Host: Siva Nyanawati and Joyce Tan
Speaker: Dr Sivakumar Thurairajasingam

PART 1

Intro:
Siva:
Welcome to the sixth episode of our first ever MMI Podcast series: Mental Health during Crises and Pandemics.

I’m Siva, once again. You’d probably already know me from Episode 1 and 4. This time, I’ll be co-hosting the episode with another new colleague, who is also one of the conveners of this episode, Joyce. Hey Joyce!

Joyce:
Hi Siva, let’s get this started!

Siva:
Well, today’s episode is called “Adding Insult to Injury” and we’re going to pick up directly from where Episode 1 - “Alone, The Future Unknown” left off, in which we spoke about how anxiety and loneliness affect the mental health of the general population.

Now, we’ll continue by delving into the specific mental health implications of the pandemic on vulnerable groups of people who are unintentionally overlooked by a lot of us, for example, people with addiction problems, pre-existing psychiatric issues, people facing domestic violence and the elderly population which we really couldn’t find time to cover in Episode 1.

Joyce:
Yes, and for that, we’ve invited Dr Sivakumar to shed some light on these topics to help us better understand the issues faced by these special groups and how we could perhaps lend a helping hand in terms of coping.

So, welcome to the show, Dr Siva! Welcome! It's a privilege to have you here today!

Dr Sivakumar:
Thanks, Joyce.

Joyce:
Would you mind telling us a bit about yourself?

Dr Sivakumar:
Sure, thanks for inviting me to the show actually, Siva and Joyce. Well, I’m an associate professor at the Monash Clinical School in Johor Bahru, a consultant psychiatrist used to practise previously at Hospital Permai, one of our very few mental health institutions in
Malaysia. Then, I moved on to Hospital Sultanah Aminah which is a general hospital and currently I teach at Monash but I have got a private practice at Columbia Asia.

Joyce:
Ahhh! Thanks for sharing!

Dr Sivakumar:
You’re welcome!

Siva:
So Dr before we proceed, did you know that a few people actually requested for your presence on the podcast today?

Dr Sivakumar:
Okay, I'm surprised. [laughs]

Joyce:
[laughs as well]

Siva:
[laughs too] You’re a fan favourite it seems.

Dr Sivakumar:
[laughs again]

Siva:
Alright, moving on. Earlier this week, I came across a podcast in which a US epidemiologist compared the public health effects of the COVID-19 crisis to an onion. Can you wager a guess as to why though, Dr?

Dr Sivakumar:
Well, my guess would be you think about it and it makes you cry, you don’t know whether you are laughing or you are crying most probably or maybe it feels you know, in slices.
Siva:
Ah, close enough. That was what I thought about as well but what this epidemiologist said was that it’s because the illness and death caused by the COVID-19 is the outer layer of the onion. So, it’s very obvious to us, right?

Dr Sivakumar:
Yes.

Siva:
Since it’s extremely urgent, it demands attention and it is very concerning. But when you peel the layer and it goes in deeper and deeper, hidden underneath are the more complex and less visible issues. So, this will only unfold over time like unemployment, recession and healthcare system overload.

Joyce:
Yeah, and I think we can use the same principle to explain how we see mental health effects of the general population as the outer layers and mental health effects of certain minority generations and populations as the inner layers of the onion. That’s what I think. Yeah. But what do you think, Dr?

Dr Sivakumar:
Well, I think you are right there because what’s happening now is we are spending so much of time, effort battling the virus itself and we just got to realize that, you know, that there are deeper parts or deeper problems. My thoughts are that these problems are going there to stay even when you actually got hold and settle the virus problem. So, this is going to continue. So, we are actually looking at the, well as we put it just now Siva, the deeper parts of the onion not looked yet. People are not peeling it.

Siva:
Yeah.

Dr Sivakumar:
Yeah.

Siva:
I think I really liked this analogy because it’s relatable. It’s easy to understand and everyone can understand it. Even if you don’t have that high level of education but you can understand what the disease is causing us.

Dr Sivakumar:
Yeah. Well, the other thing in which Siva did is if I might say that people are actually talking about: the thing is, at this moment, they are talking about health and we actually don’t know how to pace ourselves and I think that’s the big problem because when you talk about pacing
yourself, we know you are running a marathon here. But the problem here is that you know, we can’t pace because we don’t know what marathon we are running – whether we are running a half-marathon, whether we are running a full-marathon or whether we are running an Iron Man marathon. Because we just don’t know where the problem will stop, so, it’s a huge problem and I think it’s lots to talk about.

