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Professor Chong Siow Ann does not believe in giving up on a patient, no matter how complicated things may be. "You don't know when things will turn," says the senior consultant psychiatrist at the Institute of Mental Health, who specialises in schizophrenia and psychosis.
ST PHOTO: KUA CHEE SIONG

ItChangedMyLife

Knowing the many shades of humanity

Psychiatry has taught don that human beings are full of surprises, and it has humbled him

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Every month, a tall man visits Professor Chong Siow Ann at the Institute of Mental Health (IMH) in Buangkok.

The fifty-something likes to pace up and down the consultation room, occasionally sitting to share his thoughts.

The senior consultant psychiatrist at IMH often does not understand what the man is saying.

"I've been seeing him for about 20 years. He suffers from a serious variant of schizophrenia, a thought disorder. He is unable to process his thoughts and communicate logically," he says.

When Prof Chong keys in notes into his desktop during their sessions, the patient will move in to peer intently at the screen.

"He comes really close, sometimes cheek to cheek. He is a lovely man, but he can't work and his family members have to look after him. We've tried all means but no matter what we do, we can't treat him effectively."

But the psychiatrist will not call it a day yet.

"You should not give up on a patient, no matter how complicated things may be. You don't know when things will turn," says the mild-mannered man who oversees all research activities at IMH where he is also vice-chairman of the medical board (research).

Prof Chong specialises in schizophrenia and psychosis and has won several research awards, including the 2006 World Health Organisation and State of Kuwait Prize for Research in Mental Health Promotion, and the 2017 Distinguished Psychiatrist Award from the Singapore Psychiatric Association.

He is the principal investigator of the Singapore Mental Health Study, a nationwide study of the mental health status of the Singapore population. He is also lead researcher in the Translational and Clinical Research Flagship Programme in Neuroscience, which looks at biomarkers to identify and track the disease trajectory of schizophrenia and related psychoses.

Besides having more than 100 papers published in peer-review journals, he is an expert contributor, writing essays on mental health and other medical issues for the Opinion pages of The Straits Times.

Many of these pieces – which tackle subjects ranging from elder abuse to obsessive compulsive disorder and self-mutilation – have now been compiled into a book, Fieldnotes Of A Psychiatrist, published by ST Press.

"Psychiatry has given me my identity, meaning in life and a purpose. Most times, it has been useful and done good for other people. It is also a vocation which engages me intellectually and emotionally."

The youngest of five children, Prof Chong was born in a terraced house near Frankel Avenue.

"My mother had four children before me – so I came out like a bomb, even before the midwife arrived," he says with a grin.

Raising five children on his father's meagre salary as a school administrator was challenging for his parents who did not send him to a kindergarten.

Unlike most of his classmates, he started primary school at St Stephen's without knowing how to read or write.

"I remember a conversation my primary school teacher had with my mother. She said there might be something wrong with me and that I might have a learning disability," he recalls.

If his mother was disturbed, she did not show it, he says.

"But I noticed that she sat down with me more often and paid more attention to my homework."

Although Prof Chong more than made up for his slow start, he did not bank on becoming a doctor.

An avid reader, he entertained journalism as a career. But because his A-level results were better than expected, he decided to try for medicine at the National University of Singapore.

"I did wonder if I had got someone else's results by mistake," he says, chortling.

The conviction that he had picked the right field came when he was a houseman.

"As a houseman, you work very long hours and are often on call. I was so tired that I always overshot my destination on the bus. But at the same time, I was so exhilarated because I felt as though I was in the front line of medicine."

He settled on psychiatry, he says, by the process of elimination.

"I didn't think I would be good at surgery. You need to be dexterous and I've some physiological tremors," he says.

Another pull factor was his "awkwardly romanticised" idea of being a psychiatrist: "someone who was really engaged with patients and humanity, someone who struggled alongside their patients and helped them in an intense way".

The sobering reality, he discovered, was a lot less glamorous when he started working in 1989 at the old Woodbridge Hospital, started by the British in 1928 as The Mental Hospital.

"Sometimes, in one afternoon, I could see between 30 and 40 patients. It was like a factory line," says Prof Chong, who obtained his masters in psychiatry in 1992.

