetheless, this falsehood continues to breed an irrational fear of people with mental health issues, leading to greater social distancing. It is highly disconcerting that such an untrue belief still thrives and alienates these individuals from society.

Another common misconception is that individuals with mental health issues lack the competency and the rational decision-making skills to take part in various aspects of life. Whether in the workplace or within the family, people with mental health issues are deemed by many to be less able to take on responsibilities and handle stress. For example, employers or family members may be reluctant for the individuals with mental health issues to work or to make decisions for the family.

"People in today's society do generally act from a place of goodwill. It is just that they are filled with uncertainty over how exactly to interact with individuals with mental health issues. It is this fear of the unknown that sets them back." said Karen. Hence, it is more of ignorance, rather than outright hatred and unacceptance, that plagues our society.

Current measures

Over the years, there is an emergence of local campaigns to raise awareness of mental health. Karen said that the current campaigns (eg. Beyond the Label) are laudable steps. However, the shift in perceptions of those with mental health issues is slow-progressing.

"Just as it took the government a few decades to turn the act of littering into a socially uncouth one, it will take a great deal of time before the necessary shift in attitudes on mental health issues manifest." People have varying levels of understanding of mental health issues, and it is unrealistic to believe that stigma can be obliterated

from society entirely.

> ❝ *It is more of ignorance, rather than outright hatred and unacceptance, that plagues our society.*

Centres that provide psychological rehabilitation like SAMH aim to restore self-esteem and a level of function sufficient for a dignified life. There may be stigma from the public but not in the centre, so the individuals receive provided support in a "safe haven". Karen even shared that Oasis Day Centre is moving its emphasis from rehabilitation to recovery. Rehabilitation merely focuses on restoration of functions, whereas recovery encourages the clients to re-discover their sense of self. Recovery takes individual effort to achieve an acceptable quality of life that they set for themselves; empowerment of choices allows them to decide what they want to do.

However, there are obstacles to recovery. More than half of the clients at Oasis Day Centre are above the age of 50, hence the "old-age" factor limits clients' readiness to embrace learning and development. Karen also mentioned that it could also be a problem if the clients only feel safe within the day centre and hence become unmotivated to venture beyond.

What we feel should be done

Through life, we have observed a distinct difference in the treatment of people with physical conditions as compared to those with mental health issues. Society, by and large, is more accepting of the individuals with physical conditions. This lack of acceptance needs to be challenged.

First and foremost, mental health stigma should be challenged with hard facts. Mental health issues are not mystical, "out-of-this-world" entities. One of the major causes of mental health issues is chemical imbalances (e.g. neurotransmitters) within the brain, and this can be improved with medication.

These factual truths would overcome any falsely dramatic and primitive theories of how mental health issues come about.

Once we have established the science, we need to nudge society into social inclusion and acceptance. This can be done through implementations at the government level, all the way down to the individual. Different stakeholders, such as the government, should engineer an environment that promotes recovery and works with individuals with mental health issues move towards their goals. The individual can work by embracing the positive messages being sent out, and consciously practising them in daily life.

Writers' reflections

It is at our own peril that we all adhere to a single story. To do so would be myopic; it would close off our minds to the perspectives of others. For individuals recovering from mental health issues, feeling a need to portray a consistent, unabating resilience can be stressful. The reality is that individuals recovering from mental health issues rise and fall; they don't rise and keep rising. Karen agreed with this viewpoint and qualified, "If an individual managed to overcome the odds despite her mental health issues, and her story is made public, she would feel pressured to uphold the ideal of being a strong survivor." Hence, if that individual were to experience setbacks and periods of great struggle, she would feel like that side of her need to be kept hidden from sight. This is a great concern because it is detrimental to the recovery progress, and promotes a social ideal that is not realistic.

It is also beneficial if more individuals in recovery or recovered individuals share their stories. Open communication and courageous story-telling, will gradually shift societal stereotypes and attitudes in the right direction.

During my mental health posting at the Institute of Mental Health (IMH) this semester break, a staff shared with me that there were a few times he took a cab to work, and was asked why he is heading there. When he told the taxi drivers that he works in IMH, the taxi drivers looked afraid and told him that the patients there are "hard to deal with". His colleagues also recounted similar experiences when taking a cab to work.

Unfortunately, stigma still exists in our society despite efforts to promote mental health awareness. It is certainly good if societal attitudes towards individuals with mental health issues improve. A more effective short-

term measure, however, is to train individuals with mental health issues to adopt a positive mindset despite stigmatisation from the outside world and resist staying in their own comfort zones.

Ultimately, stigma promotes a climate of loneliness for individuals with mental health issues as a result of social distancing. Loneliness is not just a passing feeling - when chronic, it can result in a range of physical and psychological problems. This is known as the "lethality of loneliness". Therefore, it is imperative for society to stand in solidarity with individuals facing mental health issues. Only then can we overcome stigma and make the whole society a safe haven for all who reside within.

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NO STONE UNTURNED: A CAREGIVER'S DEDICATION TO HER SON

Adeline Kong & Natalya Wickramasuriya

Photo by Jarren Simmons on Unsplash

MDM Rita Minjoot is in her early 70s, a humble, accomplished individual in her own right. She has a son who has gone through many trials in his life. We sat down to speak with Rita about her personal experiences with mental health management.

Her story

Speaking with the ebullient Mdm Rita Minjoot, it was hard to tell that she was in her early 70s. There was little about the poised, confident, and passionate woman seated before us that could have given way to many years of difficult experiences she had. At various points in her colourful life, Rita has been a Communications professional, consultant, counsellor, and motivational speaker—roles which required her to interact and impact people from different walks of life, albeit in different ways each time.

Between the multiple roles she played, Rita shared that the most important one is being a caregiver for her son. Rita describes him as an unusual child who experienced many life challenges throughout his childhood.

Not only did childhood illnesses plague her son, he was also diagnosed with Attention Deficit Disorder. He struggled – and continues to struggle sometimes – to focus for long periods. He is smart but often forgets.

It has been no mean feat caring for her son. In his early 20s, Rita's son moved to the United States to further his studies. The animated woman told of how he went unsupervised during this period, and it remains unclear if he took his medication as scheduled. Later, some doctor claimed that Rita's son demonstrated signs of early psychosis, which he had trouble accepting. The extreme stress he faced alone in the US may have triggered his mental setback.

To help her son seek recovery, Rita has tried conventional methods in caring for her son. She sought to connect her son with Care Centres, counsellors and psychotherapists. At that time Rita's son was not receptive to these professionals as he was unwell and didn't appreciate their support. He did not accept that he had a mental challenge. There was also the added difficulty of going to professionals only to find himself surrounded by people like him, which reinforced the impression that there was something wrong with

him.

> " *There was also the added difficulty of going to professionals only to find himself surrounded by people like him, which reinforced the impression that there was something wrong with him.*

We also heard from Rita how insurance policies in Singapore proved to be an especially difficult matter to untangle. Mental health issues do not qualify as legitimate grounds for claimants, and companies are generally unwilling to cover people suffering from mental health challenges. This is despite that fact that "1 in 4 will have mental illness in their lifetime".[1] Rita, with zeal and indignance, suggested that the topic of mental health needs greater visibility in the public domain. It fails to be a pressing matter that requires attention because people – fearing stigma – do not seek the help they need out of guilt and shame for having mental health conditions.

Seeing that her son was not receptive to conventional channels of help, Rita turned to other potential means to help her son. Among the alternatives she sought were naturopathy, chiropractors, homeopathy and bio-resonance. From our conversation, it seemed that the bio-resonance programme helped her son a lot as it diagnosed his mineral deficiency. Rita's son also responded well to homeopathy and the chiropractor, who dealt with him in a respectful way and suggested that she should work on his gut. She was right!

Rita spoke tenderly about how much attention she paid towards her son's diet. She cooks for him regularly and actively tries incorporating healthier

options such as goat kefir for his gut health. She tried to include vitamin supplements but – as with the medication – her son is inconsistent with his intake. Rita also shared with us her endeavours in cultivating her son's interests.

While she believes medication has helped her son, Rita remains a firm believer of 'integrative and functional medicine'. Integrating a natural and supplementary method over time where possible, she advocates a holistic perspective to mental health treatment as opposed to mere medication. Rita believes in the healing powers of an environment where sensitive individuals like her son are supported by different modalities based on their needs. She shared how she once brought her son to a wellness centre in Bali, where he had a diet of organic food, was in a green stress-less environment and experienced a few alternative therapies. She was happy to share that her son thrived in that simple environment.

Having dedicated so much to her son, it comes as no surprise to hear that Rita hit some low points as well. Her own situation spiraled, and at her worst she experienced some terrifying days of despair when she worried for his safety.

When asked how she dealt with her situation, Rita was quick to attribute it to her faith. At rock bottom, religion provided Rita with hope. All her life, she had been a successful person, but here she was confronted by a challenge- an uncertain caregiving journey. However, in recent times she is filled with hope as she realizes that recovery is possible as she sees that her son is definitely on the road to recovery.

Through faith, she's learnt to surrender to a higher power. She sees her challenge as a blessing that has shaped her life differently because nothing else could have increased her patience, resilience and compassion more than caregiving for her son!

Writers' reflections

During the interview, we sensed Rita's enthusiasm and deep passion in advocating for mental health. We felt that she has been through many trials and tribulations in caregiving for her son, but she came out more aware, more resilient and stronger from her caregiving experiences.

One thing that struck us about Rita is her dedication and love for her son, and her willingness in trying out every possible option to improve her son's quality of life and mental wellness. When she saw that mainstream medicine worked but was insufficient, Rita chose to take the path less travelled. She incorporated integrative and functional medicinal approaches into her son's treatment plan, even if these treatment options were not always supported by mainstream medical opinion, and not always available in the public healthcare system.

Since then, her son has been consistent with medication. The short time he spent in the structured environment of a recovery Care Centre has helped him enormously. He is now on the road to recovery. However, Rita still maintains the need for an integrative approach to mental health. One that addresses the psychological, biological and social aspects in more effective and holistic ways which have proven effective in other countries. Singapore can emulate the best examples the world can offer just as they've done in every field of endeavour to make Singapore great!

Rita's story has also given us a more realistic portrayal of one's journey in seeking recovery from his or her mental health condition(s): what works for an individual may not work for another. Even in many cases where individuals comply with mainstream treatments, they explore different treatment options, different therapies, medications and a healthcare professional whom they can build a rapport with. The process of seeking recovery is hence, often tedious and not always smooth-sailing. We were glad to hear that from Rita that her son responded favorably to integrative medicine options and that his functioning has greatly improved.

We also felt that we could learn from Rita's holistic view of helping her son get better. Rita did not just focus on her son's pathology, but also encouraged him to be in the right environment, eat the right kinds of foods and develop productive hobbies. This is something that all of us can learn: we should not focus on the person's symptoms but the person themself. What the person with a mental health condition likes, or dislikes, the environment they are in, hopes and dreams—all play a key role in not just recovery but also their psychological well-being. In Rita's word, we should care for the 'mind, body and spirit'. We feel this is one thing that mainstream medicine can learn from their integrative counterparts when it comes to treating patients. After all, to extrapolate a point from what a famous actor once said, good physical and mental health is necessary to sustain life, but doing what we love regardless of social judgments and finding meaning beyond pills is what we stay alive for.

We applaud all caregivers for demonstrating utmost strength and resilience in support for their loved ones.

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FINDING STRENGTH AMIDST ADVERSITIES

Navasharsheaswari D/O Nalusamy & Sylvia Sim Yan Mei

Photo courtesy of Rina (pseudonym)

Who is Rina?

Rina (pseudonym) is a 47-year-old mother who lives with her husband and four children (2 boys and 2 girls). She managed to learn how to crochet from just watching YouTube videos. As a program executive at Club HEAL, she shows her love by teaching other individuals how to crochet and design different items. Club HEAL also became a place where she does not feel stigmatised for struggling with a mental illness.

Challenges that Rina faced:

Before Rina was diagnosed with Major Depressive Disorder at age 41, she faced many other challenges in her early life. At 14 years old, she worked and studied at the same time to alleviate her family's financial burden. Although Rina desired to continue her education, she eventually quitted school to help out with her family's financial situation. She seldom confided such desires or struggles to her mother because did not wish

to burden them. Rina then went on to win several beauty pageants and secured a nursing job. As her father had passed on early in her life, Rina loved her father-in-law and her sister-in-law dearly to make up for the love she did not have.

When Rina suffered from symptoms of her depression, she had to overcome much more than her illness. One of the obstacles she faced is the lack of insight to her condition, which caused her to seek help at a much later age. Despite having symptoms of depression since the age of nine, she only approached for help at the age of 41. The prolonged delay in attaining professional help caused Rina to suffer tremendously in silence as she did not know why she suddenly felt sad, empty and distracted for prolonged periods of time.

Apart from delayed treatment, another challenge Rina faced was having to live with the lack of understanding of her mental illness from her loved ones. As Muslims, Rina's brothers and husband

often blamed her condition to be a result of her not praying well enough and thinking that god is not with her. On some occasions, her husband even told her that there was no such thing as mental illness and that she was possessed by some evil spirit. Rina had been hurled with accusatory comments such as "You never think you have god", "Your method of praying is wrong", "You never put your mind to focus". Such comments not only hurt Rina, but also discouraged her from seeking professional help for her depression due to the lack of support.

In addition, her family members did not know much about mental illnesses. Nobody knew that Rina was displaying symptoms of depression and hence failed to recognise that she needed more support. It was only when Rina's symptoms got worse, with the hearing of voices, suicidal thoughts and self-harming behaviour, that she realised she need to treat her mental health conditions seriously. When Rina was diagnosed with Postnatal Depression (PND) after giving birth to her second child in 2000, her husband did not know what the condition entails, and showed no reaction nor concern to his wife's diagnosis. Subsequently, Rina's PND subsisted till 2004, even after she gave birth to her third child, having not underwent any form of treatment for the condition. She was dealt with another setback in 2015, when she was diagnosed with thyroid cancer. Rina started thinking that she may not live long and she felt even more troubled. On some occasions, Rina tried to share her problems with her husband and family members, yet they claimed that the things she said were "nonsense". Hurtful comments made by her husband on one such occasion caused her immense pain, driving her towards committing suicide.

