

A portrait of Dr. Alvin Liew, a man with glasses, wearing a dark suit, white shirt, and a red striped tie. He is smiling and sitting at a desk. The background is a plain, light-colored wall.

While human beings have been practising the art and science of medicine for eons, the term 'psychiatry' was only coined in the early 19th century. Despite that, the field of psychiatry is still as rife with misconceptions today as it was centuries ago. Dr Alvin Liew, a psychiatrist at Adult & Child Psychological Wellness Clinic at Scotts Medical Center is trained to deal with mental health issues in children, adolescents and adults. Dr Liew completed his psychiatry specialist training in Singapore and embarked on the Ministry of Health's Psychiatry Fellowship at Yale University and The University of Vermont, USA. He attempts to debunk the myths about his field of work as well as illustrate the rewards and challenges his work brings.

Overcoming the Stigma of Mental Illness

by Roshini Anthony and Melanie Sim
Photos by Elmer Gono

Dr Alvin Liew breaks down the myths and misconceptions about the field of psychiatry

How did you come to pursue a career in psychiatry?

Dr Liew: I was already interested in psychiatry during my undergraduate years. I could not stop being fascinated about “the mind” as a powerful entity which arguably resides in one of the least understood organs of the body – the brain.

What does your work involve? Please describe a typical day at work.

Dr Liew: I spend a considerable amount of time listening to my patients, which then allows me to assess and understand their concerns, symptoms and beliefs. Often, inputs from my patients’ relatives or caregivers are valuable in helping me better understand my patients’ conditions. If my patient is a school going child or adolescent, having information from the school can be useful too. All this information is acquired with the patient’s consent.

I also work closely with other healthcare colleagues as my patients can have other co-existing medical conditions. Physical examinations, blood tests, brain scans and other investigations may be needed for my patients. Once diagnosed, I can recommend appropriate pharmacological and non-pharmacological treatments to my patients.

A typical day begins at around 7.15am. If there are patients in the ward, I will review them before going to my clinic, which starts at 8.30am and goes on to about 6pm. During this time, I attend to my patients, talk to relevant family members or caregivers and discuss co-management plans with my healthcare colleagues (e.g. doctors, psychologists, speech-language therapists, etc.) who are part of the multidisciplinary team caring for my patients.

What are the issues you see most often in patients? Are there certain groups of people who are at higher risk of psychiatric issues?

Dr Liew: As I am trained in both adult as well as paediatric (children/adolescent) psychiatry, I see a wide range of patients, ranging from children to adults, and thus, a variety of conditions. Most of my patients seek help for anxiety conditions, mood disorders (depression/bipolar disorder), attention deficit hyperactivity disorder (ADHD), autism and psychosis. Due to their conditions, they have difficulties coping with their job requirements, schoolwork and/or personal relationships, which have resulted in them not living their lives to the best of their abilities.

Factors which put one at a higher risk of psychiatric conditions are chronic stressors, genetic vulnerabilities, lack of supportive relationships, certain personality traits and concurrent chronic medical conditions.

How are psychiatric conditions usually treated?

Dr Liew: Though the mind remains a keeper of secrets, with the ongoing advancement of sciences, there is a wide range of evidence-based medications which can be effective in treating various psychiatric conditions. Furthermore, non-pharmacological therapies such as cognitive behavioural therapy, psychodynamic psychotherapy, mindfulness therapy, hypnosis and Eye Movement Desensitisation and Reprocessing (EMDR) further contribute to the various treatment modalities for psychiatric conditions.

What are the common misconceptions people seem to have about your field?

Dr Liew: First and foremost, some still wrongly believe that psychiatric conditions do not have any biological basis behind them and that these conditions would fully resolve if the person affected has a strong enough will or character.

Due to these misconceptions, some individuals may avoid seeing psychiatrists or having seen one, remain unconvinced that their conditions can be treated with medications or other treatment modalities.

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What are the challenges you would say you face in helping psychiatric patients?

Dr Liew: Allow me to explain by referring to the phrase “Cogito, ergo sum” (arguably translated to “I think, therefore I am”), famously made by the philosopher Rene Descartes. One way of understanding this phrase is that the mind (or brain in the organic term), with its core thinking function, is so powerful that there is no way one can ever doubt, by thinking of one’s very own existence. Extrapolating from it, when one’s ever so powerful mind is ill to a severe degree, that person, though remaining conscious, can be completely unaware that he/she is unwell. This poses a significant challenge for that person to accept and receive the recommended treatment. This may be viewed in stark contrast to other medical conditions. For example, if one experiences discomfort due to a severe stomach condition, that person (presumably having a healthy mind) will likely feel it, believe that something may not be right and seek help.

Secondly, the diagnosis of a psychiatric condition still carries a stigma. Unfortunately, this has prevented some patients from seeking help in a timely and appropriate manner.

How do you wish to see the study of psychiatry grow over the next few years?

Dr Liew: I would like to see specific biomarkers (e.g. specific blood tests or scans) which will be readily available to accurately identify psychiatric conditions in their earliest stages, thus improving the precision of drug treatment and enabling prognostication of the condition’s trajectory. All these will likely help to further demystify the views on psychiatric conditions and their associated stigma.

How do you encourage patients and their families to be actively involved in their treatment and recovery?

Dr Liew: I usually share with patients and their families that, like most medical conditions, early and appropriate treatment is highly recommended. Next, there are various effective medications and treatment modalities available to help them

manage and cope with their conditions, even if a fully curative outcome may not be possible in some conditions.

Having a family and friends who can understand the patient’s condition and provide emotional support by walking along with the patient on the path of recovery is beneficial. Furthermore, I highly believe in spending the time to address my patients’ concerns about any stigma and misconceptions. This will encourage their active participation and compliance to a mutually agreed management plan.

Also, it is essential that patients and their support network understand that a combination of biological treatment measures (i.e. medication), psychological therapy and adequate social support from family and friends remains the gold standard in psychiatric care.

What do you find most rewarding about your work?

Dr Liew: To be in a position to help my patients manage their psychiatric conditions, the related symptoms and their associated social and family problems, all of which seem totally unsurmountable initially, is most rewarding.

What has been the highlight of your career so far?

Dr Liew: Despite having received recognition, awards and many thankful smiles which I appreciate, I feel blessed to be in a unique position to extend assistance to those who require help.

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This is the highlight instead of any particular events.

What career and life goals do you hope to achieve?

Dr Liew: As cliché as it sounds, I hope that my patients do get well, that I continue to have a great family and friends and that I get to enjoy whatever time I have in this world.

Please name a person whom you are most inspired by.

Dr Liew: Our late Mr Lee Kuan Yew deeply inspired and will continue to inspire me. Amongst his many other qualities, his persistence in striving for

excellence in what he believed in or worked on, in finding light even in the darkest hours, and in being ahead of the curve in many areas has left an indelible mark on my life.

How do you balance your work and personal life?

Dr Liew: Being a psychiatrist, I cannot overemphasise the importance of trying to have a work-life balance. In this fast-paced world, it is difficult indeed but one should still try. I endeavour to practise what I preach. Dealing with my work (at least most of it) within the available working hours, I try to avoid bringing work home. I strive to reserve my non-working hours for my wife and family, meeting up with a group of great friends, and dabbling in my hobbies.

Do you have any advice for individuals who aspire to be psychiatrists?

Dr Liew: Individuals who aspire to be a psychiatrists should be genuinely interested in people, be able to appreciate the vast variety of problems in society, and be non-judgemental with regards to the differing views of individuals within the broad definition of normality. **MG**