Siva:
Hmm. Yea, exactly. So, basically, we don’t know when the pandemic is going to end and so we don’t know how much preparation to do. It’s like the war.

Joyce:
So yea, with that interesting onion analogy, let’s now start and begin talking about a sensitive yet crucial topic - addiction problems, namely alcohol and substance abuse disorder and even tobacco smoking, if you may.

Siva:
So Dr, knowing that you specialize in managing people with addiction, I guess there’s no better person to talk to about this than you. So, in the news, I heard that US citizens have been stockpiling alcohol in their houses -

Dr Sivakumar:
Mmhm.

Siva:
- especially over these 2 months ever since the lockdown started.

Dr Sivakumar:
Yea.

Siva:
People in recovery are not having access to the normal support system as well.

Dr Sivakumar:
Yep.

Siva:
But, I’ve not come across this news in Malaysia yet. So, I think it’s relevant for us to talk about it although it has not been brought to light yet in the news.

Dr Sivakumar:
Yea, sure.
Siva:
So, what makes a person turn towards alcohol, smoking or other substances during social isolation or crisis like now?

Dr Sivakumar:
Well, I think one of the more common reason is alcohol has always been there as a part of entertainment but here, especially during isolation, I think people used it. A lot of people used it as a coping tool to deal with their stress. To a certain extent you know, it does reduce stress but definitely it’s not a good coping tool. You find that you know, when you look at the past, I’ll quote the director of The National Abuse of Alcohol, The National Association of Alcohol Abuse and Alcoholism in the States, Dr George Koob. Now what he said was historically we know that whenever there is a pandemic, whenever there are shutdowns, whenever there’s a problem we find that the rates of alcohol sales and alcohol abuse increases. We saw the same thing in 9/11, they saw it when Hurricane Katrina hit them in the US and they are seeing it now.

Siva:
Ah, okay. But is there any psychology or science behind it? Other than understanding that it is because of the stress? Is there anything else that causes it?

Dr Sivakumar:
Yup! I think the studies which looked into it is alcohol is also used as a substitute for relationships, so you know, in a normal day you can actually go out and do things, do social events but here you know, you are at home and you’re stuck at home so sometimes alcohol is used as a substitute. Many of times when you are at home and you think a lot and you have lots of issues so alcohol and other substances are used to numb emotions. So, there are multiple ways where substances and alcohol are actually helping people or so they think at this moment of time.

Siva:
Mm, I agree with you. Has there been any research done from previous pandemic or epidemics?

Dr Sivakumar:
Yeah. I think that’s where most of our information is from. But you know, talking about the recent thing you know that in the UK since March this year the alcohol sales actually rose by 22%?

Siva:
Ah, I’m not surprised.
Yeah. One in five actually say that they are drinking more during the pandemic. In the States, in the US, sales rose by at least 25% during the week ending 4th of April. So, it says that you know in a normal case one might not have a drink but you know because of the pandemic people are actually trying to find more excuse to drink. Let’s move to places closes to us, like what I think Joyce and Siva you were saying, we don’t have much from Malaysia. Let’s talk about Singapore, so some of my colleagues were actually giving me info from Singapore. Singapore shut down quite some time back and all their bars and entertainment venues were shut but Singapore has actually started of something called as ‘Virtual Bars’. So, night clubs like ‘Zouk, NINETEEN80’ these are some clubs which actually lives stream a bar light environment fives times a week and what they do is they allow viewers to purchase vouchers for the redemption of actual drinks when the club reopens. So, you pay first.

Siva:
That’s interesting.

Yeah. It’s a very interesting concept. Selling alcohol, you pay first and you drink later. So you can just imagine when things open up you know the amount of alcohol that’s there for them to drink.

Siva:
And the amount of debts they will be in.

Dr Sivakumar:
Exactly, exactly.

Joyce:
So the psychology behind it is they want to really find it as a coping mechanism by going to parties, by drinking but because of this COVID-19 pandemic and there is a need for social distancing so they can’t. When they live stream, what exactly are they gonna benefit from it because they are not there physically? Is it the feel of the music that it gives or the alcohol itself or the feel that I can cope with it later? Like how does that reconcile between?

