

**IN THE GENERAL DIVISION OF
THE HIGH COURT OF THE REPUBLIC OF SINGAPORE**

[2026] SGHC 111

Originating Claim No 324 of 2026
Summons No 1144 of 2026
Summons No 1438 of 2026
Summons No 1477 of 2026
Summons No 1494 of 2026
Summons No 1551 of 2026
Registrar's Appeal No 104 of 2026

Between

Frank Lee

... Claimant

And

1. Institute of Mental Health
2. Ministry of Health
3. Attorney-General's Chambers
4. Lawrence Shyun Tsai Wong
5. Ye Kung Ong
6. Lucien Wong
7. Phyllis Jing Yi Ngor
8. Charmaine Li
9. Laura Chan
10. Lynette Teo

... Defendants

EX TEMPORE JUDGMENT

[Civil Procedure — Striking out]

[Statutory Interpretation — Statutes — Mental Health (Care and Treatment)
Act 2008]

[Civil Procedure — Abuse of process]

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Lee Frank
v
Institute of Mental Health and others

[2026] SGHC 111

General Division of the High Court — Originating Claim No 324 of 2026
(Summonses Nos 1144, 1438, 1477, 1494 and 1551 of 2026, Registrar's
Appeal No 104 of 2026)

Andre Maniam J
21 May 2026

21 May 2026

Andre Maniam J:

Introduction

1 The claimant is dissatisfied with being detained and treated at the Institute of Mental Health (“IMH”) on three occasions. By this action (“OC 324”) he sued the IMH (the first defendant), the Ministry of Health (“MOH” – the second defendant), the Attorney-General's Chambers (“AGC” – the third defendant), the Prime Minister (the fourth defendant), the Minister for Health (the fifth defendant), the Attorney-General (the sixth defendant), and four other individuals (the seventh to tenth defendants).

2 The claimant thereafter withdrew his claim against the AGC, but the suit continues against the remaining defendants.

3 IMH is represented by a law firm; the second and fourth to sixth defendants (collectively, the “Government Defendants”) are represented by lawyers from the AGC (Civil Division); the rest of the remaining defendants are unrepresented and were absent from today’s hearing. Of the seventh to tenth defendants, the claimant says he has served the relevant court papers on the tenth defendant.

4 These matters are before the court:

- (a) SUM 1144, the claimant’s application for an injunction, filed on 6 April 2026;
- (b) SUM 1438, IMH’s application to strike out the claimant’s claim in this suit, filed on 11 May 2026;
- (c) SUM 1477, the Government Defendants’ application to strike out the claim in this suit, filed on 13 May 2026;
- (d) SUM 1494, the claimant’s application for permission to file a contempt of court application against the IMH assistant director (“IMH AD”) who made an affidavit on behalf of IMH, filed on 15 May 2026;
- (e) SUM 1551, the claimant’s application for permission to file a contempt of court application against three lawyers from the law firm representing IMH in these proceedings, filed on 15 May 2026;
- (f) RA 104, the claimant’s appeal against various decisions by a senior assistant registrar (the “registrar”), filed on 7 May 2026; and

(g) (potentially) certain matters mentioned in the claimant’s affidavit of 18 May 2026, which are in the nature of applications, requests, or submissions.

5 This is my decision on these matters.

Background

6 In July 2024, the claimant was arrested for wrongfully confining the seventh defendant (“Phyllis”). This led to him being warded in IMH in the period from 19 July to 6 August 2024. He was also warded in IMH on two subsequent occasions, from 21 November to 11 December 2024, and from 17 April to 5 May 2025.

7 The claimant first commenced court proceedings in HC/OC 122/2026 (“OC 122”) against IMH and one Daniel Rouquette (“Daniel”). He then sought to make substantial amendments to his statement of claim in OC 122, and in the event decided to discontinue OC 122 and pay costs to IMH and Daniel, so that he could file a new suit – the present one – which he did on 6 April 2026. Daniel is not a defendant to the present suit.

8 In the claimant’s statement of claim (“SOC”) in the present suit, he says that he is not seeking compensation. At [29], he says, “Compensation for the things done to me does not exist, and so I am not seeking compensation through this lawsuit. This lawsuit’s primary goal is to prevent the things that were done to me from being done to others in Singapore.”

9 Instead, he puts forward two “claims/asks”:

(a) an injunction: “An injunction against the IMH prohibiting it from ever confining anyone ever again, protecting me from further harm and hurt” (at [32]); and

(b) a declaration: “A declaration outlining the truth as to what was done to Phyllis and I, and any other person who cares about me and/or is sad that its relationship with me disappeared as a result of the IMH’s actions” (at [33]).

10 In relation to the injunction, he says at [32](b) and (c) of his SOC: “Not only does it harm and hurt me when I get confined, I am constantly consciously aware that, at any given point in time, there are hundreds of human beings suffering at the hands of IMH employees in similar ways as I have”, and “As such, the IMH is hurting me 24/7 by harming and hurting others. Empathy, defined as the ability to understand and share the feelings of others, is a thing.”

11 In relation to the declaration, he says at [33](b), (c), and (d) of his SOC: “For the declaration to be shared with Phyllis at least, so that she can come to know the truth regarding what was done to her”, “It is important that this declaration is as transparent as it can be. It cannot hold back and phrase things more nicely to protect the feelings of the IMH’s employees. Doing so would come at the expense of the IMH’s victims”, and “The feelings of the IMH’s victims are more important than the feelings of their perpetrators, the IMH’s employees.”

12 The claimant’s SOC runs to 135 pages, including (as an appendix) his 41-page affidavit from OC 122 which he has titled, “The Truth About Psychiatry”, which he says outlines how psychiatry is harming human beings, and why it is the most evil hoax in the history of mankind.

13 At [8] of his SOC, the claimant offers the following “brief summary of the most important facts that [he has] outlined in ‘The Truth About Psychiatry’”

– I will refer to this summary as the claimant’s “Truths”:

(a) Psychiatric drugs are not medicine. They are drugs that alter the chemical compositions of ~ 500 trillion synaptic clefts in the human brain, and thereby rewire human brains and alter human beings.

