

# Oliver's mission to make mental healthcare more accessible and inclusive moments

## TRANSCRIPT

Oliver Suendermann, Vice President, Clinical, Intellect, Singapore

### **Oliver Suendermann** 00:06

"It's hard to put into words. It's incredibly touching to see how people can actually recover with, if we think about it, all the stigma still surrounding mental health. I mean, it's improving a lot, but there's still so much stigma, and people are stuck with these labels when actually they can make huge recoveries, sometimes to the point of not having any mental health condition at all."

### **Andy McLean** 00:36

Hello and welcome to the season finale of Moments in Mind, a podcast from Pearson Clinical Assessment!

My name is Andy McLean. I'm a podcast producer based in Australia, and in this series, we're sharing 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. And in this final episode of season two, we're certainly ending on a high note. You're about to hear my conversation with Oliver Suendermann, who opens up about his life and career as a clinical psychologist at a number of famous health institutions in London before his move to Singapore in 2016.

Today, Oliver is a man on a mission! As Vice President, Clinical at Intellect in Singapore, he and his colleagues are working to de-stigmatise mental health and make quality care more accessible, affordable and equitable for more people than ever before. In our discussion, Oliver explains how Intellect is working at the cutting edge of technology and cognitive science—and combining all of that with a human touch—to achieve their mission.

That's enough preamble from me. Let's jump in and take a listen.

### **Andy McLean** 02:01

Hi Oliver, welcome to the show.

### **Oliver Suendermann**

Thank you so much, Andy, for having me.

### **Andy McLean**

Well, we're delighted to have you. I have to confess, I've been a bit spoilt for choice in today's discussion, your career has *so many* moments that I'm keen to hear about. So, we'll try and visit as

many of those as we can in the time available. But first, let's briefly talk about your childhood. You grew up on the outskirts of Frankfurt in Germany. Tell me, what is your earliest memory?

**Oliver Suendermann 02:30**

The first thing I recall as a child was when I was a three-year-old boy, and it was an evening. I was upstairs in our sort of semi-detached house, and I overheard my parents downstairs, sort of shouting and arguing. And I recall that I was sort of crawling out of my bedroom, and I was sort of by the stairs upstairs and sort of eavesdropping, listening in and feeling quite confused, probably anxious. I'm not sure.

I didn't really have the words to name my emotions. I do remember sort of not knowing who I should root for. And yeah, that was quite a powerful experience. And of course, now I'm a psychologist. I've got two daughters. I know that, you know, these experiences are extremely common, and you know, parenting is never perfect, and just needs to be "good enough", really, as the psychoanalyst Donald Winnicott once famously said.

But the other thing I sort of take away from this is that these early experiences, they can be very powerful, and sometimes we can remember them, you know, all our life. And they can shape how we see people, and they can sometimes be at the root of later anxieties as well, and sort of influence how we relate to other people.

**Andy McLean 03:47**

Well, speaking of anxieties, of course, early in your career, you worked in the anxiety disorders residential unit at Bethlem Hospital in South London. It's quite famous that hospital. Oliver, that was your second job after graduating from the doctoral program in clinical psychology at King's College London. Tell me a little bit about your time at Bethlem and what you did there.

**Oliver Suendermann 04:17**

To your first point. Yeah, I know [Bedlam has] been a sort of a centuries old nickname. And [today] it's far from the old sort of psychiatric hospital the Bethlem used to be, which is typically thought of as, you know, this overcrowded, chaotic psychiatric hospital. So it's a beautiful hospital campus. It's in the south of London. And anyone who's out there who's interested in psychiatry history, I do recommend you visit the Bethlem hospital. They have a museum where you can learn about the history, and you can learn about how old Londoners gawked at the clients who were in there.

[Working there] was really probably one of the steepest learning experiences I've had. My first job there was in the Anxiety Disorders Residential Unit (or ADRU). And in a nutshell, that's a small residential unit where we see the most severe, complex clients who suffer from obsessive compulsive disorder, body dysmorphic disorder and related disorders, and they sort of embark on this six-to-12 week program.