Dr Sivakumar:
Yeah, I think you’re partially correct. It’s not only the alcohol but what actually makes people dependent or addicted to a certain substance is also the effect of the alcohol and sometimes the environment. So, the environment plays a very important part. So you find that especially when you drink, for example, you are drinking in the club/night club with the music and your friends around compared to drinking alone, changes the entire picture so you find that people who are drinking in the company that they enjoy, drink more.

Joyce:
Mm.
Siva: So, in line in what you just said about addiction, there is another term called ‘withdrawal’ -

Dr Sivakumar: Yea.

- and I feel that people who have substance abuse disorder or alcohol dependence, they are actually struggling with work of these all the time between addiction and withdrawal. Is it right for me to say that addiction and withdrawal are actually interrelated and inextricable?

Dr Sivakumar: Well, the term addiction is a widely used word. A more clinical word for that would be ‘dependence’. So you find that not everyone who uses the substances gets ‘dependence’. Now what I mean about ‘dependence’ is the analogy of a car without petrol so a car needs petrol to function or to move. So, that’s how a man or a lady who is addicted to a certain substance needs -

Siva: Right.

- that substance to function every day. Now that's ‘dependence’. So, when you use the term ‘addiction’ it brings about a loss of understanding. One is you have lost control over the use of substances. You’re using too often too much; you are getting withdrawals when you stop. Going to show that your body has built dependence on the substance. You're starting to neglect your day-to-day functioning and worst of all your day-to-day or your important functioning has been grossly or significantly impaired. So that's basically ‘addiction’.

Siva: Hmm, okay. On the other hand, are there specific symptoms of withdrawal?

Dr Sivakumar: Yup! Well it doesn’t work for all drugs, some do and some do not have when you talk about withdrawal in simple words you know, what’s withdrawing it’s a substance that is withdrawing from your body - it’s leaving your body and when it leaves your body, it leaves you uneasy and that’s what we term as ‘withdrawal symptoms’. So, it can be very simply divided into physical symptoms and psychological symptoms. So, physical symptoms like for example when someone stops a certain substance: he may feel pain, he may feel aches, nausea, vomiting, feeling sleepy, feeling groggy - those kinds of things. Where else psychological withdrawal symptoms would mean thinking about the substance, having urges about the substance. So, those are easy addition of physical and psychological withdrawals.

Siva:
Okay, thanks for explaining the distinction between that because some people might not understand that. That was quite clear. So, in terms of addiction - we go back to addiction: if you realise that someone is having dependence (in clinical terms) else you or someone has dependence towards any form of alcohol or substance, I believe that it is time to seek help, right?

Dr Sivakumar:
Yup.

Siva:
So, during this lockdown, if someone is newly addicted or they are having trouble managing their existing addiction, what can they do to help themselves?

Dr Sivakumar:
Yea, that’s a tricky question because you know, many times people who are addicted to a substance don’t know that they are addicted until things start to deteriorate. But, I think what could help them is for them to start listening to the feelings that motivate their substance use or drinking. I give you an example:

Siva:
Mm.

Dr Sivakumar:
If you’re drinking to have a good time, to talk to friends or to cheer yourself up once in a while, well I suppose that’s probably okay. But if you’re drinking to drown feelings of anxiety or depression or just to numb yourself, then I think that it’s going to be a problem because what’s happening is you’re using alcohol as a coping mechanism and this group of people will tend to learn over a period of time that alcohol does help. But what they don’t understand is that it only helps for the short term and once you wake up the next day, you’re still having the same problem. So, it doesn’t solve anything in the long term.

Siva:
Mm.

Dr Sivakumar:
Now, that’s one. So, we keep teaching people who are starting of or people who are newly addicted about looking into choices that they can make. So, if they are using drinking to fix a problem or a moment, then I think that’s wrong. We teach them how to use other activities that can bring about that same coping mechanism. People who feel lonely: these are people who actually turn to drugs, you know. We teach them how to spend their time, how to get them into a social conversation with friends. If they are feeling bored (many a time people get bored here), we teach them how to put in activities, getting creative you know, like whipping up a meal,
learning a new language. Or if you are really feeling down and all those doesn’t work then, of course, it’s time to call a therapist. Nowadays, I think during this lockdown, many therapists have actually gone onto phone or video appointments.

Siva:
Mm. Okay. So, basically what you are saying is that there is a way of identifying whether you have developed dependence at home by actually identifying what is the cause of you drinking alcohol -

Dr Sivakumar:
Yep.

Siva:
Or taking drugs.

