



*Touching Hearts,  
Reaching Minds*

Celebrating 40 Years of Community Wellness

**Singapore Association for Mental Health (SAMH)**

*Touching Hearts, Reaching Minds*  
Celebrating 40 Years of Community Wellness

## List of Presidents

Term of Office	Name
1969 – 1971	Dr Koh Eng Kheng
1971 – 1973	Dr Paul W Ngui
1973 – 1975	Dr Tsoi Wing Foo
1975 – 1988	Dr Paul W Ngui
1988 – 1991	Dr Lim Hsin Loh
1991 – 1995	Dr Ang Peng Chye
1995 – 1997	Dr G Sathya Devan
1997 – 2009	Dr Leslie Lim Eng Choon
2009 – Present	Dr Daniel Fung

## CONTENTS

Foreword by President, Adjunct Associate Professor Daniel Fung	4
Reflections of Immediate Past President by Clinical Associate Professor Leslie Lim	6
Reflections by Dr Paul W Ngui History of Singapore Association for Mental Health	8
From the ED's Desk 40 years of Shifting Mental Health Perspectives and More by Ms Rajeswari K	17
History of SAMH	19
SAMH Logo	59
Success Stories	60
Gallery	63

Copyright © Singapore Association for Mental Health 2010

Published by Singapore Association for Mental Health (SAMH)  
Blk 69, Lorong 4 Toa Payoh, #01-365, Singapore 310069  
Website: [www.samhealth.org.sg](http://www.samhealth.org.sg) • Email: [samhq@singnet.com.sg](mailto:samhq@singnet.com.sg)

Designed and produced by  
ARMOUR Publishing Pte Ltd

Printed in Singapore

ISBN 13 : 978-981-4305-03-7  
ISBN 10 : 981-4305-03-0



## Foreword

The Singapore Association for Mental Health (SAMH) has been in existence for forty years. The pioneers who started the association had a simple wish, to see that the mentally ill in Singapore receive support in the community. The stigma of mental illness was strong and people who suffered from mental illness were shunned, ignored and abandoned at the state psychiatric hospital. Against such a backdrop of discrimination and fear arose the belief that more can be done. Mental illness was moving out of the middle ages of superstition and incurable helplessness. The Asylum model was slowly being replaced by one of hopeful rehabilitation and restoration.

Beginning in the 1960s (when SAMH was born), the increasing availability of psychotropic medications and the mental health movement resulted in a holistic concept of care with the introduction of short-term acute care. The goals were to return patients back into society with a focus on prevention. These lofty aims continue to be the reason for our work.

Today, the Association has over 60 staff as of end March 2010, serving at least 2,175 clients with a variety of mental health issues and their caregivers, during the financial year of 2009/10. In addition, we have also attended to at least 3,932 helpline calls and email enquiries during the same period. In celebration of the 40<sup>th</sup> anniversary of SAMH, we also reached out to more than 10,000 people in our various outreach projects through our Community Mental Health Education Programme. We have services for all age groups and are serving not just people with serious mental illnesses, but also those with minor psychiatric problems such as stress and anxiety.

Over the years, the Association has achieved much; we were the first to start a Social Rehabilitation Programme (Oasis Club) for persons with psychiatric conditions in 1969 as well as a step-down facility in the form of a psychiatric halfway house in 1977. We also completed the first survey of mental health in Singapore in 1987. We were the

first to start a drop-in centre for adults with mental illnesses in 2004 and wraparound services for youths with mental illnesses in 2007.

As we look back at the 40 years of work with the mentally ill, we also look forward to the next 40 years. SAMH has always been a pioneer and there is much to do to improve the lives of those who are afflicted with emotional and mental illness. There is intent to improve the organisational infrastructure and governance, encourage community-based research and to have a succession of able and qualified leaders and professionals to drive the mental health movement in Singapore and the region. This is only possible when we are able to understand and appreciate our rich heritage and the wisdom of our predecessors. This book is dedicated to this purpose.

**Adjunct Associate Professor Daniel Fung**

# Reflections of Immediate Past President



It has been a privilege to serve the Singapore Association for Mental Health since 1990. I was initially co-opted as Honorary Treasurer, and then elected to the post of Honorary Secretary. Subsequently, I served as Vice President and then as President from 1997 till 2009. The SAMH was a very different organisation when I first joined. Meetings were held in a small shop house in Toa Payoh, and there was no Oasis Day Centre and no Insight Centre then.

Stigma was a bigger problem years ago. For example, when we first tried to bid for void deck space in one housing estate, we were informed that the residents were not keen for a mental health organisation to be at their door step. Finally, we were able to secure space for our Oasis and Insight Centres. The public seems more accepting of us now. When we

established other programmes, such as the Bukit Gombak Group Homes and YouthReach in other housing estates, we did not encounter any opposition from the residents.

We are honoured to be awarded the contract to manage the Activity Hub at Pelangi Village. This enabled us to provide rehabilitation to more persons with severe mental illness. Our organisation grew as we received more funding and employed more staff. It demonstrated the importance of adequacy of funding in achieving quality and scope of service. This marked a turning point for us.

In 2000, when I was appointed Chief of Community Psychiatry at the Institute of Mental Health, this, in addition to my role in SAMH placed me in the unique position to understand the needs of the Institute's community services and that of the voluntary wel-

fare sector's. I had the privilege of developing both sectors. Partnerships are important in psychosocial rehabilitation and I am grateful to Dr Sally Thio, then President of the Association for Psychiatric Rehabilitation, Singapore (APRS), for introducing us to visiting experts in psychosocial rehabilitation from the United States. A certification course was set up under the auspices of the APRS to provide training for practitioners in "psych rehab" to prepare them for exams leading to a Certified Psychiatric Rehabilitation Practitioner qualification. This qualification is issued by the United States Psychiatric Rehabilitation Association. A number of our staff were successful in the exams and were awarded CPRP certification.

This marked another turning point for the organisation. Trained staff became more competent, more confident and more passionate about their work. Over the years, we have been blessed with a good set of capable and dedicated staff. We sent them for overseas conferences where they could interact, share and learn from other participants; they also had the opportunity to present papers at such international meetings. I thank them for their hard work.

Throughout the years we have had a stable group of dedicated Management Committee (MC) members. They have provided guidance and advice, and given me unstinting support, for which I shall always remain grateful. Once,

we contacted some MC members to return on a Sunday for urgent discussions about a minor crisis. They cheerfully came, got the work done and resolved the problem.

In the last few years, we started a drop-in centre, Club 3R, despite zero funding. We successfully started the YouthReach programme for young persons with psychiatric problems in Jurong. We appointed a Youth Ambassador, in the person of Ms Elim Chew, the owner of the 77<sup>th</sup> Street chain of stores. Also, we embarked on fundraising for the non-funded programmes. The response has been most encouraging, as the amount of donations have been steadily rising each year. Through interactions with corporations and businesses, we have publicised our work and raised our profile. We shall continue to raise funds to expand the organisation and to provide rehabilitation for more persons with mental illnesses in Singapore.

In the last five years, our programmes have outgrown available space, so that we are bursting at the seams, as it were. This means that it is very important that we acquire larger premises in order to cater to the future expansion of the Association.

A handwritten signature in black ink, appearing to read 'Leslie Lim'.

**Clinical Associate Professor Leslie Lim**

REFLECTIONS BY DR PAUL W NGUI

# History of Singapore Association for Mental Health

The First Twenty Years: 1969-1989  
A Personal View



In 1989, on the 20<sup>th</sup> anniversary of the Singapore Association for Mental Health, I contributed a paper on its early beginnings to the SAMH *Insight* journal<sup>1</sup>.

That article traced the personal journey of a young medical officer from Woodbridge Hospital following an invitation to the Hong Kong Mental Health Association Annual Dinner in 1958. The exposure to the association and the community mental health services left a deep and lasting impression. In later years, dream and vision coalesced to spawn a mental health association in Singapore.

The paper portrayed the early struggles of Woodbridge Hospital Rehabilitation Committee to establish the Singapore Association for Mental Health in 1969. It covered very briefly the work of SAMH from 1969 to 1985.

This article is a sequel to the earlier paper and it chronicles the progress of SAMH in the eventful 1970s and 1980s, in meeting its key objectives of promoting mental health, the prevention of mental illness and the rehabilitation of the mentally ill.

But to truly appreciate the formidable challenges of managing mental illness in Singapore, it is important to cast an eye over the mental health scenario in the early 1950s.

Woodbridge Hospital, formerly known as the Mental Hospital, was built in 1928 for the care of the mentally ill. Just before the fall of Singapore to the Japanese in February 1942, mental patients were discharged to their homes and the milder cases numbering about 500 were transferred to St. John's Island, the colony's quarantine station. The

transfer was in anticipation of converting the mental hospital into a General Hospital.

During the Japanese occupation, the Japanese used the hospital as a Japanese Civilian and Military Hospital. The Japanese surrendered in September 1945 and the Mental Hospital resumed its custodial function with just over 500 patients in April 1946.

In the early 1950s, the Mental Hospital, renamed Woodbridge Hospital, was the largest hospital here, its chronic wards filled with a backlog of long-stay patients abandoned by their families. The mental health sector was the "Cinderella" of the medical health services with low priority for development funds and subsidies.

Grossly understaffed with a mere handful of medical officers looking after as many as 2,000 patients, distantly located and isolated from the community, there was a huge dichotomy between hospital and community care. Overcrowded psychiatric outpatient services could not provide good continuity of care for the discharged mental patients.

An early discharge programme by Woodbridge Hospital in the late 1950s proved a dismal failure. Most families were ill-equipped to cope with a mentally ill relative. Discharging the recovered psychiatric patients to unreceptive families with highly expressive emotions led to a cycle of relapses and readmissions and contributed to the revolving door phenomenon of a mental hospital.

Public ignorance, fear and stigma of mental illness were obstacles that needed to be overcome.

## Formation of SAMH

This was the mental health scene in 1967 when I was appointed Chairman of Woodbridge Hospital Rehabilitation Committee. I was faced with the daunting task of organising rehabilitation programmes for mental patients in the community.

I soon realised there were considerable limitations to what the Rehabilitation Committee, as part of a government institution, could achieve. A voluntary body such as a mental health association could do better.

The Woodbridge Hospital Rehabilitation Committee, together with Rotarians from the Rotary Club of Singapore West, mustered together a like-minded group of medical and mental health professionals, social workers and others committed to advance the lot of the mentally ill – stigmatised and marginalised by society.

A pro-tem committee was formed, the constitution drafted, and the inaugural meeting of SAMH was held at the Shell Theatre on Saturday, 26 April 1969.

In the initial years, much of the early work of SAMH was executed by the Management Committee and a dedicated group of volunteers. It was a formidable task because of a lack of funding, personnel, and infrastructure



# Reflections

and training facilities. There was also no paid staff.

SAMH identified mental health education as a priority and focused on community mental health education programmes to create public awareness of mental health and mental illness. Psycho-education was directed at the family and community with the important message that mental illness was treatable and mental patients could adjust to a normal life back in the community. Talks and seminars were also targeted at specific professionals.

Stigma and fears attached to mental illness needed to be erased before the community could readily accept the discharged mental patient at home and at the workplace, otherwise any effort at reintegration would fail.

## 1970s: A Decade of Consolidation and Growth

In the early years, financial constraints meant that the Management Committee had to be actively involved in fundraising such as organising fun fairs and walkathons in collaboration with the Rotary and Apex Clubs and others.

Out of necessity, many of SAMH's activities were focused on mental health education programmes for the public and key professionals. They were generally self-financing.

In 1970, SAMH organised and hosted a World Federation for Mental Health Workshop on "Mental Health Trends in a Developing

Society". Delegates from 14 countries attended.

In 1971, SAMH, together with the Singapore Teachers' Union, organised a workshop on "The Teacher and Mental Health". It emphasised the crucial role of teachers in primary prevention, especially in the early recognition and prevention of emotional problems amongst children under their wing.

The workshop was also successful in bringing several different disciplines together, discussing the influence of the educational system on the mental health of students.

October 1975 marked an important milestone with the establishment of the SAMH Centre in Toa Payoh. The association finally had a headquarters to call its own and could consolidate its various programmes and services. It took two years to plan and it housed an administrative office, a library, a meeting room, a counselling room and a hall for social club functions.

