



## Young Singaporeans Conference 2024: Mental Health Panel 1: Mental Health Across Stages of Youth

By Joscelyn Chong

The first panel of the Young Singaporeans Conference 2024, titled “Mental Health Across Stages of Youth” focused on mental health in one’s early years. It also shed light on the multi-faceted impact of adverse childhood experiences (ACEs) and transitional phases. Moderated by Mr Leon Lim, Research Fellow at Institute of Policy Studies (IPS), the panel featured Professor Kenneth Poon, Dean, Education Research, Centre Director, Centre for Research in Child Development, National Institute of Education; Ms Vivyan Chee, Deputy Director and Head, Flourishing Minds, Singapore Children’s Society; Mr Muhammad Syazwan Bin Mohamed Suhri, Team Lead, SAMH C’SAY CREST-Youth @ East Singapore Association for Mental Health; and Ms Ling Anne Hsieh, Managing Director and Co-Founder, Project Green Ribbon Limited.



*Panellists and Moderator of Panel 1 (from left to right): Ms Ling Anne Hsieh, Mr Muhammad Syazwan Bin Mohamed Suhri, Ms Vivyan Chee, Professor Kenneth Poon and Mr Leon Lim.*

### **Youth Mental Health — How Has it Changed Over Time?**

Mr Lim began the discussion with a question to the panellists on developments in youth mental health over time. Pointing to research, Professor Poon shared that one's early life experiences would impact one's current state in life. Such early life experiences could include ACEs. Ms Chee explained that ACEs could be potentially traumatic or difficult events (such as tensions from parental divorce), unlike misconceptions that ACEs refer to only traumatic events. Based on observations from his professional experience, Mr Syazwan added that the term "trauma" has been loosely used term in the youth community. Furthermore, Ms Ling pointed to intergenerational trauma whereby issues from one generation lead to the issues of subsequent generation(s). Ms Ling cited a case of familial pressure to a school-going individual, which later led to issues in his later years. While early intervention attempts to identify risk factors in young children, Professor Poon cautioned against seeking causal relationships between risk factors and outcomes; he added that the cumulative stress model suggests that outcomes often do not result from a single factor but are an accumulation of stressors in a child's development. Applying it to ACEs, Professor Poon said that longer-term impact might emerge from an accumulation of ACEs that had crossed the child's threshold of protective factors or resilience.

### **Mental Health — Protective and Risk Factors**

Mr Lim prompted the panel to discuss protective and risk factors. Professor Poon cautioned that protective factors could also be risk factors, explaining that such factors could include parental relationships, parent-child relationships, family resources, the child's disposition, larger environmental factors (e.g. peer relationships, support network), etc.

When Mr Lim enquired about the impact of protective factors on organisational work, Ms Ling described her organisation's focus on the youths' safety. Instead of explaining the youths' experience to them, which prompts re-lived experiences, her organisation would ensure the youths' emotional safety. She noted that with time, youths would be more forthcoming with speaking to professionals. Additionally, Ms Chee underscored the importance of regular parental engagement. She pointed that parents were often stressed when contacted by professionals due to perceived issues. Accordingly, she highlighted being intentional in ensuring regular parental engagement, to provide information and assurance to the parents. Ms Chee also noted the adoption of strengths-based approach in youth work, which comprises early strengths recognition. Mr Syazwan added that youths often would reject family involvement due to the latter being the stressors or reluctance to worry them — in spite of families being protective factors. He shared that professionals could be protective factors at the community-level; with a youth-centric approach, professionals could serve as role-models to the former.

### **Creating Safe Spaces in the Community**

During the question-and-answer segment, a question was raised about the creation of safe community spaces for ACEs-related support. In addition to the Singapore Children's Society's

children's helpline, Ms Chee shared the importance of helping youths to understand the support needed and the expected subsequent steps. Ms Ling described shelter support that are available for youths, as well as referrals to other agencies for support. Additionally, she highlighted that word-of-mouth through schools and friends could be helpful. Mr Syazwan spoke about his centre's programmes such as expressive arts, which help in peer-to-peer and youth-to-professional relationship building. Accordingly, the youths might have greater readiness to seek support from the professionals, who would then collaborate with the relevant community stakeholders to provide support. Finally, Ms Chee highlighted that intergenerational ACEs might also influence youths' perception that ACEs are acceptable until a point where they realise otherwise. She noted the importance for programmes to provide safe spaces to encourage youths to seek support. Mr Lim summarised the panellists' responses: various touchpoints are available for youths and relationship building is crucial.

### **Finding Balance in the Discussion of ACEs**

Mr Lim summarised a few questions from the audience on balancing the discussion of ACEs because they could be serious (e.g., trauma) and also to provide opportunities for growth when ACEs are appropriately managed. Ms Chee shared about safety as a priority, where safety would be verified with the youths during screening. She also underscored the importance of early intervention to interrupt early symptoms. Additionally, Mr Syazwan spoke about professionals' role in psychoeducation on the threshold of acceptability. Ms Chee added that it is important to look at the impact of events on the individual, and that post-traumatic growth is possible and it is important to share such stories. Professor Poon also spoke about thinking of resilience as an outcome, unlike the general inclination to perceive it as a trait (i.e., what one has). He suggested that youths could be supported in how they could overcome and develop from experiences.