Dr Sivakumar:

Siva:
That makes sense.

Joyce:
Yea and recently I actually saw this viral picture of a Chinese man who collapsed at the Indonesian airport after being intoxicated. But, word was that the single incident, it provoked panic in the public because there is a possibility that this man might be infected by COVID-19 so no one actually came forward to help him. But, thankfully the person was attended by the medical staff later on and tested negative for COVID-19. But as we see the public reaction in these kinds of cases, there is actually a possible same public reaction also we might see if it does happen in our community or in our local community today. If this person actually really needs help, have withdrawal symptoms, intoxicated, fell in public - So, how can a first responder or a bystander help this person whilst maintaining social distancing?

Dr Sivakumar:
Well, that’s going to be a bit difficult I think while maintaining social distancing with someone who is unresponsive. Well, I think that’s the biggest risk and that’s the biggest danger that we have especially for the first liners. They’re basically at risk of contracting the disease. A person in intoxication or a person who is abusing drugs and is actually fallen down or collapse, unconscious, basically needs immediate help. So, you need to make sure that your lines are open. You’re going to make sure that breathing is there until you can actually get that person to the hospital to give something or to detox the person. So, that’s going to be kind of difficult doing it with social distancing. But I suppose that the best way is just like most of our front liners do is:
they get close, you have to well, do away with that social distancing to really help the person but making sure that they are wearing the required PPEs that is expected.

Joyce:
Hmm yea. I think that would be the best way as well because it’s pretty tricky as well to go near a person but that person really needs help at that point of time.

Dr Sivakumar:
Yea, that’s true.

Joyce:
So yea, the best way is to call for professional help by the phone as a first responder or bystander.

Dr Sivakumar:
Yep.

Joyce:
Yea.

Siva:
Just an interesting thought, extending from what you just said, would it be a common phenomenon where you know, in malls, they always put up a first aid kit or AED sets everywhere - would there be a time where we would see PPEs everywhere behind the glass?

Dr Sivakumar:
I suppose the world is going to change and I think you got a point there. That’s what people are getting themselves ready. The world is going to change, it’s no longer going to be the same as before. So, as doctors and trainee doctors, we are definitely going to go into the hospital differently compared to now. PPEs are going to be there for some amount of time. The thought is, or the belief around and especially among the medical professionals are: this is not something that is going to be settled within a month or two, it’s going to take years.

Siva:
Mm. Definitely. Okay, so Dr, proceeding: here is a coincidence: we’re actually right in the middle of three consecutive awareness initiatives relevant to addiction: the Alcohol Awareness Month in the US was in April, the World No Tobacco Day is coming up on 31st May -

Dr Sivakumar:
Mmhmm.

Siva:
- and International Day against Drug Abuse is on 26 June.

**Dr Sivakumar:**
Yep.

**Siva:**
We are supposed to be happy about this. But, although these times were intended to celebrate awareness about being abstinent from alcohol and free of substance use, unfortunately, it’s going to be really really hard this year to do that because of the reasons you explained earlier.

**Dr Sivakumar:**
Yep, that's true.

**Siva:**
And just now, you also mentioned that if even if the lockdown is lifted gradually in phases, I believe that the effects of the lockdown on addiction and withdrawal are never going wear off that easily. So, during this lockdown, what are the challenges people in recovery from alcohol and substance abuse disorder might face during this COVID-19 crisis?

**Dr Sivakumar:**
Yea. I think that's kind of tough. Especially people from the States and well, most other places. There are news that in the States, the government is easing on law and restriction on alcohol which is actually not helping much. I think much of those steps are taken because it's very political - bringing in business and other things. Now, you do find a lot of people in recovery and these are the people who are most at risk because they have done a good job, a great job, in fact, keeping clean. And now, in isolation, they are faced with lots of stress. How does it come and what are the challenges? Well, one is coping mechanisms. When we sit with a client and teach them about relapse prevention, especially using something called as ‘Cognitive Behavioral Methods’, you teach them about coping mechanisms that means how to avoid that next step that would end in a drink or him being intoxicated. But lots of that coping mechanisms are now lost because they are in the house and they can't go out. A simple example, a lot of people use sports for coping mechanisms. Whenever they get urges, whenever they feel the need to drink or the desire, they go for a run. Now, you can't do that now.

