



Young Singaporeans Conference 2024: Mental Health Panel 2: Mental Health Provisions

By Shaw Wen Xuan

The second panel of the Young Singaporeans Conference 2024 centred on mental health provisions in Singapore. Moderated by Dr Robyn Tan, Research Fellow at the Institute of Policy Studies (IPS), the panel featured Dr Rayner Tan, Assistant Professor at the Saw Swee Hock School of Public Health, National University of Singapore; Ms Andrea Chan, Deputy Director of TOUCH Mental Wellness; Dr Syed Harun Alhabsyi, Consultant Psychiatrist & Medical Director of The Starfish Clinic of Psychiatry & Mental Wellness and Nominated Member of Parliament; and Mr Chng Kai Fong, Permanent Secretary (Information and Development) at the Ministry of Digital Development and Information.

Noting the immediate relevance of the National Mental Health and Well-Being Strategy 2023, Dr Robyn Tan provided a run-down of the strategy's four focus areas, namely:

- (1) expanding the capacity of mental health services
- (2) enhancing capabilities of service providers for early identification and intervention
- (3) promoting mental health and well-being
- (4) improving workplace mental health and well-being

She also highlighted the tiered care model as a framework for organising services and touchpoints, matching the types of interventions with the level of mental health needs.

Next, Dr Robyn Tan invited the panellists to share their opinions on the strategy, including locating possible gaps in the current set of policies and strategies, identifying population groups that may continue to be at-risk as well as sharing their visions of what potential solutions might look like.

The panellists responded to this prompt in turn, with the discussion concluding with a question-and-answer session.



From left to right: Mr Chng Kai Fong, Dr Syed Harun Alhabsyi, Dr Robyn Tan (moderator), Dr Rayner Tan and Ms Andrea Chan.

On the benefits of the current strategy, Ms Andrea Chan first acknowledged that there were efforts to develop the capacities of systems providing mental health support in Singapore, identifying the example of going beyond having just one tertiary hospital — the Institute of Mental Health — in serving the whole population. Second, under the tiered system, service providers can focus on community health service provision and act as one-stop touchpoints within the neighbourhoods. Assessments performed by Community Outreach Teams (CREST) should right-site service users, so that organisations can then carry out evaluations to understand the user's journey in seeking out mental health and well-being support. Next, under this strategy, community members will better know how to reach out and support others. Finally, workplace mental health is supported by helping employers understand how to support employees, such as by excluding the need to declare mental health statuses.

Ms Chan wondered how Singapore might intervene for individuals with relatively well-managed, chronic mental health conditions, specifically individuals that fall under Tier 3 of the national framework who no longer required acute care or support. She suggested that building communities and connecting such individuals could serve multiple functions, including building feelings of personal safety, guarding against social isolation and reducing the burden of individual responsibility and perceived stigma against mental health conditions through mutual support. Community mutual aid would thus allow professionals serving community members classified as Tier 3 to be resourced by other youths who might require acute or immediate support. In addition, Ms Chan shared how community members could advocate for each other and identify mental health struggles before they become too severe.

Cyber Wellness and Mental Health and Well-Being

Ms Chan stated that the digital lifestyles of youths and their mental health have converged, referencing Australia's recent announcement of its social media ban for children, to protect the mental and physical health of children. She wondered if such a policy decision might be compatible with Singapore's push towards being a digital nation and concluded that youths were likely to be more competent at exploring and utilising online spaces and tools, and that policymakers might run the risk of attempting to "beat them [youths] at their own game" if they were to pursue such a strategy.

Ms Chan also noted how socially anxious individuals could be when perpetually engaged in largely unregulated online spaces that are enabled through platforms that assist in daily tasks, such as food delivery and online conferencing applications. On individuals who already struggle with in-person social interactions or are subject to anti-social behaviour such as bullying, Ms Chan shared anecdotes of how these individuals could experience poor mental health if they also experience online harms, thus presenting with experiences of loneliness or anxious behaviour. Speaking broadly about online spaces, Ms Chan highlighted other risks, such as a lack of a stable community for remote workers, low self-esteem from comparisons on social media, or decreased focus and productivity at work.

Specifically for youths with autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD), Ms Chan noted how this population group may be prone to using digital tools and games excessively due to their struggles in drawing boundaries and with impulse control. Furthermore, Ms Chan shared how role-playing games can help individuals with ASD cope with the difficulties that they experience with in-person interactions. While online spaces can act as safe havens for these youths, experiencing online harms could exacerbate their mental health struggles.

