



MALAYSIAN MENTAL
HEALTH ASSOCIATION

MENTAL HEALTH BULLETIN

[BULETIN KESIHATAN MENTAL]

Persatuan Kesihatan Mental Malaysia

Patron: TOH PUAN DATO' SERI HJH . DR. AISHAH ONG

OCT 2019

KDN PP/5342/02/2013(031842)



**WORLD
MENTAL HEALTH
DAY 2019
SUICIDE
PREVENTION**

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No. 50, PBS 14/3 Taman Perindustrian Bukit Serdang 46300, Seri Kembangan, Selangor.

PRESIDENT'S MESSAGE

**Professor Dato
Dr. Andrew Mohanraj
with Dr Igrid Daniels,
President of the WFMH**



As the end of the year is approaching really fast, it is good to reflect on the happenings at MMHA in this last quarter of 2019. The highlight of events must surely be the official opening of our new premises at Plaza TTDI which incorporates a new service centre called The Mind Hub. This service centre aims to provide psychology and counselling support to the public at an affordable fee.

MMHA is also thankful to the Deputy Minister of Women, Family and Community Development YB Hannah Yeoh who officiated the opening and announced the release of RM 30,000 towards the running of such services to target groups, based on need.

Our old premises in Jalan Othman, Petaling Jaya is temporarily closed for redevelopment to expand its residential facility. Please take note of MMHA's new logo which reflects the universal mental health service paradigm of mutual support, empowerment and the journey towards recovery, in a non-patronising way.

The new premises also seeks to serve MMHA's added dimension towards meeting the needs of the Corporate sector. We hope to elicit a positive response to our introduction of Mental Health First Aid (MHFA) which is an evidence-based programme aimed at providing organisations or individuals in their personal capacity, to approach and support people with mental health problems or those in a mental health crisis.

This year's theme for World Mental Health Day centred around suicide prevention. Appropriately this bulletin explores interesting dimensions on the topic which includes a feature on how the day was commemorated in MMHA. I am also happy to announce that MMHA is now represented at the World Federation of Mental Health - the umbrella body of mental health associations of different countries.

Just last week, I was elected as the Board Member of the WFMH in Buenos Aires, Argentina. Incidentally, by convention, the WFMH recommends the theme for the annual World Mental Health Day. So, watch this space for next year's theme!

Finally, as the year comes to an end, I wish all our readers and members happy holidays and compliments of the season. All our achievement in 2019 could not have materialised without the concerted effort of the Management Committees and staff of MMHA, among which there are many unsung heroes and heroines!

I pray the new year proves to be as fulfilling as the current one.



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World Mental Health Day 2019



Focusing on Mental Health

As we are entering the month of October, it is my humble honor to remind readers that the World Mental Health Day falls on the 10th of October. The World Mental Health Day celebrates awareness for the global community in an empathic way with united voice. The mission is to help those feeling hopeful by empowering them to take actions that are suitable for them. It is also a day for global mental health education and advocacy against social stigma and taboos. The day provides an opportunity "for all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide".

This eventful day was first celebrated as an initiative of the World Federation for Mental Health on October 10th, 1992. World Mental Health Day is supported by World Health Organization (WHO) through raising awareness on mental health issues using its strong relationship with the Ministries of health and civil society organizations across the globe. From the year 1992 up to 1994, this day was celebrated without any specific theme. However, in 1994, a theme for the Day was suggested and used for the first time. The first theme introduced was "Improving the Quality of Mental Health Services throughout the World".

Every October, on this special day, thousands of supporters, professionals, students, caretakers and children of all ages come together as one, to celebrate this annual awareness program to bring full attention to mental health, mental illnesses and its major effects on peoples' life worldwide.



NOT A ONE-DAY EVENT!

I would like to take this opportunity to stress that World Mental Health Day is not simply a one-day event! This is truly a long-term, on-going educational effort that goes for several days, a week, or even a whole month. The preparations for the event begun beforehand as it takes so much time and effort for planning, organizing and executing. This day has evolved over the years to practically run on its own automatically. People all over the world, from various government departments, organizations, and groups are holding events, making announcements and celebrating World Mental Health Day! This is because they see and understand the importance of public awareness regarding our mental health.

The World Mental Health Day was established 27 years ago with a primary goal of promoting mental health and spreading awareness about the issues associated with mental illnesses. As of today, this great celebration has evolved with creativity, emphasizing the importance for mental health. A number of supports are being received from various collective and individual bodies.



