



Out of Sight Out of Mind

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Foreword

We had to admit we were unnerved. Our first foray into the world of mental illness brought us to the doorsteps of Sunlove and Surya Homes without a clue of what to expect.

How would people with mental illness react? What would they say - or do - to us? Were we safe?

Our fears were unfounded. It was, surprisingly calm inside the homes. Some patients were curious about what we were doing, but most went about their daily activities, hardly affected by our presence.

“We only fear things that we don’t know,” said Mr Charles Lingham, the 72-year-old nursing director of Sunlove Home.

“Once we know a thing, we don’t fear.”

How true. Over the duration of five months, we realized it wasn’t the people whom we feared, but their illness - an illness of the mind that worked in ways we could not see.

Past national surveys on mental health report that an estimated one in six Singaporeans suffers from

some form of mental illness. But these numbers mean nothing when we are unable to put a face to the illness.

With this in mind, we embarked on the project. By introducing faces and opening the ground for discussion, we hope to make positive steps in eradicating society’s fears towards mental illness.

Throughout our journey, we saw the patients at their best - being friendly, conversational and even protective - and at their worst - throwing tantrums, quarreling and running away.

But beyond the good and bad, we saw how they were just as human as we were. They laughed when they were happy, cried when they were sad, and they too, needed love and affection from people around.

We are grateful to the patients for opening up their lives to us, and hope that you can give them a chance to enter yours.



25-year-old Cherry Chua was born mentally subnormal and diagnosed with schizophrenia in 1999.



Male patients congregate at an activity room after lunch for a mid-noon siesta.



Tan Meng Poh, 43, takes a nap after his meal at the activity room. He suffers from schizophrenia.





Birds are more frequent visitors than their family members for some patients in Surya Home.



A night view of the level five male ward at Sunlove Home. Patients return to their wards when night falls.



It was a journey of discovery for us.

Stepping into Sunlove and Surya Homes, two rehabilitation homes off Buangkok Green, we found almost 400 people suffering from mental illness.

Unlike outpatients who sought early treatment and had a better chance of recovery, these patients were mostly long-stay and chronic cases.

Some suffered breakdowns at points in their lives, while others were born mentally subnormal. But no matter the cause, they remained as a misunderstood and feared lot.

As curious photojournalists, we had the opportunity to spend a substantial amount of time with them in this place they had to call - home.

Tiptoeing over a legion of patients in an activity room where they could rest and relax, we attracted some stares with our cameras in hand.

“Are you a reporter?” one patient asked.

“We are students doing a project,” we replied.

“Liar. You must be a reporter,” he said.

Over time, our presence was accepted in this room of patients who were initially suspicious of us.

It was in this manner, while negotiating our way around sleeping and chattering patients, we stumbled upon Tan Meng Poh and Cherry Chua.

43-year-old Tan Meng Poh ventured into carpentry and painting in his adolescent days, and had dreams of earning lots of money for his family. These dreams, however, were dashed during his reservist in 1987.

Meng Poh’s family believed a campmate had performed black magic on him while he was sleeping. According to his sister, Meng Poh began to give away his money to that campmate for no apparent reason.

After the incident, he went into depression and heard voices, which were symptoms that he had developed schizophrenia.

In a different way, 25-year-old Cherry Chua was born mentally subnormal and entered special school when she was 10. She was diagnosed with schizophrenia in 1999, and subsequently referred to Sunlove Home. It was her sixth year here, and she

could not wait to be discharged.

“I wish I can have freedom next year. Because last time I study, a lot of people have freedom. I don’t have,” she said.

“I’m a grown up girl, I’m no longer a child, so I want freedom. I like to go out alone.”

While Cherry was one patient who wanted to be alone, there were others, who feared the solitude.

On our first visit to Surya Home, we were greeted by an unforgettable smell - stale, from the lack of visitors yet subdued with an air of resignation. It was the smell of loneliness and abandonment that lingered on, even after we left.

