

MIND Your Health



TOPIC: Schizophrenia, Bipolar Disorder & Other Related Mental-Health Conditions

Joint Initiative By



**INSTITUTE
of MENTAL
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National Healthcare Group

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Common Myths : Schizophrenia

- Is Schizophrenia split personality?
- Is it caused by demonic possession?
- “Schizophrenic patients are always unstable”
- “They can become violent anytime”
- “They can only do low-level jobs”



Credit: Google Images

Introduction: Schizophrenia

- **Schizo**: Splitting
- **Phrenia**: Mind

- Distorted thoughts and perceptions of reality
- Fragmentation of emotional and mental activities
- 1 in 100 people develop Schizophrenia
- Onset typically during late teenage to early adult ages



Paranoid: Trying to find messages from enemy countries encrypted in newspaper

Credit: Google Images

- Positive
 - Hallucinations (“voices”)
 - Delusions (“beliefs”)
- Disorganised speech and behaviour
- Negative
 - Lack of motivation
 - Lack of enjoyment
 - Asocial



Credit: Google Images

Delusions are beliefs that are:

- Unshakeable
- Untrue
- Unshared (especially in cultural / religious context)
- Delusional disorder is a condition where the person develops an **encapsulated** and **non-bizarre** delusion
- About 1 in 1000 people develop Delusional Disorder

Other mental functions are normal (unlike in schizophrenia)

- Relative absence of hallucinations
- No negative symptoms
- Able to work
- Interact reasonably well
- Insight is usually poor

