

By Dr Tan Wu Meng, Editorial Board Member

Healing Troubled Minds

*Senior Consultant Psychiatrist **PROF CHONG SIOW ANN**, who was recently awarded the Clinician Scientist Investigator Award (Category A) tells the SMA News what it takes to go into research and why finding a good mentor is important.*



Prof Chong Siow Ann is a Clinical Associate Professor and a Senior Consultant Psychiatrist. He is the Vice Chairman of Medical Board (Research) and Chairman of the Clinical Research

Committee at the Institute of Mental Health, as well as a member of the National Medical Research Council. He is a Senior Consultant to the Health Service Research and Evaluation Division of the Ministry of Health of Singapore. He has also directed the Early Psychosis Intervention Programme.

Prof Chong oversees all the research activities in the Institute of Mental Health. His research interests are psychosis, psychiatric genetics, epidemiology, and health service research. He has won several research awards – including the 2006 World Health Organisation and State of Kuwait Prize for Research in Mental Health Promotion, and more recently the Clinician Scientist Investigator Award (Category A) from the Biomedical Research Council and National Research Council of Singapore.

He has more than a hundred publications in peer review journals as well as book chapters. He is an Ad Hoc reviewer for numerous journals including *American Journal of Medical Genetics*, *Biological Psychiatry*, *Archives of General Psychiatry*, *Journal of Clinical Psychopharmacology*, and *the Lancet*. He also sits in the Editorial Board of several journals.

TWM: You were recently awarded the prestigious Clinician Scientist Investigator Award. How did you get involved in research?

Prof Chong: I actually started out wanting to be just a clinician. I think that is how our training has been structured. When I was training in psychiatry as a medical officer (MO), I did a piece of research on my own but that did not come to anything. I think that was an object lesson in itself with regards to how research should not be done, and how young people – or people who are just starting out to do research – should actually go about doing it.

Being the only state mental institution, the Institute of Mental Health (IMH) is also the largest provider of mental healthcare to Singaporeans. We have a total bed capacity of more than 2,000 and outpatients number about more than 30,000. We have a large pool of patients and everyday, our clinics are packed. We have this clinic which we call the “common-pool” which caters for patients who are supposed to be stable and they can be attended to an MO or registrar. Sometimes, you may see up to 30 to 40 patients in one afternoon. Of course this is brain-numbing and “conveyor belt” kind of work. Everything was reduced to the same level of significance or insignificance, and I began to question the value of what I was doing and whether I was even doing the right thing.

I suppose I was looking for some answers and reassurances, and something different to give meaning to what I was doing. I felt research would provide me with some answers and so I started doing research again, but in a more focused way and making sure that I had the right mentors as well.

TWM: Did you find it very challenging entering into research when you started out as a medical officer and as a registrar?

Prof Chong: The points I always make to young doctors who are starting out in research are: you must have a good question and you must find a good mentor who will be able to take you right through from the beginning until the end when you publish your paper. And if you get the right mentor, he or she would continue to help develop your research capacity and ability.

Certainly there would be challenges or obstacles. Some of these may be more like cognitive hurdles, you know, the sort of obstacles that are in our heads and in other people's heads – that something is too difficult to do. Some of these difficulties may also be structural. We did not have any protected or funded research time until recently. So you had to steal some time after office hours, during weekends, or when you were on call – that was how I had done my research in the beginning. With greater emphasis and recognition given to research now, things are perhaps slightly better but not very significantly so at this present moment, I must say.

TWM: You talked about your mentors. Would you like to tell us about some of your mentors and role models in research or in psychiatry in general?

Prof Chong: There were a number of people who were willing and generous enough to give time to take me through some of my projects. I cannot say I have any specific role model. Certainly there are a number of people I respect and admire – each has his or her own particular strengths and styles and personalities – but they share one common thing – a passion for research.

TWM: You mentioned the protected time for research. In your view, what other infrastructure or administrative improvements would make it easier for clinicians to do research, apart from protected time?

Prof Chong: Well, the institute or organisation must really believe in the value of research. It must go beyond mouthing “This is what we believe in. This is going to be our mission statement.” They have to make it manifestly clear and in a very concrete way. It would mean a commitment in securing the required resources, and it has to be demonstrated that the institute or organisation will value, and give due recognition to those people who do research.