(b) The existence of a human “mind” and the existence of diseases of such a mind are beliefs, not facts.

(c) Psychiatry is neither a science nor a form of medicine or healthcare. It can be looked at as either a system of beliefs and delusions making it a religion, or as an evil and illegal branch of philosophy.

(d) Psychiatrists are neither doctors nor scientists. They’re individuals who’ve read books and attended lectures on psychiatry, and received a degree stating that.

(e) The facilities society refers to as “Mental Health Hospitals” are not hospitals. They are more accurately referred to as Involuntary Human Alteration Facilities.

(f) It is logically impossible to confine an individual to an Involuntary Human Alteration Facility for the deemed protection of others and act in its best interest. It is therefore illegal to lock someone up in an Involuntary Human Alteration Facility for the deemed protection of others.

(g) Psychiatry is harmful to human beings, and therefore also to Singapore citizens.

(h) Every single day, the brains of hundreds of innocent Singapore citizens are rewired against their wills, without any evidence, let alone proof, that there is anything wrong with their brains.

Analysis

SUM 1438 and 1477 – the striking-out applications

Applicable principles

14 The IMH filed an application to strike out the action, as did the Government Defendants.

15 The applications are brought pursuant to Order 9 rule 16(1)(a), (b) and (c) of the Rules of Court 2021. Under that rule, a pleading (which would include the claimant’s SOC) may be struck out on the ground that:

- (a) it discloses no reasonable cause of action or defence;
- (b) it is an abuse of process of the Court; or
- (c) it is in the interests of justice to do so.

and the court may order the action to be stayed or dismissed or judgment to be entered accordingly. For completeness, O 9 r 16(4) provides that the Court may order any affidavit or other document filed in Court to be struck out or redacted on the ground that

- (a) the party had no right to file the affidavit or document;
- (b) it is an abuse of process of the Court; or
- (c) it is in the interests of justice to do so.

16 A claim that is factually and/or legally unsustainable may be struck out.

17 I evaluate first the claimant’s claim for an injunction, then his claim for a declaration.

The injunction sought in the SOC – whether unsustainable

18 The injunction the claimant seeks in his SOC is: “An injunction against the IMH prohibiting it from ever confining anyone ever again, protecting me from further harm and hurt” (at [32]). Is this unsustainable?

19 The IMH says that it provides hospital services including but not limited to specialised psychiatric services, and owns, manages and operates the hospital by the same name. The Mental Health (Care and Treatment) (Designated Psychiatric Institution) Notification 2010 (“MHCTN 2010”), which is

subsidiary legislation under the Mental Health (Care and Treatment) Act 2008 (“MHCTA”) provides in para 2 that “The Minister [for Health] hereby designates the Institute of Mental Health to be a psychiatric institution for the detention and treatment of mentally disordered persons under the Act.”

20 Sections 6–10 of the MHCTA provide as follows:

Admission for treatment

6.—(1) A person may be admitted to a psychiatric institution and there detained for treatment in accordance with the provisions of this Act for the period allowed by the provisions of this Act.

(2) Nothing in this Act is to be construed as preventing a person who requires treatment for any mental disorder —

(a) from being admitted to a psychiatric institution without any order or directive rendering the person liable to be detained at a psychiatric institution; or

(b) from remaining in a psychiatric institution after the person has ceased to be so liable to be detained.

Apprehension of mentally disordered person

7.—(1) It is the duty of every police officer or special police officer to apprehend any person (“P”) where the police officer or special police officer believes that P may endanger P’s or any other person’s life or personal safety, and P’s conduct is reasonably suspected to be attributable to a mental disorder, and take P together with a report of the facts of the case without delay to —

(a) any medical practitioner for an examination and the medical practitioner may thereafter act in accordance with section 9; or

(b) any designated medical practitioner at a psychiatric institution and the designated medical practitioner may thereafter act in accordance with section 10.

(2) For the purposes of and without limiting subsection (1) —

(a) a police officer’s or special police officer’s reasonable belief that P is endangering P’s life or personal safety is sufficient basis for the police officer’s

or special police officer’s reasonable suspicion that P’s conduct is attributable to a mental disorder;

(aa) it is sufficient that the danger to life or personal safety is only reasonably likely to occur and need not be imminent, and actual harm is not required; and

(b) “special police officer” has the meaning given by section 2 of the Police Force Act 2004.

Ill-treatment or neglect of mentally disordered person

8.—(1) If it appears to a Magistrate on the report of a police officer or on the information of a person that any person supposed to be mentally disordered (“P”) is not under proper care and control or is ill-treated or neglected by any relative or other person having the charge of P, the Magistrate may —

(a) send for P and summon the relative or other person as has or ought to have the charge of P; and

(b) after due inquiry make an order for P to be sent to a designated medical practitioner at a psychiatric institution for treatment and the designated medical practitioner may thereafter act in accordance with section 10.

(2) It is the duty of every police officer to report to a Magistrate every case of lack of proper care and control, ill-treatment or neglect mentioned in subsection (1) which may come to the police officer’s knowledge.

(3) Any police officer not below the rank of sergeant may visit any person supposed to be mentally disordered (“P”) in the care of any relative or other person having the charge of P for the purpose of ascertaining whether or not P is under proper care and control or is ill-treated or neglected by any such relative or other person.

(4) Any relative or other person mentioned in subsection (3) is legally bound to produce P for the inspection of the police officer and in the event the relative or other person refuses to do so shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$4,000.

Mentally disordered person may be referred to psychiatric institution

9. Where a medical practitioner has under his or her care a person believed to be mentally disordered or to require psychiatric treatment, the medical practitioner may send the person to a designated medical practitioner at a psychiatric

institution for treatment and that designated medical practitioner may thereafter act in accordance with section 10.