The Oasis Club, a social club for recovered mental patients, was one of the earliest services organised by SAMH. It began humbly in December 1969 with meetings held at the St. Andrew's Cathedral church hall and library. It arose from an acute need for a counselling and social programme for patients discharged from Woodbridge Hospital. The activities of the Oasis Club were moved to SAMH Centre, which eventually became a base for counselling services in 1981.

The Half Way House project came about after consultations with the Ministry of Health over the need for short-term residential care for psychiatric patients, many of whom suffered relapses and readmissions because of psychosocial factors, mainly a rejecting or hostile environment at home, at work or in the community.

There were rehabilitation programmes for male psychiatric patients at View Road Hospital but none for female patients. After two years of detailed planning, SAMH established the first Half Way House (HWH) for female patients in July 1977.

The Half Way House comprised two bungalows located in a residential area at Rochester Park close to Queenstown, a satellite town with small industries and factories. It could accommodate 20 residents.

All of those involved, including myself, were new to managing an HWH. It was an interesting hands-on, learning experience for the Half Way House Committee members and staff. We had a medical social worker, a nurse/supervisor and three assistant supervisors. The residents were responsible for grocery shopping, cooking, house-cleaning and gardening. Social, occupational and rehabilitation programmes were organised.

The assistant supervisors had a two-week stint at Woodbridge Hospital to prepare them for their new vocation. Establishing the

concept of a therapeutic community and an understanding of group dynamics to staff with no previous training in nursing or social work entailed intensive group meetings.

Regular fortnightly sessions with staff and separate group sessions with the residents were necessary to maintain the morale of staff working under trying conditions. Problem behaviour by residents was brought up and analysed, and group recommendations were made. Readmission to Woodbridge Hospital was an option for difficult, suicidal or aggressive behaviour. Only once was a night visit necessary to bring a very disturbed resident to Woodbridge Hospital.

Many patients have benefited from the HWH and, in later years, communicated their gratitude for the time they spent in the HWH. The HWH also established a sheltered workshop, in one of its annexes, for non-resident ex-mental patients.

It was a sad day when the HWH formally closed its doors in 1994. In a review, the Management Committee concluded that the programme was too costly to run and had outlived its usefulness. Singapore was in urgent need for other rehabilitation programmes which it still lacked, such as group homes, a kind of sheltered accommodation for stabilised mental patients who were in gainful employment.

## Don't rush to get sterilised, medical assn advises schizos

**Burden**

The Singapore General Hospital's head of Paediatrics, Prof Wong Hock Boon, also the University of Singapore's director of the School of Postgraduate Medical Studies, said there is no fool-proof way of curing schizophrenia.

Drugs prescribed for such patients only treat the symptoms. They will not cure the illness, he said.

Singapore, he said, could not afford an increase in the number of schizophrenic cases because they would put a social and economic burden on society.

There is a tendency for such cases to surface with the "rat race" and pressures on people to achieve success, he said.

But sterilisation should be done on a voluntary basis because in lucid moments, the patient might be reasoned with and persuaded to see this move was in their best interests.

The Singapore Chinese Physicians Association president, Mr Neo Say Hai, said the older Chinese generation might not agree with this move because of their belief in the growth of the "family tree".

The cause of schizophrenia has not been discovered though the various prevailing symptoms range from speech disorder and hallucinations to behavioural disturbances like incontinence and violence.

But there is hope yet for schizoids. A recent Times magazine report says experts are intensifying their search for a chemical cure.

**SCHIZOPHRENES**

were yesterday advised by the Singapore Medical Association not to rush into sterilisation but to consider carefully before committing themselves.

Sterilisation for such people should be strictly voluntary. They must not be coaxed or cajoled into it, it said.

The SMA's word of caution followed much public interest aroused by Health Minister Dr Toh Chin Chye who advocated sterilisation as the only way to prevent schizophrenia being inherited.

Dr Toh told people with schizoid children to have them sterilised if they did not wish to be landed with the burden of looking after equally schizoid grandchildren.

He said although studies have shown schizophrenia in the general population to be less than one per cent, children with one schizophrenic parent have a 16.4 per cent chance of inheriting the illness.

The risk increases to 39.4 per cent when both parents are schizophrenic.

**Solutions**

He considered the one sure way of preventing this is for the mentally ill to permanently not have children.

But the SMA and psychiatrists who specialise in schizophrenia have their own solutions to this problem.

SMA president Dr Mah Guan Kong advised schizophrenes not to rush into sterilisation but to consider the matter carefully first.

He said: "They should study it thoroughly, and sterilisation should be made on a voluntary basis. Each case should be carefully and accurately diagnosed by a competent psychiatrist before sterilisation is considered."

A prominent psychiatrist, who declined to be named, said to deny anyone the opportunity of either fathering or mothering is itself a stress, an added "burden" that could increase the patient's sufferings.

The severity of schizophrenia varied from case to case and there had been instances where patients recovered totally.

"Only in the extreme cases where there are permanent scars and where the patients themselves will not marry, to deny these people the right to father is not right," he stressed.

There are no clear cut ways at the moment to diagnose schizophrenia. A worrying experience lie in "borderline" cases.

Another doctor suggested abortion be utilised if the child conceived is suspected to be schizoid.

"It will not be too cruel now in this aspect because the schizophrenics will not be deprived of parenthood if the child they conceive is normal," he said.

Published in The Sunday Times on 30/9/79.

Source: The Sunday Times © Singapore Press Holdings Ltd. Permission required for reproduction.

In 1979, the National Health Campaign was launched to combat diseases due to harmful lifestyles, namely:

- Lung cancer
- Ischaemic heart disease (heart attacks)
- Mental illness
- Diabetes

The campaign also had graphic posters that read, "Mental Illness can be inherited" and "No child should be born to suffer".

It was unfortunate that the core message of the campaign portrayed mental illness as a hereditary disease and consequently regarded as chronic and refractory. It created the undesired effect of increasing stigma attached to the mentally ill rather than reducing it.

This, together with an earlier drive for voluntary sterilisation by ligation for mental patients at Woodbridge Hospital, provoked much controversy with adverse publicity and widespread negative public reactions.

It was a low point for mental health in Singapore.

In its wake was a flurry of public debate and professional views on the genesis of mental disorders and the relevance of the environment and stress as important causal factors. This was a positive outcome as it opened the eyes of the public to the existence of mental health problems in society.

## 1980s: A Period of Education

In October 1981, SAMH organised a seminar on "Mental Health – A Positive Approach". It raised public consciousness on the priority of developing positive mental health for everyone.

In 1982, SAMH embarked on a wide-scale mental health education programme for the public.

Its aim was:

- To inform and educate the public on positive mental health.
- To modify personal information, attitude and actions of the public to a direction favourable to mental health.
- To create a better understanding of mental illness and remove its associated stigma.
- To encourage patients to seek treatment early.
- To provide information on SAMH programmes and services and that of other mental health agencies in Singapore.

At its heart was a mobile exhibition staged at various commercial firms, institutions and factories targeting staff at different levels. It consisted of talks, seminars and a film show, supported with information brochures and pamphlets. Similar events were also held at the National Library, the National University of Singapore and the Police Academy.



# Reflections

The response to the mobile exhibition was mixed, with better attendance in institutions of learning than in factories. It did reveal that misconceptions about mental health and mental illness were prevalent not only among factory workers but also among executives.

In October 1982, SAMH held a very successful seminar, "Bringing up Children Today", targeting parents on the benefits of positive parenting.

## **SAMH Survey of the General Health of the Singapore Population<sup>2</sup>**

In November 1985, I chaired a General Health Survey Committee, comprising a team of experts, to organise a mental health survey of the general population.

The aim of the survey was:

- To determine the prevalence of minor psychiatric morbidity (MPM).
- To establish the relationship between minor psychiatric morbidity and the individual's life cycle in work, marriage, family life, leisure and other variables.
- To determine whether the support of family, relatives and friends have an ameliorating effect.

We completed the background work and concept paper by June 1986.

Much planning and work were involved in the construction and modification of a 28-item General Health Questionnaire (GHQ 28) to be used as a measure of the well-being/mental health of the people.

In September 1986, designated volunteer psychiatrists applied the modified GHQ-28 to 150 subjects comprising an equal sample of new psychiatric referrals and those from the normal population to test its validity. The validation was completed in late January 1987.

Between April and August 1987, a field survey was conducted on a representative sample of the adult population (a total of 1,153 respondents) between the age group of 21 and 55 years.

The significant findings were:

- The point prevalence rate of MPM was 17.95%.

Those individuals at higher risk were:

- Young adults 21-25 years old, most vulnerable with a significant high prevalence rate of 25.41%.
- The divorced, widowed and separated.
- Workers subject to environment such as
  - Work pressure.
  - Work with machines involving physical risks.

- Shift duty.
- Entertainment.
- Work of more than 60 hours per week.
- Overseas travel.

The number and severity of adverse life events (legal, health, employment, financial and interpersonal problems) were especially significant, particularly where the individual experienced three or more life events during the previous six months.

An important finding was the presence of family support or a personal confidante were significant ameliorating factors in protecting the individual against a breakdown.

Being one of the first mental health surveys of the general population done at that time, the prevalence rate of around 18% might have appeared alarming but the figure was consistent with other international findings.

However, findings from the survey provided the basis of systemic planning of services by SAMH for the mental well-being of Singapore. Despite the passage of time the contributory psychosocial factors to minor psychiatric morbidity still remain very relevant today.

## **1989 – 2009: The Next Twenty Years**

The mental health scenario underwent a number of transformations for the better. The Institute of Mental Health was established to take on a broader function than those covered formerly by Woodbridge Hospital.

In 2004, a National Mental Health Survey conducted in Singapore found that 15.7% of adults suffered some form of mental health problem (it included anxiety, depression, phobias) that affected their effectiveness and well-being. This confirmed the SAMH survey finding that minor psychiatric morbidity was not an anomaly.

Of interest was that 12.5% of children (aged 6 to 12) had emotional/behavioural problems such as depression, anxiety and social withdrawal.

In 2007, the Ministry of Health announced more positive policies and programmes directed at the promotion of mental well-being in the general population, early detection of mental health problems, strengthening mental health manpower and mental health research<sup>3</sup>.

The Government committed an additional \$88 million over a period of five years (2007 – 2011) towards building Singapore into an emotionally resilient society with good access to effective mental health services. Another

# Reflections

\$17 million every year would thereafter be committed to promote mental well-being.

With positive government support, the future augurs well for mental health in Singapore.

## In Summary

I am happy and proud to have been part of the process in the early genesis, development and contribution to the objectives of SAMH.

The first 20 years of progress may be considered slow, but conditions in the field were tough.

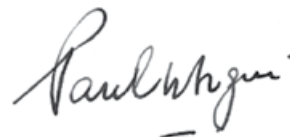
We managed to maintain an excellent standard of care and services with the bare minimum of professional staff and funding.

For this, we have to thank many of the mental health professionals and voluntary workers who have been selfless in providing their time and expertise in the various SAMH programmes.

Their unstinting efforts have provided the base from which SAMH has flourished rapidly in the subsequent 20 years.

Today, 40 years on, I am very pleased to see that SAMH has grown in stature with staff strength of over 60 and expanded services with several outreach programmes in the community.

I wish to congratulate the successive Management Committees for the grand transformation of SAMH into a vibrant organisation reaching out to the needs of a growing nation with multiple complex socio-cultural and mental health challenges ahead.



**Dr Paul W Ngui**  
Former President SAMH

1. SAMH Insight journal, 1989.
2. SAMH Survey of the General Population, report published by Singapore Association for Mental Health, March 1989.
3. Press Release: "Strategic roadmap to build up a mentally resilient society", 23 September 2007.

## FROM THE ED'S DESK: 40 years of Shifting Mental Health Perspectives and More



SAMH has the honour and the privilege of being the first community mental health agency that provides services to people identified with mental illness and their caregivers. With a humble beginning, SAMH has, over the 40 years, turned many new pages in its developmental history with the many helping hands approach. Today, as we mark the 40<sup>th</sup> anniversary of the Association, SAMH has a variety of community support services for the various age ranges, from the youth to the elderly. This is also a time to revisit our past and thank our pioneer members who were instrumental in setting up the Association with a far-reaching vision and for their leadership in forging ahead.

