

## **'MIND Your Health' Webinar Episode 5: Schizophrenia, Bipolar Disorder & Other Related Mental-Health Conditions** **Frequently Asked Questions (FAQs)**

- 1. How else can we educate the newer and older generation on mental health topics and healthy coping mechanisms to battle the existence of stigma around mental health? For example, can mental health and mental well-being classes be introduced as a priority subject in schools?**

This is an issue which is becoming more recognised globally. It requires joint efforts between the community, schools, healthcare providers and policy makers as well. One way we can take a step in the right direction is by promoting awareness and education on how parental mental health can affect their children's mental health. Reducing stigma on help seeking and increasing accessibility of mental health treatment is key. MOE is also working to improve mental health education and monitoring in schools.

<https://www.channelnewsasia.com/news/singapore/schools-mental-health-lessons-2021-more-trips-asia-moe-12499088>

- 2. For persons with these conditions who are unwell and refused to go for treatment, and are not disruptive (i.e., staying at home with minimal contact with others and not causing much problems to family members), what can be done to get them to be treated?**

There are people with mental health conditions who are largely house bound and unable to live their lives normally. In such cases, it may be important to consider reaching out to a community partner to see if home visit and assessment can be done. Sometimes trust may need to be built by health care providers/ social workers before more can be done.

- 3. Do you have any advice on the best way to get someone with mental illness to seek help?**

Approaching the person and sharing why you feel concerned and how they have changed may be a gentler way to show you care and worry about them. Sometimes bringing them to a GP/polyclinic may also be a good way to get them assessed by a doctor.

- 4. Would a person suffering from Schizophrenia have to be on medication permanently? Is there coping mechanism without having to medicate?**

A person suffering from schizophrenia can recover fully and eventually not require medications. However, whether to stop medications also depends on factors such as impending life stressors, how long the patients have been symptom free etc. Patients should discuss the matter of stopping medications with their doctors, rather than make the decision on their own.

**5. What do we say or do when someone tells us he/she can hear voices?**

If someone tells you this, you can express interest and find out more about what the voices say/how they are like. It would also be good to let the person know you are concerned and suggest if they would want to see a counsellor or doctor about it.

**6. Is a person suffering from schizophrenia more prone to being abusive/violent?**

There are people with mental health conditions, and people with no mental health conditions that can be abusive/violent. In general, having a condition like Schizophrenia does not make a person more likely to be abusive/violent.

**7. If a person always hears voices and talk to themselves, does it mean they suffer from Schizophrenia?**

Hearing "voices" as a symptom does not necessary mean that it is schizophrenia. Psychotic symptoms can also occur in conditions such as severe depression, bipolar disorder and even some medical conditions. It would be best if you seek medical advice from your family doctor or at polyclinics. Many GPs and family physicians have advanced mental health training that has giving them more knowledge and skills in diagnosing and managing mental health conditions. They would also know when best to refer the patients to a specialist for care.

**8. For Schizophrenia patients who are showing treatment resistance, besides Clozapine (might develop serious side effects) and additional Electroconvulsive Therapy (might cause the person to be groggy constantly), are there any more medicines or treatment for such patients?**

Apart from Clozapine, augmentation and combination with other antipsychotics, antidepressants or mood stabilisers may be used. We may also refer the patient for cognitive and functional rehabilitation to try and improve areas which they may struggle in.

**9. Can Depression lead to Schizophrenia?**

Depression, when severe, can also present with psychotic symptoms such as auditory hallucinations (voices) and delusions.

**10. Are the events of schizophrenia episodic or continuous? For example, does the individual hear voices all the time or does it come and go?**

Most times, individuals with Schizophrenia may have discreet episodes of relapse. However there are some who have more severe schizophrenia who may remain symptomatic in between (in a way they may have residual symptoms continuously) becomes involved in their

case, there is also the need for the individual to accept the legal consequences during their recovery journey.

**11. Is Psychosis the same as Schizophrenia?**

Psychosis is a syndrome which includes symptoms such as hallucinations, delusions, or thought disorders. These can happen in conditions such as severe depression and bipolar disorder. Some medical conditions can also present with psychosis. Schizophrenia on the other hand, is a psychiatric condition which presents with psychosis.

