

Psychologist Adrian Toh shares his quiet moments of truth

TRANSCRIPT

Adrian Toh, President, Singapore Psychological Society

Adrian Toh 00:06

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Andy McLean 00:52

Hello and welcome to Moments In Mind, a podcast from Pearson Clinical Assessment.

My name is Andy McLean; I'm a podcast producer based in Australia.

In this series, we share extraordinary stories of professionals who make a difference in people's mental wellbeing every single day. In each episode, a special guest reveals moments that have changed their life and changed the lives of the people who they support.

In today's episode, you'll hear my conversation with Adrian Toh, a man I describe as quietly heroic—and certainly a man of many talents. Adrian is a clinical psychologist at The Other Clinic in Singapore. He's also an Adjunct Senior Lecturer at the National University of Singapore, and he's the President of the Singapore Psychological Society.

So he's got a lot of fingers in a lot of pies and, with a CV like that, you probably already guessed that this is a very wide ranging conversation. Since 2008, Adrian has worked in a variety of settings—from hospital to prison to education to the Institute of Mental Health, you name it, he's probably worked there at some point—so in our discussion, he shares some of the highs and lows of his work with clients. And he also reflects on changing cultural attitudes towards mental health in Singapore.

So without further ado, let's jump in and hear the conversation...

Andy McLean 02:23

Hello Adrian. Welcome to Moments In Mind!

Adrian Toh 02:26

Hi Andy, thanks for having me here today.

Andy McLean 02:29

I'm thrilled to have you on the show, Adrian. Before we delve into your career highlights, I'd like to start by going back to your childhood. Can you tell me what your earliest memory is?

Adrian Toh 02:41

My earliest memory of childhood is buying my first goldfish from the market with my aunt. I was probably about four or five years old then. And I can remember that I was standing in front of the plastic bags, mesmerised by the orange fish. And at that moment, I remember I had to choose one that felt special. [It] felt like I had to choose a friend, to pick a friend.

And, you know, as a psychologist, I can see why this memory stuck so clearly. This memory is so tied to “agency”. Where I had to make a choice about which fish I want. And “attachment” to the fish as well, as the responsibility that's attached to that as well at such young age—to change the water, to feed it regularly.

I felt the joy and excitement and caring for this fish. And of course, with that, came the sadness when when the fish died a few days after

Andy McLean

Oh, gosh, as a small child, you would have had so many experiences packed into a really short space of time there, wouldn't you? You'd have been experiencing responsibility, joy, ownership.

Adrian Toh

Yeah, and that was probably my first experience of loss as well. Yeah, the goldfish didn't leave long but you know that memory stayed with me for a long time.

Andy McLean

Yeah, well, no wonder it left a lasting impression on you. Let's move along “the Adrian Toh timeline” and talk about what led you to psychology. As a young man, I believe you were tempted to follow many of your friends into a career in business or accountancy. So what tipped the scales in favor of psychology?

Adrian Toh

I personally did not know anyone studying psychology, let alone knowing a psychologist. So it was very unfamiliar territory. So I actually had to pause and reflect not just about what I could do, but also about who I wanted to serve, what kind of impact or hope to make, as well as what brought me joy. And I thought back about my times in school, especially when I was in leadership roles, in uniform groups, as well as, you know, my time volunteering in the local hospice. There I found deep fulfillment in looking after others, advocating for their welfare, and supporting peers through challenging times.

And those moments made me smile, and I realised that, you know, working with people, listening to their concerns, helping them to grow, were things that gave me purpose. It wasn't a grand epiphany, but you know, it was a quiet, honest moment of clarity with what mattered to me.

Andy McLean 05:29

Oh, that's lovely. “A quiet, honest moment of clarity.” I love that description. Let's move along the timeline again. You've been working in psychology since 2008 in a really wide range of settings. I'm fascinated by this: You've worked with patients at Tan Tock Seng Hospital and children with special needs. You've interned at the Institute of Mental Health. You've been involved with the Singapore Prison Service. This is to name just a few of the earlier parts of your career, and we'll get to some of the

later ones in a moment. But before we do, I just wondered if you could reflect: over the past couple of decades, what changes have you witnessed in social attitudes towards mental health in Singapore?

Adrian Toh 06:09

Certainly, for sure, there has been significant shift in cultural attitudes towards mental health in Singapore over the past two decades. And as I mentioned earlier, when I first started out, psychology wasn't a common field of study, so no one I knew was pursuing it, and the public had little understanding of what psychologists actually did. And back then, you know, if someone said that they were seeing a psychologist, it was often assumed that, you know, something was seriously wrong. And even in the early 2010s I remembered receiving referrals from doctors for issues such as chronic pain or weight management, and patients, as well as their families, would sometimes respond with confusion. They would ask questions, like, "Does this doctor think that I have a mental illness or something?" And some wouldn't even turn up for the appointment because they didn't see the relevance.