General provisions as to admission and detention for treatment

10.—(1) A designated medical practitioner at a psychiatric institution who has examined any person who is suffering from a mental disorder and is of the opinion that that person should be treated, or continue to be treated, as an inpatient at the psychiatric institution may at any time sign an order in accordance with Form 1 in the Schedule —

(a) for the admission of the person into the psychiatric institution for treatment; or

(b) in the case of an inpatient, for the detention and further treatment of the person, and the person may be detained for a period of 72 hours commencing from the time the designated medical practitioner signed the order.

(2) A patient who has been admitted for treatment or detained for further treatment under an order made under subsection (1) may be detained for a further period of one month commencing from the end of the period of 72 hours mentioned in that subsection if —

(a) before the end of the period of 72 hours, the patient has been examined by another designated medical practitioner at the psychiatric institution and that designated medical practitioner is of the opinion that the patient requires further treatment at the psychiatric institution; and

(b) the designated medical practitioner mentioned in paragraph (a) signs an order in accordance with Form 2 in the Schedule.

(3) A patient who has been detained for further treatment under an order made under subsection (2) must not be detained for any further period at the psychiatric institution for treatment unless before the end of the period of one month mentioned in that subsection, the patient has been brought before 2 designated medical practitioners working at the psychiatric institution, one of whom must be a psychiatrist, who have examined the patient separately and who are both satisfied that the patient requires further treatment at the psychiatric institution.

(4) Each of the designated medical practitioners mentioned in subsection (3) must sign an order in accordance with Form 3 in the Schedule.

(5) Two orders signed in accordance with subsection (4) are sufficient authority for the detention of the patient to whom they refer for a period not exceeding 6 months commencing from the date of the order.

(6) A person must not be detained at a psychiatric institution for treatment unless —

(a) the person is suffering from a mental disorder which warrants the detention of the person in a psychiatric institution for treatment; and

(b) it is necessary in the interests of the health or safety of the person or for the protection of other persons that the person should be so detained.

21 In view of the claimant’s “Truths”, the claimant does not accept that the IMH can detain or treat anyone, for he says that the existence of the human mind, and consequently the existence of mental diseases, are not facts. He says in his written submissions for SUM 1144 that if the IMH wants the court to believe in the existence of the human mind, diseases of that mind, mental health, mental capacity, and the like, under the Evidence Act the IMH has to prove to the court that those exist as a matter of fact. He says further, “I’m not stating that humans do not have minds, I’m just the neutral party factually stating that there is no proof for the existence of such a thing.” In his written submissions for SUM 1477, he says, “Fortunately, there is no proof that humans have minds, and so the MHCTA doesn’t make it legal to transport anyone to the IMH”.

22 From the court papers filed by the claimant, it seems that his argument is as follows:

(a) there is no proof of the existence of the human mind, and consequently no proof of the existence of mental disorders: accordingly,

there are no mental disorders, and no mentally disordered persons to which the MHCTA applies;

(b) therefore, he was unlawfully admitted to, detained in, and treated by IMH, because there is no proof that he has a mind, and so no proof that he has or had a mental disorder;

(c) it was thus unconstitutional for him to have been admitted to, detained in, and treated by IMH, because Article 9(1) of the Constitution says:

Liberty of the person

9.—(1) No person shall be deprived of his life or personal liberty save in accordance with law.

23 The claimant is wrong that the burden of proof rests on IMH to prove that there is such a thing as the human mind, and mental disorders, or to prove that the claimant has a mind or has or had a mental disorder. The claimant sued IMH claiming that IMH had acted unlawfully – it is for him to prove his claim. If proving his claim involves proving that there is no such thing as the human mind, or mental disorders, or that he does not have a mind, or never had a mental disorder, it is for him to prove that.

24 In any event, whether it is for the claimant or the IMH to prove the existence (or non-existence) of the human mind or mental disorders, Parliament and the courts (including our highest court – the Court of Appeal) have accepted the existence of the human mind and mental disorders.

25 The MHCTA is premised on the existence of the human mind and mental disorders. So too are other pieces of legislation, such as:

(a) the Mental Capacity Act 2008, which in s 4 addresses persons who lack mental capacity: “at the material time the person is unable to make a decision for himself or herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain”;

(b) the Penal Code 1871 (“Penal Code”), which in s 84 addresses acts of persons of unsound mind, and in s 300 Exception 7 provides a partial defence of diminished responsibility if the offender was suffering from an “abnormality of mind (whether arising from a condition of arrested or retarded development or any inherent causes or induced by disease or injury)” and other matters are satisfied;

(c) the Misuse of Drugs Act 1973 (“MDA”), which in s 33B(3) gives the court a discretion not to impose sentence of death in certain circumstances, including where (under s 33B(3)(b)) the person “was suffering from such abnormality of mind (whether arising from a condition of arrested or retarded development of mind or any inherent causes or induced by disease or injury) as substantially impaired his or her mental responsibility for his or her acts and omissions in relation to the offence under section 5(1) or 7” and other matters are satisfied.

26 Parliament did not pass all these laws in vain, which is what the claimant suggests in saying that there is no proof that the human mind exists.

27 Moreover, the courts (including the Court of Appeal) have accepted that the human mind and mental disorders do exist. For example, in *Roszaidi bin Osman v PP* [2022] SGCA 75, the Court of Appeal reduced the offender’s sentence from death to life imprisonment pursuant to s 33B of the MDA,

accepting that he suffered from an abnormality of mind (as he was suffering from major depressive disorder and substance use disorder at the material time): at [3]. In arriving at its decision, the Court of Appeal also relied on the expert evidence of psychiatrists (which runs counter to the claimant’s assertions: that psychiatry is a hoax; it is neither a science nor a form of medicine or healthcare, it is either a religion, or an evil and illegal branch of philosophy; psychiatrists are neither doctors nor scientists, etc).