**12. Can OCD and Schizophrenia appear in the same individual?**

OCD and Schizophrenia are often associated with each other.

<https://iocdf.org/expert-opinions/schizophrenia-and-ocd-a-consideration-of-schizo-obsessive-disorder/>

**13. Will a person with Schizophrenia relapse if they stop their medicine?**

In most cases, if a person with Schizophrenia stops their medication, they are likely to relapse. This may not occur immediately for some and may occur in the weeks or months after.

**14. What is the probability of trauma causing Schizophrenia, Bipolar Disorder, and other mental health related issues?**

When stress becomes overwhelming and prolonged, the risks for mental health issues increase. Long-term stress increases the risk of mental health problems such as anxiety and depression, substance use problems, sleep problems. Certainly, trauma can directly cause post-traumatic stress disorder. Some patients with OCD may also have trauma at the root of their condition.

**15. Would a patient who is not compliant with their prescribed medication become violent?**

If a patient is not compliant to medications, they may experience symptoms that can make them depressed or aggressive. Some patients also end up using drugs or alcohol to cope. Substance use can make people more disinhibited, impulsive and increase violence.

**16. Are symptoms in patients with Alzheimer's disease similar to that of schizophrenia?**

Patients with dementia can present with symptoms similar to schizophrenia, such as hallucinations and delusions. Patients with schizophrenia are also at an elevated risk of developing dementia.

**17. What recourse is available to caregivers of patients suffering from schizophrenia who refuse treatment?**

Patients with schizophrenia may not have insight into their condition especially when they are unwell. It is important for the patients to receive treatment. There are instances where patients with schizophrenia may start to refuse medications as soon as they feel better, thinking that they are well enough. In cases where the patients are so impaired that they may be at risk of harm to self or others, you can contact the hospitals to see if a mobile team can be sent to do home based assessment.

Caregiver Alliance (<https://www.cal.org.sg/>) may be able to provide more tips and strategies as well.

**18. Would a person with a parent suffering from Schizophrenia have a higher risk of suffering from the same condition?**

Children with 1 parent who has Schizophrenia may have an increased chance than the general population to get Schizophrenia. However, most do not. Keeping oneself well mentally and physically; surrounding oneself with healthy relationships would allow a person to be able to better deal with stress. This would also reduce a risk of mental health symptoms appearing.

**19. What is your advice on post-substance abuse developed Schizophrenia?**

Stopping substance use and seeking mental health treatment would be key. Counselling and living a healthy lifestyle may help improve symptoms in the long run as well.

**20. How does regular sleep impact bipolar disorder?**

Regular sleep is important for people with bipolar disorder. It allows the person to have better mood stability and reduce the chance of relapse.

**21. Does someone with bipolar disorder require lifelong medication?**

In many cases, medication may be lifelong, but not for all. Some people with milder forms of Bipolar may be able to control their symptoms with regular sleep, good lifestyle habits and good mental health practices. Avoidance of drugs and alcohol are important for them as well.

**22. What are type 1 & type 2 bipolar?**

A person with bipolar 1 will experience a full manic episode, while a person with bipolar 2 will experience only a hypomanic episode (a period that's less severe than a full manic episode). Also, a patient with bipolar 1 may or may not experience a major depressive episode, while a person with bipolar 2 will experience a major depressive episode.

**23. What are grandiose delusions for bipolar disorder?**

A grandiose delusion is a false or unusual belief about one's greatness. A person may believe, for instance, that they are famous, can accomplish great things or have great skills etc.

**24. For Schizophrenia patients who are suffering from long term insomnia, besides offering sleeping pills as long term "solution", can we offer Melatonin as alternative? Will it interfere with their antipsychotic medications?**

Apart from using sleeping pills, supplements such as Melatonin can be used. Melatonin certainly has much less interactions with psychiatric medications compared to sleeping pills. There is also non-medication treatment such as cognitive behavioural therapy that can be used in patients with sleep issues. Do discuss these with the patient's treating doctor so that the best modality of treatment can be chosen.