**Siva:**
Yea, yea correct.

**Dr Sivakumar:**
You know, a lot of people go for a badminton game, now you can’t do that.
Dr Sivakumar:
Yea, number 2 you know, is that everyone is at home and many people have not gone to work and there’s lots of time in hand. So, time is not good for a person in recovery because it opens up thoughts. Just like the saying goes you know, a ‘devil’s workshop’ - you know, when your mind is empty, it becomes a devil’s workshop. So, you find that they start thinking and when you start thinking, urges start coming in and you start thinking about going back to drinks. That also decreases some amount of self-efficacy. You find that you are not going out, you are not doing things, you are sitting at home - that brings about lots of negative thoughts. So, these are some of the challenges that people in recovery have to do because now they have to do recovery by themselves. They don’t have that help from the therapist - as much as they want to, or friends in recovery. Another thing that people in recovery especially alcohol and other narcotics have is group meetings. So, there used to be things like ‘Narcotics Anonymous’ and ‘Alcoholic Anonymous’ but these are all group meetings where you have a whole group of people and now during the Covid-19 isolation period, you can’t do that. And they have lost this huge coping skill or coping mechanism. The groups used to do that for them.

Siva:
Mm, okay. So, would you say that because stigma around people in recovery is always present before the pandemic? Would you say that it has increased during the lockdown right now? For example, stigma on the online platform?

Dr Sivakumar:
Well, stigma is always around to stay. During the lockdown, yea why not? I would agree to say that it has actually gone up because especially online due to stigma, you find that this group of people have a lesser avenue to actually get help online.

Siva:
Mm that’s understandable. So, just now you said that a lot of people don’t have the opportunity to go for group meetings?

Dr Sivakumar:
Yea.

Siva:
What about other alternatives that they could pursue during this lockdown?

Dr Sivakumar:
Well, in case of a problem or a near relapse, I think they’ll have to change strategies. They can’t do things as they would do in a normal ‘day-to-day thing’. So, maybe some of the things that they could actually do is, I think: people in recovery need to reach out. So, they need to reach out to family, to friends and as much as they can, to therapists. As I said earlier on, many of the therapists have actually gone online and you’d be able to get a therapist or at least someone to speak to online. Many times that’s what people in recovery need, they need to talk to people to
show them some evidence against what they planned to do. Number one, this group of people need to put in some structure in their day. What’s happened during this lockdown is that a lot of people have lost structure in life. Your day-to-day structure: getting up in the morning, getting to work, meeting friends, coming back so that’s totally lost and that’s something that not going to help a person in recovery. So, you got to continue structure, you got to continue an organized life and of course like what I said just now, they got to sit down and analyzed their feelings. What’s motivating them to go back to their drinking habits, you know? And if they find that it’s going to be drinking for the need to numb or to overcome or to use it as a coping mechanism, then you need to act appropriately, they need to look into non-drinking activities that can be done in the safety of their homes.

Siva:
Mm.

Joyce:
I think yeah, that’s a few helpful methods as well to consider. I was also just thinking about other types of outreach and care for these kinds of people. Before the MCO started, I’m sure there are addiction centres, carrying out these kinds of care to these kinds of people. But I’m pretty sure there has been some alterations or modifications done to operate due to this new social distancing rules. So, what do you think are the types of care that this addiction centres now are carrying out in regards to this lockdown period?

Dr Sivakumar:
Yeah. I agree with you, I mean addiction centres used to have a lot of face-to-face sessions but well, you can’t do that now and you are not allowed to do that. So, many of the addiction centres have actually gone online and amazingly, I mean you can easily run groups online. We’ve heard of groups meetings which are run on Zoom, we’ve heard of personal one-to-one consultations that are run on Zoom and sometimes you can also do it within a family session where you actually open up a virtual room and counsel someone separately before you bring them back to the main hall. So, online consultation and teleconferencing have actually become so important nowadays and that’s most probably something that’s going to be there for a long time.

Joyce:
Then how about people with opioid dependence obtain methadone or other opioid maintenance therapy medication during this period?

Dr Sivakumar:
Yeah. I mean that’s a good point because opioid maintenance therapy is a must for people who are already stabilized with an opioid dependence problem. Amazingly, hospitals are still open and that’s where the front liners are. So most of the medications that need day to day prescribing what we call as ‘Direct Observe Therapy’ are still open, the clinics are still open. Patients who are stable who can be trusted to bring back supplies of methadone have been
given supplies that can go on. But of course, a lot of change in policy has been put into this methadone clinics and they put in precautions as in hand sanitizing and distancing even if you’re sitting down and waiting is always distancing in terms of appliance sitting and lining up.

