

'MIND Your Health' Webinar Episode 3: Suicide and Self-harm **Frequently Asked Questions (FAQs)**

- 1. How can we ensure that antidepressant drugs are dispensed responsibly by doctors (GPs included) especially when dispensed to young persons? Also, parents/caregivers are properly advised on all side effects associated with the drug, including suicidal ideations and possible addictions? Drug use should always be complemented by counselling and/or psychotherapy. Are there strict protocols in place for responsible dispensing of drugs?**

Yes. When doctors prescribe medications to patients (both children and adults), they do need to advise on the effects and potential adverse effects of the medications. In Singapore, there is a law prohibiting the sale of medications such as antidepressants to anyone below the age of 18. Hence, medications are sold to the parents. Caregivers are also advised to supervise the administration of medications for the children as far as possible, rather than have them hold on to all the medications themselves. Also, the doctors need to consider the use of psychological treatment as well.

- 2. Has Singapore been exploiting technologies like Artificial Intelligence (AI) in detecting and preventing suicidal attempts?**

Yes, there are many collaborations between tech companies and healthcare providers on the use of AI to assess for emotional distress, such as in the voice of helpline callers and text used in chats and social media. However, these are still in the early phase of research and have not been rolled out for widespread use.

- 3. If I want to be a mental health advocate in Singapore, how can I take steps to do so?**

If you know of a friend or family member suffering from a mental health condition, do provide support, be it emotional or practical. You can offer to help him with his/her chores or errands when he/she needs to see a doctor. You can also sign up with organisations such as the Singapore Association of Mental Health, Silver Ribbon etc to be a volunteer. You can also volunteer at IMH, though that has been put on hold at the moment due to Covid-19.

- 4. Are there any other alternatives to seek help aside from the IMH/SOS hotlines?**

There are other hotlines available in Singapore. Do refer to the resource list provided.

- 5. How can I deal with someone who is always negative, depressed, not keen to connect nor seek help despite the help and advice provided?**

As mentioned in the webinar, it is important to be genuine and be consistent for the person. One day, the person may reach out to you, and you should be available to help him/her. It is difficult to "force" someone to seek mental health treatment, but it does not mean that we stop trying.

6. How do we distinguish between a suicidal thought/thought of self-harm versus saying it out of spite/just for the sake of it?

I take reports of suicide seriously, and I tell that to my patients, whether it is out of spite, or just for the sake of it. It is important to communicate that to your loved ones and not dismiss them.

7. If a deaf child cannot communicate with his/her family members who don't know sign language, how can they reach out to the child?

There is a need to communicate with the child, who may be feeling isolated. Can the child write, or use a device where he/she can type out his/her replies? When I see patients who are deaf and mute, I do use interpreters from Singapore Association for the Deaf to help me during the consultation. You can consider reaching out to them for help.

8. How do we help peers/clients with suicidal thoughts who are often sandwiched in the middle generation - taking care both of parents and their own child?

Caregiver fatigue and burnout is common and needs to be addressed promptly as it can easily lead to mental health conditions such as depression and anxiety. Many caregivers have reported thoughts of self-harm, suicide, or even thoughts of hurting their loved ones. If peers/clients do report such thoughts, it is important to screen for other symptoms which may suggest burnout, depression or anxiety, and then refer for relevant help.

9. What can we do to increase our emotion or stress resiliency?

Resilience is about bouncing back from adversities and failures. Hence, to increase our resilience does not mean avoiding difficult things in life. The process takes time and effort. Things you can do including building a good connection with people around you, taking care of yourself (both physically and mentally), finding meaning in your life (by helping others, contributing to a good cause etc), and embracing healthy thoughts (e.g. accept that change is constant, learning from your past experiences, not dwelling on regrets and guilt). If you do have difficulties navigating through life's difficulties, seek help so that you are not stuck.

10. What can we do to manage impulsivity in relation to self-harm or suicide?

We need to reduce the factors that lead to increased impulsivity, such as untreated mental illnesses, and the use of alcohol or illicit drugs. These two examples are commonly implicated in many suicides and suicide attempts. For people who are more impulsive in their personality, they can also seek counselling treatment.

