

HANDBOOK

on



YOUTH MENTAL HEALTH IN MALAYSIA

**FOR YOUTH, PARENTS, COUNSELLORS
& HEALTHCARE PROFESSIONALS**

Dr Sabrina Lizy Fernandez
Sharrada Segeran
Prof Dr Philip George



This book is supported by the Malaysian Mental Health Association (MMHA).

Malaysian Mental Health Association is a non-government organization established to promote mental health awareness and public mental wellbeing.

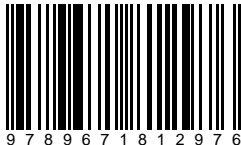
HANDBOOK OF YOUTH MENTAL HEALTH IN MALAYSIA

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All information provided in this book is strictly for general information only. It is not intended to and does not amount to advice which you should rely on. It is not in any way a substitute to specific medical advice. You must therefore obtain the relevant professional or specialist advice before taking or refraining from any action based on the information given in this book. If you have questions about any medical matter, you should consult your doctor or other professional healthcare provider without delay. Please seek immediate medical attention from a doctor or other professional healthcare provider if you think you are experiencing any medical condition.

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Foreword



I am delighted to write this foreword in yet another easy-to-understand book which is the latest in a series of publications on mental health by Prof Dr Philip George, in collaboration with his student and junior colleague. Prof Dr Philip, a leading and respected figure in the field of psychiatry in Malaysia, really needs no further introduction. He is also a colleague whom I have known for the last 15 years. Once again, he rises to the occasion in the timely publication of this handbook on youth mental health.

Youth is an exciting phase where one consolidates one's personality, experiences the joy of social interaction yet grapples with academic and career challenges, to establish his or her position as a young adult. This is also a period where many of the known mental disorders take place, making the adolescent years a critical window in which mental health can be promoted, and mental health problems can be addressed.

If left untreated, mental disorders can impede all aspects of health, including social development and emotional wellbeing, leaving young people feeling socially isolated, stigmatised, and unable to optimise their contributions to society. Mental disorders remain the most common cause of disability in young people worldwide. Therefore, it cannot be further underscored that addressing mental health problems in early life is crucial. It can, not only lead to improvements in social and behavioural adjustment and academic performance but also help prevent unnecessary contact with the criminal justice system. Adding to this, the stigma of mental illness, particularly in youth, creates unnecessary gaps in treatment demonstrating our failure in reaching out to young people when it is most needed.

Dr Sabrina Lizy Fernandez and third year medical student Ms Sharrada Segeran must be congratulated for putting together such an interesting book that captures one's attention, making its perusal a rewarding experience. This book presents common mental disorders in a crisp and succinct manner which then leads to an optimistic section entitled 'Road to Recovery'. Here the importance of resilience building and lifestyle recommendations for good mental health are highlighted. It ends off nicely with a list of resources and helplines.

I deeply believe that of late youth mental health in Malaysia has drawn greater attention for the wrong reasons and therefore requires urgent intervention. This book will surely contribute to greater public and professional understanding of the subject.

Congratulations to the authors for bringing out this handbook which will also be a welcome resource at this moment of time when mental health issues are increasingly discussed in an open and honest manner.

Prof. Dato' Dr Andrew Mohanraj Chandrasekaran
President of Malaysian Mental Health Association
Board Member, World Federation for Mental Health

Foreword



I first met Prof Philip George just about more than 18 months ago and he impressed me with his humility, lack of pretension and passion in the subject of mental health. Since then, he has been steadfast in supporting the National Coalition for Mental Wellbeing with his gentle but persuasive ways.

I would like to commend the efforts of Prof Philip George who is the Head of Psychiatry at the International Medical University. He is also an Honorary Consultant Psychiatrist at Hospital Tuanku Jaafar, Seremban, a Visiting Consultant Psychiatrist at Assunta Hospital and Visiting Consultant Psychiatrist at 'The Mind Faculty', Mont Kiara in Kuala Lumpur. He has more than 40 publications in journals and chapters in books and this, I believe is the fifth in a series of handbooks that he has co-authored in a quest to improve mental health literacy in Malaysia. He was a pioneer member of the National Coalition for Mental Wellbeing and is presently Advisor to the Youth Initiative through the Mind Matters Network.

This book is not only accessible but relatable and clearly defines the much-needed information on issues related to mental health of youth.

It is both practical and eminently useful for everyone interested in knowing more about this very complex issue made easy to understand as some may not have lived the painful experience of having a mental health issue but with this book, you will certainly recognise them in others. There is a need to understand those affected, how traumatizing it can be and how it can incapacitate one's normal functioning.

No one is spared from stress, anxiety, depression but some are affected more than others by serious issues of mental health. The message is: reach out for help; you do not need to suffer in silence.

My gratitude to Prof Philip, Dr Sabrina who is his ex-student and a newly graduated Doctor as well as Ms Sharrada his student and the current Chair for the Youth Mind Matters Network of the National Coalition for Mental Wellbeing for this timely publication.

Dato' Bindi Rajasegaran

Governor RY 2021/22

Rotary International District 3300

Malaysia

Founding member National Coalition for Mental Wellbeing

2nd September, 2021



Preface

Youth mental health has gained attention in Malaysia only in recent years. The mental health struggles of youth tend to be taken lightly because there is a misconception that youth don't have "real problems" to be upset about. Adolescence and young adulthood are important formative years. Hence, awareness and practise of good mental health habits are especially vital in this population. Our mental health should be given just as much priority as our physical health.

Health is not just an absence of disease, rather it is the state of complete physical, mental and social well-being. This handbook aims to shed light on several common mental illnesses that affect youth as well as provide information on how to maintain good mental health in all youth. After all, everyone deserves to have good mental health.

Many mental illnesses begin during youth, so it is of utmost importance for youth to have access to accurate and reliable information about these afflictions affecting them or their loved ones. The brief overview offered in this handbook hopes to empower youth with the understanding of their illness as well as how they can seek help and improve their quality of life through the various treatments available.

An equally important objective is to eliminate the stigma surrounding mental health issues. Mental illness is widespread, but is often an "invisible disability". Coping with mental illness can be debilitating, but to an outside observer it can be hard to understand because the disability is not as obvious as physical limitations. By gaining awareness of mental illness, we can hopefully foster a kinder and more understanding society.

Dr Sabrina Lizy Fernandez

Biography of Author

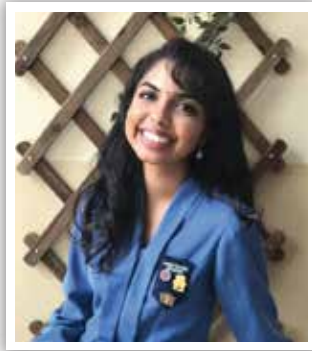


Dr Sabrina Lizy Fernandez obtained her Bachelor of Medicine & Bachelor of Surgery (MBBS) from the International Medical University (IMU), Malaysia in 2021.

She has a keen interest in adolescent health. She was part of the video creation team for a youth and adolescent reproductive health education endeavour by IMU Cares. Dr Sabrina has also co-authored a research about the Prevalence & Factors Associated with Irritable Bowel Syndrome (IBS) published in 2020.

Currently, she is preparing for the FRCOphth Part 1 examination, which is a parallel pathway for Ophthalmology, before serving as a doctor in her hometown of Sandakan, Sabah.

Biography of Author



Sharrada Segeran is a third-year medical student passionate about driving the mental health agenda to the forefront of the country, focusing on youth mental health and improving the mental health policy in Malaysia. She chairs the mental health initiative of the Youth Task Force and is one of the youngest committee members under the National Coalition of Mental Wellbeing. Sharrada strongly believes that the best way to reach out to youth in need of help is through youth themselves. She actively speaks on youth mental health as a guest speaker in schools and national events. She has represented Malaysia in the ECOSOC Youth Forum and Global Youth Summit.

Sharrada was previously awarded the Queen's Guide Award and was part of the Advocate for Community Engagement programme where she led the Covid-19 Humanitarian Aid alongside staff and students reaching out to families in need during the pandemic. That was when she realised that many aids were heavily focused on the basic necessities of the people, which was certainly of utmost important at that time, yet the growing mental health struggles which was equally important was often overlooked, especially when it came to youth. Under the guidance and unyielding support from her mentors, Prof Dr Philip George and Prof Khoo Suan Phaik, Sharrada embarked on her journey to spark a change in the youth mental health landscape in Malaysia. She co-founded and presently serves as the Executive Director of Mind Matters Network—a platform by youth for youth, guided by professionals that strives to bring mental health education to schools and universities in Malaysia.

She has co-authored #GGStayatHomeChallenge booklet under Girl Guides Association Malaysia, a national educational tool to raise awareness on the current pandemic and as an activity guide that promoted mindfulness among children as well as adolescence. The activity booklet received over 72,000 submissions, 250,000 engagements and was published on the international site, World Association Girl Guides and Girl Scouts (WAGGGS). Sharrada has completed her first degree in Medical Sciences (Hons) and is awaiting transfer to Australia to complete her clinical years.

Biography of Author



Professor Dr. Philip George is a Consultant Psychiatrist with interest in Addiction Medicine. He is presently Head of Department of Psychiatry at the International Medical University and Honorary Consultant Psychiatrist at Hospital Tuanku Jaafar, Seremban. He is also a Visiting Consultant Psychiatrist at Assunta Hospital and Visiting Psychiatrist at 'The Mind Faculty', Mont Kiara in Kuala Lumpur.

He graduated with MB BS in 1988 from Manipal, India and did his Masters in Psychiatry in 1996 at Universiti Kebangsaan Malaysia. He completed a Certificate in Substance Abuse with the University of Melbourne in 2003. His work experience includes a two-year Staff Specialist position at the Drug & Alcohol unit of the Canberra Hospital, Australia and Locum Psychiatrist at the Refugee Processing Center, Republic of Nauru from 2016 to 2019. He has more than 40 publications in journals and chapters in books. His areas of interest are in, Prevention of Substance Abuse, Schizophrenia, Managing Stress and Elderly Depression.

He is the Immediate Past-President of the Malaysian Healthy Ageing Society, Auditor of the Addiction Medicine Association of Malaysia, committee member of the Manipal Alumni Association of Malaysia and features every 2-weekly on Lite FM Mind Matters national radio talk show. He also has a Certificate of Completion in Mental Health Leadership from University of Melbourne, 2003 and a Diploma on Mood Disorders from the Lundbeck Institute, Denmark, 2010. He was also part of a Disaster Medical Relief Team in Nepal post-Earthquake in August, 2015 and visiting Psychiatrist, Nauru Refugee Processing Centre from 2016 to 2019.

Acknowledgement

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Rotary International District 6400, US / Canada



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And the

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Through the good offices of

Governor Aruna Koushik 2021/22

Rotary International District 6400



We would also like to express our appreciation to the Mind Matters Club of the International Medical University (IMU) for providing us beautiful art pieces by talented students, acquired from their art competition, to be included in this handbook.

Our heartfelt thanks go to Mr Brian Lariche, CEO of Make It Right Movement and Serene Kho Wei Yen, IMU alumni batch PS2/14, for offering to review parts of this handbook.

Thank you to the alumni of International Medical University (IMU) batch ME1/16 and ME2/18 for appearing on the cover of this handbook.



SECTION 1: INTRODUCTION



Overview of Youth Mental Health
Epidemiology
Risk and Protective Factors



Adolescence is a transitional phase of growth and development between childhood and adulthood. Youth and adolescence age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24 years. But there are many definitions and one is when youth are completely independent which nowadays is longer than after 24. Adolescence is a stressful period. It is a time of many psychosocial and physiological changes and this can be challenging for some youth.

The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946). Although adolescents are generally perceived as a healthy group, 20% of them, in any given year, experience a mental health problem, most commonly depression or anxiety (WHO, 2012).

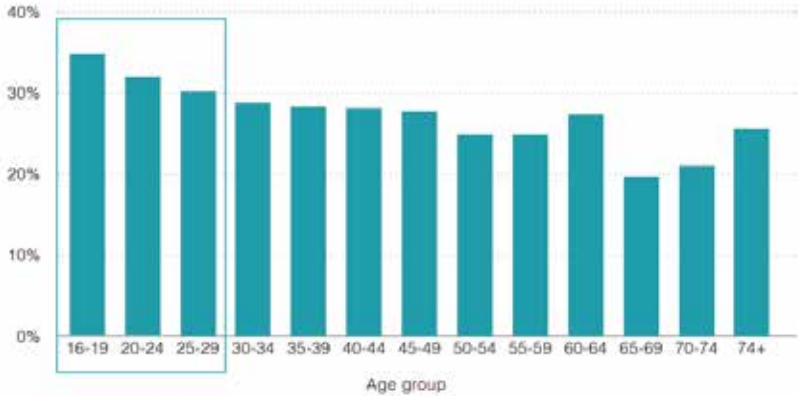
Emotional health and wellbeing of adolescents have implications on self-esteem, behaviour, attendance at school, educational achievement, social connectedness and quality of health (Rao, 2001).

Adolescents with a good sense of mental well-being possess problem-solving skills, social competence and a sense of purpose. These assets make them resilient and help them thrive in the face of adverse circumstances. They then avoid risk-taking behaviour and generally lead productive lives (Nintachan, 2007).

Studies in Asian countries have revealed that the prevalence of mental health problems among children and adolescents ranges from 10 to 20% (Amstadter et al., 2011; Srinath et al., 2005). Srinath et al. (2005) also reported that adolescents from urban areas had a higher prevalence of mental disorders.

According to Malaysia's former Minister of Health, Dr Dzulkefly Ahmad, there are 4.2mil Malaysians who are suffering from some form of mental health issues (Carvalho, Sivanandam & Shagar, 2018). More and more teenagers were also found to have a desire to commit suicide. A study by Paul C.Y Chen, et.al, (2007) found that 7% (312 of 4454) of teenagers have seriously thought to commit suicide. 4.6% of them had suicide attempts at least once in 12 months. A Ministry of Health survey in 2017 showed the prevalence of suicidal thoughts of 10% among the students, which has increased by almost 3% from 7.9% in 2012.