As we peered into the patients’ wards with our long lenses, we observed them lying in their beds, placed next to each other. Despite the proximity, there was hardly any interaction between the patients and most were lost in their own thoughts.

To us, this was a home for people with mental illness; to the patients, this was a home of strangers - a home they had to learn to accept because there was no other way.

Patients in the homes were bound by routine as part of their rehabilitation process. As our visits to the homes became more regular, we started to see the pattern: food, rest, work, food, rest, exercise...

However mundane, such routines were necessary, according to Mr Lingham from Sunlove Home. “It helps to keep their minds occupied so they will not entertain wild thoughts,” he said.

The home would be bustling with activity during meal times, which happened at 8.30 a.m., 12 p.m. and 4.30 p.m. daily. This was not inclusive of tea and supper breaks, where patients were served with biscuits and hot drinks.

When we entered the dining hall in Surya Home, we were surrounded by a cacophony of sounds.

Male and female patients were gathered in a common room during meal times and could walk around to mingle with each other. Excitement filled the air as females playfully taunted the males and songs were belted out freely.

But once the food arrived, they returned to their seats, and there was a moment of silence as they consumed their food.

Medicine came after the meals, and patients consumed the assortment of pills under the supervision of the nurses present.

These were essential in stabilizing their conditions and helped in treating the symptoms, according to Dr Daniel Fung, Chief of the Department of Child and Adolescent Psychiatry from the Institute of Mental Health (IMH).

“One of the theories behind the causes of mental illness is the insufficiency in the brain chemical called neurotransmitters,” he said.

“The neurotransmitters are required to transmit impulses across the nerves in the brain and this insufficiency can be corrected partially by the medications.”

Aside from the regular intake of medicine, physiotherapy was equally important in rehabilitation. This took the form of simple games and exercises played by patients in between meals.

Once, they were coaxed like children to form a circle in an open field to play a ball game. We observed that the more enthusiastic ones launched the ball towards each other with zest, while the

others simply stood in place to maintain the circle.

Whether it was throwing balls or balancing cones on their heads, these little activities helped to get the patients’ and their bodies moving.

Not all patients were fit for work. However, those who were able to focus on a given task participated in occupational therapy, where they formed a factory-like chain assembling earphones.

Then there were a selected few, known as worker patients, who helped out in the daily functions of the home. Meng Poh was one such patient.

“Very busy, I help in the kitchen, wash toilet, throw rubbish,” he said, before adding something off tangent. “Will have good fortune!”

When we least expected it, Meng Poh randomly engaged us in conversations which allowed us to know more of his character.

“You know how to take pictures right? Next time you can open your own photo studio. Can earn money!” said Meng Poh with much enthusiasm before he started to frown, then stared blankly at us, as he continued his chores.

More often than not, we heard Meng Poh’s references to money and fortune. Although it could not be confirmed, his family suspected these references were a result of the trauma he received during his reservist days.

For every week since Meng Poh’s admission in 2005, his younger sister Meng Hong visited him without fail. It was during one of her visits when we started talking about Meng Poh and his struggle with schizophrenia.

The amiable 40-year-old full time housewife was unreserved in her conversations with us.

“He may be poor in his studies, but Meng Poh is very hardworking as a carpenter and painter before he went for national service. The money he earned, he’d always give to our mother. He is a very filial son,” she said.

Then came a sudden line from Meng Poh. “My parents are old already, I want to see them,” he said.

Meng Hong continued. “He’s still quite smart. There was one time he left the home to visit our parents. He even took a cab and called me down to pay for it!”

With a smile, Meng Poh replied: “I am actually clever. I learn the good, not the bad!”

Simple-minded, down-to-earth and helpful - these were more terms that Meng Poh’s sister, Meng Hong used to describe him.

While he had his moments of incoherence, there was something endearing about Meng Poh that reached out to us.

What made him happy?

“I like to help people,” he said.

A home away from home, we saw how patients adapted by forging new relationships.

Exchanges formed the core of relationships between patients. On some days, patients traded snacks for money; on other days, they shared them freely.

