IPS Closed Door Discussion on Tackling the Challenges of Youth Mental Health in Singapore

By Jeanne Tan

Introduction

On 15 September 2021, the Institute of Policy Studies (IPS) held a closed-door discussion titled “Tackling the Challenges of Youth Mental Health in Singapore.” The session was convened in light of growing national concern about mental health issues among Singapore youth.

The session brought together academics, educators, mental health professionals from the public and private sectors, youth mental health advocates and policymakers to discuss the evolving mental health needs of youth in Singapore and to identify evidence-based approaches to protecting their well-being.

The discussion focused on three areas:

(1) What are some key factors contributing to the rise in youth mental health issues in Singapore?
(2) Do the current measures and initiatives in schools and the community adequately address the needs of Singapore youth? Are there gaps in our approach to protecting youth well-being?
(3) What are some of the challenges to implementing and evaluating the impact of youth mental health programmes?

The panellists included Mr Bernard Mackenzie, Chairperson, School & College Counsellors Sub-Committee, Singapore Association for Counselling; Ms Porsche Poh, Executive Director, Silver Ribbon (Singapore); Associate Professor (A/Prof) Swapna Verma, Chairman, Medical Board, Institute of Mental Health; and Associate Professor (A/Prof) John Wong, Director, Mind Science Centre, Yong Loo Lin School of Medicine, National University of Singapore.

The session was conducted under the Chatham House Rule and moderated by Dr Jacqueline Tilley, Research Fellow in the Society and Culture department at IPS.

This report summarises the presentations and discussion that took place during the closed-door session.
Evolving national interest in youth mental health in Singapore

Dr Jacqueline Tilley began the session noting that youth mental health was an increasing concern for Singapore. She gave an overview of how the issue of mental health evolved over the past few years, starting with the December 2018 release of the Singapore Mental Health Study’s results, which indicated that youth were the most vulnerable group to mental health problems. She further noted that, in the same year, the National Youth Council’s Youth Conversations revealed that mental health issues, such as anxiety and depression, were among the top issues reported by youth.

These findings, together with concerns about the impact of the COVID-19 pandemic on well-being, contributed to the roll-out of multiple national initiatives focused on youth mental health. This included the Youth Mental Well-Being Network in February 2020, the Integrated Youth Service in March 2020, and the revision of the Character and Citizenship Experience curriculum in local educational institutions in 2021.

Dr Tilley shared that more government-led measures focused on youth mental health were announced following the River Valley High School incident in July 2021. This included enhanced mental health literacy training for teachers, the deployment of more school counsellors to MOE schools, and an increase in time devoted to teacher and peer check-ins of students. The government also announced the formation of the Interagency Taskforce on Mental Health and Well-Being to oversee mental health and well-being efforts in August 2021.

In her concluding remarks, Dr Tilley stated that while the River Valley High School incident created a renewed sense of public urgency about the importance of tackling issues of youth mental health, these challenges are far from new. The issues discussed in the closed-door session should therefore be considered in this broader context.

Prevalent mental health issues among youths

A/Prof John Wong presented an overview of the most prevalent mental health issues faced by Singapore youth. He noted that, based on an informal poll of medical students, anxiety and depression were among the top mental health issues faced by youths today. This was followed by adjustment disorder, suicide and self-harm, and borderline traits. He also highlighted other social problems typically experienced by youth, such as risky sexual activity, bullying, alcohol use, drug use, body image issues and eating disorders, academic pressure, peer pressure and violent video games.

A/Prof Wong attributed the rise in youth mental health issues, in part, to the increased use of technology, with an emphasis on the role of social media. He shared that digital communication has changed the way youth interact with their peers and romantic interests, and this has impacted their “ability to make healthy choices and to resist peer pressure.” In addition, social media use exposes youth to cyberbullying, which can negatively affect their mental health.

In his remarks, A/Prof Wong also identified parenting as an important contributing factor to youth mental health. He noted that many parents “do not know how to how to talk to teens... to listen to teens.” Moreover, parents often have a “prescriptive and demanding” parenting
style. He highlighted a need to encourage parents to adopt a parenting style that is akin to being a friend and more attuned to their children’s feelings.