2019 THEME: SUICIDE PREVENTION

This year, the theme is “Suicide Prevention”. According to WHO, with every 40 seconds, someone loses their life to suicide and this just means that every year, almost 800,000 lives were lost. Each lost was undecipherable tragedy for the person who has lost their lives and also for the families, friends, colleagues and communities, who are left behind. The young generation is often referred as the future leaders whom would eventually, represent our future and yet, suicide is the second leading death among the youth with the age ranging from 15 years to 29 years. Suicide can affect, anyone, anywhere.

For every suicide, there are 20 more attempts being reported. People who survived their first attempt are particularly, at high risk of attempting suicide for the second time. So, focused attention is needed in providing on-going support. Fortunately, suicides are preventable. Raising awareness on large scales on days such as the World Mental Health Day open doors to help break the stigma so that more people can reach out for the help needed.

Suicide is a global health problem that deserves the collective attention of all the actors from the mental health fields. This includes scientific and professional organizations, organizations for mental health users and their families, and educational institutes. National health authorities play a very crucial role and are required to shower their undivided attention to this issue since. It is their responsibility to craft government policies and directives that aimed at establishing clear strategies to prevent suicide and promote mental health to the greater public.

Nevertheless, the roles of both print and audiovisual media as well as social media are equally important, since their participations are both directive and indirect which reach the public's eyes and ears at a much faster rate. Their role however, must be monitored and handled closely, as it can have positive and negative effects, depending on how they address this subject.

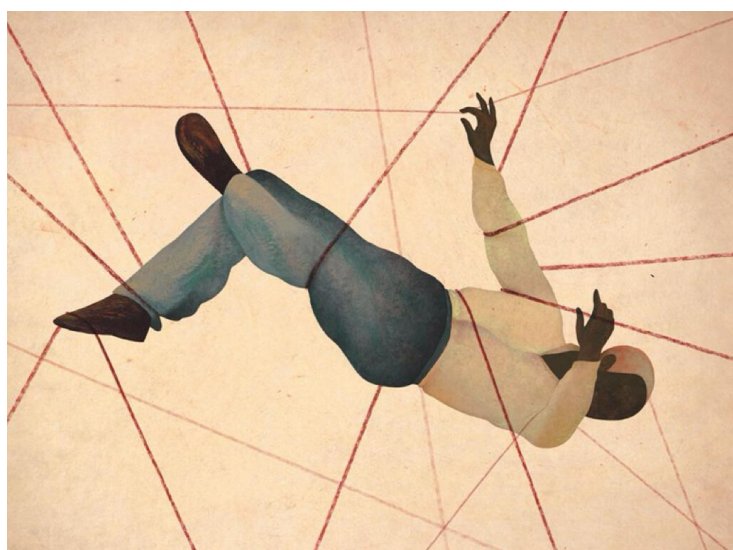
Yet, the efforts and responsibilities do not all lie on the authorities and mental health practitioners. Each of us contributes uniquely in preventing suicide and helping our loved ones who may be in distress through identifying red flags and encouraging them to reach out and get the help they needed.

Written by: Rohini Krishnan
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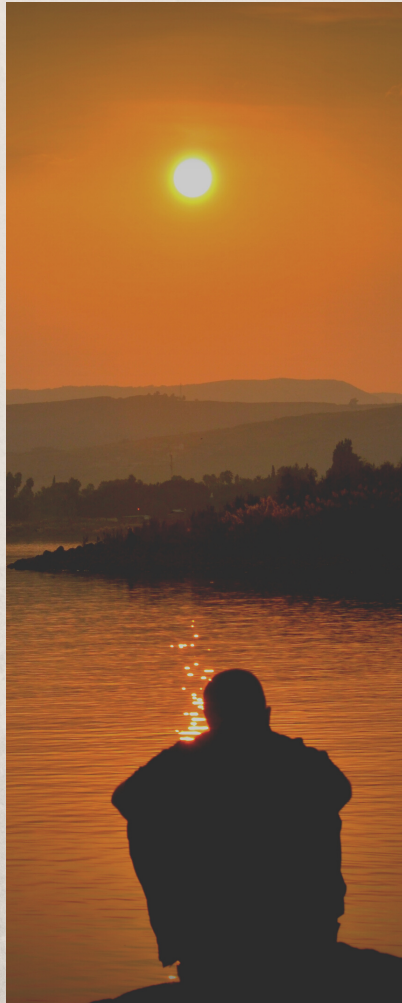
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The Narrative of a Depressed Individual

In many instances in our daily life, every one of us has, in one way or another, encountered someone struggling with depression. We see many portrayals of depressive symptoms on a daily basis, while because we are not all too familiar with it, we miss (and dismiss) these symptoms as mere guises of laziness, procrastination, lack of discipline or behavioural issues.