28 Further, although the claimant’s case is that he does not accept the existence of the human mind, mental diseases (or disorders), mental health, mental capacity, and the like, in his SOC he says that in the week of 3–12 June 2024:

- (a) he was “incredibly unstable”;¹
- (b) it was a week and a half of him “feeling weak, emotional instability, wild sleep-visions...and what had been the emotionally scariest days of [his life]”;²

29 He also says that on 14 July 2024:

- (a) [in the late morning] “Phyllis was still asleep when I suddenly felt extreme fear. I felt as though I needed to get away from Phyllis to avoid infecting her with a mind-virus”;³ and
- (b) [after he left through the backdoor of his apartment] “[he] spent the next 20-30 minutes “paralyzed with fear in the hallways of [his]

¹ SOC, para 44(b).

² SOC, para 44(l).

³ SOC, para 44(d).

condo, at some point even laying face down on the floor in front of the elevator”, and his “best guess was that the scammers had some infiltrated [his] mind”, from a scam SMS he had received in the prior week.⁴

30 These assertions are inconsistent with his case that there is no proof that the human mind exists, and no proof that he himself has a mind.

31 In similar vein, the claimant also accepts the existence of the following:

- (a) empathy: see [10] above;
- (b) intelligence, and being smart or intelligent;⁵
- (c) emotions such as love⁶ and hate⁷;
- (d) emotional connection;⁸
- (e) emotional well-being;⁹ and
- (f) that people can be suicidal.¹⁰

32 The claimant’s “Truths”, on which his claim for an injunction is founded, are contrary to law, and his claim for an injunction is unsustainable.

⁴ SOC, para 44(e)–(f).

⁵ Claimant’s SUM 1438 submissions, at [4]; SOC, para 16(e), 17(f).

⁶ SOC, para 16(f), 17(g), 18(g), 19(i).

⁷ SOC, para 22(f), 24(e), 26(l), 28(j).

⁸ SOC, para 39(c).

⁹ SOC, para 42(d).

¹⁰ SOC, para 42(a), 44(a), 44(b), 44(d), 47, 49(o), 51, 62(f); and SUM 1144.

The injunction he seeks would prohibit the IMH from doing what the law – the MHCTA – allows the IMH to do. It would prevent the IMH from detaining or treating persons with mental disorders, and it would prevent the IMH from doing so even where this is necessary in the interests of the health or safety of the person or for the protection of other persons. Not only is the injunction the claimant seeks contrary to law, but it is also contrary to public interest.

The declaration sought in the SOC – whether unsustainable

33 The claimant’s claim for a declaration is similarly flawed.

34 To begin with, for a party to obtain a declaration it is not sufficient for the party to point to some difference, disagreement, or dispute that he wants the court to decide upon. For instance, if two persons disagree over whether it rained yesterday, they cannot insist that the court must decide which of them is right. A declaration is a discretionary remedy which (among other things) must be justified by the circumstances of the case, and the claimant must have *locus standi* to bring the suit and there must be a real controversy for the court to resolve: *Karaha Bodas Co LLC v Pertamina Energy Trading Ltd* [2006] 1 SLR(R) 112 at [14](b) and 14(c).

35 Here, the claimant has filed a 135-page SOC containing matters which he says he disagrees with IMH on (or which IMH would disagree with him on). It does not follow that the court must grant a declaration as to what in the SOC is true. The court in *Kok Zhen Yen v Beth Candice Wu* [2023] SGHC 126 stated at [77]: “a declaration is a remedy by which a court simply pronounces on the rights or even the remedies of the parties, even if such declaration is implicit in all remedies”. Here, in so far as the claimant is saying the IMH acted unlawfully in admitting, detaining, or treating him, his claim for a declaration in that regard

is unsustainable for the same reasons explained above in relation to the injunction he seeks in the SOC. In so far as the claimant wants to go beyond a determination of his legal rights and remedies (if any), it would not be appropriate for the court to grant him such declaratory relief.

36 The claimant says he wants “A declaration outlining the truth as to what was done to Phyllis and I, and any other person who cares about me and/or is sad that its relationship with me disappeared as a result of the IMH’s actions”. In the SOC, however, the claimant does not say the IMH did anything directly to Phyllis, in the sense of her being admitted to, detained in, or treated by IMH. The same applies to the claimant’s reference to “any other person”. What the claimant is referring to, is how the relationship he says he had with Phyllis, or others, was adversely affected by what the IMH did in admitting, detaining, and treating *him*. That goes back to what the IMH did to *him*, and his claims in that regard are unsustainable.

37 In his submissions for SUM 1477, in response to whether the SOC discloses no reasonable cause of action, the claimant belatedly says that he is “now seeking the following from the MOH” (at [7](a) to (c)):

- 7a) I am now seeking the following from the MoH:
 - i) I want the MoH to revoke the IMH’s licence, on the grounds that it’s not a hospital.
 - ii) I want the MoH to ban psychiatrists and psychologists from having offices in hospitals, on the grounds that they’re not doctors.
 - iii) I want the MoH to ban psychiatrists from prescribing brain-altering drugs, on the grounds that they’re not doctors.
- 7b) If you want me to rephrase these as strictly things that the court can order / award as a result of a won lawsuit:
 - i) I seek an injunction against the MoH that stops it from recognizing psychiatric institutions as

hospitals and stops allowing them to operate as such, on the grounds that they're not hospitals.

- ii) I seek an injunction against the MoH that stops it from allowing psychiatrists and psychologists from having offices in hospitals, on the grounds that they're not doctors. I assume that it's unintentional, but this deceives Singaporeans into believing they're doctors.
- iii) I seek an injunction against the MoH that stops it from recognizing psychiatrists as doctors and stops it from allowing them to prescribe brain-altering drugs, on the grounds that they're not doctors.

7c) As per Article 5 of the Government Proceedings Act, it is perfectly reasonable for I to hold the MoH accountable for mistakes and neglect like this.