Prevalence of mental health problems by age in 2015



Mental Health Problems According to Age. Source: NHMS 2015

Youth are severely impacted by the COVID-19 pandemic. Besides a global health crisis, the pandemic also poses a major economic threat; the economic contraction due to this crisis is unprecedented. In Q2, 2020 alone, the Malaysian GDP recorded -17.1% growth, performing much worse compared to other neighbouring countries in the region like Singapore (-13.2%), Thailand (-12.2%) and Indonesia (-5.32%). Unemployment in Malaysia has hit the highest levels in over a decade, higher than the 1998 Asian Financial Crisis and the 2008 Global Financial Crisis. Clearly, job opportunities for youth will be curtailed due to labour market contraction, stunted job growth, and a focus on worker retention, hindering new recruitment.



Credits: Unsplash.com

Due to the economic and social impact of the pandemic, feelings of depression and anxiety are on the rise in the general public (Rajkumar, 2020), and in youth specifically. Studies suggest that the youth emerge as a new risk group due to decreased social support (as a result of physical distancing measures and online learning), and uncertain job prospects. Rising unemployment and economic uncertainties are unlikely to dissipate in the near future, and these conditions anticipate an increase in mental health issues and subsequent requests for psychological support.

The support systems in terms of professional mental health services are in Malaysia still inadequate with only about 30 child and adolescent psychiatrists available throughout the country, and they are mainly distributed in the urban areas. Malaysian services still lack clinical psychologists, psychotherapists, occupational therapists and speech and language therapists required to form multidisciplinary teams that help to build the holistic approach to youth mental health support.

“Only 30 child and adolescent psychiatrist are available throughout the country”

Parenting skills and mental health skills training or education sorely lack in our community and often the reliance in schools is on grades and not the development of essential life skills. Parents too emphasise more on educational outcomes as places in tertiary education institutions are highly competitive. Other factors for the increase in youth mental health issues include,

Increased urbanisation of the population

Bullying or cyber-bullying

Poor sleep patterns

Accessibility and availability of drugs

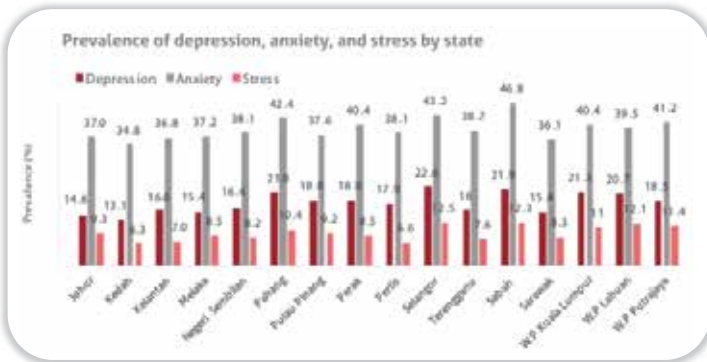
Need for perfection - sometimes being instilled from young

Increase in childhood abuse (physical, sexual or psychological)

Lack of extended family involvement

Smaller family size and lack of family interaction

Over use of social media and video games or internet



Graphic from the (NHMS) 2017: Key Findings from the Adolescent Health and Nutrition Surveys.

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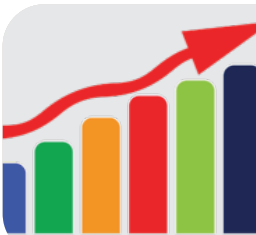
Malaysian teens (13-17 years old)
are critically suffering from mental
health problems
-Ministry Of Health



1 in 5 depressed
2 in 5 anxious
1 in 10 stressed
-Survey by the Ministry of Health



Prevalence:
Suicidal thoughts from 7.9% to 10%
Suicide plans from 6.8% to 7.3%
Suicide attempts from 6.4% to 6.9%
- Adolescent Health Survey 2017 and
Global School Health Survey 2012



Suicide cases among 15-18 year olds
increased from 3% in 2019
to 6% in 2020.
-PDRM 2020



Prevalence of depression in rural
areas are higher than the urban
areas in Malaysia.
-NHMS 2019

Picture credits: commoncreative

States with the highest Mental Health Issues



Kuala Lumpur
39.8%



Sabah
42.9%



Kelantan
36%

Gender

Male
27.6%



Female
30.8%



Race



Malay : **28.2%**
Chinese : **24.2%**
Indian : **28.9%**
Others : **41.1%**
(bumiputera)
Others : **33.2%**
(non-bumiputera)

Picture credit: creativemarket
Info Source: NHMS

Risk and Protective Factors

As a child reaches adolescence, there are factors that play important roles in either promoting or hindering their development. These factors are found in the educational settings, work environment, social status, family, personal practices, coping skills and opportunities the individual comes across in his or her life. The combination of protective and risk factors contributes to the teen's overall mental health. Exploration of these areas may lead to better understanding of steps that can be taken to improve one's mental health.

*"A protective factor prevents problems,
A risk factor causes problems"*

A protective factor enhances the wellbeing of a person. These factors are strongly influenced by three pillars- individual, family and community. Protective factors focus on building resilience in the face of challenges which would lighten the burden of emotional distress and reduce the likelihood of disorders.

Protective Factors



Individual

- High level of confidence
- Emotional self-regulation
- Good coping skills and problem-solving skills
- Subjective sense of self-sufficiency
- Positive self-regard
- Optimism



Family

- Supportive relationships with family members
- Clear expectations for behaviours and values
- Family provides stability and monitoring



Community

- Opportunities for engagement within community
- Positive norms
- Physical and psychological safety
- Good peer relationships

Conversely, a risk factor can increase the chance of someone having poor mental health. These factors contribute to a person's likelihood to develop a disorder or further exacerbate an existing disorder. Most of the time these risk factors tend to overlap and interact with one another. These long-term stressors in a person's environment, either social or physical, and the lack of opportunity for a 'fresh start' tend to impede recovery. Addressing these risk factors using multi-pronged interventions may lead to better mental health outcomes.

Risk factors



Individual

- Withdrawal
- Mood swings
- Insecure attachment
- Poor social skills
- Perceived incompetence
- Poor academic achievement
- Financial problems
- Traumatic life experiences



Family

- Parental depression
- Child abuse
- Family conflict
- Recent loss (death, divorce)



Community

- Peer and community rejection
- Violence
- Poverty
- Lack of access to support services

The three main domains in life, be it individual, family or the community act as a two-edged sword. It can either be a source of strength or the very same domains can turn out to be a source of emotional distress. While it is of utmost importance to address and reduce the modifiable risk factors where possible, it is also important to learn to cope better with the unmodifiable risk factors. At the same time, effort can be made to further strengthen the protective factors to build resilience.

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SECTION 2: YOUTH MENTAL HEALTH IN TODAY'S WORLD



Social Media and Youth Mental Health
Assessment & Warning signs
How to help Someone who is Suicidal

Social Media & Youth Mental Health

Social Media Addiction

Oftentimes we may find ourselves losing track of time as we scroll endlessly through numerous social media platforms. Taking a 5-minute break in between work or study to check social media is not a big deal.

It becomes a problem when we lose control and spend **more time** on social media than we **intend** to, to the point that it affects our work/school performance and our relationships.

In NHMS 2017, 2 out of 7 secondary school students reported being addicted to the Internet.

Tips to Overcome Social Media Addiction

Be mindful about your social media use

Be conscious about what triggers prompted you to open your social media apps. They could be external triggers (like receiving a notification alert on your phone). It could also be an internal trigger. For example, you are feeling frustrated about starting a difficult assignment, or perhaps you are feeling upset about a particular incident. This awareness would allow you to cope with your emotions in a healthier way and resolve the underlying issues rather than by distracting yourself with social media.

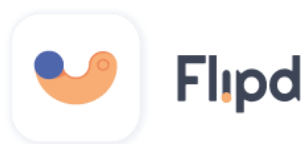
Set restrictions on the time that you spend on social media

Some smartphones have an in-built digital wellbeing feature that tracks time spent on each app and users can allot time limits for each app.

If your smartphone does not have this feature, you can download free apps such as Flipd or Moment to lock you out from certain counterproductive social media apps. Flipd acts both as a screen-limiting app and a meditation app.

For laptops and desktops, you can download browser extensions like Cold Turkey and Focus.

When we employ these systems to restrict social media use, it puts less reliance on our own willpower. Soon, we would adjust to less time on social media and eventually even lose the craving to frequently check social media.



Social Comparison

Most people use social media to share their highlights in life, their best moments.

Youths start comparing themselves to the version of others that is carefully curated for social media. Not just that, these portrayals may be edited and possibly fake.



Source: Reddit r/Instagramreality user *captainguacamoleh*

Many influencers use editing software or apps to enhance their physical features. This sets the scene for unattainable beauty ideals for both young girls and boys, leading to issues like low self-esteem, body image issues, or even eating disorders. These social comparisons are not limited to just appearances because social media users share stories of their success in academics, sports, career, wealth and personal relationships.

Cyberbullying

Being bullied is linked to mental health problems as well as negative physical, mental and socioeconomic outcomes that continue even into adulthood. According to the Institute for Youth Research Malaysia, 62% of Malaysian youth have experienced cyberbullying. The most common tactics of cyberbullying in Malaysia include sending rude/offensive/pornographic materials, giving hurtful nicknames, mocking, spreading rumours and ignoring/boycotting someone on a chat group.

Victims of bullying are at higher risk of making suicidal plans, having moderate to severe levels of depression, anxiety, stress, and loneliness as well as engaging in substance use, aggression and risky sexual behaviour. This is true for both conventional and cyberbullying. Victims of bullying also are more likely to be truant and involved in physical fights in school. Hence, these behaviours serve as valuable warning signs that these students need help.

Take action against bullies by using the Report feature that is inbuilt in most social media platforms. This applies not just for the cyberbully victim, but also for bystanders. In other words, if you see any inappropriate post or comment about someone else, stand up to them by reporting it.

Cyber999 is a national 24-hour hotline for reporting internet-related abuse. Call them at 15999 or +6019-266 5850. They can also be contacted through Cyber999 app.



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Warning Signs of Mental Health Issues

Many people battling mental health issues suffer in silence. Though it may be subtle, we can be more vigilant to pick up possible warning signs of mental health issues. As parents, teachers and friends, we can do our part to be aware of those who may be suffering and get them the help they need.

Warning Signs Worried About Yourself or Someone You Care About?

- * Withdrawing from social activities or usual hobbies
- * Low mood on most days
- * Low energy levels
- * Poor concentration
- * Change in appetite and sleep duration
- * Declining school/work performance
- * Disciplinary issues at school
- * Avoiding friends and family
- * Severe mood swings, irritability or angry outbursts
- * Risk-taking behaviour that causes harm to self/others (eg. driving recklessly)
- * Severe worries and anxiety that affect school, work or daily life
- * Frequently talking about death, suicide or harming self
- * Frequent unexplained physical complaints (eg. vague aches, stomach pain)
- * Difficulty perceiving reality/ hallucinating (eg. hearing voices when there is no one else in the room)
- * Becoming very paranoid or believing things that aren't "real"
- * Abuse of drugs/ alcohol
- * Intense fear of weight gain or concern with appearance



If you have any of these warning signs, tell someone. If you notice these warning signs in someone you care about, reach out & ask them. Get to know what they are experiencing and offer to connect them to someone who can help. A good place to start is by seeking help from your doctor.

Assessment Tools

For Counsellors/ Health Professionals

HEADSSS is a useful mnemonic to guide mental health assessment of an adolescent. These topics help structure the conversation with an adolescent, building rapport and identifying any areas of concern. It is helpful to reassure the teen about the terms of confidentiality and have this conversation in a relaxed, non-judgmental manner.

- ✓ Home
- ✓ Education/Employment
- ✓ Activities (Hobbies/Sports)
- ✓ Drugs/Smoking/Alcohol
- ✓ Sex & Relationships
- ✓ Self-harm, Depression, Self-Image
- ✓ Safety & Abuse

Asking about parental abuse or substance use can be difficult. Using a scenario can facilitate the questioning. Example:

"Working with youth, I learned that some teens have complicated relationships with their family, like fighting or parents being absent. Is this a situation you face?"

"Some teens say they wished their parents wouldn't drink so much or use drugs. Have you felt this way before?"

If the youth discloses that they consume drugs or alcohol, remember to ask who is supplying them and how they are financing it. This is because of concern about sexual exploitation and suspected abuse.

Intimate partner violence is highest among young women aged 16-24 years old, which is a risk factor for myriad mental health issues. This can be elicited in the Sex & Relationships or Safety & Abuse section of the HEADSSS assessment. Example:

"Do you ever feel pressured to do things that you would rather not do? What kinds of things? By whom?"

"Have you received any things in exchange for sex or other physical acts?"

"Is there anyone in your life that you don't feel safe around?"

If there is concern raised about the youth's safety, determine the relevant agency that needs to be alerted. Explain the necessity of breaching confidentiality because the main priority is their safety. In the meantime, establish actionable steps on how they can keep safe.

HEADSSS Up! Reminders for HEADSSS assessment

- **Greet the youth first**, then let them introduce the people with them (eg. their parents)
- **Parents/ other adults should not be present** unless specifically consented to or asked for by the youth.
- **Use open-ended questions** to allow the youth to freely express themselves
- **Do not assume.** (eg. that all youths live in a home with 2 parents, that all youths go to school, or that all youths are heterosexual.)
- **Be aware of your own response** to the youth. (Counter-transference)
- **Follow through** on any offers of help or support that you have made throughout the interview

In NHMS 2017, 10% of 13-17-year-olds reported being physically abused at home.

If in doubt about which agency to call, contact the Department of Social Welfare Malaysia. Another resource to seek guidance is SUKA Society (Persatuan Kebajikan Suara Kanak-kanak Malaysia) which is a non-profit NGO which aims to protect the best interests of children and teens up to 18 years old. Details about their services and contact information are available on their website <http://www.sukasociety.org/>

The following questionnaires can be administered by counsellors to the youth and their parent (if applicable). They help detect any possible mental health issues that may warrant referral for specialist care. Take note that these questionnaires are not meant to diagnose any particular mental health issue and they do not substitute the clinical judgement of a trained psychiatrist.

Questionnaire	Age	Remarks
Development and Well-being Assessment (DAWBA)	≤16 years old	
Strengths and Difficulties Questionnaire (SDQ)	separate questionnaire for <18years and >18 years old	Recommended
Children's Interview for Psychiatric Syndromes (ChIPS)	age 6-18 years	Takes ~40 minutes to administer. There are parent & child forms.

Reference:

1. Sadock, B. J., & Sadock, V. A. (2007). *Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (10th ed.). Lippincott Williams & Wilkins Publishers.