And fast forward to today, and much has changed. COVID-19 actually played a major role in raising awareness of mental health and mental wellbeing. More people now understand that mental health is not just about disorders. It's about stress. It's about relationships. It's about resilience and the daily functioning. There's a growing openness to caring for mental wellbeing and seeking health is no longer seen as a weakness. Rather, it's increasingly recognised as a strength.

And since 2020, this "COVID season", you know, we have seen an increase in demand for psychological services in Singapore, where people are more willing to seek support. And they are doing so earlier, which is a very encouraging sign of progress.

Andy McLean 07:56

Thinking back to the early part of your career, could you tell me about a breakthrough moment that you experienced with a client, and perhaps something that you learned from them?

Adrian Toh 08:06

Well, one client who stayed in my memory over the years was a woman in her late 30s. She was referred for chronic pain, fibromyalgia, and she had been living with this widespread pain for years. And by the time we met, she was really exhausted, not just physically, but emotionally. She had seen so many specialists, tried different kinds of medication, but nothing seemed to work for her.

And when she was referred to psychology, she told me in the first session, "I don't see how talking is going to help me with my pain". And of course, I can see why she's skeptical and even a little offended as well.

But as we began working together, we started shifting the focus from getting rid of the pain to living with it differently. And so we were going to explore the stress cycle—being "catastrophizing", the way childhood experience of being unheard for her may have actually shaped her pain narrative, and how the isolation was actually amplifying her suffering.

Now, one of the breakthrough moments came not in a dramatic session, but actually quite quietly, when she shared that, you know, she had started walking to a nearby park each morning for just 10 minutes. And she said, the pain is still there, but for those 10 minutes, I feel like I'm not "just my pain". And that small shift from identifying with the pain to reclaiming the agency, it was powerful. She began reconnecting with friends. She started using mindfulness to respond rather than to react to the pain

flares, and eventually she returned to part-time work. So what made it a memorable moment for me wasn't just her progress, but how it reshaped my own understanding of healing. That it's not always about cure, but restoring dignity and choices as well as meaning.

So I still think of her when I work with clients who feel stuck in cycles of suffering. Because sometimes the most powerful therapeutic work lies in helping someone see that even in pain, even in struggles, even in suffering, they can still move forward.

Andy McLean 10:36

Yes, I've experienced chronic pain for 20 years actually, and I've heard it described a bit like this, "pain is an inevitable part of being human. There's only so much we can do to alleviate the physical pain. But we can choose *our response* to the pain".

Adrian Toh

That's right.

Andy McLean

Okay. Adrian, well, let's take a short break now. In the second half of the podcast, I'm keen to talk about your work in education and maintaining high standards in psychology in Singapore. I'd also like to talk about empathy and compassion, and we'll discuss one of the hardest moments in your career so far as well. We'll be back just in a moment...

Promotional Message 11:22

For more than 100 years, Pearson Clinical Assessment has tested and refined products and services that give educators and clinicians trusted tools to make a profound difference in the lives of adults and children. To find out more about the tools that Adrian and his colleagues use at The Other Clinic, such as the Wechsler Memory Scale and the Beck Depression Inventory, just google "Pearson Clinical Assessment" and check out the Pearson website.

Andy McLean 12:03

Welcome back to the podcast.

So Adrian, let's talk about another moment in your career. You've worked with people during some of the most challenging times of their lives, when they've been feeling really vulnerable and having some very difficult experiences. I'm interested in what some of the toughest moments have been *for you* professionally?

Adrian Toh 12:23

Early on, when I was working in a hospital setting, supporting patients with life limiting illness, there were days when the emotional weight was so heavy that I questioned if I had the capacity to keep doing this work. But it was through supervision sessions that I learned that, you know, showing up consistently, even when you don't have all the answers, can be the most powerful form of presence. I realised that it's not about fixing everything. We're not superheroes. But it's about being a steady hand when someone's world feels like it's falling apart. And that shifted something in me, and I carry that lesson with me every day.

Andy McLean 13:09

Yeah, it's amazing, isn't it, how during the hardest moments of our lives we actually learn a great deal. You obviously now work with a lot of younger psychologists, and they will have their own struggles, of course. What advice do you have for them?

Adrian Toh 13:24

I like to highlight that you know "You are not alone. You have a supervisor, you have a team." And we can always turn to them. But I think starting out as a psychologist, we think that we can do a lot. We think that we're here to "change the world", we think that we are "superheroes". And that's not exactly true. I like to think that, you know, we can just do our best. And that's the best that we can do.

Andy McLean 13:52

Well, you're very modest, Adrian. I personally think that psychologists are quite heroic, although I do take your point, you're human, just like the rest of us.