38 The claimant's SOC made no claims against MOH: the injunction and declaration he sought only mentioned IMH, but in his submissions filed on 19 May (two days before the hearing) he asserts that he is "now seeking" three injunctions against MOH. This is in the nature of an amendment application hoping to save a statement of claim from being struck out. However, these new claims the claimant wants to put forward against the MOH are unsustainable, and I do not allow any amendment to introduce them. As with his claims against IMH, what the claimant wants to claim against MOH is based on the claimant's "Truths", but those Truths are contrary to law, in the form of legislation and court decisions. The IMH affidavit says that IMH is a hospital providing hospital services including psychiatric services; moreover, the IMH is designated by the Minister for Health under the MHCTN 2010 as a psychiatric institution for the detention and treatment of mentally disordered persons under the MHCTA. The claimant offers no valid basis to dispute this other than his unfounded assertions that psychiatry is a hoax, it is not a form of medicine or healthcare, psychiatrists are not doctors, etc. In particular, the claimant offers

no valid basis to say that doctors who are first qualified doctors before becoming psychiatrists, cease to be doctors because they are psychiatrists.

39 For the above reasons, the SOC discloses no reasonable cause of action.

Abuse of process and interests of justice

40 The SOC is also an abuse of process of the Court, and it is in the interests of justice to strike out the SOC.

41 For completeness, even if I had not struck out the claimant's SOC as against IMH, I would have struck it out against the other remaining defendants.

42 The claimant's SOC only includes claims against IMH, and not against any other defendant. The SOC discloses no reasonable cause of action against any other defendant, and none of the other remaining defendants (*ie*, defendants other than IMH) is a necessary or proper party in relation to the claimant's claims against IMH.

43 It is moreover clear that the claimant has not sued the other remaining defendants for any legitimate purpose: he has sued them because he wants to get their attention, but that is not a legitimate reason for suing someone. His motives are evident from the contents of the SOC. A statement of claim (per the prescribed form) is to provide a succinct and precise account of the facts justifying the claim; a claimant should not plead evidence by which material facts are to be proved, points of law, or legal arguments and submissions. The claimant's 135-page SOC, however, contains not only a 41-page affidavit (which is evidence), but also letters to the defendants. It is inappropriate to use a statement of claim for correspondence, and to sue people so that they will receive (and, hopefully, read) such correspondence.

44 Thus, the claimant says in his SOC:

(a) “My primary reason for including the MoH as a defendant in this lawsuit is to make it aware of how the IMH is harming the health of Singapore citizens”;¹¹

(b) “My primary reason for including the AGC as a defendant in this lawsuit is to make it aware of how the IMH is in violation of Singapore’s law and a detriment to Singapore’s public interest”¹²

(c) “My primary reason for including [the Prime Minister] as a defendant in this lawsuit is to make him aware of how psychiatry is harming Singapore citizens”;¹³

(d) “My primary reason for including [the Minister for Health] as a defendant in this lawsuit is to make him aware of how psychiatry is harming the health of Singapore citizens”;¹⁴

(e) “My primary reason for including [the Attorney-General] as a defendant in this lawsuit is to make him aware of all the crimes going on at the IMH”.¹⁵

45 In similar vein, in relation to the other defendants the claimant says that there are letters to them attached to the SOC.¹⁶

¹¹ SOC, para 11(g).

¹² SOC, para 12(g).

¹³ SOC, para 13(g).

¹⁴ SOC, para 14(g).

¹⁵ SOC, para 15(g).

¹⁶ SOC, paras 16(g), 17(h), 18(h), 19(j).

46 In relation to Phyllis, the claimant adds that he wants the declaration he seeks against IMH to be shared with Phyllis at least, but that is not a valid reason for suing her.

47 On 29 April 2026, the claimant discontinued his claim as against the AGC. He never had any claim for relief against the AGC, nor was it otherwise a necessary or proper party to this suit. Indeed, he had said in his SOC at page 80, “If you want the AGC to be removed as a defendant in this lawsuit, all you have to do is email me.”

48 He has said the much same thing in relation to the MOH (or its employees):

“I am not seeking anything from the MoH, other than you, as its employees, do your bests [sic] to protect the health of Singapore citizens, which at this point in time requires you to take appropriate measures to protect Singapore citizens from psychiatry.

.....

P.S. If you want the MoH to be removed as a defendant in this lawsuit, all you have to do is email me.

49 However, the claimant did not drop the MOH as a defendant. He explains that he wants to engage with the MOH and have a discussion about whether psychiatry is beneficial, and he says he does not know how else to get the attention of the MOH. But that is not a proper purpose for suing someone.

50 Likewise, although he dropped the AGC as a defendant, the claimant kept the Attorney-General as a defendant. However, he made a “settlement proposal” that if the Attorney-General would read through the SOC, and *personally* send him an email with a few paragraphs proving that he had read through the SOC, and asked the claimant to drop him as a defendant and

compensate him \$20,000 for his time, the claimant would do so. This only goes to show that the claimant never had any claim for relief against the Attorney-General, nor was he a necessary or proper party to this suit. The claimant just wanted his attention.

51 In similar vein, the claimant offered to pay the Minister for Health \$20,000 if he would read through the SOC and *personally* send him an email with a few paragraphs proving that he had read through the SOC. The same offer was made to the Prime Minister, save that the sum offered was \$50,000. However, unlike his position regarding the Attorney-General, the claimant said that he could not promise that he would drop the Minister for Health or the Prime Minister as defendants if they asked him to do so, he merely said he would consider it. The claimant never had any claim for relief against the Minister for Health, or the Prime Minister, nor were they necessary or proper parties to this suit. The claimant just wanted their attention.

52 Indeed, the claimant says as much, at the conclusion of his 24 April 2026 letter to the Prime Minister, the Minister for Health, and the Attorney-General (via the AGC):¹⁷

Once again, all I'm trying to do here is communicate to Singapore's Attorney-General, Minister of Health, and Prime Minister matters that I strongly believe are important to them. That's it. No more, no less.

53 This is in similar vein with the claimant's 14 May 2026 affidavit in response to the IMH's striking-out application, where he said at page 17:

It is entirely true that at this point in time I am not seeking reasonable action (or any action) against [the Prime Minister], [the Minister for Health], and the Attorney-General, but if they were to be removed as defendants, it would need to come from

¹⁷ IMH's affidavit dated 11 May 2026, at p76.

them, not from four AGC employees supposedly on behalf of them, hopefully on behalf of the government, but seemingly more so on behalf of psychiatry.