"

Having witnessed her ex-colleagues insult a co-worker who was suffering from mental illness, it heightened her fear of them labelling her as "gila" or "xiao".

A lack of understanding from loved ones was not the only struggle Rina dealt with, she also feared that she would be mistreated at her workplace if her colleagues found out about her mental health condition. Having witnessed her ex-colleagues insult a co-worker who was suffering from mental illness, it heightened her fear of them labelling her as "gila" or "xiao". As Rina was struggling with her own mental health, she clearly understood that her colleague might have experienced a negative trigger which caused her to suffer from a mental illness. Yet, the rest who could not empathise shunned her. Rina was the only one who would be willing to stand up for and spoke to her.

Rina's opinions and words of advice

Despite all the hardships Rina faced, it is heart-warming to know that she still loves her family and does not blame anyone for her condition or sufferings. Rina wants to let everyone know that they should not be afraid to seek help and should take actions quickly with greater consideration for themselves rather than people who do not understand what mental illnesses are. She also urges loved ones of individuals suffering from mental health conditions to bring them to a doctor or psychologist as these professionals would know how to help the patient. Rina feels that "people suffering from mental illnesses don't know if they are right or wrong and so they always think they are wrong" and so, "bringing them to seek help is a good sign to help them gain their confidence". She hopes that loved ones will not cast their family members with mental illnesses aside but will instead make them believe that their conditions can be cured or improved. Nonetheless, Rina thinks that individuals struggling with their mental health should seek treatment regardless of whether there is family support.

Rina wants everyone to know that people with mental illnesses are not "gila" and that they have their own minds to think. "I know my

appointment time. I know what time to take my medicine." She feels that it's tough for people with mental illnesses to face society due to negative preconceived notions about mental illnesses. However, Rina believes that those suffering from psychological disorders are educated and talented as they are more empathetic. Ultimately, Rina hopes that people will change their opinion on mental illnesses and that the stigma will disappear soon as it will greatly aid people in seeking help for their problems. Most importantly, she desires workplaces to remove the "Are you currently suffering or have suffered from a mental illness before" question as it creates even more stigma.

greater recognition for their individual strengths and contributions. In the case of Rina, she uses her crochet skills to continuously support others, showing that her mental illness does not define her - it did not void her talents and strengths. Her experience has made her empathetic to those with similar experience and she displays immense resilience against difficult times in her life. Most importantly, her mental illness was not the only part of her life - Rina's story showed us that her life was much more than narratives of suffering but a coalesce of love, selflessness and need for support. We sincerely hope that one day, stigma against mental illness will be eradicated and a more inclusive and accepting society can be built. After all, there is no health without mental health.

"

She desires workplaces to remove the "Are you currently suffering or have suffered from a mental illness" question, as it creates even more stigma.

Photo by Kira auf der Heide on Unsplash

Writers' reflections

From our interview with Rina, we have learnt that family and social support is vital for those battling with mental health conditions. Support can help individuals feel less alone in their struggles, allow them to share their situation comfortably and empower them to seek recovery. Yet, mental illness remains a stigmatised topic in Singapore which we seldom raise conversations on due to a lack of understanding on what they are and the importance of seeking help early. As seen in Rina's case, individuals who are suffering may be hesitant to take the first step in seeking help or hide their symptoms from their loved ones, leading to delayed treatment and unnecessary suffering from their situation.

As a society, we should move away from labelling individuals by their mental health condition and show greater recognition for their individual strengths and contributions. In the case of Rina, she uses her crochet skills to continuously support others, showing that her
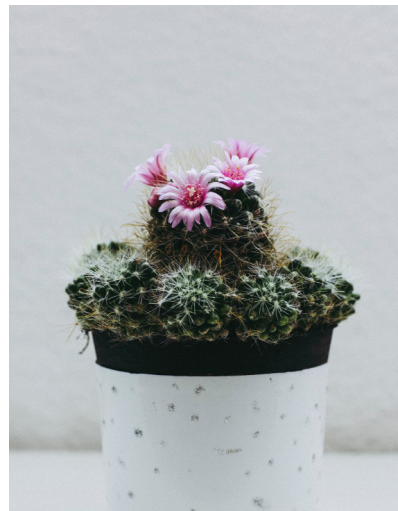
THE BATTLE OF BELIEFS

Jeremy Tan & Ryan Lim

Photo courtesy of Prof. Lee Cheng

WITH its lush greenery and tranquil air, the Institute of Mental Health (IMH) campus is an inviting ground for relaxing strolls. Well, it usually is. Despite being early for our interview with Associate Professor Lee Cheng, we had to make a hurried dash across the IMH grounds as dark, angry clouds loomed overhead. This proved to be a good move as a torrent of rain began to fall mere seconds after we arrived at our destination. When we were ushered into A/Prof Lee's office, we noticed an unmistakable contrast between the cold outdoor environment we had just come from and the warm welcome the man himself offered. In his conversations with us, A/Prof Lee was nothing short of enthusiastic; his passion for mental health issues was palpable and infectious, and it was not long before we forgot all about the gloomy weather.

If one were to describe A/Prof Lee's journey as a psychiatrist in a few words, it would be "battling stigma". When he first started working at IMH in the year of 1994, mental illness was heavily stigmatised. "IMH back then was known as 'Xiao lang geng', A/Prof Lee explains, referencing a Hokkien term loosely translated as 'house for the mad'. Perception was everything, and people were ever so frightened of being associated with the 'mad people's house'. Such stigma was so prevalent that even the medical practitioners in the field were not spared; medical students who specialised in psychiatry were seen as less competent and unable to obtain more "prestigious" postings. A/Prof Lee proved to be a rare breed as he willingly chose to specialise in psychiatry due to his passion for helping those with mental health issues; but even so, his decision raised a few eyebrows among his friends and family members.

Today, while such stigma is not as widespread as it was 20 years ago, it does still exist. A significant portion of the general public still view seeing a psychiatrist as a taboo, and people are still cau-

-tious about letting others know that they are seeing a psychiatrist. For example, some of A/Prof Lee's patients have requested that he refrain from using the IMH stamp on their medical documents, so that their bosses or colleagues not know that their medical issue is mental health related. Others opt to see psychiatrists in restructured hospitals, for the sole purpose of having a generic excuse such as "I'm seeing a doctor at 'such-and-such' hospital" as opposed to "I'm seeing a psychiatrist at IMH". For A/Prof Lee, the main concern about the prevailing stigma is that it delays or prevents people from seeking the help they need. Unfortunately, he sighs, for those who do need the help, the longer the delay, the more disabling the mental health complication becomes. He urges anyone who needs professional help, to seek it without fear of labels or judgment; health must always come first.

But how does such stigma come about in the first place? To illustrate the sources of stigma, A/Prof Lee uses the image of a triangle situated in a larger circle.
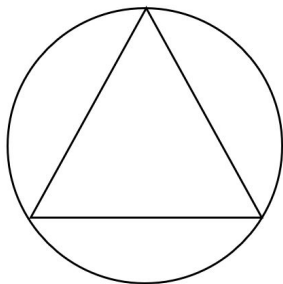
The three points of the triangle represent the patient/client, the family members, and the professional care providers (e.g. doctors, psychologists).
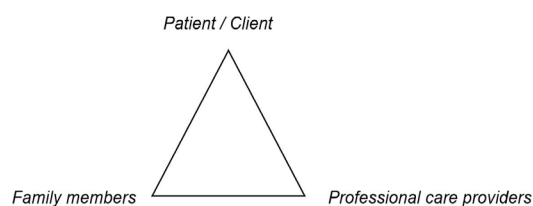
These three points of the triangle are in turn situated within a larger circle that represent the community.

In this model A/Prof Lee provides, stigma can originate from anywhere. One pathway is through what is known as "self-stigmatisation" - whereby the stigma originates from within the mental health clients themselves. For instance, some clients believe that mental illness, or getting help for a mental illness, is a sign of weakness and consequently they feel an overwhelming sense of shame. The stigma can also come from family members, resulting in them being more reluctant to acknowledge the mental health issues their loved one is facing. According to A/Prof Lee, in such cases family members may diminish the problem mental health patients have, saying they are just going through a 'crisis'. These family members may then prevent or prohibit clients from seeking help. In such cases, mental health patients may even have to hide the fact that they are seeking help, such as by hiding their medicine in their cars rather than putting it at home. Lastly, stigma can come from the wider society itself, where misguided beliefs about mental health can result in ostracism towards those with mental health issues, and even towards their families as well.

Given that the stigmatising beliefs (whether from self, family, or society) may prevent people from getting the help they need, A/Prof Lee emphasises that we should take every opportunity that we can to raise awareness on all fronts. To illustrate his point, A/Prof Lee lists off some possible ways to do so from experience, such as being involved in public forums, attending a film festival that relates to mental health, and various other

events. One other notable contribution he makes is through writing articles for a local newspaper. These articles adorn the walls of his office, but what was most impressive (especially to predominantly Anglophone speakers like us) was that they were all written in mandarin– "They are not translated!" A/Prof Lee adds matter-of-factly. These articles were published in the Shin Min Daily News, a Singaporean Chinese-language afternoon newspaper, and there was a particular significance behind the choice of publisher. A/Prof Lee notes that "The Shin Min serves the elderly population", adding that a large portion of the elderly population still holds onto the stigma mental illnesses carry in society. As such, he has tailored his articles to elderly readers by ensuring that his style of writing and language used is more straightforward and of course, written in Mandarin for those not proficient or fluent in English. At a rate of one article per month, A/Prof Lee discusses a range of mental health topics with each article around a thousand words long. In a time where more public campaigns depend on new media and on "going viral" to effectively reach youths, it was heartening as well as refreshing to see A/Prof Lee's consistent efforts in mainstream media to ensure that mental health stigma amongst the elderly population continued to be addressed.

His noble efforts remind us, that even in a constantly changing and updating world, no one must be left behind and that education and outreach should remain targeted for all. The elderly in particular, are an example of one such group who might be sidelined, which is even more reason for them to be involved in such efforts. A/Prof Lee himself reiterates the importance of having multiple avenues to raising awareness on mental health, whether it be in the form of roadshows, public forums, media campaigns; "the key", he stresses, "is to reach as many levels of society as possible". Additionally, to punctuate his point he points to the corresponding memorabilia around his office for each avenue that he mentions, such as a photograph from a roadshow. In other words, here is a man who walks the talk. He repeats this process for most of the items adorning his wall, expressing both glee and a touch of nostalgia.

Our interview with A/Prof Lee passed by in the blink of an eye. In his sharing, we were struck by the efforts he took to raise awareness of mental health conditions; his concern for the elderly was as remarkable as it was admirable, and one wonders how he manages to do so much on top of fulfilling his role as a psychiatrist. It was still drizzling slightly as we left the IMH compounds, but between our conversation with A/Prof Lee and the rays of sunlight filtering through the rain-soaked air, the outlook seemed much brighter than before.

Photo provided by A/Prof Lee, which illustrates the need for all parties to unite in our fight against stigma.

Writers' reflections

Looking back at our conversation with A/Prof Lee, one idea which stands out is that beliefs shape our actions. For instance, whether or not we seek help for our mental health issues depends on our beliefs and the beliefs of those around us. If these beliefs are stigmatising, such as "only weak people see psychiatrists/psychologists", then chances are we will not look for the help we need. On the other hand, having positive beliefs can in turn spur us on. A/Prof Lee is an excellent example of this: his fervent belief in the importance of advocacy and raising awareness is clearly expressed by his untiring advocacy work above and beyond his professional obligations as a psychiatrist. The question then is how do we cultivate the positive beliefs that lead to helpful actions, and correct the negative beliefs that result in harm?

Well, the answer to that question is similar to a perhaps less known folktale about the two wolves. In this fable of sorts, a grandfather tells his grandson of two wolves who are constantly fighting with each other. These two wolves represent the internal struggle within him; one of the wolves represents his good thoughts and the other his bad ones. "Which one wins?"

The grandson eventually asks. The grandfather replies, "the one you feed." In the same way, we each are exposed to positive and negative beliefs around us. However, we face the option to either "feed" the negative beliefs and in doing so, perpetuate the stigma and taboo surrounding mental illnesses, or "feed" the positive beliefs by educating ourselves on the facts and myths of mental health, and empathising with those who face challenges in that field. And while there may be no clear end or 'victory' when battling the stigma on mental illness, we hope that the notion of being one step closer to living in a world where mental health issues are not taboo, is of comfort to all on this journey.

"*A/Prof Lee himself reiterates the importance of having multiple avenues to raising awareness on mental health, whether it be in the form of roadshows, public forums, media campaigns; "the key", he stresses, "is to reach as many levels of society as possible".*

TWO: WORKPLACE AND SCHOOL SUPPORT.

Rising case studies have demonstrated that workplace policies that provide greater health and well-being support can lead to significant productivity growth. Along with increased awareness that work-related stress is counter-productive to economic growth, more companies are considering wellness programs that alleviate the pressure on their staff's health. Increased communication and acceptance of mental health conditions in the workplace may also empower the mentally ill, enabling them to work with greater productivity and comfort.

The school is a crucial place to form children's understanding of mental health and acceptance towards those with mental health conditions around us. Schools are also a critical place to cultivate self-care skills among children, encouraging them to handle negative emotions and stressors better. The emphasis on mental health in school curriculum may help our future generations to be more emotionally resilient and well-equipped against adversatives.

Looking forward, we should ensure that resources provided at workplace, school and our local community provides sufficient support for anyone facing mental difficulties.

Photo by ORIENTO on Unsplash

MENTALLY HEALTHY WORKFORCE

Lynette Tan & Roselle Pineda

Photo courtesy of Ms Anthea Ong

WHEN discussing the subject of a Mentally Healthy Workplace in Singapore, it's important to hear from the voices that are actively contributing to the workforce. Founder and chief owner of Hush Teabar, Ms Anthea Ong actively advocates for a psychologically safe climate and greater employer-employee trust. She is undoubtedly a valuable voice in the discussion of equity in the workplace for persons in recovery (PIRs) or persons with mental health issues (PMHIs).

A lively and spirited person, Ms Ong is not one to take no for an answer. Having gone through her own experience with depression some years ago, Ms Ong has found herself in a better position to empathise with PIRs and PMHIs. In her role as a Nominated Member of Parliament (NMP), Ms Ong champions for workers' rights and advocates for the recognition of workers' psychological and social needs.