It was these little exchanges that went a long way in building harmonious relationships in the homes until they recovered and returned to society.

If, they returned to society.



Patients consume porridge for breakfast at Surya Home.



Elderly and less mobile patients receive medicine from the staff nurse after dinner while the others queue up for theirs.



A nursing staff bathes a queue of male patients at Surya Home before an outing.



Patients in Surya Home engage in a ball game as part of physiotherapy.



Meng Poh prepares to hurl the ball towards a nursing staff at Sunlove Home during a game.



Family and friends are only a phone call away from Cherry, who makes it a point to contact them regularly from Sunlove Home.



A patient assembles earphones from Singapore Airlines at the occupational therapy room in Sunlove Home.



Fit and able patients, such as Meng Poh, are enlisted to help with daily chores at Sunlove Home.



Patients tease each other and enjoy a lighthearted moment before going on an outing to Jurong.



Cherry receives money after giving away two packet drinks to another patient in the activity room.

By the second month of our visit, we witnessed the different ways in which each patient dealt with life in the homes. Cherry Chua was one patient who intrigued us with her unusual habits.

Most of her time was spent alone in isolated areas such as staircase landings and hidden corners of wards. There, she poured the contents out from her bag, spreading them across the floor.

These contents varied according to what she received from her father during his visits. One by one - be it packets of biscuits, sachets of instant coffee or coins from her pink purse - she would count them and repack each item back into her bag.

It was a routine she had developed and carried out without fail. Initially, it came across as an unusual habit. Over time, we saw it as a means for her to maintain security and control in her sanctuary.

We regularly saw the loner in Cherry on our visits. On the contrary, she was a very sociable person, and had an active circle of friends and relatives whom she kept in touch with from inside the home.

73-year-old Cecilia Reid, nursing administrator of Surya Home, believed that patients needed to stay

connected to society.

“They should mingle with their family and friends, and be treated as part of society,” said Mdm Reid, more fondly known as Sister Reid at the home.

Even though patients were not actively involved in the functions of society, she felt they ought to be given a second chance.

“Because they didn’t ask to be schizophrenic, they didn’t ask to be bipolar, they didn’t ask to be dementia, so we the stronger people should help them in any way,” she said.

Indeed, we found mental illness hard to understand with its various onsets and manifestations.. We took time to acclimatize to their erratic behaviours.

We remembered how we were intimidated by Cherry during our initial conversations with her.

“I hear voices, the voices always disturb me,” she said, stressing each word between breaths.

“Jump down, cut myself, take off my clothes, run away, kill people, rape men, molest men. Ask me to do all the bad things.”

According to Dr Fung from IMH, suicide was one of the biggest risks associated with schizophrenia.

People suffering from schizophrenia had a significantly higher tendency to commit suicide, of which one in ten succeeded.

Cherry faced a tough battle with schizophrenia, and on many occasions, succumbed to the voices in her head. In January 2009, she tried to cut herself using a scissors she found.

“I want to die. I feel very depressed, very frustrated, very stressful,” she said.

Mr Lingham told us Cherry was one of the more troublesome patients in the home because of her past records of running away from it. Last December, she escaped all the way to the Causeway before she was found by her father and brought back to Sunlove home.

The homes were wired with security cameras to monitor the movements of patients like Cherry.

According to her mother, Jenny, Cherry already had a bad history of running away before she entered Sunlove Home.

“We couldn’t manage her,” said Jenny. “That time she ran away too many times, and created a lot police records, so they referred her to Sunlove Home. Maybe she can behave better there.”

While patients like Cherry had to be constantly monitored, the more stabilized patients like Meng Poh were given a fair degree of freedom to roam in and out of the compound as they helped out with day-to-day operations.



Security cameras in both Sunlove and Surya Homes monitor the patient movements.



A portrait of Meng Poh and his 40-year-old sister Meng Hong during one of her visits to Sunlove Home.



Meng Poh returns home to celebrate Chinese New Year with his family.

Meng Poh stays at home for six days during Chinese New Year and spends time with his wheel-chair bound mother.



