



Young Singaporeans Conference 2024: Mental Health Participants' Presentation to Guest-of-Honour, Senior Minister of State, Dr Janil Puthuchery

By Roslina Yong

The participants of the Young Singaporeans Conference 2024 took part in group discussions pertaining to the conference theme, Mental Health. Each group discussed issues surrounding one of the two panel topics: Mental Health across stages of Youth, or Mental Health Provisions.

Group representatives then each gave a 4-minute presentation that was presented to the Guest-of-Honour, Dr Janil Puthuchery, Senior Minister of State for the Ministry of Digital Development and Information and Ministry of Health.

Panel 1: Mental Health Across Stages of Youth

GROUP 1

The group highlighted that navigating life's uncertainties is a fundamental aspect of being human. They emphasised the shared experiences of challenges and transitions that connect us all. Members discussed how current socio-economic circumstances present unique challenges, particularly intensified by social media. The constant comparison to the successes of others can lead to feelings of inadequacy and stress, creating a heightened sense of competition. The group recognised the pervasive feeling of inadequacy that many individuals experience. They noted that this sentiment affects even those who appear confident, highlighting the universal struggle with self-worth.

What opportunities can arise from the ongoing mental health crisis? The group expressed a desire to continue the conversation about potential solutions and proactive measures in mental health care. The group also explored the dual nature of mental health diagnoses, discussing whether they serve as helpful validations of experiences or as stigmatising labels. They acknowledged the complexity introduced by self-diagnosis in the age of information, where individuals can easily access symptom checklists online.

The group advocated for a perspective that sees individuals as whole persons on a journey rather than problems to be solved, emphasising the power of personal narratives in fostering recovery.

The group concluded with the belief that mental health professionals should approach clients as peers on the same journey. They stressed the importance of fostering supportive relationships that facilitate healing and personal development.

GROUP 2

The group began by acknowledging the multifaceted nature of adulthood, emphasising that navigating various roles and situations is a shared experience. They highlighted the ongoing process of self-discovery and how individuals relate to those around them. Building self-awareness was identified as a crucial aspect of the transition into adulthood. The group discussed how understanding the self in different contexts — such as work and school — plays a vital role in personal development. Both internal and external factors impact such self-awareness. Internally, adverse childhood experiences (ACEs) were noted as significant influences on how individuals perceive themselves and cope with challenges. The group recognised that while many may share similar experiences, responses can vary widely.

The role of social media in shaping self-perception was a critical point of discussion. The group noted that seeing peers portray success and achievements online can lead to feelings of inadequacy and the fear of missing out, complicating the journey of self-discovery.

The group reflected on the pressure from parental expectations and societal norms regarding adulthood. They discussed how these top-down expectations can create additional stress and influence individuals' understanding of success.

The fast pace of digitalisation and information overload were recognised as challenges in understanding oneself. The group stressed the importance of taking the time to reflect on personal values and aspirations amidst these pressures.

In considering how to navigate the transition into adulthood, the group emphasised the need for both informal and formal support systems. They discussed the value of peer support leaders in schools and workplace environments as a bridge between casual support and professional help.

The group concluded with a call to action for individuals to start with self-kindness and to encourage a culture of compassion within their communities. They emphasised the ripple effect of kindness and the importance of fostering a supportive environment for everyone.

GROUP 3

The group discussed the benefits and drawbacks of social media. While it raises awareness about mental health and provides validation communities, it can also encourage self-diagnosis, especially among youth. This trend may arise from societal stigmas pushing individuals towards online validation. The group emphasised finding balance in social media use, suggesting more opportunities for real-life interactions, which can be more fulfilling and help mitigate the negative effects of excessive online engagement.

Members identified strategies to enhance workplace mental wellness, stressing the importance of allowing employees adequate time away from work, such as a four-day work week or one day of remote work in a week. This flexibility can reduce stress and improve well-being.

The discussion highlighted caregiver burnout as mental health concerns rise. Caregivers often work long hours and lack the same flexibility as other employees, making it crucial to address their unique challenges.

The group noted that while some companies have mental wellness policies, these are not always enforced. They advocated for stronger implementation to ensure all employees have access to mental health resources.

Resilience was recognised as a key component of mental health, often shaped during childhood by parental guidance. However, many parents, particularly from lower-income households, lack the resources to provide adequate support.

Cultural factors were also addressed, particularly in Asian contexts, where family structures emphasise collective success over individual happiness. This dynamic can lead to children feeling like investments rather than individuals, potentially resulting in stress and burnout.

Lastly, the group underscored the need for greater awareness of mental health resources. Those who need help the most are often unaware of available services, highlighting the importance of outreach and education in mental health initiatives.

GROUP 4

The group began by addressing emotional abuse within families, highlighting how labels from parents or siblings could shape one's self-worth. These judgments often linger into adulthood, contributing to issues like depression and distorted self-image. They emphasised the need to break free from these patterns and advocate for self-worth built from within.

Emerging adulthood is frequently marked by anxiety as individuals navigate societal expectations around career, financial stability and relationships. The group noted the cognitive dissonance many feel, torn between these expectations and their desire to explore their true selves.