And what's unique about this setup is it functions without nurses. So there's no 24-hour nursing support, and residents really support themselves in their recovery journey and support each other in the exposure therapy. And, yeah, it's a really interesting, very effective, very unique, novel sort of therapeutic community.

**Andy McLean 05:50**

And looking back, Oliver, what in particular did you learn from your time in ADRU at Bethlem?

**Oliver Suendermann** 05:56

Yeah, there's a couple of things.

So as a therapist, I first of all learned that when mental health problems are complex, you don't need necessarily complex treatment or very complicated protocols. So you need to follow a best evidence-based practice. That's one because oftentimes we have a tendency to think when someone has very complex OCD, then treatment has to be very complex, but that's not true. You still have to follow best practice guides, which in this case is exposure and response prevention.

Two [other] things I learned. First of all, I really learned at ADRU the importance of community support as well, because typical therapy is usually in a one-to-one setting, where the client or the patient, they meet the therapist in a sort of therapist space. And that is oftentimes not quite what the real world looks out there for the client. So in the community where they live, they can support each other, and especially when you have very severe mental health problems, you can't really do it by yourself. You rely on people who journey with you. It also allows you the stigma free space where you can speak about your problems, which is difficult most people, there's a lot of shame that sort of shrouds mental health. So people learn to talk about their mental health, and because they can speak about their struggles, they can be vulnerable, which elicits empathy and support that's incredibly powerful and often overlooked.

**Andy McLean** 07:27

And you mentioned two things that you learned. What was the second?

**Oliver Suendermann** 07:31

I guess, the other thing I learned as a therapist is that even though these protocols are tremendously important and we need to follow what the guidelines suggest and so on. Sometimes you also have to figure out how to improve therapy, especially when people are stuck in treatment.

And the main thing I learned from my time then, is that when there is severe trauma experiences or sort of shame-based memories around feeling different or sexual abuse, horrible things that happen to clients, then these kind of traumatic experiences, they need to be dealt with.

For example, if a client with OCD has severe contamination fears—and they engage in sort of, you know, extensive cleaning rituals, decontamination rituals—if the source of their problem is to do more with a traumatic memory and it's sort of at the root of the onset of these compulsive behaviours, then that has to be dealt with. And that sounds like an obvious one, but oftentimes therapists are just so focused on “Touch this” and “Don't wash”. “And let's, you know, let the anxiety come down and see what happens.”

**Andy McLean** 08:47

Hmm. And you mentioned obsessional disorders there, and that's an area that you continued to work in when you move from ADRU at Bethlem and onto The Priory in North London—which is perhaps best known to UK listeners as the drug rehabilitation destination for rock stars in the 1980s—but in all seriousness, you were the lead psychologist working in the area of obsessional disorders like OCD and body dysmorphic disorder (also known as BDD). Tell me a little bit about your time there.

**Oliver Suendermann** 09:20

So that was, in some way, quite a nice continuation of my work in ADRU. So whilst ADRU didn't have any nurses, The Priory is a proper hospital with nursing support. And so the obsession disorders unit was also part of the highly specialised national service for OCD and BDD.

So again, I continued to see clients who had very, very severe obsessional problems. Clients in The Priory we saw had higher risk as well, and so they actually needed the nursing support. And they had higher touch care needs, basically so similar to what I just shared around working with: trauma in the area of OCD and BDD.

We saw many clients who were kind of “thrown out of life” by their illnesses. And to me that was, in some way, quite a profound experience. So I'd never really seen people so unwell. I knew from the textbooks, and also the more outpatient work I had done until that point that of course, mental health can get very bad. But I vividly recall some clients who just life has just passed them by.

**Andy McLean** 10:27

That sounds like a desperate situation for someone to find themselves in, and difficult for therapists too. Of course. Could you perhaps tell me about one of the clients that you worked with, Oliver, with their details anonymised, obviously?

**Oliver Suendermann** 10:40

Yeah so there's one client: I'll refer to him as “Eric”. And I actually wrote about Eric together with Professor David Veale. Anyone who listens or would like to have that, just drop me a line.