How to Help Someone Who Is Suicidal

Most suicidal people do not want to die, they just don't want to live with the pain they feel or they don't see an alternative solution to their problems.



This artwork is courtesy of IMU Mind Matters Club.

Signs someone might be Suicidal

- Saying they feel hopeless, that their life is worthless/meaningless, feeling guilt/shame or that they are a burden to others, feeling that there's no other way out.
- Talking a lot about death or suicide, making excessive jokes about wanting to die.
- Finding information about possible ways to commit suicide.
- Giving away their valued possessions, this may include finding someone to take care of their pets.
- Contacting people whom they have been estranged with to say goodbye, ask for forgiveness or to make peace.

Act quickly if you think someone is contemplating suicide. Even if it is only a mild suspicion, you should approach them.

Asking About Suicide

"Do you feel that life is not worth living anymore?"
"Are you having thoughts of suicide?"

Don't worry that asking about suicide may plant the idea in their mind. Instead, asking about suicide gives them the chance to talk about their problems and show them that you care.

In an Emergency Situation

This would mean the person is attempting suicide right now and has a weapon, pills or other methods of suicide.

- Call 999.
- Stay with the person and remove any lethal objects. The way they intend to carry out their suicide may not be obvious, so you should ask them how they plan to do it, so you can safely remove all objects that they may use for this purpose.
- If it is safe, bring them to a hospital emergency department.
- If the person is drunk or high on drugs, ask them if you can remove/throw the substances. Stay with them until the alcohol/drug wears off, even if they claim they are no longer suicidal.
- If the person tells you about their suicide intent over the phone, you should contact someone who is staying with them or notify emergency services (999) with their location.

If they are considering suicide, but not right now, then you can show support and encourage them to seek professional help. It is important to take their suicide intent seriously.

Show Support



Credit: Pexels.com

- Remain calm, accepting and non-judgmental.
- Allow them to express their feelings (eg. to cry, express anger or scream)
- Listen attentively. Encourage the person to do most of the talking.
- Validate their feelings. Research shows that acknowledging what people are experiencing helps them process their thoughts and may reduce their suicidal thoughts.
- Show compassion and empathy for what they are going through. Do not argue, or belittle their struggles.
- Don't make comparisons and claim you have worse problems

Involve Professional Help

- ❖ Reassure the person that getting help is the first step to feeling better.
- ❖ Offer to accompany the person to a mental health centre.
- ❖ If the person refuses to seek help, be patient and persistent in persuading them to get help. Find out why they are unwilling to seek help and offer alternatives.



Credit: Pexels.com

What If They Make Me Promise to Keep it a Secret?

You must not agree to keep a suicide plan a secret. Persuade them that it is better for them to seek professional help for their own safety.

Take Care of Yourself, Too

Providing support and assistance can be emotionally taxing. It is not selfish to spend time and effort on your own mental health.

- Find ways to manage stress, which includes taking time to do an activity you enjoy, or spending time with your friends and family.
- Ask other people for support. You don't have to bear the responsibility of helping the person on your own.
- Set boundaries on what support you can provide and for how long.
- Maintain a healthy lifestyle, as this affects your capacity to cope
- You can seek professional help for yourself too. Mental health professionals can give advice and help you cope in order to support someone else.

We can try our best to help, but remember that you are not responsible for someone else's actions and behaviour, and you cannot control what they might decide to do.

Reference:

Colucci E, Jorm AF, Kelly CM, Too LS, Minas H (2014). Suicide First Aid Guidelines for People from Immigrant and Refugee Backgrounds. Melbourne: Mental Health in Multicultural Australia; Global and Cultural Mental Health Unit, Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne; and Mental Health First Aid Australia.

Anxiety Disorders
Depression
Bipolar Disorders
Schizophrenia



**SECTION 3:
UNDERSTANDING
COMMON MENTAL
HEALTH DISORDERS**



Drug & Alcohol Use
Disorders
Borderline Personality
Disorders
ADHD
Suicide
Eating Disorders

Anxiety Disorders in Youth

Everyone experiences anxiety. It is a natural and important emotion that we inherited from our ancestors to help our species survive. It is often referred to as the flight, fright and fight system of our body and originates in the limbic lobe of our brain, triggering an alarm that danger or a sudden threatening change is near.

When anxiety becomes an exaggerated, prolonged and unhealthy response, this can result in an **Anxiety Disorder**.

Anxiety disorders in teenagers can present differently from in adults. In a social setting, anxious teenagers may be needy, dependent, withdrawn, or uneasy. They can be either overly restrained or overly emotional.



Credit: Freepik.com



Physically there can be a range of symptoms such as muscle tension and cramps, stomach aches, headaches, pain in the limbs and back, fatigue, or discomforts associated with pubertal changes. They may blush, sweat, hyperventilate, tremble, and startle easily.

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Credit: Freepik.com

Finally, during adolescence anxiety can be focussed on changes in the way they perceive their looks and image as well social acceptance, and conflicts about independence. When flooded with anxiety, adolescents may appear extremely shy. They may avoid their usual activities or refuse to engage in new experiences.

They may protest whenever they are apart from friends. Or in a self-medicating manner, they may engage in risky behaviours, drug experimentation, or impulsive sexual behaviour.

Generalised Anxiety Disorder (GAD)

The abrupt and dramatic disruption in routines during the COVID-19 pandemic—such as school closure and isolation from extended family, peers, teachers, cultural and religious groups—increased anxiety in nearly all children and teens. Living in constrained spaces with family members for weeks to months, parental job loss, and general uncertainty about the future increased stress as well.

Youth with generalized anxiety disorder have multiple and diffuse worries, which are worsened by stress. They often have difficulty paying attention and may be hyperactive and restless.

They may sleep poorly, sweat excessively, feel exhausted, and complain of physical discomfort (eg, stomach ache, muscle aches, headache).

To make a diagnosis of GAD, patients typically report excessive anxiety and worry that they have difficulty controlling. The symptoms are present on most days for 6 months or more and the symptoms significantly disturbs school life / social life. In addition, it must be accompanied by one or more of the following symptoms:



Source: [VeryWellMind.com](https://www.verywellmind.com)

The treatment of choice is psychotherapy including Cognitive Therapy and Relaxation Therapy. People with severe generalized anxiety disorder or those who do not respond to psychotherapy may need medication. As with other anxiety disorders, Selective Serotonin Reuptake Inhibitors (SSRIs) are typically the drugs of choice.

Panic Disorder

Panic Disorder seems to affect more girls than boys and typically starts around age 15-19 years old. Feelings of intense panic may arise without any noticeable cause or they may be triggered by specific situations, in which case they are called panic attacks. A panic attack is a sudden episode of severe anxiety with accompanying emotional and physical symptoms.

Having 4 panic attacks or 1 panic attack followed by 4 weeks of anticipatory anxiety (fear of another attack) helps to diagnose Panic Disorder.

During a panic attack, the youngster may feel overwhelmed by an intense fear or discomfort, a sense of impending doom, the fear he or she is going crazy, or sensations of unreality. Accompanying the emotional symptoms, there may be physical symptoms such as:



Source: VectorStock.com

After a panic attack, many youngsters worry that they will have more attacks and try to avoid situations that they believe may trigger them. Because of this fearful anticipation, the teen may begin to avoid normal activities and routines.

One of the most effective types of therapy for adolescents and adults with panic disorder is Cognitive Behavioural Therapy (CBT). Exposure and response prevention and cognitive restructuring are two elements of CBT that are especially beneficial for anxiety disorders. CBT can help youth manage their thoughts and feelings that play a role in panic attacks and overall anxiety. It also teaches effective coping skills for overcoming irrational fears.

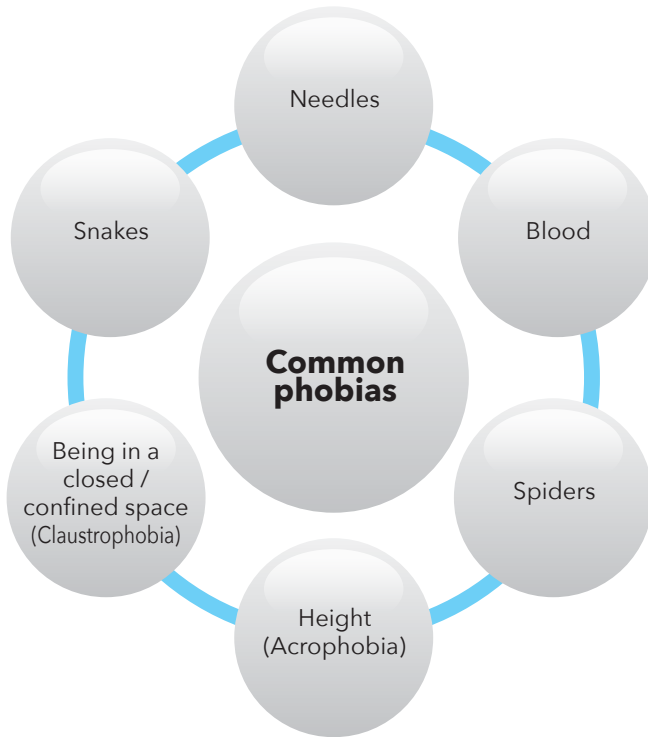
Medication can also play an important role but this has to be discussed with the treating psychiatrist as there can be specific side-effects for youth that are different from in adults.

Specific Phobias

A bit of anxiety or fear in certain situations is common in youth, such as giving a presentation at school or going to the dentist. But more than 10% suffer from specific phobia.

This common anxiety disorder involves having an extreme and irrational fear of an object or situation. The distress can be so intense that youth with this disorder will go to great lengths to avoid the source of their fear.

They may also become anxious just thinking about having to face it. Having a specific phobia can significantly interfere with an adolescent's life and may impair his or her ability to function normally. Without treatment, specific phobias generally continue into adulthood.



Treatment is usually with psychological therapy such as relaxation therapy, cognitive behavioural therapy and graded desensitisation. In some patients, the use of anti-depressants and/or anxiolytics is effective in helping patients engage in their psychological treatments.

Agoraphobia

A person is said to have agoraphobia when they are anxious about being somewhere where they feel their environment is unsafe or has no easy way to escape. It is closely linked with panic disorder. To avoid a panic attack, a person with agoraphobia avoids agoraphobic situations or seeks companionship during outings.



Credit: Pexels.com

If you have 2 of the following 5 situations, you may have agoraphobia.

Difficulty being in an enclosed, crowded place such as shopping malls or cinema

Difficulty being in open spaces

Difficulty standing in lines or being in crowded areas

Difficulty being outside of home alone

Difficulty taking public transport

The fear, anxiety or avoidance is persistent and typically lasts ≥ 6 months.

As agoraphobia is linked to panic disorder, when panic disorder is treated, agoraphobia often improves with time. Treatment involves medications such as antidepressants and psychotherapy such as supportive psychotherapy, insight-oriented psychotherapy, cognitive behaviour therapy (CBT) and virtual reality therapy (VRT).

Social Phobia

Social Phobia is a type of anxiety disorder where youth become extremely fearful and anxious about situations where they think they are being judged by others. People with social anxiety disorder are more than just feeling shy, tense or nervous as someone would normally feel before performances or giving a speech in front of a large crowd. These individuals fear that they will act in a way or show anxiety symptoms that will cause them to be humiliated, embarrassed, rejected, or risk offending others.

Social situations are avoided or endured out of fear and anxiety such as meeting new people, talking on the phone in front of others, being observed while working, performing, or eating out in public. The fear, anxiety or avoidance is persistent and typically lasts ≥ 6 months.

Treatment for social phobias includes, cognitive behavioural therapy (CBT). Other modalities of treatment include medications, lifestyle modifications and e-mental health tools.



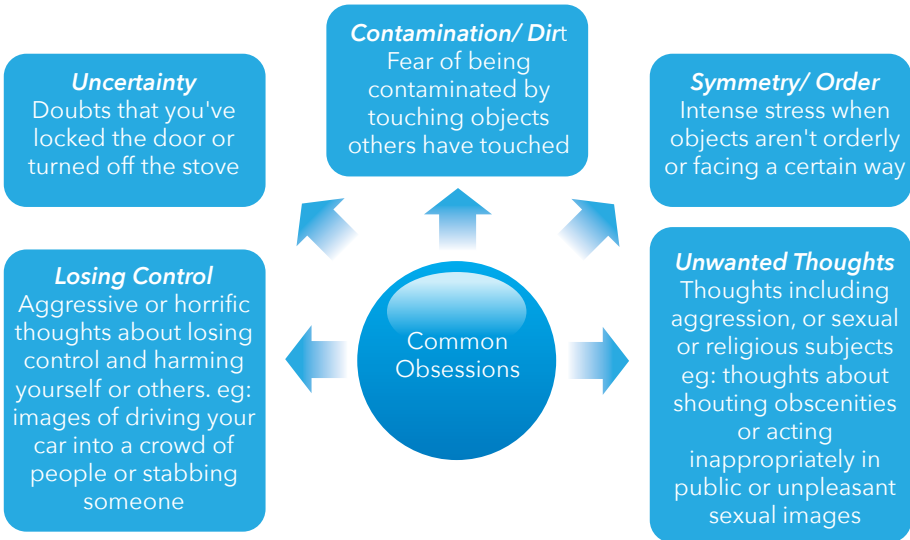
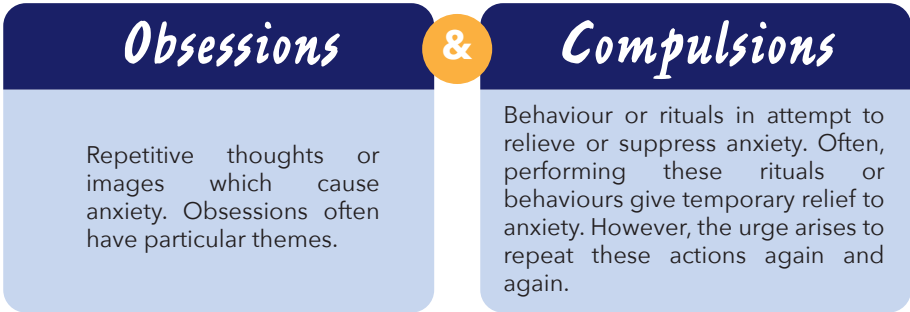
Source: freepik.com

Obsessive Compulsive Disorder

Obsessive-compulsive disorder is a condition where a person has repetitive insensible thoughts or repeatedly performs certain rituals or behaviour to relieve anxiety. When these actions begin to take up a significant amount of time and start affecting your life, you are said to have OCD.