The lack of practical skills, such as conflict management, was identified as a gap for young people entering the workforce, exacerbating feelings of overwhelm compared to older generations. Additionally, many find it challenging to trust authority figures who seem disconnected from their struggles, complicating their journeys towards self-discovery.

Another significant gap is the inadequate vocabulary for expressing emotions. Relying on negative descriptors can trivialise struggles and hinder understanding among peers. The group emphasised the need for safe spaces where young people can explore their identities without fear of judgment.

They proposed a holistic approach starting with mental health literacy for parents, which can enhance their support for children. Normalising alternative life paths can help alleviate anxiety associated with traditional moulds. Schools should promote coping strategies and resilience to prepare students for life's challenges. The presentation also suggested diversifying intervention strategies, such as incorporating art therapy for self-expression and healing.

In conclusion, the group called for environments that empower young people to explore their identities without pressure to conform. By supporting mental health and resilience, they believe we can pave the way for a healthier, more inclusive future.

GROUP 5

The group began by discussing the significance of the child and adolescent stage, noting that it is crucial for forming opinions and fears about judgment. Parents are key touchpoints, but fear of judgment often prevents children from discussing mental health struggles. The group proposed increasing parental mental health literacy to destigmatise these issues and shift perceptions

For teenagers aged 13–18, classmates and teachers are primary touchpoints. The group observed that peers often lack mental health knowledge, leading to heightened fear of judgment. To address this, the group suggested providing anonymous online mental health support through schools, which could reduce stigma and encourage help-seeking behaviour. They also recommended renaming school counsellors to “support representatives” to shift negative perceptions.

For tertiary students aged 18–25, mentors and friends play significant roles. Many young adults face uncertainty about adulthood and lack awareness of available resources. The group proposed establishing community engagement spaces where students can form peer support structures and access centralised resources on practical life skills, such as communication and financial literacy.

For young working adults aged 25–30, the main touchpoints are coworkers and supervisors. Increased responsibilities can lead to stress, especially during major life events like parenthood. The group suggested implementing milestone-specific support and government-

funded well-being leave, allowing employees to take care days without questions, thereby promoting mental wellness.

The group concluded that their discussion focused on reducing mental health stigma, increasing awareness, and creating avenues for organic community support. They emphasised the need for a holistic approach to support mental health across all stages of youth.

Panel 2: Mental Health Provisions

GROUP 6

The group noted improvements in tailoring mental health solutions to specific life stages and demographics. Nevertheless, they emphasised the need for more standardised support for recent graduates transitioning into the workforce. They identified stigma as a major barrier to seeking help, leading to escalated mental health issues. Normalising conversations about mental health and help-seeking behaviour is essential to breaking down these barriers.

Accessibility challenges, including costs and waiting times for mental health services were highlighted. The group suggested leveraging social networks, such as community or religious groups, to provide support rather than relying solely on formal centres. The group proposed normalising discussions about mental health in workplaces and increasing literacy around mental health versus mental wellness. They stressed the importance of preventive care and maintenance strategies, such as hobbies and personal interests.

They advocated for tailored mental health offerings based on various factors, including life stages, culture, and socio-economic status. For instance, support groups for newlywed couples addressing intergenerational trauma could be beneficial. The group pointed out that many mental health resources were available only in English, which might exclude non-English-speaking populations, particularly the Malay community and among the elderly. The group suggested hybrid outreach strategies for different demographics, such as online and physical interventions for youths and collaboration with community centres for the elderly.

Finally, they emphasised the importance of fostering a common understanding of mental health across cultures and institutions, which can facilitate the development of an internal support system that everyone agrees with.

GROUP 7

The group highlighted the benefits of bringing together individuals from various sectors, both within and outside the mental health field. This diversity fostered rich discussions about how mental health is perceived and addressed in different contexts.

A significant focus was on resilience, with the group concluding that it is not merely about preventing falls but about supporting individuals when they do fall. They emphasised the importance of allowing people to learn from their experiences rather than rushing them back to work. The group discussed the lack of structured support for mental health once individuals leave formal education. Unlike in schools, where students can easily access counsellors, working adults often feel uncertain about where to turn for help.

While many companies offer therapy benefits, there remain concerns about the need to disclose personal information to employers in order to access these benefits. This raises issues of privacy and stigma around mental health.

The importance of leadership in fostering a supportive work environment was emphasised. The group expressed gratitude for bosses who encourage taking time off for therapy and who understand the necessity of mental health support. The group also discussed the role of peer support in creating a culture of understanding and accountability. They highlighted the need for colleagues to support one another when taking time-off for mental health reasons.

Finally, the group recognised the importance of individual responsibility in managing mental health. They discussed the need to prioritise well-being alongside work productivity and to set personal goals that align with their mental health needs.