For instance, as an employer, we might see an employee struggling to meet deadlines and may occasionally be late to work. As a teacher, we might see students seemingly tired most of the time, difficulty concentrating in class and social withdrawal. Among friends, we may observe low moods, poor appetite, lack of interest or pleasure in activities, or worse, suicidality. However, we very often only see one of these narratives; a single dimension, rather than the entire story. But when we piece them together, these individual's experiences, symptoms, may very well qualified for a diagnosis of Major Depressive Disorder.



While those are the behavioural symptoms that are observable from the outside, individuals may also struggle internally; through their cognition (thoughts) and emotions. For example, individuals struggling with depression may have negative thoughts such as “Am I worth it?”, “What is the point of all of this?”, “Why am I such a burden to the people around me?”, “Stop wasting money and food on me.”, all of which are real accounts from my experience as a therapist. On top of this, they may also experience negative emotions such as guilt, sadness, lost and directionless, loneliness, helplessness and hopelessness. All these are not as observable in their exterior and often times missed by the naked eye.

Relating this to the topic of suicide, many individuals when contemplating suicide, do not actually want an end to life; they want an end to the pain and the suffering. Exhausted and numbed over hard times, these individuals have fought for their survivals for so long, seemingly with just a slither of hope that their circumstances would improve. Unfortunately, sometimes they arrive at a conclusion that suicide is the only option to get out of their suffering. They may think, “I thought things could not get any worse, but it did”, “What’s the point of soldiering on if this is all there is to it in my life?”, “I’m just too tired and I want it to end”. Similarly, these are not visible to the eye. What we may actually see could have been reduced to just the sight of the individual struggling with making ends meet, struggling with fulfilling responsibilities and seemingly sad all the time. All in all, not only do we often miss these guises of depressive symptoms or suicidal thoughts. We only see one side of it; a small piece of the puzzle.

Written by Eugene Yeo Ki Wai
Master of Clinical Psychology at Help University

SUICIDE PREVENTION

As the theme for World Mental Health Day 2019 is “Suicide Prevention”, I think it is a good opportunity to debunk some myths regarding suicide, learn what are the warning signs for suicide and learn what to do during when these warning signs are identified.

Myths & Facts regarding suicide (WHO, 2014)

1) Individuals who are suicidal will remain suicidal.

This is untrue as heightened suicidal intention is often short term and dependent on the situation. Suicidal thoughts may return but they are not permanent. There are a lot of people who have been suicidal at some point of their life and is able to live a fulfilling and functioning life currently.

2) Talking about suicide is not helpful and may be taken as an encouragement.

Most people who are suicidal often do not know who to speak to. Having an open conversation about suicide is able to provide different perspective and options to a suicidal person and may even help prevent suicide.

3) Only people with mental disorder are suicidal.

There are many people who has mental disorder who are not suicidal and many people who are suicidal who do not have a mental disorder. Therefore, whenever someone expresses suicidal thoughts, be careful not to dismiss it just because they appear mentally healthy or normal.

4) People who talk about suicide do not mean to do it.

Talking about suicide may be their way to seek for help and emotional support. Such suicidal thoughts are often accompanied by feelings of depression, anxiety and hopelessness. Assuming that they do not mean it may influence our helping behaviours towards them.

5) People who commit suicide or are thinking of committing suicide are selfish.

Contrary to popular belief, these people ARE NOT thinking about themselves only and choosing an easy way out. These individuals are suffering so deeply that they become so hopeless and helpless. In their perspective, dying may be a better option both to themselves and those around them. It does not help to call them selfish or ask them to think of how much trouble they may be causing.

6) There is no warning signs for suicide.

Majority of suicides happened with preceding warning signs. It is important to identify these signs and act early to prevent suicide.