We all have these moments where we race home to check whether the heater is off or to make sure we didn't leave the tap running. We might also check our work a couple of times to make sure it is correct. That's normal.

Individuals who have OCD experience:



According to the World Health Organization, Obsessive-compulsive disorder (OCD) has been listed as one of top 10 most disabling illnesses by loss of income and decreased quality of life. In Malaysia, it is estimated that OCD occurs in 1-2% of the population affecting both males and females. Management of OCD involves both medication and psychotherapy such as exposure and response prevention (ERP) therapy and CBT.

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a group of stress reactions which results after being exposed or involved in traumatic events such as a serious car accident, natural disaster, being threatened with gun, knife or other weapons, being a victim of domestic violence or abuse, sexual assault or seeing someone being killed and badly injured. In countries seriously affected by wars or terrorist attacks, both civilians and soldiers can go on to develop PTSD. PTSD can even develop after hearing details about traumatic events many times or when it affects someone you love. In children and young people, triggering events include physical, sexual or emotional abuse.

Whilst research studies pin-pointed problems with neurotransmitters and hormones in the body, clinical psychologists who study human behaviour attempt to explain the problem using the vulnerability-stress model. Such a model explains that everyone has their own vulnerabilities and strengths. People experience psychological problems because things get to them in ways that they cannot manage and through no fault of their own.

We all have our limits and when that limit is pushed to the breaking point, anyone can and will experience severe and persistent mental health problems. People with PTSD are unable to process the trauma that precipitated the disorder. PTSD has 4 groups of symptoms.

1. Re-experiencing the trauma

- Distressing and intrusive thoughts and memories
- Nightmares
- Flashbacks of trauma
- Severe reactions to things that remind them of the traumatic event
- Recalling the event leading to increased heartbeat and difficulty in breathing

2. Avoiding reminders of the event

- Avoiding anything connected to the event, including
- People
 - Places
 - Objects
 - Conversations
 - Activities

3. Negative changes in thoughts and moods after the trauma

- Not being able to remember part of the traumatic event
- Heightened sense of danger
- Blaming themselves or others for the event or its aftermath
- Feeling depressed or numb
- Strong sense of guilt, horror or anger
- Unable to enjoy things they used to find pleasurable
- Feeling detached or "cut off" from people

4. Feeling 'on edge' and emotionally sensitive

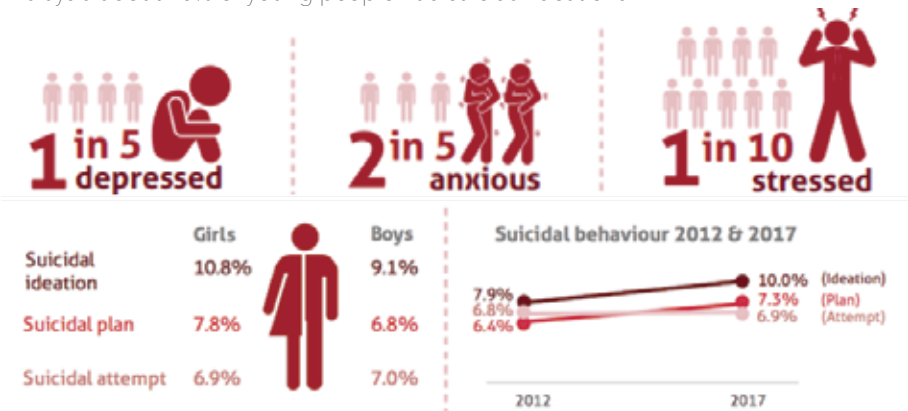
- Irritability
- Violent/angry outbursts
- Reckless behaviour
- Getting startled easily, feeling jumpy
- Overly alert to danger (hypervigilance)
- Difficulty falling asleep
- Difficulty concentrating

The mainstay treatment for PTSD is medication and psychotherapy. Cognitive behavioural therapy (CBT), eye movement desensitisation and reprocessing (EMDR) and group therapy are some of the psychotherapies effective in treating PTSD. Anti-depressants are useful in selected individuals as decided by your doctor.

Depression in Youth

Depression is an illness and is different from normal sadness as it lasts longer and affects the day-to-day life of the individual. In Depression, there are biological changes that occur including a change in the neurochemicals in the brain, which work as important messengers in the areas for thought, emotion and feeling. There are also psychological and social changes as a result of the depression.

Depression affects all age groups and children and teenagers are not spared. In Malaysia, the National Health and Morbidity Survey (NHMS III) in 2017 found that the prevalence of Depression symptoms among youth to be about 25%. Suicide is the second leading cause of death for those aged 15 to 29 years old and the most common cause for suicide is Depression. The same recently referenced survey found that in Malaysia about 10% of young people had suicidal ideations.



Source: NHMS 2017: Key findings from the Adolescent Health & Nutrition Surveys. Infographic Booklet April 2018

Signs and Symptoms of Depression

The two core features of depression include a low mood and a lack of pleasure from pleasurable activities. People often report not being able or motivated to do the things that they normally enjoy doing. The other common symptom among Malaysian patients is tiredness and lethargy. This tiredness lasts the whole day and prevents most people from doing what they need to do. Other symptoms of depression.

- Psychomotor agitation or retardation
- Decreased ability to think, concentrate or to make decisions nearly everyday
- Recurrent thoughts of death or suicidal ideas or suicidal plans or attempts

Credits: VeryWellMind.com, Jo Zixuan Zhou

To make a diagnosis of Major Depression an individual requires a minimum of five of these symptoms for at least two weeks duration. Other conditions such as medical illnesses that cause depression (eg: hypothyroidism) or drug or alcohol use leading to depression need to be ruled out. The depression must have caused significant impairment in the social and occupational functioning of the individual.

A common characteristic among people with depression is negative thoughts. These thoughts are caused by the neurochemical change that occurs in depression and are often unshakeable. These thoughts may push a person to feel that life is worthless and feel that it's better if they were dead.

What are specific causes of Depression in Youth?

Teens can experience things that they have no control over such as parental divorce, abuse or neglect, learning disabilities, and bullying and shaming. By nature, they feel powerless against these situations, and the effects can remain with them well into adulthood. Depression runs in families, but not everyone with a depressed family member becomes depressed. People with no family history of depression also can have depression. Besides life events and family history, other factors that play a role in causing depression include social environment, medical conditions, and negative thought patterns. Social factors include: a stressful home environment or neighbourhood, poverty and violence. Drug and alcohol abuse also can affect mood and lead to depression, and many teens turn to these substances to medicate their emotions.



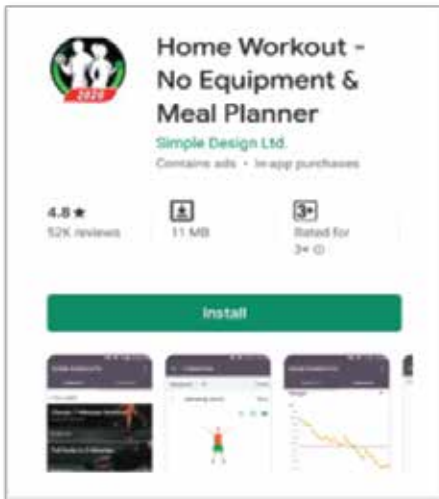
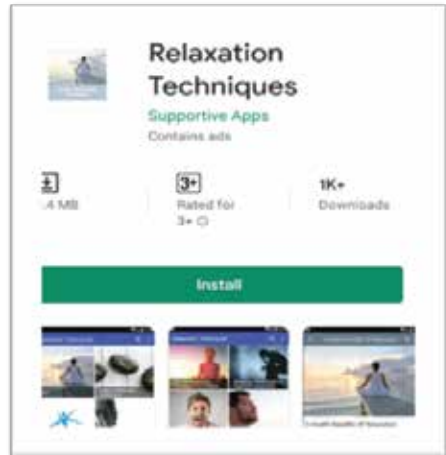
Credit: Pexels.com

Managing Depression in Youth

The good news is that Depression is one of the most treatable conditions. Knowing where to seek help is essential in addressing the problem adequately and in a timely fashion. This booklet has a resource list that helps youth identify appropriate help. Depression can be sub-classified into Mild, Moderate and Severe and for Mild Major Depression, treatment can be just talk therapy with a Counsellor or Clinical Psychologist. For Moderate to Severe Major Depression, a combination of medication and therapy yields the best results. An antidepressant helps correct the chemical imbalance within the brain, so the client begins to feel better. But the negative thought patterns that led to depression may still remain, and therapy will help change these patterns, so the young adult can better cope with the stressors in life that contribute to depression.

There are risks in using an antidepressant in youth and that is it can increase suicidality in about 3% of youth. Adolescents and youth who begin antidepressant medications should be monitored closely for any suicidal thoughts or behaviours, especially in the early weeks of treatment. The choice of antidepressant is important and often starting with a low dose before bringing it up to the normal dose is helpful. It is important to discuss this with your doctor.

Self-help is important in bringing about recovery and this includes ensuring a balanced diet, regular physical exercise, practising relaxation techniques or mindfulness and meditation. Some of these are available in apps that can be downloaded onto the smart phone such as below;



References:

1. Institute for Public Health. Non-Communicable Diseases. In: The Third National Health and Morbidity Survey 2007, vol1, Kuala Lumpur: Ministry of Health, Malaysia; 2008.
2. World Health Organization. Media centre. Fact sheets. Suicide. [cited June 2021]. Available from: <http://www.who.int/mediacentre/factsheets/fs398/en>

Bipolar Disorder

Bipolar disorder is a mood disorder that causes extreme, changes in mood and behaviour. Youth with bipolar disorder feel very happy or elated and are much more energetic and active than usual. This is called a manic episode. They can also feel very sad or down and are much less active than usual and this is called a depressive episode.

Bipolar disorder, which used to be called manic-depressive illness is not the same as the normal ups and downs most youth go through. The mood changes in bipolar disorder are more extreme, often unprovoked, and accompanied by changes in sleep, energy level, and the ability to think clearly.

Bipolar symptoms can make it hard for young people to perform well in school or to get along with friends and family members. Some youth with bipolar disorder may try to hurt themselves, others or attempt suicide.

Often bipolar disorder symptoms first surfaces in adolescence or young adulthood and can be sometimes confused as part of normal mood fluctuations of maturity.

Bipolar disorder is often episodic, characterised by both manic and depressive episodes.



Mania

- Euphoria & Immature Behaviour
- Irritability & Anger
- Fast speech and moving from topic to topic
- Need less sleep but energetic
- Disinhibition
- Poor attention & Concentration
- Making bad decisions & risk taking
- Multiple aches and pains



Depression

- *Feeling down & demotivated*
- *Lack of energy or interest*
- *Oversleeping or insomnia*
- *Over-eating or lack of appetite*
- *Negative feeling about self*
- *Suicidal thoughts or self-harm*

Diagnosing bipolar disorder in young children is difficult, because many of the symptoms are similar to those of teenage behaviour or attention deficit hyperactivity disorder (ADHD) or conduct disorders. Also, medications used for ADHD are often stimulants, and they can potentially trigger mania in children with bipolar disorder.

In mild cases therapy alone may be the best option for treatment. Talking with a therapist can help manage symptoms, allow expression of feelings, and build better relationships.

The types of therapy include;

Cognitive behavioural therapy

helps build problem-solving skills and learn ways to turn negative thoughts and behaviours into positive ones.

Psychotherapy

helps deal with the stress associated with bipolar disorder. It can also help identify issues to address during sessions. Sessions can be individual or in groups with others who may have Bipolar as well.

Interpersonal & Social Rhythm Therapy

helps improve family dynamics and develop ways to avoid disruptions in daily routine that can trigger an episode.

Family therapy

focusses on helping family process the emotion triggered by having a relative with bipolar disorder. It also promotes family problem solving and conflict resolution.

In some cases, there may be a need to combine therapy with medication. This will be in consultation with the Psychiatrist. The most commonly prescribed drugs for bipolar disorder are mood stabilizers and atypical antipsychotics. Monitoring medication intake and for side-effects is crucial in ensuring continued stability.

Youth with Bipolar Disorder have high risk of a substance abuse problem which is much higher than their peers. It's also important to maintain regular routines around sleep and wake times, and to develop effective coping strategies for managing stress and distress as well as nurture food supports for them.

Schizophrenia

The word “schizophrenia” originated from the Greek roots- schizo (split) and phrene (mind). It is not the same as split personality (also known as dissociative identity disorder). It is a serious mental condition where a person is unable to differentiate real from unreal and may appear to be in a world of their own. Typically, they suffer hallucinations and delusions (often referred to as psychoses) and unusual thoughts with change in behaviour, function and relationships. In youth, symptoms can come on gradually over months sometimes. This is called the prodrome. The early symptoms of schizophrenia can sometimes look like those of other problems such as anxiety or depression including poor sleep, deteriorating academic or work performance, reduced social interaction and irritability.



Credit: Freepik.com

The cause for schizophrenia is a structural and functional abnormality in the brain including a neurochemical imbalance. The regions of the brain that control and coordinate thinking, perceptions and behaviours are not functioning properly, making it difficult for people to filter and process information that they may receive. This triggers the psychoses. Psychoses however can be a symptom of other mental and medical conditions such as Bipolar Disorder, Depression or substance use disorder or even head injury. A thorough assessment by a psychiatrist is essential to confirm the diagnosis of Schizophrenia.

Schizophrenia is equally common in men and women, affecting about 1% of the population, but the age of onset in men is in early adulthood or teenage years compared to women which is usually about 10 years later.

Schizophrenia has a genetic risk though not in all cases. If one parent has Schizophrenia, the risk for a child is 10% which means that 90% is from other factors. Birth trauma and poor brain development in the uterus during pregnancy can increase the risk for Schizophrenia later in life.

Early diagnosis and treatment is essential for reducing the impact of Schizophrenia on the individual. During the severe episodes of psychosis, people with Schizophrenia may need to be hospitalised to stabilise and initiate a proper treatment regime. Some may not require hospitalisation and may be managed well with regular outpatient follow-up and treatment.