Now, let's move a little bit further along the timeline of your career. And in fact, let's talk about present day. So you've been involved with the National University of Singapore for a few years now, and today you're an Adjunct Senior Lecturer there. Tell me, why are you so passionate about education?

Adrian Toh 14:19

Well, education has always been close to my heart, not just as a way of shaping or sharing knowledge, but as a way of shaping the future of psychology in Singapore. And since 2021 I had this privilege of serving as Adjunct Senior Lecturer at National University of Singapore. And every time I teach, I'm reminded of the impact that my own lecturers had on me.

So I was very fortunate to learn from practicing psychologists—professionals who brought the real-world experience into the classroom [with] their stories, their insights, [their] understanding of how psychology is applied within Singapore's politically diverse cultural landscape.

It kind of showed me what it meant to practice psychology with care, with cultural sensitivity as well as the integrity. So now I try to do the same for my students.

And what I enjoy most is seeing their curiosity. Seeing how it grows. Watching them connect theory to practice, challenging some of the assumptions and beginning to find their own voice.

So I see education as legacy building. And even if I journey with a student for just a short while—one semester long—I hope that they can carry it forward.

There's a value in this thinking, as well as compassion, that we explore together into their future practice. And in this way, education isn't about maintaining high standards, it's about cultivating a thoughtful, ethical, culturally responsive generation of psychologists who will shape the landscape long after we're gone.

Andy McLean 16:05

Isn't that interesting. So you're kind of talking there about two very different sides to psychology. First, there's the clinical rigor and standards, which are obviously very important. And second is the cultural sensitivity and compassion, if you like.

And that's interesting, because as a clinical psychologist at The Other Clinic you're encountering different clients all day, every day, right? How do you ensure that you retain empathy and compassion for every individual that you spend time with?

Adrian Toh 16:35

I think as psychologists, we spend a lot of time thinking about our clients, attending to their needs. And the therapy session doesn't end when their hour is up. But you know, after the hour that we spend with our clients, we make deliberate effort to reflect: How was the session? How's my client? What does he or she need in our next session together? And all this will be included into my case notes.

And when I close my window and I'm done with my case notes, I would be very intentional to shut down that window and not have it lingering at the back of my mind, because it would be very unfair to the next client that I'm seeing. It would be very unfair to my family when I return home as well.

So when I close that window, I close that window, and the next time I open it, I have everything that I need right there in front of me to work with this particular client.

Andy McLean 17:31

Oh, that's beautifully put, Adrian, I love that. Could you maybe share a memorable moment that you've shared with a client at The Other Clinic?

Adrian Toh 17:41

One particular memorable case I worked with. It involved a young Singaporean man in his mid 20s who is struggling with harm-related OCD. It's a lesser known but deeply distressing form of OCD.

So his intrusive thoughts revolved around a fear of unintentionally harming others or himself. And these were not thoughts that he wanted or believed. But they caused a lot of intense distress and shame for him.

And by the time that he came to see me, he'd actually stopped using sharp objects altogether. So he would avoid holding knives, scissors or even pens with pointed tips. And at home, he would insist on eating with his hands, because using forks or butter knife felt too dangerous for him.

And what made his experience more isolating was that—from the outside—he looked fine. OCD isn't always visible, and so friends and families didn't really fully understand his fears. And he himself was also afraid to talk about these intrusive thoughts. He was worried that people might misinterpret them as [him being] violent or dangerous.

At its core, the harm OCD is driven by a fear of losing control, not a desire to cause harm, and that distinction was key in helping him to feel safe enough to open up in sessions with me.

Andy McLean 19:11

So tell me, Adrian. What type of intervention did you introduce for that client?

Adrian Toh 19:17

So we worked together using Exposure and Response Prevention (ERP), slowly reintroducing situations that would trigger his anxiety. Starting with holding a spoon and then holding a fork and then eventually preparing a simple meal using a butter knife. Each step was small, but it was very intentional. It was very deliberate, and he learned through this experience that, you know, thoughts are not intentions, and with patience and support along this way, that anxiety eventually loses its grip. One day, he shared that he actually sat down for a family dinner. He cut his food with a regular knife and then joined the meal with not the usual panic. It was a quiet, everyday moment, but for him, it actually marked a return to something really precious. And that's the ability to live without the stress. And that's

what makes this work so meaningful. We are not just reducing the symptoms, but we are just helping someone to rejoin his life.

Andy McLean 20:24

Yeah, that's what it's all about, isn't it helping people to live happier, more fulfilled lives? Let's stay at The Other Clinic for a moment longer. How do standardised assessments contribute to your work?