My journey with SAMH started in January 2000 when I first joined the Association. Looking back, I would say that it has been a very meaningful journey. Part of the joy and aspiration comes from:

- Listening to testimonies and stories of recovery from the beneficiaries and working with dedicated volunteers at the Management Committee level.

- Partnering staff who were very inspirational and instrumental in developing programmes for the Association.
- The concerted movement and partnership in de-stigmatising mental illness with the various mental health organisations.
- The implementation and development of the various services at the community level.
- The partnership formed to promote the training of mental health workers (i. e., the setting up of Association for Psychiatric Rehabilitation, Singapore).

### Awakening, Acceptance and Action

Now, after 40 years since the beginning of SAMH, there is a realisation that the challenge is far from over. There are still many gaps in services and insufficient support for people with psychiatric disabilities to live well in the community. Some of the challenges that we need to address in the years to come are:

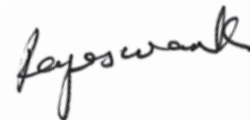
- Developing compassion at the community level for people suffering from psychiatric

## *From the ED's Desk*

illness. Unfortunately, the concern for their well-being is mitigated by the presence of stigma associated with mental illness. More barriers need to be broken to reduce the impact of stigma at all levels from schools to workplaces and institutional settings. Some of the changes could be targeted at increasing flexibility in the educational system, such as providing more support for youths or children with mental illness to continue their studies in the mainstream schools; a special class or school for youths or children with mental illness who have difficulty adjusting to mainstream schools.

- Supporting people with psychiatric illness in living in their community of choice. With that aim in mind, the three main areas we need to identify and strengthen are employment, family networks and housing options. Housing is a big area of concern to those without family support or other support network. Supported housing is an area that needs further exploration, as well as the introduction of employer benefits to those who are willing to employ people with mental illness. Equally important is guiding and empowering families to learn strategies that would help in their partnering role with their loved ones with mental illness.
- Reaching out to mental health service users through both online and new media, in particular the younger group.
- Ensuring that appropriate levels of resources are made available at the community level to develop suitable and varied community-based programmes. A more collaborative effort needs to be undertaken at the community level between various organisations so that the needs of children, youths and adults with dual diagnosis can be addressed adequately. There is also a need to increase the level of support for the elderly with mental health issues as they tend to feel a sense of alienation and loss as they age.
- Application of research findings at the community level to benefit people with mental illness and mental health service providers.
- Educating the mental health service users and members of public to take a more proactive role in their well-being.
- Developing self-help groups and peer leadership amongst persons in recovery to cope with their mental health concerns.

While these challenges may appear unattainable, in the foreseeable future, with concerted efforts from all, it can become a reality.



**Ms Rajeswari K**

## History of SAMH

The Singapore Association for Mental Health (SAMH) was inaugurated on 26 April 1969 at a meeting held at the Shell Theatre. Since then, it has been affiliated to the Singapore Council of Social Service.

Opening speech by Dr Paul W Ngui, First chairman of SAMH, at the Inaugural Meeting.

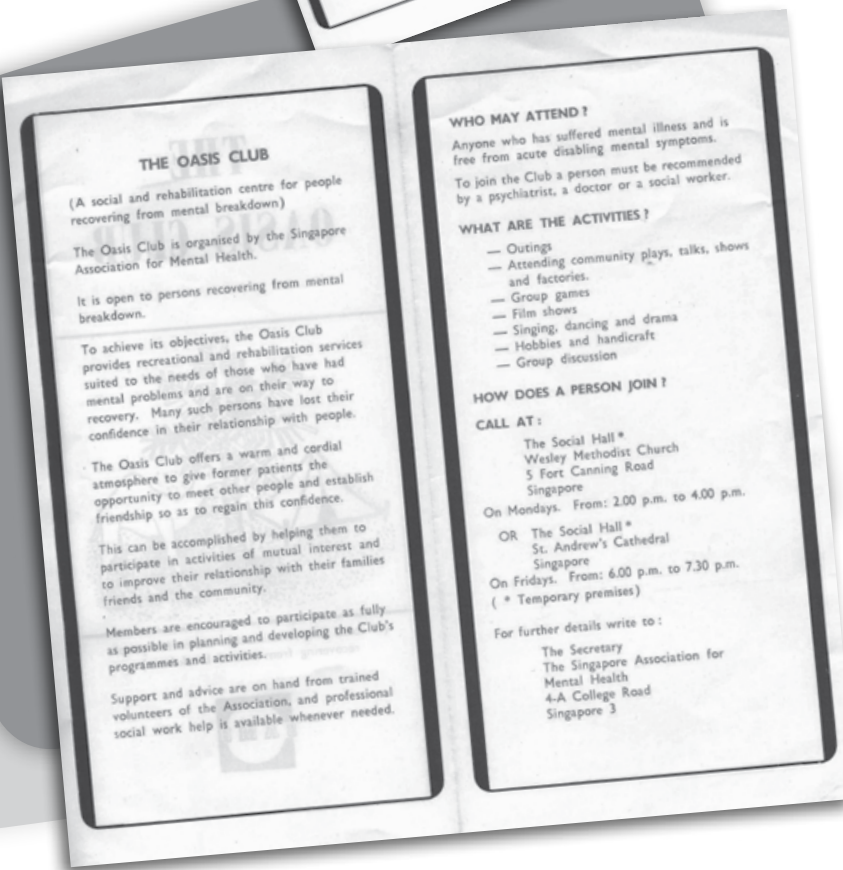
*"It is paradoxical that the community provides hospitals for the care and treatment of the mentally ill person so that he may recover*

*and resume his place in the community. But what happens! When he returns from the hospital to the community, he is shunned by society and cut off into a social isolation with little or no help in getting him back on his feet."*

*"...the formation of a mental health association will not only deal with the rehabilitation of the mentally ill patient but shall include the prevention of mental illness and the promotion of mental health in its widest implication."*



# History



## 1969

✔ Oasis Club, the first Social Rehabilitation Programme for persons with psychiatric conditions, was started informally and members met on a weekly basis in a church hall and church library. It was a social club to help psychiatric patients and those with psychosocial problems who lacked opportunity in developing self-respect, social skills and friendships.

### Comment by Oasis Club member:

*"The Oasis Club provides a place for me to go to so that I won't be bored. I cherish a lot of happy memories at the club."*



Club members engaging in a social function.

## 1970 – 1974

- ✔ World Mental Health workshop on "Mental Health Trends in Developing Society" was conducted from 29 March to 2 April 1970.
- ✔ First public forum "The School Child and Mental Health" was held on 30 September 1970.

✔ "The Teacher & Mental Health" – a workshop jointly sponsored by the SAMH and the Singapore Teachers' Union, was held on 20-21 November 1971.

✔ The Association's 1<sup>st</sup> issue of newsletter was published in September 1970.

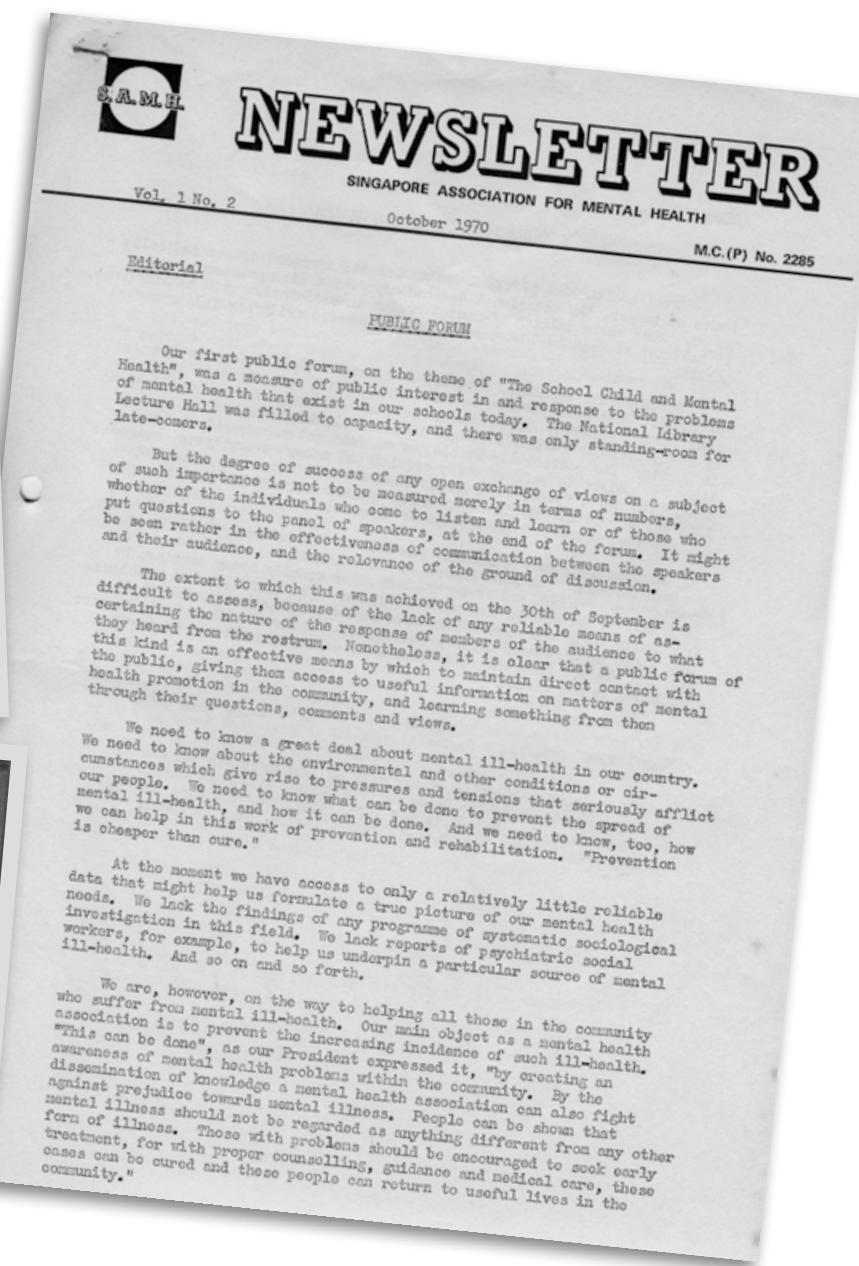
*"We need to know a great deal about mental ill-health in our country. We need to know about the environmental and other conditions or circumstances which give rise to pressures and tensions that seriously afflict mental ill-health, and how it can be done."*



Reaching out to the general public through workshops and forums.

*And we need to know, too, how we can help in this work of prevention and rehabilitation. 'Prevention is cheaper than cure.'"*

~ An excerpt from Newsletter, Vol. 1, No. 2, Oct 1970





# History

An excerpt from SAMH Insight newsletter, vol. 5 no. 1

Members will welcome the good news that after a prolonged search for suitable premises, the SAMH has finally acquired a H.D.B. terrace shophouse unit in Toa Payoh which we aim to convert into a Mental Health Centre.

1975

● SAMH's Administrative Centre was established at Lorong 4, Toa Payoh. It also became the new premises of Oasis Club.

## Club for the ex-mental

...to help them regain self-confidence

By Rav K. Dhaliwal

The Singapore Association of Mental Health has started a social club to organise activities for ex-mental patients to help them regain self-confidence.

The club, sited at Lorong 4, Toa Payoh in a two-storey building also houses the association's administration office.

President of the association, Dr. Paul Ngai, said it was designed to give ex-patients, now back home, opportunities of socialising, and pick up on day-to-day activities.

Dr. Ngai said: "In this way, they will be

able to gain self-respect and confidence.

"It is especially designed for ex-patients who have not yet found jobs. These people can attend the club's activities held three times a week, on Mondays, Wednesdays and Fridays. Those who are working can attend the sessions once a week."

The ex-patients are recommended by social workers from the Woodbridge Hospital. Activities for them include indoor games, such as table tennis, and shopping trips, picnics and dance parties.

The first session of activities was held at the club yesterday.

Dr. Ngai pointed out that more volunteers were needed for the club to run it.

Meanwhile, the association's halfway house for recovering women mental patients will open in June next year, according to Dr. Ngai.

The association has applied for seven adjacent one-room HDB flats for the project. One unit will be used as a common room for the residents, another for the lady warden, and the remaining five units for the 20 residents to live in.