Warning Signs for Suicide

If someone is displaying any of these behaviours, they may be having suicidal thoughts (Rudd et al., 2006).

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Appear withdrawn or isolated
- Engaging self in risky activities
- Displaying a dramatic change in mood (suddenly very sad or very happy)

Written by: Jean Liong
Clinical Psychologist

What To Do When Someone Is Suicidal

When you notice any of these behaviour in someone you know, there are several things that you can do (Sane, n.d).



Ask them about their plans

Remember how talking about suicide does not encourage suicidal behaviour? Asking them about their plans show that you care about them and may help them to think about other options.

Show support

People with suicidal thoughts often feel helpless, hopeless, and alone in their situation. Listen and show that you care and you would like to help them. However, remember not to judge, correct, or promise them that you will keep it as a secret.



Get help



Take action with them to seek professional help such as making an appointment with a clinical psychologist, counsellor, or a psychiatrist. Also, provide them with information regarding help that they can seek to, such as numbers for suicide hotline. These hotlines include Befrienders and Lifeline Association Malaysia. You also may check out websites such as www.suicide.org and www.befrienders.org.my.

**“Hope is a necessity for normal life and the major weapon against the suicide impulse.”
-Karl A. Menninger**

In many different ways, we can all make a difference in ours and others' life by knowing when to provide support and instill hope in life.

Written by: Jean Liong | Clinical Psychologist

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SUICIDAL AWARENESS IN EDUCATION PERSPECTIVE



World Health Organization (WHO) reported suicidal kills about 800 000 people yearly and listed as second factor of death in world among 15 – 29 age group. According to Youth and Sports Minister, Syed Saddiq Syed Abdul Rahman, 1 out of 10 Malaysian youths are having suicidal thoughts (Rashid & Adnan, 2018). Befrienders, mental health support group received 5739 suicidal callers in 2015 and 7446 callers in 2016 (Pillay, 2017). This is an alarming issue where the nations growth and development will be disrupted too.

As a mental health nurse for a decade ago and currently as nursing clinical educator, I had encountered vast suicidal crisis involved the patients and students at tertiary education. These including suicidal thoughts, attempted suicide action and death due to suicidal. Type of cases seen were jumping from high places; self-harming; and poisoning using pesticides and medications. Contribution factors vary among victims; mental and physical illness, had history of suicide attempts (National Suicide Registry Malaysia, 2011), stress related education, financial crisis, family or relationships, bullying, substances abuse. If the root cause is identified earlier, numerous life can be rescued.

Early prevention could be targeted at school levels for early detection and awareness. As an educator, students are not only being monitored academically but behavior too. Apart from speech, sharing session with the survivor and even short videos of the victim's family after the suicide will be an eye-opener. Presence of family in the awareness campaign is essential for understanding of suicidal.

Personally, I encountered students showed changes in behavior, such as isolated from others, inactive, academically deteriorated and depressed. Depression and suicidal among students at tertiary education has a correlation, and priority to overcome the depression is needed to reduce the suicidal crisis (Mustaffa, Aziz, Mahmood & Shuib, 2014). Thus, the cases were forwarded to designate mentors, who are the lecturers too and the students were called for a discussion. If required, they will be referred to campus counseling department for the session with psychologist. However, this can be achieved if good teacher-students bonding, caring and respect occurs. Distrust relationship make the students reluctant for expression of feeling and lecturer unable to assist them but students have freedom to seek other entrust educator and external support group.

Not forgetting the student peers too, for more input to solve the issue. Finally, the mentor will keep track the students for any improvement.

However, involvement of family is required for better solution. Good family relationship will strengthen the bonding between the children. Nowadays, mobile phone and social media plays pivotal role in this issue. During family meal time, the mobile will be the "best buddy". I found much less verbal and face-to-face communication occurs between family member even living in one roof. Get together with family will be great opportunity for sharing session. When family observed any peculiar behavior, they can seek for assistance immediately to prevent suicidal crisis. Meanwhile, some children expressed the suicidal thought in social media without family consent. As readers or followers, it will be great if someone can guide or be a good listener instead of provoking them to suicide.

For global prevention, strategies has been implemented by WHO. Mental Health Action Plan 2013 – 2020 was initiated to diminish 10% of the suicidal crisis in world by year 2020 and 10th September was declared as World Suicide Prevention Day (Director General of Health, 2015).