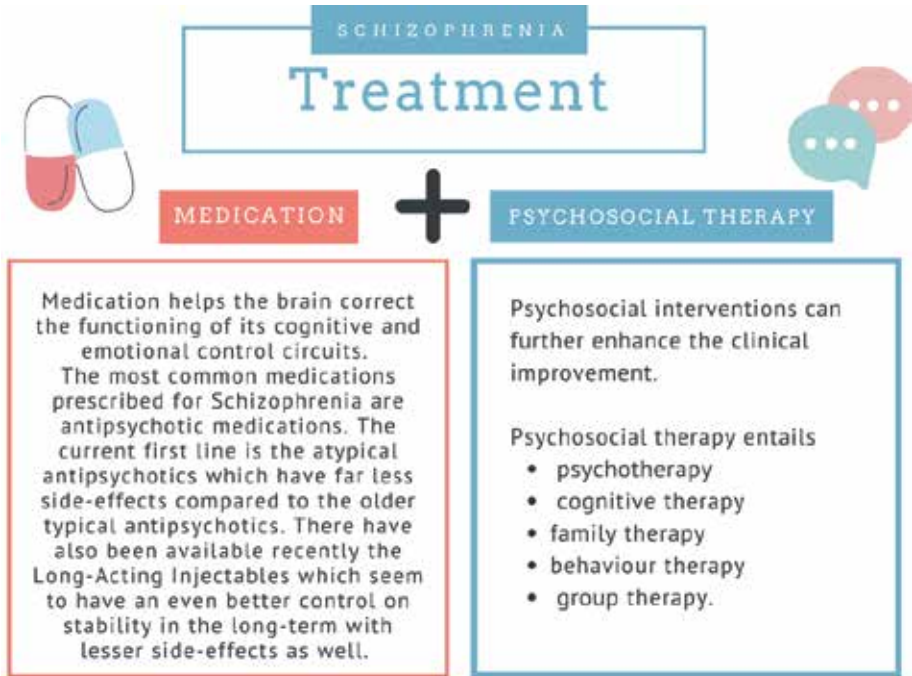
Marijuana use may trigger the onset of Schizophrenia in youth who are already at risk for the illness. So, those who have an immediate family member with Schizophrenia should avoid using marijuana or other drugs.

Treatment

Early detection and assertive intervention can improve first episode patients. This is of special concern in countries like ours, where the onset of symptoms and contact with the mental health specialist is often delayed. This is related to the stigma surrounding mental illness and its treatment, as well as local cultural and religious beliefs. Often,

first-episode schizophrenia patients are seen in a specialist setting after they have exhausted all traditional and cultural methods available.

The diagnosis in first episode psychoses is often unclear. Diagnosis of schizophrenia is best made by a psychiatrist with sufficient longitudinal history and information from associated others such as family members. The treatment, appropriately, may focus on behaviours, improvement of function and prevention of relapse.



Psychotherapy

The best-studied form of psychotherapy, which can enhance drug treatment in schizophrenia, is supportive psychotherapy. The essential of this treatment is to form a trusting relationship with the patient and to make him feel comfortable with the therapist. It also focuses on present issues, helping develop social skills, and teaching coping and problem-solving techniques. This form of psychotherapy also helps educate the patient regarding his illness, the medication he is taking and ways of preventing a further relapse.

Behavioural Therapy

Patients with schizophrenia may develop numerous behavioural problems, which may cause concern to the family and the community. Behaviour therapy addresses the patient's abilities & deficits. Token economies are where desired behaviours are reinforced by praise or tokens. These tokens relate to benefits the patient may desire. Many patients lose, due to the illness process, basic social skills, making them unable to function socially. The social skills of patients can be improved or re-taught through occupational therapy, role-play, videotape-viewing of others or performing assignments.

Cognitive therapy

Cognitive therapy may be used to improve cognitive impairments associated with schizophrenia such as distractibility, poor attention and memory impairment. Studies have shown it to also have a significant effect on positive symptoms such as hallucinations and delusions



Source: Breathe UK



Source: Insightful Counselling

Family Therapy

Families play a big role in helping to reduce relapses. Families need to be educated about the illness and taught to identify and avoid problem situations. Families are in a pivotal position to discern signs and symptoms of an impending relapse and thus prevent them from being full-blown. Studies show that high expressed emotion (includes, critical comments, hostility and over-involvement) among family members can increase the risk of relapses. Family therapy is effective in reducing expressed emotion. Of course, families do go through caregiver stress and family therapy hopes to address some of these as well.

Substance abuse among Youth

The National Health and Morbidity Survey, Malaysia, 2017 (NHMS) states that 19.3% of school-going 13 to 17-year-olds ever consumed alcohol. The majority (76.4%) of the students (Form 1 to Form 5) in Malaysia had their first alcoholic drink before the age of 14 years old. The prevalence was higher in urban areas than in rural.

Marijuana or cannabis or as in Malaysia, 'ganja' remains the world's most widely used drug, with an annual prevalence of 3.8 per cent of the adult population having used marijuana in the past year. Amphetamines is the second most commonly used drug worldwide, with an estimated 35 million past-year users and the use of amphetamines, especially, methamphetamine, is seen to be increasing in many regions, including most parts of Asia and in Malaysia.



3.4%
Are current drug users

There are many problems related to youth due to substance abuse including, deteriorating family relationships, truancy, poor academic performance, mental disorders such as depression and anxiety or drug induced psychosis. Recent use of New Psychoactive Substances (NPS) has led to more acute psychoses presentations. Other effects are unwanted and unprotected sexual activity, motor vehicle accidents, violence and increased risk of blood-borne diseases such as HIV and Hepatitis C for those injecting drug users (IDU). Some youth engaging in regular, heavy substance use will continue to do so into adulthood leading to longer-term health and social problems.



17%

Initiated drug use at
age 7 years or
younger



2.4%

Ever used
amphetamines or
methamphetamines



2.8%

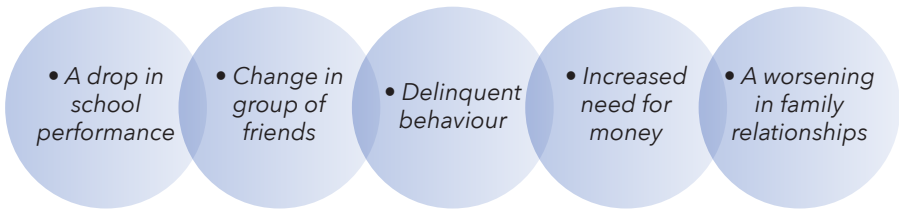
Ever used
marijuana

Source: NHMS 2017

Repeated and regular recreational drug use can lead to other problems, like anxiety and depression. Some teenagers use drugs or alcohol regularly to compensate for anxiety, depression, or a lack of social skills. The use of tobacco and alcohol by teenagers can sometimes be the first step towards the use of other drugs, such as marijuana, cocaine, hallucinogens, inhalants, and heroin. This is often termed as the 'Gateway Theory' and is the basis for why focussing on preventing smoking and alcohol use at an early age helps reduce progression to drug use.

A combination of curiosity, risk-taking behaviour, and social pressure can sometimes make it very difficult for a teenager or young adult to say "no". A teenager with a family history of alcohol or drug abuse, and a lack of social skills can move rapidly from an experimentation stage to patterns of serious abuse or dependency, although those with no family history are also at risk. Teenagers with a family history of alcohol or drug abuse should be particularly advised to abstain and not experiment. No one can predict for sure who will abuse or become dependent on drugs, except that the non-user never will.

Warning signs of teenage drug or alcohol abuse may include:



There may also be physical signs, such as red eyes, a persistent cough, and change in eating and sleeping habits. Alcohol or drug dependency may include blackouts, withdrawal symptoms, and worsening of problems at home, school, or work. A diagnosis of Drug or Alcohol Dependence is made by using the International Classification of Disorders Version 10 (ICD-10) criteria as below;

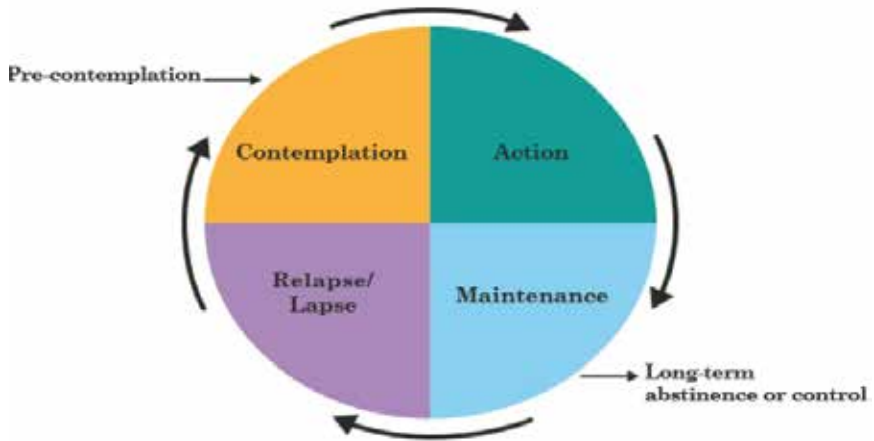
Criteria for substance use dependence in ICD-10

Three or more of the following must have been experienced or exhibited at some time during the previous year:

1. A strong desire or sense of compulsion to take the substance;
2. Difficulties in controlling substance-taking behaviour in terms of its onset, termination, or levels of use;
3. A physiological withdrawal state when substance use has ceased or been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms ;
4. Evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses;
5. Progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects ;
6. Persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to heavy substance use, or substance-related impairment of cognitive functioning. Efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm.

Management

The first step towards recovery is accepting and acknowledging that substance use is a disorder in the young person and impacting on the many facets of their life. It can cause impairment in school, work, social, recreational or other important areas of function. Many young people with an addiction problem go through different stages of change and it is important to try and motivate them into determination and action.



Stages of change (Prochaska, et al. 1992)

Pre-contemplation - the complacent person

These people are generally not willing to change their behaviour because they believe the benefits of their behaviour still outweigh the costs, and don't perceive their behaviour to be a problem. Providing these clients with information in a non-threatening way is helpful.

Contemplation - the 'fence-sitter'

Contemplators are characterised by ambivalence towards their behaviour. As they are weighing up the costs and benefits of their behaviour, it is valuable to help them review their situation through strategies like motivational interviewing.

Action - the 'good client'

These clients have decided to make a change to their behaviour pattern that might entail giving up, cutting down or managing the risks associated with their behaviour. Practical strategies such as assertiveness training, goal setting, problem solving and impulse control are useful.

Maintenance - the 'success story'

These clients are sustaining changes they initiated in the action stage. Maintaining desired behaviours is crucial to long-term changes in behaviour. Monitoring progress and affirming their achievements is beneficial.

Lapse

Early slips (transient loss of control) leading to temporary use of substances. Early intervention prevents progress of lapse to relapse.

Relapse

This is a common event for most people with chronic behavioural problems. Relapsers may move back to pre-contemplation, contemplation or action. These clients need to focus on relapse prevention and relapse management relapse rehearsal drills.

Treatment options for addiction depend on several factors, including the type of substance, the length and severity of use, and its effects on the person. A doctor will also treat or refer for treatment any physical complications that have developed, like liver disease in a person with alcohol use disorder or breathing problems in people with an addiction to substances which have been smoked. Generally, the treatment can be divided into two phases.

Detoxification

Detoxification is normally the first step in treatment. This involves clearing a substance from the body and limiting withdrawal reactions. This can be done as an inpatient or if there is adequate support, home detox can be tried. Depending on the type of substance there may be medications that either substitute for the substance or manage the symptoms of the withdrawal. Typically detox may run for 7 to 10 days until all the physical withdrawal symptoms subside. Detox is not recommended if there is no prior Relapse Prevention plan.

WHAT IS DETOX?

The process of eliminating all toxic substances from the body helping alleviate withdrawal symptoms reducing the potential for relapse

Common Substances for Detox:

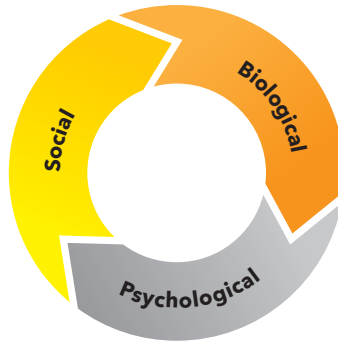
Meth	Prescription Drugs
Heroin	Cocaine
Marijuana	Alcohol



Source: Coalition Recovery

Relapse Prevention

Relapse prevention follows detox and can run for months or years depending again on the type of substance and the duration of use. It can be inpatient in a rehabilitation centre or as an outpatient. Typically it is following a biopsychosocial model including;



Biological

Medications used as substitutes especially for Opioid Dependence with Methadone or Buprenorphine.

Medications to reduce craving for alcohol use disorders such as Naltrexone.

Medications to treat co-occurring psychiatric conditions such as psychoses, depression or anxiety.

Psychological

Motivational Interviewing - To facilitate willingness to change and reach determination and action.

Cognitive Behaviour Therapy - To recognise and change ways of thinking that have associations with substance use.

Family therapy - To help improve family function around an adolescent or teen with a substance-related disorder

Contingency management - To motivate through incentives that encourage abstinence which is part of positive reinforcement

Social

Self-help groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). These groups help recovering patients meet others with the same addictive disorder which often boosts motivation and reduces feelings of isolation. They can also serve as a useful source of education, community, and information on the road to recovery.

Alternatively, there is smart recovery which is now available in Malaysia. Self-Management and Recovery Training (SMART) is a global community of mutual-support groups. At meetings, participants help one another resolve problems with any addiction.

Borderline Personality Disorder (BPD)

Borderline Personality often starts at a young age as traits and gets fixed by the age of 18 as a disorder. It is a mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. It includes self-image issues, difficulty managing emotions and behaviour, and a pattern of unstable relationships. It not only affects the individual but also those around them including family members, partners, colleagues and friends.

Typically, in Borderline Personality or traits, there can be unpredictable, manipulative, unstable behaviours trying to frantically avoid fears of abandonment and isolation. There can be rapidly fluctuating moods shifting rapidly between loving and hating. Often, they see themselves and others alternatively as all-good and all-bad without a grey area. The unstable and frequently changing moods make people with borderline personality disorder have a pervasive pattern of instability in interpersonal relationships.



