

**UNDERSTANDING YOUTH MENTAL HEALTH IN SINGAPORE:
INSIGHTS INTO HELP-SEEKING AND SELF-DIAGNOSIS
THROUGH A PROFESSIONAL LENS**

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CONTENTS

ABSTRACT	3
1. INTRODUCTION	4
1.1. Social media and self-diagnosis.....	5
1.2. Mental health information-seeking behaviours.....	6
1.3. Research gap.....	8
2. METHODOLOGY.....	9
3. FINDINGS	10
3.1. Theme 1: COVID-19 as a turning point.....	10
3.2. Theme 2: Youth ownership of mental health	13
3.3. Theme 3: Self-diagnosis – a double-edged sword	15
3.4. Theme 4: When awareness backfires – The over-normalisation of mental health.....	20
3.5. Theme 5: How socioeconomic realities shape help-seeking.....	22
4. DISCUSSION	25
4.1. What do the results mean?	25
4.2. Reframing mental health in a changing world	28
4.3. Recommendations	30
4.4. Limitations of the study	31
5. CONCLUSION.....	32
6. ACKNOWLEDGEMENTS	33
7. REFERENCES	34
APPENDIX A: Table of participants	38
APPENDIX B: Interview guide.....	39

ABSTRACT

Mental health has come into sharp focus in Singapore, with the government declaring it a national priority, as more young people grapple with psychological challenges. Alongside this, there are growing concerns about how young people engage with mental health content on platforms like TikTok, and the impact such exposure may have. This study examines how Singapore youths aged 15 to 35 seek mental health support, based on professionals' observations, and explores their perspectives on self-diagnosis. In-depth interviews were conducted with 21 mental health professionals and others who work closely with youths, including psychologists, psychiatrists, counsellors and social workers. Five themes were identified: 1) the COVID-19 pandemic as a catalyst for awareness, 2) youth ownership of mental health, 3) self-diagnosis as a double-edged sword, 4) the over-normalisation of mental health issues, and 5) the influence of socioeconomic realities on access to care. The findings suggest that in a society unsettled by global uncertainties, Singapore must rethink how mental health is understood and addressed. This study argues that young people should be recognised as active agents rather than passive recipients of services, and that public discourse must move beyond awareness towards empathy, to build a more compassionate and resilient mental health ecosystem.

1. INTRODUCTION

In a recent nationwide survey (Institute of Mental Health, 2024), one in three young people aged between 15 and 35 reported having “very poor mental health”, with symptoms including persistent feelings of emptiness, tension or sadness. The findings from the National Youth Mental Health Study (2024) highlight the urgent need to address the mental health crisis in Singapore. The government has been stepping up efforts to raise awareness and promote well-being, notably, making mental health a national priority. A key part of this push was the launch of the National Mental Health and Well-being Strategy in 2023. The strategy aims to build a supportive mental health ecosystem, where people can seek help without fear of stigma and access the support necessary for their recovery.

It is not just young people who are affected by poor mental health. The National Population Health Survey (2023), which polled Singaporeans aged 18 to 74, found that 15% reported having poor mental health – up from 13.4% in 2020. Yet, young adults aged 18 to 29 made up the largest share of those struggling. Research shows that adolescence and early adulthood are critical periods for mental health. A meta-analysis of almost 200 studies found that about two-thirds of people who developed mental health disorders started to experience symptoms before they turned 25 years old (Solmi et al., 2022). The World Health Organization also identifies suicide as the third leading cause of death among 15 to 29-year-olds globally. Mental health conditions during adolescence can lead to difficulties in different aspects of life, including school, work, as well as relationships with family and peers. If these challenges are not addressed, they

could limit a young person's ability to thrive in adulthood (World Health Organization, 2025).

On the bright side, more people in Singapore are willing to seek help for mental health challenges, including from healthcare professionals such as doctors, counsellors and psychologists (Ministry of Health, 2023b). Almost eight in 10 people were also willing to seek help from informal support networks¹. Meanwhile, online platforms like social media also serve as a key source of mental health information for the tech-savvy younger generations. Psychologists have observed a new phenomenon on TikTok, in which children and teens are increasingly exposed to mental health-related content, from influencers sharing their personal struggles to posts offering coping methods (CNA, 2023). In Singapore, some counsellors are leveraging social media platforms to raise awareness about mental health and offer support to those struggling. Although social media can be useful for promoting mental health, there are also risks – for example, when people self-diagnose based on limited information.

1.1. Social media and self-diagnosis

Self-diagnosis may be understood as the process by which an individual identifies with a medical condition based on perceived symptoms, without formal confirmation from a healthcare professional. In recent years, news outlets have reported a rise in young people claiming they have mental health conditions, after engaging with content on TikTok (BBC, 2023; Bloomberg, 2025; CNA, 2023). So how does this happen, and why do youths self-diagnose?

¹ Informal support networks, in the 2023 National Population Health Survey, refer to friends, relatives, colleagues, religious leaders or teachers in school.