54 The same may be said of the seventh to tenth defendants: he has no claim for relief against them, nor are they necessary or proper parties to his suit against IMH.

55 The claimant says that the striking-out applications cannot apply to the seventh to tenth defendants, because the applications are brought by IMH and the Government Defendants. I reject this. A defendant who has been sued is not obliged to accept the continued involvement of other defendants who ought never to have been made defendants. Put another way, the claimant wants each of the seventh to tenth defendants to personally ask him to be dropped as a defendant – that is part and parcel of him wanting to get their attention, the very abuse of process on his part that justifies removing them as defendants.

56 For the above reasons, I grant the striking-out applications in SUM 1438 and 1477, strike out the SOC, and dismiss the claimant’s action in OC 324.

Consequences of striking-out

57 It follows from the SOC being struck out and the action dismissed, that pending applications such as SUM 1144 (the claimant’s application for an injunction), and RA 104 (the claimant’s appeal against certain orders made by a registrar in relation to OC 324) are rendered academic.

58 For good order, I dismiss SUM 1144 and RA 104, but in any event, I address them further below.

59 I also address SUM 1494 and 1551 (the claimant’s applications for permission to commence contempt proceedings), as well as what may be other applications raised by the claimant in his affidavits.

SUM 1144 – the claimant’s application for an injunction

60 The injunction sought by the claimant by SUM 1144 is less extensive than that sought in his SOC, in that the SUM 1144 injunction would still allow IMH to detain and treat individuals if “there is clear and concise evidence that an individual is likely to end its life in the near future”, *ie*, IMH could still detain and treat persons in clear cases of imminent suicide risk, but not otherwise. However, the injunction he seeks in the SOC would prohibit IMH from detaining or treating anyone at all.

61 Just as the injunction sought in the SOC is unsustainable for the reasons explained above, so too is the injunction sought by SUM 1144. The injunction sought by SUM 1144 would prohibit IMH from doing what the law allows it to. The injunction sought is contrary to law, and contrary to public interest.

62 Even if I had not struck out the SOC and dismissed the action, I would have dismissed SUM 1144.

RA 104 – the claimant’s appeal against various decisions of the registrar

63 The claimant says he is appealing against the decision of the registrar given on 5 May 2026, which has three aspects:

- (a) deciding not to put SUM 1144 in front of a judge for over a month, because the court is supposedly obliged to take care of a host of other matters first, which was a lie by the registrar on behalf of the Supreme Court;

- (b) deciding to allow IMH to not file a defence for at least a month, but what is most likely going to be multiple months;
- (c) deciding not to award a court process server for a week and a half.

64 First, and foremost, we are already at the hearing of SUM 1144, IMH has been allowed to defer the filing of its defence until after today’s hearing (which has already covered its striking-out application), and the claimant yesterday put in applications in the prescribed form for assistance with service—which have been approved. There is no practical order which the court can now make on the three points in question, and the claimant fairly recognises that.

65 Second, none of those decisions were made on 5 May 2026, as the claimant asserts. Instead, decisions (a) and (b) were made at a registrar’s case conference on 17 April 2026, the directions from which were reiterated in the registry’s letter of 5 May 2026. By the time the claimant filed RA 104 on 8 May 2026, he was out of time to appeal the decisions made on 17 April 2026.

66 Third, and in any event, the appeal against those two decisions is substantively without merit.

67 On SUM 1144 (which was filed on 6 April 2026) not having been placed before a judge for hearing by 5 May 2026 (or 8 May 2026, when RA 104 was filed), on 12 May 2026 that was fixed for hearing on 21 May 2026.

68 The court *can* hear injunction applications on an urgent “without notice” basis, but that does not mean that every injunction application is urgent.

69 The claimant appeared before the duty registrar on 13 April 2026 and said that OC 324 and the SOC had only been accepted 2 hours ago and he had not served them on the defendants. He was asked whether he had any issues with SUM 1144 being heard with all the other defendants in attendance and presenting their arguments. He said he was ok with that, and would encourage the MOH and Minister for Health to be informed of this and be allowed to have a say.

70 Four days later, the management of SUM 1144 was discussed at the registrar’s case conference on 17 April 2026. The registrar explained to the claimant that an application such as SUM 1144 (for which the claimant had said he was ok with all the other defendants being in attendance and presenting arguments) could be fixed for hearing only when it is ready for hearing, and it was incumbent on the court to ensure that the issue of service on the defendants was sorted out first, so that the court could determine if any of the defendants wished to take out any application to contest OC 324, and so on. The claimant then said that he understood that, and would continue to effect service “as soon as he possibly can”. His complaint in RA 104 that the registrar had wrongly not fixed SUM 1144 for hearing sooner than it had been, and that this was based on some “lie”, are completely baseless.

71 On decision (b), given that IMH had indicated at the case conference of 17 April 2026 that it would be filing a striking-out application, there was nothing wrong in the registrar deciding that IMH could put on hold the filing of a defence pending the hearing of that striking-out application. In the event, as I have struck out the SOC and the action, IMH does not have to file a defence.

72 Fourth, on decision (c), the registrar never made the supposed decision to not “award a court process server”. As explained in the court’s letter dated

20 May 2026, a self-represented party (“SRP”) who seeks the assistance of the court to serve court papers via a court process server needs to follow a certain process, starting by filling up a process server request form. The claimant had hitherto not followed that process at all.

73 Instead, the claimant had stated in his 27 April 2026 affidavit that he was asking for the assistance of a court process server to serve one defendant – Phyllis. That was an affidavit described as being to update the court on service of process, and to ask for such assistance. However, “An affidavit is a statement of evidence in the English language, signed and affirmed before a commissioner for oaths.” (O 15 r 18.) A party should not be using affidavits in place of correspondence, to make applications, or to make requests to the court. The registry cannot be expected to trawl through affidavits filed in court, to see if there might be some unexpected information, application, or request, and act on it. That is especially so for an affidavit filed for any particular hearing (in relation to which it might be referred to and considered).