> "
> *My superpower is hyperoptimism.*

Hush Teabar is a pivotal part of the movement towards a more inclusive workforce, employing PMHIs and the deaf as their facilitators. They are dedicated to serving their tea silently to create an atmosphere of peaceful reflection, which aims to connect their participants to themselves and each other. Hush offers the opportunity for people to disconnect from the stresses of everyday life and

reflect. Hush has also even conducted group sessions for several established companies at their workplaces as part of their employee wellness initiatives.

"We cannot say that a workplace is healthy if it is not also a mentally healthy workplace," Ms Ong declared. In Singapore, up to three-quarters of employers have physical wellness in place to aid in the prevention of chronic illnesses, but none on emotional wellness[1]. This is a clear indicator of potential gaps in workplace systems when it comes to employees' holistic wellbeing.

Discrimination against PMHIs - A Systemic Issue

Invariably, when the conversation turns to the discrimination against PMHIs, we often attempt to pinpoint the group to blame. A survey by Silver Ribbon Singapore revealed that up to 6 in 10 employees would hide depression from their employers[2]. However, are employers to blame?

According to Ms Ong, the problem is systemic. The fact that there is still a pervasive stigma around mental health conditions in our society is perpetuated by every person within it. "Every person exists within a system, and a society is made up of businesses, communities, the government…" - each part of this system is linked, and has a shared responsibility for the problem. Almost 1 in 2 Singaporeans say that they would not work with people with mental health conditions[3], and in response employers would not bring PIRs or PMHIs into the workplace due to fears of issues with team morale and team dynamics. Additionally, people with mental health issues may also be victims of self-stigmatisation, being subconsciously critical of themselves and refusing to accept their own condition. As such, they would naturally not disclose their condition, leading to a vicious cycle. Therefore, to put the blame solely on the employers is not a holistic view of the situation.

To climb over this mountain of stigmatisation, a combination of both top-down and bottom-up methods would work best. The top-down approach encompasses employers in policy-making to government in legislation. They concretise efforts to put an end to stigma, providing a legal leg up in actualization and changing behaviours. Bottom-up methods are also integral to the effort. The sharing of real, lived experiences, help with normalising mental health. "You can talk top down, implement policies, but if no one on the ground who's actually living with this experience is sharing it, then it's really more of a theory, right?" says Ms Ong.

> " *I wish it was so straightforward. Because then it would be a very straightforward solution. We'd just make a law saying, Employers, you have to hire these people. But it's not so. And that's why the work that we have to do is really quite adaptive and systemic.*

The fight is ongoing, with steps taken every day, all around our little red dot. More people are coming out to share their stories every day, despite potential backlash from society. Insurance agencies are coming on board to insure mental health conditions, affording them legitimacy and coverage. Health institutions are also taking steps. To make it easier for the mentally ill to seek help early, IMH is training neighbourhood general practitioners (GPs) and polyclinic doctors to diagnose and treat common mental health problems. Those seeking help can now receive a medical certificate (MC) from a GP instead of a psychiatric clinic. This implementation aims to legitimise mental health conditions and reduce the fear of discrimination when applying for sick leave for their mental health conditions.

Investment in the 'human' part of 'human capital'

Why the focus on mental health, and why now? A

momentum has been started in Singapore by the likes of other mental health campaigns such as the Singapore Mental Health Film Festival (SMHFF), tackling the stigma through sharing inspiring stories of PMHIs and PIRs. However, Ms Ong believes that a large part of the equation is that the world economy is currently more focused on intellect rather than physical labor. Over the last twenty years, the economy has moved from being a manufacturing, industrial-based economy, to a more information-based economy. "In the past, if you went to work in a production facility, on a factory line […] then all you needed to do was just make sure that you were following a certain sequence," she says. Now that there is more emphasis on mental capacity, resilience, and ability, a person's mental health impacts job performance to a greater extent than it would have in the past.

Fortunately, employers are starting to realise that their company policies are insufficient in attending to their employees' basic needs, which affects their work productivity. The needs of the employee go beyond just the physical and material, extending to the psychosocial. As employers have a significant voice in society, as well as the resources to explore solutions, they are well equipped to contribute in the fight against stigmatisation. Not all have chosen to, but big ones like Netflix, who have implemented policies addressing mental health, have started a ripple. In doing so, they've found positive results and monetary benefits. According to the World Health Organisation, "Every US$ 1 invested in scaling up treatment for common mental illnesses such as depression and anxiety leads to a return of US$ 4 in better health and ability to work. On the contrary, failure to act is costly".[4] The New Paper also found that "(a) Mental health-friendly workplace can raise morale, teamwork and communication, and reduce staff turnover and cost of training and recruitment".[5] Such returns show that mental health programs are evidently worth investing in.

Ingredients of a mentally healthy workforce

While the adoption of mental health programmes can help in improving employees' well-being, productivity and work satisfaction, if done incorrectly it could spell disaster. Some companies may mean well, but end up furthering stigma or alienating their employees. Currently, most companies do not know how to deal with people who have mental health conditions – either they do not hire them at all or have a hand-holding approach when they do.

According to Ms Ong, the commitment to workplace adjustments makes all the difference. To elaborate, she says, "(it means) to redesign your job, to retool your work environment, to build a culture of trust, to build a system that clearly acknowledges that there will be breakdown episodes."

While acknowledging employers' fears of stagnating productivity, issues also arise from a lack of understanding of the capabilities and abilities of PIRs and PMHIs. An inclusive workplace would benefit not just this group of people, but also everyone. "There are times when every person would need their space to heal, to recover." Whether from a mental health issue, a family emergency or something else, a big serving of a psychological safe climate would make any work environment more cohesive, scrumptious, and delightful.

"The cost is in the time, right?" Just as any Michelin-star dish is worth waiting for, Ms Ong believes in the returns of making mental health a leadership priority. This is what inspired her to start the WorkWell Leaders Workgroup, where high-ranking leaders (We are talking about CXOs, HR and CSR Leads) from companies such as DBS, Johnson & Johnson, NUHS, Deloitte, Accenture, NVPC, PWC etc. gather to discuss and share practices to make the workplace to be more caring and resilient.

Writers' reflections

Singapore as a country relies heavily on human resources, but the measures in taking care of employees' holistic wellbeing is lacking. However, it is not completely hopeless.

The encounter with Ms Ong was extremely enlightening. She showed us that we should not be satisfied with the status quo. Though we may be thriving as a nation, we may still be operating at the expense of our mental wellbeing, which is detrimental to both individual and workplace productivity. We have to identify

our mental wellbeing, which is detrimental to both individual and workplace productivity. We have to identify where vulnerable groups of people like PMHIs and PIRs may fall between the cracks and rally for solutions to help them.

Within our own circles, we have the power to practice what we preach — be it supporting our colleagues through a difficult time, or even making a conscientious effort to enforce psychological safety in our teams when we become employers ourselves. We hope that collective efforts from individuals like Ms Ong will truly bring a societal shift towards a mentally healthy workforce in Singapore.

Photo courtesy of Ms Anthea Ong

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A SPARK, A CHANGE

The story of how a spark led to a journey for greater change

Usy Aliya & Xu Ya Qi

MR Cho Ming Xiu's academic journey took a longer route. Initially he pursued a tertiary education in Junior College and subsequently enrolled into a Polytechnic, where he took Chinese Studies. Focused on his goal to enter a local University, Ming Xiu worked hard and successfully landed himself a position in the Linguistics and Multilingual Studies program under Nanyang Technological University (NTU).

During Ming Xiu's second year in NTU, he had his first encounter with At-Risk Youths. He volunteered at the Muhammadiyah Welfare Home, where he tutored incarcerated Muslim boys in preparation for their private GCE N-Level Examinations. This volunteering opportunity initiated an impetus which carved Ming Xiu's newfound passion and direction towards Youth Work.

The early days of volunteering work were faced with difficulties - the Muslim boys were disinterested to being tutored and resisted Ming Xu's efforts to teach. However, he took the time to build rapport with the boys instead of calling it quits. Eventually, Ming Xiu efforts bear fruits after he realised the main reason behind their behaviours: hopelessness.

Being able to empathise with these boys, Ming Xiu shared with them his personal stories and struggles he experienced as a student.

Those words impacted the boys which then became a turning point in their life. They opened to him and gradually changed their behaviours.

Ming Xiu continued to tutor them whilst encouraging them to persevere in their studies. Eventually, the boys did well enough to get into their desired courses in the Institute of Technical Education (ITE), achieving their goals. Having witnessed such transformation in these boys was an extremely meaningful experience for Ming Xiu and this sparked his passion for Youth Work.

> " *Although you took a longer route in life, and you can't see any hope now, it doesn't mean that you are unable to reach where you want to be in the future.*

Ming Xiu's interest in Youth Work further deepened when he took a leap of faith and delved into the field of Social Service. He began his work in Youth Voluntary Welfare Organization (VWO), first as a Supervision Officer and Programs Executive, then as a Case Manager. During this period, Ming Xiu worked closely with young drug offenders who were either imprisoned or recently discharged.

In time, Ming Xiu's dedication and skills resulted in a scholarship offer from Singapore University of Social Science (SUSS), where he accepted and furthered his higher education in Social Work.

Youth Work & Mental Health

Ming Xiu first entered the mental health scene when he volunteered with the Institute of Mental Health (IMH), along with a group of like-minded friends who held similar passions. Through the experiences in IMH and recognising that some of their peers were suffering silently from Mental Health issues, Ming Xiu and his friends realised how existing stigmas deter many youths from seeking help. They decided to make a change to

combat this problem.

In 2016, Campus PSY Limited was started up as a ground-up initiative. It officially became a registered VWO in April 2019.

Being largely focused on mental health advocacy and a strong belief in collaboration, Campus PSY worked closely with various ministries and black box projects to promote a nationwide advocacy.

One of the few major events organised by Campus PSY includes "Jessica: Have You Met Her" - Youth Mental Health Escape Room held in January 2018, at The Red Box at Somerset. A few months later in October, a Youth Mental Health Festival titled "Stay Woke" also took place in University Town (UTown) of National University of Singapore (NUS).

At the age of 32, Ming Xiu is now not only just a successful founder of Campus PSY, but also an Executive Director who oversees the organisation's overall operations. On top of ensuring a smooth execution of the operations, he also provides strategic directions and visions for Campus PSY's future developments.

Ming Xiu's contribution extends beyond organizational management alone. He frequently raises mental health awareness through hosting talks in schools and workplaces regarding mental health literacy or facilitating relevant training workshops.

Youth volunteers play a significant role in Campus PSY's functioning. Every year, Campus PSY recruit and select 50 passionate youth volunteers, between 16 to 35 years old, from different walks of life across Singapore. They will undergo a compulsory 3-month training program, where they learn basic mental health knowledge and become equipped with essential peer helping skills. Trained youth volunteers play a critical role; they serve as mediators to bridge the gap between individuals who are struggling with mental health conditions and the professionals, such as counsellors or psychologists.

Apart from helping the affected youths, Campus PSY recognises the possible impacts on parents/caregivers and friends of those who struggle from mental health conditions. Therefore, it is salient to impart relevant knowledge to this additional group of people, guiding them towards sufficiently supporting and engaging with their loved ones.

Overcoming the stigma through support

In a recent Singapore Mental Health Study done by IMH, 1 in 7 Singapore Citizens struggle with mental health conditions, an estimated 20 percent increase from 2010. Moreover, the prevalence of mental health issues is even higher among youths, affecting 1 in 5 individuals between 16 to 35 years old.[1]

The study listed depression, alcohol abuse and obsessive-compulsive disorder (OCD) as the top three most common mental health issues faced by Singaporean youths. According to Ming Xiu, this corresponds closely with reality as evident in the abundance of cases seen at Campus PSY.

It also revealed that youths tend to turn to their friends first when they struggle with mental health issues and that seeking professional help is often the last resort. Responding to this, Ming Xiu admits that there is an existing gap in people seeking professional help.

However, when asked about whether this gap can be attributed to the presence of stigma against mental health issues, Ming Xiu pointed out that stigma is just one of the many hindrance factors, such as a general lack of understanding towards mental health issues.

People refuse to be associated with a mental health condition in general.

> *Being associated with a mental health condition has a negative connotation: they are weak, they are crazy, they are weird.*

With that narrative, Campus PSY's effort intensifies to equip Singaporean youths with basic men-

-tal health literacy and peer-helping skills, allowing them to better reach out to their friends/peers who may be suffering from mental health issues.

In the next three years (2019-2022), Campus PSY has selected eight Social Service Organisations to collaborate in creating innovations that can better reach out to youths in Singapore, and to provide greater support for them.

It also aims to establish an email support service program, which will be managed by trained youth volunteers under professional supervision. This will serve as a platform where concerned parents or troubled youths themselves can conveniently and comfortably receive the required support. Most importantly, it is especially catered to help those who fear their struggles and mental stigma being exposed to the public hence can seek help in a private and anonymous manner.

The importance of Sharing & Listening

Providing early intervention such as help and support is critical for youths struggling with mental health issues. Bottling up emotions often leads to a downward spiral; Ming Xiu believes that youths with mental health conditions would benefit greatly from confiding in trusted personnel, be it a friend or family member.

"

Be open minded to receiving help. Don't think that you're a burden. Don't think that you're troubling people.

When it comes to friends and family of youths with mental health issues, Ming Xiu often advises them to stop their judgements and simply listen.

As Ming Xiu put it, many of these youths just need someone to journey alongside with them, through the ups and downs in life. And through the years of experience in Youth Work, he learnt that anyone can be that "someone" for a youth. The simple act of listening and being present

might just change a life.

"

Before you label someone, try to understand them first.