Joyce:
Oh. I see.

Siva:
Um Dr, I just like to ask one another question: you say that there were virtual meetings by addiction centres right?

Dr Sivakumar:
Yup.

Siva:
From what I see, doesn’t that mean that if a person has a computer, they can actually go for more virtual meetings then face-to-face meetings? Wouldn’t it be a good thing then?

Dr Sivakumar:
Yeah! I would agree, it would be a good thing but you have to understand that these meetings are very new, it’s only come up because of COVID. So, there are advantages and disadvantages to virtual meetings. Well, the advantage is if you can’t reach the meeting place or if you’re living far now, those are some of the advantages. So, you can still attend a meeting or in circumstances like this you know, where you just can’t run meetings or not allowed to - then, of course, it’s an advantage. But you have to understand that some of the disadvantages - a face to face meeting brings about more, how would I have to say, zest: more feelings, more emotions that sometimes online, as much you try, online conferencing will never bring.

Siva:
Mm. Yes, definitely and also for people who don’t have technology in the house.

Dr Sivakumar:
Obviously, yeah.

Siva:
Yeah. So, now let’s just move on to the group of people who have pre-existing psychiatric illnesses. So as I mentioned earlier, in Episode 1, we spoke about the effects of anxiety and loneliness on the mental health of the general population. So, talking about people who’ve been struggling with mental illnesses before the pandemic, obviously compared to the general populations, these people are the one who are gonna see the impacts first because the pandemic is going to amplify and exacerbate their existing conditions.
Dr Sivakumar:
True.

Siva:
So, what form of support system do these people have right now? And what support did they have before? Like the changes between the support systems?

Dr Sivakumar:
Well, I think let’s start with what they have before and what we are looking at now. You’re 100% correct that the most heap would be people with that existing mental illness and the issue or the problem difference is that in the past before or what we call as the ‘pre-COVID era’, they had the ability to actually go directly to hospitals whenever there was a problem or an issue or maybe early signs of relapse. I’m not saying that they don’t have that now but the thing is many patients that I had spoken to fear getting into a general hospital especially waiting at the A&E with the whole group of other patients - the fear of actually contracting the virus. So, that’s one huge thing and many of them would rather stay at home, rather than go to a hospital. Number two is in the past, you must understand that isolation is actually something that is very strongly linked to depression, anxiety, cognitive decline. Now the reason is that that isolation, like it or not, it reduces the resilience factor - factors like self-worth, factors like sense of purpose and feeling valued. So, many times when you are in isolation, you know, you don’t have that feeling. A lot of them feel less self-worth. They feel that they have no purpose at all. So, isolation is actually a huge thing. Do you actually know that the lack of social connection can actually increase your health risk? As much as smoking 15 cigarettes a day or having an alcohol use disorder, that’s how strong social connection is.

Siva:
No, I did not know that but that’s quite interesting.

Dr Sivakumar:
Yea, you know, loneliness (and this has been published actually), loneliness and social isolation are actually twice as harmful to physical and mental health as obesity.

Siva:
Mm.

Dr Sivakumar:
So, that’s what they don’t have now. They are at home, there is a lot of isolation, there is a lot of social isolation that I would say. So, you know, in that sense, what you find is they have lost resilience, they have lost their options of coping strategies.

Siva:
Mm, okay. So, in this case, when they have lost their resilience and their coping strategies, is there anything that people around them can do for them?
Dr Sivakumar:
Yup, so you are asking about how can people support them. Yea, that’s true. See, what we are looking at now is that we are looking at a whole range of people, we are not only looking at people who have been ill before with a pre-existing mental illness getting into a relapse. We are also seeing new groups of people developing symptoms and there is this third interesting group as we call as the ‘Worried Well’. So, who are the ‘Worried Well’? These are people who are healthy, no problem at all but they are worried about becoming ill and they tend to go take medication or to go see a doctor, they get freaked out when they hear about things. So, I think that there are 3 groups of people. So, how can we help? One is, of course, the support. I think the support is very important in terms of guidance and help in terms of showing them the right way. Now, many times we find that things or structure in life has changed and that maybe one of the reasons why people have actually relapse. So, helping people get back their structure in life, helping people utilise their time would actually be something very good. Lots of people that we see nowadays get into an anxiety attack because of lack of information or getting the wrong information. So, giving this group of people some amount of correct information about their disorder, about the COVID information would actually help a lot. Now, consultations, as I said, have all gone online. A lot of doctors and psychiatrist have gone virtual or telemedicine which is being utilised to its full extent. So, these are some of the things we can actually help people.

