



RACING TO CREATE AWARENESS

250 km for Mental Health

We are Team Mental Muscle, consisting of four final year medical students – Nicholas Eu, Jonathan See, Jon Tan and me – from the NUS Yong Loo Lin School of Medicine. Over the period from 1 to 7 May 2016, we completed a self-supported 250-km Sahara Race in the Namibia Desert. We hope that through this article you will see why we did the race and help spread our message to your family and friends.

In August last year, Nicholas found out about the Sahara Race and gathered the four of us. We have all been into adventure racing since our secondary school days in Raffles Institution and have maintained our fitness level throughout the years. However, a 250-km race in the desert with a ten-kg backpack each was definitely something new. Some of our friends wondered what we were thinking and some of our parents thought we were joking, but we saw it as a challenge – a challenge to prove that we are still young, a challenge to break the usual medical student's routines and a challenge to bring across an important message.

OUR MOTIVATION

At that point in time, we had just completed our psychiatric posting and what we saw in the hospitals really inspired us to embark on this journey. We witnessed first-hand how the stigma surrounding mental illnesses impacted the lives of those with mental illnesses. Patients and their loved ones would deny that they have a mental illness, often only seeking treatment after prolonged

periods of time. Family and friends would estrange themselves, taking with them the support that these patients so desperately need. Employers would reject their job applications or fire them once they find out about their mental illness. Late diagnosis, poor social support and an inability to reintegrate into society – these factors cumulate to result in a vicious cycle which few manage to escape from. More embarrassing is the fact that we too had these misconceptions regarding mental illnesses before the posting; and if we, as future healthcare professionals, had this same prejudice, how then can we expect the public to think otherwise?

It is interesting that even though mental illnesses are taught like any other medical condition, they are treated very differently. There are common presenting complaints we learn about, differentials which we formulate, appropriate investigation which we order and correct treatment to implement just like any other medical disease. However, we often place way more emphasis on other diseases. This is evident in the wards when doctors exclaim phrases like "organic or not", in the differences of research funding and in the public's prejudiced mindsets. More often than not, when someone in the family gets a heart disease or stroke, the family comes together to support the patient. Whereas when someone is diagnosed with a mental illness, they tend to be shunned. The heartbreaking personal anecdotes from patients who were left behind by their family fuelled us in our cause.

OUR JOURNEY

Training was tough. We had to train for specific conditions: the distance, the ability to run for consecutive days, the fluctuating cold and heat, the elevation and the sand. Each time we tried to conquer something new, it formed a painful memory. The first time we ran up Pinnacle@Duxton to train for elevation, our lungs felt as though they were burning. The first time we wore thermal wear and trained under the afternoon sun, it felt worse than running in a sauna. And the first time we ran on the soft sands of East Coast Park, our speed was so excruciatingly slow that it felt like we would take forever. Moreover, as medical students, we also had to juggle training time with our studies and many other commitments, and that posed another challenge for us. Nevertheless, whenever we felt too tired or lazy to train, we would think about our cause and somehow find the strength to press on.

Our journey was not without setbacks. When we first started posting facts and information regarding mental illnesses online, the response was poor. This was mainly because our audience were people inside the medical circle who already knew about mental illnesses. We then launched an awareness campaign where we collaborated with sponsors to give away prizes and the online content was changed to something the public could relate to more (eg, the missed opportunities patients with mental illnesses face and caregiver stress). The success of our campaign really boosted our



confidence and gave us the strength we needed for the race.

However, the race itself was a totally different adventure. Although we had tried our best to simulate the conditions in the desert, it was simply not enough to prepare us for nature's wrath. The early morning temperatures could go as low as sub-zero, yet shoot up to 44 degrees Celsius within moments. Sometimes a cold sea breeze would freeze our chests, while our backs were seared by the scorching sun at the same time. The sand beside the sea was incredibly soft with rocks scattered between, causing us to sustain ligamentous injuries as we ran forward unsuspectingly. We all had different breaking points but at one particular point, the mist coming in from the sea blurred our vision and we couldn't see the racers in front of or behind us. It was truly a desolate scene and we thought we had lost our way. Surprisingly, the long march where we had to cover 77 km over two days was much more bearable than expected. Even though electric shocks were felt shooting up our ankles, the songs we sang and the jokes we made during the cold night made things much better.

In an article recently published in the *Straits Times*, nine in ten Singaporeans believe that mental illnesses are "all in the patient's head"

and more than half believe that these patients can get better if they wanted to. These alarming statistics show that more has to be done to raise awareness of mental health. A country's healthcare system reflects the society's progress. With the initial industrialisation, we attended to more trauma patients and patients suffering from infections due to poor living conditions. Following which, with great affluence came our current three favourite buddies – diabetes, hypertension and hyperlipidemia. In the future, as we continue to become more progressive and hopefully less materialistic, perhaps as a community of providers we will stop neglecting health issues that are less "material" or less tangible, and eventually manage mental illnesses to the extent that we do any other physical illnesses – picking up the signs early, instilling evidence-based treatment and returning those afflicted back to functional status. This is what we believe to be the epitome of a progressive and developed healthcare system; Singapore is getting there.

We'll end off with our favourite quote: "Doctors can treat the illness, but only society can eliminate the stigma." Let's change the way we view mental illnesses today. ◆

Read more about us at <http://www.mentalmuscle.org>.

PROFILE



TEXT BY

STEPHEN HWANG

Stephen is a NUS Yong Loo Lin School of Medicine final year medical student. He is a sports enthusiast and is currently the captain of the NUS Tennis team. He also has a passion for giving back to society, which brings him to various places such as rural India to help the needy there. He never stops trying to help those who are sidelined and believes that everybody deserves to be loved.

Legend

1. Mental Muscle at the finish line after completing 250 km together
2. The vastness of the Namibia Desert. Stephen is the small figure in the middle.

Photos by Mental Muscle

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