Writers' reflections

Usy: The rigour of school work and stress from juggling co-curricular activities along with other commitments may have resulted in the burgeoning stress among students. Along with the hypercompetitive nature of school, high expectations of academic success, rise of social media and cyberbullying, youths are facing greater risks of mental health issues. School-related stress goes beyond the academics (grades, projects) - they can be relationship related as well (eg. bullying, peer pressure). A 2017 study by the Organisation for Economic Cooperation and Development (OECD) has found that Singapore's students report higher levels of anxiety about school work than other nations and experts confirm that pressures faced by youth can lead to anxiety, depression or even suicide.[2]

On the tertiary education level, universities have made some effort to relive the rise of stress and mental health issues among students. In the case of NUS, the Universal Health Centre (UHC) provides relaxation and yoga workshops for students as well as organise talks on time management skills, stress management and emotional resilience. Interest group NUS PEACE introduces pet therapy sessions during reading week to combat exam stress. Each residential college in NUS Utown also have its own student-led advocacy group- CAPT Support, Love USP, Love Tembusu and RC4Wellness. In 2018, PitStop@YIH was created as a wellness centre for students to recharge, seek emotional support and/or special needs assistance. Such collective actions have helped create a more supportive environment for students to prioritise their mental well-being. However, school support for mental health is still largely centered on stress relief and may be insufficient for students suffering from mental illness but do not seek help from UHC.

As such, awareness on the availability of professional help and support from family and peers is ever more important to encourage one to seek recovery. Just like other advocacy groups, Campus Psy attempts to bridge the gap between healthcare services and individuals who are struggling by reaching out to family and friends, and by training youth volunteers. By providing them with important and relevant knowledge,

volunteers. By providing them with important and relevant knowledge, family and peers can guide and support their loved ones.

Although mental health stigma deters individuals from seeking treatment, it remains prevalent in our society despite increasing efforts from schools and organisations. The long battle against mental health stigma is still on-going, and it also relies on us to get educated and aware of it. No one should go through mental illness alone. If you recognise the signs in someone you know, be there for them. Introduce available resources to them, as great support and appropriate treatment are critical factors into mental health recovery. For instance, UHC provides free counselling service for students. University Counselling Services (UCS) provides 24 hour hotline (6516 7777) for life-threatening psychological emergencies.

Yaqi: When the idea of "managing" mental illness gets brought up, it is almost always linked to the need of seeking "Professional Help" from psychologists, psychiatrists and counsellors. While it is no doubt crucial to receive proper treatment, therapy, medication, etc... the importance of having a support system, however, fails to be highlighted most of the time.

Many of us would know of or have had experiences interacting with individuals suffering from mental illnesses. Some of them have accepted treatment and went on into recovery, while some are still struggling on their own.

No matter the point at which they are in their journeys, one common issue faced tend to be the lack of support presented --- "Who can I turn to?" "Where should I go?" "There is no one to help me."

Having the needed support is a huge push for someone with mental illness to speak up and seek help. At the same time, support from loved ones can motivate and empower one to recover . Multiple studies have shown that having a form of support system, in terms of family support, social support and etc, can be helpful in boosting treatment outcomes in individuals with mental health illness.[3] Hence, there is a need for the Mental Health sector in Singapore to work towards more support system for individuals who are struggling alone.

In recent years, more advocacy groups and organisations have helped provide more social support for individuals with mental health conditions. Campus PSY is a prominent example of the forces pushing for this change. Another well-known movement would be "Beyond the Label", which aimed to break down social stigmas towards mental illness and those affected. While the awareness of mental illness is on the rise, the overall efficacy and outreach of such campaigns is still limited and requires time to bridge all the existing gaps. Meanwhile, support groups within our community encourages individuals around us to actively seek help and normalise mental health conditions.

Photo by Leonard von Bibra on Unsplash

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REBUILDING SINGAPORE

Katelyn Chiu & Dominic Lim

Photo of Dr. Goh Wei-Leong, Chairman and Co-founder of HealthServe

"ILLNESS is the night side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place."

Written in an era when the aetiology of cancer was relatively unestablished, *Illness as a Metaphor* details the journey of a patient living with the diagnosis of breast cancer – uncertain and intractable, akin to a "ruthless, secret invasion".[1] No diagnosis, no explanations; only descriptions and observations. Such lack of understanding seems to go against the central premise of medicine, that all diseases can be cured. Today, medicine has made immense strides and has shifted from treatment to prevention. Yet, for all its progress, one area which remains ambiguous, even controversial, is mental health. While Susan Sontag may have written Illness as a Metaphor to illustrate illnesses as metaphors, we have unfortunately reduced mental illnesses literally to mere metaphors.

From demonic possessions and religious punishments in the past to a lack of willpower today, mental illnesses have long been associated with such myths, and has unfairly painted mentally ill patients as weak-willed, socially-deviant persons. Strengthening these purported claims are the lack of pathological evidence, overlapping clinical observations, and heterogeneous diagnostic methods – all fuelling the growing stigma surrounding mental health. Thankfully, in recent years, mental health awareness has been gaining traction to debunk these myths and counter biases. Today, conversations about mental health have become less of a taboo, and symptoms of mental illnesses are no longer brushed off nonchalantly. Singapore, as a society, has certainly progressed in terms of its approach to mental health. However, amidst this endeavour of ours, have we truly progressed if we overlook invisible communities like migrant workers – groups of people who are equally, if not more, vulnerable than us ordinary citizens?

It is 6.15pm on a rainy Tuesday. The nurse at Manhattan Medical Centre flips the signage before squatting down to lock the front door. Dr Goh Wei Leong has just seen his last patient of the day.

"Hi, sorry to have kept you waiting. Come on in." Dr Goh gestures politely towards the consultation room. "This happens almost every day", he continues, referring to the periods he works past the regular working hours.

Tucked away in a corner of Chinatown, Manhattan Medical Centre has faithfully served the residents of Jalan Kukoh for the past three decades. In fact, Jalan Kukoh is one of the poorest neighbourhoods in Singapore, something that was only brought to our attention during our conversation with Dr Goh. Given his friendly disposition and big-heartedness, naturally Dr Goh has struck up quite a bond with the older folks, who also happen to be his regular patients.

"I love interacting with them. You know, I have known quite a few of them for many years."

For Dr Goh, medicine is more of an art than a science, a means for him to deliver that human touch to the marginalised and overlooked communities. It is therefore not surprising that Dr Goh co-founded HealthServe 13 years ago, a charity organisation that serves the migrant community with basic healthcare services, legal and social assistance, and counselling services. Initially starting out as a clinic with six doctors, HealthServe has expanded to meet the other unmet social needs of migrant workers, and only recently, launched a mental health initiative. Over the past years, much has been made about the plight of the migrant community here in Singapore, but little said and done about their mental well-being. Intrigued, I asked Dr Goh what sparked this initiative.

"For a long time, we knew mental health is a problem, but we didn't know how to go about it. I remember one of the early patients – a migrant worker from China – who wanted to kill himself. He had injured his head at work and suffered a concussion, making him unfit for work. The psychiatrist who recommended him to us (HealthServe) told us all he needed was a community. When I eventually got to talk to him, I realised he has mental, social, and legal problems."

This encounter made Dr Goh acknowledge the magnitude of the problem that beset migrant workers, one that goes deeper than the physical illness itself. It was, however, another unfortunate event that made him realise how real mental illness can be in the migrant community.

"Personally, one of the significant cases was a 17-year-old Bangladeshi worker who killed himself. He was from a dorm we always visited, a poorly-kept dorm with terrible living conditions – approximately 30 people in it. At that time, he was in debt and moonlighted.; his employer subsequently found out and threatened to send him back home. Unable to take the stress and pressure, he killed himself. But he did not kill himself solely because of his debts. It was only after his death that we found out there was the added familial pressure back home – of supporting them financially and living up to their expectations, especially after they sold their farm for him to come Singapore to work. Furthermore, there are also social and cultural pressures, emotional separation from his loved ones. The issue of mental health surrounding migrant workers is multi-faceted."

To even engage in a conversation with migrant workers about mental health, let alone treat and rehabilitate them, one must first properly understand the factors that predispose them to mental health disorders. Moreover, one cannot simply pinpoint any one cause for the vulnerability that migrant workers face today. Research has shown that agent fee debts and the threat of repatriation by employers are amongst the main perpetuators of psychological distress. Firstly, migrant workers often have to fork out inordinate agent fees to obtain employment in Singapore. The lure of better-paying jobs coupled with the lack of jobs back in their home countries might make Singapore an attractive proposition, but it would also mean selling their possessions and borrowing from moneylenders. On average, migrants from Bangladesh and India pay between $1,000 and $10,000 to secure employment in Singapore.[2] Such exorbitant fees usually arise due to kickbacks to employers and unscrupulous demands from sub-agents. Contrasted against their meagre salaries of between $250 and $1,000 per month, it is little wonder that research has shown a 50 per cent increase in the chance of developing serious mental illness for migrant workers who paid an agent fee.[3] Secondly, migrant workers consistently face deportation threats from their employers. Be it to reduce medical costs, or to punish alleged fake injuries, several reasons underlie these threats of repatriation. Importantly, such power imbalance, compounded by a lack of access to government authorities, often deprive migrant workers of assistance, rendering them powerless

them powerless to the constant exploitation and abuse. Slowly and inevitably, they become more susceptible to mental illnesses.

Yet, beneath all these lay a common theme: perception. Perception defines our attitude and interpretation – how we perceive the migrant community in Singapore inherently affects how we treat them. For a start, it means casting aside our own biases and stereotypes of migrant workers. Our society needs to shift away not just from normalizing the problems they face; what needs to be done more is to regard migrant workers as fellow human beings. They are not mere commodities whose role is to only be economically productive – they are just like us, people with families, aspirations, and dignity. The least we can do to show our gratitude to these unsung city-builders is to treat them as one of us, to truly empathise with their plight and integrate them into our society.

And that is exactly what HealthServe is trying to do. Armed with a vision to help every migrant worker live a life of dignity, HealthServe, in the words of Dr Goh himself, hopes to "shift the culture of discrimination and tolerance to one of celebration." The Mental Health Services that was only launched in 2019 is just one of their many works to ignite this cultural shift. Headed by one of their staff, Justin Paul, its purpose is to be a proper channel for migrant workers to receive help for mental health disorders. There are three main platforms: to promote mental wellness, to detect mental illnesses early, to provide care for those with mental health issues. To promote mental wellness, HealthServe provides psychoeducation workshops at migrant dormitories or lunch-time construction sites. The topic of mental health still very much remains as a taboo, and to encourage a culture of openness and peer support within the community, these sessions are usually delivered in the form of social gatherings. In addition, to reduce the chances of some falling through the cracks, measures for early identification such as questionnaires in their native languages help clinic staff and volunteers to sieve out those who face mental distress, before receiving further help from partners such as the Institute of Mental Health and the National Council of Social Service.

In fact, all these are still very much a work in progress. For instance, there is the issue of language and cultural sensitivity. Despite having the questionnaires in Bengali, Bangladeshi migrants are able to understand the questions better via dialogue; many proved to have better listening than reading comprehension, and could not fill in the questionnaires for themselves. This then raises privacy issues in the disclosure of their answers, inevitably leading to reactivity behaviour. There is also the stigma of mental illnesses in their cultures. Traditional masculinity norms mean that men could not reveal signs of weakness – being mentally ill brings forth a picture of vulnerability and an excessive display of emotions. Moreover, dovetailing this initiative with the employers' approval and co-operation remains a challenge. How can HealthServe take an objective stance in such matters while gaining the trust of employers to send their employees for treatment? To what degree of severity should cases be reported without affecting the livelihoods of migrant workers? These grey areas need to delicately balanced, and HealthServe has done well to acknowledge them and came up with a design challenge to pinpoint such ethical dilemmas. After all, not all employers cross the line, and advocacy without involving and understanding the relevant stakeholders will only hamper progressive dialogues.

Unquestionably, it all seems like a mammoth task – correcting deeply ingrained social perceptions while at the same time fighting for the rights and the welfare of the migrant workers. A long shot? Perhaps. A pipe dream? Certainly not. In the eyes of Dr Goh, it is a possibility that can only be realised with a multi-faceted approach of community mental health – from the public to the healthcare professionals, we all need to be involved in this endeavour.

"There has to be that concept of community mental health. The idea is to integrate the entire community, both within and without, to understand mental health and support the individual. For the workers themselves, they need to change their perception of mental illness and be willing to voice out. For doctors and volunteers, they can be better equipped to pick out signs of mental illnesses. And even the general public has a role to play: to be intentional in building bridges, to acknowledge their skills, to lessen the power distance.

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We all have a role to play in creating a less anxious environment - where we can drown out the external noises and be quiet to reflect - so that we can genuinely see dignity in this sort of work.

To tackle the issue of mental health, Dr Goh believes a systemic change is needed. But he also feels that it has to begin from us.

"It may sound cliché, but the ball is in our court to take things to the next level. We must not think we are the clever ones, and we need to move beyond valuing a person's worth based on grades. If we can inculcate this in our future generations, our aspirations for the migrant community will certainly be fulfilled by young leaders who care about these issues."

Widely hailed as a melting pot of cultures, Singapore should do more to embrace the different cultural expressions the migrant community brings. In HealthServe, everybody is part of a bigger family, and migrant workers are no exception. Colloquially called 'brothers', migrant workers would partake in dumpling-making sessions and excursions with HealthServe staff. Dr Goh very much hope the same can happen with the rest of the Singaporeans.

"For HealthServe, the end goal is to make sure every migrant worker lives a life of dignity, to help them to stand tall and be comfortable in their own skin. My little plea to fellow Singaporeans is to go out there and make a friend, to learn from our migrant brothers."

Writers' reflections

The issue of mental health has been very real, at least to us. Be it through a short stint at IMH or through conversations with the mentally ill, these experiences have been formative in defining our perception on mental health. And to be able to pen down our thoughts in this essay, to give a voice to the mentally ill patients, both within and without the migrant community, has certainly been a real privilege. After all, the end goal of this project is to help us all see the untold struggles and challenges through the lenses of the various stakeholders. We too hope that it will spark a change within yourself – that you will feel empowered to go the distance and extend a helping hand.

In case you have been wondering why we decided to focus on mental health of the migrant community, it is because we find that the problems surrounding migrant workers today have greater room for awareness. A rarely talked about issue certainly does not mean that it can be swept under the rug, and for mentally ill migrant workers - an invisible community within another - we feel obligated in our small capacities to bring this to light.