GROUP 8

The group's diversity allowed for a range of insights into workplace cultures, both supportive and unsupportive. This broad perspective informed their focus on enhancing psychological safety and mental well-being in the workplace. A significant concern raised was the impact of non-urgent WhatsApp messages sent by colleagues or bosses outside of work hours. This behaviour creates a sense of urgency and an impression that work is never truly off the table, which can hinder employees' ability to disconnect. The discussion highlighted the importance of respecting employees' boundaries after hours and addressing the unspoken culture of overtime. Many felt pressured to work late when they observed colleagues or bosses doing the same, emphasising the need for adherence to stipulated office hours.

The group suggested prioritising urgent over non-urgent tasks and allowing employees to take time off for mental health reasons. While employee assistance programmes may exist, many employees lack the time or capacity to utilise these resources effectively.

The group noted that fostering a workplace culture should involve recognising that employees are more than their output. Creating changes that promote meaningful connections and personal well-being can enhance overall workplace morale.

The group discussed the need for rules that support mental health initiatives and create a culture of understanding and empathy. This includes enhancing mental health literacy among supervisors and addressing the complexities of work demands that may require being on call outside of regular hours. An ongoing discussion about coping strategies and individual needs

in the workplace was deemed essential. Establishing channels for open conversation can help employees articulate their needs and contribute more effectively to their work.

GROUP 9

The group emphasised the need for policies and campaigns that promote a supportive mental health culture. They discussed expanding touch points by increasing the number of mental health professionals and centres. However, they highlighted the importance of how people are directed to these resources, suggesting integration through schools and other community channels.

As the number of counsellors increases, the group stressed the importance of providing a supportive culture for these professionals to ensure sustainable long-term care. This includes ensuring counsellors receive adequate support and resources.

The group proposed reframing discussions around mental health from a focus on poor mental health to one centred on maintenance and uplifting mental well-being. They suggested campaigns that promote resilience and happiness rather than solely addressing struggles, aligning with preventive health strategies.

The need for more cohesive mental well-being support in schools was highlighted. The group discussed the limitations of having only one or two counsellors in schools and proposed systematic interventions. For example, incorporating mental well-being activities into physical education classes, such as breathing exercises, could help integrate mental health practices into students' daily lives.

The group concluded by inviting participants to reflect on their own experiences with mental health. They noted that few people instinctively know how to support themselves or others during tough times. This highlights the importance of learning from those who have faced similar challenges to identify what support would have been beneficial.

GROUP 10

The group proposed a comprehensive three-tier model, examining mental health from macro (policy) to micro (individual perception) perspectives. They emphasised the significant role of government in shaping the national conversation around mental health, particularly through initiatives like the national report on mental health and well-being.

The group stressed the need for a coordinated approach across government agencies to prioritise mental health for all, particularly focusing on community-based and self-management initiatives. There was concern about the over-medicalisation of mental health, advocating for better resource allocation to support tiers one and two of mental health care.

Ensuring affordability for lower-income families was a major concern. The group highlighted the challenges faced by these families, who often have limited choices and may struggle to access mental health care. Making services affordable and accessible is crucial for supporting these communities.

The discussion acknowledged the unsung heroes — frontline mental health care providers — who often experience burnout from handling high caseloads, especially during crises like the COVID-19 pandemic. The group emphasised the need for systemic support to retain these professionals and prevent emotional exhaustion.

The group examined attitudes towards mental health and mental health resources. While there has been an increase in the willingness to seek help, they noted that societal support systems may not be equipped to provide effective assistance. Normalising conversations around mental health is essential, but it must also extend to providing tangible support.

Accessibility was further explored, particularly regarding younger individuals needing parental consent to access mental health services. The group discussed the importance of finding ways for children to receive help even if their parents are not supportive.

Responses from Dr Janil Puthucheary

SMS Dr Janil Puthucheary emphasised that his opening remarks focused on resource allocation to Tier 1 and Tier 2 mental health services, such as community-based organisations and early intervention strategies. He acknowledged the importance of Tier 3 and Tier 4 services but reiterated that the current focus aims to enhance community capabilities.

Responding to Group 2's presentation, he stressed the need for individuals to be kind to themselves in discussions around mental health resilience, underscoring personal responsibility in fostering mental well-being.

In response to Group 1's presentation, Dr Puthucheary discussed the stigma associated with mental health diagnoses, noting that unlike physical health conditions, mental health issues often carry a lasting label. He encouraged a shift in conversation towards recovery and normalisation of mental health discussions.

A recurring theme in his response was the necessity of improving mental health literacy within the community. He emphasised the importance of using precise language to describe mental health issues and experiences, advocating for a collective understanding to reduce stigma.

Dr Puthucheary acknowledged the diversity of opinions on where mental health support should be focused — within schools, communities or online. He highlighted the need for a multi-modal approach that caters to different needs, ensuring that various support systems are accessible.

He shared a personal anecdote from his training in child psychiatry, illustrating the balance between providing professional intervention and empowering family and community support. This story underscored the paradox of doing “more” versus “less” in mental health interventions based on situational needs.

In closing, Dr Puthucheary expressed gratitude for the presentations and encouraged continued dialogue and collaboration among participants to implement effective mental health solutions. He re-emphasised the government's commitment to serving diverse needs within the community and fostering better mental health outcomes.

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