One way to understand this is through the Social Identity Theory (Tajfel & Turner, 1979), which posits that people partly define their identity through the groups they identify with. When youths come across content creators sharing their experiences with ADHD, anxiety or depression, they may relate strongly and hastily conclude they share the same condition. That is, even if their symptoms fall short of clinical criteria. This identification process may be validating and provide a sense of belonging. For young people, platforms like TikTok gave them “a safe space to talk about mental health and allowed them to feel seen by others going through similar experiences.” (Turuba et al., 2024, Abstract, para. 4) However, mental health professionals in Singapore and abroad have raised concerns about self-diagnosis (e.g. CNA, 2023; The Telegraph, 2024). For one, the sheer amount of misleading content on TikTok risks giving people an oversimplified, and at times, distorted understanding of mental illness (Yeung, Ng & Abi-Jaoude, 2022).

1.2. Mental health information-seeking behaviours

Understanding why young people might turn to online mental health information would be useful to contextualise their “self-diagnosing” behaviours. According to Wilson’s Model of Information-Seeking Behaviour (1999), information gathering can involve “active searching”, where people deliberately seek out resources to meet their needs.

Previous research has largely focused on how individuals who are already clinically diagnosed seek further information regarding their condition (e.g. Gowen, 2013; Aref-Adib et al., 2016). For example, Gowen (2013) noted that the types of information young adults sought online included medication, diagnoses, treatment

options, access to healthcare, as well as supports and resources. The study also identified five key motivations for seeking information, such as wanting to learn more about their condition, and finding a community of people who have similar diagnoses. Some young adults also turn to the internet as they are unable to afford more professional mental healthcare. On the other hand, there are those who look up information in preparation for a consultation with healthcare professionals, as well as others who valued the anonymity afforded by the online space, especially when discussing topics still stigmatised in many societies.

In addition to information-seeking behaviours, research has explored the broader impact of social media use on mental health (e.g. Berryman et al., 2018; Naslund et al., 2020). Existing literature pointed out the potential benefits and risks. Naslund et al. (2020) summarised current research on the use of social media among people with mental illness, and categorised potential benefits into three groups: one, facilitating social interaction; two, providing access to peer support networks; three, promoting engagement and retention in services. The authors also highlighted the risks, including worsening symptoms, as well as consequences on daily lives such as privacy concerns.

However, few studies have examined how undiagnosed individuals access mental health information online. The growing trend of young people “self-diagnosing” through content on platforms like TikTok raises important questions: Why are more young people doing so? Are they actively seeking information, or is it simply a result of greater exposure to such content due to algorithms? So what happens after they self-diagnose? It is important to understand why and how young people are utilising online resources to get mental health information, particularly regarding self-diagnosis, so that

measures can be put in place to mitigate the potential negative impacts. This is especially crucial as Singapore looks to leverage technologies to promote mental health and well-being as part of a national strategy (Ministry of Health, 2023a).

1.3. Research gap

In Singapore, research on how young people seek help for mental health has mainly relied on self-reported accounts (e.g. Chong et al., 2012; Picco et al., 2016). These may offer insight into perceived barriers and stigma, but they overlook the perspectives of mental health professionals. Given their broad exposure to different youths, these practitioners would be able to spot patterns in help-seeking behaviours that individuals may not even be aware of. Thus, their insights are valuable for understanding why behaviours like self-diagnosis or delayed help-seeking occur.

In addition, much of existing research is Western-centric, limiting its relevance to Singapore's multicultural and highly connected society. Therefore, this study seeks to explore the professional perspectives on how young people in Singapore seek mental health support and suggest considerations on how resources can be better tailored to meet the needs of young people in this unique cultural setting.

The research questions (RQs) are:

RQ1. What do mental health professionals observe about how young people aged 15 to 35 seek mental health support in Singapore?

RQ2. How do mental health professionals perceive the increasing use of online tools for self-diagnosis among youth seeking mental health support?

2. METHODOLOGY

A qualitative design was used, in line with the exploratory nature of the study. Semi-structured interviews were conducted with 21 mental health professionals and those who work closely with Singapore youth, including psychologists, psychiatrists, counsellors and social workers (see Appendix A). Interviews were conducted online, except for one via email correspondence, between November and early December 2024. Each interview lasted between 19 and 42 minutes.

Participants were recruited through convenience and snowball sampling, through LinkedIn, Google search and referrals from other interviewees. Although the different professions focus on different domains of mental health, be it clinical care or community support, each perspective contributes valuable insights to Singapore's whole-of-society approach to mental health.

For the interviews, a list of guiding questions was prepared (see Appendix B). Questions were designed to be neutral and open-ended, beginning with broad questions about observations of youths' help-seeking behaviour. This was followed by more specific topics, including their views on self-diagnosis and the associated benefits and risks.

The age group for youth was defined as 15 to 35 years old, consistent with the Culture, Community and Youth Ministry's definition.

For data analysis, thematic analysis (Braun & Clarke, 2006) was used to identify recurring patterns and overarching themes that emerged from the interviews.