The residents will be responsible for their own marketing and cooking, to encourage them to be self-reliant. It will cost \$11,500 to

start off the house, and another \$41,500 a year to run it.

Much of the money will be for the food bill. It will cost about \$2.50 to feed each resident a day.

Dr. Ngai said: "I patients' relatives with subsidies can help, the cost would be lowered markedly."

Meanwhile, the Singapore Apex Clubs (Bukit Timah and Tanglin) are organising a beauty contest, the Miss Singapore Princess Quest, and a charity ball next January to raise \$20,000 to help the halfway house.

The winner of the contest will represent Singapore at the Queen of the Pacific contest in Melbourne. She will receive a cash prize, a return air ticket (donated by Singapore Airlines) to Melbourne with board and lodging.

She will also win a 10-day "Captain Paradise" cruise to Indonesia on the Rasa Sayang, and a wardrobe paid for by MacAlister and Company.

ember 27, 1975

Source: New Nation © Singapore Press Holdings Ltd. Permission required for reproduction.



Fun times at the club.



1977

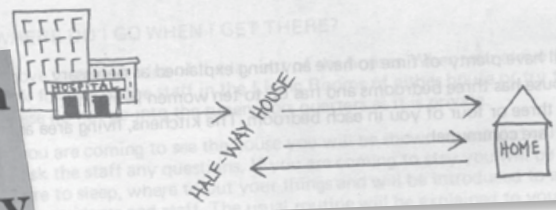
● SAMH set up a half-way house at Rochester Park for women recovering from mental illnesses in July. It was the first facility of its kind in Singapore.



**WHY IS IT CALLED A 'HALF-WAY HOUSE'?**

The object of a Half-way House is to bridge the gap between the end of hospital treatment and returning to living outside. You will be out of hospital and getting used to working again by doing every-day jobs around the house - but still with some help. You can start in ordinary employment while you still have someone to help you with any difficulties and to give you encouragement when you get home after a hard day!

Some people may stay at the house if things are too difficult for them at home. Here again the house is 'Half-way' between home and hospital.



## A shelter from the storm for female mental patients

By SHEILA CHONG

A group of 10 women, who were once mental patients, are now living in a new halfway house in Singapore.

The women, who were once mental patients, are now living in a new halfway house in Singapore. They are being helped by the Singapore Association of Mental Health.

The new halfway house is a two-story building with a garden. It is located in Rochester Park, off North Buona Vista Road.

The house is run by a lady warden and a staff of six. The women are encouraged to do their own cooking and cleaning.

The house is a great success. The women are happy and confident. They are able to do their own shopping and go to work.



Residents and staff get together for an evening of fun. The women are encouraged to do their own shopping and go to work.

The house is a great success. The women are happy and confident. They are able to do their own shopping and go to work.

The house is a great success. The women are happy and confident. They are able to do their own shopping and go to work.

## 'Women only' Halfway House opens in January

The Singapore Association for Mental Health is to have a Halfway House for women mental patients in January.

The new halfway house is a two-story building with a garden. It is located in Rochester Park, off North Buona Vista Road.

The house is run by a lady warden and a staff of six. The women are encouraged to do their own cooking and cleaning.

The house is a great success. The women are happy and confident. They are able to do their own shopping and go to work.

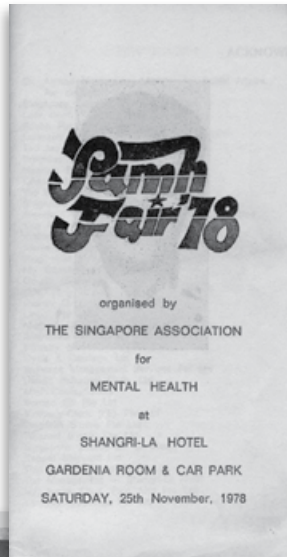
Source: New Nation © Singapore Press Holdings Ltd. Permission required for reproduction.

Published in New Nation on 19/11/76, pg 4.

Published in The Straits Times on 28/11/75, pg 5.



# History



GOH, Dr Ahmad Mattar, Honorable Acting Minister for Social Affairs, gracing the SAMH Fair 1978.



## 1978

✔ SAMH held its first fun-fair to raise funds for the association.

### The SAMH Fair '78

"The Fair was held at Shangri-la Hotel on 25<sup>th</sup> November, 1978 and was opened by the Honorable Acting Minister for Social Affairs, Dr Ahmad Mattar. This Fair was made up of two sections; one section consisting of stalls selling consumer goods and the other consisting of games stalls. Among the highlights were the dunk tank, courtesy of Keppel Shipyard, and photos taken with the Orang Utan, courtesy of Polaroid Singapore and Mandai Zoo"

~ Annual Report, 1978/79

✔ Started as a quarterly magazine in the early years, *Insight* was officially launched as an annual magazine.

"The magazine was aimed at the members of the public with two main objectives. Firstly it was felt that members of the public must be made aware of the importance of mental health; secondly to raise funds for our on-going projects, such as counselling and rehabilitation."

~ Annual Report, 1978/79



## 1979

✔ SAMH participated in the National Health Campaign organised by the Ministry of Health.

### An Excerpt from the National Health Campaign Souvenir Programme:

#### Help the mentally ill

There needs to be no stigma against mental illness.

Stigma has:

- prevented many from seeking treatment
- hindered their recovery

Mental illness is like any other disease. Fever and cough, you see a doctor. Mental illness, you should also see a doctor right away.



# History

## 120 call at mental health centre in T. Payoh ...just five weeks after its opening

ABOUT 120 emotionally and mentally disturbed Singaporeans have sought help at the Singapore Association for Mental Health Centre at Toa Payoh, although the centre has been open only five weeks.

They ranged from a 10-year-old pupil who experienced anxiety and stress from schoolwork, to a 74-year old man who needed help with a phobia. Most sought help because they needed someone to talk to and who would give them professional help to resolve a personal crisis.

This new crisis intervention service aims to provide free treatment at a stage when a person's mental disorder has not yet deteriorated.

The centre is manned by clinical psychologist Dr Ng Pui Eng and a social worker, backed by 18 volunteer psychiatrists from the Singapore Psychiatric Association.

Dr Ng said yesterday: "One-third of those who sought help from the Centre were unemployed, while the rest were clerks, factory workers, housewives, teachers, students and salesgirls." (Are professionals shunning the services, preferring to consult private psychiatrists?)

### Suicide

Most felt their families did not understand their problems which, they felt, were too personal to disclose to friends.

Six out of 10 clients were between 15 and 30 years old.

Dr Chia Boon Hock, a private psychiatrist who has done a number of studies on suicide in Singapore, has found that most young people attempt suicide during a personal crisis.

If professional help is available at that time, many will not try to kill themselves.

Dr Ng said six out of ten who sought the centre's help suffered a

Published in *The Straits Times* on 25/2/81, pg 17.

By BENG TAN,  
Medical Reporter

clients had suicidal tendencies, and needed referral to a psychiatrist or to be hospitalised.

Others needed help coping with irrational fears (phobias), sexual anxiety, lack of confidence, adolescent problems or grief after a death in a family or break-up with sweethearts.

Dr Ng said of the one-third of his clients who are unemployed, many had been told to leave their jobs and others resigned when their illness affected their efficiency.

He said being jobless adversely affected their recovery because unless they get work, they could be caught in a vicious circle.

### Poor

Employers could be more compassionate and less prejudiced towards people who are mentally ill. They could contact SAMH Centre if they have jobs to offer.

Dr Ng said since the crisis intervention centre is a community service, the poor who seek help are referred to the social welfare authorities.

Soldiers with problems are referred to the Singa-

Source: The Straits Times © Singapore Press Holdings Ltd. Permission required for reproduction.

In some countries there no longer is stigma. Help this to happen there.

Family and friends play an important role in helping the mentally ill. The following ways:

### Accept them

- Take them back when they are well.
- Help them adjust to daily life.
- Talk to them and involve them in family activities.

### Understand the disease

- They cannot help their behaviour.
- Be tolerant towards their odd manners.
- Make sure they take their medicine and keep their follow-up appointments.

### 1981

☑ SAMH started its Counselling Service to provide free counselling services on a regular basis as of 9 January 1981, with the support of staff and volunteers who are mental health professionals like psychiatrists, psychologists, medical social workers and rehabilitation counsellors.

### An Excerpt from SAMH brochure:

"The SAMH Centre in Toa Payoh provides individual, group and family counseling for people with psychological, emotional and relationship problems. These services are conducted by professional staff headed by a psychologist and a social worker and backed by a panel of consultant mental health professionals."

## Now free psychotherapy for the poor

By BENG TAN, Medical Reporter

ANY emotionally or mentally disturbed Singaporean who is poor can now obtain free psychotherapy from a clinical psychologist and social worker, with a back-up volunteer team of mental health professionals.

This new full-time crisis intervention service of the Singapore Association for Mental Health started this week at SAMH Centre, situated in a Housing Board shophouse in Toa Payoh.

It is available during and after office hours, and appointments can be made by calling 253386.

The "walk-in-talk-in" centre will be a boon for the poorer people who cannot afford the going rate of \$100 an hour to see a private psychiatrist, and who wish to avoid the stigma of going to a psychiatric clinic.

With the new service, the association is the first charitable social body to provide a comprehensive mental health service to the public. It also runs an Oasis social club, sheltered workshop and half-way house for ex-mental patients.

The director of SAMH Centre, clinical psychologist Dr Ng Pui Eng, said yesterday: "Those we have helped and who can afford to pay can donate any amount to the association as it survives on donations."

"We provide direct services for those individuals and their families within the community who are emotionally or mentally disturbed."

### Comprehensive

"Besides individual and group psychotherapy, we will provide family therapy, where relatives of a mentally-ill patient will be advised on how to cope with the patient, and his



DR NG  
... treatment vital at the early stage

ill discharged patients who could not find employment can work temporarily there to gain confidence, work habits and skills.

Those who need socialisation to develop self-esteem and self-confidence can go to the Oasis Club which meets on Wednesdays. Both services are housed in the SAMH Centre.

The Half-way House at Rochester Park provides temporary accommodation for female psychiatric patients who have been discharged from

Source: The Straits Times © Singapore Press Holdings Ltd. Permission required for reproduction.

Published in *The Straits Times* on 10/1/81, pg 11.



# History

1982

✔ The Community Mental Health Education Programme was launched in October. The programme's objectives were educating and promoting mental health, as well as creating awareness of the mental health services available in Singapore.

✔ SAMH also launched its first mobile exhibition on "A Positive Approach to Mental Health". The exhibition, along with film screenings and lectures, was held in factories, libraries, the Police Academy and in the National University of Singapore.



GOH, Dr Tay Eng Soon, Minister of State for Education, with Dr Paul Ngui, President of SAMH.



✔ A bilingual pictorial booklet on mental health and mental illness, *A Positive Approach on Mental Health*, was published.



Launch of SAMH mobile exhibition "A Positive Approach to Mental Health".



## WHAT IS MENTAL HEALTH?

**Mental Health is Much More than an Absence of Illness.**

It involves our daily lives.