74 The claimant then, in his affidavit of 18 May 2026 (again, not following the process for requesting the assistance of the court to serve court papers) mentioned that he asked the court to “Assign me a Court Process Server to assist me in serving Phyllis. I first made this request via an affidavit on April 27”. This time, the request was noted by the registry, and responded to in correspondence (but the point remains that the claimant had no right to expect the registry to act on requests in affidavits). In the event, on 20 May 2026 the claimant made requests in the proper way to seek assistance in serving papers on Phyllis and Laura (the ninth defendant), and those requests were approved the same day.

75 Even if I had not struck out the SOC and dismissed the action, I would have dismissed RA 104.

76 Before leaving this topic, however, I would also mention that RA 104 is also an abuse of process, and indeed, admittedly so. In the claimant's submissions for RA 104, he says at [5]:

Although on paper this appeal is against three decisions of [the registrar], its true purpose is threefold:

5a) To point out to the Supreme Court that [the registrar] is a criminal.

5b) To demand that an unbiased, non-criminal employee is assigned to manage [OC 324].

5c) To strongly recommend that the Court dismisses [the registrar] and reports him to the police / the AGC for criminal prosecution.

77 The ulterior motive ("true purpose") for what the claimant himself says is "on paper" an appeal against three decisions of the registrar, is transparently acknowledged by the claimant. This is unacceptable behaviour. If a litigant is dissatisfied with a registrar's decision, he does have a right to appeal; but to use that appeal not to genuinely seek relief in relation to the decisions under appeal, but rather to agitate for criminal action, dismissal, and for a change of registrar, is a shocking abuse of process. As this juncture, I shall say no more about the claimant's allegation of criminal conduct, as the claimant says he has initiated criminal proceedings by a magistrate's complaint.

78 It is clear that the claimant is not really interested in reversing the registrar's decisions that he complained about "on paper":

(a) In relation to decision (a), SUM 1144 was on 12 May 2026 fixed for hearing on 21 May, together with SUM 1438 and RA 104; the claimant took no steps to seek to bring forward the hearing.

(b) In relation to decision (b), in the claimant's submissions he does not ask to reverse the registrar's decision allowing the IMH to defer the

filing of its defence until after the hearing of its striking-out application; he merely asks that IMH be ordered to file its defence on an accelerated timeline after its striking-out application is dismissed (but instead, IMH has succeeded in its striking-out application, and so does not need to file a defence).

(c) In relation to decision (c), the claimant simply reiterated his request for the assistance of a court process server (this time in submissions, again not by way of the prescribed procedure for making such a request).

79 RA 104 is now academic with the action having been struck out; it is moreover wholly without merit, and an abuse of process. I have dismissed it.

SUM 1494 and SUM 1551 – the claimant’s applications for permission to file contempt applications

80 By these summonses, the claimant applies for permission to file contempt of court applications against the IMH AD who made an affidavit on behalf of IMH, and against three lawyers from the law firm representing IMH in these proceedings.

81 The AGC submitted that under s 3(1)(da) or (e) read with ss 30 and 31 of the Administration of Justice (Protection) Act 2016, no proceedings for contempt of court as defined in ss 3 or 4(8) may be instituted except by or with the consent of the Attorney-General.

82 Given that the Attorney-General’s consent was not obtained, I dismiss SUM 1494 and SUM 1551.

83 In any event, I would have dismissed those applications on the merits, for there is no *prima facie* case of contempt.

84 For SUM 1494, in relation to the IMH AD:

(a) The claimant says this statement (at [31] of the IMH affidavit) was a lie: “At best, the Claimant may be alleging that the care and treatment he received at IMH has in some way fallen below the standard of care”. That is no lie. The SOC contains a description of how the claimant had been treated while in IMH, and it was against that backdrop that the IMH AD said that “at best”, the claimant may be alleging medical negligence against IMH, but if so he would to have comply with the relevant Protocol, which entails filing an expert report together with the SOC, but the claimant had not done so.

(b) The claimant says the IMH AD hid behind the words “verily believe” to make a ridiculous statement, that was at best an opinion, the statement (at [31] of the IMH affidavit) being: “Finally, I am advised and verily believe that it is in the interests of justice for the Claimant’s entire claim in OC 324 to be struck out in its entirety.” That was merely a statement of IMH’s position in the striking-out application, which the IMH AD said she had been advised was the case, and verily believed to be the case. There was nothing untrue or improper in stating that. In the event, that position, advice, and belief was justified: I have decided that it is in the interests of justice for the claimant’s entire claim in OC 324 to be struck out in its entirety, and have done so.

(c) The claimant says that the IMH AD put words in his mouth and stated that he had admitted to something, which is completely false; relatedly, he says that the IMH AD made a statement about the wishes

of Phyllis, whom the IMH AD had never met, and could not possibly claim to know. The claimant complains about this statement at [29] of the IMH affidavit: “By the Claimant’s own admissions in the SOC, Phyllis no longer wishes to have anything to do with him and/or these proceedings (see for example, paragraphs 139(d) to 139(m) of the SOC).” There, the IMH AD did not say that the claimant had admitted that Phyllis no longer wished to have anything to do with him and/or these proceedings; rather, she was saying that based on what the claimant had admitted to in the SOC, such as in paras 139(d) to 139(m) of the SOC, Phyllis no longer wishes to have anything to do with him and/or these proceedings. The claimant disputes that characterisation, and he is free to do so, but that does not mean he can say that the IMH AD’s characterisation is a lie, or contempt of court. Indeed, the claimant’s response in his reply affidavit of 14 May 2026 at page 6 shows that the IMH AD’s characterisation of what the claimant had said in his SOC, was a reasonable one:

The bottom line is that Phyllis acting nervously around me and walking away from me on February 19th, can in no way be inferred to mean that she wishes to have nothing to do with me. Although I was careful not to push anything that day, because she did walk away from me.