Transcripts were systematically reviewed to generate initial codes, which were then grouped into overarching themes.

3. FINDINGS

Five key themes emerged from the interviews: 1) COVID-19 as a turning point, 2) Youth ownership of mental health, 3) Self-diagnosis in the digital age, 4) Over-normalisation of mental health, and 5) How socioeconomic realities shape help-seeking.

3.1. Theme 1: COVID-19 as a turning point

The COVID-19 pandemic was described as a turning point in Singapore's mental health narrative. Participants noted that it served as a catalyst for greater public awareness. This is as uncertainty triggered by the pandemic, especially during the circuit breaker lockdown, led to more people feeling distressed. During this period, mental health issues gained greater visibility.

“COVID accelerated awareness and conversations about mental health and struggles.” (#6)

“... when we have all the restrictions and the lockdown, circuit breaker and all that, people feel it. So you cannot dismiss it anymore.” (#16)

Participants highlighted that the unpredictable situation and social isolation escalated anxiety among the youth. They said the pandemic interrupted normal social development of young people, and what worries them most is how the impact persisted beyond the initial phase of the pandemic.

“I believe that the pandemic really has had a big impact on the development of social skills amongst youths. So, they are not as proficient [in the] skills that they would naturally pick up in the course of interacting with others ... as a result ... many of the youths that we see have developed some kind of difficulty developing that kind of social support network that is helpful for them.” (#11)

One psychologist explained that the heightened anxiety among young people today is a result of pressures stacking up. The stress from the pandemic, combined with ongoing global uncertainty, triggered what she calls a “domino effect”.

“The anxiety that we had from the pandemic continued because it was not dealt with or worked through, or we kept it and we didn't recognise it. And then the domino effect of all what's happening in the world, you know, where you talk about the economy, you talk about the perhaps the current situation in the workplace or in schools ... all these contributing factors then create the conducive environment for higher anxiety.” (#2)

Participants also spoke about how mental health support has become more accessible since the pandemic, with online resources and youth-led initiatives on the rise over the past five years.

“Every time you go to [a] social media feed nowadays, it's hard to not have any information about mental health.” (#14)

In addition, workplace well-being benefits have expanded access to support. One psychologist said, as some companies extend such benefits to employees' children, it has become more common for parents to arrange therapy for their kids (#1).

At the same time, participants described a shift in help-seeking patterns. While parents previously took the lead in arranging for counselling, adolescents are now more likely to seek support independently.

“Before COVID, I think there are more cases, like the parents want to bring their children [for counselling]. After COVID, [in] the recent one, two years, most of the time, the teenagers actually, they do their own research.” (#4)

The pandemic is also believed to have created a more open environment for discussing mental health. Young people who might have been reluctant to talk about their struggles became more willing to share their experiences with their peers.

“I think over the years, especially over the last five years ... people are a lot more open about seeking help, and when they seek help, they often want to, they often let their friends know.” (#14)

Finally, a notable shift in how the nation views mental health was observed during the pandemic. When the circuit breaker was first imposed, workplaces offering non-essential services had to close, except in emergencies. Private allied health services such as counselling, psychology and social work were affected. The move sparked confusion and backlash, but it also brought mental health under the spotlight. Eventually, the Health Ministry reversed its decision. One social worker reflected:

“[During circuit breaker period,] the government classified, like, private mental services as non-essential service. And after that, there was some pushback. Then eventually, they changed and recognise mental services as essential service. So that would provoke the thinking of ... how come healthcare is an

essential service, but mental health services, although the limitations [were] placed only on private providers, it triggered the reaction of 'what do you mean by like, no, mental [health] service is not essential?'" (#16)

3.2. Theme 2: Youth ownership of mental health

More and more young people in Singapore are taking charge of their mental well-being. They recognise when something feels off and proactively take steps to address it. Participants observed that students today (as young as primary school pupils) can acknowledge their difficulties and express that they need support much better than 10, 20 years ago. This shift is in part facilitated by the incorporation of social-emotional learning in schools, where students develop skills such as managing emotions and coping with stress. Outreach initiatives, such as assembly talks by school counsellors, further normalise help-seeking and create spaces in which students can exercise ownership over their mental health. One participant shared:

"So now you hear [teenagers] talking about [mental health] quite freely in school. They're no longer scared, and they're the ones that then would say, 'I think I need to see a psychologist. I need to see a counsellor.' ... They are able to say that 'I think I have an issue. I think I need to see someone.'" (#2)

The people closest to youths, such as friends or partners, are often their first line of support because they find it easier to confide in their peers. Participants noted that when young people hear positive experiences from their friends, they are also encouraged to consider seeking professional support.

“A very powerful one is the word-of-mouth ... Typically, young people reach out to their peers first ... they will recommend their peers to reach out to us.” (#16)

“They talk to their friends, and then they get a sense that ... they can seek help, and I think [seeking mental health support] is a little bit more normalised.