So Eric, at the time, when I saw him, was a 27-year-old, single man, a Bosnian Muslim background, who had fled the war in former Yugoslavia with his mum. And his dad horribly died in the genocide there.

And [Eric] had a particular concern around bodily fluids, and in particular semen. And he was such a smart, funny, sort of delightful young man, but he was so crippled by his OCD.

So for example, when we first saw him, he was having showers on end—36 hours—unbelievably long quotation mark “assisted” by his mum, who was giving him sponges and bleach and really hard cleaning products.

And just to highlight two things. So he because his father had died in the war, he lacked a father figure, and his mum had her own mental health struggles, understandably. She had post traumatic stress from the war, and so she wasn't really emotionally available when he was a teenager. So when he started having wet dreams, and there was no one to normalise this, and he experienced a lot of shame around it. And he also had an uncle who told him that “masturbation is the work of the devil”.

And so there was a lot of shame around bodily fluid, semen and masturbation and so on. And he just learned early on that he needed to stay very clean to feel safe. And it had just escalated into this horrible, horrible OCD.

And what I learned from working with Eric is that that needed to be addressed. So he had previous sort of evidence-based forms of treatment. He had exposure therapy from previous therapists as well, but they just focused on helping him to be okay with bodily fluids and then not wash, which was somewhat helpful. But the real underpinning issue for Eric was that he just had this deep trauma that was unresolved around losing his father, not having normalising experiences when he was younger, and so on.

**Andy McLean** 12:52

So how did you get to the underlying issues with Eric to address that trauma?

**Oliver Suendermann 12:58**

There was really a two-pronged approach.

One: So dealing with these shame-based memories when he was a teenager, that was that was one. So there's a form of treatment that's called imagery rescripting, which is a very well-known and well researched sort of trauma intervention whereby you help the client to kind of go on a sort of mental time travel with a therapist. You close your eyes, and you kind of emotionally activate a memory, and you elicit the needs that weren't met, which for Eric, was not to feel safe. So through imagination, you change the imagery. So of course, you can't change what happened, but you can change how you feel about it. So that was really helpful for Eric.

And then the other one was to help him be okay with bodily fluids, not to wash. And we did that in a very structured way. And he was sort of hyper-attentive to anything that he perceived as, you know, could just be a little spot on the on the wall or floor, and he would go into washing ritual. So it was really about helping him to be more present, touch things he perceived as contaminated and then not wash. And because he had been so trapped by the OCD, there was also a lot of occupational therapy we did to help him sort of build up some life skills.

**Andy McLean 14:13**

Wow. So there's a real combination of strategies at work there Oliver, that's fascinating. And tell me what was the outcome for Eric?

**Oliver Suendermann 14:22**

So by the time I was leaving The Priory (because I was I was heading for Singapore) Eric had made tremendous progress in his recovery journey. So his OCD had dropped to the subclinical range, from being extremely severe to now being subclinical. He had some OCD left, but was doing massively better, and he took up some vocational training, and he was about to move out of The Priory and reclaim his life.

**Andy McLean 14:53**

It's easy sometimes to forget that clinicians are people too, right? You're human as well. And that meticulous process that you described would have taken months and months of dedication. There would have been ups and downs along the way, for Eric, for his mother, *and for you* too. How does it feel later on in those moments of breakthrough with clients?

**Oliver Suendermann 15:15**

Thank you, Andy. Yeah, it's a bit difficult to describe. It's tremendously rewarding, and it's ongoing confirmation that it was the right career choice. I'd say it's hard to put into words. It's incredibly touching to see how people can actually recover, which, if we think about it, all the stigma still surrounding mental health. (I mean, it's improving a lot, but there's still so much stigma.) And people are stuck with these labels for life when actually they can make huge recoveries, sometimes to the point of not having any mental health condition at all. So it's highly rewarding, and it gives a lot of purpose and keeps me in the job and also keeps me sane.