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Of course right now, there are a great deal more funds available for research. But if you talk to clinicians who want to do research, there is always the same complaint that you hear over and over again: that they cannot get the “warm bodies” to cover their clinical work. I believe that the Ministry is looking at this right now. Certainly I think Singapore has been pretty good at getting foreign researchers in but I think they should get foreign clinicians in too so that the local clinicians can do research – we must think of our own people as well.

TWM: Do you think the current system of specialty training is conducive to cultivating homegrown researchers?

Prof Chong: No, not at all. *[Laughs]* Not at the present way they are training. Do we have any component for research? It is all very clinically inclined. I certainly do not think that there is enough emphasis given to research in our training – both at the undergraduate and postgraduate levels. Although for some specialties, as far as AST is concerned, everyone needs to do a thesis, but until then, they had no training in research and suddenly they are expected to do a thesis so that they can qualify. So where do they get the research training from, where do they start? That is not currently being factored in but from what I gathered, that is going to be looked into. There is some suggestion that maybe six months or a year of AST could be actually spent doing research for which it could be recognised as eligible AST training. I think that is a start. Beyond that, somehow we must be able to work out and articulate a career path for people who want to do research.

TWM: You mentioned that at the AST level, there is now emphasis on research, more research opportunities. Do you think there is a benefit in getting more MOs to do research as well?

Prof Chong: I think if one wants to do research, one should try to start as early as possible. There is a long maturation period. You need time to find your niche area and build up your body of work.

◀ Page 18 – Healing Troubled Minds

TWM: So while on this topic, given the benefit of hindsight and your experience, what advice would you give junior doctors hoping to become clinician investigators?

Prof Chong: First of all, they must be certain they want to do research, which is why I see the value of giving the junior doctors some experience in research. It is just like deciding what medical specialty you want to be in. You must have exposure to that medical discipline which will help you make the right choice.

What is also important is that we have to make sure that these neophyte researchers get the right kind of first experience. You cannot just tell them “You have got to do research. I do not care what you do – just do it” without giving them any help, support, supervision and mentoring. Nothing succeeds like success, so if their first experience is good, they would want to continue doing research.

I do not believe everyone is cut out to do research – not to romanticise research or that it is elitist; it just takes a certain type of people to want to do research on a sustained basis. They must realise that research is tough and it is going to be risky, perhaps more so as a career than being a clinician. At times, it is 90% anxiety and 10% terror.

If this is indeed what they want then the next thing is that they must actively look for mentors. Finding the right mentors is crucial: the good mentors will help manage their protégés’ strengths and weakness, open doors for them, and give that ‘behind the scene’ advice on the intricacies of research including the politics that sometimes come with it. Mentors can make a significant impact on their protégés’ careers.

But I think sometimes it can be tough for young people to do all that on their own. So if you really say that research is important then we must look into creating these opportunities for all the younger doctors as well. At the end of the day, it is also whether they have the passion to do research and this is what I think only they themselves have the answer to.

TWM: What would you see as the big research topics in mental health over the next 10 to 20 years?

Prof Chong: The brain is one of the last frontiers in science. There is so much we do not know – we do not even understand what underlies some of the most basic cognition and emotion.

The underpinning philosophy which I have articulated for IMH is that the research we do must be either scientifically or clinically relevant, that is they should change the way we think about a disorder or change the way we treat our patients, or give us some seminal insights which pave the way for more research. So I think it is important to engage in research at the basic level as well as research at the service level, be it therapeutic trials, or health service research.

But we must choose our research questions with great care. Resources are always scarce, and we must also engage the various major stakeholders in research. Then the research that we do can be meaningful and impactful.

TWM: So it is about engaging Ministries and agencies.

Prof Chong: Yes. The other area of research which needs to be stressed is that we should try to do more translational research. And I think we certainly have the capacity to do so. We have not yet seen that level of translation because certain things are missing in the whole process – one is the real bridge between the basic scientist and the clinician. Some of the insights that we have from basic science research are at the cusp of being translated so we need to push hard along that path.

TWM: Do you think there is enough interaction and collaboration between basic science and clinical researchers at the moment?