Because when they get to talk to their friends, right, then they realise, like, ‘Oh, this issue. I can actually talk to people about it. Let me go seek professional help.’” (#10)

In addition, participants highlighted the difference in mindset between today’s youth and earlier generations in help-seeking. For some youths, seeking counselling has even become a marker of openness rather than stigma.

“The trend has changed, really, because in the past, they will be like ‘I don’t want to see a school counsellor ... But these days, it’s more like, ‘Oh, you know, I’m seeing a psych’ ... So they are quite open, and they are quite proud to be seeing someone... They are very open to be vulnerable. They are very okay to seek help. Because [they] think it’s quite a cool thing.” (#4)

The shift from stigma to acceptance has also helped normalise conversations around emotional vulnerability. However, younger children seeking help remain constrained by structural barriers, particularly the need for parental consent to access counselling or therapy. One participant cautioned that despite more young people being open about mental health, their ability to share still depends on how comfortable or expressive they are.

“Because they are below the age of 21, the parents have to accompany them, sign a consent and all that ... And for children, sometimes it's really hard [for them] to voice out that ‘I need help.’” (#9)

“People who are [in] secondary school to maybe higher education at this juncture, I think they are far more likely actually to seek help on their own accord, you know, compared to the older generation ... [But] many of them don't really want their parents to know they're getting help. So that can be a challenge.” (#8)

In comparison, older adolescents and young adults are far more likely to seek support independently. This is mainly tied to their financial ability, especially for those who prefer private mental health services.

“Once they start working ... there's some sense of autonomy ... they can pay for their own sessions. [The age group] 21 to 35 that I'm seeing more of now - it's all self-referred. Usually, they are more aware of their difficulties.” (#10)

Cost and privacy aside, youths' growing ownership of mental health is closely linked to the easy access to information online. Mental health professionals observed that many young people are “educating” themselves through social media and other digital platforms to make sense of their struggles.

3.3. Theme 3: Self-diagnosis – a double-edged sword

Most participants noted that a growing number of young people are approaching them with preconceived ideas about their conditions. They attributed this to increased mental health awareness and the accessibility of information online, especially through

social media. Participants described the trend of self-diagnosis as a “double-edged sword”.

So why do young people self-diagnose? A key reason is people’s innate desire for clarity and control. Participants explained that self-diagnosis helps young people make sense of their emotional distress and provide a psychological sense of certainty.

“Because the unknown is scary ... When we have fear, our natural instinct is to control. So if we cannot control physical, we cannot control mental, we try to find our control function through what we can. In social media, control function can exist through knowledge. So I think that's what's happening right now.” (#17)

“[They could be] looking for quicker answers and solutions in a hectic world.” (#15)

Others spoke about how giving a label to overwhelming emotions, in a process called categorisation, can help reduce uncertainty.

“It’s a very human thing to do, human psychological thing to do, to categorise and organise information so that it helps us ... It's like, it's just organising information. It's just helpful for humans, because it reduces the mental load.” (#10)

Even as they expressed concerns, participants highlighted that there are benefits to self-diagnosis. They said it helps young people to better articulate the challenges they face. It also works as an initial talking point to dive deeper into underlying issues. For some youths, the search for a diagnosis signals a willingness to face and deal with their struggles.

“When they come in with their self-diagnosis, [it] also indicates that they are concerned, that they may have some challenges and they want to find out.” (#1)

“Usually people who self-diagnose, they are actively reading up on it. So I think there's more good than bad. At least if they over-diagnose, then they can seek relevant help. It's better than running away from it.” (#13)

One counsellor, who works in the community setting, mentioned that self-diagnosis can also serve as a form of triage, making it easier for young people to get the best support.

“If let's say [self-diagnosis is] used responsibly, you actually do provide yourself with a good level of triage ... So when we talk to them, we don't need to spend so much time teasing out what are these things. And we can then faster right pipe the resource to them.” (#17)

Being proactive in wanting to find out about one's condition is also seen as a positive step for youths taking responsibility for their own well-being.

“So if a person has more insight, more motivation, and they [are] more intrinsically motivated right, to be responsible. I think these people will grow a lot faster, because they ... are aware of their limitations ... They are self-driven to want to do something to cope with it.” (#9)

While self-diagnosis can open the door to help-seeking, professionals warned against its risks. A major concern is related to the ease and appeal of self-diagnosis. Several participants highlighted the risks of interpreting complex mental health issues through simplified online content.

“Sometimes that diagnosis actually is somewhat accurate. But the problem with this self-diagnosis, right, is that most of the time, what is being shared in the media, or even professionals on their social media ... will be the very classic textbook kind of cases. But people when they come in ... it's not the very ‘textbook cases’ that you have. So that prevents people from having the right diagnosis.” (#5)

Others also talked about the risk of confirmation bias. That is, when a young person suspects they have a certain condition, they may look for information that reinforces their beliefs. As one participant explained, that could “perpetuate and worsen the signs and symptoms” the individual is experiencing.