11. Is mental health as essential as physical health?

There is a lot of stigma attached to having a mental illness. It is important for people to see mental health as essential as physical health. Increasing awareness on mental health issues will best be addressed through education and anti-stigma campaigns. Mental illness is also an illness, not a weakness of character, and we should treat it as so.

12. For a person who has been self-harming from a young age, what prompts an escalation in self-harming methods?

There are many reasons why people self-harm, and sometimes self-harm is a way to deal with stress, rather than to commit suicide. As a person grows older, the previous methods of self-harm may not seem to be as effective as before. Also, the person may have access to other means of self-harming as one grows older, so the methods of self-harm will change.

13. Can binge eating be considered as self-harm?

Binge eating is often considered a coping mechanism to deal with intolerable emotions. Some have described this as “eating my emotions” and have described loss of control as a driving force behind the binge episode even. Binge eating can also be a symptom of other more serious mental illness like an eating disorder like Bulimia or some form of Anorexia.

It is generally not considered a form of self-harm, but self-harm can be considered a coping mechanism.

14. Is there a particular group of people who are more at-risk of self-harm or suicide? E.g. People with special needs/ disabilities?

There isn't a particular special needs group that is more at risk however, if the individual has other risk factors e.g. unemployment, social isolation, family stressors, drug and alcohol use, this could lead to an increased risk.

15. Is overdose a form of self-harm or suicide attempt?

Overdose may sometimes be a cry for help and way to tolerate distress; it can sometimes be an actual attempt to end their life too. Regardless, both are important and need help.

16. What do you think we can do better to improve stigma of mental health in Singapore?

Psychoeducation through mass media events, such as this webinar, is useful to bring out into the open sensitive and stigmatizing topics like mental illness, and that is why we are doing what we are doing. Listening to a person's life story and struggles and seeing how they have overcome their adversities is another way to “normalise” these issues as well. Volunteering to work with persons with mental illness is another good way!

17. Can vigorous scratching, nail biting and hair pulling be considered unhealthy coping strategies instead of self-harm?

Self-harm can be a way to deal with stress/anxiety or internal emotional pain, as well as an attempt to commit suicide. The most important consideration is why one is harming oneself, and not the method of self-harm.

18. Do we need to declare our mental health conditions to a potential employer?

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 (TGFEF) 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.”

19. Although Singapore have decriminalized suicide attempts, can more be done to support cases of suicide and para-suicide cases especially for cases involving clinical depression?

Decriminalizing suicide is but the first step towards helping those with suicide and para-suicide attempts, as we feel that they need treatment rather than punishment. Many persons who attempt suicide are actively referred to mental health services so that their underlying mental health issues can be more holistically dealt with.

20. Does self-harm that started out as a result of observing peers who are doing so, eventually lead to an actual form of coping mechanism for individuals?

Yes, this happens quite often. It is important to use other healthier coping mechanisms to deal with distress.

21. Are there avenues to report workplace discrimination and harassment against those suffering from mental illness?

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>). Employers do need to support individual employees' mental health and foster a safe and trusting work environment which will certainly help with mental wellness.

You can report discrimination or workplace harassment at <https://www.tal.sg/tafep/Contact-Us>. Patients should also discuss their mood issues with their mental healthcare providers to see if there is anything else that may help.

22. Is a person who self-harms trying to seek attention?

Self-harm serves to accomplish many different things, and these would differ from person to person. Many self-harm to feel physical pain, because they are unable to “understand” emotional pain, some do it to distract themselves from their otherwise crippling problems, some do it to punish themselves for the guilt that they feel, some do it to get attention or threaten others to get their way etc. But bottom line, we need to take each attempt seriously and seek to understand why.

23. Are there measures done by schools in educating the teachers and students, of the indicators and stigma surrounding mental health issues?

MOE is 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>.

24. What can the individual expect from an initial appointment to talk about their mental health experiences with a doctor at the psychiatry department?