**25. Can ADHD be mistaken for bipolar disorder and why?**

Yes. One reason is that these two conditions does occur together often and there are studies that have suggested a genetic connection between the two conditions. Another reason is that sometimes, the symptoms are similar. For example, these two condition shares symptoms such as hyperactivity, distractibility, and reduced inhibitions. However, one good way to differentiate is that symptoms of ADHD tends to be more constant, whereas symptoms of bipolar disorder tend to be episodic and the periods of mania and depression may be short-lived.

**26. Does a bipolar person know he/she is one without seeing a doctor?**

There are many online test that one can complete, but it is best for the person to seek medical consultation for the condition, as there are some medical conditions that can present with symptoms mimicking bipolar disorder (both the manic and depressive phase). There is also the issue of treatment, which should be discussed with the doctor.

**27. Can someone who is suffering from bipolar disorder control themselves if they are aware of their moods without requiring medication?**

Although symptoms of bipolar disorder may come and go even without the use of medications, treatment is important as it will reduce the duration of the symptoms. Sometimes when patient relapses, there will be a certain point when they lose insight and may no longer recognise that they have a problem. At this point, it will be very difficult for them to seek help or be willing to receive help.

**28. How is delusional disorder diagnosed and what can be done to prevent this health condition from occurring?**

Delusions are fixed unshakeable beliefs that are not in keeping with one's background/culture. Usually family/community partners bring patient in because the individual has been very preoccupied with their delusion and is acting on this. Encouraging people to have mental wellness and balanced physical lifestyle reduces risk of developing MH conditions.

**29. What if one doesn't benefit from the medication? What else can be done?**

When patients do not respond to their medications, there are a few things that doctors assess for, such as adherence to their treatment, whether the medication has too much side effect, and whether the dosage is sufficient to treat the illness. On the topic of medications alone, we may sometimes switch medications to assess whether there's better response. We may also add on medication to see if combination therapy will help. We also consider other forms of treatment, such as psychological treatment (psychotherapy) and other psychosocial therapies such as occupational therapy. We work closely with our Allied Health colleagues for this.

**30. Is it more beneficial to dismiss Schizophrenic patients' hallucinations or to go along with them?**

It is better to acknowledge the distress the hallucinations give them and try to find things that may help them ignore them.

**31. What is the difference between Obsessive Compulsive Disorder (OCD) vs Obsessive Compulsive Personality Disorder (OCPD)?**

OCD is a condition characterised by obsession and compulsions. A person with OCPD will have rigid behaviours or thoughts, but they are not likely to engage in repetitive behaviours/compulsions. Patients with OCD often feels distressed by their thoughts and behaviours. Persons with OCPD may not feel any distress about their rigid thoughts.

**32. How do we detect schizophrenia symptoms in premorbid stage? What would the best way of treatment at this stage?**

There are symptoms that precede the full blown presentation of Schizophrenia. These may include increased social withdrawal, poor social and occupational functioning, poorer self-care, being more disorganised. Family and friends who see this may want to bring the individual to a doctor or counsellor for early assessment. Being able to pick up a patient earlier is beneficial for treatment and prognosis. The shorter the duration of Untreated Psychosis, the better.

**33. I brought a friend with bipolar disorder to IMH to seek treatment after she threatened to self-harm but IMH discharged her within an hour or two. Why can't IMH keep her in the hospital for close observation?**

IMH does a thorough risk assessment and safety planning to help in deciding the disposition of the patients. When there is an elevated risk of harm to self or others, and the patient refused treatment, then the doctor may be able to enact mental health laws to detain and treat the patient without his or her consent. This is not something that we take lightly, as it frequently causes great distress to the patient and may affect their journey of recovery. If you have reasons to believe that the patient has an imminent risk of harming self or others, do let the treating team know.

**34. How young can someone suffer from Schizophrenia? How do you detect it in children, especially those with special needs?**

Young children (below 12) may suffer from Schizophrenia, but this is not as common. Children may present differently and may not be able to talk about their symptoms as well. Behaviour change, increasing social withdrawal, poor school performance and poorer self-care may be symptoms to look out for.

**35. Other than providing training and work to individuals suffering from mental health conditions, are there other methods to empower them to reintegrate back into society?**

Increasing their social supports and building their confidence would also be important. Finding housing and financial support may be key too.

**36. Are mood swings a sign of mental illness?**

If the mood swings are very severe and causes damage to relationships; associated with self-harm, it may be a sign of mental illness.