The challenges of supporting youths in schools

Mr Bernard Mackenzie began his presentation with a review of the history of school counselling in Singapore. The Ministry of Education (MOE) established the Pastoral Care and Guidance division around 1987, with a focus on the psychosocial needs of students, particularly in the area of career development. It was only in the 2000s that school counsellors were seen as an additional resource in schools — focused on the “emotional needs” of youth — resulting in a drive to hire retired educators who understood the nuances of distress experienced by students. By the end of 2008 the MOE had successfully created a full-time counsellor position in every school, he said.

Mr Mackenzie highlighted some key challenges to providing youth mental health support at home and in schools. Although youth in Singapore experience stress from various sources, such as academic demands, peer relationships, and self- and parent-related expectations, many remain reluctant to approach their parents and school counsellors for help. He discussed some reasons for this hesitation to seek help. For example, many youth feel that their parents are unable to understand their struggles or may invalidate their distress. Some are also concerned about burdening their parents with their problems. Similarly, youth may feel uncomfortable speaking with their school counsellors because they are worried that their school counsellor may “belittle their problem or snitch”, or that seeking help for their problems may be a “sign of weakness”.

Mr Mackenzie highlighted other barriers to accessing mental health treatment among youth, namely, high cost of treatment, long wait times and stigma. To mitigate these barriers, he emphasised the importance of schools creating a safe space for youth within the classroom, enhancing mental health awareness across the whole school community, and increasing outreach to parents. To reduce the cost of mental health treatment sought outside of schools, he suggested that policymakers introduce a medical savings scheme similar to Medisave, that covers counselling and mental health treatment. He also urged medical insurance firms to include counselling as part of their coverage.

Reducing stigma through community mental health outreach and advocacy work

Ms Porsche Poh focused her presentation on mental health stigma. She stated that people with mental health issues are often portrayed negatively in society and face discrimination in various aspects of their lives. She discussed findings from a 2017 study conducted by the National Council of Social Service, which showed that more than five in 10 people in Singapore were not willing to live with or nearby, or work with someone with a mental health condition. She also noted that people with mental health issues are frequently denied housing loans and insurance. Because of the stigma and discrimination they experience, people with mental health issues struggle with isolation and low self-esteem, and may not seek help when they need it. Their families also experience elevated stress and social isolation because of this stigma, she said.

Ms Poh described the broad outreach and advocacy work by Silver Ribbon (Singapore), which seeks to encourage a positive attitude towards mental health in the community. In
addition to providing support services, Silver Ribbon (Singapore) serves the community by increasing public education and collaborating on outreach projects with members of parliament, educational institutions, and private companies. Examples of such projects include a Peer Helpers programme with the Singapore Management University; the Silver Ribbon (Singapore) Youth Chapter Silver Ribbon Mental Health Awards Ceremonies for Schools; their youth mental health resource kit; and mental wellness workshops at various educational institutions. Ms Poh concluded by discussing some positive policy contributions arising from the advocacy work by the community, such as the removal of declarations of mental health conditions from job applications and the decriminalisation of suicide.

**Implementing a national youth mental health initiative**

In her presentation, A/Prof Swapna Verma drew attention to two key findings on youth mental health from the 2016 Singapore Mental Health Study: (1) mental health disorders were most prevalent among those under 29 years of age, and (2) there was a significant delay in youth seeking professional help for their problems. She also shared some youth feedback on their mental health knowledge and preferences, which showed that while they were aware of serious mental health issues, they did not see it as an “evolving illness.” In addition, they preferred to speak to and seek advice from their friends about their problems, and were reluctant to approach their parents or school counsellors. Finally, their most accessed medium for mental health related information was the internet.

A/Prof Swapna also discussed some strategies used by the Community Health Assessment Team (CHAT), a national youth outreach and mental health check programme, to promote treatment access for youth. For example, to minimise cost of treatment, youth are provided with free assessments and are given referrals for subsidised treatment at public hospitals. In addition, to enhance patient confidentiality, patient registration and parental consent are not required to receive services. Finally, to reduce stigma, CHAT’s services are located in a one-stop mental health resource centre, called CHAT Hub, which is designed by youths, located in a youth-friendly mall and frequented by people beyond those who are seeking help.