A photograph of Meng Poh when he was 21 years old.

A family portrait of Cherry, now 25, and parents, Colin and Jenny.



A photograph of five-year-old Cherry and her family during Chinese New Year.



Cherry serves snacks to her relatives when they visit her home on the second night of Chinese New Year.



Cherry settles down at her favourite corner of the staircase while waiting for her turn to use the phone outside.

Aside from patients, we also had the chance to meet and interview their family members to get a better understanding of their situation. While most families willingly shared their stories with us, they were equally adamant that these stories not be brought to light.

This reaffirmed our belief that stigma not only affected patients, but also their closest kin, prompting them to construct a wall of shame with little chance of catharsis.

Meng Poh's sister Meng Hong recounted her neighbours reactions when she brought Meng Poh home on several occasions.

“They would shut their doors at the sight of him and are scared of him,” she said.

“You cannot expect any sympathy from others, and when you have a disability like mental illness, they cast a different eye on you. Perhaps the society is like this.”

Public scrutiny was also something Meng Hong found disturbing, when Meng Poh accompanied her to help with groceries at the market one day.

“I felt uneasy when people stared at us and found my brother weird. One of them even asked if he

was my husband. I mean, even if he was indeed my husband, I'm still obliged to bring him out and accept things as they are,” she said.

Part of the fear towards people with mental illness came from their intense stares, which we had experienced on multiple occasions. However this could be explained by their heavy medication, which resulted in a side effect called tardif dyskinesia, a muscular effect that slowed down reactions.

“Tardif means late, so this can be quite disabling, and make the patients appear weird and strange,” explained Dr Fung.

A visit to Meng Poh's home on the final day of his six-day festive Lunar New Year leave provided us a personal insight to his family background.

Being wheel chair bound, his mother was unable to visit him at Sunlove, but missed him every day from home. His father though, neither came to terms with the illness nor supported Meng Poh financially, and that left Meng Hong solely in charge.

Holding back her tears, Meng Hong said: “I sometimes question myself if it's cruel of me to put Meng Poh in Sunlove, possibly for the rest of his life. My parents are old, I have to tend to them, and my own family everyday. I tried putting Meng Poh

up at my place for a period of two months, but it is physically and emotionally taxing.”

In a similar way to Meng Hong, Cherry's parents - Colin and Jenny - had borne the brunt of her illness. Colin gave up a full-time job in order to care for her, while Jenny took on the burden of being the breadwinner of the family.

For all their sacrifices, they only had one request for their sole child - to take care of herself independently and not depend on others.

“She's our child, what's there to regret?” said Colin. “It's not like she wants to become a naughty child. We accept her for who she is.”

Instead of regret, Jenny felt a sense of guilt towards Cherry. “I feel sorry because there is not place for her,” she said. “She doesn't like it (Sunlove Home) yet we still force her there.”

“But there is no choice.”

While Cherry and Meng Poh had supportive family members, others were not as lucky.

For patients like 42-year-old John Tan who was blind and suffered from psychosis, visits from family members were few and far between.

“They put me here, that can't be helped,” said John, who already came to terms with the fact that Surya Home would be a death house for him.

“No rain also they didn't come. If I die nobody will know. Never mind la.”

Mr Lingham expressed his worries that the homes would unwittingly serve as death houses for abandoned patients.

“If we solve the families' problems and if they are supportive, it is okay. But if we solve their problems, then after some time they easily forget everything and go off, then we are not doing anything. We are in fact assisting people to be not responsible,” he said.

Madam Wong Ching Moi, who was affectionately known as “Ah Moi” in Surya Home, could attest to such a predicament. The independent 75-year-old lady had stayed in the home for over ten years, and was a worker patient who took care of laundry at the home. She often shared her “home-made” coffee and hand-rolled cigarettes with other patients.

When asked who there was in her family, she replied “two boys and two girls.”

They have never visited her.



75-year-old Wong Ching Moi is a worker patient at Surya Home. Her four children have never visited her.