To address this problem is the Digitally US programme by TOUCH Community Services, focused on integrating cyber wellness and mental health and well-being. The programme provides individual support complemented by group work, and was designed to be inclusive for youths with ASD and ADHD, addressing both cyber wellness and mental health and well-being concurrently.

Ms Chan also described plans for parents and youth ambassadors to be onboarded to the programme. These ambassadors will serve as community builders and stable figures within the community from whom other youths can seek support. Youth ambassadors, comprising youths who have graduated from the programme, can then continue to be monitored and thus receive some support in relapse prevention through continued engagement in the community.

Investigating Upstream Determinants

Dr Rayner Tan cited the sociological expression of "personal troubles and public issues", relating this expression to his journey and struggles with mental health, suicide and addiction, and to the collective challenge of early identification of mental health struggles.

As a youth struggling with Tourette's syndrome, sexual orientation and identity, as well as having undergone traumatic experiences, Dr Tan recounted some of his escalating struggles

with mental health while growing up, alongside his positive experiences with drug rehabilitation, therapy and mindfulness practices. He reflected on his relative lack of awareness regarding mental health and intervention options as a youth, attributing his experiences to the general lack of language to talk about mental health and well-being.

Dr Tan posited that mental health issues only become a cause for concern amongst individuals and communities when consequences or problems have manifested. His experiences led him to consider the different types of support that could have been accessible to him as a youth and that might have addressed these escalating mental health concerns.

Dr Tan then shared the need for upstream interventions in mental health and going beyond the tiered care model. He identified that in developing interventions, not all communities within the population might be identified, and neither can the programme be expected to adequately cover the wide range of communities. Therefore, upstream interventions are needed to enable early identification of mental health needs and risks, and communities must be developed to provide and receive the support needed.

Dr Tan also expressed concern over fragmentation in the tiered care model, as it is unlikely that any one organisation can cope with different populations' needs as a one-stop touchpoint. Across a single tier, he hypothesised that service users might need to attempt to access multiple services within the broad landscape of service providers to holistically address their mental health needs. This challenge is compounded by the uncertainty of service users' experiences transitioning between different tiers, especially as agencies transfer information and case management responsibilities.

Building Communities for Mental Health and Well-Being

Dr Tan described the work done by The Greenhouse, a substance use recovery centre where he is Director, and the underlying issues, such as adverse childhood experiences, that service users face that contribute to the mental health struggles they experience. To this end, volunteers at The Greenhouse undergo extensive training, including the ethics of peer support, to enable them to support other members of their community struggling with substance use. The Greenhouse also staffs trauma-informed case managers who are competent at identifying and assessing underlying causes of mental health struggles, especially factors such as adverse childhood experiences, as well as in developing care plans that address the different needs of service users with referral pathways and coordinated care.

Dr Tan reflected on the possibilities for developing mechanisms for communities to come together and tap on resources collectively, as The Greenhouse did, rather than implementing top-down policy decisions with pre-allocated resources.

Addressing the topic of suicide prevention and the recently launched Project Hayat, a white paper on national suicide prevention strategy that Dr Tan contributed to, he acknowledged the efforts that the Ministry of Health has put into developing core competencies within the healthcare system in Singapore. These efforts included the interagency task force, implementing step-down care, and drawing up a multi-pronged approach to suicide prevention. Dr Tan also drew attention to the struggles of both students and educators specifically. As

students contend with narrow definitions of success and heavy expectations regarding educational achievement, educators will have little space to negotiate support for students over worries about institutional rules and parental boundaries.

Dr Tan considered moulding Singaporeans' perspectives towards broader definitions of success and achieving a consensus of moving towards a more compassionate society to allay educators' worries and students' struggles.

The Intersections of Addressing Mental Health

Dr Syed Harun Alhabsyi spoke about the intersections of mental health across multiple domains, including between domains, between tiers defined within the National Mental Health and Well-being Strategy Paper, and between the public and private sectors.

First, Dr Harun said that the mental health care of youths is a highly complex issue and difficult to solve; mental health will concern not only the medical domain but also educational institutions, social services and workplaces. The fact that youths are a heterogeneous group complicates the mental health struggle even more, leading to difficulties in calibrating appropriate solutions for the population and realising substantive outcomes after an extended period.

Healthcare	Education	Social Services	Employment
National Mental Health and Well-being Strategy will continue to guide existing medical teams	Exploring markers of success and their meanings	Safety in families	Evolution of workspaces
	Resilience of students	Challenges and stressors within the family unit	Employee-employer relationships
	Socialisation	Confidence and self-esteem	Employment terms Employee assistance programmes

Table: Examples of domain-specific concerns, listed by Dr Syed Harun Alhabsyi.