**37. Are there cases of patients recovering from Bipolar Disorder/Schizophrenia, and no longer need to depend on medication?**

Yes, there are patients who recover fully from their illness and no longer require the use of medications. What is important is that these patients are also educated on the signs and symptoms to look out for so that in the even that there is a relapse they will know when and where to seek help early. This greatly reduces the distress that patients and their families feel, also minimises the dysfunction.

**38. What can we do for someone who threatens to self-harm and is suicidal?**

If there are concerns about elevated risk of harm to self and others, do contact the Mental Health Helpline at 63892222 so that they can help with risk assessment and help coordinate an early appointment.

The IMH Emergency Room is also open 24/7 to help with urgent assessment and management. If the person is resistant to seek help with IMH services, other hospitals also has psychiatric departments who can also help give an appointment for treatment. There are also polyclinics and GPs who are competent in diagnosing and starting treatment. These teams can also help to expedite early appointments with specialists.

**39. Are there any other types of therapy that is useful for Bipolar disorder apart from Cognitive Behaviour Therapy (CBT)?**

Interpersonal and Social Rhythm Therapy (IPSRT) is a good therapy apart from Cognitive Behaviour Therapy (CBT). You may refer to the link for more information.  
<https://www.ipsrt.org/>

**40. What kind of voices would a person with Schizophrenia hear?**

Individuals with schizophrenia may hear voices: that can be one's own voices or a voice of someone else. It can also be in another gender/language at times.

**41. Does someone suffering from a mental health condition need to disclose their mental health conditions in job applications?**

Some individuals choose to declare their condition to their employers, and some do not. Generally, you do not need to declare your mental health condition. You may refer to one of the latest advisories published on the MOM website (<https://www.mom.gov.sg/covid-19/tripartite-advisory-on-mental-well-being-at-workplaces>), especially paragraph 13 which states that:

*“The Tripartite Guidelines on Fair Employment Practices (TGFE) states that companies should not ask job applicants to declare personal information, which includes their mental health condition, unless it is a job-related requirement.”*

**42. Will the mobile crisis team be also activated to go down to attend to cases of attempted suicide?**

Yes, we are piloting a service with the Singapore Police Force to cater to patients with suicidality. We are currently working with two police divisions for now and will be rolling it out island wide soon.



**43. Is insomnia and frequent awakening at night an indication of a mental health condition?**

Insomnia and frequent awakening can happen normally at various life stages. This is not always an indicator of a mental health condition.

**44. Are there support groups in Singapore for people with mental health conditions?**

You can refer to the IMH resource page where many support groups are listed.

<https://www.imh.com.sg/wellness/page.aspx?id=1245>

**45. Can Medisave be used to cover the medical expenses for Schizophrenia and are there other subsidies that are available?**

Yes, Medisave can be used for patients with Schizophrenia. Aside from that, CHAS can be used for GPs and polyclinics.

**46. Will the patient diagnosed with bipolar disorder and under medication be able to go back to the working force as per normal?**

A patient with well controlled bipolar disorder would likely be able to return to a work force. It would be important to still manage a balanced lifestyle, sleep etc and stress. If they have side effects, they should talk to their doctor. The individual can feedback to their doctor about the side effects that are making it difficult for them to function at work to see if there are other alternatives possible.

**47. How are we able to help students who are not able to share their mental health problems to others?**

We should continue to reach out to them and their parents if we know that they are encountering issues in their lives. Sometimes, these students may require not just peer support, but a professional. All schools now have at least one school counsellor and these counsellors are all tagged to a REACH community mental health team based on where the school is located.

**48. How can someone who is not ready for therapy/professional help, self-help?**

Showing concern and support while encouraging them to seek help would be important. Depending on the condition, Cognitive Behaviour Therapy (CBT) and mindfulness can be self-helped. But this may be more applicable for depression and anxiety symptoms rather than Schizophrenia.

**49. What can we do if there is a crisis or if a person with mental illness turns violent?**

If there are risk issues (risk of self or others), IMH Mobile Crisis Team can come down to assess our patients. Some community partners do provide home visits as well. If the risks are significantly high, the police may sometimes need to be involved.