What we have written about the challenges and difficulties migrant workers face is, in fact, a microcosm of what they face daily. While we have been careful to not elaborate too much on these, we also felt that we could not disregard and make light of these real, tangible problems that impede their mental wellness. As past volunteers at HealthServe, we have witnessed first-hand various stress factors that predispose migrant workers to mental health disorders. From cramped living spaces to workplace mistreatment, migrant workers who seek help at HealthServe are often helpless and struggle to deal with such constant bombardment in their everyday lives. Inevitably, they become prone to mental illnesses.

It is important for us to improve workplace support for the migrant community- for adequate workplace safety, to prevent workplace abuse, increase social community support and ensure sufficient insurance compensation. However, while policies may improve the overall well-being of migrant workers there may be no better form of support than enhanced social recognition for their contribution to our nation, their identity and their occupation. To put policies into motion, society have to recognise that the current state of things is a problem. Social change would not happen without first a change in social perspectives.

Like what Dr Goh said, change has to start from within us. A simple "hello" acknowledges not just their presence, but also recognises their work and occupation. And in that, migrant works feel dignified. A basic and inherent human right - dignity - grants one a sense of self-worth and belonging which is antithetical to symptoms of mental health disorders. To take it away

To take it away from the migrant worker community not only predisposes them to mental distress, it also denies them the essence of being human. Following better social inclusivity for migrant workers, can we then offer greater workplace support for them. And as a first-world society, trite as it may be, we ought to challenge the status quo and be the change we want to see.

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SHATTERING THE GLASS BOX

Chua Pei Ting & Rebecca Roch

Photo courtesy of Ms Nawira Baig

"IT felt like I was trapped in a glass box. No matter how much I screamed for help, no one could see me or hear me."

As we chatted to Ms Nawira Baig in a quiet café on a Sunday afternoon, it was difficult to reconcile the image of the confident and well-spoken woman sitting before us with the teenage girl in her descriptions. Understandably, the bubbly, optimistic teenager who "loved to talk" shocked herself as much as she did her friends and family when she had suddenly grown quiet and socially withdrawn. Nawira recalls having unexpected tearful episodes in class during her upper secondary school years.

"I didn't know why I was crying," she recounts. "I remember asking my Mom, "Why is everyone happy and I'm not?"". A combination of feelings of entrapment, confusion, and hopelessness was one of Nawira's first inklings that something was wrong. Although it was challenging to focus on the looming 'O' Level examinations, she still performed well enough to enrol in her polytechnic course of choice: a diploma in Mass Communication. Entering her first year at a new school, Nawira thought that her troubles were behind her. She was studying again and soon found herself immersed in the vibrant student community. It seemed that life was back to normal. Unfortunately, things soon took a turn for the worse when she was nearing the middle of her polytechnic journey – another major depressive episode struck her, this time with a vengeance. With the reins of her emotions seemingly slipping from her hold, she felt battered by the intense hopelessness and helplessness that kept pounding onto her like a tireless tormentor. Feeling pushed to her limits, she attempted suicide several times.

Though these were undoubtedly difficult times to say the least, Nawira declares that if she were given the chance to relive her life, she would not change a thing. "Our experiences shape who we are," she muses. She believes that the resilience and self-awareness she has developed from her long-drawn battle with Bipolar Disorder allow her to navigate life's challenges better. "When

you know yourself well enough, nothing negative others say or do can offend you," she quipped. Discovering her purpose of advocating for mental health awareness and helping others going through similar challenges has helped her to tide through the darkest of days. "To heal and help heal" serves as her mission statement and it motivates her to spread the awareness on mental health issues through conducting workshops, writing and speaking publicly about her lived experience with mental illness, besides her full-time work at the Institute of Mental Health.

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When you know yourself well enough, nothing negative others say or do can offend you.

In light of the heartening trend of mental health awareness gaining traction in recent years, Nawira speaks of the importance of closing the "awareness-action" gap while moving forward. She stresses that there is no better place to start than at the individual level. For example, one can be more mindful of how they speak to others in their daily interactions, remembering that each person is fighting their unique battles. Holding space for open and honest conversations about painful experiences and mental illness can help shatter the "glass box" which many individuals living with a condition often experience – feeling severed from others in their communities. People want to reach out or be reached out to for help, but are often not able to. Nawira also rehashes the importance of the conscious effort to get to know the individual beyond their mental health condition. "Everyone has gone through some form of emotional pain in their lives – it's really not that hard to empathise." She reminds us that people want to feel heard because there is healing in having a voice and sharing our stories. When trying to support someone going through a difficult time, it may, thus, be helpful to listen rather than rush to give advice.

Nawira also expresses that more can be done by

schools and tertiary institutions to better support students with mental health conditions. While she has had the support of a few understanding lecturers during her years in polytechnic, Nawira recalls how one faculty member assumed that it would be impossible for her to cope with her studies and had told her that she should drop out of school or transfer to a less stressful course. She admits that now, schools and tertiary institutions in Singapore generally seem to be putting more effort into creating supportive environments for students but there is certainly still much progress to be made. For example, she suggests implementing more 24-hour support services as some students - particularly those living on campus in universities - may require emotional or crisis support beyond school hours. In addition, Nawira mentions that more teachers and lecturers could be better equipped with skills and resources to support their students. They could, for instance, be trained to better detect and address symptoms of mental health issues in students to respond effectively and with empathy. Finally, schools need to ensure that students are aware of the available avenues of support and resources for them. A core curriculum that includes topics related to mental health would also help equip young people and their peers with the skills and resources they need to cope, while creating more awareness, open conversations and support at the school level. "Awareness is the first step to change", Nawira quips, urging that mental health literacy be nurtured from a young age.

The workplace is another key area in which policies can be implemented to better support employees with mental health conditions. When she first started seeking employment, Nawira refrained from disclosing her condition to her employers because she wanted them to recognise her for her own talents instead of defining her by her condition. However, she has since started to be more open about her condition to employers, where appropriate and necessary because not only did this make things easier when she went for regular appointments with her psychiatrist and psychologist, but it also helped her embrace the fact that a mental health condition is nothing to be ashamed of. Furthermore, she notes that disclosing her condition to employers from the get-go can be useful because insensitive responses from employers might be indicative of a lack of

support or inclusivity. This way, her early disclosure has helped her filter out potentially unhelpful work environments, which would not help her thrive professionally or personally. Though Nawira has never been explicitly denied work due to her condition, she has faced subtler forms of discrimination at the workplace. For instance, some of her colleagues and employers treat her as if she is terribly fragile and assign less responsibilities to her. She also notes that they sometimes act in an unnecessarily cautious manner around her, claiming to be afraid of "triggering" her. According to Nawira, one way to address these fallible impressions of her and her capabilities is to have more open and honest conversations with her employers and colleagues. Employers and workplaces could also be better equipped with funding, support and training to hire and retain diverse talent and employees, including people facing mental health and emotional challenges.

In Singapore, a lot has been done in recent times to raise awareness about mental health issues, but there is still a long way to go. Nawira believes that one of the biggest misconceptions people have regarding mental health conditions is that they are an indication of weakness. In truth, healing from mental health conditions is a mark of immense strength because dealing with a mental health condition is never easy. In order to create a more inclusive society that is accepting of people with mental health conditions, we need to get past labels and take steps to get to know people for who they are as unique individuals. "For starters," Nawira says, "ask more than assume".

society. However, with regards to the more nuanced, less tangible issue of inclusivity in social spaces such as the workplace and schools, it is apparent that we have more work to do. In moving towards greater inclusivity, we must grasp a fuller picture of one another's access needs to foster environments which are sensitive and supportive of varied mental health considerations. A major misconception which many people hold is that mental illness is synonymous with "being weak". From Nawira's sharing, her palpable resilience strongly emanated from just the small glimpse we had gleaned of her difficult journey.

Photo by Axel Antas-Bergkvist on Unsplash

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Ask more than assume.

Writers' reflections

In the past couple of years, there has been an unmistakable paradigm shift in Singaporeans' attitudes towards the topic of mental health - a heartening occurrence that is imperative to the maturation of our

THREE: MENTAL HEALTH LAWS AND INSURANCE POLICIES.

Part One: Mental Health Laws

There are several laws in Singapore pertaining to mental health. While they have undergone several changes over time, there are still some limitations in these laws that can be further improved on in future in order to ensure the well-being of those affected by mental health issues.

The Mental Deficiency Acts was revised to become the Mental Treatment Act, and finally the Mental Health Act and the Mental Health (Care and Treatment) Act. The latest two Acts aim to maintain the right of persons with mental illness to beneficence, or having actions done for their best welfare.

There was also the repeal of the original Mental Disorders and Treatment Ordinance which allowed people of mental health issues to be compulsorily detained. It was renamed the Mental Disorders and Treatment Act and allows assessment of the individual as long as they are suspected of having a mental disorder, apart from detainment.

The Mental Capacity Act also allows proxies to be appointed to make decisions on medical and personal welfare of a patient who has lost their capacity to do so. This appointment would be made by the patient himself at a time when his mental capacity had not yet been lost, and multiple tests would be conducted to ensure that decisions are made only upon true loss of capacity.

In addition, Section 309 of the Penal Code has been revised to decriminalise suicide which is a a step forward towards recognising mental health issues in our society. This facilitates the indivduals who have attempted suicide to receive the necessary help and support, rather than be prosecuted.

Photo by Keith Jonson on Unsplash

DR. MACABRE

Chua Zhi Wei & Yaazhini

Photo credits to Dr Chia Boon Hock

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I have studied suicide for over 50 years, almost all my books are on suicide. I've spent almost my whole life on suicide.

DR. Chia Boon Hock's office appeared like any other doctors' office. He sat behind a huge mahogany table, surrounded by framed certifications, photographs of his family, and a giant shelf packed with medical books. It was hard to tell that within these four walls, countless stories of despair were told. Deemed as Singapore's resident suicidologist, Dr. Chia is not only a psychiatrist, he is also Dr. Macabre[1] who has spent his lifetime researching suicide.

Once overweight, introverted and having failed many examinations, Dr. Chia had his fair share of struggles growing up. Because of his personal experience, he got interested in psychiatry as a medical student and chose to do psychiatry at a time when becoming a shrink was considered frivolous. While practising psychiatry in Woodbridge hospital, he was given the opportunity to visit the coroner's court to review case files of suicide victims. He took the opportunity and soon realized that one of the most pressing patient hazards - suicide - was vastly understudied. There was no suicide data available and it seemed as though no one had been actively looking into the subject. So, Dr. Chia decided to spend the next seven years of his lunch breaks at the coroner's court, poring over medical records, suicide letters, toxicology reports and police reports, up until he got his doctorate in 1980. Now at age 82, Dr. Chia is still seeing patients, some of whom have been with him for over 50 years.

As Dr. Chia recounted his early days as a psychia-

-trist and his journey in researching suicide, it was evident that he has great passion in helping the mentally ill. He described his time at the coroner's court as a "laborious process", where he could only "grope in the dark" with his own methodology he considered as "primitive". Dr. Chia never thought of suicide as grim or disturbing, in fact he always says that "a doctor's main purpose is to save lives." It is with sheer grit and immense passion that he is able to have ventured into unknown territory, held onto a belief and never looked back.

> *When you study suicide you realise the problems in life.*

For Dr. Chia, psychiatry is a subject that is highly time-consuming and a lot of times non-lucrative. There is no single blood test or MRI that can concretely prove a mental illness - the only clues leading to a diagnosis are the signs and symptoms relevant to each mental disorder. These signs and symptoms are usually observed over a time period, taking up time before a diagnosis can be made. Dr. Chia finds interviewing the relatives helpful in his assessment of a patient, yet this also means the need to invest more time into each and every patient.

When Dr. Chia was younger, he would see a minimum of 10 patients a day. To listen to the woes and worries of at least 40 patients a week can be very taxing both physically and mentally. After starting a new medication for a patient, Dr. Chia would personally call the patient every other day to assess if there was a need to adjust the dosage. Compliance was also a huge issue, and very often he had to sit down with his patients and slowly coax them into taking their medication. At that time, Dr. Chia always had his phone powered on -- he was basically on "suicide watch" 24/7. He recounted an incident where his patient had phoned him all the way from East Coast Park threatening to drown himself, and he had halt all his work and rushed there immediately to stop him from committing the act.

Even with treatment, the results come in slow. Patients do not get well fast, and more often than not they give up halfway. Besides, most mental illnesses are of a chronic nature, meaning that they require lifelong commitment to treatment. Full remission comes as a privilege, not an entitlement. The chronicity of mental illnesses amplifies the need for affordability. As suggested by Dr. Chia, a lot of patients may reject seeing a psychiatrist due to how non-lucrative it is for its price tag. There is only this much a psychiatrist can advise a patient, and more often than not patients summarize their visit to a psychiatrist with "in the end what you tell me I already know". It is the basic for psychiatrists to be empathetic, but to truly reach out to a patient requires a lot of genuinity and humility.

"Being able to kill yourself is a very difficult thing to do," says Dr. Chia. He believes that most people attempt suicide because they are under extreme suffering either mentally or physically. When that suffering crosses a threshold and translates to hopelessness, suicide becomes the desperate last resort. Over 90 of Dr Chia's own patients have killed themselves in at least 5000 that he has treated over a 20 year period. He admits that no matter how much he has read about suicide, he remains deeply affected when such events occur. He extends great pity to those who lost their lives to suicide and he hurts especially for young suicide victims.

> *By asking doesn't mean you are giving him the idea, the idea is already in him. If you don't ask, you'll never know.*

Dr. Chia recalls a time in his early years of counselling where he had a patient who came in for consultation and killed himself the next day. It was certainly traumatic for Dr. Chia, and he took

the chance to reflect on his short-lived encounter with the patient. That was when he realized he had forgotten to ask the patient the most important question: Do you want to die?

A lot of people - even physicians themselves - fear that asking about suicidal ideations will incite patients and prompt them to commit the very act. Dr. Chia believes this is untrue, as asking about suicidal intention is the key to assessing suicide risk. Suicide risk is linked to risk factors, but having a lot of risk factors does not always mean person will commit suicide. The key lies in whether the person has the ability to kill himself, and this must be assessed directly. Over 70% of suicide victims have come into contact with a healthcare provider within a month before commiting suicide. Dr. Chia says that "it is not about seeing a psychiatrist, but about training a psychiatrist to assess and identify someone at risk". He believes that suicide prevention lies fundamentally on medical involvement. It is very important to train healthcare professionals including psychiatrists, nurses, counsellors, general practitioners and social workers, to assess and intervene adequately.