Second, Dr Harun also expressed the need to observe how the different tiers described in the national strategy will play out in practice, as he views that there will be overlaps and gaps between each tier. He argued that established pathways of care that have worked in physical health do not always apply to a mental health model, cautioning that while organisations might look to focus on specific tiers within the national strategy to focus their resources on to drive efficiency, it could lead to weaknesses in managing different transitions. Dr Harun raised the example of how one service user transitioning between adolescence and adulthood-catered services should look very different from an older adult attempting to seek help.

Regarding acute care practice and psychiatric wards, typically classified in Tier 4, Dr Harun suggested decentralising psychiatric support away from restructured hospitals and into the community, to normalise conversations regarding mental health by drawing parallels with physical health.

Finally, Dr Harun noted the possibilities for integrating the public and private sectors. He raised an example of the concern over the long waiting period for referrals to psychiatric services. Here, Dr Harun made comparisons to efficiencies in transport, where users can select from different offerings depending on individual needs and financial abilities. He made the case for private-public integrations as being mutually beneficial to addressing both the cost pressures of private healthcare and the time pressures of public healthcare, as they can be ameliorated through active collaborations between the sectors, allowing for an efficient distribution of services catering to different needs and abilities.

Caring in the Public Service

Mr Chng Kai Fong shared candidly about his journey with mental health and spoke about his depressive symptoms, the pivotal support received by a mentor who checked in regularly with him, and subsequent professional support. He iterated that mental health remains a journey for him as he continues to manage and cope with his challenges.

Mr Chng also spoke about his time leading the Economic Development Board (EDB) during the COVID-19 pandemic, when he shared an understanding that public servants then could have been struggling with mental health and well-being. In implementing a series of measures to understand and tackle workplace mental health and well-being, Mr Chng anchored the interventions on the idea that individuals enjoyed feeling like part of a community and attempted to "institutionalise community" within EDB. These measures included de-formalised department meetings where employees could gather to partake in fun activities and provide infrastructure for mental health support through employee assistance programmes such as counselling support through the phone and in person. Mr Chng also shared the importance of removing the stigma of mental health support, relating to first-hand experience of the pressures that he had faced in disclosing his own needs. He thus assured employees that leadership would only track usage of, rather than the identity of the user of services.

There were other workplace initiatives. One featured wellness ambassadors in the public sector to check in with other employees to do early identification of mental health needs, where a local startup Intellect was contracted to meet the mental health and well-being needs of employees. There were also leadership milestone programmes focused on gaining awareness about individual mental health and well-being, to equip employees with tools and providing information for services that offer support. Mr Chng emphasised the importance of role modelling in leadership through the leadership milestone programmes, building on a point about how the local press had also offered normalising narratives regarding conversations about mental health through interviews with high-performing individuals, such as Mr Piyush Gupta of DBS.

Mr Chng concedes that the current state of addressing mental health and well-being is currently limited mainly to awareness and that more can be done to address workplace mental

health. Going beyond infrastructure, he called for conceptualising compassionate methods of crafting and achieving key performance indicators at work, being mindful about after-work-hours communications given the state of perpetual digital connectedness, as well as exploring opportunities to harness artificial intelligence in helping individuals to manage their stressors, such as through prompting for journaling.

Mr Chng also shared his concern about individuals flaunting their mental health conditions as a badge of honour and the trivialisation of mental health conditions. He posited that when people do not fully understand mental health struggles, trivialisation could occur, and support might come from others in the form of platitudes, which might be unhelpful for the individual struggling with their mental health. Closing his sharing, Mr Chng directed the conference towards looking at the Forward SG campaign's call for collectively re-imagining society and pathways to success.

Question-and-Answer Session

Q: How should we address mental blocks, such as toxic masculinity or “losing face”, that might prevent individuals from seeking help?

A: The panellists noted that this question related to the stigma attached to help-seeking. Dr Harun said that prejudice — manifesting in the form of a lack of knowledge, understanding and awareness — underpins stigma. More discussion and information, such as the availability and types of support, could address this stigma. Addressing the concept of toxic masculinity directly, Ms Chan shared about the work done as part of the “Beyond the Label” campaign, which provided a space for men to talk about their struggles, along with facilitated discussions about specific issues, such as breadwinning and feeling responsible for the well-being of the family. This space allowed for the normalisation of such struggles and hence normalised help-seeking.

Dr Harun also emphasised that stigma is present in everyday interactions. While society expects individuals to be ready to seek help when needed, we cannot expect individuals to feel ready to seek help immediately if everyday conversations are not well-informed and Singaporeans are dismissive of mental health interventions and cases about the individuals in our community struggling with mental health issues. Ms Chan pointed to efforts made in developing a media guide on reporting critical issues that pop up in the news, to reduce the stigma against mental health issues by reducing the incidence of misconceptions or stereotyping.