Picture Source: The Mighty

Causes

The causes are multifactorial, and an individual does not merely develop BPD over a short period of time as these factors take time to accumulate to cause major distress over their life. Some of the common factors include emotional instability in early development. Attachment to the parents during early development is vital to enhance the ability of children to develop a sense of self and others. It acts as a mental foundation for self-confidence and future relationships with others. Insecure attachment at an early age will result in fear of abandonment. When people with this disorder feel that they are about to be abandoned, they typically become fearful and angry.

Childhood trauma and abuse can also put children at risk of developing BPD. There are also biological factors for the aetiology of BPD and this includes genetics. Studies have identified several genes associated with high likelihood of developing BPD but it is typically not just the one gene but probably polygenic. The risk of developing BPD if one family member has it, is 5 times higher than the general population.

Diagnosis

It is rare for this condition to be diagnosed in early teenagers and is often referred to as Borderline Personality Traits as they are still modifiable. Evidence shows that giving teens coping skills early on improves the long-term prognosis of BPD. Typically, a personality disorder gets fixed by the age of 18.

The diagnosis of BPD is made using the criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM) which states that it comprises of;

1. A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts.

2. At least 5 of the following must be present:

Frantic efforts to avoid real or imagined abandonment.

A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.

Recurrent suicidal behaviors, gestures, or threats, or self-mutilating behavior.

Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).

entity disturbance: markedly and persistently unstable self-image or sense of self.

Chronic feelings of emptiness.

Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).

transient, stress-related paranoid ideation or severe dissociative symptoms

Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).

Treatment

Borderline personality disorder is mainly treated using psychotherapy, but medication may be added. Medication such as mood stabilisers or antidepressants can be used to manage the more serious mood symptoms of BPD. Your doctor also may recommend hospitalization if your safety is at risk.

Treatment can help you learn skills to manage and cope with your condition. It's also necessary to get treated for any other mental health disorders that often co-occur with BPD, such as depression or substance abuse. With treatment, you can feel better about yourself and live a more stable, rewarding life.

Some of the recommended psychological treatments include Dialectical Behaviour Therapy (DBT). To perform DBT, it requires special training by Clinical Psychologists and Psychiatrists. The main goals of this therapy are to teach you how to manage your emotions, tolerate distress and improve relationships. Other therapies include, Schema focused therapy, mentalization based therapy and supportive psychotherapy.

Attention-Deficit/ Hyperactivity Disorder (ADHD)

People with Attention-Deficit / Hyperactivity Disorder (ADHD) start showing symptoms during childhood, which then often lasts into adulthood. ADHD consists of inattention and/or hyperactivity-impulsivity symptoms. These symptoms can be seen in at least 2 different settings; home and school. In teens and adults with ADHD, the hyperactivity-impulsivity symptoms are less obvious, but the inattention symptoms still remain.



Inattention

- Makes careless mistakes, does not pay attention to details
- Difficulty sustaining attention
- Does not appear to listen (mind seems elsewhere)
- Struggles to follow instructions
- Unorganised with their belongings and schedule (messy, fails to meet deadlines)
- Avoids or dislikes tasks with high mental effort (example: reading, homework)
- Frequently losing or misplacing things
- Easily distracted
- Forgetful



Hyperactivity-Impulsivity

- Fidgeting with hands/feet
- Difficulty staying seated
- Children: Running about or climbing excessively
Adults: excessive restlessness
- Difficulty doing quiet activities
- Talks excessively
- Acts as if "driven by a motor"
- Blurts out answers before the questions have been completed
- Difficulty waiting and taking turns
- Frequently interrupts

Youth with ADHD face challenges in interpersonal relationships, academic performance, behaviour control and personal issues. Hence, early detection and treatment are very important for the youth to attain better quality of life.

ADHD can be successfully treated with medication and behavioural/educational intervention. In some, ADHD can proceed to adulthood. So, the treatment may need to continue from adolescence to adulthood.

Medication
Methylphenidate
or Atomoxetine



- Behaviour Modification Techniques
- Social Skills & Organisational Training
- Classroom Modifications
- Parental Psychoeducation

Suicide

Malaysia Records Three Daily Suicides This Year Up To May

By CodeBlue - 1 July 2021

Police statistics show that females comprised 83.5% of 1,708 suicide cases reported 2019 to May 2021; more than half of the total deaths by suicide were victims aged 15-18.



KUALA LUMPUR, July 1 — Police recorded 468 suicide cases in Malaysia in the first five months this year, up from an annual total of 631 cases in 2020 and 609 in 2019.

Excerpt from CodeBlue Website. <https://codeblue.galencentre.org>

Suicide is the number 1 cause of death among Malaysian youths. There was an alarming rise in suicides in the first half of year 2021, 51% of which were committed by youths aged 15-18 years old.

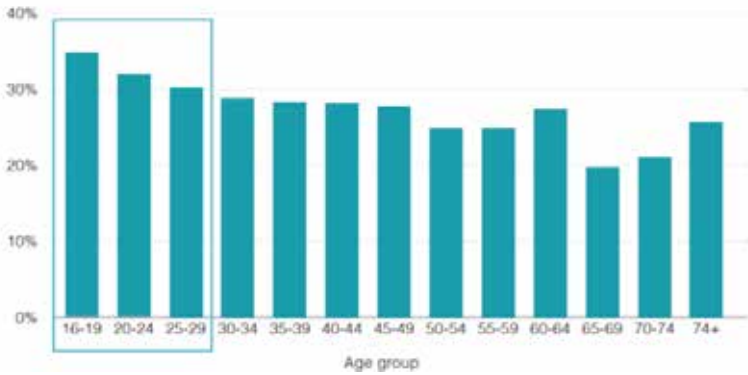
Suicide is a complex issue, which usually results from many factors influencing the individual.

Risk Factors for Suicide

- ***Age: youth***
- ***Gender: men***
- ***Psychological factor: depression, anxiety, stress***
- ***Social factor: ethnicity & unemployment***
- ***Interpersonal conflict***

Based on the national suicide registry in Malaysia (NSRM) 2007 - 2009, the suicide rate was highest among those aged 20 - 29 years old. The pattern for suicidal behaviour in Asians, especially among youth, is greatly influenced by negative life events. Suicide attempts in Malaysia are strongly linked to academic performance and interpersonal conflict, such as quarrelling with family members or with a partner. Other common factors for suicide are depression, anxiety and stress. In the graph below, we can see that our Malaysian youths have the highest rates of mental health issues.

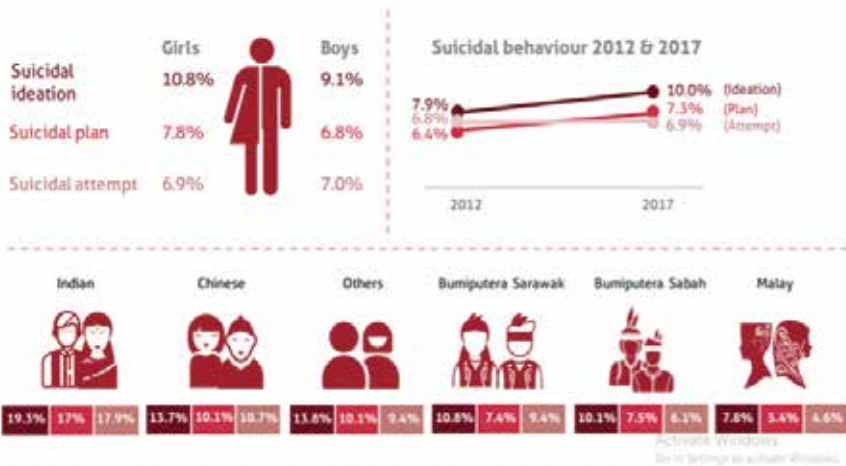
Figure 3: Prevalence of mental health problems by age in 2015 ⁴⁸



Source: National Health & Morbidity Survey 2015

Social factors like unemployment increases the risk of suicide by 20-30%. The rate of unemployment has increased among 20-25-year-olds, especially in urban areas. The pandemic has further worsened this problem.

National Health & Morbidity Survey 2017 found that 10% of Malaysian teens had suicidal ideation and 6.9% had attempted suicide. Ethnic Indian adolescents reported the highest suicidal tendencies, followed by ethnic Chinese adolescents. In the same survey, it was found that Form 1 students had the highest suicidal behaviour.



Source: NHMS 2017: Key findings from the Adolescent Health & Nutrition Surveys. Infographic Booklet April 2018

Treatment

Getting help for suicidal thoughts or a suicidal attempt is the first step to recovery. A healthcare professional such as a psychiatrist or doctor will discuss with you whether to start treatment in hospital or as an outpatient, meaning clinic follow-up. The treatment will address the root problem, such as depression, anxiety, stress or interpersonal problems that may have led to you feeling this way.

The treatment includes talk therapy and perhaps medication, if needed. Dialectical Behaviour Therapy for Adolescents (DBT-A), cognitive behavioural therapy (CBT) and family therapy are some types of talk therapy that are useful in this situation. The aim of the therapy is to improve problem-solving, to cultivate adaptive coping strategies, manage emotion/mood, manage stress, and encourage supportive environment for the youth. You will also work with your psychiatrist or counsellor to come up with a safety plan for handling a crisis.

For information about recognising signs of suicidal behaviour and how you can help, refer to chapter 5: How to Help Someone Who is Suicidal.

Resources

- Mental Health Psychosocial Support Service (MHPSS): **03-29359935** or **014-3223392**
- Talian Kasih: **15999**, or WhatsApp **019-2615999**
- Befrienders Kuala Lumpur: **03-76272929**
- Malaysian Youth Mental Health Initiative (Mindakami): <http://mindakami.org> or [@mindakami](https://www.instagram.com/mindakami) (Instagram)

* You can make free calls to Befrienders helpline from Digi, Maxis, Celcom, U Mobile, TIME, YTL (Yes), Telekom and Webe telco numbers.

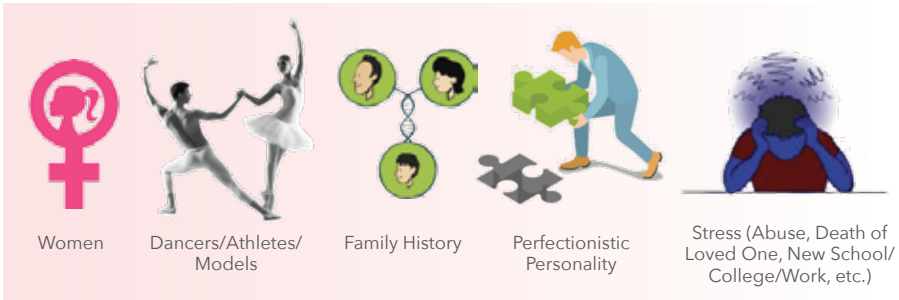
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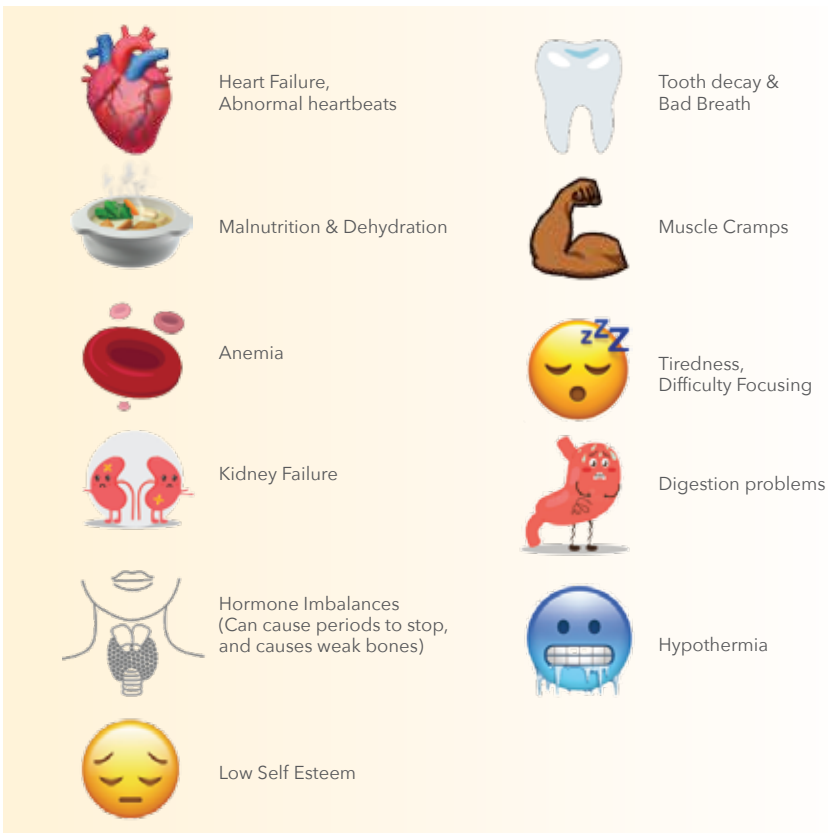
Eating Disorders

Eating disorders distort a person's relationship with food and their body. These eating disorders usually begin in the teenage years or young adulthood, then persist through life. Eating disorders cause many health problems and can even be fatal.

Who is at Risk?



What Problems can it Cause?



Anorexia Nervosa

Someone suffering from anorexia would have intense worry about being fat. They see themselves as fat when actually they are underweight. There is an obsession around their weight and appearance, leading to behaviours such as:

- Restricting their food intake excessively or starving themselves
- Over-exercising
- Meticulously counting calories for everything they eat
- Practicing food rituals
- Sometimes binge eat and purge

Oftentimes, the person suffering from anorexia would be in denial about their low weight. They may withdraw socially due to comments about their body shape/weight, they avoid eating in public, and wear oversized clothing to hide their rapid weight loss.



Credit: Freepik.com

Anorexia could develop as an unhealthy response to stress or a traumatic life event. They try to cope with the intense negative emotions by controlling food. Instead, it further damages their emotional and physical wellbeing, lowers self-esteem, and the person loses their sense of control.

Bulimia Nervosa

A person suffering from bulimia is preoccupied with food. They have irresistible cravings for food, leading to episodes of uncontrollably binge-eating on large amounts of food in a short time. They feel guilty and ashamed of this behaviour, so they tend to binge-eat secretly. These feelings lead to a compensatory behaviour to counter-act the overeating. The compensatory behaviours are purging, compulsive exercising or starving themselves for some time after overeating. People suffering from bulimia tend to be average weight or overweight. Health problems specific to bulimia include tooth decay, bad breath, damage to the lining of the oesophagus, and swelling of the salivary glands.