Nor can Phyllis saying “whatever you got yourself into this time, leave me out of it” be inferred to mean that she wishes to have nothing to do with me. If Phyllis wished to have nothing to do with me, why wouldn’t she just tell me so?

Clearly, Phyllis still has feelings relating to me, or else she wouldn’t act like this. Obviously looking at Phyllis’ words and actions from the outside, it appears as though she seeing me now invokes unpleasant feelings, and perhaps even traumatic memories. However, this is unsurprising given everything in my SoC. The question with an obvious answer is what the cause of these unpleasant feelings and traumatic memories is.

85 SUM 1551, the claimant’s application for permission to file a contempt of court application against three lawyers from the law firm representing IMH in these proceedings, is in similar vein. It was filed on 20 May 2026, the very day before the 21 May 2026 hearing and past the court’s deadline of 15 May to file any applications for the 21 May 2026 hearing. In fairness to the claimant, he acknowledged that it might be too last-minute to be heard on 21 May 2026. The fact remains that the claimant would not even wait to see what happens at the hearing on 21 May 2026, before filing an application alleging contempt on the part of the lawyers representing IMH (and likewise on the part of the IMH AD making an affidavit on behalf of IMH).

86 In his supporting affidavit, the claimant identifies 18 aspects of IMH’s legal submissions that he disagrees with, but he was the most aggrieved about was the first one, which is the phrase in [41] of the submissions, “the fact that he has, at times, posed a danger to those around him.” That phrase is set in context below:

... The Claimant’s chief basis for doing so [ie, seeking to restrain the IMH from exercising its statutory powers in accordance with the MHCTA] is his rejection of psychiatry, and possibly his lack of insight and/or refusal to acknowledge or accept his own psychiatric illness and the fact that he has, at times, posed a danger to those around him.”

87 As the claimant notes, that part of the submissions cites, by way of example, the SOC at [62(i)] and page 84 of the claimant’s 14 May 2026 affidavit (in reply to IMH’s striking-out application), and he says that neither of those “even provide evidence, let alone proof, that I have ever been a danger to others.” The claimant misses the point – those two references were not cited to prove that he was a danger to others, but rather that he has a lack of insight and/or refusal to acknowledge or accept “the fact that he has, at times, posed a danger to those around him.”

88 As to whether the claimant had ever been a danger to others (which he vehemently denies), the IMH affidavit states at [12] that “Following a review on 22 July 2024, the Claimant was assessed to be suffering from a mental disorder which warranted detention for treatment for his own safety and to protect the 7th Defendant. Accordingly, a Form 1 order was issued pursuant to Section 10(1) of the MHCTA on 22 July 2024.” That is evidence that it was assessed then that (among other things) the claimant was a danger to himself, and a danger to Phyllis. Notably, the claimant does not apply for permission to commence contempt proceedings for that aspect of the IMH affidavit. Further, the IMH affidavit exhibits all the Form 1s and Form 2s (in the terms of the prescribed forms under the MHCTA which were signed in respect of the three periods that the claimant spent in IMH). These forms were required by s 10 of the MHCTA, and were duly signed. In particular, s 10(6) provides that:

- (6) A person must not be detained at a psychiatric institution for treatment unless —
 - (a) the person is suffering from a mental disorder which warrants the detention of the person in a psychiatric institution for treatment; and
 - (b) it is necessary in the interests of the health or safety of the person or for the protection of other persons that the person should be so detained.

89 The detention of the claimant at IMH for treatment was thus on the basis that (among other things) it was necessary in the interests of the health or safety of the claimant himself, or for the protection of other persons (in particular, Phyllis) that he should be so detained. Put simply, the relevant psychiatrists considered the claimant to be a danger to himself and/or others.

90 The submissions by the IMH’s lawyers were not “out of line” (as the claimant asserts): they fairly put forward IMH’s case, and even if the claimant

disagreed with that, that did not justify allegations of criminal conduct or contempt.

Other matters

91 For completeness, the claimant had in his 18 May 2026 affidavit (filed regarding whether the claimant wished to proceed with an application for judgment in default of defence, or one for summary judgment against IMH) said that he asked the court to:

- (a) order the IMH to file a Defence on an accelerated timeline after the May 21st hearing, if it wants to file a Defence; and
- (b) order the IMH to submit all its records and CCTV footages into evidence as soon as possible, so that the full truth can be established.

92 Point (a) above is in the nature of an application, request, or submission as to the time for IMH to file a defence (with the registrar having allowed IMH to defer the filing of the defence until after the hearing of its striking-out application). That does not belong in an affidavit. In any event, the claimant makes the same point in his submissions for RA 104 at para 17(e).

93 Point (b) above is in the nature of an application for document production. That should have been the subject of a formal application (and the claimant has made several such applications), it should not have been included in an affidavit.

94 Be that as it may, the claimant was told that he could raise these matters at the hearing. In the event, with the SOC having been struck out and the action dismissed, IMH does not need to file a defence (which takes care of point (a)),

or to produce documents (in relation to point (b)). If these had been pursued as oral applications, I would have dismissed them.

Conclusion

95 For the above reasons:

- (a) I allow the striking-out applications;
- (b) I strike out the SOC;
- (c) I dismiss the action;
- (d) I dismiss the claimants' applications.

96 After hearing submissions on costs, I order the claimant to pay the IMH costs of \$47,000 (all in), and to pay the Government Defendants costs of \$27,000 (all in).

Andre Maniam
Judge of the High Court

The claimant in person;
Kuah Boon Theng, SC, Kwok Chong Xin Dominic and Patricia Tan
Seok Kee (Legal Clinic LLC) for the first defendant;
Vincent Leow, Gan Yingtian Andrea, Dierdre Grace Morgan and
Bharat S Punjabi (Attorney-General's Chambers (Civil Division)) for
the second and fourth to sixth defendants;
Seventh to tenth defendants absent and unrepresented.