Dr Rayner Tan raised similar sentiments, drawing the contrast between the tiered care model that seemingly represents a spectrum of mental health needs, and the overwhelmingly negative perception of mental health struggles that some residents may hold. This negative perception could reinforce itself when residents try not to associate mental health struggles with their family members, and possible solutions could lie in investigating the morals and values surrounding mental health in Singapore while changing the tone of conversations regarding mental health in Singapore.

For organisations, Mr Chng said leaders should aim to remove or reduce the friction in obtaining support by creating awareness and enabling access.

Q: In looking at Malay men's mental health from a racial and religious lens, clinical interventions are often recommended for cultural stigma. Along with observations of trends towards an increasingly individualistic society and the decline of cultural groups and communal cultural spaces, are there any intentions to seed ground-up initiatives in the community?

A: Dr Rayner Tan agreed with the worry of an over-medicalisation of mental health — given that the tiered model of care is also based on medical diagnoses — and suggested that efforts be made to acknowledge, value and empower the creation and utilisation of local knowledge, expertise, and assets through community-based efforts. He cited the Lombok Declaration in 2022 as a successful example of community-based, cultural efforts to tackle mental health within the community.

Mr Chng attributed the trend of an increasingly individualistic society to the rise of social media and “doomscrolling” but conceded that social media could connect individuals with niche interests. Mr Chng suggested that interventions focus on facilitating opportunities for people to expand their social networks and take advantage of Singapore's relatively smaller geographical size, and that current initiatives like Friendzone SG, social running clubs and other community events already offer good opportunities to network and make friends.

Dr Harun remarked that as this new social equilibrium is being configured, we could perceive that social media is currently eroding the communal spaces and relationships that we have seen to benefit us. However, as we access increasingly immersive virtual reality experiences, Dr Harun is curious about how these technologies, which could shift cultural practices and groups to individual devices, might impact our social interactions and feelings of connectedness.

Q: A main challenge for integrating mental health care into our workplaces is convincing employers that productivity and mental health are mutually supportive, not mutually exclusive. In your opinion, how far away are we from achieving this as a society?

A: Ms Chan noted that in Singapore, the utilisation rates for employee assistance programmes (EAPs) may be close to 1 per cent; in the United States this is around close 1 to 3 per cent. These utilisation rates already are a marked increase from the past, signifying a shift in employer mindsets around mental health and well-being.

Mr Chng stated that employer-employee dynamics have been changing. From interview processes, there is a trend of employees being increasingly interested in the meaning and purpose of the work done in the company. Bosses will need to adapt and learn, reflect on leadership practices, and consistently check in with employees while providing space and support. He asserts that a whole-of-nation effort is needed to shift the culture around workplace mental health, and plenty of structural supports are already in place.

Q: What are the basic provisions and best practices that organisations should implement?

A: Dr Rayner Tan shared that the focus must be on convincing companies why mental health and wellness should be integrated through research and advocacy. He referenced WorkWell Singapore and former Nominated Member of Parliament Ms Anthea Ong's work with CEOs on integrating mental health and well-being in the workplace. Rather than attempting to implement new offerings and receiving pushbacks or difficulties, Dr Tan suggested tapping resources that employers already agree on and expanding the scope beyond physical health, such as including mental health treatment and well-being benefits in medical insurance or utilising sick days for mental health and well-being services.

Beyond providing services, Mr Chng cites Prof Amy Edmondson's concept of creating psychologically safe organisations, believing that psychological safety promotes productivity through open communication and feedback.

Closing Thoughts

In closing, Dr Robyn Tan invited the panellists to share their closing statements for the conference.

Dr Rayner Tan said we can be the change we want to see. He added that we do not have to wait for things to happen; we should gather and mobilise resources to effect change.

Dr Harun described everyone that was present at the conference as being invested in the topic of mental health. He encouraged them to build contacts to understand the current spaces and challenges. Sharing individual challenges with others is valuable too, he added, as they may have useful advice or experiences to offer.

Ms Chan said mental health is not just a health, social or education issue, as it is highly complex and nuanced. No single agency has the answer, and we are all pieces of the puzzle that make up the solution. Therefore, we should have all hands on deck to tackle the issue of mental health and well-being.

Mr Chng concluded by saying that we are not alone in facing problems and creating solutions. Sometimes, it does not take a lot to start a movement, and it is good enough to start with an idea and focus on taking the next step.

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