



Silent Cries

Stories
of Mental Pain
and Survival

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PREFACE

In 2012, I started my journey to look for a researchable topic for my PhD. I went to see my former lecturer, the late Professor Dr Rahimah Aziz, who was a firm but very motherly person. She read my brief idea and gave me an alternative topic about mental illness. She turned down the invitation to be my supervisor, though, as she was retiring soon and that I would be in trouble if she had to go. I searched, read numerous reports from WHO and the MOH and quickly engaged with the issue.

Writing a proposal about mental issues was not an easy one. I lacked many things – resources, knowledge, and reference. I was all alone, but I was determined this could be my topic. The more I read, the more I realized that the subject was often treated as taboo, hidden under the carpet with a policy that should be more than just lip service. A year later, I went to see another potential supervisor, Associate Professor Dr Nor Hafizah Hj. Selamat after I secured the scholarship. It took her four months to reply to me. She contacted me, and we met up. It was a welcoming one, and I decided that she was the one!

Fieldwork was an eye-opener. The challenge of an outsider investigating the living experience of patients with depression is not an easy task. I had to get through multiple gatekeepers before reaching my informants. However, it was worth every effort! With the wisdom of a supervisor, Dr Hafiz set some tips to tone down the fieldwork stress. The patients who were my informants were terrific to me, and we talked about random topics until we came to a point where trust was established. I collected many stories of real-life struggles, which I witnessed in many dramas and soap operas on television.

CHAPTER 1

INTRODUCTION

MENTAL HEALTH MATTER?

Health without mental health is nothing. The famous statement from the World Health Organization (WHO) coined it right, but how much it could be endured by many? Mental health issues are intangible and hardly visible as physical ailments. According to WHO (2010a), mental health has become an emerging issue in developed and developing countries. For example, depression has been ranked among the top global burden contributing to disability. Pathology is expected to be the second most common cause of disability, and it will be placed at the head of the charts by the year 2030.

A similar trend is expected in Malaysia as the country faces a gradual increase in the pathology statistics of depression. Records show the presence of psychiatric morbidity of 10.7 percent in 1997; depression alone was recorded at 2.6 percent in 2002; with 40.9 percent of patients being Indians. Meanwhile, suicidal ideation among young people has emerged to be the highest in 2007, with overall morbidity of 9 percent in 2011 (Abdul Kadir, 2011). In more recent statistics, the Health Morbidity and Mortality survey stated that the prevalence of mental health problems among adults in Malaysia has increased by almost three folds compared to the previous report collected in 2008 (Institute for Public Health, 2015).

Simultaneously, most studies revealed that mental health patients' rights are systemically denied. The discrimination existed in the forms of employment, lack of accessibility to mental health care, insufficient facilities and expertise, stigmatized treatments, denial of social insurance,