Prof Chong: At the moment, I think not. That is why there is now this big effort that is part of the biomedical research initiatives. I am optimistic that we are getting there. The knowledge that we are not there yet has hopefully created a sense of urgency. We also have policy-makers who are committed to making this change. One initiative that has been put in place is the TCR (Translational and Clinical Research) grant exercise.

TWM: Do you feel that the demonstration of organic causes of mental illness has changed the public perception of psychiatric disease?

Prof Chong: We did a study which is going to be published soon, in which we assessed the general public’s perception towards people with mental illness. Although the study was not done in a way that we could track the changes in trends, there seems to be quite a significant portion of people who do view mental illness as an organic illness which can be treated. But at the same time, there

are also certain misconceptions or myths that are still held by people. One of this, and it came up very consistently, is the mentally ill are dangerous.

What I think is required, which is tough getting through to the general public, is to provide accurate information. Firstly, not all people with mental illnesses are dangerous. Only a very small proportion with certain kinds of symptoms may be more dangerous than other people. The media also plays a large part in this misconception. For example, it seems to be particularly newsworthy to mention that the reported offence was committed by someone with a known mental illness which might not have anything to do with the offence. We do not see any mention of a crime who is also a hypertensive or diabetic.

TWM: Do you feel that the public perception and stigma about mental illness makes it more difficult for people to seek treatment earlier?

Prof Chong: Yes. Stigmatisation is a very real problem. People will think twice about seeing a psychiatrist. And what I gather from conversations with some GPs, some do find it difficult to broach the subject with their patients as they feel that the latter may get upset to be advised that they need to see a psychiatrist. Of course, IMH has tried very hard to change its image, which is a good thing. But there would be still this residual stigma. We have tried to decentralise our services by providing them outside of the institute, in the community. That would encourage people to come forward to seek help.

The other barrier to appropriate care is the misattribution of the psychiatric symptoms. It is very common in the Asian societies – Singapore included – to have patients and /or their families attributing some psychiatric symptoms to supernatural causes. In these instances, patients will not go to psychiatrists, and are instead brought to see spiritual healers, *bomohs* or temple mediums. This is also what we have found from one of our studies – that a significant proportion of the mentally ill actually go to see these people.

TWM: So people would not have problems saying “I am seeing an endocrinologist because of hormonal imbalance” but the moment there is chemical imbalance in the brain and someone goes to see a psychiatrist, people are less willing to talk about it.

Prof Chong: Yes. We used to joke among ourselves

that the two medical disciplines where patients would not want to acknowledge their doctors are psychiatry and cosmetic surgery. *[Laughs]*

TWM: Some may include the pathologist. *[Laughs]*.

I think you alluded to this when you spoke about people going to see spiritual healers when they have psychosis. What other challenges do you see in practising psychiatry in the Asian context? My impression is that diagnostic criteria like DSM (Diagnostic and Statistical Manual of Mental Disorders) were developed in the West and that there may be very culture-specific attributes to Western diagnostic criteria.

Prof Chong: A delusion is a delusion and a hallucination is a hallucination. Certainly, culture can colour the content of these disturbed experiences. It has also been said that with regards to depression, Asians tend to complain more of somatic or physical symptoms rather than psychic symptoms like feeling very pessimistic about life.

There are also certain psychological disturbances that are unique to some cultures – called the culturally bound syndromes. Koro is one such example, and in this condition, a man would think that his penis is retracting and that if it goes into his body, he would die. In the past, we used to have epidemics of this in Singapore.

In the practice of psychiatry, we must be cognizant of and sensitive to the cultural, spiritual and religious beliefs of our patient.

TWM: Maybe just one last question. What do you do when you are not seeing patients and doing research?

Prof Chong: *[Laughs]* That is a tough question. I do not have much time actually and whatever vices one has, one should keep to oneself.

Certainly as far as my work is concerned, it takes up a lot of my time. I think if you truly have a passion to do research, it is something that you would think about a lot to the point of obsessing about it. And at times, these occur at a subconscious level. You would be thinking of what the data means and whether there is something that you are not seeing, and you will be thinking of what else needs to be done, and what else can be done.

TWM: Thank you very much for your time. ■