**It has to do with:**

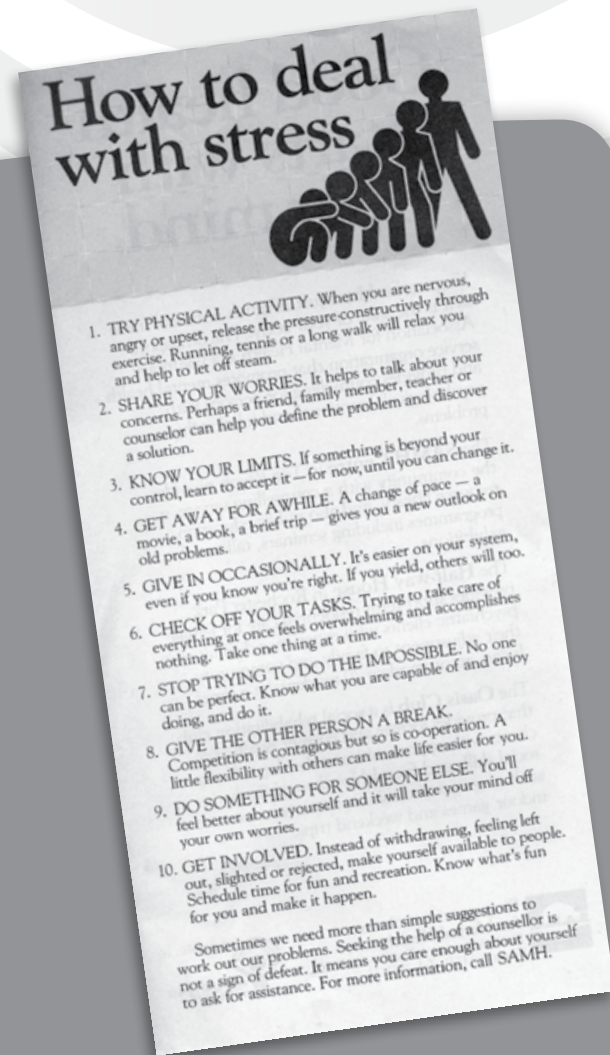
- how a person feels about himself
- how he feels about others
- how he handles the stresses of daily living

## INDICATORS OF POSITIVE MENTAL HEALTH Some Characteristics of a Mentally Healthy Person

- A. Feeling comfortable about himself:**
  - he is able to cope with common feelings such as fear, worry, anger, love, hate, jealousy and guilt
  - he can take disappointments in his stride
  - he has confidence in his ability to handle most situations
  - he has self-respect
- B. Feeling comfortable about other people:**
  - he is able to give and receive love from others
  - he has trust in others
  - he does not push other people around or allow himself to be pushed around
- C. He is able to meet the demands of life:**
  - he is able to cope and to solve problems when they arise
  - he is able to accept responsibilities
  - he is able to decide on things for himself
  - he puts his best efforts in whatever he does and he feels happy doing it



# History



## 1983 – 1986

- ✔ SAMH became a member of the Community Chest of Singapore in May 1983.
- ✔ A series of factsheets on various aspects of mental health was published in 1985.
- ✔ Coordinated by the Community Chest of Singapore and in collaboration with other agencies, SAMH's counselling service was part of the aftercare service programme following the collapse of Hotel New World on 15 March 1986. SAMH provided counselling for rescuers and victims of family members to help them cope with the psychological trauma and referred them for appropriate psychiatric help.



## 1987

- ✔ A General Health Survey was carried out to assess the mental health needs of the general population. Field work on this nationwide survey was completed. The objectives of the survey were:

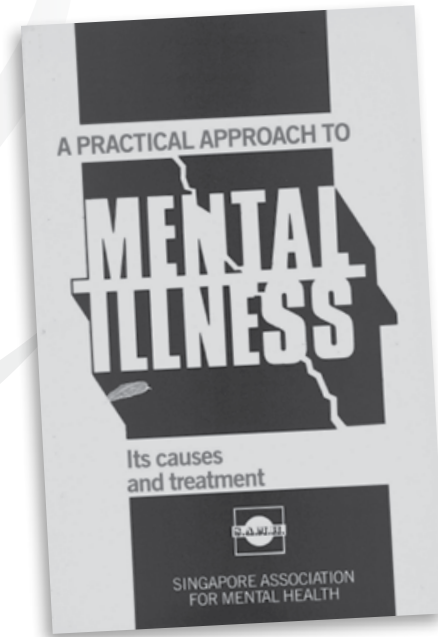
- to determine the prevalence of minor psychiatric morbidity and stress-related problems in the general population
- to establish the relationship between general health and an individual's life cycle as reflected in work, marriage, family life, leisure and other variables



- to determine the kind of support family, relatives and friends provide, which has an ameliorating effect
- to determine what services are required for people with mental health problems

- ✔ Factsheets were translated to Mandarin to reach out to the Mandarin-speaking groups.
- ✔ A book entitled *A Practical Approach to Mental Illness – Its Causes and Treatment* was published in English.

# History



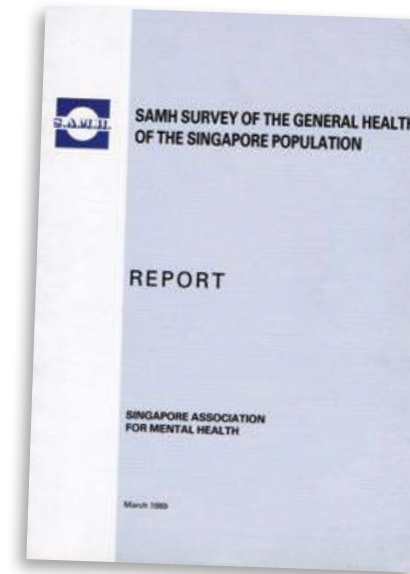
## **An Excerpt from *A Practical Approach to Mental Illness*:**

### **Depressive Disorder:**

Most of us are likely to feel depressed at some stage of our lives – as a reaction to a bereavement, separation, divorce, or sudden unemployment. This mild form of depression is quite appropriate and normal, and usually disappears after a period of time. Severe depression, as experienced in a depressive disorder, is a more serious condition, and goes beyond feeling down, sad, unhappy or frustrated, although these symptoms are usually present.

## **1989**

✔ SAMH Survey Report on the General Health of the Singapore Population was published.



## **An Excerpt from SAMH Annual Report 1989:**

Our Survey Report on the General Health of the Singapore Population was published in March 1989. Briefly, the survey:

- established the point prevalence rate of minor psychiatric morbidity (MPM) as 17.95% for the 21–55 years age group;
- showed that young adults in the 21–25 years age group appear to be the most vulnerable with a significantly high prevalence rate of 25.41%;

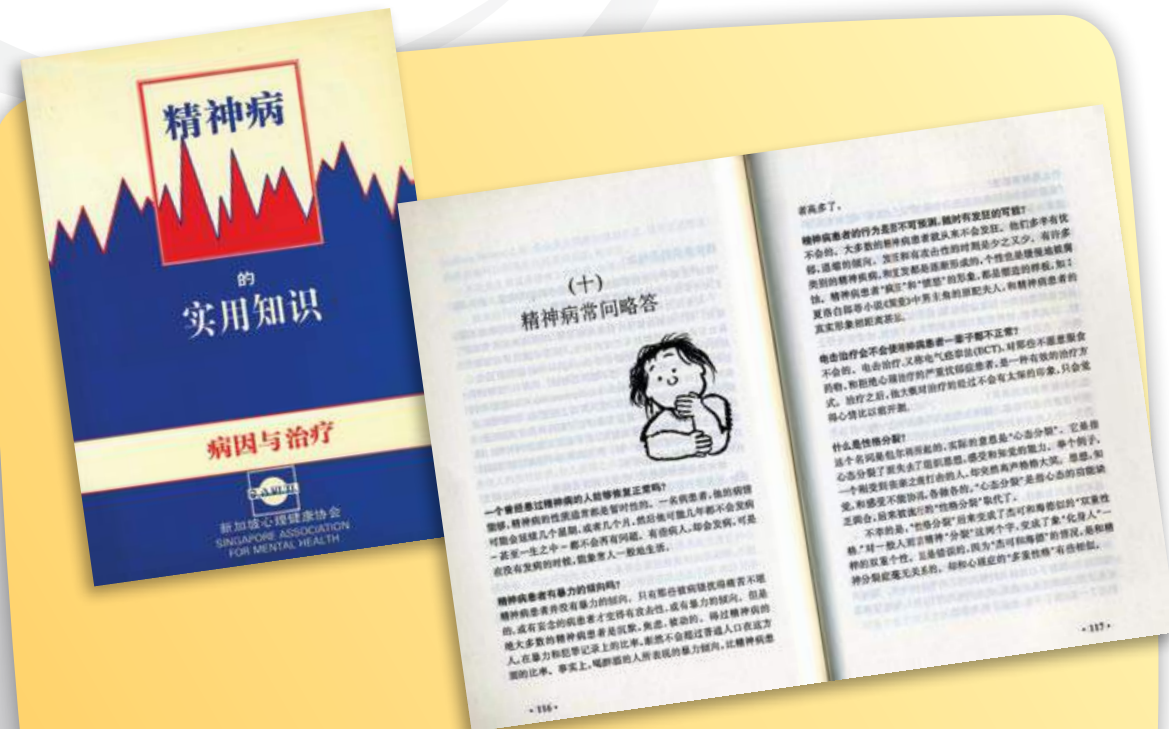
- pointed to the fact that persons in the divorced, widowed and separated social group also had a very high prevalence rate of MPM;
- found that persons who faced work pressure, worked with machines involving physical risks, worked in shift duties, and worked 60 hours or more per week, or were involved in entertainment after office hours were at higher risk for MPM;
- found that the frequency of participation in community work, political, cultural, religious or other social and recreational activities did not significantly alter the prevalence rate of MPM; and
- among other findings, the survey pointed to the fact that persons with MPM required more than family concern and support for their problems. They required, in addition, counselling and social assistance.

✔ Dr Paul Ngui presented the findings of the Survey on the General Health of the Singapore Population at a Workshop on Epidemiological Study of Mental Health held during the 2<sup>nd</sup> Asean Congress on Psychiatry and Mental Health in Singapore, from 30 March to 2 April 1989.



# History

- ✔ A Practical Approach to Mental Illness was published in Chinese.



### Comment by Family Support Group member:

#### Why I joined the Family Support Group ?

"It gives me support and help in looking after my relative suffering from mental illness. Prior to joining this group, I kept all the frustration, problems and anxiety to myself. I did not talk to others for fear of being stigmatised. In keeping all these troubled thoughts to myself, I felt very stressed and my health was affected. After joining the Family Support Group, I was greatly relieved. It was as though a load had been removed from my shoulders. Now I am able to look after my relative with less stress and less frustration".

### 1991

- ✔ The Family Education Group, comprising family members, relatives and significant others of persons with mental illnesses, came under the umbrella of SAMH. (It was renamed Family Support Group in 1992).

- ✔ The first outreach counselling service in one of the Family Service Centres (FSCs) was inaugurated in December 1991. This was part of SAMH's plan to decentralise its counselling service throughout Singapore by networking with the various FSCs over the next five years. The aim was to help develop and strengthen the mental health service of the FSCs by providing expertise and staff, in order to reach out to a wider circle of people.
- ✔ An art therapy group was started for members of Oasis Club with the help of Mr Tang Da Wu, a well-known local artist experienced in art therapy work.



Art pieces by Oasis Club members.



# History

1994

✓ SAMH Insight Centre and Oasis Day Centre (ODC) at Potong Pasir began their operations on 4 April 1994 and 5 September 1994, respectively.

With these larger premises, the counselling programme, community mental health education programme and family support group also

made their homes at Insight Centre.

The former premises at Toa Payoh became the headquarters of SAMH.

### Comments by Oasis Day Centre (ODC) trainees:

*"I am one of the 'oldest' trainees in ODC and I'm still a very active member of the Day Centre. The Centre has helped me to manage my medications on my own and acquire independent living skills."*

*"Through the various psychosocial programs at ODC, I've learnt skills to cope with adversity and developed a more positive outlook towards my recovery."*



Signboards of the past...



It's party time at Oasis Day Centre.



A session at Insight Centre (posed picture).

## Understanding Mental Illness

Mental illness is often misunderstood. For centuries, it has been seen as either possession by evil spirits, a moral weakness or punishment from a higher being. Those suffering from mental illness are commonly perceived to be restless, violent and unpredictable.

### This is far from the truth.

There are many forms of mental illnesses that differ in severity, duration and degree.

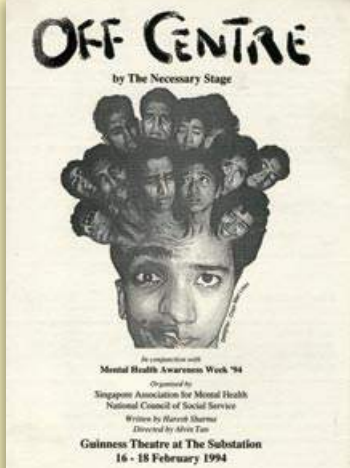
It is a disturbance of the mind which can affect thinking, feeling and behaviour that may interfere with normal functioning, and thus make daily life difficult.

Most mental illnesses can be treated so that a reasonable state of health can be enjoyed. Like physical illness, mental illness is nothing to be ashamed of.

### It is not anyone's fault.

**Symptoms** .....  
Mental illness is identified by symptoms. These include anxiety, depression, intense fear, thought disturbances, paranoia, delusions (false beliefs), hallucinations and unusual elation.