### **Navigating Cultural Differences in ACEs**

A question was posed on the extent of cultural differences in ACEs and its navigation. Ms Ling observed a similarity in profile and circumstances amongst lower-income group. In addition, Ms Chee shared about the cultural implication and contextual nature of child protection. For example, caning acceptability differ across countries. Thus, professionals would educate families, who might adopt different parenting styles based on cultural backgrounds, on what are unacceptable practices. She added that certain factors would be taken into account in engagement — such as language barrier, gender dynamics, etc. Professor Poon shared his thoughts on cultural differences at two levels. At the youth level, he wondered whether youths' perceptions of their circumstances would be influenced by culture. He thought it might play a role in the young person's appraisal of the situation – e.g. whether it is normalised or negative. At the parental level, he noted about parental beliefs when engaging in certain behaviours (e.g. behaviours done in good faith or driven by emotion). Professor Poon also emphasised the toxicity of chronic stress on youths. Ms Chee highlighted the importance of empowering youths with the resources and tools to articulate their experiences. Mr Lim summarised the discussion: the importance to understand ground realities, research and practice, as opposed to jumping to solutions.

## **Mental Health and Mental Well-Being**

An audience member asked for the panel's perspectives on overlaps between mental health and mental well-being models and the implications to practice or policies. Ms Chee noted the dual continuum of mental health and mental conditions (e.g., a person without a mental condition might not necessarily have good mental health). Apart from mental condition prevention and early intervention, she spoke about identifying resources for one to flourish — including basic factors such as diet, exercise and sleep. Mr Syazwan shared about national-level efforts such as CREST-Youth. He said that CREST-Youth is aligned to the local tiered care model. His team typically focuses on youths on Tier 1 (i.e., generally well) and Tier 2 (at-risk of mental health conditions). Tiers 3 and 4 include youths who have mild-to-moderate symptoms and chronic mental health conditions, respectively. He commented that he saw this as a gatekeeping process — extending to mental health advocacy, well-being programmes and emotional support provision. Professor Poon added his observation that there has been an evolution from the sole focus on psychopathology to a focus on both psychopathology and well-being. He also observed shifts towards the study of eudaimonic well-being. He noted that there might be times whereby people do meaningful things that might not necessarily make them happy. He shared that this could be a possible third dimension in well-being.

## **Impact of Models on Transitional Periods on Youth/Community Work**

Mr Lim prompted the panel to discuss about the models that could guide people's thinking about transitional periods and the impact on the work with youths and communities in the future. Ms Chee responded that transitions could pose both opportunities and risks. For example, the transition from primary school to secondary school often leave youths confused with what to do. She also emphasised considering transition points in programme design, to minimise youths falling through the cracks. Both Mr Syazwan and Ms Ling added insights about issues emerging from youths' transitions out of institutions. As institutions offer safety nets, such as youth counsellors, Mr Syazwan noted that youths who transitioned out of such institutions might experience issues such as on the avenues to seek help, emotional management etc. Similarly, Ms Ling added that youths who transitioned out of juvenile homes might experience transition issues due to the loss of routines. Consequently, these youths, who sometimes lack basic life skills such as being punctual and managing their own meals, might not be able to meet societal expectations. Accordingly, Ms Ling's organisation is examining post-institution care guidance for the youths. In addition, Ms Chee added the value of meaning-making in instilling a sense of groundedness amidst uncertainties.

## **Transitions and Resilience**

Mr Lim probed the panellists about building resilience during transitional periods. Ms Ling described the transition support for youths at Project Green Ribbon. Youths were offered an interim shared accommodation (about 3–4 individuals per accommodation) with modest support through issuing coupons. Broadly, this model provides opportunities for the youths to learn independent living skills and build connections. While Ms Ling acknowledged the importance of professional support, she reminded that it is not everything. She said that the youths also went on to become mentors; being able to turn pain into purpose is powerful as

youths would feel good about themselves. Ms Chee encouraged the holistic view of resilience, such as looking at internal qualities and systems, including informal systems. One way is encouraging youths to see support as a youth-agency partnership, rather than the adoption of a victim's mindset, she noted.

### Care Support for Caregivers

Mr Lim referred to an audience's question on the availability of support for caregivers intervening in ACEs cases. Mr Syazwan shared some available resources/support, including Caregiver Alliance and trauma-informed care by a few organisations to promote awareness of ACEs in the communities. However, he also noted practice challenges in reaching out to caregivers, stemming from consent-seeking from youths and caregivers to work with the organisations. Ms Chee underscored the importance of two factors in ensuring caregivers' receptiveness: (1) helping caregivers feel safe, and (2) accessibility of support such as language inclusiveness, bite-sized content and community-based support. Professor Poon highlighted the significance of just-in-time concept for caregivers, noting that caregivers might experience intergenerational ACEs too.

### Panel Closing — One Takeaway for Attendees

Mr Lim summarised the panel discussion thus far. Prior to concluding the panel, Mr Lim asked the panellists about one thing they hoped attendees would take away from the session. Mr Syazwan highlighted the need to choose the best support for oneself as there is no one-size-fits-all support for individuals. Ms Ling reminded the audience about the importance to check-in with oneself, because better self-care helps one better support others. Ms Chee noted the importance of the ability to pause, because quick fixes could bring unintended consequences — and to be hopeful that change is possible. Lastly, Professor Poon reminded people working in the ACE space that the responsibility to solve clients' issues does not solely fall upon them. Mr Lim welcomed the audience to connect with the panellists over lunch if they had more questions. The panel discussion concluded with appreciation expressed to the panellists.

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*If you have comments or feedback, please email [ips.update@nus.edu.sg](mailto:ips.update@nus.edu.sg)*