“So for example, if I think that I have a certain condition and I get more anxious about it, I start to look out for those signs. So there's a confirmation bias and, you know, it can affect the well-being of the person a lot more.” (#18)

Participants also noted the influence of social media content on young people, shaping how they perceive themselves. When they resonate with what they see, they may be very convinced about a specific mental health condition and identify strongly with the ‘label’, even if their conditions might not be that serious clinically. This can limit their sense of agency and create unrealistic expectations about the support they should receive.

“Sometimes young people become so convinced by maybe a 30-second, one-minute TikTok video they watched that ‘this is me’ ... it’s harder for us [to] tell them that ‘you may have some symptoms here and there, but it may not actually

breach certain thresholds that makes it a clinical problem'. [It] becomes quite hard to sort of negotiate that kind of thing because, you know, the person comes convinced they have this problem, and they have certain expectations. They want certain treatments, or maybe even excess arrangements in school and things like that." (#8)

At the same time, the proliferation of mental health information on platforms frequently used by young people is said to increase the risk of over-medicalisation. For instance, doing online questionnaires or quizzes to arrive at a "diagnosis" may lead to symptoms being interpreted as more serious than they are.

"Low moods, feeling anxious, a lot of physiological symptoms and all that are identical. So if you are using some of this info that's presented in a very basic layperson manner to do self-diagnosis, you might end up with 24 mental conditions at a go. And that's not helpful." (#16)

Participants said this could also encourage too many people to seek professional help. Several psychologists and psychiatrists pointed to the growing number of young people who self-identify to have ADHD.

"There's been an increased trend of young people saying that they've got ADHD. Either this is diagnosed by completing some survey on the internet, or this is what they receive from social media, and then they come to see a doctor, basically to rubber-stamp their experience, which we have to be very concerned with, and we have to be very careful about, that we are not over-diagnosing certain conditions." (#3)

Meanwhile, a psychiatrist highlighted that commercialisation in the mental health space could inadvertently contribute to over-medicalisation as well.

“Maybe a little controversial, but I think sometimes commercialisation as well ... I think there are people who sort of make businesses out of this, or commercialise certain treatments or things like that, which may not always be evidence-based as well. So, it's probably in their interest to promote greater awareness, and you know, make people have a lower threshold for seeking help as well. And so, I think that may also lead to greater, you know, what we call self-diagnosis. And the problem then is you may actually end up with over-diagnosis or over-pathologising ... sometimes maybe even over-treatment.” (#8)

Ultimately, a majority of participants agreed that as awareness and interest in mental health increases among the youth, it must not come at the cost of accuracy of diagnoses.

“The last thing we want is to have too many false positives.” (#16)

3.4. Theme 4: When awareness backfires – The over-normalisation of mental health

In contrast to over-medicalisation discussed in Theme 3, this section focuses on a parallel concern: over-normalisation of mental health. This refers to the tendency for genuine and serious mental health conditions to be downplayed or dismissed. Some professionals worry that as awareness grows, empathy may paradoxically diminish. They explained, when conversations centre on labels and diagnoses, people might

become too focused on naming a condition, rather than hearing out and supporting those in distress.

“The other danger about people somewhat being more aware of mental health issues [is that] there could be that danger of them, I would say becoming less supportive. You know, if let’s say, let’s say you come to me and you say that, ‘I’m struggling with this and this these days.’ And I go like, ‘Well, again, it sounds like you have depression, right? You should go and see someone.’ You know, I’m using my info here to support you. But maybe what you need at that point of time is not someone to tell you what to do or give you a solution, but to be supportive. You are opening up to me. You are being vulnerable. You know, what will be helpful is to connect with that person.” (#5)

Participants also highlighted how social media could amplify this over-normalisation. Some noted that mental health struggles were sometimes used as marketable content when the topic trended online. One observed that, alongside genuine disclosures, there were influencers who presented themselves as having mental health issues to align with the trend. Such portrayals, often celebrated as “brave”, risk trivialising lived experiences by turning diagnostic labels into fashionable markers.

“When it’s a popular topic, some of the social media influencers capitalise on it ... In the past two, three years, every social media influencer also [has] mental health needs ... because it’s a very hot topic ... So some of it, I think, it kind of over-normalise.” (#16)

Another concern raised was how casually people use clinical terms like “OCD” or “trauma”. When labels like these are used more loosely to describe many different experiences, their meaning gets watered down. One participant spoke about the challenge of explaining that someone’s experience is not clinically considered “trauma”, without minimising their distress.

“Most of the time it’s like because people throw the words around, like, ‘I’m very traumatised’ but like, this is not trauma. Then it’s very hard to tell them it’s not trauma but not discount that what they went through is a serious and concerning thing.” (#10)

3.5. Theme 5: How socioeconomic realities shape help-seeking

Even as mental health conversations become normalised, help is still out of reach or off the radar for many. A number of participants identified socioeconomic status (SES) as a key factor.