**Causes** .....  
It is unclear what causes mental disturbance. It is often preceded by emotional stress and difficulty coping with conflict or adjusting to adverse events. Other factors are biochemical imbalance, deterioration of brain cells (especially in elderly people) and alcohol or drug abuse.



### Mental Health Awareness Week

Mental Health Awareness Week '94, a joint project by Singapore Association for Mental Health and National Council of Social Service, aims to educate the public on the importance of good mental health, managing stress-related problems as well as maintaining healthy interpersonal and family relationships.

We also want to show that good mental health is important in achieving total health. Mental health comprises a broad range of attitudes, emotions and coping abilities, and is not simply about mental illness. This message will be conveyed to the public via various approaches - talks & workshops, drama: OFF CENTRE, film festival, exhibition and visual & performing arts.

Credits	
Playwright	Harish Sharma
Director	Alvin Tan
Production Manager	Cherrie Ng
Administrative Manager	Harish Sharma
Business Manager	Eck King Low
Administrative Assistant	Frankie Low
Graphic	Chen Man Low
Lighting Designer	Cherrie Ng
Stage Manager	Joel Ng
Cast	Abdul Latif Abdullah Salimah Bte Dillah Dennis Leong Frankie A. Low Harish Krishnamoorty Aidi Mohamed Sufiah Mada

### Mental Health Awareness Week

SAMH and National Council of Social Service jointly organised the Mental Health Awareness Week '94 between 15 and 20 February. The theme of the awareness week was "Mind Your Mind".



# History

1995

✔ Bukit Gombak Group Homes (BGGH) commenced operations.

**THE GROUP HOMES**

**For Whom**  
For stabilized mentally ill persons who are without relatives and proper accommodation or unable to live with their relatives but have the motivation and capacity to work. Priority will be given to those who are gainfully employed.

**Capacity**  
There are four units altogether with a maximum capacity of 36 residents, two residents to a bedroom, four or five bedrooms in each unit.

**Monthly Fee**  
A monthly fee of \$90.00 is payable on the first day of the month. The fee is inclusive of utilities and is subject to review annually.

**Deposit**  
On admission, a deposit of \$100.00 is required. The money will be refunded on discharge less deductions for breakages, damages, etc.

**Facilities**  
Each unit has bedrooms with two single beds and private wardrobes, a common living cum dining area with furnishings, a common kitchen with toilet and bathroom attached. Other shared facilities include: television, ironing board, refrigerator, microwave oven, washing machine, dryer and utensils. (no water heater is provided or allowed).

**Admission Criteria**

- Stabilized, psychiatric patients who are gainfully employed or in the process of looking for a job, with no recent history of violence, alcohol/substance abuse, suicide attempts and unable to stay with family members or have no means of family support.
- Age: 21 years and above, Singapore Citizens or Permanent Residents.
- Should be ambulant and not be suffering from any severe medical illness, able to take medication on his/her own without supervision and attend regular follow-up sessions with their psychiatrist.
- Should be able to work and live independently with minimum supervision and be able to pay the monthly fee.

**How to Apply**  
Applicants must be referred by the patient's psychiatrist. The application form with the necessary psychiatric assessment and the social worker's report should be submitted to:

SAMH Group Homes Social Worker  
SAMH Insight Centre  
Block 139 #01-136  
Potong Pasir Avenue 3  
Singapore 380139

**Enquiries**  
Contact person :  
Social Worker (Group Homes)

SAMH Insight Centre  
Block 139 #01-136  
Potong Pasir Avenue 3  
Singapore 380139

Tel No : 620-1576  
Fax No : 620-2140  
E-mail : sambh@singnet.com.sg



Nothing like "home" after a hard day's work.



It's reunion with their "extended family" in BGGH for many residents.



5-star hotel banquet brought to our living rooms.



Getting to see more of Singapore.



Residents bonding with visitors.



Learning as a group.

### Comment by BGGH resident:

"I've moved out from BGGH to stay in a rented room in 2001 after a four-year stay there. Due to some issues with my landlord, I returned to BGGH in 2003. After two unsuccessful tries of applying for a rented flat with my peer, I decided that I would like to live alone. The staff of BGGH worked together with me in my new goal of having my own flat and I'm happy that my dream has become a reality. I will be moving in to my own elderly studio apartment when it is ready in 2013. In addition, through the assistance from BGGH, I received a donated electronic keyboard and a songbook after I expressed interest to learn the keyboard. I am now able to play many songs including theme songs from Cantonese opera, although I did not receive any formal lessons in music."

1997

✔ Family Support Group was restructured as Caregiver Support Group and Patient Support Group. The latter was introduced for persons with schizophrenia, depression and anxiety disorders.





# History

## An Excerpt from the Patient Support Group (PSG) brochure:

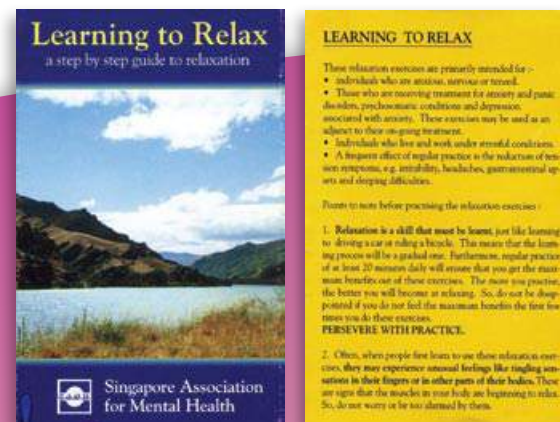
*"Individuals who are recovering or have recovered from schizophrenia/bipolar get together as a group for information & sharing of experiences to obtain social & emotional support and to learn from one another."*



Christmas cheer at Oasis Club and PSG.



- ✔ Production of corporate video to highlight SAMH's mission and objectives.
- ✔ An English cassette tape on methods of relaxation, produced by SAMH, went on sale.



Relaxation tape in English.

*"Relaxation is a skill that must be learnt, just like learning to drive a car or riding a bicycle. ... PERSEVERE WITH PRACTICE."*

## World Mental Health Day (WMHD) 97

"The Healing Art" held at the Substation Art Gallery showcased 30 art pieces and 18 types of handicraft done by the trainees at

ODC. In addition, the trainees and volunteers of ODC demonstrated paper recycling, clay modelling and masking techniques. They also performed a skit together with the staff of SAMH. A play "Mirror Mirror" by the Necessary Stage, was staged, and it was followed by a discussion on mental illness with mental health professionals.



GOH, Mr Chan Soo Sen, addressing the audience during the official opening of Special Art Exhibition.



Mr Chan and A/Prof Leslie Lim touring the booths.





# History

## 1999

- ✔ SAMH observed World Mental Health Day 1999, in conjunction with the SAMH 30<sup>th</sup> Anniversary.

A public forum was held in English and in Mandarin simultaneously.



The late Mr Sandhu (our former Executive Director), A/Prof Leslie Lim and GOH, Dr Chen Ai Ju.



Our distinguished speakers at a public forum.



A showcase of beneficiaries' art pieces.



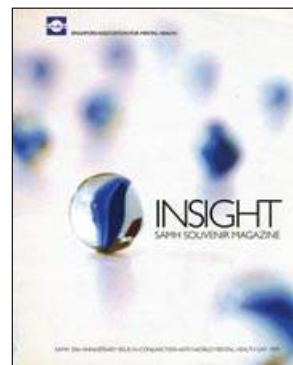
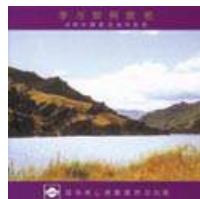
Mr Sandhu and Dr Chen touring the exhibition.



Opening address by A/Prof Lim.



Relaxation CD (in Mandarin).



- ✔ SAMH was one of the six charity organisations that were selected to benefit from the IBM's community project entitled "e-Charity '99". The project was intended to raise public awareness of voluntary welfare organisations, as well as to provide an avenue for fund-raising. The corresponding website was launched on 10 June 1999. (<http://mypage.ihost.com/samh>)

- ✔ SAMH was appointed as the Managing Agent for the proposed Activity Village (now renamed as Activity Hub), which aimed to pro-

vide psychosocial rehabilitation of destitute persons and chronic psychiatric patients.

- ✔ Performances and community service projects were introduced at ODC.



ODC trainees doing their bit to help the needy.



Community performances by ODC Solid Gold dancers.



ODC puppeteers showcasing their talents.



ODC trainees spreading love and joy at a children's home.



# History

- ✔ A working committee (comprising Club members) was formed at Oasis Club. The working committee is in charge of planning various work groups and the running of “My Club Time” sessions under the guidance of staff. This initiative allows members to gain autonomy and further facilitates the development of leadership and interpersonal skills.

## 2000

- ✔ SAMH formally incorporated Support for Eating Disorders, Singapore (SEDS) as part of its organisation on 24 October 2000.



Getting into the spirit of camping.



- ✔ ODC organised its very first one-and-a-half-day camp at Sentosa for the trainees.
- ✔ ODC secured a “Watchman” contract

(similar to security officers) and trainees who required minimal supervision were introduced to this transitional employment scheme.

- ✔ An on-site counselling service rendered to staff of Insolvency & Public Trustee’s Office (IPTO) was launched by SAMH counsellors. The pilot project commenced with a de-stress seminar on 8 July 2000 and the on-site counselling project was carried out from 22 July to 19 October 2000.

- ✔ BGGH implemented components such as aftercare services, support groups and bi-monthly case conferences at BGGH.

- ✔ The Familiarisation Programme, held on a weekly basis, was implemented in two different wards at IMH. The two-hour sessions were held in two separate periods, each lasting about 45 minutes. The purpose of the programme was to reach out to potential service users, particularly patients who were about

to be discharged from IMH, as well as their caregivers.

- ✔ SAMH also introduced monthly supervision sessions for its professional staff.

## 2001

- ✔ SAMH was appointed as an agent under the Ministry of Community Development of Singapore’s (MCDS) Mandatory Counselling programme, for individuals and families who are struggling with family violence and mental health issues.

- ✔ Together with Orchard YMCA, the day centre organised a three-day, two-night camp for the trainees. In addition to enhancing trainees’ self-confidence through activities such as team-building games and affirmation, it also aimed to dispel some of the myths that volunteers might have concerning mental illness.



Exercise and fresh air at Camp.



# History



Bonding time in the secret garden.

Official adoption of ODC (MD of Atofina and ED of SAMH).



Learning from each other's experiences.



Staff of Atofina learning about SAMH services.

- ✔ For the first time, ODC was adopted by a private company, Atofina SEA Pte Ltd. Other than raising funds for the Centre, Atofina also invited the trainees to a bowling session during their charity bowl and sponsored a zoo trip for the Day Centre.

- ✔ The introduction of Emergency Workloan Assistance Scheme at BGGH helped residents during times of financial difficulty.

## 2002

- ✔ Activity Hub @ Pelangi Village started operations. Pelangi Village comprises six residential homes (run by different VWOs) and an Activity Hub (run by SAMH) that provides rehabilitation, care and accommodation for vagrants and psychiatric destitutes.



A/Prof Leslie Lim putting his signature on contract at AH.



Activity Hub – the "Happening Place" of Pelangi Village.



# History

2003

- ✔ SAMH witnessed the official opening of Pelangi Village by GOH, Dr Yaacob Ibrahim.

GOH, Dr Yaacob Ibrahim, together with Management Committee members and staff of SAMH.



GOH and representatives from the Homes and Activity Hub at Pelangi Village.



GOH appreciating the display put up by Activity Hub.

Components such as fitness, wellness, art, music & drama were introduced at Activity Hub.



- ✔ Under the MediaCorp Radio Charity Support Programme, Capital Radio 95.8FM adopted and pledged its support for SAMH for the year 2003. A series of radio programmes was arranged to create public awareness of SAMH services, mental well-being and mental health issues. Capital 95.8FM and Singapore Petroleum Company also co-organised a charity drive to enhance the profile of SAMH and raise funds for our beneficiaries.