**Andy McLean 15:58**

That's lovely to hear Oliver. It's so important, isn't it to savour those feelings when they come along, isn't it, because they're the fuel that keep you doing what you do. And I think that's a lovely note for us to end part one on.

Let's pause for a quick break, and when we come back, I'd like to talk with you about your work in Singapore at the business named Intellect, which is really expanding the impact that you're having on people's mental wellbeing. So we'll be right back just after this break.

**A message from Pearson 16:33**

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. Oliver and his colleagues at Intellect use a whole suite of Pearson tools and on-demand professional learning and development including, but not limited to, the Wechsler family of assessments, the Vineland Adaptive Behaviour scales and Q-global, which is the web-based system for administering, scoring and reporting assessments. To find out about these, just google "Pearson Clinical Assessment" and check out the Pearson website.

**Andy McLean 17:31**

Welcome back to the podcast.

So Oliver in 2016 you left London and you came to Singapore, where you worked at the National University of Singapore, where you're still an Adjunct Assistant Professor to this day.

Meanwhile, over the past six years, you've also been involved with a business named Intellect, where you're now the Vice President, Clinical. Broadly speaking, my understanding is that Intellect's aim is to make mental health care more accessible, affordable, culturally relevant, timely and fair. Or ultimately, I suppose, as I might describe it, "to make mental health care more available to more people".

That care can obviously be delivered in a variety of different ways. So, can you tell me a little bit about how you're working towards that at Intellect?

**Oliver Suendermann 18:21**

Thank you. Yeah. So you summed it up very well.

Intellect is a global leader in what we call hyper-localised mental health care. And so what that means is that we are building a mental health care ecosystem where we use technology to scale access to care and speed to care as well.

So we have a single platform on which we offer evidence-based sort of self-care tools. And of course, we're having AI sort of power tools as well. [And] now tele-coaching, where we connect users, clients, patients, with the most suited or suitable coach or mental health professional. And it's an ecosystem—as in there are seamless referral routes to regional clinics as well, if needed, for face-to-face care. So essentially, we cover the whole mental health spectrum, from supporting people who are already doing fairly well (who are thriving, who can do with self-care), all the way to crisis support and a 24/7 helpline.

Now the important thing is, is the *culturally attuned* care. So with Intellect, you can trust that you always connect with a professional from your culture, with your background, who speaks your language. So we don't outsource our care. Yeah, we take a lot of pride in the quality of our care and the speed of care as well. On average, it just takes a day, really, to connect you with the right mental health professionals.

So we don't have long waiting lists at all. That was one of the key challenges when we started out, that it's just there's not enough mental health professionals to start with. The care is too expensive. No one can afford it, and you don't also know where to go. So that's the problem we are solving.

But not just for Singapore. We really are a global company now, and we have big global multinational companies we're working with now. And most notably, the Singapore government is trusting us. So we provide care to more than 150,000 public servants in Singapore alone.

**Andy McLean** 20:23

Now, speaking of multinationals, I hate to bring up finance when we're talking about mental health, but it's a fact that all multinationals need to see a return on any investment that they make, right. So can you perhaps share with me an example that best illustrates how businesses benefit from giving employees access to Intellect resources?

**Oliver Suendermann** 20:44

So we recently did a case study with SingTel. They are the largest telecommunications company in Singapore. And we found that employees who actively engaged with our services (so self-care, coaching, clinical) they showed an uplift of productivity around a 7-8% improvement in both absenteeism and presenteeism. And that study was featured in Parliament last year by one of the MPs who shared about that study.

**Andy McLean** 21:17

So there we have it! Further evidence, as if it were needed, that you *can* draw a line between mental health and productivity. Great stuff. Now. Oliver, I believe Intellect is also opening brick-and-mortar clinics too. Tell me about that.