A patient offers a comforting hug to another in the activity room of Sunlove Home.



A patient, usually docile and helps with chores at Sunlove Home, is kept in the isolation room after an attempted escape.



A patient gets bullied and has his face playfully pinched by an elderly patient in Surya Home.



In 2001, Raymond gave up his 31-year career to care full-time for his wife Doris, who suffers from schizophrenia.

Most patients yearned to return home. While gates and locks in the homes restricted them, we felt that stigma was the ultimate barrier they needed to cross in order to integrate back to society.

“Can their family members, can their friends, can their colleagues accept them? That is probably the biggest challenge for someone with mental illness,” Dr Fung said.

“The strong stigma that society has placed on them, and the fact that people tend to avoid mental illness like the plague.”

We wanted to understand if it was any easier for people with mental illness living outside rehabilitation homes, and that brought us to the three-room flat of 59-year-old Raymond Anthony Fernando and his 56-year-old wife Doris Lau.

Welcoming us at their door, we were to know that the couple had endured more than just disapproval to their interracial marriage.

“People with mental illness are all alone in this world. That’s the harsh reality,” said Raymond.

In 2001, Raymond left his 31-year career in the media industry to care full-time for Doris, who had been suffering from schizophrenia since she was 17.

Despite receiving an award from the Asian Women’s Welfare Association for being the model caregiver in 2007, Raymond did not have a regular cash flow to help improve his and Doris’ life.

“The main difficulty in Singapore is that the structural support for caregivers is practically non-existent,” he said.

With neither job nor income, Raymond found it hard to cope initially.

“I still remember when I was taking rations from the church. The very first time I was almost in tears – why come to this kind of stage?” he said.

According to Raymond, Doris’ family also distanced themselves during her struggle with schizophrenia, especially after the death of her mother.

“I think our society is still not ready to accept people with mental illness,” he said.

“One key point, if you go to government application forms, or even private sectors, one of the questions they ask is, do you have a history of mental illness – isn’t that stigmatizing? Because if you have some form of mild depression and you’re recovered, why can’t you work, why do you have to declare?”

Raymond had written to the government to get this removed, but to no avail. He remained undaunted in his drive as an activist for the mentally ill.

From Raymond and Doris to Meng Poh and Cherry’s stories, it was evident that love and patience were the basic prerequisites to stand up against mental illness.

“I have the love that Raymond gives me so much, that’s why I’m still alive today,” said Doris.

Epilogue

Each patient paid an average of S\$300 to S\$450 monthly, according to Mr Lingham. The tight financial situation was reflected by those who defaulted on payments and were allowed to stay on.

The cost, however, of maintaining a patient monthly was approximately S\$800.

“We are in the red all this time,” said Mr Lingham of the financial plight of the home.

What’s next for the patients? Where do they go from here?

A 31-year-old schizophrenic patient, who declined to be named, told us frankly: “My future is not very good. It’s quite bleak.”

“Ever since I have this illness, I realized no point becoming an accountant. Maybe I’ll get a job as a cleaner, or go back to my old leaflet distribution job to earn a bit of money.”

Cherry was more hopeful. “Maybe next year I can leave and go day centre and work,” she said. “There can earn money, then I can give to my parents and take care of them.”

Her optimism was encouraging but reinforced the harsh realities ahead.

Dr Fung brought up the use of education as a starting point to resolve problems surrounding mental illness.

“When something is mysterious and people don’t understand it, it’s frightening and scary. We start with the workplaces, we start with the public, we start with the schools, we get people educated and knowledgeable.,” he said.

“Once you’re knowledgeable, it’s no longer mysterious. When you’re not knowledgeable and you don’t understand it, it takes on a supernatural kind of quality and that’s always dangerous.”

Towards the future, Dr Fung suggested a more expansive infrastructure to provide better support.

“I would like to see a lot more independent supported housing where you have overall support and you can get help when you need it. You live in your own house, and you take care of it. The whole idea is really, to lead as normal a life as possible.”

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