Practitioners across both private and community settings noted that the issue is not simply about whether people can afford counselling or therapy, but rather, whether they have the bandwidth to deal with their psychological needs. This is often reflected in their priorities. For families facing financial strain, bread-and-butter issues almost always take precedence, leaving mental health concerns in the shadows.

“If you don’t have money to eat – I’ve seen families who don’t even have money to pay their utility bill, don’t have enough money for the groceries for the week. How am I going to work with you on your mood when you don’t even have food to eat, and sometimes it’s a chicken and egg problem.” (#9)

Another participant warned against reducing the issue to “class” alone, stressing that the core difference lies in unmet needs, which naturally overshadow emotional concerns.

“Maybe a person from a low SES group might be facing needs with, let's say, their daily life, right, food, even transport. And so normally, in those situations, they might not be as interested, or maybe they don't have the capacity and space and time for, like, something more emotional, and they're like, I really just need – help me with this.” (#7)

Generally, there is consensus that when basic needs are not met, mental health falls down the list of priorities. However, an account from a counsellor suggests that the relationship between socioeconomic status and help-seeking is not always straightforward.

“There's no sense of urgency, because ... if a family's background is generally medium and above, they have no problem getting their basic needs met ... They can just choose to avoid, like they can go online, play games, they can sometimes watch videos. So, it's actually quite comfortable, it's an easy way out of the mental health issues.” (#13)

For individuals from higher-income families, material comfort could allow them to avoid confronting mental health issues through distractions. But interestingly, even within lower-income families, the increasing convenience of the gig economy can allow youths to do the minimum to survive without addressing deeper struggles.

“I guess even those who are not so well-to-do, the family, I think the nature of current workplace, [whereby there is] Grab², there's so much freelance jobs out there, they can just do all these freelance jobs and not take up a full-time job and they can still survive.” (#13)

In such cases, mental health concerns may still be sidelined, not only because of unmet needs, but also because avoidance offers an easier path. Avoidance is a common coping strategy across income groups, even if it may be expressed differently. In an age where screens are always within reach, distress or social discomfort – evolutionary cues that once pushed people to act – can be dulled by gaming or scrolling social media. This, in turn, reduces the urgency to seek support.

Beyond priorities and avoidance, differences were also observed in how more affluent and less well-to-do families approach help-seeking. One participant who transitioned to private practice recounted his earlier experience working with youths from lower-income backgrounds:

“Those clients that might come from lower SES ... you probably get a lot more less psychologically-minded people. Over here [in private practice], people might come with a goal ... ‘That's the reason I want to see you ... help me with this.’” (#19)

² *Grab* is the developer of a superapp for services like ride-hailing and food delivery. In this context, the interviewee is using it to illustrate examples of flexible jobs, such as food delivery and private-hire driver.

4. DISCUSSION

4.1. What do the results mean?

Through the perspectives of professionals, this study explored patterns in help-seeking behaviours, as well as their perception of the use of online tools for self-diagnosis among Singapore's youth.

The study reveals a significant shift in the mental health landscape post-pandemic, in which young people are more informed and proactive in taking charge of their own well-being. This reflects a broader change in how society views mental health. The pandemic laid bare an uncomfortable truth, that anyone can be struggling, not just those traditionally considered vulnerable. This recognition is an important turning point for a society that has been slower to talk openly about mental health than the West.

Young people play a pivotal role in shaping this new landscape. The new generation of youth is learning on their own and becoming more knowledgeable about mental health. Their agency is in part facilitated by the wealth of information online, but it also appears that peer influence plays a strong role in how they manage their well-being. Interestingly, the idea of FOMO (fear of missing out) – which is often viewed negatively – now motivates some young people to seek help in order to stay connected to their peers. Hence, it is important to recognise that youths are no longer just passive recipients of services, but they can become active agents of change as well.

Even though attitudes towards mental health have become more positive, socioeconomic factors still stand in the way of support. As participants pointed out, the issue is not simply about dollars and cents, but about the value people place on mental

health itself. This aligns with Maslow's hierarchy of needs, which suggests that basic needs for survival often come before psychological needs. Yet, the reality is not so straightforward. Recall the social worker who observed that, regardless of background, many young people today can find ways to get by due to the conveniences of modern society and the availability of flexible work options. These enable them to go with the flow and delay help-seeking until crisis strikes. With avoidance easier than before, those most in need risk drifting further from society. It is, therefore, crucial to address this issue of youths going under the radar by providing structured support before they disengage completely.

Regarding the use of social media and online resources for self-diagnosis, professionals were of consensus that despite some risks, digital tools are largely empowering. Online platforms have democratised access not only to mental health information but also psychology-related terminology. They have provided youths with the language to articulate their struggles, giving shape to emotions that once felt formless. In this way, self-diagnosis reduces uncertainty, and professionals recognise that it opens the door to help-seeking. This signals a growing sense of youth agency, as young people take greater control over their mental well-being.