Binge Eating Disorder

In binge eating disorder, the person eats a very large amount of food in a short time. They cannot control their eating, so they feel guilty and ashamed. They continue to eat even when they are not hungry, and until they are uncomfortably full. The difference between this disorder and bulimia nervosa is that someone with binge eating disorder doesn't do any compensatory behaviour like purging. Over time, they can develop obesity, heart problems, diabetes, and high blood pressure.

PURGING =

- SELF-INDUCED VOMITING
- LAXATIVE ABUSE
- DIURETIC (WATER PILL) ABUSE
- ENEMA ABUSE

Eating Disorders often occur together with other problems, like mood and anxiety disorders, obsessive compulsive disorders (OCD) and alcohol/drug abuse.



SECTION 4: ROAD TO RECOVERY



Treatment
Resilience building
Lifestyle
Recommendations
Resources and Helplines

Treatment

Treatment options vary according to the diagnosis, the severity and many other factors. Your mental health team will work with you to come up with the most suitable treatment plan for your needs. Here is a brief overview of what you can expect.

Meet Your Mental Health Services Team



Hi! I am your **Psychiatrist**. I am a specialist medical doctor. I can diagnose mental health diseases, prescribe medications, and provide some talk therapy. I coordinate the mental health services team to provide the best care for you.



Hello! I am your **Clinical Psychologist**. I specialise in talk therapy. I focus more on your emotions, thoughts, behaviours and relationships to help you on your road to recovery. I can provide long-term solutions for recurring issues.



Hey there. I am your **Counsellor**. You may have seen me in your school/university. I do talk therapy too. I help people identify & work through personal, emotional and mental health issues.



What's up? I'm a **Peer Worker**. I've gone through mental health issues and I've recovered. Now, I'm here to help other people who are going through the same problem I did. I am the leader of support groups, or 9-step programs like Alcoholics Anonymous and Narcotics Anonymous.



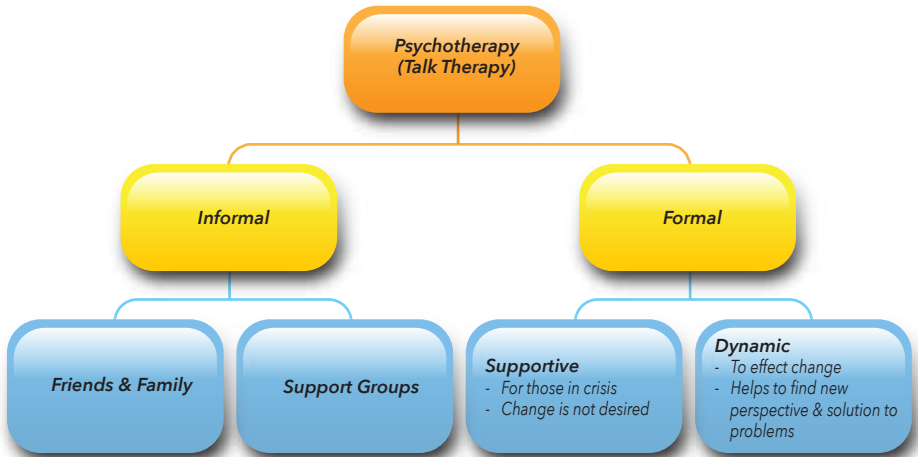
Hi, dear. I am your **Nurse**. If you're staying over in the hospital, I take good care of you. I make sure you've taken your medicine, and check on you regularly to keep you safe. In the psychiatry clinic, I can administer medication and do a quick health check.



Hello, I am an **Occupational Therapist**. Mental illness can be debilitating. It is my job to help you overcome these difficulties and help you cope with your daily tasks. I can also teach skills that can help you return to employment or school.

Pictures Credit: Freepik.com, Pexels.com

Remember that not everyone requires medication and not everyone needs to be admitted into the hospital for treatment. For some, talk therapy is enough.



There are different types of formal talk therapy to suit your needs; such as individual therapy, family therapy, cognitive behavioural therapy, dialectical behaviour therapy and so on.



Credit: Unsplash.com

Medication

If needed, your psychiatrist may prescribe medication for you. Usually, these medications come in tablet/capsule form or injection form. Take it as instructed and let your psychiatrist know if you are feeling any side effects from the medication. Tell your doctor about any allergies you have, and about any other medications you are taking. In this way, you can work with your doctor to find the medication that is best for you. Many medications have interactions with alcohol, so please refrain from consuming alcohol while you are on medication. Feel free to ask your doctor or pharmacist if you have any questions.

What To Do for Your First Visit to the Psychiatrist

1. Prepare Information

The psychiatrist will ask questions to help understand your concerns and to find a suitable treatment plan for you. It would be helpful if you can provide information on any health problems you have, any medications you are on, and records of any hospitalisations you had. If you have been in psychiatric care before, provide the necessary records about it. You should provide information about any psychiatric conditions in any family members. This includes second-degree relatives (e.g., aunt, cousin, grandparent).



2. Reflection

The psychiatrist will be talking with you mainly about the issues that are troubling you currently and in the past. Take some time to reflect and organise your thoughts, perhaps on the day before your appointment. You don't have to label your emotions or find reasons behind certain behaviours. Just reflect on the things that you have been experiencing so you remember to tell the psychiatrist about it. During this time, you can also list down any questions that you have for the psychiatrist.



3. Bring a Loved One

Have a friend/family member accompany you to the appointment. They can provide moral support. Furthermore, the psychiatrist may want to speak with your family member to find out more about how you are coping.



4. Be Open and Honest

The psychiatrist is there to help you get back to normal and reach your full potential. Being honest with him/her would make it easier for the psychiatrist to decide what you may need to get better. You are safe to be open with the psychiatrist as your confidentiality is assured. The only times the psychiatrist is allowed to break confidentiality is if you are in danger or someone else is in danger. Even then, the psychiatrist would let you know why and to whom the information has to be disclosed. Remember that the psychiatrist will not disclose information about you to anyone, not even your family or employer, without your permission.



5. Ask Questions

Feel free to ask the psychiatrist any questions you may have about your diagnosis or the treatment. It may be a lot of information to digest, so do not be shy to ask the doctor to explain again if you are unclear about your treatment plan. Share any concerns that you have with the psychiatrist before the end of the session.



Pictures Credit: Freepik.com

Building Resilience

Resilience is the ability to recover quickly from difficulties. We may not be able to control circumstances in our life that give us stress, but we do have control over our reaction to it. We can build resilience to face our challenges and live a happier, more fulfilling life. Some of these tips may be simple, yet so powerful. Perhaps you may not feel a change right away, but consistent practise can make a world of difference.

Gratitude

Your perspective is so important to your experience of life. Taking time to consciously feel gratitude rewires your brain to pay attention to the positive things in your life. Gratitude reorients our brain to notice things that are going well, rather than just focusing on the bad.

You may feel, "There is nothing in my life to be grateful for. Everything is terrible." This is your subconscious brain focussing only on the negative aspects and ignoring any good aspects. There is always something you can be grateful for, no matter how small or simple it is. It could be something that makes you happy, makes you laugh, or something you have achieved. If you find it hard, it is okay. These changes may take time, so be kind to yourself during this process.



“ When you focus on a mindset of gratitude, you are training your brain to notice more things to be thankful for. ”

How to Incorporate Gratitude in Your Life

Spend 10 minutes a day of focused time reflecting on things you are grateful for. You can make a list of anything you are grateful for in a gratitude journal, around 3-10 things. Example: "I am grateful for my lovely pet", "I am grateful that I spent time with my grandma today", or "I am grateful that I enjoyed a good cup of coffee". You can even re-write a negative emotion into a feeling of gratitude. Instead of, "I don't want to get out of bed", tell yourself "I am grateful to have such a comfortable bed." For maximum benefit, write in your gratitude journal or gratitude app every day. If you are religious, you can incorporate this gratitude exercise in your prayers.



Self-Care

Self-care means taking an active role in ensuring your own physical, mental and emotional needs are met. Your health is your responsibility.

Physical Health

Take care of your body by living a healthy lifestyle. Eat a balanced diet with plenty of whole foods (less processed foods), get enough sleep and exercise regularly.

Mental Health

Nourish your mind with positive and empowering thoughts. Create moments of happiness throughout your day, such as spending time with a loved one or pursuing a hobby. Be realistic when setting goals for yourself and celebrate each small victory. Sometimes we are our own harshest critic. Speak to yourself kindly, as you would to a good friend. Forgive yourself for past mistakes and allow yourself to move forward.



Emotional Health

Emotional wellbeing is managing and expressing emotions in a healthy way. Talk about your feelings with people you trust. Don't bottle up or suppress your emotions. You can also express your emotions through art, for example painting, drawing, writing, and dance. Connecting with others is a vital part of your emotional health. Connect with people by building mutually supportive relationships.

Have A Good Support System

Despite how you feel, it is important to remember that you are not alone. It is okay to ask for help and accept help from those who care about you. You can also consider connecting with civic groups or faith-based organisations like Youth groups. Joining a volunteer group is a good idea too; helping someone else can help you feel better too.



Pictures Credit: Freepik.com

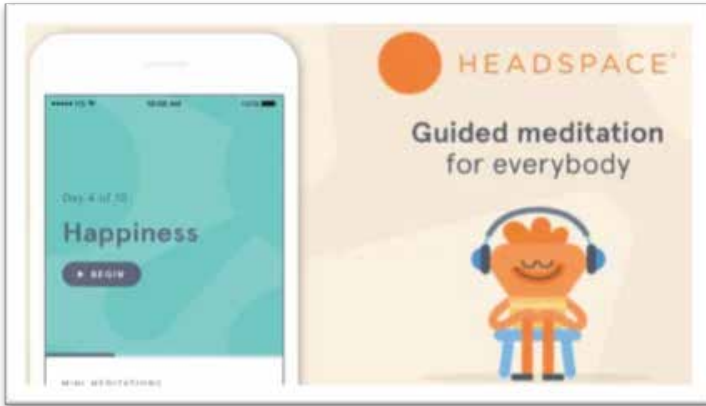
Meditation

Mindfulness practices like meditation helps you focus on the present. A lot of negative emotions come from reliving unpleasant memories of the past, or worrying about uncertainties in the future. When you bring full attention to your present, oftentimes you feel "okay". Practicing mindfulness can help you out of a downward spiral of overwhelming negative thoughts. Research shows that practicing mindfulness helps people cope with negative emotions, regulate their emotions and adapt better to changes.



Pictures Credit: Freepik.com

It may be difficult at first, but it is a worthwhile skill to hone. Whether you are a beginner or a meditation veteran, it may be beneficial to join a meditation group or use a meditation app. There are many meditation apps and even free Youtube videos for guided meditation.



Source: Headspace App



Credit: mellobe.co, Julia Bates

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Gut Feelings: Food Affects Mood

You are what you eat. Recent research has explored the gut-brain connection, further proving this proverb. Our intestines have a wide network of nerves that communicate with the chemicals in our brain, hence affecting our mood. A 2017 study found that the symptoms of people with moderate-to-severe depression improved within 12 weeks with nutritional counselling and a healthier diet. Here are some research-proven suggestions of foods for better health.



Eat Selenium-rich foods. Selenium improves mood and reduces anxiety. Examples: Brazil nuts, seafood, organ meats like liver, supplements. Seafood is also a source of healthy Omega-3 fats.



vegetables, fruits and beans. Try not to eat the exact same food everyday!



Limit sugar & artificial sweeteners. They encourage growth of unhealthy bacteria in the gut



Eat prebiotic-rich foods such as bananas, apples, asparagus and oats. These encourage growth of good bacteria. Probiotics from fermented foods like yoghurt, tempeh and supplements help too.



Get enough Vitamin D through sun exposure and foods like fish and eggs.



Eat polyphenol-rich food, which enhances mood, improves memory & focus. Examples: dark chocolate, green tea, olive oil, whole grains.



Get enough Vitamins A, B, C & E through fresh fruits and vegetables. These vitamins are good antioxidants, which help your body remove harmful free radicals.



Magnesium-rich foods boost melatonin production for better sleep. Eat foods like nuts, seeds, greens and whole grains. Tryptophan also improves sleep. Examples: tuna, chickpeas.



Avoid processed foods, fried foods, and foods with trans-fats. Trans-fats are in many baked goods like bread, cakes and pastries. Processed foods examples are factory-made sausages, patties, and nuggets.

Mood Booster: Exercise

Exercise improves mood by releasing endorphins and brain-derived neurotrophic factor (BDNF). BDNF also enhances memory, focus and learning.



Picture Credits: Freepik.com

Being in nature lowers the stress hormone cortisol. So, it is a great idea to go out for a walk in nature to improve your mood and relieve stress.

Sleep

Lack of sleep can ruin mood and reduce cognitive performance. You may not be noticeably sleepy, but even 1 hour less sleep per night can be detrimental to your energy levels, reaction time, ability to think clearly, your immunity and your overall health in the long term. Stick to a regular sleep pattern and get adequate, good quality sleep to feel refreshed every day.



Am I getting enough sleep?

Signs that you're **not** getting enough sleep is if you fall asleep within 5 minutes of going to bed (the normal time is around 15 minutes), if you rely on an alarm clock to wake up on time, if you find it hard to get out of bed in the morning, and if you feel sluggish in the afternoon/during lectures/meetings/ when driving.

The "right" amount of sleep differs for each person. Most people need 7.5 hours of sleep per night. So, try it out for a week. If you still experience the signs of inadequate sleep as listed above, add an extra 30 minutes of sleep for another week until you reach your sleep 'sweet spot'.

Can I make up for lost sleep during the weekends?

This is a no-no because even though you are partially relieving the sleep debt, you would be disturbing your body's sleep-wake cycle, making it more difficult for you to sleep at the right time on Sunday night to wake early on Monday morning.

References:

1. Jacka FN, O'Neil A, Opie R et al. A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial). *BMC Med.* 2017;15:23. doi: 10.1186/s12916-017-0791-y
2. Robertson R. The Gut-Brain Connection: How it Works and The Role of Nutrition. *Healthline.* 2020.