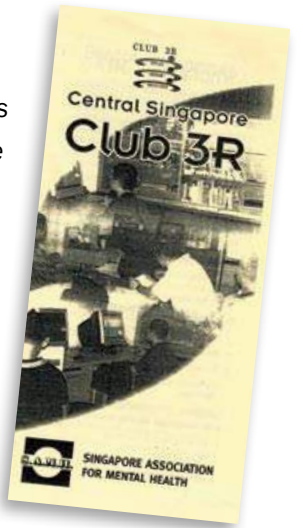
- ✔ To further enhance the professionalism and the service delivery of SAMH in the years to come, staff were sent for Psychiatric Rehabilitation Certification training.

2004

- ✔ Club 3R, a drop-in centre which caters to persons recovering from their psychiatric conditions, began operations on 5 January. It was officially declared open by the Mayor of Central Singapore District, Mr Heng Chee How, on 10 July 2004.

**Comment by Club 3R member:**

*"Club 3R has been a tremendous help to my life. It not only educates me on my illness but also provides me with opportunities to learn new things. I enjoy playing scrabble and other games with other members. I like Club 3R very much. It is like my second home."*



GOH, Mr Heng Chee How.



# History



✔ The Family Link Programme, developed in Hong Kong, was brought to Singapore by a pharmaceutical company and launched by SAMH in March 2004. It consists of two-hour sessions held over eight weeks to equip caregivers with the knowledge and skills in supporting their loved ones with mental illness. It is conducted alternately in English and Mandarin.

## An Excerpt from the Family Link Programme (FLP) brochure:

### Topics for the Family Link Programme

1. Understanding Mental Illness – Schizophrenia, Depression & Bipolar Disorder
2. Practical Drug Guide & Management
3. Effective Communication with persons with mental illness
4. Handling Crisis & Suicide Prevention
5. Treating Yourself Good
6. Understanding & Accessing Mental Health Services
7. Dealing with Stigma & Discrimination
8. Moving Forward

## 2005

✔ A new logo with the tagline “Towards Mental Wellness” was created and launched.



✔ SAMH launched the *Hope* newsletter in May 2005. The newsletter showcases our services and achievements to mental health providers, voluntary organisations and government agencies.



Do not disturb. Young “brain-stormers” at work.



## 2006

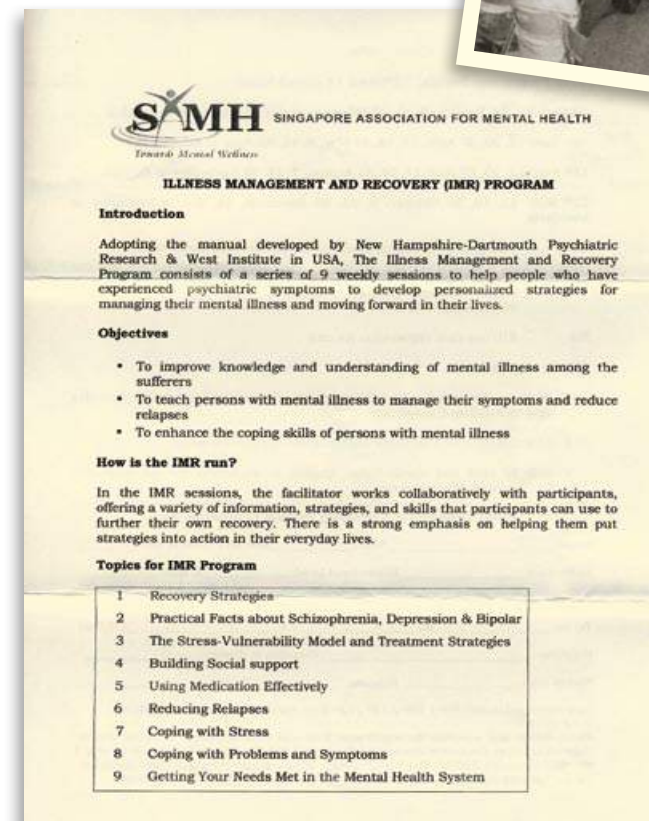
✔ Illness Management & Recovery Programme (IMR) was launched in July 2006 in recognition of the need to educate and to equip persons with mental illness with the knowledge and skills to manage their illness.



Attending IMR in pursuit of recovery tips.

✔ There was also a concerted effort to implement psychiatric rehabilitation concepts in all of the SAMH’s programmes for the benefit of service users. As part of its staff training efforts, staff were sent to attend the US Psychiatric Rehabilitation Association (USPRA) Conference and the training on Psychiatric Vocational Rehabilitation.

✔ In June 2005, Youth Group @ Oasis Day Centre was inaugurated. The group was set up to reach out to youths (age 14-18) with mental illness. It was a response to the service gap resulting from the increased referrals from Child Guidance Clinic and the need for such services as more young people were taking leave from school or had stopped schooling due to mental illness.



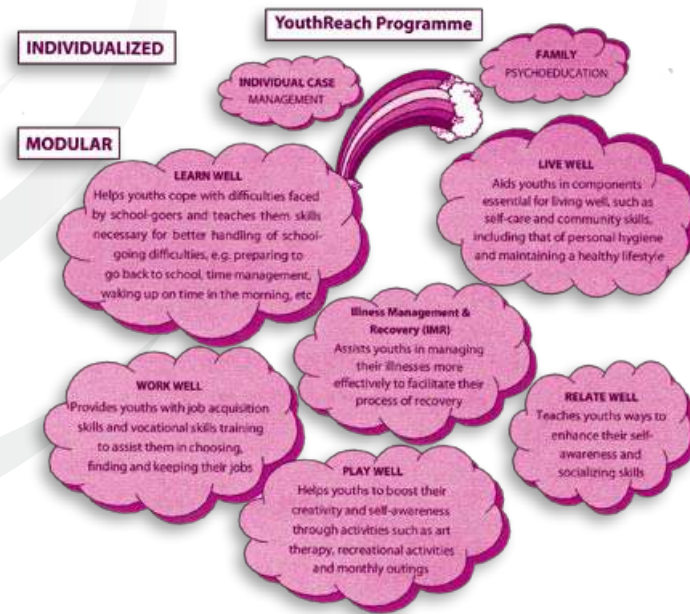
The much-awaited FLP in Mandarin.



# History

2007

✔ YouthReach, an innovative rehabilitation programme for youths (below age 18) identified with emotional and psychological problems, commenced operations on 4 August 2006, sharing premises with Oasis Day Centre. YouthReach officially moved into the new premises in Jurong East on 15 January 2007. Ms Elim Chew, founder of 77<sup>th</sup> Street, was appointed as Ambassador for the YouthReach Programme.



Youthful voices filled the air.



If Yan can cook, youths can too!



The 3 Cs YouthReach: Cosy, Comforting & Cool.

✔ SAMH was awarded a pilot six-month casework management scheme for probationers with mental illness by the Ministry of Community Development, Youth and Sports (MCYS).

✔ To support the community integration of people with mental illness, the Institute of Mental Health holds a bi-monthly case conference with SAMH to facilitate better management of clients, providing a platform to discuss critical issues related to SAMH's beneficiaries.

✔ The SAMH website was revamped with the support of a pharmaceutical company and it also adopted the DepNet (an interactive website designed to foster communication between persons affected by depression) for a year.



Depnet website.



✔ SAMH held its first joint-flag day with Metropolitan YMCA on 25 August 2007.



2008

✔ On World Mental Health Day 2008, Sunshinepath (peer support group for persons with mood and/or anxiety disorders) launched its online forum.

✔ Dr Lily Neo, Member of Parliament for Jalan Besar GRC, was appointed as SAMH's patron.

✔ SAMH held its first Flag Day on 23 August.



SAMH website.





# History



GOH, Mrs Yu-Foo Yee Shoon, and Special Guest, Ms Ellen Lee, accompanied by SAMH MC members.



GOH and Special Guests, Ms Ellen Lee and Ms Elim Chew, joined by MC members on stage to celebrate the 40<sup>th</sup> birthday of SAMH.



"Going, going, gone ... to a worthy cause!".

## 2009

- ✔ The adoption of financial guidelines as required by the Code of Governance was put in place.
- ✔ The Executive and Human Resource Committee, Fund Raising Committee and Audit Committee were formed.
- ✔ YouthReach had its official opening on the 10 January 2009 with GOH, Mrs Yu-Foo Yee Shoon, Minister of State for Ministry of Community Development, Youth & Sports.
- ✔ IMR Programme was translated into Mandarin and the first Mandarin session was conducted in October, reaching out to the Mandarin-speaking clients.



SAMH 40<sup>th</sup> Anniversary logo.



## Programme helps youth cope with mental illness

Source: The Sunday Times © Singapore Press Holdings Ltd. Permission required for reproduction.

**Huang Huiwen**  
Two years ago, Ms Stefanie Cheang was prone to sudden outbursts of anger, and she refused to go to school. Her concerned parents took her to see a psychiatrist, who diagnosed her as suffering from schizophrenia. Yesterday, the 21-year-old shared the story of her road to recovery before a crowd of 120 people. She is now doing well at the Mountbatten Vocational School and plans to become a nurse. The occasion was the launch of YouthReach, a rehabilitative programme by the Singapore Association for Mental Health (SAMH), held at the SAMH YouthReach centre in Jurong East. Ms Cheang is a testament to how YouthReach is helping youth suffering from mental and emotional disorders to manage their illness. They are taught, for example, to recognise symptoms of a relapse and how to communicate better with others. Since the start of a pilot programme in 2006, YouthReach has worked with 81 young people, achieving a success rate of 88 per cent in reducing their hospital stays. YouthReach began as an after-care support in response to an increasing number of youth seeking mental-health treatment. In 2007, the Institute of Mental Health handled 3,338 new outpatient cases, reported Dr Daniel Fung, its chief of child and adolescent psychiatry. This was a result of more community awareness and less stigmatisation of people with mental illness. "Families are more comfortable with talking about mental-health issues, and it is no longer a shame to seek help," said Ms Peshali Fernando, the deputy director of SAMH. Medical treatment alone, however, is insufficient. "Youth need more than hospital care. They need the support of the community to help them get back on track," said Dr Fung.

Published in *The Sunday Times* on 11/1/09, pg H9.

- ✔ A series of celebratory events was held to celebrate SAMH's 40<sup>th</sup> anniversary. The theme was "Touching Hearts, Reaching Minds, Celebrating 40 years of Community Wellness".



Getting to know art therapy the hands-on way.



Equipping volunteers, enhancing services.



Games galore at WMHD forum.



Ms Joanne Chio, SAMH Hon. Secretary, presenting a token of appreciation to our Distinguished Speaker, Dr John Rush.

- ✔ SAMH held its first Charity Dinner at Grand Copthorne Waterfront Hotel on 6 November 2009. The highlight of the night was the Charity Auction, where donated art pieces by local renowned artists were auctioned off to raise funds for our non-funded programmes and clients.
- ✔ A public forum, "Coping with Adversities", was held on 3 October 2009 to commemorate WMHD 2009.

- ✔ A full-day Volunteer Training and Appreciation Day was held on 7 November 2009 to equip existing and potential volunteers with the knowledge and skills related to mental health, as well as to provide a platform to appreciate existing volunteers for their support in our various programmes.
- ✔ "Recovery through Art: An Art Exhibition" was held from 29 December 2009 to 1 January 2010. The objective of this art exhibition



# History



GOH, Mr Lui Tuck Yew, officiating the opening of the art exhibition, joined by SAMH President, Dr Daniel Fung.



Ms Chng Seok Tin gracing the occasion.

**Recovery through Art  
An Art Exhibition  
29 Dec 2009 to 1 Jan 2010**  
Organised by the Singapore Association for Mental Health

The objective of this art exhibition is to raise public awareness on Mental Wellness, in conjunction with SAMH's 40<sup>th</sup> Anniversary Celebration. The event also aims to enable members of the public to understand the effectiveness of art as therapy. Art in itself is therapeutic and an important outlet for feelings. Our beneficiaries' self-esteem and confidence are also enhanced through the process of making art and with recognition from the sale of their artworks.

This year, Singapore Association for Mental Health (SAMH) marks its 40<sup>th</sup> anniversary with an art exhibition in collaboration with local renowned artist Ms. Chng Seok Tin. The exhibition features art pieces from Ms. Chng as well as paintings done by the clients of SAMH and partner organizations.

SAMH Art Exhibition 2009 is part of a series of activities launched in October to commemorate World Mental Health Day (WMHD). Organizations involved in this series of events include the Health Promotion Board and other mental health organizations.