Dr. Chia also spoke about the suicide statistics of Singapore, which he believes is very reliable unlike many who think that most suicides go under-reported. For all suicide cases in Singapore, the verdict of suicide can only be passed by a coroner. Thorough investigation is carried out for each case, including going through the victim's medical records, police reports, toxicology reports, suicide letters, post-mortem notes and speaking to the close family and friends of the victim. Each process is transparent and straightforward.

Dr. Chia believes that the media plays an important role in the reporting of suicides. "People must be aware that suicides can happen and are happening, but the media must not sensationalize suicides," says Dr. Chia. He noted that young suicide is on the rise, and the sensationalization of suicides can result in copycat behavior among the youth. Fortunately, Singapore media has been fairly tame in the reporting of suicides, exercising great amount of caution to not sensationalize or normalize suicides.

Nonetheless, Dr. Chia believes that education is very important in suicide prevention. Awareness can be raised by the media, schools and communities, and education should not only target potential suicide victims but also the people around them. Educate both the parent and the child, both the employer and the maid, both the doctor and the patient -- suicide prevention is not just a single person effort, it is the collective responsibility of humanity.

> **"**
>
> *It's not a straightforward answer, there is no fully right or wrong.*

When asked about the suicide legislation in Singapore, Dr. Chia took on an interesting point of view. Previously, under law (section 309 of the penal code), attempted suicide was an offence punishable by up to a year's jail, a fine, or both. With that being said, actual prosecutions were rare. The police usually exercise discretion, and individuals were not usually charged with attempted suicide but rather aggression towards police officers. In fact, the state only prosecuted an individual if he had (1) persistently tried to end his life, (2) a lot of public resources were used in preventing him from doing so and (3) committed other crimes in the process. Dr. Chia explains that the judges are often sympathetic, and many realize that suicidal individuals need help, not prosecution.

Around 60% of suicides in Singapore are associated with mental illness, and 14% of those are schizophrenics. A significant percentage of mental health patients are non-compliant to treatment despite medication being the front-line in controlling psychosis and hallucinations. In his research, Dr. Chia found that schizophrenics who kill themselves are often "more ill" than schizophrenics who do not, in which they are more resistant to treatment and experience more hallucinations with greater intensity. When these individuals do not visit a psychiatrist or take their medication, they are more likely to attempt suicide. In cases where they do not succeed and the police are called in, they tend to display violence towards the officers or the people around them,

leaving handcuffs the safest way to manage them.

"Some people may argue human rights, but it really is about directing people who need help to the appropriate treatment." Dr. Chia believes that it is best to improve the current helplines available for people who are at risk of suicide. Dr. Chia believes that there should be a special unit in the police force with police officers trained to handle suicide situations effectively. Most importantly, these officers should be trained to be more humanistic and empathetic towards those who attempt suicide. Dr. Chia also believes that empowering physicians and courts to compel individuals at risk to seek treatment is crucial. Improving treatment options for mental health patients is also extremely important. "It is about the quality of the treatment and not the quantity," says Dr. Chia. Along with the current treatment regime, follow-up care with a multi-disciplinary team is key. The team should include psychiatrists, psychotherapists, social workers, pharmacists, nurses, case managers and support groups. Follow-up care should include compliance to treatment regime, reaction to medication and adjustment of dosage, and should engage not only the patient himself but also his family members.

Most suicides can be prevented. And Dr. Chia believes in three main approaches: to relieve suffering, to give support and to ignite hope.

Reaching out is not only about extending a helping hand; the beauty of reaching out is only realized when the person you are reaching out to reaches back to accept the help he or she truly needs. As a society, a conducive environment has to be nurtured for those at risk to be able to trust, hope, and live again.

Writers' reflections

Dr. Chia has displayed immense mental strength throughout his life. Being in the prevalence of death is without a doubt incredibly taxing - yet his dedication to his patients proved to be great inspiration. As students specializing in the field of healthcare, we hope to display the same level of fortitude, compassion and benevolence that Dr. Chia has shown us. Over the years, Dr. Chia has learnt to cope with the stressful nature of his career by being highly committed to living. He continues to study suicide, all the while keeping himself up to date on the latest news and statistics. He also enjoys plenty of interests outside of his career, including singing and playing the piano. After the interview session with him, he showed us a video of him performing a song in the old parliament house and joked that "karaoke is the thing that keeps me alive". It is heartening to see Dr. Chia living life to the fullest, and he is truly an amazing person to admire and emulate. We sincerely thank Dr. Chia from the bottom of our hearts.

Notes

1. Art pieces that are grim and ghastly in nature, often incorporating elements of death, are often described as macabre.

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CAN YOU HEAR ME OUT?

Elaine Lim & Ng Hong Kai

Photo of Mr Phay Yan Deng (interviewee) and team in Silver Ribbon.
This photo is meaningful to the interviewee because everyone here believes in the importance of raising awareness and promoting positivity towards mental health issues.

Mr Phay works with family members of individuals who have attempted suicide, through counselling and psychoeducation. He is also involved in public outreach, to help change the perception of suicide and how individuals can reach out and show concern to people with suicidal ideation. Mr Phay also works with the migrant workers' community to listen to their problems and educate them on coping strategies that they can use when they are feeling stressed.

THIS year, Singapore commemorates her 200th anniversary since Sir Stamford Raffles first arrived at our shores. Various exhibitions and events, such as The Bicentennial Experience at Fort Canning Centre, have been organised to mark this significant milestone. As these exhibitions seek to encourage Singaporeans to understand a little more about our rich history under the British colonial rule, noteworthy events such as the formation of the Straits Settlements as well as the Japanese Occupation will unsurprisingly be touched upon.

Meanwhile, a lesser known yet undoubtedly important part of our colonial history is Singapore's inheritance of the Penal Code from the British. In 1872, Singapore inherited the Penal Code from our British rulers when the Code was enacted by the Governor of the Straits Settlements.[1] The Code was largely derived from the Indian Code of Criminal Procedure, and forms an integral part of the criminal law in Singapore. Under the Penal Code, Singapore became bound by laws covering areas such as marital immunity for rape, criminalisation of sodomy, and criminalisation of attempted suicide.

Moving on into the 1970s to 1980s, although Singapore was no longer under British colonial rule and had become an independent state, the Penal Code which we had inherited still remained largely untouched. By this time, Singapore had developed open policies of industrialisation to attract multinational companies while training her citizens to meet high productivity demands. However, in that era of rapid economic growth, there was a group of people who were dissatisfied with the fast pace of life and were mostly not well-educated. Their socioeconomic circumstances and educational qualifications did not provide them with the opportunities for skills upgrading. This

was a group who did not benefit from Singapore's economic growth because they were either unwilling or unable to access the opportunities available. At the same time, the growing affluence as a society saw many Singaporeans chasing after the Singapore dream - one that came to be marked by increasing material consumption as an indicator of living a 'full life', with status consumption emerging as a day to day phenomenon that eventually became a part of this fledgling nation-state's consciousness. Within the global capitalist system, the intense competition inevitably resulted in unequal outcomes whereby some individuals became retrenched or stayed unemployed despite the growing economy. Singapore's societal norms evolved alongside individualistic beliefs, morphing into a generalised view that such individuals were too lazy and ill-disciplined to handle the stress from work and therefore, failed to achieve a meaningful life. The politics of envy in which the voices of the disaffected were silent contributed to a problem which is characterised by Catherine Lim in 1994 as the Great Affective Divide between the government and her people, one in which complaints against the government "remains largely coffee-house and cocktail party rhetoric only". Is the government therefore paying heed to 小人物的心声 ,[2] or the aspirations of the common masses on the ground?

With meritocracy - where our achievements are justified through our own merits - becoming a part of our national narrative, assertions such as one's effort would always be rewarded or that the extent of effort is commensurate with the amount of reward have been made constantly and consistently. In short, as long as we strive to do our best, we can realise our dreams. However, this ideology may have unintentionally laid down the foundation for society's stigma towards people who committed suicide, given that many Singaporeans continue to feel lost and bewildered when confronted with their friends' or family members' suicidal ideation. Amongst the older generation of Singaporeans, those who have managed to overcome the odds in their uniquely rag to riches stories, may perceive people who attempted or committed suicide, to be running away from their problems instead of trying to overcome them.

Fortunately, there has been a renewed effort to tackle this misconstrued representation. In a re-

-port released on 9th September in 2018 by the committee tasked to review the Penal Code,[3] it was suggested that repealing section 309 pertaining to the criminalisation of suicide in Singapore would enable these individuals to be "more appropriately managed by the healthcare and social assistance systems". As of 2020, attempted suicide is now decriminalised, suggesting that our nation's approach is shifting away from a punitive stance to a more treatment-based form of intervention. Ms Porsche Poh, founder and executive director of Silver Ribbon (Singapore),[4] also agreed with the Penal Code review committee's assertion that "treatment, rather than prosecution" should be the response taken when managing persons who attempted suicide.

Understandably, concerns have arise regarding the kind of message that is being sent out to the general public after the suicide law is repealed. The symbolic meaning behind the repeal of this law may be misconstrued with a misguided and misrepresented notion that human life is no longer valuable or worthy of preservation. When we raised this issue with Mr Phay, a clinical executive at Silver Ribbon (Singapore), he calmly pointed out that we need to tread cautiously when discussing about possible changes to the suicide law. For one, it would be prudent to realise that the old suicide law and underlying principles behind it are not being removed; they are being replaced. The criminalisation of suicide may have been useful to a certain extent in deterring people from taking their lives, but its symbolic message conveyed may be counterproductive to other solutions aimed at remediating this complex issue, such as the promotion of help seeking behaviour. In order to increase the effectiveness of preventive measures, suicide-related matters need to be approached with the understanding that in our bid to prevent these acts from happening, we need to delve deeper and take time to uncover the motivations behind each individual who has sought suicide as a way out. Rather than keeping section 309 as a coercive instrument to discipline the population, the new law can signal and reaffirm our society's intention to reach out to people who have become desperate, or who feel abandoned and disenfranchised. We need to let these people know that they are neither dispensable nor uncared for. They matter, and there are people who are here to support them.

The successful repeal of section 309, thus, serves as a symbolic reminder for us to learn to be non-judgmental towards people who are contemplating or who have attempted suicide. In our discussion with Mr Phay regarding how societal attitudes towards suicide may have changed over the years, he acknowledged that there is still a lot more work to be done despite the increase in efforts to tackle the stigma associated with suicide. One crucial point he brought up was that suicide attempts are often a cry for help and are not an indication of weakness. However, having the current law in place can make it hard for such myths and stereotypes to be addressed - criminalising suicide may inadvertently signal that people who attempt suicide are in the wrong and deserve to be punished.

What seems to be forgotten is that these individuals all have their own personal dignity. They too, as with anyone else, have their own aspirations and hold unique conceptualisations of life, in relation to the social roles they enact and social goals they strive for. When their lived experiences and subsequent interpretations of those experiences result in overwhelming distress, despair sets in and this is often worsened by a sense of loneliness due to the lack of social support. Suicide starts to be seen as the only viable rational option to them. Imagine being in their shoes - having reached the lowest point in your life where nothing you do seems to matter anymore.

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Having such desolate thoughts can drive one to take very drastic actions, and hence we need to keep this in mind: people who see suicide as a way out are not weak, and they are certainly not worthless.

Having such desolate thoughts can drive one to take very drastic actions, and hence we need to keep this in mind: people who see suicide as a way out are not weak, and they are certainly not worthless. They are fighting very personal and very difficult battles, and they need help. Given that each of us depend on our relationships with others to live, needing help is not a weakness. Needing help reflects our vulnerabilities, enabling us to empathise with others with similar struggles as we learn to recognise that we cannot do everything alone.

Having said this, we also need to be careful in striking a fine balance between condemnation and romanticising. While on the one hand, we would want to avoid condemning suicide and branding all persons who consider suicide negatively, we should also be cautious in the way we portray suicide in different forms of art or on various media platforms. For example, serial dramas can be highly useful in generating conversation about issues pertaining to suicide or other mental health related conditions. They can also be very educational both in terms of raising awareness and developing one's knowledge and understanding about such issues. However, such media content may also portray suicide in ways that are either unrealistic or which serve no other purpose aside from providing entertainment for entertainment's sake. Given the power and influence that the digital media has in today's world, viewers may form misconstrued impressions about suicide related issues. In addition, as Mr Phay has pointed out, such content may also be dangerous for people with suicidal ideation as they may engage in copy-cat suicide – emulating another suicide based on what they may have seen or heard on television or other media platforms.

Looking forward, our stand remains that we should equip ourselves with another tool to deter suicide- a tool that all of us possess and which may be more effective in reaching out to people who are struggling: our compassion. If we, as a society can adopt a more empathetic stand by lending a listening ear, perhaps Singapore can be transformed into a home where hope is just a phone call away for people who are still struggling, even for those who no longer believe that hope exists. With the recent repeal of section 309, along with continued efforts to

promote and encourage greater social support in the community, we believe that even a small sense of hope that is offered unconditionally would be what encourages someone to stay and fight for just a little more.

Yes, we are all fighting battles of our own. But that does not mean we have to fight them alone.

Photo credits to Mr Phay Yan Deng

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We are all fighting battles of our own. But that does not mean we have to fight them alone.

Notes

1. As mentioned in the Legislative History provided by The Statutes of the Republic of Singapore (2008).

2. This refers to the sentiments and wishes of the masses, as part of a popular local chinese song first released in 1986

3. The full Penal Code Review Committee Report is made available to the public on the websites of the Ministry of Home Affairs and the Ministry of Law.

4. Silver Ribbon (Singapore) was co-founded by Ms Sally Choo, Ms Helen Lee, and Ms Porsche Poh in 2005, and aims to promote a positive attitude towards mental health within the local community.

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THE LAW OF ACCEPTANCE - FOR OFFENDERS WITH MENTAL HEALTH DISORDERS

Mak Wei Zhi & Rachel Lee

Mental health law has been a buried topic in our society, understandably due to the lack of exposure and the depth of the expertise of law. A day spent discussing it with a professional in the field has heightened our interest and highlighted current issues and solutions about our legal system for people with mental health disorders.