1 in 100 people develop Bipolar Disorder

Men and women equally affected

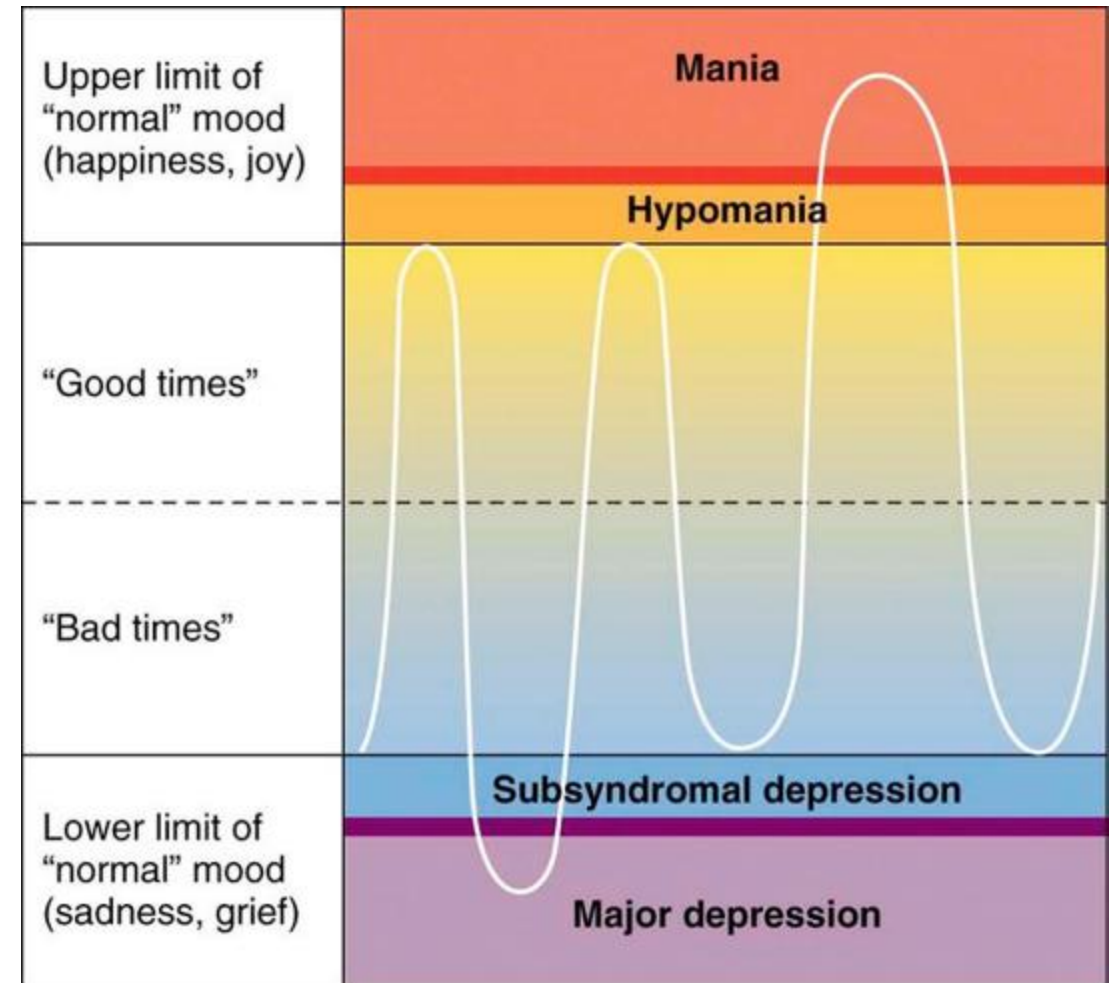
Onset: < 30 years

Family history



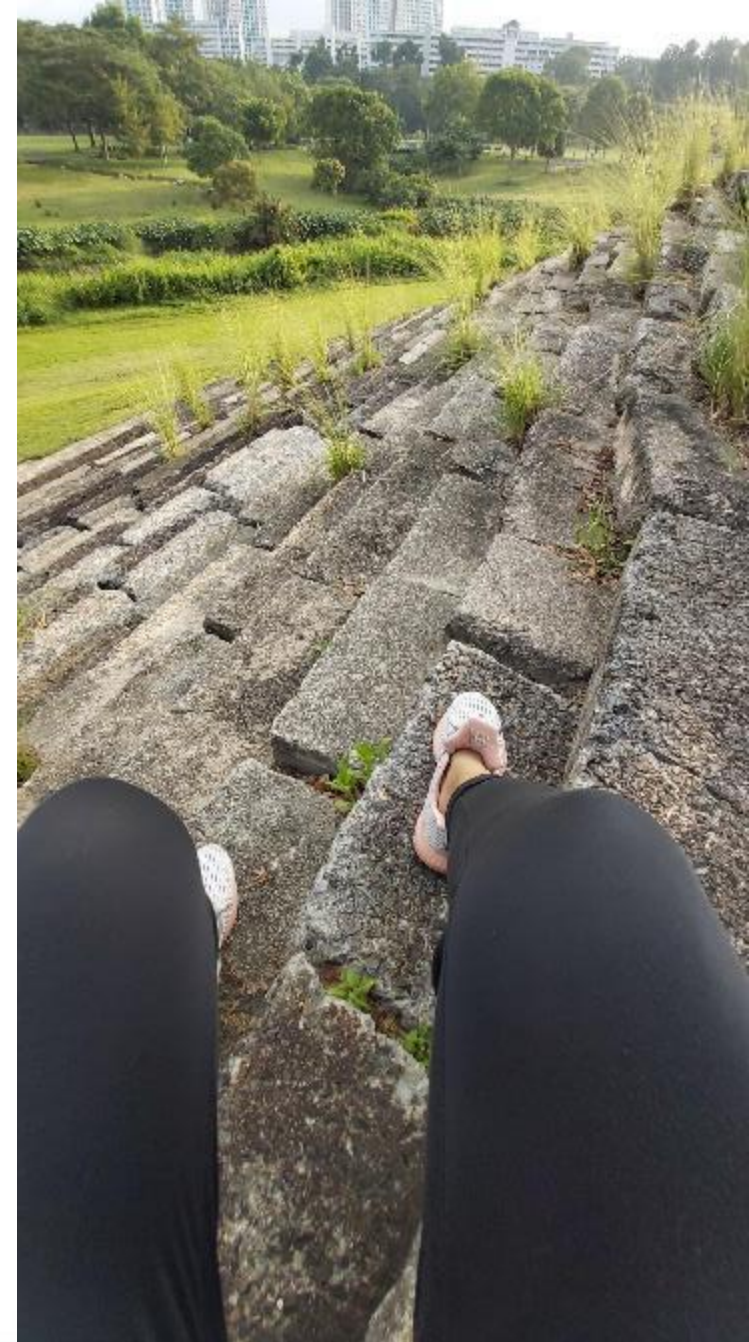
Credit: Google Images

- Decreased need for sleep but does not feel tired
- Pressure of Speech
- Grandiose delusions
- Racing thoughts
- Increase in activity
- Engage in pleasurable activities with painful consequences



Credit: Google Images

“Life is a journey, it’s not about where you end up, it’s how you get there..”



Steps to Get a Friend to Seek Help

- **Step 1**: Answer this question first: Is this a situation involving violence and/or safety issues (suicide, homicide)?
- **Step 2**: Take a deep breath, clear your head, and think about safety first.
- **Step 3**: Gather information.
- **Step 4**: Plan --- prepare for when, where, how, what, if, and “Plan B’s.”
- **Step 5**: Action.



Credit: Google Images

Make a plan; Write down, think through, and rehearse:

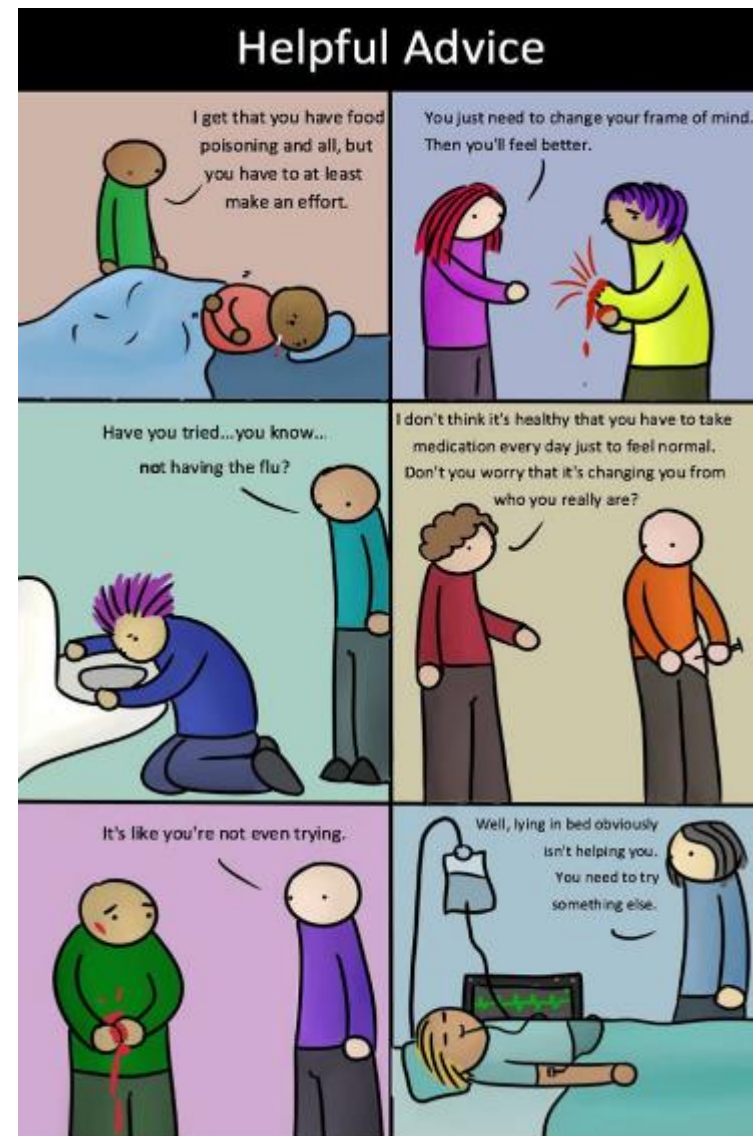
- What are some possible times and places for the talk?
- What are the reasons for your action and goals?
- What do you want to say to your friend/person in need of the help?
 - Your observations
 - Reasons for the talk
 - Never diagnose your friend/ family/ someone in distress

Refrain from using Ordering Statements:

- ✗ You need to listen to me
- ✗ We need to talk

Try to use Inviting Statements:

- ✓ I wonder if I may...
- ✓ I would like you to know...



Refrain from Diagnosing/Interpreting:

- ✗ You have a problem/illness
- ✗ You are depressed/not coping well

Try Talking about observable behaviors:

- ✓ You seem sad to me
- ✓ I have noticed that you have been crying a lot/
not eating/ sleeping a lot, etc

Refrain from Judging:

- ✗ You are not dealing with your issues
- ✗ You are not coping well
- ✗ You should not play computer games all day

Try Talking about observable behaviors:

- ✓ You have not played your guitar for a long time
- ✓ You did not go to classes for a month
- ✓ I noticed that you have been throwing up after meals

Refrain from giving solutions & teaching:

- x** I think you should think less
- x** You need to try harder
- x** You need help

Refrain from unintentionally focusing on yourself:

- x** “I” know exactly how you feel...
- x** “I” want to do something for you
- x** “I” need to talk to you

Being there & sharing your thoughts:

- ✓ I worry...
- ✓ I care about...
- ✓ I have been thinking about what I can do for you
- ✓ I wonder what might be some things I can do you

Focus on what makes you concerned:

- ✓ This behavioural change worries me
- ✓ How/ what can I do for you to...?

Avoid glossing over:

- ✗ Seeing a counsellor is not that big a deal
- ✗ Everyone has a therapist
- ✗ It's just talking



Stick with facts:

- ✓ **Attending counselling takes efforts and courage**
- ✓ **People who sought counseling often wish they had done it earlier**

Credit: Google Images

What happens when patients living alone become unwell in the Community?

- Community support organisations may be informed regarding cases.
- These organisations can then network with Police and the Institute of Mental Health who may activate our **Mobile Crisis Team (MCT)**.
- The MCT team will visit, assess, and bring patients to IMH Emergency Room for mandated treatment under the Mental Health Care and Treatment Act (MHCTA) if there are any risks to self or the community.
- MCT hotline – **6389 2222**

What I've learnt

Recognising my strengths and improving on my weaknesses

Acceptance that one who has a mental health condition is not easy

Having people around me that accepted me for who I am gave me a purpose in life

No matter what happens, take a break but don't quit

Holding the hope for someone is very powerful



**“Never let a stumble in the
road be the end of the
journey”**



Avenues of Help



<u>Community Resources</u>	<u>Contact Details</u>	<u>Website</u>
Community Health Assessment Team (CHAT)	6493 6500	https://chat.mentalhealth.sg
Institute of Mental Health helpline (24 hrs)	6389 2222	https://www.imh.com.sg/
Singapore Anglican Community Services	6586 1064	https://www.sacs.org.sg
Singapore Association for Mental Health (SAMH)	1800 283 7019 / 6255 3222	https://www.samhealth.org.sg/
Clubheal	6899 3463	https://www.clubheal.org.sg/
Club2care	club2care@gmail.com	https://www.club2care.com/
Samaritans of Singapore (24 hrs)	1800 221 4444	https://www.sos.org.sg/

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