WMHD was observed for the first time in 1992. It seeks to raise public awareness on mental health issues and is officially commemorated every year on October 10<sup>th</sup>.

The theme for this exhibition is "Recovery through Art".

It all started in January 2009. During this period, the beneficiaries involved worked with Ms Chng Seok Tin in her studio at Telok Kurau. Together with two other volunteers (Debbie Siau and Emylin Safian), they learnt printmaking techniques such as marbling, ink transfer, collage with mixed media and many more.

Throughout this period, the beneficiaries worked in a group which enhances communication and support. In addition, working in a safe environment allowed them to express freely without any fear of being judged. Hence the spontaneous expression resulted from their image is a reflection of self, desire, emotions and words that were unspoken.

The dedication from everyone involved in this year-long commitment has empowered the beneficiaries and contributed to a significant improvement in various aspects of their lives. Increased communication, longer attention spans and higher confidence levels are but three of many accomplishments they achieved this year on their road of recovery through art.



was to raise public awareness of Mental Wellness, as well as to enable members of the public to understand the effectiveness of art as therapy. This art exhibition was organised in collaboration with local renowned artist Ms Chng Seok Tin. The exhibition featured art pieces from Ms Chng as well as paintings

done by the clients of SAMH and partner organisations.

- ✔ SAMH organised its first Job Fair and Family Wellness Fair at the Ang Mo Kio Central Stage on 12 & 13 December 2009 respectively. The Job Fair was organised for persons with mental illness and other job seekers, and more than 200 positions were available.
- ✔ The Family Wellness Fair provided families from the general public with information on promoting mental wellness within the family. Over 600 members of the public visited the family wellness fair, which saw a total of 10 vendors – from traditional Chinese medicine to yoga centres – providing valuable educa-

tional and practical services to the visitors. Throughout the day, there were talks by our counsellors on family and mental wellness, yoga demonstrations and art activities by the Association of Art Therapists, Singapore. Families had an enjoyable time at the many side stalls where they were entertained with games, nail and face painting, and balloon sculpting.

- ✔ Job Connect was set up in December 2009 and was launched during the Job Fair. It aims to support companies with employees with mental health issues.



"Glitter, glitter on my fingers..."



Job fair in the heartlands.



Dr Lee Cheng, SAMH Vice-President, presenting a bouquet of flowers to GOH, Mdm Halimah Yacob.



GOH visits an employer's booth.



Bringing fun and laughter to young heartlanders.



## MISSION

To promote mental health

To prevent mental illness

To improve the care and rehabilitation of people with mental illness

To reduce the misconception and social stigma that surrounds mental illness

## VISION

To be a leading provider of community mental health services

## VALUES

Holism in rehabilitation

Optimism in recovery

Professionalism in service

Empowerment



Members of our Management Committee for FY2008/09.  
Standing, from left to right:  
(Back row) Dr Ong Say How, Dr Daniel Fung, A/Prof Leslie Lim, Mr Colin Yeo, Dr Lee Cheng and Mr Ong Seng Hong.  
(Front row) Mr Bernard Lian, Ms Catherine Chua, Ms Wong Foong Chei, Mr Tan Keng Teng, Ms Alice Chua and Ms Joanne Chio.



SAMH MC members and staff at a retreat on 21 January 2009.

## SAMH Logo



New logo



SINGAPORE ASSOCIATION FOR MENTAL HEALTH

Old logo

## Rationale for New Logo

### The Vibrant Human Figure icon represents:

- Inspiration and hope to uplift one's sense of well-being.
- Renewal and growth of clients and organisation.

### The Ripple represents:

The impact of our mission, symbolizing the ever-widening circles of positive change, enriching the lives of our clients and the community.

### The Colours represent:

- Blue** Integrity, stability and expertise of the organisation. Blue inspires trust and brings serenity.
- Green** Nature, uplifting growth and renewal. Green refreshes and calms.
- Purple** Healing, well-being and recovery. Purple embraces holism and wisdom.



## Success Stories

**I was formerly a client of BGGH.** I stayed there for four years. Now I have moved back to my family.

I was diagnosed with bipolar disorder at the Institute of Mental Health in 2003. My illness was so serious that I attempted suicide and I also partially lost physical mobility. After spending a few months at IMH, I was due for discharge, but I had no place to go to as none of my family members was confident of taking care of me, given that I was once highly suicidal.

My family tried approaching various nursing homes and care centres but they were turned away because I was too young and I was a mental patient. There was also the concern that I might attempt suicide again.

During that initial stage, I felt really lost, until I found out about BGGH, or Bukit Gombak Group Home. It was really a relief for my family when I was accepted by BGGH as a resident. Life at BGGH was a new experience for me because I had never stayed outside of

home before. However, I was glad to get to know some really wonderful friends, who like me, have mental illness. Every day, we cooked together, went out together, and helped one another with the laundry.

Now, even though I have moved out of BGGH – so have my friends, we remain in touch. BGGH helped us to reintegrate into society and taught us how to get along with one another. I want to thank BGGH for providing us with a place to stay when we were on the road to recovery. I would like to wish SAMH a very happy 40<sup>th</sup> Anniversary.

**I was feeling depressed when I was in secondary school and ITE as there was so much bullying and backstabbing.** I attempted suicide. I wanted a girlfriend, even though I did not know what it was all about, and I faced many rejections, which I did not know how to handle. Then I was introduced to pornography on the Internet and I became addicted to it.

Over at YouthReach, I was taught a num-

ber of life skills and was engaged in many activities, which included sports and games, cooking, dancing and karaoke sessions. I was also introduced to art therapy and attended counselling sessions. I was very encouraged by the care and concern shown by the staff of YouthReach. My self-esteem has improved and I am able to better relate to my friends. I would like to take this opportunity to thank all the staff at YouthReach for their help over the last two years.

**I am a mother of a boy suffering from schizophrenia.** After going through treatment, his condition has improved tremendously. Following that, his doctor recommended him to YouthReach. Initially, he had no confidence in himself. He feared taking the MRT to the centre on his own and needed my company.

At YouthReach, many people were always happy to help and this boosted his confidence. Gradually, he regained his independence. Now, I don't have to accompany him to the centre anymore.

At YouthReach, he liked to volunteer his help. He would help the staff with the paper work such as making photocopies and typing documents, etc. Today, he is filled with hope.

I would like to take this opportunity to thank SAMH and all the staff and volunteers for their help. I hope that my son will continue to build his confidence and become more independent. Thank you.

**I am Mrs Tan and my daughter is 19 years old.** A few years ago, she was diagnosed with schizophrenia.

Fortunately, two years ago, at the onset of her illness, she was recommended to join YouthReach.

Initially, she was very scared and I had to accompany her whenever she went to YouthReach. After joining YouthReach for some time, and with the patience of the staff and their guidance, as well as family support, there has been a great improvement in her condition and she can now travel independently to YouthReach. She has also resumed her studies.

I am grateful to YouthReach and the social workers. Thank you.

**When I first attended YouthReach Centre, I was extremely withdrawn and was afraid of talking to people.** I would also avoid attending group sessions.

Gradually, through the encouragement and guidance of my case worker, I rediscovered myself and found qualities that I did not know I possess.

I have since returned to school and I am also supporting other youths in their recovery.

**I am Ms Do Lern Hwei.** I am glad to share with you my experience with mental illness and how I managed to cope with it.



## Success Stories

In 2006, I was arrested for trespassing and was sent to IMH for observation.

There, I was diagnosed by Dr Muni Winslow with a psychiatric illness and was put on medication. After two years, they reduced the medicine because I was recovering from my illness.

When I was discharged from IMH, the social worker in IMH referred me to SAMH Bukit Gombak Group Homes. I stayed there for three years and found that it was a good place to recover. I looked for jobs with regular hours and finally I got to work at the Queenstown Multi Service Centre.

My special word to people with mental illness like myself is that we should have goals and have specific plans. We should break up our goals into small, achievable steps. This is all I have to share with you. Thank you for all your attention and time.

### Appreciation from Clients (Counselling Service)

*"Personally, I would like to record a note of thanks and appreciation to my counsellor, who has spent much time with my family and me. Her patience and leading comments have helped me to better understand the issues that I have to face at home and at my work place, including relationship issues with my family.*

*Once again, I thank you guys from the bottom of my heart."*

\*\*\*\*\*

*"Thank you for all the encouragement and support."*

\*\*\*\*\*

*"Thank you so much for your care and guidance during my difficult time."*

\*\*\*\*\*

*"Thank you for always being there to listen and advise. You've constantly encouraged me to look for answers within myself even when I thought it was not possible. Without your guidance, I would not be where I am today."*

\*\*\*\*\*

*"Thank you for the kindness that you've shown and I wish you happiness in return, because you're someone who brightens life for others and adds sunshine to their days. Your little caring deeds show that you are someone who really deserves a "thank you" from the heart."*

\*\*\*\*\*

*"Nice meeting up with you. You've given me a patient and understanding ear for my personal troubles. I hope we can work together to improve and resolve my personal issues. My thanks and gratitude to you and the staff as well."*

## Gallery – products by beneficiaries

Art pieces





# Gallery

## Handicraft



## COUNSELLING SERVICE

### **SAMH Helpline: 1800 – 283 7019**

(Monday to Friday, 9am – 1pm & 2pm – 6pm)  
Face-to-face counselling for individuals, couples and families with psychological, psychiatric and other social or relationship issues.

## SUPPORT SERVICES

### **Support Groups**

#### **Sunshinepath (SSP):**

Peer Support Group for persons recovering from mood and/or anxiety disorders.

#### **Mental Health Interactive Group (MHIG):**

Peer Support Group for persons recovering from schizophrenia or psychosis.

#### **Support for Eating Disorders**

##### **Singapore (SEDS):**

For survivors recovering from eating disorders, and their supporters.

#### **Caregiver Support Group (CSG):**

For caregivers and significant others who are supporting loved ones with mental illness.

## Psychoeducational Groups

### **Family Link Programme (FLP):**

An 8-week workshop (2 hours each) to empower caregivers in taking care of their loved ones with schizophrenia, bipolar disorder or depression.

### **Illness Management and Recovery Programme (IMR):**

A 9-week workshop (2 hours each) for persons recovering from schizophrenia, bipolar disorder or depression to develop strategies to better manage their illnesses.

## Oasis Club

A psychosocial rehabilitation club with social, recreational and educational activities to provide opportunities for persons with mental illness to learn how to improve on their interpersonal & social skills and enhance their self-confidence.

## Central Singapore Club 3R

A drop-in centre, the first in Singapore for persons with mental illness. Activities are varied to include recreation (karaoke, indoor games, etc.) and skills training (conversational English, basic computer skills, etc.).

## PSYCHOSOCIAL REHABILITATION SERVICES

### **SAMH YouthReach**

A psychosocial rehabilitation programme for children and youths with mental health concerns. Through our psychosocial rehabilitation programme and recreational activities, we aim to enable the youth to live well and cope effectively in the community.

## Oasis Day Centre

A day psychosocial rehabilitation programme for persons with mental illness. Training hours are from 9am to 5pm, Monday to Friday. Services and activities include vocational/skills training, counselling, family intervention, group sessions, outings, indoor and outdoor recreational activities.

## Bukit Gombak Group Homes

An independent living facility for persons recovering from mental illness who would benefit from the opportunity to develop their community living skills, improve on their ability to be gainfully employed as well as strengthen other personal skills.

## Activity Hub at Pelangi Village

Managed by SAMH and funded by MCYS, the Activity Hub is a self-contained complex for the rehabilitation of residents who are destitute (most would be recovering from mental illness) and staying at Pelangi Village. The Hub provides psychosocial rehabilitation including counselling, social work services, psychological services, occupational therapy, arts & expressive therapies and vocational training.

## OUTREACH SERVICES

### **Community Mental Health Education Programme**

This programme organises public education outreach activities such as talks, public forums, workshops and exhibitions. It also seeks to educate the public on mental health issues through the production and distribution of brochures, flyers and newsletters.

### **Volunteer Programme**

This programme offers a variety of volunteer opportunities at different levels: direct or indirect volunteering. These include joining the SAMH panel of speakers or befriending and/or teaching specific skills for the rehabilitation of persons with mental illness.



ISBN 13: 978-981-4305-03-7  
ISBN 10: 981-4305-03-0



9 789814 305037