Meeting our interviewee

AMIDST the classy interiors of wine by the bottle and muted Jazz music in a café , we spotted a fresh-faced and bright-eyed Jun Yin, who stood out from the tourists and bougies enjoying their Sunday brunch, in a simple blue maxi and canvas bag.

Cliché as the saying goes that looks are deceiving, Jun doesn't look a day older than a sharp-eyed university student doing an assignment. Wit beguiles the fact that she has been a practicing litigation lawyer for the past three years.

Over coffee, Jun learnt that we were not law students and patiently educated us about her job and gave us a glimpse into the life of a lawyer, besides the likes of what we know from Law and Order and Suits.

Jun's day runs the gamut from long hours of client meetings, legal research, attending court and preparing for trials. These are in preparation for being the lawyer that we imagine of- cross-examining and examining witnesses, and fighting for her clients' best interests. Working fourteen hours a day is no easy feat- her refuge from the daily grind includes watching films, reading, swimming and spending time with her two beloved kittens.

Of the numerous types of specialisations, Jun leans towards criminal defence and holds a special place in her heart for clients with mental health conditions. This stemmed from her personal circle of friends who dealt with mental health conditions like depression, anxiety and OCD, which made her more aware and understanding of the far-reaching effects of living with a mental health condition.

Understanding our nation's legal system

In Singapore's legal system, sentencing is guided by four principles: retribution, deterrence, prevention and rehabilitation. Retribution ensures that the offender is punished in accordance with his culpability and the seriousness of his crime. Deterrence discourages both the offender and others from committing a similar crime. Prevention (which refers to physical incarceration, such as prison) ensures that the offender cannot cause further harm. Finally, rehabilitation considers offenders who are capable of reform – such as offenders whose offences were linked to a mental disorder.

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> *The challenge lies therein: on one hand, recognising individuals who offended due to mental conditions require help, not "punishment". And on the other hand, ensuring that other members of public are kept safe from harm.*

For example, kleptomania is a disorder classified in the Disruptive, Impulse Control and Conduct Disorders of the Diagnostic and Statistic Manual of Mental Disorders (DSM) 5th Edition. It results in recurrent stealing of items that are not needed for personal use or for their monetary or other value.[1]

Therein comes the challenge and intricacy of prosecuting a member of society with a mental condition that was a contributing factor in the commission of the offence --- instead of penalising and preventing undesirable behaviour through punitive measures, a rehabilitative approach may be more effective as it treats the underlying root cause of the crime: the mental disorder. The challenges lie herein: on one hand, recognising that individuals who offended due to mental conditions require help, not "punishment", and on the other hand, needing to ensure that other members of public are kept safe from harm.

Jun kindly gave an example to elaborate. Let's say we have an offender who has a mental disorder that makes him tend towards violence. Ideally he would be recuperating in the comfort of his home. However, the court may have to put him in jail still, and have him seek treatment there. This is because the effects of "letting him loose" in society may be too dire to risk.

With the Mandatory Treatment Order (MTO), offenders with mental health conditions undergo compulsory rehabilitation instead of facing jail time. Jun shared with us pertinent changes of the MTO which allow more clients to be eligible for this sentencing option.

Previously, the MTO was exclusively applicable to clients who did not have any previous incarcerations or drug addiction treatments and must have an imprisonment term of less than 3 years.

After the reforms in July 2017, the MTO expanded to include offenders with previous incarcerations for up to three months' duration, and who had undergone previous addiction treatments. Reformed MTO is also applicable for individuals with imprisonment sentences of up to 7 years. In addition, the duration of treatment is extended from 24 months to 36 months.

Jun Yin's personal account

One of Jun's previous clients was a woman in her fifties who committed multiple offences of petty theft (where the items stolen is not of high value). [2] She suffered from depression in the aftermath of an abusive relationship with her husband for over 20 years.

The psychological damage of being with an abusive partner haunted her, which led to her compulsion to shoplift whenever she encountered her husband, anticipation of meeting him at a family gathering or even seeing a stranger who resembled him.

Under the MTO, Jun's client received treatment for her depression which led to her offences, thereby tackling the issue right at its roots.

It is perceptible that the law is alive to the fact that we simply cannot class everyone under one rigid system.

Jun also shared that for some of her clients, the MTO served as a jolt back to reality that they needed to seek help for their condition. After all, it is challenging for our society to accept mental illness, let alone seek treatment for it.

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However, the cause-and-effect relationship of a mental health condition leading to an offence isn't always clear-cut.

In another story that Jun shares, her client suffered from depression due to a poor family relationship with her children and felt lonely after her husband went overseas for work. As there was a considerable time gap between each of her offences, much association was needed for Jun to see a link between her client's offences and mental health condition.

With the benefits of the reformed MTO, there are certainly challenges alongside it. It is not uncommon that the client's themselves are not aware of their mental disorders, or have an inkling but (understandably) do not wish to accept it. As a lawyer, Jun needs to sift through a new client's history and observe for any patterns of uncharacteristic behaviour which could point towards an undiagnosed mental disorder. She then conveys her findings to psychiatrists, who then assist to diagnose and treat (if necessary).

Even with a diagnosis of a mental health condition, fighting in court can be an uphill battle as Jun is not only fighting for the client, but also against the stigma and scepticism surrounding the predicament of the client's conditions.

Contrary to our physical illnesses, healing for mental health conditions are often not linear. Jun notes that while her clients have uneventful days when they are able to function well, there are also days where their condition acts up- which is when offences are committed. The road to recovery for mental illness is not a smooth one; it usually follows a jagged trajectory.

Takeaways

While changes such as the MTO reform are recent, it is a sure sign that awareness of mental health conditions are rising. People appreciate a more holistic view on the individual's misdoing, such as the motive and health condition, and seek an effective measure to ensure that they do not revert back on this path.

For people with mental health conditions, the reformations to address the inadequacy of the law

may be a piece of consoling news that they have a chance to seek the appropriate solution to their wrongdoings, and turn over a new leaf.

Writers' reflections

A day spent with Jun has broadened our horizons to the issue of offenders with mental health conditions. As healthcare students ourselves, we are exposed to how the behaviour of people are impacted by mental disorders, and how it does not truly reflect their true nature. However, we also understand that our country's legal system is here to protect and punish. Hence, we can clearly see the struggle to find a win-win solution for both society and offenders affected by mental health conditions.

The start of reforms in our legal system signifies the recognition of its loopholes, and efforts to amend it so that the law is fair and just for those with mental disorders too. The journey would undeniably be an arduous one, with achievements and setbacks along the way. However, for the sake of achieving justice for every individual, it is one that would deepen our trust in our legal system.

Photo courtesy of Ms Tan Jun Yin

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THREE: MENTAL HEALTH LAWS AND INSURANCE POLICIES.

Part Two: Insurance Policies

Apart from contending with the emotional exhaustion caused by their illnesses, mental health patients have to worry about their financial situation as they face difficulties in maintaining stable employment and paying their high medical bills. Their predicament has been caused in part by long-standing stigma from the public, exacerbated by negative portrayals of mental illness by the media and a Singaporean culture which emphasises taking up responsibility for personal situations.

Oftentimes, it is the caregivers of such patients who have to take up the responsibility of providing financially and emotionally for their dependants, which also puts them under tremendous psychological stress. They have to make the choice between public or private treatments for the patients, where public treatment is subsidised but have long waiting times, while private treatments are the opposite – faster but a lot more expensive. In the long run, undergoing frequent treatment sessions also takes a toll on finances.

In Singapore, it was not until 2015 when full coverage for patients with psychiatric conditions was offered under MediShield Life. In addition, public insurance Medisave currently pays certain outpatient and inpatient fees for such patients as well, in contrast to the exclusion ban they put on these patients previously. However, even with these changes, not all psychiatric conditions are covered by these plans and there are limits to how much patients can withdraw to cover their bills. Meanwhile, not all private insurance companies are willing to offer their services to mental health patients, resulting in individuals receiving lower coverage with limits imposed on them or face difficulties while applying.

In comparison, the United States has implemented Acts, including the Mental Health Parity Act, Mental Health Parity and Addiction Equity Act, and the Patient Protection and Affordable Care Act, to allow full coverage of the whole range of medical and mental health problems for applicants. These public laws also prevent private insurance companies from unfairly limiting benefits to mental health patients.

It is crucial to explore how Singapore may provide better financial support for individuals with mental health issues as well as their family members and caregivers in the midst of other constrains and limitations faced by our healthcare system.

Photo by Illiya Vjestica on Unsplash

IS IT JUST ME? : BEYOND THE TEMPER TRAP

Mavis Tan & Melissa Chan

Photo courtesy of Ms Mahita Vas

CLAD in a grey Mickey Mouse t-shirt, Ms Mahita Vas waves and approaches us at a corner tucked away in a coffee shop. Her demeanour is warm, candid and unassuming, belying and defying the depth of struggles she has had to overcome over much of her life. Ms Vas landed several high-flying jobs (in quite the literal sense of the phrase) — as a stewardess with Singapore Airlines, and later in various international advertising agencies handling the accounts of Procter & Gamble, McDonald's, L'Oreal and BMW. Today, she is no stranger to many as a successful local author of three books, including a memoir of her battles with bipolar disorder, to which she humbly responds to by saying, "[I] cook, clean… boring right! Read! I read a lot. Surf the net. I'm such a housewife actually, that's why I find it hard to call myself a writer". Ms Vas is also one of Singapore's pioneer mental health advocates, sharing her experiences and insights as a patient, talking to students on stage and enlightening others in the face of adversity.

The following chronicles her story.

Struggles and family support

> *"I thought it was just a bad temper. Maybe it was because my body was heaty. But there was something more wrong with me. If someone said it was heaty food, I took cooling food, but it didn't work! It should have worked. It didn't work for me. Nothing worked."*

For 30 years, Ms Vas battled with uncertainties about herself. While she was highly capable at work, she found immense difficulties controlling her own emotions. When Ms Vas was triggered unknowingly, she would use harsh words on people around her. Fearful of her own outbursts, Ms Vas lived in anguish. In desperation, many interventions were sought, hoping that it could be the solution that she longed for. Yet time and again, nothing worked for her.

Despaired, Ms Vas decided to seek professional help and was diagnosed with bipolar disorder in 2005. Bipolar. It may merely be a medical term for many, but for Ms Vas, it changed her life completely. It shocked her to know that her condition was much more severe than presumed, yet she was relieved that there was finally an explanation for her previous behaviours. "I can finally be normal again," she thought. But it came with a price. Ms Vas recognised that she had to be on lifelong medications, which often caused unpleasant side effects. Despite having taken Lithium tablets for eight years, it was not something that can be gotten used to with the passing of time. "It's the same element that is used in your battery, imagine that" – this was something she found hard to shake off. Yet, she gritted her teeth and persevered in her medications because she wanted to be normal again.

"Medication. Yes, it makes me stable. The mentally ill like me, need something to keep us stable, whereas you all are just naturally stable… I can now be a normal person and not the monster that I was."

Still, medications were not the sole antidote. Ms Vas had to be constantly aware of the existing triggers that could potentially lead to a relapse, such as late nights or rambunctious environments. While it meant making deliberate changes to her lifestyle, she knew that it was worthwhile and was empowered to take active steps to manage her mental wellbeing. It took years before Ms Vas became who she is today - strong-willed, positive and motivational. However, little is known regarding the unimaginable emotional turmoil experienced by Ms Vas behind the scenes. She recalls three consecutive instances where she received poor physician care, causing fluctuations in her treatment outcomes. Inappropriate and unreasonably expensive medications were prescribed to her, even though all that was required were standard ones. Thankfully, Ms Vas chanced upon an excellent physician from the Institute of Mental Health while participating in an interview on Channel NewsAsia. That made all the difference to her treatment and finally stabilised her condition, over time.

Ms Vas attributes being able to tide through her most tumultuous periods to the unwavering support of her family and friends. While she was struggling with self-acceptance, her friends and ex-colleagues embraced her with unequivocal love, without judgement. Beyond that, Ms Vas treasured her husband deeply. Married for 30 years, his comforting presence and undying support kept her going in her darkest days and gave her hope that she would be there to see the light at the end of the tunnel. As a pilot, Ms Vas' husband retired from Singapore Airlines at the age of 62, but continued flying to Ethiopia for three years, while returning intermittently. Things were at times unbearable for her as she had to juggle between battling with her own emotions and working about her husband's schedule, making sure that she was stable and ready to welcome him home.

> *We've lived together now for 36 years. I met him when I was 20. Now I'm 56. He's 10 years older, he's also very calm and controlled. I found it very hard when he was not around. He's such a calming presence.*

Ms Vas is also blessed with twins in her life — two daughters, aged 27. One lives with the couple in Singapore, while the other works in England. All the love showered upon her has given Ms Vas the boldness to speak the truth about mental health.

While her initial intention of writing a book was merely to pen down her thoughts, it sparked off a new calling in her life as she discovered her talent for writing. Ms Vas also appeared on television programmes and over the radios, where she never allowed the fear of public stigma from hindering her, because she saw the value in her persistence.

"Either you do it all the way or you don't. Cannot 'suka suka' do and then don't show face or change the voice. Because when you see a face, you want to show the randomness of it, that it [mental illness] can happen to anyone."

She resolved to live a meaningful life, knowing that any deterioration will only bring about greater torment to her loved ones.

"

The patient usually does not suffer as much as people think. Because for patients, we don't know, that's our normal right? But the people around me — my kids, my husband, my friends. The people around me suffered.

Flaws in the healthcare system

Apart from the personal troubles she has had to overcome as a mental health patient, Ms Vas shared that navigating the healthcare system has been the greater challenge. She explains that the medicalisation of psychiatric conditions has only seemed to reinforce the patient-physician disparity, positioning the patient as a subject of treatment, rather than a whole person. Ms Vas stresses that mental health patients like herself should never have to be short-changed in the care they receive. Like any dignified person, they are entitled to the same basic rights that the rest of us enjoy. Yet, her identity continues to be irrevoca-

-bly tied with what others associate with her psychiatric condition.

"The biggest problem I had, which I never noticed until I tried to get insurance, was insurance. To me that's the first class discrimination. Highest order of discrimination."