A/Prof Swapna noted that the number of referrals to CHAT has increased from 50 cases in 2009, to 2000 cases in 2021. In light of these growing referrals, CHAT plans to create similar integrated youth services in the community. They are also in the process of expanding their webChat service and piloting a chat line (CHATline). While much progress has been made in the youth mental health field, A/Prof Swapna acknowledged that some gaps remained. These include insufficient mental health literacy amongst parents and educators, the high cost of care, and requiring parental consent to access treatment in the community.

**Questions & Answers**

**Factors contributing to youth mental health problems**

Dr Tilley asked the panellists whether the rise in mental health problems was a result of an actual increase in mental health disorders or if it could be attributed to greater reporting of problems and treatment seeking by youth, due to an increased awareness of mental health issues.
A/Prof Wong said greater awareness of mental health issues and accessibility to treatment could contribute to the rise in youth mental health problems. However, he also believed that current youth mental health problems were a result of changes in the family structure, an increasing shift of parenting responsibility to schools, and a weaker sense of purpose among youth. Given the evolving social structures in Singapore, he noted that parents and youth need more support, particularly in terms of formulating a clearer sense of values and purpose.

A/Prof Swapna also concurred that the rise of youth mental health was a combination of a “real increase” and more youth seeking help. In particular, she highlighted the impact of social media on youth mental health. Calling it a “double-edged weapon,” she noted that while it can negatively affect youth mental health, such as through increased bullying, it can also have a positive impact on youth mental health because it allows for greater mental health outreach. Several participants agreed with this assessment and called for more research and digital literacy and cyber wellness-related initiatives for parents and youth to mitigate its risks.

**Peers as important stakeholders of youth mental health**

In light of the discussion on the interpersonal challenges faced by youth due to their reliance on digital technologies, a participant asked about peer support and how relevant it was in tackling youth mental health issues. Ms Poh noted from her experience that peers can provide a safe space for vulnerable youth. Youth often feel more comfortable opening up to their peers as they are close in age and share similar interests. Another participant suggested that peer support programmes also benefit the peer helpers, as it increases opportunities for self-reflection and learning and can lead to improvements in their social skills.

**Reducing mental health stigma**

Dr Tilley asked Ms Poh if stigma-reducing campaigns have been effective, and where gaps remain if they do. Ms Poh replied that these campaigns, which aim to reach out to a wide range of audience, have been quite effective in reducing stigma among youth. However, stigma remains prevalent among those above 50 years old. While community outreach has had some success in reducing stigma, more government involvement would help effect further change, she added. She also suggested that in addition to enhancing mental health awareness and literacy of parents, grandparents could also be included.

**Evaluating national initiatives**

A question was asked about how the impact of national initiatives can be evaluated to ensure that youth mental health needs are met. A/Prof Swapna responded that CHAT has used process indicators, such as the number of CHAT assessments completed and calls received from youth, to measure the effectiveness of the programme on an annual basis. However, she noted that it was important to look beyond these administrative indicators. With the availability of baseline data from nationally representative epidemiological studies, she hopes to further assess impact by measuring changes in treatment gaps or mental health symptoms.
Conclusion

At the end of the session, the panellists were asked to share one policy recommendation that they felt would help improve youth mental health in Singapore. Mr Mackenzie stated that he would like to see professional licensure introduced for counsellors, to ensure they are regulated and adequately trained. A/Prof Wong urged policymakers to develop “pro-family” policies focused on building a “stronger home” and for agencies to work together to help youth develop a sense of purpose. Ms Poh hoped for a Minister for Mental Health and Minister for Loneliness to be appointed; she noted that such positions exist in other countries. She also raised the idea of recognising mental health conditions as disabilities so that those with mental health disorders can receive subsidies on transport and utilities. A/Prof Swapna concluded the session by calling for the introduction of anti-discrimination laws that make it illegal for employers to discriminate against people with mental health issues.

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