Siva:
Mm, okay. So, just now Dr, you spoke about the connection between social isolation and depression and other mental illnesses right?

Dr Sivakumar:
Mmhmm.

Siva:
What about let’s say: someone has always been having suicidal ideation since the beginning -

Dr Sivakumar:
Yup

Siva:
- before the pandemic -

Dr Sivakumar:
Mmhmm.

Siva:
- and then the lockdown is started. What should people around them do to help them prevent this suicidal ideation or suicidal behaviours?
Dr Sivakumar:
Yea, talking about suicide, it’s nothing new. It’s not going to be a new topic to talk about epidemics because we’ve learnt this from the previous SARS epidemic that we had. So, you find that suicide is actually a recognised concern. For example, from the past when you look at the SARS epidemic a couple of years back, Hong Kong was associated with about 30% increase of suicide and especially among the elderly people.

Siva:
Mm.

Dr Sivakumar:
And this was basically due to increases in anxiety, panic. Panic about the illness, panic about contracting the infection and just plain despair, you know? Because they just don’t know what to do and that loss of livelihood. So, what are the reasons? Why do people actually turn to suicide? One is, of course, you know, they have lost that self-resilience, things that they always had. Just quoting some examples that I see in practice: I met this one elderly gentleman who basically came in with lots of anxiety symptoms and suicidal thoughts - thoughts of ending his life. Now, the reason why he actually has this (he never has it before) was because he had a structure in life. He was worried once in a while but what he did was he had good coping mechanisms. He could go for his games so he had his day-to-day structure. He used to get out go to the kopitiam, talk to his friends. In the evenings he will go for a game of badminton and come back and that sort of gave structure and gave him self-resilience that he has.

Siva:
Mm.

Dr Sivakumar:
Now, all that broke down when COVID came in and he just didn’t know what to do. I mean, this is sad that I saw another young mother who presented with symptoms of anxiety - extreme anxiety, plainly because she was a new mother, she didn’t know what to do. Because when COVID came in everything was closed, she was alone at home with the husband and the baby and she actually attempted suicide. And that’s very sad because people get very desperate and they just don’t know what to do. So, what can people do? Identifying those symptoms are very important. So, family members, people who are close to you - don’t be scared. My advice is don’t be scared when you hear your loved ones or your friends talking about life, talking about not worth living - talk to them! See whether suicidal ideations are there. The fallacy of things is that people get scared. People are scared to talk about suicide in the fear that they might plant ideas and that’s not true at all. So, my advice is - do that. Once you do that and once you find that there are ideas, there are thoughts about life not worth living, then I suppose that these people need to talk to someone. They need a proper assessment. Never downplay these kinds of thoughts. So, they need to talk to someone. They don’t need to walk to see a psychiatrist, a counsellor would be good enough, a psychologist would be good enough. They would most probably benefit from some counselling. Many of these people don’t need to be on treatment but
they just need to talk about it, they just need to discuss ways and methods of restructuring their life.

**Siva:**
Mm. So, correct me if I’m wrong, what you have been saying so far is that suicidal ideations are strongly linked to the distortion or destruction of someone’s daily structure.

**Dr Sivakumar:**
Yup. Someone's coping mechanism. You see, every one of us has got coping mechanisms and coping skills.

**Siva:**
Yup.

**Dr Sivakumar:**
And we use different things. Now, if your coping skills are closely connected to social activities and outdoor activities, then you had it. Because you know, with this sudden change, you need to relook at life again and you need to build your coping skills up again in that short period of time. So, that's quite a task.

**Joyce:**
In summary, today, we've had a deeper look at mental health amidst COVID-19 especially on alcohol addiction and substance abuse. We also learned that addiction is when we lose control over the use of substances with developed dependence and functional impairment. These behavioural tendencies are unhelpful, short term coping mechanisms with the consequences of sufferings from withdrawal symptoms. Also, in this isolation period which is strongly linked to depression and anxiety. These matters do reduce resilience factors while losing positive coping strategies like sports or social activities. So, support is important and it is okay to talk about it. This is the end of Part 1 of episode 6. Stay tuned for Part 2, which will be coming out very soon!