On account of her diagnosis of bipolar disorder, countless insurance companies have denied her applications to be insured against critical illness and hospitalisation — even though she was certified by her doctor as stable, compliant to her medications and physically healthy. Ms Vas laid out the multiple rejection letters sent to her from private companies to government-owned entities, before us. We sensed her exasperation as she recounted the agonising processes she underwent with her husband to appeal to these companies. From personally contacting the main overseas branches, at times staying up till the wee hours of the morning due to the time difference, to producing a letter endorsed by a minister representing her constituency — all these were for naught. She muses:

"Because we do get sick, like every normal person, we do have illnesses that require hospitalisation, like any other random person. And then we will not have coverage. For a lot of people, it is hard to pay the bill. Premiums are rising."

Historically, insurance coverage for mental health patients has been poor, as insurers perceived psychiatric treatments (such as therapy sessions) as difficult to objectively qualify as "medically-necessary", given its subjectivity. As difficult as it already is, mental health patients like Ms Vas hardly receive coverage even for physical conditions afflicting the general population, regardless of the state of their mental health. In the event where insurers agree to cover an individual with pre-existing psychiatric conditions, additional premiums are charged. Ms Vas was finally covered under a private firm, but at a hefty cost of $8000 worth of premiums. "I just feel so lucky I have the means" she quips, "But so many don't". She bemoans the regrettable reality of little parity between a life insured as a regular patient, and a mental health patient. It seems ironic that insurance companies market their products as a journey into life with you — is it really, if you were a mental health

patient? One of the insurance companies had in fact, used Ms Vas' story in an advertisement despite rejecting her insurance application.

> " *It seems ironic that insurance companies market their products as a journey into life with you - is it really, if you were a mental health patient?*

Conclusion

Moving forward, Ms Vas hopes that her advocacy inspires and empowers others to continue breaking down barriers and eliminate the stigma against mental health conditions. She gently urged us, as students, as future healthcare professionals, as the younger generation, to spread the word and challenge the stereotypes people have of mental health patients. When asked if she would continue writing, she smiled and nodded. Indeed, this story began with a "Once Upon a Time" (as Ms Vas described) — however, it is hardly "The End" as change is in our hands.

Writers' reflections

Through the interview with Ms Vas, our views towards mental health shifted as a whole. As nursing students, our perceptions of mental illnesses are often confined to our experiences within the walls of the Institute of Mental Health (IMH). Hence, we tended to focus on the possible medical care and treatments for these patients, without gaining a better understanding of the struggles that they face daily. Unlike most chronic diseases, mental illnesses can happen randomly and affect people of various ages. This interview reminded me of my personal misconception that mental illnesses can be avoided. While it is true to a certain extent, it is also important to recognise that mental illness is not a choice.

Like Ms Vas, many spent years struggling to manage his/her personal emotions. Being diagnosed with a mental health condition can be debilitating, and may evoke feelings of hopelessness. Besides being reliant on

medications, which are often accompanied by undesirable side effects, Ms Vas (like many other patients with psychiatric conditions) have to struggle with the, unfortunately, familiar tune of public stigma. As mental illnesses are unpredictable, the lay person might be inclined to place labels on them due to fear of the unknown. This can compel many patients to end their own lives.

Aside from the patient's care, healthcare professionals should never forget to extend care to the loved ones of their patients, who are often the caregivers. As pointed out by Ms Vas, mental illnesses often threaten the unity of a family as it requires patience and love to care for their loved ones struggling with mental health challenges. More support needs to be given to caregivers, so that condition does not come in between families and relationships.

Living in an urban environment where stress levels are high puts us at greater risk of developing mental illnesses.[1] Over the years, the number of patients with mental health conditions has increased exponentially, yet access to care, treatment and support services remains inadequate.[2] It shocked us to learn from Ms Vas that there is only one insurance plan available for people with mental health conditions, which also comes at a hefty price. Fortunately, Ms Vas and her family can afford such insurance plans (though with much financial strain). But what about those who can barely make ends meet? Do they not deserve proper medical care and insurance coverage? Such a lack of policies reveals the strong discrimination towards persons with mental health conditions.

We hope that this interview with Ms Vas illuminates the struggles that people with mental health conditions face, and inspires others to initiate actions that speak louder than mere words and campaigns. It takes just a little more empathy and kindness from all of us, to support those who are struggling emotionally and mentally. After all, it could happen to anybody. More importantly, for those who are struggling with mental health challenges, our hope is that Ms Vas' story empowers you, and proves that there is always light at the end of the tunnel. You are never alone in this journey as there will be hands to guide and embrace you, always.

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A SECOND CHANCE

Ravichandran Divya Poorani & Nadya 'Umairah

It is a well-known fact that individuals who have had mental health conditions experience social stigmatisation, but less known to many is the discrimination they face with employment and insurance services. This clearly resonated with us as we spoke with Mr Lim Yufan to understand more about the challenges in insurance coverage for mental health conditions.

He approaches from quite a distance away, casually dressed and slightly fidgety. Donning a cap, his eyes scan the crowd in front of him curiously. When I take the liberty of raising my hand, he finally lights up in recognition.

"Hi," he greets, extending a hand, "should we move to a quieter place to talk?"

We find ourselves in McDonalds, settling in a relatively quiet corner away from the bustle of families gathered for lunch. There is a friendly aura surrounding him, evident in the small talk he engaged us in the whole way there, animatedly asking about our studies. Once inside, he waited patiently for us to set up, seeming slightly more at ease with himself in the face of two complete strangers about to probe into his life.

The recorder clicks.

Lim Yufan is a freelancer who runs his own business and spends his free time studying for a job in the insurance field. He was also diagnosed with Major Depressive Disorder (MDD) since age 15. This unique experience has given him a closer, more intimate perspective of the correlation between the insurance and mental health scenes in Singapore. With a hand in both, the flaws and pitfalls of the system come clearer to Yufan than would most; he has been affected by a mental health condition himself and he understands the implication of insufficient insurance coverage on mental health patients.

He begins by diving into his past. An only child to his loving and supportive parents, Yufan grew up in a relatively normal Singaporean household. As a Secondary school student, he was heavily invested in his co-curricular activity (CCA), involving himself in many activities and events. Perhaps it was an accumulation of this stress, along with specific incidents that occurred during CCA—Yufan experienced so much anxiety to the point where it was difficult for him to even attend school.

> **"**
> *When I woke up in the morning, there was just this paralysing fear," he recounts of his school days, "my heart would beat very fast, my chest would feel very tight.*

This fear, he stresses, was distinct from the typical lethargy that students experience when while dragging themselves for another long day at school. Being a young teenager, barely beyond the cusp of puberty, Yufan found communicating his feelings to his conservative parents difficult. He was afraid of how they would respond. When he eventually conveyed his fear to leave the house, his parents were, understandably, at a loss and confused as to how to approach the real issue. The reality of the situation at the time was that mental health awareness was not a concern shared by the majority. Instead, mental health has been positioned as a taboo topic to be thrown around only when the media had decided to feature it, and unfortunately misrepresent its nature to wide-eyed audiences.

Fortunately for Yufan, despite his parents' more conservative stances, they were not disinclined

to watching television. It was there that they chanced upon the existence of psychiatrists and social workers, as well as the field that they preside over. In an opportune moment that gave Yufan the segue into talking to his parents about his difficulties, he finally opened up and told his parents that he had wanted to seek help.

With that, Yufan began his rehabilitative journey.

In finding his place in life, Yufan explored the field of insurance. In preparation for his examinations which were required to become insurance representatives, as well as his personal brushes with the industry in his recovery journey, Yufan had learnt a lot more than he expected.

Some policies that may seem familiar to laypeople include the whole life insurance policies, and the health insurance policies. For example, whole life policies cover an individual until death, where a lump sum is then dispensed to the family.[1] On the other hand, hospitalisation insurance compensates for costs incurred during hospitalisation at public hospitals such as ward accommodations, medicine, treatment and so on.[2] As the coverage of the aforementioned hospitalisation insurance would immediately extend to ward charges, inpatients are especially rewarded with a lighter burden seeing that they would not have to worry about the immediate costs.

This is not the case for patients of mental illness.

Yufan discovered that patients with a history of mental illness, whether it be a note on one's record or the prescription of related medicine, are immediately rejected in the application for hospitalisation insurance. This is a stark contrast to the health insurance covering non-mental health patients, whose services such as ward accommodation, surgery, consultations, and further treatments or tests would be covered and claimable through their insurance plans. He found it unfair that such restrictions would exist, especially because it would affect his own journey going forward.

This information came as a shock to him, and raised further questions. For Yufan, this was a matter of personal stake as he straddled both worlds—as an individual with a mental health

condition and as a potential insurance agent. He became worried, especially now equipped with the knowledge that insurance would not cover him should he require any hospitalisation in the near future due to his condition.

Despite having a letter to certify improvement in his condition, it did not help him in securing any hospitalisation insurance. This blunt rejection from access to insurance amongst mental health patients is also starkly different from the case of patients with other types of pre-existing conditions. Insurance policies state that an individual with a pre-existing condition, might still be able to get an insurance plan on the condition of exclusions for specific conditions or loaded premiums.[3] Given that having a health insurance may put people at a peace of mind, insurance companies should extend their service to individuals with different health conditions, without leaving some behind.

> "
> *If insurers really want to sell a product that gives people a peace of mind, they should offer a product that does so.*

Though more Singaporeans are aware of mental illnesses, they remain hesitant in declaring their conditions due to the black mark around it. With a growing trend of mental illness, a future with exclusions or stigma against mental illness will hurt this growing vulnerable population more. There is no wonder why individuals are afraid to come forward with their difficulties in mental health—aside from social stigmatisation, individuals are forever marked as something of risk in the healthcare system. These individuals would only be further disadvantaged in attempts to attain employment, until it eventually leads the inevitable marginalisation of mental health patients entirely.

Insurers need to view mental health as inseparable from physical health conditions, seeing as the mind and body are very much interconnected and

influence that state of the other. If such segregation is deemed to be necessary, then specific plans to cover mental conditions should be offered. Additionally, we understood from Mr Yufan that there exists a disconnect between the underwriters—the individuals who assess risk in insurance proposals and determine policy terms and premiums purely based on statistical information—and insurance companies. This precipitates serious consequences as underwriters are not clinically trained but the assessments of applicants are still contingent on their word.

To the question of how the inaction on the part of insurers will affect various stakeholders, Yufan feels that it plays a tremulously large role in stigmatisation. While some forms of discrimination are obvious and distinct in its action, there exists smaller, more subtle ways of singling out individuals with mental health concerns from those without. Something as minor as a declaration on your employment form and in applying for insurance would, in reality, cause a ripple effect that would drastically change how the individual can navigate their lives in the future.

Photo by John Noonan on Unsplash

"

It somehow feels as if these people are identified as second-class citizens," he expresses, *"and it sends out a message that people with a history of mental illness are 'special cases'—'separate'.*

When the individual is denied an insurance plan, it extensively affects many of his or her other aspects of life: employment, future prospects, quality of life, interconnected as they are.

Nonetheless, Yufan takes time to acknowledge the efforts of organisations in bringing greater awareness to mental health in recent years, and how this has positively impacted the reception—and perhaps acceptance—of mental health conditions among Singaporeans. He particularly mentions the 'Beyond the Label' campaign, helmed by the National Council of Social Service (NCSS)[4] in 2018, which was an effort to address stigma faced by persons with mental health conditions in society. The campaign involved resources to educate the public on such concerns, such as informative publications, engagement tools, as well as videos of individuals sharing their personal experiences with mental health. These tools helped to introduce the wide spectrum of mental health to the general public, and the nuances they may have missed in addressing the issue.

"It was really powerful and it needs to reach more people."

Beyond that, he emphasises on the importance of mitigating the stigmatisation that is still rampant in society. Till this day, many myths continue to surround mental health illness. Common perceptions of mental health conditions range from it being a form of spiritual comeuppance to it being a behavioural choice—none of which

are remotely close to the truth. This matter is exacerbated by the erroneous portrayals and representations in media, with movies such as One Flew Over the Cuckoo's Nest (1975) and more recently 2016's Split, which has more than added to the perception that individuals with mental health conditions are on the peripherals of society, lurking and dangerous, rather than needing support and acceptance. In response to these problems, Yufan suggests that Singaporean media take active steps in educating the public, seeing as they are in direct contact with the local audience. At the same time, advocacy groups or organisations, such as the likes of NCSS, could present more recovery stories which would present the notion that these struggles can be overcome with the right steps and tools. The strength and resilience of individuals with mental health conditions should be celebrated and encouraged.

He hopes that with these ideas, society can put a face to mental health, thereby humanising the lived experiences of individuals with mental health conditions. It would be a step forward in acknowledging that these individuals are facing very real problems, and that society can do its part to help.

"Just like how former convicts need to be given a second chance, or cancer patients get a new lease of life after remission, mental health patients should also be extended that same opportunity when their condition improves."

Mental health conditions are not a choice, but rather something that we are afflicted with. On the contrary, recovery is a choice, and mental health patients have to choose it. In that, society can play a huge role in guiding these individuals make that choice.

> **"**
> *To choose recovery, one has to be open with struggles and he or she can't do that if society tells you to keep it to yourself.*

Stigmatisation stemming from employers and insurers play a huge role in hindering that choice to recover. To choose recovery, one has to be open with struggles and he or she can't do that if society tells you to keep it to yourself.

Writers' reflections

It was an eye-opening experience for us to understand the challenges faced in securing insurance for individuals with a history of mental health issues. Through this interview, one could recognise the unmet needs for mental health patients and the existing stigma around them. Being students in the medical field, we should strive better in educating the public about mental health and advocating for improved welfare of individuals with mental health history.

This opportunity has allowed us to see, first-hand, how larger societal structures and perceptions inevitably trickle down and indirectly affect the personal experiences individuals have with mental health. Through our conversations with Yufan, we have been enlightened on the apparent disconnect between insurance policy makers and their patients. Between that schism lies the very real consequences to the individuals involved that such institutions may or may not be aware of, while constructing the very restrictions that would eventually govern their lives. It has only served to remind us that there is so much more to be done for the mental health community to ensure that their concerns and struggles are addressed by the relevant institutions, and eventually, acknowledged by the larger society.

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