Yet, interviewees cautioned that social media can spread misinformation and reinforce unhelpful beliefs. For instance, oversimplified content can strip away the nuances of the complexity of mental health issues. Also, portraying mental health as nothing more than symptoms matched with solutions can end up turning what could be normal human emotions into something that looks like a medical problem. Furthermore, in unregulated online spaces, some content creators may encourage over-diagnosis

and over-treatment to serve their personal interests. For professionals, this makes self-diagnosis a fraught terrain, as they negotiate with clients holding strong but sometimes inaccurate preconceptions. On the flipside, the issue may be interpreted as a reflection of a power difference between the authority of experts and the lived experiences of clients.

Professionals nonetheless acknowledged that self-diagnosis is, ultimately, a way of coping with and managing internal chaos in a world that feels out of control; it is not inherently harmful. In this sense, despite its risks, self-diagnosis is seen as preferable to avoidance.

At the same time, the findings also suggest that awareness might backfire when discussions on mental health become “trendy”, potentially reducing genuine struggles to buzzwords. Participants warned that over-normalising mental health challenges risks eroding empathy and diminishing human values like compassion and active listening. As a result, people may start to believe there is a quick fix for everything, and helping risks becomes a mechanical task rather than a relational one. This concern echoes Nikolas Rose’s (1999) notion of psychologization, a process where social and structural issues are reframed as psychological ones. Consequently, individuals are expected to take responsibility for themselves and align with the norms. Think of it as how someone who feels overwhelmed is told to go for therapy, without addressing the toxic workplace that is causing the burnout. Failure to confront structural issues would send the message to young people that the burden of mental health is theirs alone to carry.

Overall, the findings show that young people today are more informed, aware and proactive in shaping their own mental health care, through online resources and

interactions with their peers. Rather than being told what to do, they want to be in control. This marks a shift away from the expert-led model of mental health care, where top-down approaches may no longer resonate with the youth. The implications are clear: It means professionals, policymakers and communities must start to recognise young people as active agents who are redefining the conversation around mental health. In other words, there needs to be a fundamental mindset shift in the approach to mental health care.

4.2. Reframing mental health in a changing world

This study contends that viewing mental health exclusively through a clinical, individual lens is too narrow for today's realities, where social pressures and collective challenges affect well-being just as much as personal factors. Although clinical frameworks are essential for diagnosing and treating pathological conditions, they cannot fully address the wider societal aspects of distress that has become more prominent post-pandemic. What is needed then, is to reframe mental health as a shared challenge – one that reflects not only individual vulnerabilities but also the stresses society is facing as a whole.

For a long time, mental health was mostly seen as an individual issue, with interventions centred on diagnosis, treatment and coping strategies. However, the rapid pace of global change, exacerbated by the COVID-19 pandemic, has thrown into disarray what things like stability and resilience mean. The pandemic revealed that vulnerability, is in fact, a shared human condition. The increased anxiety levels observed post-pandemic could be better understood as a natural response to the stress society is facing, rather than individual disorders. Just as young people try to find their

place in this world, the society too, is struggling to recalibrate in the face of shifting norms.

The dissonance people feel today may have originated from a disconnect between social norms and the realities of a world in constant flux. From a social constructionist point of view, mental health is not only a biological or psychological phenomenon, but also shaped by social meanings, norms and structures (Burr, 2015; Gergen, 2010). This implies that moving forward, the focus should be on building support systems that foster compassion, empathy, resilience and shared responsibility, beyond individualised solutions. For this to happen, individuals would need to recognise that the world has changed and unlearn outdated norms.

At the same time, care must be taken not to encourage therapy as a default response to those who are struggling. Doing so risks reducing mental health into a binary of well versus unwell. As several participants reminded, visible symptoms often mask deeper struggles such as stress, confidence issues and so on. These may be personal or triggered by external factors like family or societal pressures. To fully grasp the underlying issues, we must take into account the wider contexts in which distress arises.

Therefore, beyond expanding counselling services or recommending individual coping strategies, the findings point to the need for a mental health support system that is grounded in empathy. It should normalise vulnerability and motivate communities and institutions to play an active role in promoting well-being. Therapy should become less about “fixing” individuals and more about walking alongside youths through challenges

in a sensitive and supportive manner. Above all, mental health must be understood as a shared concern, not a private burden.

4.3. Recommendations

To bridge that shift in perspective, this paper proposes four suggestions. First, mental health professionals and policy makers should see young people not as passive recipients, but as partners in shaping mental health services. Their agency should be embraced as an opportunity for co-creation, with young people engaged in designing initiatives that reflect their needs.

Second, mental health education should be taught alongside digital literacy. Young people today spend much of their time in the online world, and it is inevitable they come across mental health content they resonate with. Instead of dismissing them for trying to make sense of their struggles online, educators and practitioners could validate their desire to understand themselves while also equipping them with skills to evaluate information they find.

Third, in strengthening relational support systems, it is crucial to train parents, peers and close networks of youths in active listening and compassionate response. The key is to avoid simply throwing a solution to those in distress to fix themselves. When young people feel seen and heard, they are less likely to experience isolation. This approach will focus more on collective care, where mental health support is embedded in everyday spaces.