In helping the nation to fight the crisis, Malaysia National Strategic and Action Plan for Suicide Prevention was generated in June 2012 (Director General of Health, 2015). Multiplication of suicidal figures will exist in future if no serious involvement. Not only students but adults also should be targeted for awareness. Suicidal crisis is not a game to be played. The alarm has been ringing and now is the time when the support and involvement from all is required for termination of root causes in earlier stage and achieve global prevention rate by WHO.

**Written by Kumutha Kushalan
Nursing Clinical Instructor**

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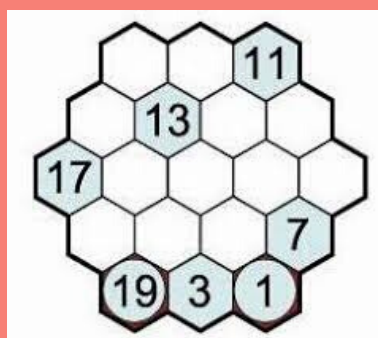
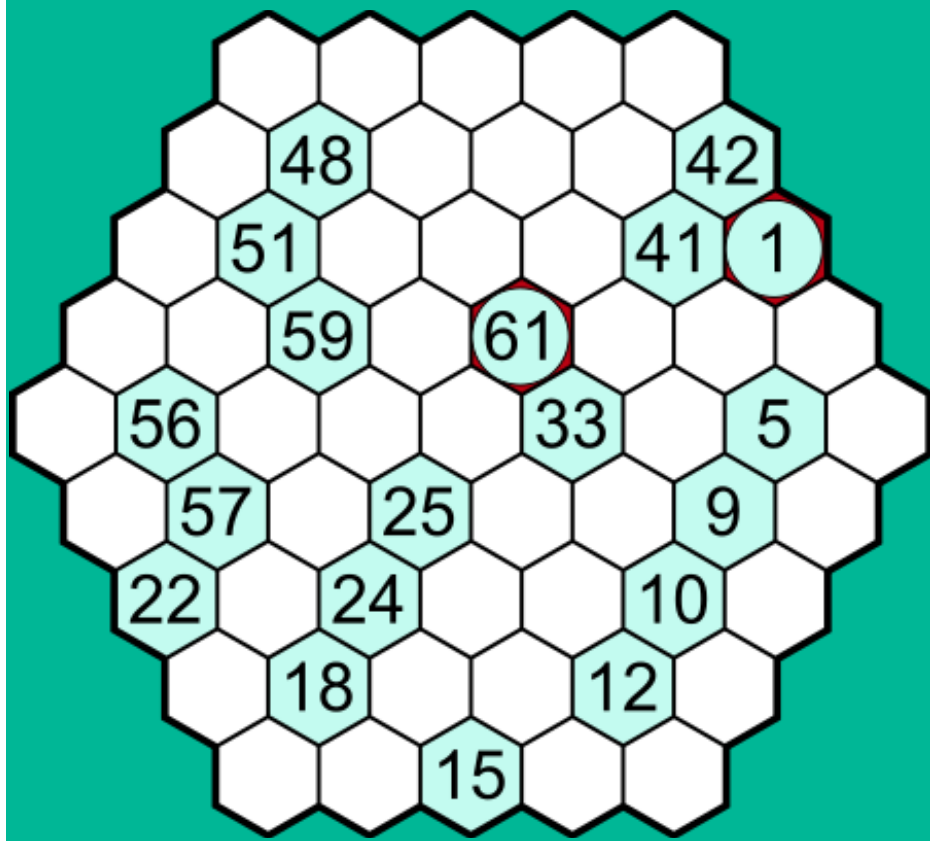
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HIDATO

Try these fun logic-based puzzles that will help boost brain power and test your cognitive abilities!

HOW TO PLAY

1. Each puzzle starts with a grid partially filled with numbers.
2. The goal is to fill the grid with consecutive numbers that connect horizontally, vertically or diagonally.



FUN FACT #1

The term hidato originates from the Hebrew word for riddle (Hida, חידאָתו)

HIDATO TIPS

1. Each puzzle has only one solution.
2. The first and last numbers of a puzzle are circled.
3. It's not necessary to start from the first number. Working backwards can reveal key clues to the answer.

FUN FACT #2

Hidato was invented by Dr. Gyora Benedek, an Israeli computer scientist, inventor and adventurer.