When a person sees a psychiatrist, the psychiatrist will likely ask questions to understand their background, stressors and current symptoms. This may include potential self-harm or aggressive thoughts. This can take 30 mins to 1 hour depending on the institution.

25. Are psychiatric illnesses or mental health conditions such as major depressive disorder classified as legal disabilities in Singapore?

Psychiatric illnesses have been considered as Chronic Disease under the CDMP (Chronic Disease Management Programme) under MOH, and one can use Medisave to pay for treatment. In some limited cases, when the mental illness is so debilitating and is what is considered treatment resistant, it can be classified as a disability.

26. Where can we seek help if we know of someone who self-harms?

Apart from seeking counselling from Family Service Centres (FSCs) and other Non-Government Organizations (NGOs), if there are concerns about risk of suicide, you can call SOS or the IMH Hotline. If there are urgent concerns, you can bring the person to the A&E of general hospitals or the Institute of Mental Health.

27. What happens to patients after a suicide attempt?

If they are found and need medical assessment, it is recommended to bring them to a general doctor or general hospital. Sometimes, they are brought to hospitals for a psychiatric assessment. For other cases, this may only be flagged up later and they may be referred for counselling.

28. How does the Mental Health Act in Singapore help a patient after a suicide attempt?

The Mental Health Act is used to detain a suicidal person in IMH for assessment and treatment if the patient declines treatment. This is done for safety and well-being and is only enacted in certain cases.

29. Is chronic pain a risk factor for suicide?

Yes, chronic pain is a risk factor for suicide. Palliative care would be important for many terminally ill patients to support them.

30. If someone always talks about suicide, should he/she be taken seriously?

All talks about suicide should be taken seriously, as the person may be trying to reach out for help, albeit in an offhandedly manner. Statistics tell us that up to 70% of suicides have actually reached out for help before the suicide attempt.

31. Does Singapore have a structure to diagnose a patient who have suicidal ideation to determine if they have bipolar, Borderline Personality Disorder (BPD) or other mental conditions that will make people more prone to suicidal or para-suicidal attempts?

Yes, we recommend formal assessment by a health professional or counsellor. The mental health professional will escalate the case to a psychiatrist if this is determined.

32. What is the difference between active and passive suicidal thoughts?

Active suicidal thoughts are those considered when one has a plan on how to commit suicide, versus passive suicidal thought where one is feeling down, and thinks that they are better off dead or feeling hopeless etc.

33. Are our public hospitals equipped with psychiatric teams within the Emergency Department?

IMH is the only hospital that operates a 24/7 psychiatric emergency service in Singapore. All restructured hospitals in Singapore have psychiatric services, but not all of them provide 24/7 psychiatric services. However, there are several helplines that are available 24/7.

34. Are suicide forums a major influence on youths who are suicidal? Do you advise that parents monitor their children's exposure to social media?

Yes, they are major influencers and are very harmful. Parents should monitor their children's exposure to social media and encourage them to speak out if they feel stressed or overwhelmed.

35. Can parents access the content of the therapy sessions that their underage children go through?

This is dependent on a case-by-case basis. Patient confidentiality may mean that not all content in therapy is revealed. However, confidentiality may be breached if risk is accessed.

36. How does hypnotherapy help with self-harm?

Hypnotherapy may help reduce anxiety and depression which may then reduce self-harm.

37. How equipped are our crisis hotliners in handling or facilitating strategy to high risk victims?

The SOS helpline and the IMH Mental Health Helpline operates the helpline 24/7, and these helplines are manned by trained Counsellors, who are trained in counselling techniques. More importantly, they are trained to understand their own limitations and know when to refer to the mental health professionals when required.

38. What if the person with mental health illness refuses to seek treatment?

If someone is currently resisting medical treatment from doctors or hospitals, you can encourage counselling. Family Service Centres and Non-Government Organizations (NGOs) like Singapore Association of Mental Health (SAMH) /Silver Ribbon/ Clarity Singapore do provide counselling. GPs and Polyclinics can also do an initial assessment.

39. Do insurance companies and schools have access to all our medical records?

No, they would require your consent to access your medical records.