Finally, mental health discourse must move from raising awareness to fostering empathy. Initiatives could highlight the lived experiences of young people with mental

health conditions. This can be through youth-led dialogues or intergenerational conversations. While it is impossible for anyone to fully understand another's struggle, anecdotes from others could bring society closer to empathising with lived experiences, fostering compassion and genuine recognition. This in turn, will reduce stigma and strengthen solidarity.

4.4. Limitations of the study

The study rests on the assumption that young people seek help when facing mental health challenges, as more express willingness to turn to formal and informal sources for support (Ministry of Health, 2023b). However, as some participants noted, there remains a group of “hidden” youths – those who are the hardest to reach yet often require the most help. Hence, a different approach will be needed to engage them.

At the same time, this study focused on broad observations offered by professionals. While these insights were valuable in providing the big picture, incorporating first-person accounts from youths would have added more authenticity to the findings. Hearing directly from them could shed light on what goes through their minds when deciding whether to seek help, how they make use of online resources, and how they lean on people around them for support. Getting the perspectives of both professionals and youths would provide a fuller understanding of the topic.

Lastly, most of the interviewees in this study were private practitioners, except for six counsellors and social workers who work in community settings. While many private practitioners had prior experience working in the public sector with youths as well, the clients they see now may be of different profiles, understandably, with cost as a major

factor. Future research could include practitioners in public mental health settings, to find out whether there are any different trends that may be specific to public services.

5. CONCLUSION

In a world marked by uncertainty, young people in Singapore are actively redefining how mental health is understood. This study highlights a significant shift in the mental health landscape in the aftermath of the COVID-19 pandemic. Young people today are more informed, and more are taking the wheel in managing their own well-being, for instance, by seeking professional support on their own accord, or looking up information to better understand their conditions. While this growing agency is empowering, practitioners also warn of the dangers of over-medicalising or over-normalising mental health issues.

This study calls for mental health to be reframed as a shared concern, keeping in mind the evolving social and cultural values. To this end, the study proposes for youths to be involved in co-creating well-being initiatives targeted at them. Interventions should also focus on building empathy and strengthening social support. Ultimately, a more compassionate and inclusive approach is recommended – one that is respectful to different cultures and supported by the community. The challenge is for the nation to come up with an approach that is not simply pulled off the Western context.

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APPENDIX A: Table of participants

No.	Profession	Years of experience (as of 2024)
1	Psychologist	18
2	Psychologist	About 20
3	Psychiatrist	Over 15
4	Counsellor	17
5	Psychologist	About 15
6	Youth coach; social worker	20
7	Counsellor	About 8
8	Psychiatrist	Over 15
9	Psychologist	8
10	Psychologist	Over 15
11	Counsellor	Over 10
12	Counsellor	About 14
13	Counsellor	Over 6
14	Psychiatrist	Over 15
15	Psychiatrist	About 15
16	Social worker	About 15
17	Counsellor	About 10
18	Social worker	About 10
19	Psychologist	About 20
20	Psychologist	About 10
21	Counsellor	1

APPENDIX B: Interview guide

1. How frequently do you work with youths (15-35 years old)? Can you describe your role in supporting youth mental health?
2. What are some of the most common mental health concerns that you see among young people?
3. Are there certain mental health challenges that seem to be becoming more common, or is it relatively stable over time?
4. Could you share any observations about this group seeking professional help?
 - Have you seen any changes or patterns in how youths approach seeking professional help?
5. What are some things you think might affect a young person's decision to seek mental health support?
6. How do you think social media and digital platforms are influencing help-seeking behaviour among young people?
7. I've seen reports about young people self-diagnosing mental health conditions through social media or other online resources. What are your thoughts about that?
 - a. What are your thoughts on the use of psychometric tools online for self-diagnosis compared to other methods, such as those on social media?
 - b. What role do you think social media plays in how young people seek help for their mental health?
8. Why do you think youths might be self-diagnosing when it comes to mental health?
 - a. What are the most common conditions that they self-diagnose?
9. What do you think are the potential risks or benefits of self-diagnosis?
10. How do you approach clients who come in with a self-diagnosis? Do you find it helpful, or does it interfere with your assessment?
11. How do you think the accessibility of mental health information online influences self-diagnosis? Do you see it affecting people's decision to seek professional help?
12. In your opinion, could self-diagnosis affect how individuals view their state of mental health? How?
13. Have you experienced any cases where an individual seemed overly reliant on their diagnosis? Or have you observed different patterns of how people relate to their diagnoses?
 - a. (If yes) What are some signs pointing to that?
 - b. What could be the implications for their personal growth?
14. What do you think might happen if someone becomes overly reliant on their diagnosis? How could that affect them?

15. Have you observed any differences in how people among various demographics, such as social class, race or gender seek professional psychological support?
16. What more can be done to encourage more young people to seek appropriate or suitable mental health support?