**Oliver Suendermann** 21:32

Yeah, so we have moved towards brick-and-mortar clinics as well in recent years. And there's a particular need to support young people with learning needs (so things like ADHD, autism spectrum disorder learning disabilities as well). A lot of kids are struggling to read, to deal with numbers and so on, or have intellectual challenges. So we have quite heavily invested in our Pearson assessments. And the most notable ones we have are really the standard ones, like the WISC we use on a daily basis, the WIAT-III, the Vineland Adaptive Behaviour Scales, but also the NEPSY-II for kids, and the D-KEPS as well, which examines executive functioning—so helping people to assess their skills around organising, planning and so on. And yeah, we have these test kits in our clinic. Yeah, we see an increased interest in those as well. And I'm very happy to say as well, Andy, that we have a partnership now with Pearson, so we are the exclusive partner in Singapore to train other professionals on the Vineland and the WISC-V [Wechsler Intelligence Scale for Children] as well. So very happy to say that as well.

**Andy McLean** 22:51

And what's the benefit of those tools being accessible to clinicians or educators digitally?

**Oliver Suendermann** 22:58



Yes, we have Q-global and Q-interactive, both of them we access via our iPads. It's neater. It's accuracy, and overall, it just makes the clinicians job a lot easier.

I remember in my old days when we trained at Kings or the Institute of Psychiatry (when we were trained on these neuropsych tests) and it was all paper, pencil, really. And then you have to get your calculator out, and then it's a higher risk—you mix up some numbers. So that's not going to happen in a digital format, or at least not as much.

**Andy McLean** 23:34

Well. Oliver, I can't believe this, but we're nearly at the end of the podcast already. It feels like it's flown by. But first, before we end the podcast, allow me to ask a penultimate question: In the next couple of decades, what is the change that you most wish to see in mental health globally?

**Oliver Suendermann** 23:51

Wow, yeah, that's a big question!

I think, pretty much that we achieve what we have sort of laid out in our mission statement, which is to create a fair, more equitable, truly inclusive mental health ecosystem. Where globally, whether you're a teenager in say, Kenya or Sao Paulo or Singapore, you have access to the same—and that's the important thing—the same sort of gold standard screening and evidence-based care as someone would in London or now in Singapore, and that you don't have these long wait lists anymore, and it's affordable for anybody, ideally paid for by insurance or government.

**Andy McLean** 24:38

And let's wrap things up where we started, Oliver with a personal reflection: Many years from now, when you retire, what do you hope people's habits and attitudes to mental health will be?

**Oliver Suendermann** 24:51

Yeah, personally, I've got two daughters, I think I mentioned earlier, and I really hope that they grow up in a world where, when you look after your mental health, it's just routine. I don't think we learned that very well when we are young. I certainly didn't, and I hope that they learn in school that, you know, people have experiences, sometimes people struggle, but it should all be really stigma-free and just as normal as sort of brushing your teeth. And perhaps then [also] they know that, I don't know, their dad sort of played a small part in making that the norm everywhere. Hopefully that's how things are going to be in that time.

**Andy McLean** 25:27

Yeah well Oliver, I think it's safe to say that your daughters will be extremely proud of their dad, and let's hope we do see the changes in society that you've just described. You're certainly playing your part in helping to make those happen. I've really enjoyed the conversation today, Oliver. Thank you so much for joining us.

**Oliver Suendermann** 25:43

Thank you so much, Andy. I had a great time chatting with you. Thank you so much for having me on your show.



**Andy McLean 25:56**

Thanks for listening to this episode of Moments In Mind, a podcast by Pearson Clinical Assessment. To find out more about the professional learning and tools that Oliver and his colleagues at Intellect use—including the Delis-Kaplan Executive Function System and development assessments like the NEPSY—and more, just google “Pearson Clinical Assessment” and check out the Pearson website. To find out more about Intellect, visit [www.clinic.intellect.co](http://www.clinic.intellect.co)

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Before I go, I did just want to say thank you to all of the incredible clinicians who have spoken with me in season two of Moments In Mind. Each and every episode has reminded me of what can be achieved when you combine a really robust assessment with strong clinical skills and the commitment to help people see and understand themselves better. It has been a genuine privilege for me to be involved in these interviews and these conversations. I've loved every minute of it.

And to you the listener, thank you very much for listening.  
Until next time, goodbye for now.

**Disclaimer 27:32**

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