Adrian Toh 20:36

Standardised assessments actually play a key and important role in my work. They help to bring structure, objectivity, as well as “a shared language”, to what can often be complex emotional experiences. Among the tools I frequently use, the Beck Depression Inventory (BDI-II) and the Beck Anxiety Inventory (BDA). These tools are useful, especially in the initial stage of therapy. For example, I once worked with a young adult client who came in reporting feeling “tired”, feeling “off”, and through the conversation, he was hesitant to use terms like “depression” or feeling “anxiety”. And administering the BDI-II and BDA actually gave us a clearer picture. So he scored in a “moderate-to-severe” range for both depression and anxiety. And that was a turning point. Seeing the result actually helped him to give a name to what he was going through. It also guided us through our treatment goals as well.

And in another case, I used the BDI too with a client experiencing chronic pain. This tool helped us to track, you know, how her mood fluctuates in response to the pain management strategies and life stresses. And over time, her score gradually dipped, and we were able to reflect together on our progress, not just anecdotally or subjectively, (e.g. “I felt better”), but through a *measurable* change. These assessments are not just about labouring, they are about providing us clarity and validating the client's experience, helping us as clinicians to actually tailor our intervention with greater precision.

Andy McLean 22:28

Having that evidence-based approach really makes a difference, doesn't it. Which actually brings me to your work as President of Singapore Psychological Society. How do standardised assessments contribute to maintaining high standards in the practice of psychology in Singapore?

Adrian Toh 22:44

So as a President of the Singapore Psychological Society, one of our core missions is actually to uphold high standards in psychological practice, and a key part of that is ensuring that you know, the tools, the techniques that we use, are evidence-based, culturally appropriate and ethically sound. So standardised tools like those developed by Pearson play an important role in this. Tools such as the BDI-II that we spoke about earlier, not only give us a structured and reliable way to assess emotional states like depression and anxiety, but they also help ensure that our clinical decisions are grounded in data, not just intuition (such as how the psychologist view [something] or what the psychologist suspects) but grounded in data. And also, you know, clients are more assured that they know that you know what the psychologists do is not arbitrary, but anchored in science, especially in recent years, as public awareness of mental health has grown, there is a strong call for professionalism and accountability in how we practice.

And ultimately, evidence-based assessments contribute to clinical excellence, client safety and the credibility of our profession. And for society, we believe that when psychologists are equipped with the

right tools, they can make better decisions and, most importantly, better serve those that come to ask for help,

Andy McLean 24:20

And as President of Singapore Psychological Society, you're seeing the bigger picture, aren't you. You're in a position of influence. You're representing—collectively—the views of your many members. So I just wondered: If you could change one thing about mental health in Singapore more broadly, what would that be?

Adrian Toh 24:37

Well, it would be to ensure that only qualified regulated professionals are allowed to practice [and] provide psychological services. So in healthcare, you know, we often speak about “the iron triangle” which includes the assess to care, cost of care and quality of care. These three elements are interdependent; improving one often affects the other one.

Singapore has made good strides in improving access to mental health services and managing costs through public subsidies and community-based efforts. The quality of psychological services still needs to be strengthened, and that's where regulation comes in. The Singapore Psychological Society is actively working to change this. We are engaging the Ministry of Health, contributing to a professional consultation group and advocating for a licensing framework that ensures that psychologists meet the recognised standard of education ethics as well as supervision.

And by focusing on quality, we're not only protecting the public, we are also helping to ensure that psychological services in Singapore are safe, evidence-based and sustainable as demands continue to grow. And in the long run this will strengthen the whole system. When people know that they can trust the care that they receive, they are more likely to seek help early and outcomes [then] improve for everyone.

Andy McLean 26:11

Well, you're certainly playing your part in helping to build the credibility and the standards of the profession in Singapore, Adrian and I congratulate you for that. We're running out of time for this episode but before we go, I'd like to ask you one final question: You've held so many different positions in so many fields during your career. Years from now, when you look back, what do you think will be the moments that you'll remember the most?

Adrian Toh 26:37

I think many years from now, when I look at my career, I don't think I'll remember the titles that I held, or, you know, the policies that I helped shape, as much as I'll remember the deeply human moments when someone actually looked up from a place of pain and said, “Thank you for listening”. Or when a client who once couldn't see a future began to believe in one again. And of course, I will remember the privilege of teaching, watching students find their voice, find their passion for the field, and knowing that psychology in Singapore will be in good hands. And these are the quiet moments that I'll carry with me.

Andy McLean 27:16

Well, Adrian, that word “quiet” kept popping up in our conversation today. So may I say thank you—you're such a thoughtful and quiet hero. I'm full of admiration for the work that you do. I've really enjoyed our chat today.

Adrian Toh 27:30

Thanks for having me here today.

Andy McLean 27:38

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To find out more about The Other Clinic, visit theotherclinic.sg

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In the meantime, thanks again for listening and goodbye for now.

Disclaimer 28:33

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