Parenting Tips: Strong Bonds for Strong Families

Adolescence can be a challenging time, not just for the teens, but for his/her parents too. During these years, teens explore their sense of identity and their place in this world. Many teens hold an egocentric view, meaning they tend to focus on themselves and believe that others are focussed on them too. As a result, many teens may feel insecure and judged. Teens also crave independence, and begin questioning their beliefs, goals, family values and their sense of identity. This is normal in adolescence.

Often, peer relationships, romantic interests and the teen's self-expression such as their appearance become more important to a teen, overshadowing the family relationship. Here are some ways to ease this shift in the parent-child relationship.

Nurture Your Connection



Find time to have meaningful conversations with your teen. Choose a conducive time when both parent and teen are relaxed and not busy. A good time would be during mealtimes together or while walking the family pet. In a household with more than one child, allocate time to spend with each individual child to create opportunity for them to discuss more personal issues. Show genuine interest in your teen's life, their friends and hobbies, etc. Listen more and talk less. Be non-judgmental so your teen would feel safe to tell you things and ask for your advice.

Spend Quality Time



A good relationship with your teen can be maintained and cultivated by spending quality time together. A good way would be through shared hobbies/sports or discussing mutual interests. Some examples are playing badminton together or cooking a meal together.

Pictures Credit: Freepik.com, Pexels.com

Be Open

Many parents try to hide their struggles or failures from their children. This creates a flawed perspective in the teen and makes the teen feel alienated. Be brave to share your failures and negative experiences with your children. This helps your teen to emulate your resilience and to help them realise that they are not alone in their struggles. By being aware of how you have handled setbacks in your life, your teen would be better equipped to handle life's inevitable challenges. This also breaks the façade of perfection where the teen feels immense pressure to live up to high standards of ideals, in terms of collecting accolades in academics, sports, and various other domains, at the expense of their mental health.



Reach Out

Many mental health illnesses begin in adolescence. Some may think that being moody and isolating themselves is just “teenagers being teenagers”. If you notice some warning signs of depression, anxiety or other mental health issues in your teen, it is always best to have a conversation with them about it. It can be difficult to discern budding mental health issues from normal adolescent behaviour. When in doubt, consult with your doctor as it can mean a world of difference in getting help early for your teen.



Pictures Credit: Pexels.com

For School Counsellors

As a counsellor, you are given the golden opportunity of nurturing young minds to be the best version of themselves. Mental health should be regarded just as important as physical health and dental health. In the same way, prevention is always better than cure.

Mental health should be seen as everyone's business, not just for those with mental illness.

There are many programs you can implement in your school to foster good mental health practices. Here are some suggestions to help you get started.

Start a Mental Health Club

Start a club such as Mind Matters Club in your school. The purpose is to normalise discussion about mental health topics and reduce stigma about mental health issues. By having a club, this empowers youth to take charge of their own mental health as well as support their peers. As the club advisor, you can work with students on organising school-wide health promotion to build awareness and encourage good mental health practices. Programs to build resilience and teach positive coping strategies would be very beneficial. The club also functions to promote social connectedness and encourage help-seeking behaviours.

Suicide Prevention Training

The National Health & Morbidity Survey 2017 found that 10% of Malaysian teens had suicidal ideation and 6.9% had attempted suicide. Sadly, a majority of these teens do not seek help due to various reasons. Suicidal behaviour does have warning signs. If we can pick up these warning signs and intervene, it could possibly save a life. Learn the warning signs of suicide, how to identify at-risk youth, how to speak to someone who may be suicidal, and how to get help for someone in crisis.

As the school counsellor, you may not have the opportunity to pick up the warning signs in a school of hundreds of students. So, it is good to enlist the help of your fellow teachers who interact with their students on a daily basis and can probably notice changes in their students. Organise suicide prevention training in accordance with evidence-based practices. The training would help your fellow teachers recognise warning signs, know how to ask the student about it, and refer the student to you.

School Bullying Intervention Program

Bullying is a serious issue and can leave painful long-term psychological scars on bully victims. Tackling the issue of bullying in schools is no easy feat and would require multiple levels of involvement: the individual, peers, teachers and parents. This would be a great project to work on with your school's Mind Matters Club. The Anti-Bullying campaign can empower students with proven strategies for dealing with bullying scenarios. For example, these may be conveyed via a talk and roleplay during school assembly.

School rules against bullying should be implemented at a whole-school level as well as at the classroom level. Anonymity should be guaranteed to encourage peers and victims to come forward in reporting the bully. "Hot-spot supervision" can be introduced, which is increased staff presence at areas of the school where bullying is known to occur. At the individual level, both bullies and the victims can receive counselling. The respective parents can be notified and involved in the counselling session. Classroom workshops can be conducted to cultivate empathy and involve bystanders in bullying prevention. Online forums by trained student moderators are a proven efficient and cost-effective component of an anti-bullying campaign. Successful Anti-Bullying Campaigns can be emulated and adapted for your school, such as Olweus Bullying Prevention Program, NoTrap!, KiVa and ViSC.

Resources for School Counsellors

1. Smiling Mind Website <https://blog.smilingmind.com.au/tag/schools>



2. Confident Counsellors blog. <https://confidentcounselors.com>



3. P-CARE approach: a suicide prevention "first-aid" which involves the parent and youth which aims to increase support and empathy for the youth, and reduce family conflict.

Reference:

Gaffney H, Farrington DP, Ttofi MM. Examining the Effectiveness of School-Bullying Intervention Programs Globally: a Meta-analysis. *Int Journal of Bullying Prevention* 2019; 1:14-31. <https://doi.org/10.1007/s42380-019-0007-4>

Resources and Online Tools



1. PlusVibes

PlusVibes is a mental health and well-being platform that allows quick access to motivational content and relaxation activities. Users are able to chat and share their problems with the apps Vibers and Buddies free of charge. There are also virtual workshops to further enhance your mental health knowledge.

Availability: App Store, Google Play Store

Website: <https://www.plusvibes.com/>

Cost: Free

2. Wysa

Wysa helps users self-manage stressors, specifically symptoms of anxiety and mild depression through a virtual Chatbox that utilizes AI-guided listening in addition to professional expert support.

Availability: App Store, Google Play Store

Website: <https://www.wysa.io/>

Cost: RM75 per session



3. The Help Talk

The Help Talk provides private and secure therapy at an affordable rate in Malaysia. The app connects users to qualified counsellors and psychologist.

Availability: Google Play Store

Website: <https://www.thehelptalk.com/>

Cost: RM192 per month



4. Thoughtfull Chat


Thoughtfull Chat is a pioneering digital mental health support app that enables users to proactively engage with their mental health through self-serve tools and 1-on-1 daily bite-sized coaching with certified mental health professionals.

Availability: App Store, Google Play Store

Website: <https://www.thoughtfull.world/>

Cost: RM199 per month





HEADSPACE

5. Headspace

Headspace is meditation made simple, teaching you life-changing mindfulness skills in just a few minutes! The app tracks the duration of your meditation and shares positive quotes centres around mindfulness.

Availability: App Store, Google Play Store

Website: <https://www.headspace.com/>

Cost: 69.99 USD per year, free version available



6. MoodMission

MoodMission targets users experiencing symptoms of stress, anxiety or depression. The app provides activities or 'missions' based on the mood of the user. The missions can be behaviour-based, thought-based or emotion-based. The activities aim to distress the user.

Availability: App Store, Google Play Store

Website: <https://moodmission.com/>

Cost: RM19.90 not inclusive of in app purchases

7. Tide

Tide aims at physical and mental care through integration of sleep, meditation, relaxation and focus into an app. Tide provides a timer and soothing nature sounds alongside daily inspiring quotes.

Availability: App Store, Google Play Store

Website: https://tide.fm/en_US/

Cost: Free not inclusive of in app purchases



References:

1. <https://www.happyhormones.my/wellness/mental-health-apps-malaysia/>
2. <https://www.therakyatpost.com/2021/08/06/malaysians-are-so-stressed-interest-in-mental-health-apps-and-stress-relief-products-rose-by-108/>

Helplines


Befrienders

Kuala Lumpur: 🕒 24 hours, Everyday ☎️ 03-76272929	Penang: 🕒 3pm – 12 midnight ☎️ 04-2910100	Ipoh: 🕒 1pm – 10 pm ☎️ 05-2380485
Melaka: 🕒 7pm – 12 midnight ☎️ 06-2550791	Johor Bahru: 🕒 1pm – 12 midnight ☎️ 07-2670707	Kota Kinabalu: 🕒 7pm – 10pm ☎️ WhatsApp 016-8036945
Kuching: 🕒 6.30 pm – 9.30pm ☎️ 082-268061	Seremban: 🕒 7pm – 10pm on Mon, Wed, Fri & Sun ☎️ 06-6321772 / 06-6321771	




Malaysia Positive Psychology Association

🕒 Mon-Fri (10AM-12PM, 2PM-4PM)
☎️ 012-8785357




Malaysian Mental Health Association

🕒 Mon-Fri (9AM-9PM)
☎️ 017-6133039




National Cancer Society of Malaysia

🕒 Mon-Fri (8.30am-4.30pm)
☎️ 012-8785357




Talian Kasih

🕒 Mon-Fri (8PM-12AM)
Domestic abuse: 24 hours
☎️ 15999 | 019-2615999



Gem Helpline

🕒 Mon-Fri 2pm-4pm, 7.30pm-9.30pm
☎️ 011-25289610 / 011-59944384




Naluri

🗣️ 24 hours
☎️ 03-8408-1748




Sneham

🕒 Mon-Fri (24 hours)
☎️ 1800-22-5757



BuddyBear

🕒 Mon-Sun (6am - 12am Call)
☎️ 1800-18-2327



Shelters



1. Women's Aid Organisation (WAO)

WAO provides service such as shelter and crisis support for women and children who are victims of domestic violence, rape and assault.

WAO Hotline: +603 3000 8858 (24 hours)

SMS/WhatsApp TINA: +6018 988 8058 (24 hours)

Website: <https://wao.org.my/getting-help-for-domestic-violence/>



2. Agathians

Agathians Shelter is a welfare home located at Petaling Jaya for boys who are either orphans, abandoned or from broken families.

Tel: 03 - 7954 1680

H/P: 012 - 296 8014 (Whatsapp: 10 am - 6 pm)

Website: <http://www.agathians.org/>



3. Shelter- Home for children

Shelter 1- Home for children from 4 to 12 years of age who have been abused, neglected, at-risk or abandoned by their families, parents or guardians.

Shelter 2- Home for teenage girls from 13 to 18 years. Other abused teenage girls referred by the public will also be housed here.

Shelter 3- Home for teenage boys from 13 to 18 years. Other abused teenage boys referred by the public will also be housed here.

Tel: (+603)-7955 0663

Website: <https://www.shelterhome.org/index.cfm?&menuid=48>

National Coalition of Mental Wellbeing

The National Coalition for Mental Wellbeing (NCMW) initiated by Rotary Malaysia in August 2020, was established to provide sustainable solutions to the possible long-term mental health impact of Covid-19, among children, youth to the elderly, from homemakers to the workforce.



NCMW's strength is in its over 30 coalition members and leveraging on its membership's expertise and specialisation we endeavour to provide support to our community during this unprecedented Covid-19 pandemic. While the Government, NGOs and Corporates are providing immediate relief efforts to those in dire need, it is imperative that we engage in working towards a social and economic recovery plan in the context of mainstreaming mental health issues.

NCMW core values embodies creating relevance in our initiatives through co-ordinated efforts of the collective capabilities and expertise of our membership, while respecting the dignity and value of others in carrying out our services to the community.

The effects of Covid-19 pandemic has an immense psychological effect on mental health. Coping with unprecedented home-bound situations, economic-driven stress and anxieties, and the changes in social interaction and engagement has created pockets of vacuums. These vacuums become home to depression leading to suicidal thoughts.

Our children and youth have not been spared and are equally if not more affected with the drastic change in their social landscape, socioeconomic problems and emotional needs. Faced with discrimination and stigmatization, it increasing the risk of their mental health conditions. According to WHO, an estimated 10-20% of adolescents globally experience mental health conditions, yet these remain underdiagnosed and undertreated.

One of NCMW's focus is on youth and adolescents and their mental wellbeing which is driven by the need to provide a supportive environment at school, in the community and the family. By advocating acceptance of mental health as part of their wellbeing will they then be able to adopt good mental health habits and the ability to cope and manage their state of mind. During these challenging times children and youth are a vulnerable group exposed to various degree of violence, physically as well as virtually with the advancement of technology.

To address the pressing issue affecting the community at all levels, NCMW have embarked on training a pool of trainers to provide Psychological First Aid through our various community outreach programmes including supporting our youth in promoting good mental health.

September 8, 2021

Siti Subaidah

Protem Chairman- NCMW

Mind Matters Network



Mind Matters Network is a youth platform that brings together mental health initiatives so that it reaches both schools and university students at ground level. Each educational institute which is part of the Mind Matters Network will set up a Mind Matters Club which is a peer mental health group or can choose to integrate the Mind Matters Programme in their current club. The Club represented by students of the institution will have an advisor who will be the Counsellor, Counselling teacher or selected teaching staff at the institution. The Club and Advisor will be supported by the core committee of the Mind Matters Network in terms of proposed activities, resources, networking and training. The Club will conduct a string of activities (suggestions will be provided in the Mind Matters Booklet) to highlight and build mental health resilience and skills. Managed primarily by students in the institution and guided by the Advisor and core committee at national level, the Mind Matters Network organizes talks, events,

workshops, exhibitions and festivals to push the youth mental health agenda to the forefront of our country. We strive to guide those with mental health problems to resources for recovery. By youth, for youth, MMN is powered by the National Coalition of Mental Wellbeing–Mind Matters Network wishes to change the mental health landscape in our country, one institution at a time. For more information and to keep up to date with our events, find us on Instagram @mindmattersmy



Have you ever had a friend tell you that they are having suicidal thoughts- and you didn't know what to do or say?

Do you feel alone in your struggles - that no one would understand what you are going through?

Is finding information on the Internet bringing you more questions than answers?

This handbook is written by medical professionals, made easy for everyone to understand. It will:

- Empower you with knowledge of 15 common mental health struggles faced by teens and young adults.
- Show you how you can help yourself and others who are going through mental health struggles
- Teach you how to keep your mental health in peak performance
- Provide tips for parents and school counsellors



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SERVE TO
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This artwork is courtesy of IMU Mind Matters Club.