

Chronic stress

I am starting to lose count, but I think it has been about 21 months since COVID-19 arrived in Singapore.

Apocalyptic movies often begin with a flashback to how it all started – reports of isolated incidents, conspiracy theories, arrival of the disaster, counting of days since, attempts at hope, trying to find a safe place, etc, before the viewers are launched into the main storyline and follow the main cast through their adventure.

Similarly, I have written about the ebbs and flows of COVID-19 in my columns since May 2020 – my reflections on my personal life, professional developments and some systemic issues. There are days when I feel like we are at war with an invisible enemy, and that perhaps explains why people have such varied reactions to the various initiatives. Having to process and deal with so many uncertainties has dredged up all our anxious traits!¹

We may get our news from different sources – *The Straits Times*, international news media, social media, or even WhatsApp messages. Our social circles influence the way we perceive the same information. Our personal experiences hold the final sway over how we react.

I have a few friends my age who have made the deliberate and conscious decision not to get vaccinated and are otherwise living as normally as possible. I also have a few friends who are vaccinated, but are still living as if we were still in the circuit breaker phase; they have not been out of the house unnecessarily since April 2020. I look back at the divisive opinions regarding mask-wearing, safe-distancing measures, toilet paper... bewildered at the hostility and confrontational arguments.

I believe that many people are stressed and trying to cope in their own ways. Persistent feelings of anxiety, fear, frustration, anger and grief are amplified by social isolation.

Look around you – what are the different ways in which people cope? How many have picked up new hobbies during this period? Baking, cooking, pottery, painting, jelly cake art, calligraphy, new sports, etc. Binge watching Netflix, drinking alcohol and

Recognising and Responding to

"No, I Am
Not Alright"

Text by Dr Tan Yia Swam

online gaming. Some are constructive, some are not! Who has quit a “bad” habit and who has given in to an old habit?

Some people lash out in anger, maybe even with a hint of paranoia. Some post excessively on social media, even deliberately picking fights. Some people turn inward, directing their stress internally and face chronic headaches, pain, insomnia, etc.

Some seem to be coping really well, with prayer, meditation and mindfulness.

“Same, same but different”

While common themes thread through most of our problems, the fact is that we are all different, with different personalities, life experiences, resources, support, and different circumstances.

If you had followed the Tokyo 2020 Olympic Games, you would be aware of the spotlight on mental health brought into prominence by American gymnast Simone Biles. I quote from an article: “her courageous choice, amplified by the global spotlight of the Games, created a rare opportunity for moving the discussion from raising awareness to positive action.”²

While not all of us are as high profile as an Olympian, we may have all experienced similar types of stressors in our own lives. We have to learn to handle stress, identify how much of it is self-imposed or external, and how we can deliberately reduce it.

Closer to home, the tragedy at River Valley High School has brought national attention to mental health. Both young men, their families, schoolmates, teachers and all the parents’ lives are forever changed. We all share in the grief and sorrow,^{3,4} and I saw how social media can be used for good in such situations.⁵

How can we avoid any such future incidents? With better awareness of mental illness, how do we actualise plans for aid?

Putting mental wellness into action

10 September 2021 was World Suicide Prevention Day. There are many groups in Singapore advocating for mental health.^{6,7} Let us all work together to make mental wellness a way of life and

eliminate any shame or stigma tied to mental illnesses.

I broadly summarise the three main strategies:

1. Personal awareness
2. Building up vocabulary
3. Professional help

Personal awareness refers to the insight and understanding of **our own mental health**. As it is, are we in touch with our physical health? Are we in the healthy weight range? Are we eating right, exercising and sleeping enough? How emotionally and mentally resilient are we? Each of us needs to learn to identify our own triggers and know when to seek help.

Next, we need to **develop the vocabulary to talk** about it,⁸ we need to remove the stigma around mental illness and suicide.

It is hard, really hard.

I know of friends who have lost loved ones to suicide, but will not openly say so. Instead the public message is “an accident” or “a heart attack”. Yes, I respect that it is their privacy, but how much of it is because we as a society still find it hard to accept mental illness as a medical condition?

Being empowered with the correct words may help to normalise it. If I had chest pains, people show concern and will know to ask if it might be a heart or lung problem. Most will know enough to ask about other symptoms: “Are you feeling breathless? Giddy? Better go see a doctor.”

How about a mental condition? “I’m feeling off.” Do we know what to say next? Do our friends know what to ask? Or do they try to cheer you up by simply saying “go have a drink and sleep *lah*, tomorrow will be better!”

Let’s start with knowing more words to better describe our feelings.

“I feel sad/happy/angry. I feel hopeless. I feel like there is no point carrying on. I feel like it’s never enough, no matter what I do. I feel like there is no end in sight. I think I am better off dead.”

Then, what does the “**first responder**” do?^{9,10} Will the first

responder be able to administer basic “first aid” – mental or emotional intervention – and then get the sick person in touch with **professional help**? There are structures in place; the challenge is right-siting and getting the right kind of help to those in need.

Finally, I leave you with these thoughts:

Hello, hello, are you okay? How are you feeling? How have your relationships been? How are you living? Are you alright?

... And it’s okay, to NOT be okay. ♦

References

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