As a new psychiatrist, he attended to a common pool of patients with other doctors. The amount of time he could spend on each patient was less than ideal. Often, he would go in early to review the cases and prescribe medication beforehand, making changes as he went along.

"You needed courage to make changes because, if you did, there could be consequences. If you changed medication and didn't follow through, and if it didn't work, would you be passing the buck to someone else? You didn't have the experience of monitoring a patient and learning from it; you could have that kind of luxury only if you had your own patients."

One incident is indelibly etched in his memory.

"I remember this father; his son was not well and was at home. I spent a bit more time talking with him before sending him off. When he was at the door, he turned back and looked at me. There were tears in his eyes. He didn't say anything and he walked out. It really affected me," says Prof Chong.

The lack of time and resources led to many struggles with frustration. It did not help that unlike patients with other illnesses, those with mental issues often have no idea they are unwell.

"It can take a long time before what we do show results. And sometimes you feel that no matter how hard you try, the gains are minimal. The effects of what surgeons do, for example, are faster and more tangible."

He adds: "Mental patients often have no insights into their illness. Some can get confrontational because they see psychiatrists as people forcing treatments or medication on them."

Despite the challenges, he has no regrets about his choice of discipline.

"People with mental illness face a lot of stigma and discrimination. That makes you want to try your best to make a difference."

After a couple of years doing clinical work, he decided to make a difference by "practising a different way": going into research.

"I also did not want to get burned out," he says.

When asked what his profession's biggest occupational hazard is, he replies: "Losing a patient."

He lost his first patient not long after becoming qualified. A man in his 40s with two young children, the patient became so depressed after his wife died of cancer that he took his own life.

Prof Chong says he was overwhelmed by shock and guilt when he learnt of his patient's suicide.

"There were so many feelings. Did I screw up? Did I miss something? Did I mismanage the case? How will my colleagues look at me? At one point in time, all these became very pressing issues."

Since that first patient, there have been a few more. Each episode sees him wrestling with the same emotions, but in a more attenuated form.

Besides reviewing medical records with colleagues for any slip-ups and omissions, Prof Chong always undertakes the daunting task of calling and offering to see the bereaved family. "But I leave the decision to them," he says.

In all these meetings, he once wrote in an op-ed for The Straits Times, he has never experienced "recrimination or anger from the grieving family members who either seem resigned or, more often in their pained bafflement, would ask questions to which I have no answers".

One particularly moving encounter involved a father who showed Prof Chong where his son – a young man who suffered from psychosis – fell to his death.

"When he found him, his son was on the ledge but hadn't jumped. The father reached out for him, but the son didn't want to be helped. He just slid down."

The psychiatrist says he has "reached a kind of understanding" in processing the emotions he goes through from losing a patient.

"You can't be so affected that you become incapacitated, overly fearful or so concerned that you do intrusive things which are not needed or refuse to see certain cases. You still care, but you can't let it affect you so much that you cannot function," says the psychiatrist who directed the Early Psychosis Intervention Programme. Introduced in 2001, the programme offers comprehensive services for those at risk of early psychosis.

An adjunct professor at the Lee Kong Chian School Of Medicine and Saw Swee Hock School of Public Health, Prof Chong makes it a point to remind young psychiatrists that losing patients is inevitable in their profession.

"It is not something textbooks will teach you. It is knowledge you need to acquire."

Psychiatry, he says, is not about giving out pills to patients.

"That's bad practice. Pills may not be what they need. Sometimes patients come to you and you don't know what you can do for them at that point in time.

"It's difficult but you have to give them your undivided attention. You have to let them know that: 'Hey, I know that your life sucks at the moment but, during this brief period, you have someone and somewhere you can turn to.' You have to try and make them listen, and listen well," says Prof Chong, who is married to a paediatrician. The couple do not have any children.

Psychiatry, he says, has changed him in more ways than one.

"It's taught me that humanity is very varied, and that human beings are complex and full of surprises. We do not really know ourselves. We may think of ourselves in a certain way, but if we find ourselves in a situation, we may not behave in the way we thought we would behave."

It has also humbled him.

"From caregivers, I've learnt just how resilient people can be. Some just keep going, no matter how bad things get."

Finally, it has taught him not to be judgmental.

"We're here to help, not be outraged."

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